

ARTICLE 16 APG CROSSWALK 2022

| APG | APG Description | HCPCS Code | HCPCS code description | OPWDD Allows via Telehealth (Audio & Visual synchronous) | OPWDD allows via Audio-Only | January 2022 Weight | January 2022 Daily Units Limit | Peer Group A Per Unit Pymnt | Peer Group B Per Unit Pymnt | Peer Group C Per Unit Pymnt |
|---|---------------------------------------|--|------------------------|--|-----------------------------|---------------------|--------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Change to base rates (eff. 4/1/18) | | | | | | | | \$184.65 | \$192.90 | \$276.88 |
| SIGNIFICANT PROCEDURE APGs FOR THERAPY, PSYCHOTHERAPY, TESTING, AND EVALUATION SERVICES | | | | | | | | | | |
| 118 Nutrition Therapy | 97802 | Medical nutrition, indiv, each 15 min | PHE-only | PHE-only | 0.1847 | 2 | \$ 34.10 | \$ 35.63 | \$ 51.14 | |
| | 97803 | Med nutrition, indiv, subseq, each 15 min | PHE-only | PHE-only | 0.1847 | 2 | \$ 34.10 | \$ 35.63 | \$ 51.14 | |
| | 97804 | Medical nutrition, group, each 30 min | PHE-only | PHE-only | 0.1638 | 1 | \$ 30.25 | \$ 31.60 | \$ 45.35 | |
| | G0270 | MNT subs tx for change dx, each 15 min | PHE-only | PHE-only | 0.1847 | 2 | \$ 34.10 | \$ 35.63 | \$ 51.14 | |
| | G0271 | Group MNT 2 or more 30 mins | No | No | 0.1517 | 1 | \$ 28.01 | \$ 29.26 | \$ 42.00 | |
| 269 Level II Ancillary Therapeutic Services | 97036 | Hydrotherapy, 15 min | No | No | 0.1379 | 2 | \$ 25.46 | \$ 26.60 | \$ 38.18 | |
| | 97110 | Therapeutic exercises, 15 min | PHE-only | No | 0.2276 | 3 | \$ 42.03 | \$ 43.90 | \$ 63.02 | |
| | 97112 | Neuromuscular reeducation, 15 min | PHE-only | No | 0.2276 | 3 | \$ 42.03 | \$ 43.90 | \$ 63.02 | |
| | 97113 | Aquatic therapy/exercises, 15 min | No | No | 0.2276 | 3 | \$ 42.03 | \$ 43.90 | \$ 63.02 | |
| | 97140 | Manual therapy, 15 min | No | No | 0.2276 | 3 | \$ 42.03 | \$ 43.90 | \$ 63.02 | |
| | 97530 | Therapeutic activities, 15 min | PHE-only | No | 0.2276 | 3 | \$ 42.03 | \$ 43.90 | \$ 63.02 | |
| | 97750 | Physical performance test, 15 min | PHE-only | No | 0.2276 | 3 | \$ 42.03 | \$ 43.90 | \$ 63.02 | |
| | 97760 | Initial encntr orthotic mgmt and training, 15 min | PHE-only | No | 0.2276 | 4 | \$ 42.03 | \$ 43.90 | \$ 63.02 | |
| | 97761 | Initial encntr prosthetic training, initial 15 min | PHE-only | No | 0.2276 | 4 | \$ 42.03 | \$ 43.90 | \$ 63.02 | |
| | 97763 | Subsqt Orth/Prosth mgmt&training, 15 min. | PHE-Only | No | 0.3888 | 3 | \$ 71.79 | \$ 75.00 | \$ 107.65 | |
| | 97129 | Ther ivntj 1st 15 min | PHE-only | No | 0.2897 | 1 | \$ 53.49 | \$ 55.88 | \$ 80.21 | |
| | 97130 | Ther ivntj ea addl 15 min | PHE-only | No | 0.2897 | 2 | \$ 53.49 | \$ 55.88 | \$ 80.21 | |
| | 92526 | Oral function therapy | PHE-only | No | 0.6620 | 1 | \$ 122.24 | \$ 127.70 | \$ 183.29 | |
| | 92609 | Use of speech device service | PHE-only | No | 0.6620 | 1 | \$ 71.79 | \$ 75.00 | \$ 107.65 | |
| | 92640 | Aud brainstem implt programg | No | No | 0.8996 | 1 | \$ 166.10 | \$ 173.52 | \$ 249.07 | |
| | 97150 | Group therapeutic procedures | PHE-only | No | 0.3888 | 1 | \$ 71.79 | \$ 75.00 | \$ 107.65 | |
