

## CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

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### Coding Changes/Updates

Two new modifiers for pharmacy have been added to RF114 and RF119 effective 04/01/2015:

- JF - compounded drug
- EX – expatriate beneficiary

Per coding standards and guidelines, modifier 80 (Assistant Surgeon) will be end dated as of 03/31/2015 from the following provider types:

- 09 - certified nurse midwife
- 18 - physician's assistant
- 19 – registered nurse practitioner
- 82 – surgical first assistant

These provider types are to use the modifier AS.

New code effective 04/01/2015:

Q9975 Injection, Factor VIII, FC fusion protein (recombinant), per iu  
for provider types:

- 08 MD, physician
- 18 physician's assistant
- 19 registered nurse practitioner
- 31 DO, physician
- 43 ambulatory surgical center

RF121 valid OPFS modifiers for Q9975: CR, GA, GZ and SG

RF122 valid procedure modifiers for Q9975: CR, GA, GK, GZ, JW, J1, J2, J3, KD, KX and SG

RF773 Revenue Codes-to-Procedure Codes:

- 0250 Q9975
- 0490 Q9975
- 0636 Q9975

## FQHC / RHC

Effective for dates of service on and after 04/01/2015, AHCCCS pays the all-inclusive per visit PPS rate on a per claim basis for providers registered as Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC), replacing the previous method of reimbursing claims reported under the individual FQCH / RHC employed practitioners by the capped fee-for-service fee schedule and annually reconciling to the PPS rate. The method for calculating the all-inclusive per visit PPS rates will not change.

Refer to the FFS Provider Billing Manual Chapter 10 Addendum FQHC/RHC for details and specific billing requirements.

Note: FQHC pharmacy billing will remain under the pharmacy provider type and is not impacted by this change.