

# MENTAL HEALTH OUTPATIENT CLINIC APG PAYMENT BASICS & UPDATES

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# Presentation & Discussion Agenda

1. Overview of Ambulatory Patient Groups (APG)  
Payment Basics
2. Injection Service Update
3. Medicaid Managed Care – Government Rate  
Implementation
4. APG Medicaid Claim Reprocessing
5. OMH Website Resources
6. Questions & Discussion

# APG Payment Overview

# Mental Health Clinic APG Implementation

- APG Implementation Plan Highlights
  - Initial implementation October 1, 2010
    - Interim Billing Arrangement – Reprocessing in 2012
  - APG Billing/Payments effective January 1, 2012
  - Hospital Based Clinics full Phase-In January 2012
  - Non-Hospitals -
    - Phase 2 - Oct 2011-Sept 2012 - 50% APG, 50% Blend Rate
    - Phase 3 - Oct 2012-Sept 2013 - 75% APG, 25% Blend Rate
    - Phase 4 - Oct 2013 – 100% APG

# Mental Health Clinic Part 599 FFS APG Basics

- Transition from 6 Clinic services, 3 rates, Comprehensive Outpatient Program Services (COPS) add-ons to...
- Medicaid APGs for Mental Health Clinics:
  - +30 Current Procedural Terminology (CPT) defined Clinic services
  - Services weighted for resource intensity
    - Reflecting time and staffing expertise
  - Modifiers for select services
    - Provide payment incentives
  - Multiple same day services
    - Promote flexibility
  - Discounting applied for multiple same day services
    - Presumed operating efficiencies
  - Utilization Threshold Adjustments
    - Achieve budget limitations
  - Phased-In timeline

# OMH Outpatient Clinic – APG Services, CPT Codes, Weights

## CPT SERVICES

Blend/ Full Pay	APG	CPT Procedure - OMH Regulatory Name	CPT Codes	Service Weight
Blend	323	Initial Assessment Diagnostic & Treatment Plan	90801	1.0344
Blend	315	Psychiatric Assessment - 30 mins	90805	1.0344
Blend	316	Psychiatric Assessment - 45-50 mins	90807	1.2413
Blend	820-831	Psych Assessm - Alt Codes - New/Estab Patient	Code Range	0.8293
Blend	820-831	Psychiatric Consultation - New/Estab Patient	Code Range	0.8293
Full	321	Crisis Intervention - 15 min	H2011	0.4000
Full	321	Crisis Intervention - per hour	S9484	2.4136
Full	312	Crisis Intervention - per diem	S9485	5.7927
Full	490	Injectable Med Admin with Monit & Edu	H2010	0.4138
Full	426	Psychotropic Medication Treatment	90862	0.6620
Blend	315	Psychotherapy - Indiv 30 mins	90804	0.6206
Blend	316	Psychotherapy - Indiv 45 mins	90806	0.8275
Blend	317	Psychotherapy - Family 30 mins	90846	0.6206
Blend	317	Psychotherapy - Family&Client 1 hr	90847	1.2413
Blend	318	Psychotherapy - Family Group 1hr	90849	0.3207
Blend	318	Psychotherapy - Group 1 hr	90853	0.3207
Full	310	Developmental Testing - limited	96110	0.8275
Full	310	Developmental Testing - extended	96111	1.2413
Full	310	Psychological Testing - Various	96101	1.6551
Full	310	Psychological Testing - Neurobehavioral	96116	1.6551
Full	310	Psychological Testing - Various	96118	1.6551
Full	490	Complex Care Management - 15 mins	90882	0.2896

# OMH Outpatient Clinic – APG Services, CPT Codes, Weights

Blend/Full Pay	APG	CPT Procedure - OMH Regulatory Name	CPT Codes	Procedure Weights
Full	820-831	Health Physicals - New/Estab Patient	Code Range	DX BASED
Full	490	Health Monitoring - 15 mins	99401	0.2500
Full	490	Health Monitoring - 30 mins	99402	0.3103
Full	490	Health Monitoring - 45 mins	99403	0.4482
Full	490	Health Monitoring - 60 mins	99404	0.5862
Full	490	Health Monitoring Group - 30 mins	99411	0.1379
Full	490	Health Monitoring Group - 60 mins	99412	0.2414
Full	451	Smoking Cessation Treatment - 3-10 mins; requires Dx code 305.1	99406	0.1267
Full	451	Smoking Cessation Treatment - >10 mins; requires Dx code 305.1	99407	0.1267
Full	451	Smoking Cessation Treatment (Group) - >10 mins; requires Dx code 305.1 (req HQ modifier)	99407-HQ	APROX \$8.50 PER CLIENT
Full	324	Alcohol and/or Drug Screening	H0049	0.2803
Full	324	Alcohol and/or Drug, brief intervention, per 15 mins	H0050	0.2803

