Dear Medicaid Provider:

In September 2011, Federally Qualified Health Centers (FQHC) who did NOT opt into APGs were advised that the FQHC rate codes and payments for HIV Counseling and Testing services will be revised and effective October 1, 2011. The new FQHC HIV rate codes for HIV counseling and testing as well as the Monitoring and Comprehensive services were added to your provider rate file with an effective date of October 1, 2011. Rate Codes 4023, 4024 & 4025 were added in cycle 1793 whereas 4021 & 4022 were added in cycle 1802.

A crosswalk of the old rate codes to new rate codes is provided below. Providers should now be using the new FQHC HIV rate codes for claims with dates of service on and after October 1, 2011.

Please note that for all providers other than FQHCs that did not opt into APGs, these rates codes listed under "old" were subsumed into APGs and those providers should bill the APG rate.

Diagnostic & Treatment Centers			
Old Rate Code	Old Rate Code Description	New FQHC Rate Code	New Rate Code Description
1697	Initial Comp HIV Medical Evaluation Visit	4021	FQHC Initial Comp HIV Medical Evaluation Visit
1699	Monitoring Vst - Asymptomatic HIV Disease	4022	FQHC Monitoring Vst - Asymptomatic HIV Disease
3109	HIV Counseling Visit (No Testing)	4023	FQHC HIV Counseling Visit (No Testing)
1695	HIV Counseling and Testing Visit	4024	FQHC HIV Counseling and Testing Visit
1802	Post-Test HIV Counseling Visit - Positive Results	4025	FQHC Post-Test HIV Counseling Visit - Positive Results

The "old" rate codes were zeroed out prospectively as follows to eliminate the continuance of using these rate codes prospectively:

December 15, 2011 for rate codes 3109, 1695, & 1802

January 31, 2012 for rate codes 1697 & 1699

Please note that ALL RATE CODES WILL BE ZEROED OUT with an effective date of October 1, 2011 on **May 31, 2012**. Claims with dates of service on and after October 1, 2011 that were billed under the "old" rate code should be adjusted to reflect the New FQHC rate code prior to **May 31, 2012** in order to avoid a negative recoupment due to zeroing out claims that were not amended.

If you have any questions, please contact this bureau at 518.474.3020 and your call will be directed accordingly.

Thank you.

Sincerely,

John W. Gahan, Jr.
Director
Bureau of Primary & Acute Care Reimbursement
dtcatdoh@health.state.ny.us