

ARTICLE 16 APG CROSSWALK 2024

APG	APG Description	HCPCS Code	HCPCS code description	OPWDD Allows via Telehealth (Audio & Visual synchronous)*	OPWDD allows via Audio-Only*	January 2024 Weight	January 2024 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. 4/1/23)								\$205.89	\$215.99	\$309.11
SIGNIFICANT PROCEDURE APGs FOR THERAPY, PSYCHOTHERAPY, TESTING, AND EVALUATION SERVICES										
118 Nutrition Therapy	97802	Medical nutrition, indiv, each 15 min	Yes	Yes	0.1847	2	\$ 38.03	\$ 39.89	\$ 57.09	
	97803	Med nutrition, indiv, subseq, each 15 min	Yes	Yes	0.1847	2	\$ 38.03	\$ 39.89	\$ 57.09	
	97804	Medical nutrition, group, each 30 min	Yes	Yes	0.1638	1	\$ 33.72	\$ 35.38	\$ 50.63	
	G0270	MNT subs tx for change dx, each 15 min	Yes	Yes	0.1847	2	\$ 38.03	\$ 39.89	\$ 57.09	
	G0271	Group MNT 2 or more 30 mins	No	No	0.1517	1	\$ 31.23	\$ 32.77	\$ 46.89	
269 Level II Ancillary Therapeutic Services	97036	Hydrotherapy, 15 min	No	No	0.1379	2	\$ 28.39	\$ 29.79	\$ 42.63	
	97110	Therapeutic exercises, 15 min	Yes	No	0.2276	3	\$ 46.86	\$ 49.16	\$ 70.35	
	97112	Neuromuscular reeducation, 15 min	Yes	No	0.2276	3	\$ 46.86	\$ 49.16	\$ 70.35	
	97113	Aquatic therapy/exercises, 15 min	No	No	0.2276	3	\$ 46.86	\$ 49.16	\$ 70.35	
	97140	Manual therapy, 15 min	No	No	0.2276	3	\$ 46.86	\$ 49.16	\$ 70.35	
	97530	Therapeutic activities, 15 min	Yes	No	0.2276	3	\$ 46.86	\$ 49.16	\$ 70.35	
	97750	Physical performance test, 15 min	Yes	No	0.2276	3	\$ 46.86	\$ 49.16	\$ 70.35	
	97760	Initial encntr orthotic mgmt and training, 15 min	Yes	No	0.2276	4	\$ 46.86	\$ 49.16	\$ 70.35	
	97761	Initial encntr prosthetic training, initial 15 min	Yes	No	0.2276	4	\$ 46.86	\$ 49.16	\$ 70.35	
	97763	Subsqnt Orth/Prosth mgmt&training, 15 min.	Yes	No	0.3888	3	\$ 80.05	\$ 83.98	\$ 120.18	
	97129	Ther ivntj 1st 15 min	Yes	No	0.2897	1	\$ 59.65	\$ 62.57	\$ 89.55	
	97130	Ther ivntj ea addl 15 min	Yes	No	0.2897	2	\$ 59.65	\$ 62.57	\$ 89.55	
	92526	Oral function therapy	Yes	No	0.6620	1	\$ 136.30	\$ 142.99	\$ 204.63	
	92609	Use of speech device service	Yes	No	0.6620	1	\$ 136.30	\$ 142.99	\$ 204.63	
	92640	Aud brainstem implt programg	No	No	0.8996	1	\$ 185.22	\$ 194.30	\$ 278.08	
	97150	Group therapeutic procedures	Yes	No	0.3888	1	\$ 80.05	\$ 83.98	\$ 120.18	
	92508	Speech/hearing therapy	Yes	Yes	0.3888	1	\$ 80.05	\$ 83.98	\$ 120.18	
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	Yes	No	0.4885	1	\$ 100.58	\$ 105.51	\$ 151.00	
	97166	OT eval: mod complexity, typically 45 min	Yes	No	0.6513	1	\$ 134.10	\$ 140.67	\$ 201.32	
	97167	OT eval: high complexity, typically 60 min	Yes	No	0.8141	1	\$ 167.62	\$ 175.84	\$ 251.65	
	97168	Re-eval of OT est plan of care, typically 30 min	Yes	No	0.4885	1	\$ 100.58	\$ 105.51	\$ 151.00	
	97533	Sensory integration, 15 min	No	No	0.2414	3	\$ 49.70	\$ 52.14	\$ 74.62	
	97535	Self care management training, 15 min	Yes	Yes	0.2414	3	\$ 49.70	\$ 52.14	\$ 74.62	
	97537	Community/work reintegration, 15 min	Yes	No	0.2414	3	\$ 49.70	\$ 52.14	\$ 74.62	
	97542	Wheelchair management training, 15 min	Yes	No	0.2603	8	\$ 53.59	\$ 56.22	\$ 80.46	
	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	Yes	No	0.5427	1	\$ 111.74	\$ 117.22	\$ 167.75	
	97162	PT eval: mod complexity, typically 30 min	Yes	No	0.7236	1	\$ 148.98	\$ 156.29	\$ 223.67	
	97163	PT eval: high complexity, typically 45 min	Yes	No	0.9045	1	\$ 186.23	\$ 195.36	\$ 279.59	
	97164	Re-eval of PT est plan of care, typically 20 min	Yes	No	0.5427	1	\$ 111.74	\$ 117.22	\$ 167.75	
	97755	Assistive technology assess, 15 min	Yes	No	0.2276	6	\$ 46.86	\$ 49.16	\$ 70.35	
	92507	Speech/hearing therapy	Yes	Yes	0.6620	1	\$ 136.30	\$ 142.99	\$ 204.63	
92521	Evaluation of speech fluency	Yes	Yes	0.8996	1	\$ 185.22	\$ 194.30	\$ 278.08		
92522	Evaluation of speech sound production	Yes	Yes	0.8996	1	\$ 185.22	\$ 194.30	\$ 278.08		