| | 92508 | Speech/hearing therapy | PHE-only | PHE-only | 0.3888 | 1 | \$ 71.79 | \$ 75.00 | \$ 107.65 | |
| Note: APG 269 contains some codes that were formerly in the following APGs: 271, 270, 272, 274, and 275. | | | | | | | | | | |
| 270 Occupational Therapy | 97165 | OT eval: low complexity, typically 30 min | PHE-only | No | 0.4885 | 1 | \$ 90.20 | \$ 94.23 | \$ 135.26 | |
| | 97166 | OT eval: mod complexity, typically 45 min | PHE-only | No | 0.6513 | 1 | \$ 120.26 | \$ 125.64 | \$ 180.33 | |
| | 97167 | OT eval: high complexity, typically 60 min | PHE-only | No | 0.8141 | 1 | \$ 150.32 | \$ 157.04 | \$ 225.41 | |
| | 97168 | Re-eval of OT est plan of care, typically 30 min | PHE-only | No | 0.4885 | 1 | \$ 90.20 | \$ 94.23 | \$ 135.26 | |
| | 97533 | Sensory integration, 15 min | No | No | 0.2414 | 3 | \$ 44.57 | \$ 46.57 | \$ 66.84 | |
| | 97535 | Self care mngmt training, 15 min | PHE-only | PHE-only | 0.2414 | 3 | \$ 44.57 | \$ 46.57 | \$ 66.84 | |
| | 97537 | Community/work reintegration, 15 min | PHE-Only | No | 0.2414 | 3 | \$ 44.57 | \$ 46.57 | \$ 66.84 | |
| | 97542 | Wheelchair mngmt training, 15 min | PHE-only | No | 0.2603 | 8 | \$ 47.52 | \$ 49.31 | \$ 71.12 | |
| Note: Effective 1/1/2018 CPT 97127 replaced former CPT 97532. Per AMA, CPT 97127 is untimed and submitted on a per visit basis. NYS Medicaid and many other payers (including Medicare) have elected to continue reimbursing this service in 15 min increments. Some other payers have adopted the AMA recommended service unit, however. For patients whose insurance coverage is Medicaid only or Medicare-Medicaid dual, the appropriate procedure code is G0515 since this code best reflects the actual payment basis. For patients with a primary payer other than Medicaid or Medicare, please consult the insurance company to determine the proper code to use. If the third-party payer directs the use of 97127, you may include that code on any cross-over claim to Medicaid. You may need to adjust the service units on the crossover to Medicaid, however, to receive full reimbursement. | | | | | | | | | | |
| 271 Physical Therapy | 97161 | PT eval: low complexity, typically 20 min | PHE-only | No | 0.5427 | 1 | \$ 100.21 | \$ 104.69 | \$ 150.26 | |
| | 97162 | PT eval: mod complexity, typically 30 min | PHE-only | No | 0.7236 | 1 | \$ 133.61 | \$ 139.58 | \$ 200.35 | |
| | 97163 | PT eval: high complexity, typically 45 min | PHE-only | No | 0.9045 | 1 | \$ 167.02 | \$ 174.48 | \$ 250.44 | |
| | 97164 | Re-eval of PT est plan of care, typically 20 min | PHE-only | No | 0.5427 | 1 | \$ 100.21 | \$ 104.69 | \$ 150.26 | |
| | 97755 | Assistive technology assess, 15 min | PHE-only | No | 0.2276 | 6 | \$ 42.03 | \$ 43.90 | \$ 63.02 | |
| 92507 | Speech/hearing therapy | PHE-only | PHE-only | 0.6620 | 1 | \$ 122.24 | \$ 127.70 | \$ 183.29 | | |
| 92521 | Evaluation of speech fluency | PHE-only | PHE-only | 0.8996 | 1 | \$ 166.11 | \$ 173.53 | \$ 249.08 | | |
| 92522 | Evaluation of speech sound production | PHE-only | PHE-only | 0.8996 | 1 | \$ 166.11 | \$ 173.53 | \$ 249.08 | | |

