



ENCOUNTER KEYS

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Edit

The following edit has been update and set to “Y” pend for the IP and OP form types, level/location 85/91.

Z592 PROVIDER TYPE ED AND 02 OVERLAP

Begin DOS: 03/01/2017

Receipt Date: 02/23/17

Mode 1:

Form Type: O/P; I/P

Set to: "Y" pend

Adj Level: 85

Location: 91

Form Types: LTC, A, C, and D

Set to: "N" Not Pend

Limits and Frequency

- The limits and frequency have been changed for the Dental code D4346 (Scaling in Presence of Generalized Moderate or severe Gingival Inflammation – Full Mouth, After Oral Evaluation) now has a limit =1 frequency = 6 months.
- The limits and frequency have been added to the CPT code 99188 (Application of Topical Fluoride Varnish by a Physician) limit 1 and of frequency 6 months.



Code Updates

- Effective for dates of service on or after November 1, 2015 the ICD-10 procedure codes have been added to the system. The codes are 30280B1 (Ransfusion of Nonautologous 4-Factor Prothrom) and 30283B1 (Transfusion of Nonautologous 4-Factor Prothro).

ICD-10 Diagnosis- Code	Description	Change
I12.9	Hypertensive Chronic Kidney Disease w Stg 1-4	Minimum age 000Year - Maximum age 999Year
N61.0	Mastitis Without Abscess	Gender indicator has been removed
N61.1	Abscess of the Breast & Nipple	Gender indicator has been removed
N94.10	Unspecified Dyspareunia	Gender indicator is now "F"
N94.12	Deep Dyspareunia	Gender indicator is now "F"
S35.8X8A	Unspecified Injury of Other Blood Vessels at Abdomen, Lower Back and Pelvis Level	Gender indicator has been removed
Z80.41	Family History of Malignant Neoplasm of Ovary	Gender indicator has been removed
Z80.42	Family History of Malignant Neoplasm of Prostate	Gender indicator has been removed

- Effective for dates of service below, the coverage code changes are listed:

Code	Description	Coverage Code	Effective Begin Date
02RF38Z	Cerebral Embolic Filtration, Dual Filter In	01 - Covered Service/Code Available	10/01/2015
02RF3JZ	Replacement of Aortic Valve with Synth Sub,	01 - Covered Service/Code Available	10/01/2015
30280B1	Ransfusion of Nonautologous 4-Factor Prothrom	01 Covered Service/Code Available	11/01/2015
30283B1	Transfusion of Nonautologous 4-Factor Prothro	01 Covered Service/Code Available	11/01/2015
33.79	Endoscopic Insertion of Other Bronchial Device	01 - Covered Service/Code Available	01/01/2016
76706	Ultrasound Evaluation of Abdominal Aorta to Detect Bulging (Aneurysm)	09 Medicare Only	01/01/2017
B221Z2Z	Computerized Tomography (CT Scan) of Multiple Coronary Arteries using Intravascular Optical Coherence	01 Covered Service/Code Available	10/01/2015
D0367	Cone Beam Ct Capture and Interpretation With field of view of Both Jaws, with or without Cranium	01 - Covered Service/Code Available	01/01/2013
K91.872	Postprocedural Seroma of a Digestive System	01 Covered Service/Code Available	10/01/2016