# OMH Outpatient Clinic – APG Services, CPT Codes, Weights

APG	CPT Procedure - OMH Regulatory Name	CPT Codes	Procedure Weights
APGS for Psych Assessments, Consultations & Health Physicals are dependent on diagnostic categories as they appear below:			
820	Schizophrenia		0.8969
821	Major Depressive Disorders & Other Psychoses		0.9476
822	Disorders of Personality & Impulse Control		0.8945
823	Bipolar Disorders		0.8574
824	Depression Except Major Depressive Disorder		0.6982
825	Adjustment Disorders & Neuroses		0.8061
826	Acute Anxiety & Delirium States		0.6352
827	Organic Mental Health Disturbances		0.7817
828	Mental Retardation		0.7149
829	Childhood Behavioral Disorders		0.6982
830	Eating Disorders		0.9135
831	Other Mental Health Disorders		0.7248

MEDICAID PROCEDURES - CLAIMS PAID WITH 2012 DATES OF SERVICE				
Procedures Detail	Unique Recipient [Medicaid_Claim _Procedures]	MA Procedure Ct	% Mental Health Svc	Mix (MA Procedure Ct)
(* 90806 INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR M	76,342	365,725	32.2%	28.00
(* 90804 INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR M	68,603	294,760	25.9%	22.60
(* 90862 PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, US	81,857	196,685	17.3%	15.10
(* 90853 GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY	14,482	102,261	9.0%	7.80
(* 90801 PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	27,589	37,482	3.3%	2.90
(* 90805 INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR M	19,898	37,472	3.3%	2.90
(* 90846 FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	14,161	37,094	3.3%	2.80
90847 FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PAT	12,424	33,132	2.9%	2.50
90807 INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MOD	8,534	11,256	1.0%	0.90
H2010 COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	1,860	6,749	0.6%	0.50
H2011 CRISIS INTERVENTION SERVICE, PER 15 MINUTES	3,365	5,372	0.5%	0.40
96372 THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPEC	628	2,013	0.2%	0.20
90882 ENVIRONMENTAL INTERVENTION FOR MEDICAL MANAGEMENT PUR	1,097	1,508	0.1%	0.10
90849 MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	631	1,436	0.1%	0.10
J2794 INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	248	978	0.1%	0.10
90857 INTERACTIVE GROUP PSYCHOTHERAPY	118	604	0.1%	0.00
96101 PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSES	288	592	0.1%	0.00
J2680 INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	133	561	0.0%	0.00
J1631 INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	250	539	0.0%	0.00
J1630 INJECTION, HALOPERIDOL, UP TO 5 MG	102	242	0.0%	0.00
S9484 CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	185	206	0.0%	0.00
<b>MENTAL HEALTH TOTAL</b>		<b>1,136,667</b>	<b>100.0%</b>	<b>0.87</b>
994XX, H00049-50 HEALTH MONITORING PROCEDURES	1,376	1,997		0.00
992XX, 993XX EVALUATION & MANAGEMENT PROCEDURES	21,494	85,620		0.07
ALL OTHER PROCEDURES, INCL COPS ONLY		78,259		0.06
TOTALS		1,302,543		1.00

# APG Payment Elements

[http://www.omh.ny.gov/omhweb/medicaid\\_reimbursement/](http://www.omh.ny.gov/omhweb/medicaid_reimbursement/)

- APG Government Payment Rate – Basic Formula;
  - ***APG Procedure Weight X Peer Group Base Rate (+ Modifiers – Multiple Same Day Service Discount if any) = Payment Value***
- During the 4-year transition period, services are divided into 2 payment groups:
  - **Full Services** paid at 100% of APG from Year 1
    - New services and services we wanted to encourage as a second same-day procedure
  - **Blend Services (traditional assessment & therapy services)** paid in two components -
    - **APG Component** - Phased-In at 25/50/75/100% years 1-4
    - **Existing Operating Component (EOC) Blend** – Phased-Out at 75/50/25/0% years 1-4