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|---|-----------------|---|---|--|-----------------------------|---------------------|--------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 272 Speech Therapy | | 92523 | Eval of speech sound production with eval of lang comprh and expressn | PHE-only | PHE-only | 0.8996 | 1 | \$ 166.11 | \$ 173.53 | \$ 249.08 |
| | | 92524 | Behavioral and qualitative analysis of voice and resonance | PHE-only | PHE-only | 0.8996 | 1 | \$ 166.11 | \$ 173.53 | \$ 249.08 |
| | | 92597 | Oral speech device eval | No | No | 0.8996 | 1 | \$ 166.11 | \$ 173.53 | \$ 249.08 |
| | | 92605 | Eval for nonspeech device rx | No | No | 0.8996 | 1 | \$ 166.11 | \$ 173.53 | \$ 249.08 |
| | | 92607 | Ex for speech device rx, 1hr | PHE-only | No | 0.8996 | 1 | \$ 166.11 | \$ 173.53 | \$ 249.08 |
| | | 92608 | Ex for speech device rx addl | PHE-only | No | 0.4498 | 2 | \$ 83.06 | \$ 86.77 | \$ 124.54 |
| | | 92610 | Evaluate swallowing function | PHE-only | No | 0.6620 | 1 | \$ 122.24 | \$ 127.70 | \$ 183.29 |
| | | 92618 | Ex for nonspeech device rx addl | No | No | 0.4498 | 2 | \$ 83.06 | \$ 86.77 | \$ 124.54 |
| | | 92626 | Eval aud rehab status, first hr | PHE-only | No | 0.8996 | 1 | \$ 166.11 | \$ 173.53 | \$ 249.08 |
| | | 92627 | Eval aud rehab status, ea addtl 15 min. | PHE-only | No | 0.2249 | 2 | \$ 41.53 | \$ 43.38 | \$ 62.27 |
| | S9152 | Speech therapy; re-evaluation | PHE-only | No | 0.8996 | 1 | \$ 166.11 | \$ 173.53 | \$ 249.08 | |
| 310 Developmental and Neuropsychological Testing | | 96105 | Assessment of aphasia | PHE-only | No | 0.8275 | 1 | \$ 152.80 | \$ 159.62 | \$ 229.12 |
| | | 96110 | Dev screening w scoring and doc, per stand inst | PHE-only | No | 0.8275 | 1 | \$ 152.80 | \$ 159.62 | \$ 229.12 |
| | | 96112 | Dev test admin by hc pro with interp & rpt; 1st hr | PHE-only | No | 0.8275 | 1 | \$ 152.80 | \$ 159.62 | \$ 229.12 |
| | | 96113 | as above; each addtl 30 min. | PHE-only | No | 0.4598 | 1 | \$ 84.90 | \$ 88.70 | \$ 127.31 |
| | | 96116 | Neurobehav status ex by hc pro with interp & rpt; 1st hr | PHE-only | PHE-only | 1.2413 | 1 | \$ 229.21 | \$ 239.45 | \$ 343.69 |
| | | 96121 | as above; each addtl hour. | PHE-only | PHE-only | 0.4598 | 1 | \$ 84.90 | \$ 88.70 | \$ 127.31 |
| | | 96125 | Cognitive test by hc pro | PHE-only | No | 1.2413 | 1 | \$ 229.21 | \$ 239.45 | \$ 343.69 |
| | | 96130 | Psych test eval svcs by hc pro incl integ of patient data, interp, rpt and interactive feedback with patient and/or coll; 1st hr | PHE-only | PHE-only | 0.4598 | 1 | \$ 84.90 | \$ 88.70 | \$ 127.31 |
| | | 96131 | as above; each addtl hour. | PHE-only | PHE-only | 0.0000 | 1 | \$ - | \$ - | \$ - |
| | | 96132 | Neuropsych test eval svcs by hc pro incl integ of patient data, interp, rpt and interactive feedback with patient and/or coll; 1st hr | PHE-only | PHE-only | 0.4598 | 1 | \$ 84.90 | \$ 88.70 | \$ 127.31 |
