

MENTAL HEALTH OUTPATIENT CLINIC:
REIMBURSEMENT AND POLICY UPDATES

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Gary Weiskopf, Project Director – Gwen Diamond, Project Analyst

New York State Office of Mental Health

Glenn Gravino - Project Consultant

Coordinated Care Services, Inc



Agenda

- ❑ APG Implementation Update
- ❑ Mental Health Clinic APG Reimbursement
 - Services, Modifiers, Thresholds
- ❑ Updated Part 599 Regulations & Guidance
- ❑ Web-based Information & Tools
 - http://www.omh.ny.gov/omhweb/clinic_restructuring/
- ❑ Uncompensated Care
- ❑ Medicaid Managed Care rates
- ❑ Claims Processing – CSC
 - How do I bill and read an APG remittance?
- ❑ Q&As

Clinic APG Implementation

- State-wide initiative to reform Medicaid payment for outpatient services
 - Promote flexibility & achieve HIPAA Compliance
 - Implement Ambulatory Patient Group reimbursement methodology
 - Expect Implementation January or February 2012
 - Blend Rates will be posted on the OMH website in advance
 - Providers will be notified of the go live date by email and on the website
 - Readjudication of claims is anticipated to start April 2012
 - Claims will be readjudicated on a rolling basis
 - A webinar on the topic will be held in advance

APG Basics -

- ❑ Transition from 6 Clinic services, 3 rates, COPS add-ons to...
- ❑ Medicaid APGs for Mental Health Clinics:
 - +30 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
 - Phased-In timeline

OMH Outpatient Clinic – APG Services, CPT Codes, Weights

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

OMH Outpatient Clinic – APG Services, CPT Codes, Weights

APG	CPT Procedure - OMH Regulatory Name	CPT Codes	Procedure Weights
820-831	Health Physicals - New/Estab Patient	Code Range	DX BASED
490	Health Monitoring - 15 mins	99401	0.1724
490	Health Monitoring - 30 mins	99402	0.3103
490	Health Monitoring - 45 mins	99403	0.4482
490	Health Monitoring - 60 mins	99404	0.5862
490	Health Monitoring Group - 30 mins	99411	0.1379
490	Health Monitoring Group - 60 mins	99412	0.2414
451	Smoking Cessation Treatment - 3-10 mins; requires Dx code 305.1	99406	0.1267
451	Smoking Cessation Treatment - >10 mins; requires Dx code 305.1	99407	0.1267
451	Smoking Cessation Treatment (Group) - >10 mins; requires Dx code 305.1 (req HQ modifier)	99407-HQ	APROX \$8.50 PER CLIENT
324	Alcohol and/or Drug Screening	H0049	0.2803
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	Procedure Weights
<u>APGS for Psych Assessments, Consultations & Health Physicals are dependent on diagnostic categories as they appear below:</u>		
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

APG Reimbursement Elements

- APG Payment Components:
 - Peer Group Base Rates, Rate Codes, EOC Blend
 - Payment Calculation
- Payment Modifiers:
 - Language other than English
 - After Hours services
 - MD/PNP service delivery
 - Limited Off-Site services
 - Injection Only service
 - Reduced services for school-based session
 - National Correct Coding Initiative - Modifier 59
- Payment for multiple same day services
 - Bundling & Discounting - 10% for all lower weighted services
- Utilization Thresholds

APG Reimbursement – Modifier Updates

- Language Other than English
 - U4 Modifier: +10% of APG
 - On all procedures except:
 - Psychotropic Medication Administration (no time limit)
 - Smoking Cessation Counseling and SBIRT
 - Psych Assess and Psych Consult services claimed using E&M codes.
 - If claiming Psych Assessment using 90805 or 90807, the U4 modifier CAN be claimed.
- After-Hours
 - CPT code 99051: +.0759 of APG Peer Group Base Rate
 - 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
 - Modifier Codes; AF (Psychiatrist), AG Physician, SA (Nurse Practitioner)
 - Retroactive 10/1/2010 – no 837P claim required