## Clinic Base Rates

### Ambulatory Patient Groups (APG) Peer Group Base Rates for all Office of Mental Health (OMH)-Licensed Mental Health Clinics - Effective 1/1/2012

Peer Group	Base Rate
<b>Hospital-based Mental Health Clinics:</b>	
Hospital-based clinics - Upstate	\$138.06
Hospital-based clinics - Downstate	\$179.61
<b>Diagnostic and Treatment Center (D&amp;TC), Private Freestanding and Public Freestanding Clinics Without Quality Improvement Supplement:*</b>	
Upstate D&TC affiliated clinics	\$133.83
Downstate D&TC affiliated clinics	\$145.47
Upstate privately operated, freestanding clinics	\$133.83
Downstate privately operated, freestanding clinics	\$145.47
Freestanding mental health clinics operated by a county's designated local governmental unit	\$186.21
<b>D&amp;TC, Private Freestanding and Public Freestanding Clinics Including Quality Improvement Supplement:*</b>	
Upstate D&TC affiliated clinics	\$138.97
Downstate D&TC affiliated clinics	\$151.05
Upstate privately operated, freestanding clinics	\$138.97
Downstate privately operated, freestanding clinics	\$151.05
Freestanding mental health clinics operated by a county's designated local governmental unit	\$193.35
<b>State operated mental health clinics</b>	Rates to be determined

## APG Billing Basics – OMH Rate Codes

- All fee-for-service (FFS) claims require OMH Clinic Rate Code & CPT Code(s)
- In APGs, rate codes indicate types of services groupings (shown below)
- Injection (CPT 2010) and Medication Treatment (CPT 90862) services may be claimed using either Health or Mental Health rate codes

<b>OMH Clinic Rate Codes</b>			
	<b>Non hospital*</b>	<b>Hospital</b>	<b>FQHC</b>
<b>Base Rate</b>	<b>1504</b>	<b>1516</b>	<b>4301</b>
<b>Off-site Base Rate (available for select children's services and crisis-brief for both adults and children)</b>	<b>1507</b>	<b>1519</b>	<b>N/A</b>
<b>SED Child Base Rate</b>	<b>1510</b>	<b>1522</b>	<b>4601</b>
<b>SED Child Off-site Base Rate</b>	<b>1513</b>	<b>1525</b>	<b>N/A</b>
<b>Health Services (e.g., Health Monitoring, Health Physicals)</b>	<b>1474</b>	<b>1588</b>	<b>N/A</b>
<b>SED Child Health Services (e.g., Health Monitoring, Health Physicals)</b>	<b>1477</b>	<b>1591</b>	<b>N/A</b>
<b>Crisis Intervention</b>	<b>1579</b>	<b>1576</b>	<b>N/A</b>
<b>SED Child Crisis Intervention</b>	<b>1585</b>	<b>1582</b>	<b>N/A</b>

\*Non hospital includes D&TCs, LGUs, freestanding Art 31s, and state operated  
 SED Rate codes not applicable to Managed Care Government Rates

# APG Payment Elements

- **Existing Operating Component (EOC)/Blend –**
  - Provider Specific Blend Rate
    - [http://www.omh.ny.gov/omhweb/medicaid\\_reimbursement/](http://www.omh.ny.gov/omhweb/medicaid_reimbursement/)
  - Based on Medicaid FFS average adjusted payment, including COPS supplement
    - Historical period July 2008 – June 2009
    - Will be adjusted for existing rate appeals yet to be approved
  - ***Blend rates to be adjusted retro to 10/1/10***
  - Declines on 75/50/25/0% basis over transition time frame
- Payment Features -
  - EOC Blend component limited to **one payment per day**
  - EOC Blend not discounted for multiple same day services
  - Rate for new Non-Hospital Clinics at lowest value in peer group

## APG Reimbursement – Modifier Business Rules

- **Language Other than English**

- Applicable all procedures except:
  - Psychotropic Medication Administration (no time limit)
  - Smoking Cessation Counseling and SBIRT
  - E&M codes for Psych Assess and Psych Consult services