| | | 96133 | as above; each addtl hour. | PHE-only | PHE-only | 0.0000 | 1 | \$ - | \$ - | \$ - |
| | | 96136 | Psych and/or neuropsych test admin by hc pro; two or more tests; 1st 30 min. | PHE-only | PHE-only | 0.8275 | 1 | \$ 152.80 | \$ 159.62 | \$ 229.12 |
| | | 96137 | as above; each addtl 30 min. | PHE-only | PHE-only | 0.4598 | 1 | \$ 84.90 | \$ 88.70 | \$ 127.31 |
| | | 96138 | Psych and/or neuropsych test admin by tech; two or more tests; 1st 30 min. | PHE-only | PHE-only | 0.8275 | 1 | \$ 152.80 | \$ 159.62 | \$ 229.12 |
| | | 96139 | as above; each addtl 30 min. | PHE-only | PHE-only | 0.4598 | 3 | \$ 84.90 | \$ 88.70 | \$ 127.31 |
| | 96146 | Psych and/or neuropsych test admin w single automated standardized instrument via electronic platform | No | No | 0.0000 | | \$ - | \$ - | \$ - | |
| <p>Note: A number of new CPT codes went into effect 1/1/19. The following CPT codes are not reimbursed when delivered by ABSSs or LMSWs: 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136 and 96137. ABSS and LMSWs may, when working under appropriate supervision, deliver CPT codes 96138 and 96139. CPT 96146 is not reimbursed by Medicaid.</p> | | | | | | | | | | |
| 315 Individual Brief Psychotherapy | | 90832 | Psytx, 30 min | Yes | PHE-only | 0.6206 | 1 | \$ 114.59 | \$ 119.71 | \$ 171.83 |
| | | 90833 | Psytx, 30 min w/separately billed e&m | Yes | PHE-only | 0.3724 | 1 | \$ 67.99 | \$ 70.55 | \$ 101.75 |
| <p>Note: payment for CPT 90832 will be increased by 5% when services are delivered to children under age 19.</p> | | | | | | | | | | |
| <p>Note: Article 16 clinics may submit CPT 90832 for psychotherapy visits with face-to-face service durations of between 20 to 29 minutes. Article 16 clinics are NOT required to include the U5 modifier for services between 20-29 minutes in duration. Such services will be reimbursed at the full amount shown above. Service durations of less than 20 minutes are considered 'not reimbursable' under OPWDD Policy.</p> | | | | | | | | | | |
| 316 Individual Comprehensive Psychotherapy | | 90834 | Psytx, 45 min | Yes | PHE-only | 0.8275 | 1 | \$ 152.80 | \$ 159.62 | \$ 229.12 |
| | | 90836 | Psytx, 45 min w/separately billed e&m | Yes | PHE-only | 0.5793 | 1 | \$ 106.97 | \$ 111.75 | \$ 160.40 |
| | | 90837 | Psytx, 60 min | Yes | PHE-only | 0.8275 | 1 | \$ 152.80 | \$ 159.62 | \$ 229.12 |
| | | 90838 | Psytx, 60 min w/separately billed e&m | Yes | PHE-only | 0.5793 | 1 | \$ 106.97 | \$ 111.75 | \$ 160.40 |
| | | 90845 | Psychoanalysis | Yes | PHE-only | 0.8275 | 1 | \$ 151.08 | \$ 156.77 | \$ 226.11 |
| <p>Note: Effective 1/1/2015, payment for CPT 90834 will be increased by 5% when services are delivered to children under age 19.</p> | | | | | | | | | | |
| 317 Family Psychotherapy | | 90846 | Family psytx w/o patient | Yes | PHE-only | 0.6206 | 1 | \$ 114.59 | \$ 119.71 | \$ 171.83 |

