

“If Stand Alone, Do Not Pay” APGs (rev. 6/2/08)

- “If Stand Alone, Do Not Pay” APGs generally consist of procedures performed as follow-up to an initial clinic visit for which APGs will not pay. These consist primarily of tests and other ancillaries.
- As is the case with the current reimbursement system, these procedures do not pay under APGs when they are the only items claimed for a given date of service

Examples include:

- Follow-up laboratory and diagnostic radiology testing (except MRIs) related to an initial patient encounter
- Immunizations
- Providers should still claim for these procedures in order to maximize the available data that can be used for future reweighting and rebasing

“If Stand Alone, Do Not Pay” APGs include:

280	VASCULAR RADIOLOGY EXCEPT VENOGRAPHY OF EXTREMITY	400	LEVEL I CHEMISTRY TESTS
284	MYELOGRAPHY	401	LEVEL II CHEMISTRY TESTS
285	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	402	BASIC CHEMISTRY TESTS
286	MAMMOGRAPHY	403	ORGAN OR DISEASE ORIENTED PANELS
287	DIGESTIVE RADIOLOGY	404	TOXICOLOGY TESTS
288	DIAGNOSTIC ULTRASOUND EX OB AND VAS LOWER EXTR	405	THERAPEUTIC DRUG MONITORING
289	VASCULAR DIAGNOSTIC ULTRASOUND OF LOWER EXTREMITIES	406	LEVEL I CLOTTING TESTS
290	PET SCANS	407	LEVEL II CLOTTING TESTS
291	BONE DENSITOMETRY	408	LEVEL I HEMATOLOGY TESTS
298	CAT SCAN BACK	409	LEVEL II HEMATOLOGY TESTS
299	CAT SCAN - BRAIN	410	URINALYSIS
300	CAT SCAN - ABDOMEN	411	BLOOD AND URINE DIPSTICK TESTS
301	CAT SCAN - OTHER	413	CARDIOGRAM
302	ANGIOGRAPHY, OTHER	414	LEVEL I IMMUNIZATION AND ALLERGY IMMUNOTHERAPY
303	ANGIOGRAPHY, CEREBRAL	415	LEVEL II IMMUNIZATION
330	LEVEL I DIAGNOSTIC NUCLEAR MEDICINE	416	LEVEL III IMMUNIZATION
331	LEVEL II DIAGNOSTIC NUCLEAR MEDICINE	435	CLASS I PHARMACOTHERAPY
332	LEVEL III DIAGNOSTIC NUCLEAR MEDICINE	436	CLASS II PHARMACOTHERAPY
380	ANESTHESIA	437	CLASS III PHARMACOTHERAPY
390	LEVEL I PATHOLOGY	438	CLASS IV PHARMACOTHERAPY
391	LEVEL II PATHOLOGY	439	CLASS V PHARMACOTHERAPY
392	PAP SMEARS	451	SMOKING CESSATION TREATMENT
393	BLOOD AND TISSUE TYPING	455	IMPLANTED TISSUE OF ANY TYPE
394	LEVEL I IMMUNOLOGY TESTS	457	VENIPUNCTURE
395	LEVEL II IMMUNOLOGY TESTS	470	OBSTETRICAL ULTRASOUND
396	LEVEL I MICROBIOLOGY TESTS	471	PLAIN FILM
397	LEVEL II MICROBIOLOGY TESTS	472	ULTRASOUND GUIDANCE
398	LEVEL I ENDOCRINOLOGY TESTS	473	CT GUIDANCE
399	LEVEL II ENDOCRINOLOGY TESTS		

Claiming for “Never Pay” and “If Stand Alone Do Not Pay” APGs

- If the only items on the claim for a particular date of service (APG visit) are ‘Never Pay’ and/or “If Stand Alone, Do Not Pay,” the visit will be paid at \$0.
- If every item on the claim(s) (for all dates of service) are of these type, the claim will be denied. Data from these denied claims will be used in future weight development.