L76.33	Post procedural seroma of skin and subcutaneous tissue following a dermatologic procedure	01 - Covered Service/Code Available	10/01/2016
L76.34	Post procedural seroma of skin and subcutaneous tissue following other procedure	01 - Covered Service/Code Available	10/01/2016
Q4109	Skin Substitute, Tissuemend, Per Square Centimeter	01 Covered Service/Code Available	01/01/2017
Q4112	Cymetra, Injectable, 1cc	01 Covered Service/Code Available	01/01/2017
Q4113	Graftjacket Xpress, Injectable, 1cc	01 Covered Service/Code Available	01/01/2017
Q4114	Integra Flowable Wound Matrix, Injectable, 1cc	01 Covered Service/Code Available	01/01/2017
Q4125	Arthroflex, Per Square Centimeter	01 Covered Service/Code Available	01/01/2017
Q4130	Strattice Tm, Per Square Centimeter	01 Covered Service/Code Available	01/01/2017
Q4136	EZ-Derm, Per Square Centimeter	01 Covered Service/Code Available	01/01/2017
Q4145	Epifix, Injectable, 1 mg	01 Covered Service/Code Available	01/01/2017
Q4150	Allowrap Ds Or Dry, Per Square Centimeter	01 Covered Service/Code Available	01/01/2017
Q4165	Keramatrix, Per Square Centimeter	01 Covered Service/Code Available	01/01/2017
S8032*	Low-Dose Computed Tomography For Lung Cancer Screening	03 Covered Service/Use Other Code	01/01/2017
X205312	Cerebral Embolic Filtration, Dual Filter	01 - Covered Service/Code Available	10/01/2016

Note:* This code has a 04 (Not Covered Service/Code Not Available) from 09/30/2016 to 12/31/2016.

Place of Service

Effective for dates of service listed the POS have been added to HCPCS and/or CPT codes:

Code	Description	Place of Service	Effective Begin Date
11056	Removal Of 2 To 4 Thickened Skin Growths	13 – Assisted Living Facility	10/1/2016
11719	Trimming Of Fingernails Or Toenails	13 – Assisted Living Facility	10/1/2016
15271	Application Of Skin Substitute (Wound Surface Up To 100 sq. cm) To Trunk, Arms, Or Legs (First 25 sq. cm Or Less)	11 - Office	1/1/2016
20937	Harvest Of Bone Fragments For Spine Surgery Graft	19 - Off Campus-Outpatient Hospital	1/1/2016
20937	Harvest Of Bone Fragments For Spine Surgery Graft	22 - Outpatient Hospital	1/1/2016
21501	Incision And Drainage Of Abscess Or Blood Accumulation In Soft Tissues Of Neck Or Chest	11 - Office	1/1/2016
26426	Repair Of Finger Tendon Using Tissue	23 - Emergency Room - Hospital	1/1/2016
31254	Partial Removal of Nasal Sinus Using an Endoscope	11 - Office	1/1/2015
43999	Stomach Procedure	11 – Office	1/1/2016
48550	Donor Pancreatectomy (Including Cold Preservation)	99 – Other Unlisted Facility	1/1/2015
50590	Lithotripsy, Extracorporeal Shock Wave	23 - Emergency Room - Hospital	1/1/2016
52310	Cystourethroscopy, With Removal Of Foreign Body	23 – Emergency Room Hospital	1/1/2016
58150	Total Abdominal Hysterectomy (Corpus and Cervix)	22 - Outpatient Hospital	1/1/2015
58570	Abdominal Removal of Uterus (250 Grams or Less) Using an Endoscope	23 – Emergency Room Hospital	1/1/2015
61782	Stereotactic Computer-Assisted (Navigational) Procedure;	11 - Office	5/1/2016
62225	Replacement or Irrigation of Brain Fluid Drainage Shunt Catheter	23 – Emergency Room Hospital	1/1/2016
90833	Psychotherapy, 30 Minutes	21 – Inpatient Hospital	1/1/2016
96118	Neuropsychological Testing, Interpretation, and Report by Psychologist or Physician Per Hour	31 – Skilled Nursing Facility	1/1/2016
G0297	Low Dose CT Scan (LDCT) for Lung Cancer Screening	11 – Office	1/1/2016
G0339	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery, Complete Course Of Therapy In One Session Or First Session Of Fractionated Treatment	11 - Office	1/1/2015