APG Reimbursement – Modifier Updates

- Off-Site Services

- Off-site Crisis service for Medicaid fee-for-service children & adults
- Select services for children for Medicaid fee-for-service clients
- All eligible services delivered off-site, including Crisis services must use appropriate Off-Site rate codes

- Payment at 150% of APG service amount using NYS only funds
 - No modifiers allowed, No blend payments
 - One Off-Site payment per person, per day, except Crisis
 - Up to six Off-Site Brief Crisis units can be billed per day
- Can be claimed retroactive to 10/1/10

APG Reimbursement – Modifier Updates

Approved Offsite Services

Approved for Adults & Children:		
APG	SERVICE	CPT
321	<u>Crisis Intervention - 15 min</u>	H2011
Approved for Children:		
APG	SERVICE	CPT
323	<u>Initial Assessment Diagnostic & 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 & Education</u>	H2010
426	<u>Psychotropic Medication Treatment</u>	90862
315	<u>Psychotherapy - Indiv 30 mins</u>	90804
316	<u>Psychotherapy - Indiv 45 mins</u>	90806
317	<u>Psychotherapy - Family 30 mins</u>	90846
317	<u>Psychotherapy - Family&Client 1 hr</u>	90847

APG Reimbursement – Modifier Updates

- Injections – 3 Types

- Routine service is:

- Injectable Med Admin with Monitoring & Education - CPT H2010

- New 15 Minute Minimum
 - Not reimbursable for LPN staff

- Injection Only - when medication is obtained without cost to clinic

- J Code for drug with FB Modifier on APG claim, payment value \$13.23 for Injection Only. The FB modifier indicates that the drug was administered but the clinic did not pay for the drug.
 - No time limit, no changes in staff requirements
 - Language other than English modifier (U4) not available.

- Injection Only - when medication obtained with cost to clinic

- Medicaid fee schedule claim, J Code, CPT 96372
 - Payment for drug cost and \$13.23 for Injection
 - No modifiers available

- Note! If 96372 is used on an APG Claim, the code will package with other services and **will not pay**.

APG Reimbursement – Modifier Updates

- School-Based Group Session <1 hr
 - Applicable to CPT 90853
 - School-based Multi-Recipient Group may be minimum of 40 minutes
 - -30% of calculated payment value for a 60 minute multi-recipient group session
 - Equates to APG weight impact from .3207 to .2245
 - Reduced with U5 modifier

APG Reimbursement – Modifier Updates **National Correct Coding Initiative**

- For Hospitals - when billing most same day services, hospitals will need to enter code 59 modifier (to bypasses NCCI edit)
- DOH notice to hospitals 5/11/11
- Effective retroactive to 4/1/11

- Additional NCCI informational links:
- CMS Overview of Medicaid NCCI Edits:
- http://www.cms.gov/MedicaidNCCICoding/01_Overview.asp#TopOfPage 
- Medicaid NCCI Coding Policy Manual:
- http://www.cms.gov/MedicaidNCCICoding/Downloads/Medicaid_NCCI_Coding_Policy_Manual.zip 
- Medicaid NCCI Edits:
- <http://www.cms.gov/apps/ama/license.asp?file=/MedicaidNCCICoding/Downloads/NCCIEditsHospitalServices.zip> 

APG 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
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
Fee Schedule Injection Only J Code	FB	Indicates clinic did not pay for the medication
Smoking Cessation Treatment-Group	HQ	Indicates Group service for CPT 99407

Medicaid FFS Utilization Thresholds

- Reductions to total Medicaid FFS payments
 - Visits counted on SFY 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

- Multiple same day service discount
 - Remains at -10%,
 - Applied to all lower weighted services
- 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
 - Injections may be claimed using either the Health services or the Clinic services rate codes
 - Maximum of one off-site service per-child, per-day, excluding Crisis
- Limitation of 1 Health Physical in one year
 - No modifiers available

APG Payment Elements

APG Payments

- Based on Peer Group Base Rate & APG Weight
 - Peer Groups Reflect Clinic Auspice, Geography, Participation in QI program