- **After-Hours**

- Applicable to licensed operating hours
- Limited to one procedure per-day

- **Physician, Psychiatric Nurse Practitioner Add-On**

- Modifier rather than separate claim
  - Individual Assessment & Therapy services add 45% to APG weight
  - Group services add 20% to APG weight for **all** group members

## APG Reimbursement – Modifiers Business Rules

- **School-Based Group Session <1 hr**
  - School-based Multi-Recipient Group may be minimum of 40 minutes
- **National Correct Coding Initiative (NCCI)**
  - For **Hospitals** - when billing most same day services, hospitals will need to enter code 59 modifier (to bypass NCCI edit)
  - Effective 4/1/11

# APG FFS Reimbursement – Modifier Summary

<b>MODIFIER CODE &amp; VALUE SUMMARY</b>		
<b>Payment Modifiers</b>	<b>CODE</b>	<b>VALUE</b>
Language Other than English	U4	+10% of APG Value
After Hours	CPT 99051	.0759 x Peer Group Base Rate
Physician/Psych Nurse Practitioner	AF,AG,SA	+45% of APG for Assessment & Individual Therapy +20% of APG for Group Therapy (All Clients)
School-Based Group < 1 hr	U5	-30% of APG Value
Off-Site	Use Off-Site Rate Codes	+150% of APG Value for Select Services, limit 1 service per day
National Correct Coding (NCCI) *	59	For Hospital-Based, Multiple Same Day Services
Smoking Cessation Treatment-Group	HQ	Indicates Group service for CPT 99407

\* Not applicable to Medicaid Managed Care

## APG Reimbursement – Offsite Services

- Offsite Services Payment = to 150% of APG Value
- Limited to one per day, no other modifiers apply

<b>Approved for Adults &amp; Children:</b>		
APG	SERVICE	CPT
321	<u>Crisis Intervention - 15 min</u>	H2011
<b>Approved for Children:</b>		
APG	SERVICE	CPT
323	<u>Initial Assessment Diagnostic &amp; Treatment Plan</u>	90801
315	<u>Psychiatric Assessment - 30 mins</u>	90805
316	<u>Psychiatric Assessment - 45-50 mins</u>	90807
490	<u>Injectable Psychotropic Medication Admin with Monitoring &amp; Education</u>	H2010
426	<u>Psychotropic Medication Treatment</u>	90862
315	<u>Psychotherapy - Individ 30 mins</u>	90804
316	<u>Psychotherapy - Individ 45 mins</u>	90806
317	<u>Psychotherapy - Family 30 mins</u>	90846
317	<u>Psychotherapy - Family&amp;Client 1 hr</u>	90847

# Medicaid FFS Utilization Thresholds

- Reductions to total Medicaid fee-for-service (FFS) payments
  - Visits counted on state fiscal year (SFY) (April-March) basis by clinic organization (clinics and satellites)
- Reductions applied to “countable” visits:
  - All procedures provided to an individual in a day and claimed using MH ‘base’ rate codes 1504, 1510, 1516 and 1522 count as a “countable visit”
  - Does **not** include days in which only crisis (on and off-site), health monitoring/physicals or children’s off-site services provided.
- Reductions as follows:
  - **Less** than 21 years old, payments reduced
    - **0% for 31-50 visits (No payment exclusion)**
    - 50% for >50 “countable” visits
  - Greater than 21 years old, payment reduced
    - 25% for 31-50 visits
    - 50% for >50 “countable” visits

## Multiple Same Day Service Guidelines for Mental Health Services

- Multiple same day service discount
  - Discount of 10% (temporarily excluding 90862)
  - Applied to **all** lower weighted services claimed using the same rate code
  - Discount applied to the APG portion of the claim
- Payment guidelines for multiple same day service
  - Maximum of 3 services per client, per-day, not including Crisis
  - Maximum of 2 Psychiatric or 2 Health services per-day
    - Injection (CPT H2010) and Medication Treatment (CPT90862) services may be claimed using either the Health services or the Clinic services rate codes
- Limitation of 1 Health Physical in one year
  - No modifiers available

# APG FFS Billing Rules

## ■ **Same Day Services**

- **All services** provided to an individual on the **same day**, using the **same rate code**, must be transmitted to Medicaid on one claim.
- This includes services provided by different clinicians
- All services must have appropriate Modifier codes

## ■ **Separate Claims**

- Separate claims must be submitted for **Health, Crisis and Off-site** services when they are provided on the same day as psychiatric services
- Billing rules enable accurate claim counting against FFS utilization thresholds

