



Official New York State Workers' Compensation Board Ambulatory Surgery Fee Schedule

Ambulatory Surgery Services

The New York State Workers' Compensation Board (Board) transitioned from a Products of Ambulatory Surgery (PAS)-based ambulatory surgery fee schedule to an Enhanced Ambulatory Patient Groups (EAPG) methodology. This transition coincided with the Board's implementation of the International Classification of Diseases, Tenth Revision (ICD-10) codes. The *Official New York State Workers' Compensation Board Ambulatory Surgery Fee Schedule* (*Ambulatory Surgery Fee Schedule*) provides billing guidelines for services effective October 1, 2015.

3M Core Grouper Software

Information regarding the 3M products that support EAPG reimbursement is available at: 3m.com/3M/en_US/health-information-systems-us/providers/grouping-and-classification/enhanced-apgs

The Board will be using the 3M Core Grouper software.

For all dates of service on or after October 1, 2015, Hospital Outpatient National Correct Coding Initiative (NCCI) edits, Medical Unlikely edits, and 3M Proprietary EAPG edits will be used by the Board to process bills for ambulatory surgery services. These settings are necessary to properly calculate bills for ambulatory surgery services under the New York State workers' compensation system.

Authorized Facilities

The Board does not authorize Ambulatory Surgery Centers (ASC) or hospitals. Any New York State hospital that performs outpatient surgery and/or ASC approved under New York State Department of Health (DOH) Article 28 submitting a bill should be reimbursed. If a facility-specific value is not present, the rate should be calculated generically. Directions for creating generic tables within the software can be found on the Board's website at: wcb.ny.gov/content/main/hcpp/MedFeeSchedules/SettingUp3MGenericTables.pdf

Out-of-State Facilities

Rates of payment for out-of-state providers in counties contiguous to New York City and New York's Dutchess, Putnam, Westchester, Rockland and Orange Counties will reflect the average Ambulatory Patient Group (APG) payment for the same services applicable to New York State providers in those downstate areas. Out-of-state counties contiguous to the downstate rate region include: Sussex, Passaic, Bergin, Hudson, Essex, Middlesex, Union and Monmouth Counties in New Jersey; Pike County in Pennsylvania; and Litchfield and Fairfield Counties in Connecticut.



New York State Workers' Compensation Specific Base Rates

The current Medicaid EAPG rates do not compensate ASC similarly when the same services are provided in an ASC versus a hospital. The Board, by creating a workers' compensation base rate, will pay the same value for the same service(s) performed within a hospital or an ASC.

Current regulation states that New York State workers' compensation base rates shall be 150% of Medicaid's hospital base rates. The Board will adopt 150% of Medicaid's hospital base rates in the *Ambulatory Surgery Fee Schedule* (see Appendix A).

The capital add-on value is an amount provided by the DOH based on approved cost of capital. The Medicaid capital add-on values are not increased by 150%.

Not all patients are appropriate candidates for surgery in an ASC. Proper screening of patients to determine whether the ASC is the appropriate location for surgical care is the responsibility of the surgeon as well as the ASC.

Appendix A – NYS Workers' Compensation Specific Base Rates

Service Type	*Base Rate Visit Code	NYS DOH EAPG Base Rates		Base Rate Effective Date	NYS WCB EAPG Base Rates 2015	
		DOWNSTATE	UPSTATE		DOWNSTATE	UPSTATE
Ambulatory Surgery Hospital	1401/1416	\$197.29	\$152.41	January 1, 2011	\$295.94	\$228.62
Ambulatory Surgery Freestanding	1408	\$116.24	\$101.18	Phase I APG Base Rates January 1, 2010	\$295.94	\$228.62

*Schedule provides base rates only. For the Blend and capital add-on values, refer to the Rate by Provider files on the NYS DOH website.

Base Rate Visit Code **1416** may be used for ambulatory surgery performed at out of-state hospitals.

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