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272 Speech Therapy		92523	Eval of speech sound production with eval of lang comprh and expressn	Yes	Yes	0.8996	1	\$ 185.22	\$ 194.30	\$ 278.08
		92524	Behavioral and qualitative analysis of voice and resonance	Yes	Yes	0.8996	1	\$ 185.22	\$ 194.30	\$ 278.08
		92597	Oral speech device eval	No	No	0.8996	1	\$ 185.22	\$ 194.30	\$ 278.08
		92605	Eval for nonspeech device rx	No	No	0.8996	1	\$ 185.22	\$ 194.30	\$ 278.08
		92607	Ex for speech device rx, 1hr	Yes	No	0.8996	1	\$ 185.22	\$ 194.30	\$ 278.08
		92608	Ex for speech device rx addl	Yes	No	0.4498	2	\$ 92.61	\$ 97.15	\$ 139.04
		92610	Evaluate swallowing function	Yes	No	0.6620	1	\$ 136.30	\$ 142.99	\$ 204.63
		92618	Ex for nonspeech device rx addl	No	No	0.4498	2	\$ 92.61	\$ 97.15	\$ 139.04
		92626	Eval aud rehab status, first hr	Yes	No	0.8996	1	\$ 185.22	\$ 194.30	\$ 278.08
		92627	Eval aud rehab status, ea addtl 15 min.	Yes	No	0.2249	2	\$ 46.30	\$ 48.58	\$ 69.52
		S9152	Speech therapy; re-evaluation	No	No	0.8996	1	\$ 185.22	\$ 194.30	\$ 278.08
310 Developmental and Neuropsychological Testing		96105	Assessment of aphasia	Yes	No	0.8275	1	\$ 170.37	\$ 178.73	\$ 255.79
		96110	Dev screening w scoring and doc, per stand inst	Yes	No	0.8275	1	\$ 170.37	\$ 178.73	\$ 255.79
		96112	Dev test admin by hc pro with interp & rpt; 1st hr	Yes	No	0.8275	1	\$ 170.37	\$ 178.73	\$ 255.79
		96113	as above; each addtl 30 min.	Yes	No	0.4598	1	\$ 94.67	\$ 99.31	\$ 142.13
		96116	Neurobehav status ex by hc pro with interp & rpt; 1st hr	Yes	Yes	1.2413	1	\$ 255.57	\$ 268.11	\$ 383.70
		96121	as above; each addtl hour.	Yes	Yes	0.4598	1	\$ 94.67	\$ 99.31	\$ 142.13
		96125	Cognitive test by hc pro	Yes	No	1.2413	1	\$ 255.57	\$ 268.11	\$ 383.70
		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	Yes	Yes	0.4598	1	\$ 94.67	\$ 99.31	\$ 142.13
		96131	as above; each addtl hour.	Yes	Yes	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	Yes	Yes	0.4598	1	\$ 94.67	\$ 99.31	\$ 142.13
		96133	as above; each addtl hour.	Yes	Yes	0.0000	1	\$ -	\$ -	\$ -
		96136	Psych and/or neuropsych test admin by hc pro; two or more tests; 1st 30 min.	Yes	Yes	0.8275	1	\$ 170.37	\$ 178.73	\$ 255.79
		96137	as above; each addtl 30 min.	Yes	Yes	0.4598	1	\$ 94.67	\$ 99.31	\$ 142.13
		96138	Psych and/or neuropsych test admin by tech; two or more tests; 1st 30 min.	Yes	Yes	0.8275	1	\$ 170.37	\$ 178.73	\$ 255.79
		96139	as above; each addtl 30 min.	Yes	Yes	0.4598	3	\$ 94.67	\$ 99.31	\$ 142.13
	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	Yes	0.6206	1	\$ 127.78	\$ 134.04	\$ 191.83
		90833	Psytx, 30 min w/separately billed e&m	Yes	Yes	0.3724	1	\$ 76.67	\$ 80.43	\$ 115.11
<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	Yes	0.8275	1	\$ 170.37	\$ 178.73	\$ 255.79
		90836	Psytx, 45 min w/separately billed e&m	Yes	Yes	0.5793	1	\$ 119.27	\$ 125.12	\$ 179.07
		90837	Psytx, 60 min	Yes	Yes	0.8275	1	\$ 170.37	\$ 178.73	\$ 255.79
		90838	Psytx, 60 min w/separately billed e&m	Yes	Yes	0.5793	1	\$ 119.27	\$ 125.12	\$ 179.07
		90845	Psychoanalysis	Yes	Yes	0.8275	1	\$ 170.37	\$ 178.73	\$ 255.79
<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>										

