

## **Use of Visit and Episode Rate Codes in Free-Standing Diagnostic and Treatment Centers**

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Effective July 1, 2011, APG episode rate codes were loaded onto free-standing diagnostic and treatment centers' rate files (see table below). Each existing visit rate code has a corresponding episode rate code, which is assigned the same base rate amount as its corresponding visit rate code. Episode rate codes were created to support the new free-standing ancillary billing policy. The episode rate code ignores the dates of service on a claim, therefore processing all of the procedure codes on the claim as one encounter. This means that providers can submit one claim for a medical visit in addition to the ancillaries ordered during a visit, even if the ordered ancillaries were performed on a different day, without reassigning the ancillary's date of service to the date when the ancillary was ordered.

At this time, NYS Medicaid does not have an official policy dictating the use of the visit and episode rate codes. DOH suggests that providers use the episode rate codes when submitting claims for Fee For Service Medicaid patients and use the visit rate code only when billing for dual eligible patients or when billing for services on a weekly or monthly basis. Please note, however, that when billing with a visit rate code for an ancillary ordered during an APG billable visit, providers must reassign the ancillary service line level date of service to the date the ancillary was ordered and make sure that the claim "to" and "from" header dates span the actual dates when the original visit occurred and when the ancillary service was actually provided. For more information, please see the reference links below.

Service Type	Region	Jan. 2010 Rate Amount	FREE-STANDING RATE CODES	
			Visit	Episode
CLINIC	Downstate	\$ 156.76	1407	1422
CLINIC MR/DD/TBI	Downstate	\$ 188.12	1435	1425
DENTAL SCHOOL	Downstate	\$ 138.58	1428	1459
RENAL	Downstate	\$ 127.02	1438	1456
SBHC	Downstate	\$ 156.76	1447	1453
CLINIC	Upstate	\$ 131.35	1407	1422
CLINIC MR/DD/TBI	Upstate	\$ 157.62	1435	1425
DENTAL SCHOOL	Upstate	\$ 144.59	1428	1459
RENAL	Upstate	\$ 107.94	1438	1456
SBHC	Upstate	\$ 131.35	1447	1453

**Visit vs. episode billing: see sections 3.4 and 3.5 (page 17) of the APG Provider Manual:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/docs/apg\\_provider\\_manual](http://www.health.ny.gov/health_care/medicaid/rates/apg/docs/apg_provider_manual)

**Free-Standing Ancillary Policy:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/docs/dtc\\_ancillary\\_policy.pdf](http://www.health.ny.gov/health_care/medicaid/rates/apg/docs/dtc_ancillary_policy.pdf)

**Procedures Subject to the Ancillary Policy:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/docs/apg\\_ancillar.pdf](http://www.health.ny.gov/health_care/medicaid/rates/apg/docs/apg_ancillar.pdf)