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|---|--|------------|--|--|-----------------------------|---------------------|--------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | Family Psychotherapy | 90847 | Family psytch w/patient | Yes | PHE-only | 1.2413 | 1 | \$ 229.21 | \$ 239.45 | \$ 343.69 |
| 318 | Group Psychotherapy | 90849 | Multiple family group psytch | No | No | 0.3207 | 1 | \$ 59.22 | \$ 61.86 | \$ 88.80 |
| | | 90853 | Group psychotherapy | PHE-only | PHE-only | 0.3207 | 1 | \$ 59.22 | \$ 61.86 | \$ 88.80 |
| 323 | Mental Hygiene Assessment | 90791 | Psy dx evaluation | Yes | PHE-only | 1.0344 | 1 | \$ 191.00 | \$ 199.54 | \$ 286.40 |
| | | 90792 | Psy dx evaluation w/medical svcs | Yes | PHE-only | 1.0344 | 1 | \$ 191.00 | \$ 199.54 | \$ 286.40 |
| 324 | Mental Health Screening and Brief Assessment (Clinic Intake) | T1023 | Program intake assessment | No | No | 0.2803 | 1 | \$ 51.76 | \$ 54.07 | \$ 77.61 |
| 428 | Education, Individual | 98960 | Self-mgmt educ & train, 1 pt, 30 min | PHE-only | No | 0.1939 | 4 | \$ 35.80 | \$ 37.40 | \$ 53.69 |
| | | G0108 | Diab manage tm per indiv, 30 min | PHE-only | PHE-only | 0.1939 | 4 | \$ 35.80 | \$ 37.40 | \$ 53.69 |
| 429 | Education, Group | 98961 | Self-mgmt educ/train, 2-4 pt, 30 min | PHE-only | No | 0.0970 | 4 | \$ 17.91 | \$ 18.71 | \$ 26.86 |
| | | 98962 | Self-mgmt educ/train, 5-8 pt, 30 min | PHE-only | No | 0.0970 | 4 | \$ 17.91 | \$ 18.71 | \$ 26.86 |
| | | G0109 | Diab manage tm ind/group, 30 min | PHE-only | PHE-only | 0.0970 | 4 | \$ 17.91 | \$ 18.71 | \$ 26.86 |
| 323 | Behavioral Health Assessment | 96156 | Health behavior assessment, or re-assessment | PHE-only | PHE-only | 1.0344 | 1 | \$ 191.00 | \$ 199.54 | \$ 286.40 |
| 325 | Prevention Counseling | 99401 | Preventive counseling, indiv, 15 min | No | No | 0.2500 | 1 | \$ 46.16 | \$ 48.23 | \$ 69.22 |
| | | 99402 | Preventive counseling, indiv, 30 min | No | No | 0.3103 | 1 | \$ 57.30 | \$ 59.86 | \$ 85.92 |
| | | 99403 | Preventive counseling, indiv, 45 min | No | No | 0.4482 | 1 | \$ 82.76 | \$ 86.46 | \$ 124.10 |
| | | 99404 | Preventive counseling, indiv, 60 min | No | No | 0.5862 | 1 | \$ 108.24 | \$ 113.08 | \$ 162.31 |
| | | 99411 | Preventive counseling, group, 30 min | No | No | 0.1379 | 1 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 99412 | Preventive counseling, group, 60 min | No | No | 0.2414 | 1 | \$ 44.57 | \$ 46.57 | \$ 66.84 |
| 491 | Medical Visit Indicator | 96158 | Health behavior intervention, indiv, 1st 30 min | Yes | Yes | 0.2069 | 1 | \$ 38.20 | \$ 39.91 | \$ 57.29 |
| 315 | Counseling or Individual Brief Psychotherapy | 90785 | Interactive complexity | Yes | Yes | 0.0000 | 1 | \$ - | \$ - | \$ - |
| 2003 | Incidental Physician Report Or Technical Services | 99002 | Device Handling | No | No | 0.0000 | 1 | \$ - | \$ - | \$ - |
| 2004 | Incidental Minor Diagnostic Tests | 95851 | Range of motion measurements | No | No | 0.0000 | 1 | \$ - | \$ - | \$ - |
| | | 95852 | Range of motion measurements | No | No | 0.0000 | 1 | \$ - | \$ - | \$ - |
| 2005 | Incidental Medical Visit Services | 96159 | Health behavior intervention, additional 15 min | Yes | Yes | 0.1034 | 2 | \$ 19.09 | \$ 19.95 | \$ 28.63 |
