

# OASAS APG Training Update Reimbursement and Policy

## Opioid Updates Revised Billing



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# Revised OTP APG claiming Rules

- Dates of Service 7/2/12 forward freestanding OTP programs will submit APG claims as discussed in slide 7 and 8 of this presentation.
- Hospital programs have not yet converted to APG claiming and until further notice must continue to submit one weekly claim (mon – sun), using rate 2973 in header, with line level coding that reflect the visit dates / services delivered during the week. Until further notice hospitals continue to be reimbursed at the pre APG OTP weekly rate.



# Why Revise

Previously OTP programs were directed to submit OTP APG Medicaid claims as a single Monday – Sunday weekly episode claim, indicated by the appropriate OASAS APG episode rate code listed in the claim header and at the line level the CPT or HCPCS code for each discrete service that was delivered on a specific visit date within the weekly billing range.

- January 2012 APGs went live for the free standing Opioid programs.
- It became clear that the discounting was not occurring as expected.
- APG software saw the weekly “episode” rate code claim as a single claim for purposes of applying the discounting rules.
- For example, if a program provided a medication management on Monday and a group on Wednesday. The group should not discount based on the daily discount rule, but under “episode” codes it does because it is seen as a same visit second service.



## Resolution

- OASAS consulted with the OTP community to obtain provider / vendor feedback on proposed resolutions.
- As a result of those conversations the APG OTP claiming is being adjusted as described slides 7 and 8 of this presentation.
- The adjusted claiming will preserve the enhanced visit payment for the first weekly medication administration visit and will utilize a “visit” rate code (instead of an “episode” rate) to ensure that the entire week of service is not seen as a single visit and that medication administration services and other OTP services are only subject to minimal same day discounts and are not incurring discounts that spans dates of service.



## OTP Claim Submission for Dates of Service 7/2/12 forward

- **Freestanding OTP programs:** Dates of Service 7/2/12 forward freestanding OTP programs will submit APG claims as discussed below.
- **Hospital OTP programs:** Hospital programs have not yet converted to APG claiming and until further notice must continue to: submit one weekly claim (mon – sun); using rate 2973 in header; and the line level reflect the visit dates / services delivered during the week. Until further notice hospitals continue to be reimbursed at the pre APG OTP weekly rate.



# Summary Overview of Revised Claiming

- For each patient that receives weekly services (mon – sun) programs will submit two claims as described below.
- Claim One secures the legacy blend and the enhanced medication administration payment for the first service of the week.
- Claim Two secures the APG portion of the service payment.
- The program must submit both claims in order to receive complete reimbursement.



**Claim One: Secures the *legacy payment* and *first medication administration visit enhanced payment claim***

- Programs must submit this claim once per week per patient to secure the once / week legacy blend payment and the single (once / week) first enhanced medication administration payment (service code H0020).
- This claim: submitted only once per patient per / week (mon-sun); uses the four digit rate code 1671 in the header; a single medication administration HCPCS code H0020 at line level; and, the corresponding line level single visit date of service.
- Claim One Payment : Is comprised of the legacy blend and the med admin enhancement. In phase two this amount is \$69.00 (which is 50% of \$138 pre- APG weekly legacy payment); PLUS the first single weekly Medication Administration enhancement payment (DS= \$10.62) and (US= \$9.08) .
- Payment for the legacy blend payment and the Medication Administration enhancement payment it limited to once per week.



**Claim Two:** This claim secures payment for the services delivered during the entire week, including the first Medication Administration service reimbursement.

- A single claim that contains all visit dates and services delivered during the service week, including the first weekly Medication Administration service. This second claim will separately identify each visit date (defined as the calendar date) and services delivered to the patient on the specific visit date.
- As programs are already coding in this matter the program / vendor will simply change the rate code in the header from the previous freestanding APG episode rate code 1543 to the new freestanding OTP visit code 1564.
- The program will submit the claim using:
  - the four digit rate code 1564 visit claim in the claim header. NOTE: The visit rate code 1564 replaces the previous four digit episode rate code 1543.
  - Line level visit date (s)
  - Line level appropriate HCPCS or CPT code for the delivered service(s) associated with the specific visit date. Including the H0020 code for the first Medication Administration service.
  - Payment will vary based on the specific delivered services.
- NOTE: Medication Administration is not subject to the second service discount rule and will not drive an automatic discount for a second same date service. However, a third service on a single date of service could receive a discount. If H0020 is not provided on a date of service, but two other services are provided, one of those services could discount.



## Previous APG rate codes 1531 and 1543

- For dates of service 7/2/12 forward freestanding programs may not submit claims using the previous 1543 Freestanding Weekly Opioid APG episode rate code.
- They must submit claims using the coding discussed in the “Revised OTP APG claiming for Freestanding Programs.” section of this document.
- When hospitals begin APG claiming they will not use the 1531 Hospital Weekly Opioid APG episode rate codes, but instead will instead utilize rate code 1567.



# Remittance Statements Under the Revised Claim Submission Process

- Claim One: Rate codes 1671 and 2973 will continue to yield a single weekly reimbursement amount and will not show service line detail. The payment amount that is a combination of the single blend payment and the single first visit medication administration payment enhancements.
- Claim Two: Rate codes 1564 and 1567. These remittance statements will reflect the APG portion of the service payment; and, where appropriate would include any discounting. The single weekly blend payment would not be on this remittance as it is reflected on Claim One.



# Questions

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