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317	Family Psychotherapy	90846	Family psytx w/o patient	Yes	Yes	0.6206	1	\$ 127.78	\$ 134.04	\$ 191.83
		90847	Family psytx w/patient	Yes	Yes	1.2413	1	\$ 255.57	\$ 268.11	\$ 383.70
318	Group Psychotherapy	90849	Multiple family group psytx	No	No	0.3207	1	\$ 66.03	\$ 69.27	\$ 99.13
		90853	Group psychotherapy	Yes	Yes	0.3207	1	\$ 66.03	\$ 69.27	\$ 99.13
323	Mental Hygiene Assessment	90791	Psy dx evaluation	Yes	Yes	1.0344	1	\$ 212.97	\$ 223.42	\$ 319.74
		90792	Psy dx evaluation w/medical svcs	Yes	Yes	1.0344	1	\$ 212.97	\$ 223.42	\$ 319.74
324	Mental Health Screening and Brief Assessment (Clinic Intake)	T1023	Program intake assessment	No	No	0.2803	1	\$ 57.71	\$ 60.54	\$ 86.64
428	Education, Individual	98960	Self-mgmt educ & train, 1 pt, 30 min	Yes	No	0.1939	4	\$ 39.92	\$ 41.88	\$ 59.94
		G0108	Diab manage tm per indiv, 30 min	Yes	Yes	0.1939	4	\$ 39.92	\$ 41.88	\$ 59.94
429	Education, Group	98961	Self-mgmt educ/train, 2-4 pt, 30 min	Yes	No	0.0970	4	\$ 19.97	\$ 20.95	\$ 29.98
		98962	Self-mgmt educ/train, 5-8 pt, 30 min	Yes	No	0.0970	4	\$ 19.97	\$ 20.95	\$ 29.98
		G0109	Diab manage tm ind/group, 30 min	Yes	Yes	0.0970	4	\$ 19.97	\$ 20.95	\$ 29.98
323	Behavioral Health Assessment	96156	Health behavior assessment, or re-assessment	Yes	Yes	1.0344	1	\$ 212.97	\$ 223.42	\$ 319.74
325	Prevention Counseling	99401	Preventive counseling, indiv, 15 min	No	No	0.2500	1	\$ 51.47	\$ 54.00	\$ 77.28
		99402	Preventive counseling, indiv, 30 min	No	No	0.3103	1	\$ 63.89	\$ 67.02	\$ 95.92
		99403	Preventive counseling, indiv, 45 min	No	No	0.4482	1	\$ 92.28	\$ 96.81	\$ 138.54
		99404	Preventive counseling, indiv, 60 min	No	No	0.5862	1	\$ 120.69	\$ 126.61	\$ 181.20
		99411	Preventive counseling, group, 30 min	No	No	0.1379	1	\$ 28.39	\$ 29.79	\$ 42.63
491	Medical Visit Indicator	96158	Health behavior intervention, indiv, 1st 30 min	Yes	Yes	0.2069	1	\$ 42.60	\$ 44.69	\$ 63.95
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	\$ 21.29	\$ 22.33	\$ 31.96
		96164	Health Bx intervention, group (2+ pts), 1st 30 min	Yes	Yes	0.1380	1	\$ 28.41	\$ 29.81	\$ 42.66