| | | 96164 | Health Bx intervention, group (2+ pts), 1st 30 min | Yes | Yes | 0.1380 | 1 | \$ 25.48 | \$ 26.62 | \$ 38.21 |
| | | 96165 | Health Bx intervention, group (2+ pts), add 15 mins | Yes | Yes | 0.0690 | 2 | \$ 12.74 | \$ 13.31 | \$ 19.10 |
| | | 96167 | Health Bx intervention, family w/ patient, 1st 30 mins | Yes | Yes | 0.2758 | 1 | \$ 50.93 | \$ 53.20 | \$ 76.36 |
| | | 96168 | Health Bx intervention, family w/ patient, add 15 mins | Yes | Yes | 0.1379 | 2 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 96170 | Health Bx intervention, family w/o patient, 1st 30 minutes | PHE-only | No | 0.3034 | 1 | \$ 56.02 | \$ 58.53 | \$ 84.01 |
| | | 96171 | Health Bx intervention, family w/o patient, add 15 minutes | PHE-only | No | 0.1517 | 2 | \$ 28.01 | \$ 29.26 | \$ 42.00 |
| | | T1013 | Sign Lang/Oral Interpreter | No | No | 0.0688 | 2 | \$ 12.70 | \$ 13.27 | \$ 19.05 |
| <p>Important Note: Effective 1/1/2020 CPT codes 95831, 95832, 95833, and 95834 are no longer active. To report manual muscle testing, use CPT codes 97161-97172. Also CPT codes, 96150, 96151, 96152, 96153, and 96154 are no longer effective. To report Health and behavior assessments and interventions, use 96156, 96158, and/or 96159.</p> | | | | | | | | | | |
| 493 | Level I Ancillary Therapeutic Services | 97010 | Hot or cold packs therapy | No | No | 0.1379 | 1 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97014 | Electric stimulation therapy | No | No | 0.1379 | 1 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97016 | Vasopneumatic device therapy | No | No | 0.1379 | 1 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97018 | Paraffin bath therapy | No | No | 0.1379 | 1 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97022 | Whirlpool therapy | No | No | 0.1379 | 1 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97024 | Diathermy eg, microwave | No | No | 0.1379 | 1 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97026 | Infrared therapy | No | No | 0.1379 | 1 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97028 | Ultraviolet therapy | No | No | 0.1379 | 1 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97032 | Electrical stimulation, 15 min | No | No | 0.1379 | 2 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97033 | Electric current therapy, 15 min | No | No | 0.1379 | 2 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97034 | Contrast bath therapy, 15 min | No | No | 0.1379 | 2 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97035 | Ultrasound therapy, 15 min | No | No | 0.1379 | 2 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97039 | Physical therapy treatment | No | No | 0.1379 | 1 | \$ 25.46 | \$ 26.60 | \$ 38.18 |
| | | 97116 | Gait training therapy, 15 min | PHE-only | No | 0.2276 | 3 | \$ 42.03 | \$ 43.90 | \$ 63.02 |
| | | 97124 | Massage therapy, 15 min | No | No | 0.2276 | 3 | \$ 42.03 | \$ 43.90 | \$ 63.02 |
| | | 97545 | Work hardening - initial, 2 hrs | No | No | 0.9045 | 1 | \$ 167.02 | \$ 174.48 | \$ 250.44 |
| | | 97546 | Work hardening add-on | No | No | 0.6827 | 1 | \$ 126.06 | \$ 131.69 | \$ 189.03 |
| 97799 | Physical medicine procedure | No | No | 0.1379 | 1 | \$ 25.46 | \$ 26.60 | \$ 38.18 | | |
| 92606 | Non-speech device service | No | No | 0.6620 | 1 | \$ 122.24 | \$ 127.70 | \$ 183.29 | | |

