



RE: Ambulatory Patient Group (APG) Billing Guidance for Hepatitis C (HCV) Treatment in Opioid Treatment Programs (OTPs) – November 2024 Update

Dear Provider:

Infection with the hepatitis C virus (HCV) is a major public health problem causing substantial morbidity and mortality, including cirrhosis and liver cancer. It is responsible for more deaths in the United States than all 60 reportable infectious diseases combined, including HIV and TB. Most new infections occur because of injection drug use (IDU). Although there are highly effective treatments, many people with HCV are unable to access them because of lack of provider capacity or stigma and discrimination. With the opioid epidemic fueling the rise of new cases, HCV prevention efforts, such as harm reduction services, medication for opioid use disorder (MOUD), and innovative ways of reaching people who inject drugs (PWID) to ensure they receive HCV treatment are more important than ever.

OTPs play an integral role in [eliminating HCV in New York State](#) as they are uniquely poised to engage PWID and integrate HCV care and treatment into their service portfolio. People who use drugs and substance use disorder treatment programs have been identified, in the NYS HCV Elimination Plan, as priority populations and settings to focus HCV elimination efforts. The purpose of this letter is to provide supplemental guidance to OTPs on Medicaid APG billing for HCV treatment to expand access to care and support accurate reimbursement for OTPs.

Additional questions may be directed to [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov).

**Physical Health Evaluation & Management Services (E/M)**

HCV treatment falls under Physical Health E/M. Physical health claims should be submitted separately from behavioral health claims utilizing the following Physical Health Rate Codes:

Setting	Physical Health Rate Code	Base Rate Upstate <sup>1</sup>	Base Rate Downstate
Freestanding	1471	\$177.69	\$207.90
Hospital Based	1555	\$203.06	\$237.58

APG reimbursement for Evaluation & Management Services will pivot off the primary diagnosis (Dx) code shown on the claim. When submitting a claim for HCV treatment, an HCV Dx code will normally be the primary Dx code on the claim. HCV Dx codes include:

Diagnosis Code	Description
B1710	Acute hepatitis C without hepatic coma
B182	Chronic viral hepatitis C
B1920	Unspecified viral hepatitis C without hepatic coma

<sup>1</sup> Based on April 1, 2024 (visit based) base rates.

When one of these Dx codes is coded as the primary Dx code on the claim, and an E/M code is also coded on the claim, the E/M code will generate APG 636 – Hepatitis without Coma. An E/M code should only be coded if Evaluation & Management occurs during the visit. HCV should only be coded as the primary Dx if it is the “reason for the visit”.

When submitting physical health claims the following E/M procedure codes should be used:

CPT Code	Description
<b>99202-99205</b>	New Patient, Evaluation & Management, No Counseling
<b>99211-99215</b>	Existing Patient, Evaluation & Management, No Counseling
<b>99382-99387</b>	New Patient, Physical Exam
<b>99392-99397</b>	Existing Patient, Physical Exam

Additional clinical and Medicaid billing guidance for physical health services in OTPs may be found in the [OASAS APG Manual](#). **APG Service Category and Diagnosis Code.**

### **Estimated Evaluation & Management Reimbursement**

When submitting physical health claims with HCV as the primary diagnosis and one of the appropriate E/M codes listed above, the following reimbursement amounts are anticipated:

Setting	Region	APG Number	PH Rate Code <sup>2</sup>	APG Weight	APG Base Rate <sup>3</sup>	Estimated Reimbursement
<b>Freestanding</b>	Upstate	636	1471	0.7899	\$177.69	\$140.36
<b>Freestanding</b>	Downstate	636	1471	0.7899	\$207.90	\$164.22
<b>Hospital</b>	Upstate	636	1555	0.7899	\$203.06	\$160.40
<b>Hospital</b>	Downstate	636	1555	0.7899	\$237.58	\$187.66

OASAS provides an APG Medicaid Revenue Calculator to help providers estimate Medicaid revenues associated with APG pricing. In order to determine reimbursement for the procedures listed above, open the revenue calculator on the following page:

[OASAS.ny.gov/Reimbursement/Ambulatory-Providers](https://OASAS.ny.gov/Reimbursement/Ambulatory-Providers)

To estimate reimbursement amounts, select the appropriate peer group from the drop-down in cell C4 of the REVENUE CALCULATOR tab, scroll down to the desired procedure code, and enter 1 in the service volume field. This will calculate the reimbursement amount for a single unit of service. In order for the estimate to match those shown above, replace the APG weight in column D with 0.7899.