		96165	Health Bx intervention, group (2+ pts), add 15 mins	Yes	Yes	0.0690	2	\$ 14.21	\$ 14.90	\$ 21.33
		96167	Health Bx intervention, family w/ patient, 1st 30 mins	Yes	Yes	0.2758	1	\$ 56.78	\$ 59.57	\$ 85.25
		96168	Health Bx intervention, family w/ patient, add 15 mins	Yes	Yes	0.1379	2	\$ 28.39	\$ 29.79	\$ 42.63
		96170	Health Bx intervention, family w/o patient, 1st 30 minutes	Yes	No	0.3034	1	\$ 62.47	\$ 65.53	\$ 93.78
		96171	Health Bx intervention, family w/o patient, add 15 minutes	Yes	No	0.1517	2	\$ 31.23	\$ 32.77	\$ 46.89
		T1013	Sign Lang/Oral Interpreter	No	No	0.0688	2	\$ 14.17	\$ 14.86	\$ 21.27
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.										
493	Level I Ancillary Therapeutic Services	97010	Hot or cold packs therapy	No	No	0.1379	1	\$ 28.39	\$ 29.79	\$ 42.63
		97014	Electric stimulation therapy	No	No	0.1379	1	\$ 28.39	\$ 29.79	\$ 42.63
		97016	Vasopneumatic device therapy	No	No	0.1379	1	\$ 28.39	\$ 29.79	\$ 42.63
		97018	Paraffin bath therapy	No	No	0.1379	1	\$ 28.39	\$ 29.79	\$ 42.63
		97022	Whirlpool therapy	No	No	0.1379	1	\$ 28.39	\$ 29.79	\$ 42.63
		97024	Diathermy eg, microwave	No	No	0.1379	1	\$ 28.39	\$ 29.79	\$ 42.63
		97026	Infrared therapy	No	No	0.1379	1	\$ 28.39	\$ 29.79	\$ 42.63
		97028	Ultraviolet therapy	No	No	0.1379	1	\$ 28.39	\$ 29.79	\$ 42.63
		97032	Electrical stimulation, 15 min	No	No	0.1379	2	\$ 28.39	\$ 29.79	\$ 42.63
		97033	Electric current therapy, 15 min	No	No	0.1379	2	\$ 28.39	\$ 29.79	\$ 42.63
		97034	Contrast bath therapy, 15 min	No	No	0.1379	2	\$ 28.39	\$ 29.79	\$ 42.63
		97035	Ultrasound therapy, 15 min	No	No	0.1379	2	\$ 28.39	\$ 29.79	\$ 42.63
		97039	Physical therapy treatment	No	No	0.1379	1	\$ 28.39	\$ 29.79	\$ 42.63
		97116	Gait training therapy, 15 min	Yes	No	0.2276	3	\$ 46.86	\$ 49.16	\$ 70.35
		97124	Massage therapy, 15 min	No	No	0.2276	3	\$ 46.86	\$ 49.16	\$ 70.35
		97545	Work hardening - initial, 2 hrs	No	No	0.9045	1	\$ 186.23	\$ 195.36	\$ 279.59
97546	Work hardening add-on	No	No	0.6827	1	\$ 140.56	\$ 147.46	\$ 211.03		