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|-----|-----------------|------------|--|--|-----------------------------|---------------------|--------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | 92630 | Auditory rehab. Pre-lingual hearing loss. | No | No | 0.6620 | 1 | \$ 122.24 | \$ 127.70 | \$ 183.29 |
| | | 92633 | Auditory rehab. Post-lingual hearing loss. | No | No | 0.6620 | 1 | \$ 122.24 | \$ 127.70 | \$ 183.29 |

Note: Note: APG 493 contains some codes that were formerly in the following APGs: 271, and 272.

| MEDICAL VISIT APGs FOR DEVELOPMENTAL DISABILITY DIAGNOSES | | | | | | | | | | |
|---|--|--|--|----|----|--------|--|-----------|-----------|-----------|
| 524 | LEVEL I CNS DISORDERS | | | No | No | 0.6804 | | \$ 125.64 | \$ 131.25 | \$ 188.39 |
| 525 | LEVEL II CNS DISORDERS | | | No | No | 0.0000 | | \$ - | \$ - | \$ - |
| 529 | SEIZURE | | | No | No | 0.7801 | | \$ 144.05 | \$ 150.48 | \$ 215.99 |
| 532 | HEAD TRAUMA | | | No | No | 0.7425 | | \$ 137.10 | \$ 143.23 | \$ 205.58 |
| 536 | CEREBRAL PALSY | | | No | No | 0.8222 | | \$ 151.82 | \$ 158.60 | \$ 227.65 |
| 827 | ORGANIC MENTAL HEALTH DISTURBANCES | | | No | No | 0.8078 | | \$ 149.16 | \$ 155.82 | \$ 223.66 |
| 828 | INTELLECTUAL DISABILITY/MENTAL RETARDATION | | | No | No | 0.6849 | | \$ 126.47 | \$ 132.12 | \$ 189.64 |

Important Note: Effective 1/1/2014, all services billed using E&M procedure code 99211 will pay \$20 irrespective of diagnosis.

| MEDICAL VISIT APGs FOR PSYCHIATRIC DIAGNOSES | | | | | | | | | | |
|--|---|--|--|----|----|--------|--|-----------|-----------|-----------|
| 820 | SCHIZOPHRENIA | | | No | No | 0.6620 | | \$ 122.24 | \$ 127.70 | \$ 183.29 |
| 821 | MAJOR DEPRESSIVE DISORDERS & OTH/UNSPC PSYCHOSES | | | No | No | 0.6620 | | \$ 122.24 | \$ 127.70 | \$ 183.29 |
| 822 | DISORDERS OF PERSONALITY & IMPULSE CONTROL | | | No | No | 0.6620 | | \$ 122.24 | \$ 127.70 | \$ 183.29 |
| 823 | BIPOLAR DISORDERS | | | No | No | 0.6620 | | \$ 122.24 | \$ 127.70 | \$ 183.29 |
| 824 | DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | | | No | No | 0.6620 | | \$ 122.24 | \$ 127.70 | \$ 183.29 |
| 825 | ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE | | | No | No | 0.6620 | | \$ 122.24 | \$ 127.70 | \$ 183.29 |
| 826 | ACUTE ANXIETY & DELIRIUM STATES | | | No | No | 0.6620 | | \$ 122.24 | \$ 127.70 | \$ 183.29 |
| 829 | CHILDHOOD BEHAVIORAL DISORDERS | | | No | No | 0.6846 | | \$ 126.41 | \$ 132.06 | \$ 189.55 |
| 831 | OTHER MENTAL HEALTH DISORDERS | | | No | No | 0.6620 | | \$ 122.24 | \$ 127.70 | \$ 183.29 |

Important Note: Effective 1/1/2013, most psychiatry services should be billed using standard medical office visit (evaluation and management -E&M) CPT codes. Reimbursement will be based on the medical APG appropriate to the diagnosis. Use of procedure code M0064 (APG 426) to bill brief visits (i.e., up to 10 min) for clinically stable patients ended 12/31/2014. As of 1/1/2015, all psychiatric medical services delivered by Art 16 clinics --typically psychiatric medication management services-- should be billed using E&M CPT codes.

Important Note: Effective 1/1/2014, all services billed using E&M procedure code 99211 will pay \$20 irrespective of diagnosis.

| OTHER APGs OF INTEREST TO ARTICLE 16 CLINICS | | | | | | | | | | |
|--|--|--|--|----|----|--------|--|-----------|-----------|-----------|
| 257 | AUDIOMETRY | | | No | No | 0.4211 | | \$ 77.76 | \$ 81.23 | \$ 116.59 |
| | PODIATRY SERVICES - TYPICAL APGs | | | | | | | | | |
| 005 | NAIL PROCEDURES | | | No | No | 0.5009 | | \$ 92.49 | \$ 96.62 | \$ 138.69 |
| 006 | SKIN DEBRIDEMENT AND DESTRUCTION - LEVEL 1 | | | No | No | 1.2998 | | \$ 240.01 | \$ 250.73 | \$ 359.89 |
| 661 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE | | | No | No | 0.8415 | | \$ 155.38 | \$ 162.33 | \$ 232.99 |
| 674 | CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & | | | No | No | 0.9660 | | \$ 178.37 | \$ 186.34 | \$ 267.47 |
| 675 | OTHER SKIN AND SUBCUTANEOUS TISSUE DISORDERS | | | No | No | 0.6546 | | \$ 120.87 | \$ 126.27 | \$ 181.25 |

Important Note: Effective 1/1/2014, all services billed using E&M procedure code 99211 will pay \$20 irrespective of diagnosis.