# Billing Issues & Solutions

- Medicaid UT System (MUTS)
  - Different than OMH utilization threshold reductions.
  - To bypass the 40 visit limit:
    - SA Exception code of 7 in order for the correct specialty code to be derived and for the correct mental health UT limits to be referenced.
- Medication Treatment (90862): no 10% discount for 2<sup>nd</sup> service
  - Will be corrected for 1/2013, will not be retroactive.
- E&M Codes for Psych Assessment – Paid as Blend Services, not Full as previously stated.
- Reimbursement for psychotropic medications
  - Medicaid reimburses up to the amount on the Medicare price list for the three excluded drugs, Risperdal Consta, Invega Sustenna & Zyprexa
  - Providers can utilize the state pharmacy prime vendor state contract
    - More information can be found at:  
[http://www.omh.ny.gov/omhweb/atypical\\_injectables/](http://www.omh.ny.gov/omhweb/atypical_injectables/)

## Reimbursement for Injections under FFS

- Injections – 3 Types

- Routine service is:

- **Injectable Med Admin with Monitoring & Education - CPT H2010**

- APG Claim
  - 15 Minute Minimum
  - Not reimbursable for Licensed Practical Nurse (LPN) staff
- Injection Only - when medication is **obtained without cost** to clinic – **Note: this is a change from previous guidance**
  - Medicaid fee schedule (professional) claim, CPT 96372
  - No time limit, no changes in staff requirements
  - No modifiers available
  - Payment for injection only (currently \$13.23).
- Injection Only - when medication is **obtained with cost** to clinic
  - Medicaid fee schedule (professional) claim, J Code, CPT 96372
  - Payment for drug cost and \$13.23 for Injection
  - No modifiers available

# Medicaid Managed Care Government Rate Implementation delayed until Sept. 1, 2012

[http://www.omh.ny.gov/omhweb/clinic\\_restructuring/training\\_materials/WebManaged\\_Care\\_QAs.pdf](http://www.omh.ny.gov/omhweb/clinic_restructuring/training_materials/WebManaged_Care_QAs.pdf)

# MCO APG Implementation

## Definition of a “government rate”

- NYS statute mandates that mental health clinic reimbursement “shall be in the form of fees for such services which are equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology”. **The term “government rate” is used to represent the Medicaid fee-for-service (FFS) APG rates.**
- “Government rates” apply to Article 31 clinics (free-standing, D&TC and hospital-based)
- Also apply to selected procedures outlined in Part 599 delivered in hospital outpatient departments and Diagnostic and Treatment Centers **not** licensed by OMH.
- Payment of government rates applies to:
  - Medicaid Managed Care
  - Family Health Plus (FHP)
- Plans **not** mandated:
  - Child Health Plus (CHP)

# Plans must pay APG equivalent

- Plans must pay using the APG payment methodology.
- Third party calculation of APGs or processing of APG payments is permissible.
- It is encouraged but not required that the 3M APG Grouper be purchased by the Plans.
- Any system a Plan develops must produce the same payment results as the 3M APG Grouper.
- All levels of crisis must be reimbursed if provided by the clinic in compliance with Part 599 rules.
- Complex Care is not a distinct service but is ancillary to a crisis or individual psychotherapy service. If the underlying service is authorized then the CCM does not need to be authorized.