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		97799	Physical medicine procedure	No	No	0.1379	1	\$ 28.39	\$ 29.79	\$ 42.63
		92606	Non-speech device service	No	No	0.6620	1	\$ 136.30	\$ 142.99	\$ 204.63
		92630	Auditory rehab. Pre-lingual hearing loss.	No	No	0.6620	1	\$ 136.30	\$ 142.99	\$ 204.63
		92633	Auditory rehab. Post-lingual hearing loss.	No	No	0.6620	1	\$ 136.30	\$ 142.99	\$ 204.63

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		\$ 140.09	\$ 146.96	\$ 210.32
525	LEVEL II CNS DISORDERS			No	No	0.0000		\$ -	\$ -	\$ -
529	SEIZURE			No	No	0.7801		\$ 160.61	\$ 168.49	\$ 241.14
532	HEAD TRAUMA			No	No	0.7425		\$ 152.87	\$ 160.37	\$ 229.51
536	CEREBRAL PALSY			No	No	0.8222		\$ 169.28	\$ 177.59	\$ 254.15
827	ORGANIC MENTAL HEALTH DISTURBANCES			No	No	0.8078		\$ 166.32	\$ 174.48	\$ 249.70
828	INTELLECTUAL DISABILITY/MENTAL RETARDATION			No	No	0.6849		\$ 141.01	\$ 147.93	\$ 211.71

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		\$ 136.30	\$ 142.99	\$ 204.63
821	MAJOR DEPRESSIVE DISORDERS & OTH/UNSPC PSYCHOSES			No	No	0.6620		\$ 136.30	\$ 142.99	\$ 204.63
822	DISORDERS OF PERSONALITY & IMPULSE CONTROL			No	No	0.6620		\$ 136.30	\$ 142.99	\$ 204.63
823	BIPOLAR DISORDERS			No	No	0.6620		\$ 136.30	\$ 142.99	\$ 204.63
824	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER			No	No	0.6620		\$ 136.30	\$ 142.99	\$ 204.63
825	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE			No	No	0.6620		\$ 136.30	\$ 142.99	\$ 204.63
826	ACUTE ANXIETY & DELIRIUM STATES			No	No	0.6620		\$ 136.30	\$ 142.99	\$ 204.63
829	CHILDHOOD BEHAVIORAL DISORDERS			No	No	0.6846		\$ 140.95	\$ 147.87	\$ 211.62
831	OTHER MENTAL HEALTH DISORDERS			No	No	0.6620		\$ 136.30	\$ 142.99	\$ 204.63

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		\$ 86.70	\$ 90.95	\$ 130.17
	PODIATRY SERVICES - TYPICAL APGs									
005	NAIL PROCEDURES			No	No	0.5009		\$ 103.13	\$ 108.19	\$ 154.83
674	CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN &			No	No	0.9660		\$ 198.89	\$ 208.65	\$ 298.60
675	OTHER SKIN AND SUBCUTANEOUS TISSUE DISORDERS			No	No	0.6546		\$ 134.78	\$ 141.39	\$ 202.34

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/

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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 same physician or other qualified health care professional on the same day as the procedure for service	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 E&M Service should be appended with the 25 modifier.
93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system.	
FQ	A telehealth service was furnished using realtime audio-only communication technology.	Note: Per CMS, the FQ modifier is intended for use with mental health services when provided via audio-only. Please refer to the CMS "List of Telehealth Services" web page, located at: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes , for additional information

***For Columns "OPWDD Allows via Telehealth (Audio & Visual synchronous)" and "OPWDD allows via Audio-Only" services provided by telehealth, services must be appropriate to meet the needs of the individual and within the scope of practice of the provider. The added columns to this crosswalk apply to Article 16 Clinic activities during the unwind of the COVID-19 Public Health Emergency (PHE). The PHE ends on May 11, 2023. Please refer to the Centers for Medicare and Medicaid Services List of Telehealth Services <https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes> and the New York State Medicaid Update February 2023 Comprehensive Guidance Regarding Use of Telehealth including Telephonic Services After the Coronavirus Disease 2019 Public Health Emergency Special Edition Volume 39 - Number 3, which can be found at this link: https://www.health.ny.gov/health_care/medicaid/program/update/2023/no03_2023-02_speced.htm for further guidance and information. Note: the Audio-only modifiers FQ and 93, depending on the service, replace modifier UA; FQ and 93 need to be used on any audio-only claims of service after May 11, 2023.**