APGs, AWARDS, and You
Impacts Medicaid billing for all outpatient services throughout New York State

Groups patients/clients into cost and service categories

Groups all procedures provided in one visit into a single invoice with multiple lines

Pending federal approval

Information is available at http://www.health.state.ny.us/health_care/medicaid/rates/apg/#final_regulations
Office of Mental Health

- Article 31 clinics
- Interim transition period began October 1, 2010; no set date for full transition
- Information is available at http://www.omh.state.ny.us/omhweb/clinic_restructuring/
Office of Alcoholism 
and Substance Abuse Services

- Part 822 chemical dependence programs
- Conversion planned for July 1 2011
- New service provision regulations expected January 1 2011
- Allows multiple services on the same day
  - Limited to two per day, with certain exceptions (Medication Administration, Medication Management, Complex Care Management and Peer Support Services)
- Information is available at http://www.oasas.state.ny.us/admin/hcf/APG/
OASAS Service Categories

- Screening, Brief Intervention and Brief Treatment
- Assessment Brief
- Assessment Normative
- Assessment Extended
- Individual Counseling Brief
- Individual Counseling Normative
- Group Counseling
- Collateral Visit
- Medication Administration and Observation
- Medication Management Routine
- Medication Management Complex
- Complex Care Coordination
- Peer Support
- Intensive Outpatient Rehabilitation
- Day Rehabilitation
Impacts

- OMH - Service types
- OMH - Service language
- OASAS – New service categorization
  - Modifications to the OASAS Treatment Plan are in development
If you do use BillingBuilder

- Billing type setup:
  - Multi-line invoices
  - Multi-line limits
  - OMH - After Hours procedure – hard coded logic; HCPCS must be entered in Billing Type setup
Procedure setup - OMH:

- Multi line limit exceptions
- Additional eligibility required – SED
- 5 digit procedure/rate code
  - To duplicate non-unique codes during OMH interim period
  - 837 claim file drops 5\textsuperscript{th} digit
  - Medicaid adjudicates based on HCPCS
  - To be replaced by APG code
Procedure setup - OASAS:

- Intensive Outpatient procedure
  - Will be tracked with program component enrollment in AWARDS and additional eligibility required in the procedure setup
  - Currently in development

- Outpatient Rehab services
  - Must be provided in a certified 822 outpatient rehabilitation program
Rates:

- OMH – some new APG rates, some “blend” rates (not yet available from OMH)
- OASAS – TBD
1) Specify multi-line invoices, multi-line limit, and After Hours HCPCS in Billing Type setup

2) Create new procedures with effective date 10/01/2010 and 5 digit procedure/rate codes

3) Close out old procedures

4) Use guidance to map old procedures to new provided at http://www.omh.state.ny.us/omhweb/clinic_restructuring/interim_claming_and_test_billing.pdf
<table>
<thead>
<tr>
<th>Service Name</th>
<th>CPT /HCPCS</th>
<th>Interim Rate/ Procedure Code</th>
<th>Interim Rate</th>
<th>APG Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment</td>
<td>90801</td>
<td>4301</td>
<td>Blend</td>
<td>$156.25</td>
</tr>
<tr>
<td>Psychiatric Assessment – 30 min</td>
<td>90805</td>
<td>4301</td>
<td>Blend</td>
<td>$156.25</td>
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<tr>
<td>Psychiatric Assessment – 45 min</td>
<td>90807</td>
<td>4301</td>
<td>Blend</td>
<td>$187.5</td>
</tr>
<tr>
<td>Psychotropic Medication Treatment</td>
<td>90862</td>
<td>4302</td>
<td>Full - $100</td>
<td>$100</td>
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<tr>
<td>Psychotropic Medication Administration</td>
<td>H2010</td>
<td>4302</td>
<td>Full - $62.51</td>
<td>$62.51</td>
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<tr>
<td>Individual Psychotherapy – 30 min</td>
<td>90804</td>
<td>4301</td>
<td>Blend</td>
<td>$93.75</td>
</tr>
<tr>
<td>Individual Psychotherapy – 45 min</td>
<td>90806</td>
<td>4301</td>
<td>Blend</td>
<td>$125</td>
</tr>
<tr>
<td>Family Psychotherapy (without client)</td>
<td>90846</td>
<td>4304</td>
<td>Blend</td>
<td>$93.75</td>
</tr>
<tr>
<td>Family Psychotherapy (with client)</td>
<td>90847</td>
<td>4304</td>
<td>Blend</td>
<td>$187.5</td>
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<tr>
<td>Group Psychotherapy</td>
<td>90853</td>
<td>4303</td>
<td>Blend</td>
<td>$44.56</td>
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<tr>
<td>Multi-Family Group Psychotherapy</td>
<td>90849</td>
<td>4305</td>
<td>Blend</td>
<td>$48.44</td>
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<tr>
<td>Crisis Intervention – 15 min*</td>
<td>H2011</td>
<td>4302 (15 min), 4301 (&gt;15 min)</td>
<td>Full - $60.42</td>
<td>$60.42</td>
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<tr>
<td>Crisis Intervention – per hour</td>
<td>S9484</td>
<td>4306</td>
<td>Full - $364.58</td>
<td>$364.58</td>
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<tr>
<td>Crisis Intervention – per diem</td>
<td>S9485</td>
<td>4306</td>
<td>Full - $875</td>
<td>$875</td>
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<tr>
<td>Complex Care Management</td>
<td>90882</td>
<td>4302</td>
<td>Full - $43.75</td>
<td>$43.75</td>
</tr>
</tbody>
</table>
Claim submission process remains the same

Remittance process changes:

- New setting for remittance worksheets: “Interim Period OMH APG Medicaid Rate Code Remittance Worksheet” – identifies interim period remittances for easier tracking during post-interim readjudication

More information about the interim billing process is available at
http://www.omh.state.ny.us/omhweb/clinic_restructuring/interim_claiming_and_test_billing.pdf