## HCPCS/CPT Codes Requiring Mirroring of APG Payment Under Government Rates Statute - DRAFT

6/20/2012

HCPCS/CPT (and modifier code where applicable)	CPT Procedure - OMH Regulatory Name	Article 31 (OMH) Clinics	Article 28 (DOH) Clinics - Without OMH License	
90801	Initial Assessment Diagnostic & Treatment Plan	X	X	see note 1
90804	Psychotherapy - Indiv 30 mins	X	X	see note 1
90805	Psychiatric Assessment - 30 mins	X	X	
90806	Psychotherapy - Indiv 45 mins	X	X	see note 1
90807	Psychiatric Assessment - 45-50 mins	X	X	
90846	Psychotherapy - Family 30 mins	X	X	see note 1
90847	Psychotherapy - Family & Client 1 hr	X	X	see note 1
90849	Psychotherapy - Family Group 1hr	X	X	see note 2
90853	Psychotherapy - Group 1 hr	X	X	see note 2
90853U5 *	School Based Health Clinic or OMH School Based satellite - Group <1 hr; U5 modifier required	X	X	see note 2
90862	Psychotropic Medication Treatment	X		
90882	Complex Care Management - 15 mins (max of 1 unit)	X		
96101	Psychological Testing - Various	X		
96110	Developmental Testing - limited	X		
96111	Developmental Testing - extended	X		
96116	Psychological Testing - Neurobehavioral	X		
96118	Psychological Testing - Various	X		
99401	Health Monitoring - 15 mins	X		
99402	Health Monitoring - 30 mins	X		
99403	Health Monitoring - 45 mins	X		
99404	Health Monitoring - 60 mins	X		
99406	Smoking Cessation Treatment - 3-10 mins; requires Dx code 305.1	X		
99407	Smoking Cessation Treatment - >10 mins; requires Dx code 305.1	X		
99407HQ *	Smoking Cessation Treatment (Group) - >10 mins; requires Dx code 305.1 and HQ modifier	X		
99411	Health Monitoring Group - 30 mins	X		
99412	Health Monitoring Group - 60 mins	X		
H2010	Injectable Med Admin with Monit & Edu	X		
H2011	Crisis Intervention - per 15 min (max of 6 units)	X		
S9484	Crisis Intervention - per hour (max of 1 unit)	X		
S9485	Crisis Intervention - per diem	X		

Note 1: Physician's modifiers AF, AG, and SA will increase payment for this service by 45%.

Note 2: Physician's modifiers AF, AG, and SA will increase payment for this service by 20%.

\* Code shown also includes required modifier code.

# Medicaid Managed Care (MMC) Reimbursement Requirements for Services Delivered by Article 31 Staff

- Medicaid Managed Care Organization (MCO) must reimburse Part 599 clinic psychotherapy procedures in OMH Article 31 licensed clinics when the procedure is provided by qualified personnel.
  - Subject to MCO UR and determinations of medical necessity
- Effective Sept. 1, 2012.
  - Will remain as long as the NYS Social Work Licensing Exemption remains in place
  - Should the exemption be eliminated, OMH will revise these requirements as appropriate.

# MMC Reimbursement Requirements for Services Delivered by Article 31 Staff

- Qualified Personnel include :
  - All salaried and contracted personnel affiliated with the clinic who are licensed by the NYS Education Dept. and whose scope of practice allows them to deliver Part 599 clinic procedures including:
    - Licensed Clinical Social Worker (LCSW)
    - Licensed Master of Social Worker (LMSW)
    - Licensed Mental Health Counselors (LMHC)
    - Licensed Psychoanalysts
    - Licensed Family and Marriage Counselors
    - Licensed Creative Arts Therapists
    - Licensed Psychologists
    - Psychiatrists
    - Nurse Practitioners in Psychiatry (NPP)
    - Registered Nurses (RN)
    - Physicians

# MMC Reimbursement Requirements for Services Delivered by Article 31 Staff

- Additional reimbursable personnel include:
  - Clinically supervised psychotherapy procedures provided by:
    - Students in a program leading toward a license listed in the previous slide
  - Health monitoring and medication treatment authorized to be delivered in an OMH licensed clinic delivered by:
    - Psychiatrists, physicians, Nurse Practitioner in Psychiatry (NPPS), Physician Assistants (PA)s
    - Registered Nurses (subject to appropriate orders)
    - LPNs (subject to appropriate orders)
  - MCOs may reimburse OMH licensed clinics for procedures delivered by any staff authorized in OMH regulations and/or guidelines.
  - See OMH guidance for more information.

# APG FFS Reimbursement – Modifier Summary

MODIFIER CODE & VALUE SUMMARY		
Payment Modifiers	CODE	VALUE
Language Other than English	U4	+10% of APG Value
After Hours	CPT 99051	.0759 x Peer Group Base Rate
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Off-Site	Use Off-Site Rate Codes	+150% of APG Value for Select Services, limit 1 service per day
National Correct Coding (NCCI) *	59	For Hospital-Based, Multiple Same Day Services
Smoking Cessation Treatment-Group	HQ	Indicates Group service for CPT 99407

\* Not applicable to Medicaid Managed Care

## APG Billing Basics – OMH Rate Codes

- All FFS claims require OMH Clinic Rate Code & CPT Code(s)
- In APGs, rate codes indicate types of services groupings (shown below)
- Injection (CPT 2010) and Medication Treatment (CPT 90862) services may be claimed using either Health or Mental Health rate codes

