

OASAS APG Training Update

Reimbursement and Policy

Outpatient Clinic Billing Refresher



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Outpatient Clinic Billing Components

Under APGs, the submitted Medicaid claim will reflect the actual visit date; the APG peer group rate code; and the multiple service lines will use the APG service codes to reflect the billable services that were delivered on that visit date. Within the limitations noted below the program would receive payment for the multiple services.

1. Under APGs, Medicaid APG billing is generally limited to no more than two different services per visit date. For example, a program may bill and receive reimbursement for a group and an individual service on the same visit date, but may not bill for two individual services on the same visit date.
2. Exceptions to this rule. The following services are exempt from the above two billable service rule: complex care coordination, medication administration, medication management and peer support services, e.g. an individual, group and medication management may be claimed on the same visit date and the program would receive reimbursement for all three service.



Phase One Example Using Downstate Normative Clinic

Visit date / Services Rendered	1/1/12 (Individual Normative and a Group)	
Payment Element One:	Single 75% payment against threshold percentage	.75 (\$77.03) = \$57.77
Payment Element Two:	A single 25% APG percentage payment for the first higher priced service	.25(142.90) = \$35.72
Payment Element Three:	A single APG percentage payment for the second lower priced service minus a ten percent discount	.25(55.38) – 10% = 12.46
Total Payment		\$105.95



Questions

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