Ambulatory Patient Groups Changes for January 2011

GNYHA / HANYS

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Speakers

Gregory Allen, Director
Division of Financial Planning and Policy
Office of Health Insurance Programs

Ronald Bass, Director
Bureau of Policy Development and Coverage
Division of Financial Planning and Policy
Office of Health Insurance Programs

Alan Maughan, Director
Bureau of Strategic Planning and Data Analysis
Division of Financial Planning and Policy
Office of Health Insurance Programs

Presentation Outline

- APG Implementation Status
- New Base Rates
- Expansion of Drug APGs
- Statewide Base Rate and Fee Schedule Capabilities
- Miscellaneous Changes
- APG resource materials for providers

Status of APG Implementation
and New Base Rates

Status of APG Implementation

- DTC APGs were approved by CMS on 6/14/2010, retroactive to September 1, 2009.
- Hospital-based mental hygiene services (except MMTP and OASAS OP Rehab) moved to APGs on October 1, 2010 – retroactively upon CMS approval.
  - Coding matters under APGs. Please code appropriately!
- OASAS OP Rehab moves in for hospitals on Jan 1, 2011.
- MMTP moves in for hospitals on Jan 3, 2011.
- Free-standing mental hygiene APGs start dates:
  - OMH – October 1, 2010
  - OASAS and OPWDD – July 1, 2011
  - MMTP – July 4, 2011

Status of APG Implementation

- The proposed modifier 90 policy for hospitals has been pended for further discussion and the same policy for DTCs has been delayed until April 1, 2011.
- New hospital APG base rates were loaded to eMedNY on December 9, 2010 for:
  - December 1, 2009 (change to 50/50 blend, affects OPD only)
  - January 1, 2010 (new weights)
  - July 1, 2010 (new weights, MR/DD/TBI).
- New hospital base rates for January 1, 2011 are pending DOB approval (75/25 blend).
- Full reweighting will occur for April 2011.

New Hospital Base Rates

Service Type	Region	7/1/2009	12/1/2009	1/1/2010	7/1/2010
OPD / SBHC	down	**$ 258.90**	**$ 199.18**	**$ 206.48**	**$ 204.33**
	up	**$ 199.00**	**$ 153.11**	**$ 158.71**	**$ 157.07**
Ambulatory Surgery	down	**$ 156.91**	**$ 156.91**	**$ 228.00**	**$ 215.50**
	up	**$ 122.55**	**$ 122.55**	**$ 176.13**	**$ 166.47**
Emergency Room	down	**$ 175.11**	**$ 175.11**	**$ 196.94**	**$ 184.98**
	up	**$ 135.27**	**$ 135.27**	**$ 153.81**	**$ 144.47**

NOTE: Once CMS approves the additional investments that have been requested, the base rates from Dec 2009 on will be revised to reflect the increased investment levels.

OPD I/DD Base Rates

- The OPD I/DD rate codes (1489 and 1501) were loaded to the APG Grouper Pricer on December 9, 2010 and the rates are effective July 1, 2010.
- The rates currently loaded in the system are the same as the existing OPD base rates.
- Providers should begin to use these rates for RE code 95 and RE code 81 persons and may adjust their claims retroactively to this rate code as appropriate.
- Once DOH receives CMS approval for the proposed enhanced rates (20% higher than the current rates), facilities will be able to bill these rates for eligible patients .

Changes and Re-Groupings
to Drug APGs

New APG Drug Levels

- Pharmacotherapy classifications will expand from 7 to 13 levels.
- The expanded APG levels will enable further refinement of payment to better reflect actual cost and promote better access to physician administered drugs.
- Level 13 drugs are carved out of APGs.
- Cancer drugs will continue to be carved out of APGs.
- Class 1 drugs will continue to package and their payment/cost will be reflected in the weight of the paid APGs for the visit.