<b>OMH Clinic Rate Codes</b>			
	<b>Non hospital*</b>	<b>Hospital</b>	<b>FQHC</b>
<b>Base Rate</b>	<b>1504</b>	<b>1516</b>	<b>4301</b>
<b>Off-site Base Rate (available for select children's services and crisis-brief for both adults and children)</b>	<b>1507</b>	<b>1519</b>	<b>N/A</b>
<b>SED Child Base Rate</b>	<b>1510</b>	<b>1522</b>	<b>4601</b>
<b>SED Child Off-site Base Rate</b>	<b>1513</b>	<b>1525</b>	<b>N/A</b>
<b>Health Services (e.g., Health Monitoring, Health Physicals)</b>	<b>1474</b>	<b>1588</b>	<b>N/A</b>
<b>SED Child Health Services (e.g., Health Monitoring, Health Physicals)</b>	<b>1477</b>	<b>1591</b>	<b>N/A</b>
<b>Crisis Intervention</b>	<b>1579</b>	<b>1576</b>	<b>N/A</b>
<b>SED Child Crisis Intervention</b>	<b>1585</b>	<b>1582</b>	<b>N/A</b>

\*Non hospital includes D&TCs, LGUs, freestanding Art 31s, and state operated  
 SED Rate codes not applicable to Managed Care Government Rates

## Financing Government Rates

- The resources to finance the increased payment to clinics are the “Comprehensive Outpatient Program services” (COPS) dollars currently billed by OMH clinics under FFS rate codes for each MMC encounter.
- The state share of the amount has been transferred from OMH’s budget to DOH’s budget.
- Plans will receive an increase to their capitation premiums. This premium adjustment will begin September 2012.

## Timeline & Rates to be Paid

- OMH and DOH have jointly determined that the amount of the payment increase available for “government rates” will be 100% of the APG FFS Medicaid rate (includes Blend for non-hospitals).
- Sept.1, 2012 – Plans are required to pay 100% of the phased-in fee-for-service APG rates (includes Blend for non-hospitals).
  - COPS-only payments will end for dates of service on or after September 1.
  - Specialty Clinics will continue to bill Medicaid FFS directly for Medicaid managed care SED children.

# APG Reimbursement Elements as they apply to MCOs

- APG Payment Components:
  - Peer group base rates (including quality incentive (QI)), CPT codes, provider-specific blend rates, rate codes
  - APG payment calculation
  - Capital add-on for hospital-based clinics
  - CSP will not be included in Blend rates for non-hospital clinics
- Required Payment Modifiers:
  - MD/NPP eligible services
  - Reduced payment for school-based group service (less than 60 minutes)
  - After-Hours Service (OMH license indicates approval for services provided after-hours)
- Required if initially authorized (MCO will authorize for entire course of treatment):
  - Language Other than English

## APG Reimbursement Elements as they apply to MCOs

- Payment for multiple same day services
  - Discounting - 10% for all lower weighted services claimed using the same rate code (temporarily excludes 90862)
- Required Payment for Off-Site services (subject to MCO utilization review and medical necessity determination)
  - For select clinic services (same services allowed as fee-for-service) provided off-site at 150% of the APG rate without modifiers
- Utilization Threshold Payment Reductions
  - **Not** applicable or allowable

# Contracting Issues

- Plans are expected to continue their existing contracts with clinics. Plans are also encouraged to contract with additional clinics.
- Plans are required to make available “in an accessible manner” all Part 599 procedures to all members of their plan.
  - Plans will **not** be required to purchase all Part 599 procedures at each clinic.
- Managed Care Plans may require prior authorization and perform utilization review. FFS Utilization Threshold Payment Reductions will not apply.
- MCOs will continue to submit service encounter data

# APG Medicaid Claim Reprocessing

## Why has the readjudication schedule changed?

- After careful analysis it was determined that the actual number of claims for non-blend (Full) services was higher than what was projected when the blend rates were originally calculated.
  - 90862 Medication Treatment
  - Elimination of direct payment for foster care children
- The change in the blend rate calculation will result in an increase in the provider-specific blend rate for some providers.
- No providers will receive a reduction in their blend rate due to this change.
- The new rates will be posted on the OMH website once they are loaded into the eMedNY system.
- New blend rates will be retroactively applied to all Part 599 claims back to 10/1/10.