<sup>2</sup> Physical Health rate code for OTP and IOS OTP is the same.

<sup>3</sup> Based on April 1, 2024 (visits based) base rates.

## HCV Testing

Lab services for HCV testing are not the fiscal or contractual responsibility of OTPs. Testing laboratories should continue to bill for HCV testing laboratory services directly to Medicaid (or a Medicaid Managed Care plan).

OTPs may also, when appropriate, seek reimbursement for phlebotomy services performed on site.

## Behavioral Health Services

### **Directly Observed Therapy (DOT)**

DOT may be used to support the completion of HCV treatment. DOT includes the administration of a dispensed medication via oral or non-oral route by a medical staff person appropriate to their scope of practice; delivered in conjunction with observation of the individual prior to the administration and after as appropriate. For OTP's DOT could be delivered via Medication Administration and Observation.

**Medication Administration & Observation** is a clinic service and should be reimbursed utilizing the **Behavioral Health Rate Codes** (see below). H0033 (for those prescribed Buprenorphine) and H0020 (for those prescribed Methadone) can be utilized for administering medication for HCV. H0033 and H0020 may be coded more than once on a single date of service if DOT is occurring for HCV treatment in addition to the dispensing of buprenorphine or methadone.

Setting	Region	APG Number	HCPCS Code	BH Rate Code	APG Weight	APG Base Rate <sup>4</sup>	Estimated Reimbursement Amount
<b>Freestanding</b>	Upstate	322	H0020/H0033	1564	0.1179	\$177.69	\$20.95
<b>Freestanding</b>	Downstate	322	H0020/H0033	1564	0.1179	\$207.90	\$24.51
<b>Hospital</b>	Upstate	322	H0020/H0033	1567	0.1179	\$203.06	\$23.94
<b>Hospital</b>	Downstate	322	H0020/H0033	1567	0.1179	\$237.58	\$28.01

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<sup>4</sup> Based on April 1, 2024 base rates.

## Preventive Counseling Services

HCPCS Code	HCPCS Code Description	Px-Based Weight	Units	Units Limit
99401	Preventive Counseling, Typically 15 Minutes	0.2500	15 min	1
99402	Preventive Counseling, Typically 30 Minutes	0.3103	15 min	1
99403	Preventive Counseling, Typically 45 Minutes	0.4482	15 min	1
99404	Preventive Counseling, Typically 1 Hour	0.5862	15 min	1
99411	Group Preventive Counseling, Typically 30 Min	0.1379	30 min	1
99412	Group Preventive Counseling, Typically 1 Hour	0.2414	60 min	1

Preventive Counseling Services apply to clients enrolled in an opioid treatment program with or without a diagnosis of hepatitis C and with or without hepatitis C treatment. Services will include harm reduction education to prevent hepatitis C infection and support treatment initiation, adherence and completion in clients diagnosed with hepatitis C. Preventive Counseling Services may be provided by a qualified, non-physician health care professional, however, the “rendering provider” on the claim must be a physician or physician stand-in (i.e., nurse practitioner or physician assistant) with a valid NPI.

If an evaluation and management clinic visit has occurred on the same day as any of the HCV preventive counseling services, an Evaluation and Management (i.e., E&M code) service (99201-99205, 99211-99215) can be billed as well, whether the clinic visit was related to the patient’s HCV disease or not. However, HCV counseling that is rendered as part of an E&M clinic visit should not be billed as a separate procedure. Only HCV counseling that is rendered and clearly documented as a discrete service- distinct from an E&M service that is performed and billed for separately- can be billed.

## Hepatitis Vaccine Reimbursement

Providers may bill under APGs for Hepatitis vaccines using the following HCPCS codes:

CPT Code	Description
90746	Hepatitis B Vaccine, Adult Dosage, 3 Dose Schedule (IM Use)
90636	Hepatitis A & Hepatitis B Vaccine, Adult Dosage (IM Use)
90632	Hepatitis A Vaccine, Adult Dosage (IM Use)

Effective January 1, 2025, the three hepatitis vaccine codes listed above will still be reimbursed under APGs, but using the APG fee schedule rather than a procedure “weight”. This change will substantially increase reimbursement for these codes.

NOTE: To be properly reimbursed, the claim line for the vaccine must include the provider’s actual cost in the charges field.