Base Rates Including Quality Improvement Add-On		
Upstate Article 31 & DTCs	Downstate Article 31 & DTCs	County Article 31
\$ 138.97	\$ 151.05	\$ 193.35
Base Rates Without Quality Improvement Add-On		
Upstate Article 31 & DTCs	Downstate Article 31 & DTCs	County Article 31
\$ 133.83	\$ 145.47	\$ 186.21
Hosp Article 28 Rates - 2011		
Upstate Hospital	Downstate Hospital	
\$ 137.46	\$ 178.83	

APG Payment Elements

APG Revenue = Service Weight X Base Rate + Modifiers – 2nd Same Day Discount

- Non-hospital clinic payments subject to 4 Year Phase-In
 - Full Services paid at 100% of APG from Year 1
 - Blend Services paid in two components -
 - **APG Component** - phased-in at 25/50/75/100% of APG value for years 1-4
 - **Existing Operating Component (EOC) Blend** - based on historical Medicaid FFS average, including COPS & CSP. Phased-out on 75/50/25/0% basis.
 - EOC Blend component limited to one payment per day
- Phase-In years based on October-September term
 - Hospital based clinics will be fully phased-in by January 2012
 - Non-hospital clinics fully phased-in by October 2014

APG Billing Basics

- Existing Operating Component (EOC) – Provider Specific Blend Rate
 - Based on Medicaid FFS average payment, including COPS & CSP
 - Historical period July 2008 – June 2009
 - Will be adjusted for existing rate appeals yet to be approved
 - Declines on 75/50/25/0% basis for years 1-4
 - EOC Blend component limited to one payment per day
 - Rate adjusted upward for 2nd same day service volume in historical period
 - EOC Blend not discounted for multiple same day services
 - CSP phase-out amount paid in Capital Add-on field for Article 31 Clinics
 - CSP Threshold levels remain in effect
 - Rate for New Clinics at lowest peer group value
- CSC illustration:

http://www.omh.ny.gov/omhweb/clinic_restructuring/training_materials/apg_billing_instructions.pdf

APG Billing Basics – This slide was changed on 01/04/2012 to correct the non hospital crisis rate code and the non hospital SED child crisis rate code.

- All claims require OMH Clinic Rate Code:

OMH Clinic Rate Codes			
	Non hospital*	Hospital	FQHC
Base Rate	1504	1516	4301
Off-site Base Rate (available for select children's services and crisis-brief for both adults and children. See page 27 for more information.)	1507	1519	N/A
SED Child Base Rate (Medicaid managed care SED children only)	1510	1522	4601
SED Child Off-site Base Rate (Medicaid managed care SED children only)	1513	1525	N/A
Health Services (e.g., Health Monitoring, Health Physicals)	1474	1588	N/A
SED Child Health Services (e.g., Health Monitoring, Health Physicals) (Medicaid managed care SED children only)	1477	1591	N/A
Crisis Intervention	1579	1576	N/A
SED Child Crisis Intervention (Medicaid managed care SED children only)	1585	1582	N/A

*Non hospital includes D&TCs, LGUs, freestanding Art 31s, and state operated
Injections may be claimed using either the Health Services rate codes or the Clinic rate codes.

APG Billing Basics

▪ General Rule for 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
- Health, Crisis and Off-site not counted against Utilization Threshold
- Medicare/Medicaid Cross-Overs
 - Higher payment rule continues to apply
 - Medicaid will not pay for Medicaid non-covered services
 - Article 28 changes effective 12/29/11- see alert and
 - http://www.health.ny.gov/health_care/medicaid/program/update/2011/2011-08.htm#ln7 

APG Billing Example – Full Implementation & Phase 2 Examples

RATE ASSUMPTIONS				
Rate Code	1504	Downstate Article 31 Peer Group Base Rate-QI		\$ 138.97
		EOC Blend Rate (\$65 FFS + \$50 COPS + \$50 CSP)		\$ 165.00

Blend/ Full Pay	APG	CPT Procedure - OMH Regulatory Name	CPT Codes	Service Weight	Full Implm	50/50% Phase-In
Blend	316	Psychotherapy - Individ 45 mins	90806	0.8275	\$ 115.00	\$ 57.50
Blend	318	Psychotherapy - Group 1 hr	90853	0.3207	\$ 44.57	\$ 22.28
		LOE Modifier		10%	\$ 15.96	\$ 7.98
		Discount - lower weighted service		10%	\$ (4.90)	\$ (2.45)
		EOC Blend Payment			\$ -	\$ 82.50
			AGP Total		\$ 170.62	\$ 167.81
			CSP Capital Add-On		\$ 50.00	\$ 25.00
			Total Payment		\$ 220.62	\$ 192.81