## APG Medicaid Interim Claims Reprocessing

- Interim claims reprocessing applies to all claims with dates of service from October 1, 2010 – December 31, 2011
- eMedNY will recalculate the difference between the Part 588 FFS value paid and the calculated APG value, including blend payments, modifiers and 2<sup>nd</sup> same day service adjustments
  - Will occur on a rolling basis, commencing with two readjudicated cycles (weeks) every week.
  - May result in additional reimbursement or recoupment of reimbursement received for any service day. Clinics will receive the “net” adjustment after claims are readjudicated.
  - Recoupments will be automatically deducted from future Medicaid payments in 15% increments.
  - **Important: recoupment will be debited against a provider’s total Medicaid remittance, not just the subtotal for the mental health clinic.**

## APG Medicaid Interim Claims Reprocessing

- Clinics will have an extended opportunity to amend the paid claims to account for multiple procedures and/or applicable modifiers that were not included on the “interim” claim that was readjudicated.
  - Once a service date has been reprocessed, the 90-day rule for Medicaid adjustments begin.
- Health and Offsite services currently being ‘held’ will be billed when readjudication begins.
- OMH will notify providers prior to the start of reprocessing.

# APG Medicaid Interim Claims Reprocessing

Part 588 Rate Codes will crossover to Part 599 APG Rate Codes

Crosswalk “Old” OMH Clinic Rate Codes to APG Rate Codes		
Old Rate Code	APG Rate Code (non-hospital)	APG Rate Code (hospital)
4301 – Regular	1504 – Base Rate	1516 – Base Rate
4302 – Brief	1504 – Base Rate	1516 – Base Rate
4303 – Group	1504 – Base Rate	1516 – Base Rate
4304 – Collateral	1504 – Base Rate	1516 – Base Rate
4305 – Group Collateral	1504 – Base Rate	1516 – Base Rate
4306 – Crisis	1579 – Crisis	1576 - Crisis
4601 – SED Regular	1510 – SED Base Rate	1522 – SED Base Rate
4602 – SED Brief	1510 – SED Base Rate	1522 – SED Base Rate
4603 – SED Group	1510 – SED Base Rate	1522 – SED Base Rate
4604 – SED Collateral	1510 – SED Base Rate	1522 – SED Base Rate
4605 – SED Group Collateral	1510 – SED Base Rate	1522 – SED Base Rate
4606 – SED Crisis	1585 – SED Crisis	1582 – SED Crisis

# OMH Website Resources

- The OMH Clinic Website contains the Part 599 Regulations and Guidance Document, Clinic Projection Tools and FAQs, including Medicaid Managed Care information -
  - [http://www.omh.ny.gov/omhweb/clinic\\_restructuring/](http://www.omh.ny.gov/omhweb/clinic_restructuring/)
- Clinic Reimbursement Rates -
  - [http://www.omh.ny.gov/omhweb/medicaid\\_reimbursement/](http://www.omh.ny.gov/omhweb/medicaid_reimbursement/)
- Clinic Training Resources -
  - [http://www.omh.ny.gov/omhweb/clinic\\_restructuring/resources.html](http://www.omh.ny.gov/omhweb/clinic_restructuring/resources.html)
- The DOH APG webpage provides a wealth of information on APGs:
  - [http://www.health.ny.gov/health\\_care/medicaid/rates/apg/](http://www.health.ny.gov/health_care/medicaid/rates/apg/)

# OMH Website Resources

- Clinic Projection Tools -
  - [http://www.omh.ny.gov/omhweb/clinic\\_restructuring/projection\\_tools.html](http://www.omh.ny.gov/omhweb/clinic_restructuring/projection_tools.html)
- Updated APG Weight & Rate Schedule
- Old APG Revenue Projection tool removed
- Updated CPT Revenue Calculator
  - New functionality for Threshold adjustments, CSP add-on, Medicare/3<sup>rd</sup> Party cross-overs
- New CTAC Clinic Benchmarking Tool available
  - Supports Clinic management – tracks key variables
  - <http://www.ctacny.com/financial-modeling-tools-setting-benchmarks-for-fiscal-viability.html>

# MENTAL HEALTH OUTPATIENT CLINIC REVIEW

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QUESTIONS & DISCUSSION..