Note: This crosswalk provides an exhaustive listing of procedure codes approved by OPWDD for use in Article 16 clinics by the following disciplines: dietetics/nutrition, nursing, occupational therapy, physical therapy, psychology, rehabilitation counseling, social work, and speech and language pathology. Clinics wishing to bill procedure codes not listed on this schedule for services rendered within those disciplines should seek prior written approval from OPWDD. Failure to do so may lead to disallowance and recovery. When explicitly authorized on the operating certificate, Article 16 clinics may render services within the scope of the following additional disciplines: audiology, dentistry, medicine (including medical specialties such as psychiatry and physiatry), and podiatry. For these disciplines, Article 16 clinics are reimbursed in accordance with weights and consolidation, packaging, and discounting rules established by DOH for Article 28 freestanding clinics. *Source documents found on NYS DOH's APG webpage for more information and a listing reimbursable codes: http://www.health.ny.gov/health_care/medicaid/rates/apg/

ARTICLE 16 APG CROSSWALK 2022

| APG | APG Description | HCPCS Code | HCPCS code description | OPWDD Allows via Telehealth (Audio & Visual synchronous) | OPWDD allows via Audio-Only | January 2022 Weight | January 2022 Daily Units Limit | Peer Group A Per Unit Pymnt | Peer Group B Per Unit Pymnt | Peer Group C Per Unit Pymnt |
|-----|-----------------|------------|------------------------|--|-----------------------------|---------------------|--------------------------------|-----------------------------|-----------------------------|-----------------------------|
|-----|-----------------|------------|------------------------|--|-----------------------------|---------------------|--------------------------------|-----------------------------|-----------------------------|-----------------------------|

Note: The peer group payment rates displayed above are prior to any MRT #26 reduction that may be applicable to the clinic.

| Modifier | Description | Note/Example |
|----------|--|--|
| 95 | Synchronous telemedicine service rendered through real-time interactive audio and video telecommunication system | Note: Modifier 95 may only be appended to the specific services covered by Medicaid and listed in Appendix P of the American Medical Association's (AMA) Current Procedural Terminology (CPT) Professional Edition 2018 Codebook. The CPT codes listed in Appendix P are for the services that are typically performed face-to-face but may be rendered through real-time (synchronous) interactive audio-visual telecommunication system. |
| GT | Through interactive audio and video telecommunications systems | Note: Modifier GT is only for use with those services provided through synchronous telemedicine for which Modifier 95 cannot be used. |
| GQ | Through asynchronous telecommunications systems | Note: Modifier GQ is for use with Store-and-Forward Technology. |
| 25 | Significant, separately identifiable Evaluation & Management (E&M) service by the | Example: The member has a psychiatric consultation through telemedicine on the same day as a primary care E&M service at the originating site. The |
| UA | Using audio-only synchronous communication to deliver a clinical service. This is to be used only with approved CPT or other billing codes as identified by OPWDD. | Example: An individual has a session for psychotherapy, but the synchronous audio-visual equipment necessary for a previously scheduled telemedicine visit is unavailable. The session is then conducted using a synchronous audio-only session, and the provider bills a permissible CPT using the telephonic modality and the service is appended with the UA modifier. |

*The added columns to this crosswalk apply to Article 16 Clinic activities during the remainder of the COVID-19 Public Health Emergency (PHE) until rescinded or amended by the State. Please refer to the Medicaid Update, which can be found at this link: https://www.health.ny.gov/health_care/medicaid/covid19/faqs.htm for telephonic reimbursement rate codes established for payment for encounters for health care and health care support services, and the associated pathways for payment. These cannot be combined with the above CPT/APG codes and associated services when billing.