

“If Stand Alone, Do Not Pay” APGs (rev. 7/23/09)

- “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	398	LEVEL I ENDOCRINOLOGY TESTS
284	MYELOGRAPHY	399	LEVEL II ENDOCRINOLOGY TESTS
285	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	400	LEVEL I CHEMISTRY TESTS
286	MAMMOGRAPHY	401	LEVEL II CHEMISTRY TESTS
287	DIGESTIVE RADIOLOGY	402	BASIC CHEMISTRY TESTS
288	DIAGNOSTIC ULTRASOUND EXCEPT OBSTETRICAL AND VASCULAR OF LOWER EXTREMITIES	403	ORGAN OR DISEASE ORIENTED PANELS
289	VASCULAR DIAGNOSTIC ULTRASOUND OF LOWER EXTREMITIES	404	TOXICOLOGY TESTS
290	PET SCANS	405	THERAPEUTIC DRUG MONITORING
291	BONE DENSITOMETRY	406	LEVEL I CLOTTING TESTS
298	CAT SCAN BACK	407	LEVEL II CLOTTING TESTS
299	CAT SCAN - BRAIN	408	LEVEL I HEMATOLOGY TESTS
300	CAT SCAN - ABDOMEN	409	LEVEL II HEMATOLOGY TESTS
301	CAT SCAN - OTHER	410	URINALYSIS
302	ANGIOGRAPHY, OTHER	411	BLOOD AND URINE DIPSTICK TESTS
303	ANGIOGRAPHY, CEREBRAL	413	CARDIOGRAM
330	LEVEL I DIAGNOSTIC NUCLEAR MEDICINE	435	CLASS I PHARMACOTHERAPY
331	LEVEL II DIAGNOSTIC NUCLEAR MEDICINE	436	CLASS II PHARMACOTHERAPY
332	LEVEL III DIAGNOSTIC NUCLEAR MEDICINE	437	CLASS III PHARMACOTHERAPY
380	ANESTHESIA	438	CLASS IV PHARMACOTHERAPY
390	LEVEL I PATHOLOGY	439	CLASS V PHARMACOTHERAPY
391	LEVEL II PATHOLOGY	448	After Hours Services
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
		473	CT GUIDANCE

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.