



CLINIC

APG Weight Adjustment for Dialysis Clinics for Phosphate Binder Costs

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Effective for New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) Plans, for dates of service on or after October 1, 2025, costs related to phosphate binders provided during a dialysis session will be included in the Ambulatory Patient Group (APG) payment. The FFS APG weight for APG 168 (Dialysis) has increased from **1.3651 to 1.5302**. Since reimbursement for phosphate binders will now be incorporated into the facility's APG payment, and not covered under the member's pharmacy benefit, clinic dialysis patients should not be referred to a pharmacy to obtain these medications.

The update aligns with the Centers for Medicare & Medicaid Services (CMS) policy change finalized in the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) final rule published November 12, 2024. In that rule, CMS incorporated oral-only phosphate binders into the ESRD PPS bundled payment and established a mechanism for collecting utilization and pricing data for these drugs under the Transitional Drug Add-on Payment Adjustment (TDAPA).

A Medicaid Update article will be published soon to codify this policy.

Questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov

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