

Subpart 329-3 of 12 NYCRR is hereby amended to amend section 329-3.1 and add new sections 329-3.3 and 329-3.4

SUBPART 329-3 [OUTPATIENT HOSPITAL SERVICES] EMERGENCY ROOM, HOSPITAL-BASED MENTAL-HEALTH CLINIC SERVICES, AND RURAL OUTPATIENT CLINIC SERVICES FEE SCHEDULE

Section 329-3.1. Schedule of rates for [outpatient] hospital emergency room services

The fee schedule applicable to [outpatient hospital services, including minor surgery or] hospital emergency room services [treatment rendered in a room other than an operating room,] shall be one hundred fifty percent of the Department of Health's EAPG Base Rates Fees as published on the table of EAPG Weights, Procedure Based Weights and Units on the Department of Health's website, as described in (a) and (b) below, and payable under the enhanced ambulatory patient grouping (EAPG) methodology governing reimbursement for hospital emergency department services on the date the emergency room services were rendered regardless of the date of accident or disability and, as set forth herein and subject to WCB specific adjustments.

- (a) EAPG methodology means the methodology developed and published by Minnesota Mining and Manufacturing Corporation (3M), including the software developed to process CPT-4 and ICD-10 code information to assign patient visits to the appropriate EAPG category or categories and apply appropriate bundling, packaging, consolidation and discounting to assign the appropriate final EAPG weight and associated reimbursement.
- (b) The table of EAPG Weights, Procedure Based Weights and Units, and EAPG Fee Schedule fees and units for each effective period are published on the New York State Department of Health website at: http://www.health.state.ny.us/health_care/medicaid/rates/apg/docs/apg_payment_components.xls and are herein incorporated by reference. Copies of the EAPG Fee Schedule fees and units may be downloaded without cost. Hard copies can also be requested by email at GENERAL_INFORMATION@wcb.ny.gov or by submitting a request in writing to the New York State Workers' Compensation Board, 328 State Street, Schenectady, New York 12305-2318.

[the outpatient fee schedule in effect on the date on which the outpatient hospital services were rendered, regardless of the date of accident.]

Section 329-3.3 Schedule of Rates for Rural Outpatient Clinics

- (a) For the purposes of this section, Rural Outpatient Clinic means a medical clinic (i) which is located in a rural area that meets the definition of a Health Professional Shortage Area, as defined in section 254e of Title 42 of the U.S. Code; and (ii) and is listed at <https://data.hrsa.gov/tools/shortage-area/hpsa-find> as a facility located in New York State, offering primary care services in an area identified as rural or partially rural with a HPSA score of 15 to 26.
- (b) The fee schedule for Rural Outpatient Clinic facility services shall be the fees for Clinics in the Upstate region on the date the service is rendered and as published on the New York State Department of Health website at: https://www.health.ny.gov/health_care/medicaid/rates/apg/rates/hospital/hosp_base_rates_5-2-15.htm and such fees shall be payable upon submission of proof of the Health Professional Shortage Area qualification set forth in subdivision (a) herein on the date of service.

- (c) Such fees shall be in addition to fees payable pursuant to Subpart 329-1 of this Part (Medical Fee Schedule).

Section 329-3.4 Schedule of Rates for Outpatient Hospital Based Mental Health Clinics and Private Psychiatric Hospitals

(a) Outpatient Hospital Based Mental Health Clinics

1. means a mental health clinic associated to a hospital that possesses the required operating certificate under Article 31 of the Mental Hygiene Law as required by subdivision (a)(2) of section 31.02 of that Article when such Clinic provides medical care and treatment to workers' compensation claimants by a Board authorized psychiatrist, psychologist or physician with a rating code of PN-ADP (Addiction Medicine) or PN-PM (Pain Management) or under the active and personal supervision of a Board authorized psychiatrist or Board authorized physician with a rating code of PN-ADP (Addiction Medicine) or PN-PM (Pain Management).
2. The fee schedule for Hospital Based Mental Health Clinic facility services shall be the APG Peer Group Base Rates on the date the service is rendered and as published on the New York State Office of Mental Health website at: https://www.omh.ny.gov/omhweb/medicaid_reimbursement/
3. Such fees shall be in addition to fees payable pursuant to Subpart 329-1 of this Part (Medical Fee Schedule) and section 333.2 of this Chapter (Behavioral Health Fee Schedule).

(b) Private Psychiatric Hospital Inpatient Services

1. Private Psychiatric Hospitals are listed on the New York State Office of Mental Health website at: https://omh.ny.gov/omhweb/medicaid_reimbursement/
2. The facility fees for the listed Private Psychiatric Hospitals shall be the rates published by New York State Office of Mental Health and associated to each listed hospital.
3. Fees for inpatient psychiatric services provided by a hospital other than those listed as Private Psychiatric Hospitals shall be at the Inpatient Hospital Fee Schedule rate for the year the service is rendered and published on the Board's website.