Excel Based Clinic Projection Tools – OMH Website

http://www.omh.ny.gov/omhweb/clinic_restructuring/projection_tools.html

- APG Weight & Rate Schedule
 - Services, Weights, Peer Group Base Rates
 - Calculated value of individual services
 - Modifier terms recap

- Clinic Projection Model & instructional webinar
 - Extended functionality, including...
 - Clinic staffing, payor mix, staffing costs, productivity, service volume
 - CPT service distribution, modifier/discount activity
 - APG New/Blend revenues, Indigent Care, Managed Care, Thresholds
 - APG Phase-In, linkage to financial statement

- CPT Revenue Calculator
 - Flexible one schedule revenue projection calculator
 - APG Phase-In revenue schedule
 - 588/599 billing cross-walk

Uncompensated Care

- Uncompensated Care Pool Approved for:
 - D&TCs licensed by DOH and approved for the pool by DOH
 - Free-standing Article 31 mental health clinics
 - Hospital operated clinics are not eligible for this pool
- Eligible indigent care visits must equal to 5% of visit volume to qualify.
- Reimbursement is calculated according to the following schedule.
 - First 15% of visits reimbursed 50% of the value of the peer group average Medicaid rate.
 - Second 15% are reimbursed at 75%
 - Visits >30% are reimbursed at 100%
- If there is insufficient funding in the pool, payments are reduced proportionately.

Uncompensated Care Reimbursement

Uncompensated Care Guidelines:

http://www.omh.ny.gov/omhweb/clinic_restructuring/uncompensated_care.html

- Funding Rules – conditions for visits eligible & not eligible
- Data Collection requirements & submission schedule
- Provider Notifications

Things to Keep in Mind About Uncompensated Care

- Future Payment will be based on the CFR OMH-4 data:
 - Moving to two year lag
 - If you have not submitted the 2010 CFR OMH-4 (upstate) or 2009/10 CFR OMH-4 (NYC), you must do so for possible inclusion in the 2012 uncompensated care distribution.
 - If you have submitted the above CFR OMH-4 but would like to amend it, please contact the CFR Unit at 518-473-3572
 - Common errors
 - Total visits = Uncompensated visits
 - Uncompensated visits > Total visits – Medicaid Visits
 - Total visits on CFR not consistent with OMH-4
- Must maximize all alternate revenue sources
- Must make reasonable collection effort
- Must keep accurate records
- Get review by your own counsel
- See website for clarifications on submission instructions

Medicaid Managed Care

- Adopted legislation effective April, 2010
- Allowed establishment of Medicaid Managed Care fees for mental health clinic services that are:
 - “**equivalent** to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology as utilized by the department of health or by the office of mental health for rate-setting purposes...”;
- Rate dependent on the funding available.
- Anticipate implementation in April, 2012
- COPs-Only will continue until new rates implemented.



Children's Technical Assistance Center

Effective Care. Efficient Practices.

<http://www.ctacny.com/> 

- OMH sponsored 5 year project to sustain & improve clinical operations
- Statewide network partners for content area expertise
- Projects to focus on -
 - Clinical Skills
 - Billing Practices & Financial Management
 - Clinical Business Models
 - Use of Data for QI & Decision Making
 - Client Engagement & Skill Building
 - Strategies for Wellness & Early Screening

Other Resources

- Resources

- Medicaid Redesign link -

http://www.health.ny.gov/health_care/medicaid/redesign/ 

- Medicaid Update link -

http://www.health.ny.gov/health_care/medicaid/program/update/main.htm 

- eMedNY link -

<https://www.emedny.org/> 

COMPUTER SCIENCES CORP

APG BILLING & READING REMITTANCES

MENTAL HEALTH OUTPATIENT CLINIC UPDATES

QUESTIONS & DISCUSSION..