Statewide Base Rate and Fee Schedule Capabilities

New Statewide Base Rate

- APGs will have a new statewide base rate feature to reimburse providers for certain APGs (Drugs, Radiology, Lab, Devices) comprised of procedures that have minimal regional cost variation.
- This new feature will enable the APG grouper-pricer to reimburse providers a more accurate flat amount across all regions of the state.
- This is a partial listing of the statewide base rate APGs (beginning Jan 2011):

97	AICD IMPLANT
250	COCHLEAR DEVICE IMPLANTATION
290	PET SCANS
291	BONE DENSITOMETRY
292	MRI- ABDOMEN
397	LEVEL II MICROBIOLOGY TESTS
438	CLASS IV PHARMACOTHERAPY
471	PLAIN FILM

New APG Fee Schedule Capability

- A new fee schedule feature will be built into the APG grouper-pricer which allow reimbursement of a fixed amount irrespective of setting or region of the state on a procedure specific basis. This can include units based reimbursement
- Procedures that pay based on a fee schedule will not be eligible for a blended payment nor a capital add-on.
- Providers will code charges on all lines for fee schedule procedures and will be paid the lower of the fee schedule or charge amount.
- Beginning January 1, 2011 the following procedures will utilize the new fee schedule feature:

HCPCS Code	HCPCS Code Description	Reimbursement Amount (per uni	Max unit
J0475	Baclofen 10 MG injection	$ 176.50	8
V2600	Hand held low vision aids	$ 150.00	1
V2610	Single lens spectacle mount	$ 545.00	1
V2615	Telescop/othr compound lens	$ 835.00	1

New APGs, Weight Updates, and Unit Limit Changes

Systems Issues, Packaging Changes

- Weight problems for the following APGs will be corrected:

APG	APG Description	Retractive Effective Period
250	Cochlear Implant	10/1/2010-12/31/2010
377	Preventive Dental Procedures	4/1/2009-12/31/2009
671	Major Skin Disorders	10/1/2010-present
672	Malignant Breast Disorders	10/2/2010-present

- Modifier 59 will be passed to the grouper-pricer by eMedNY effective January 1, 2011.
- APG 404 Toxicology and APG 457 Venipuncture will be added to the "Uniform Packaging Ancillary" list so that neither will pay on a line basis but the payment/cost will be reflected in the paid APGs for the visit.

Essure, Genetic Counseling, Wheelchair Mgt.

- Essure - HCPCS code A4264 “Permanent implantable contraceptive intratubal occlusion device and delivery system” and the associated implantation code (58565) will be carved out of APGs and paid off the Ordered Ambulatory Fee Schedule.
- CPT 96040 Genetic Counseling, 30 min. will pay based on a procedure-based weight and will pay up to a maximum of 4 units. No capital or blend payment will be paid for this procedure.
- CPT 97542 Wheelchair Management Training, 15 min. will have its maximum units increased to 8.

Dental Surgery, HIV/AIDS, NCCI Edits

- For Jan 2011, the weight for APG 375 Dental Anesthesia will be adjusted so that it pays approximately $545 (statewide average).
- Hospitals must code one of the four D codes grouping to this APG on their dental surgery claims if they want to be reimbursed for this anesthesia APG. Don't forget to code dental anesthesia!
- In April 1, 2011 the weight for APG 375 will be further increased so that it pays approximately $908 (statewide average) to address the higher costs of treating I/DD patients for dental surgery.
  - That payment is just for the anesthesia. Additional codes on the APG claim will provide the hospital with additional reimbursement.
- Subsuming HIV/AIDS rate codes (2983, 3109, 3111) into APG will be delayed until April 1, 2011.
- Implementation of the Federal National Correct Coding Initiative (NCCI) edits:
  - Pay and report for Jan 1, 2011
  - Set to deny by April 1, 2011

Contact Information

- Grouper / Pricer Software Support

  3M Health Information Systems
  - Grouper / Pricer Issues 1-800-367-2447
  - Product Support 1-800-435-7776
  - http://www.3mhis.com

- Billing Questions

  Computer Sciences Corporation
  - eMedNY Call Center: 1-800-343-9000
  - Send questions to: eMedNYProviderRelations@csc.com

- Policy and Rate Issues

  New York State Department of Health

  Office of Health Insurance Programs

  Div. of Financial Planning and Policy 518-473-2160
  - Send questions to: apg@health.state.ny.us