Code	Description	Place of Service	Effective
G0340	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery, Delivery Including Collimator Changes And Custom Plugging, Fractionated Treatment, All Lesions, Per Session, Second Through Fifth Sessions, Maximum Five Sessions Per Course Of Treatment	11 - Office	1/1/2015
G0364	Bone Marrow Aspiration Performed With Bone Marrow Biopsy Through The Same Incision On	81 - Independent Laboratory	1/1/2015
G8979	Mobility: Walking & Moving Around Functional Limitation, Projected Goal Status, At Therapy Episode Outset, At Reporting Intervals, And At Discharge Or To End Reporting	11 - Office	1/1/2015
L3908	Wrist Hand Orthosis, Wrist Extension Control Cock-Up, Non Molded, Prefabricated, Off-The-	20 - Urgent Care Facility	1/1/2015
Q4118	Matristem Micromatrix, 1 Mg	11 - Office	1/1/2016
Q4119	Matristem Wound Matrix, Per Square Centime-	11 - Office	1/1/2016
Q4120	Matristem Burn Matrix, Per Square Centimeter	11 - Office	1/1/2016
S2083	Adjustment Of Gastric Band Diameter Via Subcutaneous Port By Injection Or Aspiration Of	19 - Off Campus-Outpatient Hospital	6/1/2016
S2083	Adjustment Of Gastric Band Diameter Via Subcutaneous Port By Injection Or Aspiration Of Saline	22 - Outpatient Hospital	6/1/2016

Effective for dates of service on or after January 1, 2017 the following codes can be reported with the POS 02 (Telehealth).

CODES	CODES	CODES	CODES
90791	90965	99231	G0407
90792	90966	99232	G0408
90832	96116	99233	G0420
90834	96150	99307	G0421
90836	96151	99308	G0425
90837	96152	99309	G0426
90838	96153	99310	G0427
90845	96154	99354	G0436
90846	97802	99355	G0437
90847	97803	99356	G0438
90951	97804	99357	G0439
90952	99201	99406	G0442
90954	99202	99407	G0443
90955	99203	99495	G0444
90957	99204	99496	G0445
90958	99211	G0108	G0446
90960	99212	G0109	G0447
90961	99213	G0270	G0459
90963	99214	G0396	
90964	99215	G0406	

Modifier(s)

Effective for dates of service listed the modifiers have been added and/or end dated to the system.

Code	Description	Modifier	Description	Effective Begin	Effective End Date
00211	Anesthesia for Intracranial Procedures; Craniotomy	XE	Separate Enc, A Serv That Is	01/01/16	
00211	Anesthesia for Intracranial Proce-	XP	Separate Practitioner, A Ser-	01/01/16	
00211	Anesthesia for Intracranial Proce-	XS	Separate Structure, A Service	01/01/16	
00211	Anesthesia for Intracranial Proce-	XU	Unusual Non-Overlapping	01/01/16	
00211	Anesthesia for Intracranial Proce-	59	Distinct Procedural Service	01/01/16	
00810	Anesthesia for Lower Intestinal En-	33	Preventive Services	05/24/16	
11970	Replacement Of Tissue Expander	50	Bilateral Procedure (Pay	01/01/16	
22551	Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Column, Anterior Approach	XE	Separate Enc, A Serv That Is Distinct Be	01/01/15	
22551	Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Col-	XP	Separate Practitioner, A Service That Is	01/01/15	
22551	Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Col-	XS	Separate Structure, A Service That Is Di	01/01/15	
22551	Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Col-	XU	Unusual Non-Overlapping Service, The Use	01/01/15	
43191	Diagnostic Examination Of Esopha-	GC	Teaching Physician Services	01/01/16	
49652	Laparoscopy, Surgical, Repair, Ven-	LT	Identifies Left Side	01/01/15	
49652	Laparoscopy, Surgical, Repair, Ven-	RT	Identifies Right Side	01/01/15	
50435	Exchange Nephrostomy Catheter,	RT	Identifies Right Side	10/01/16	
50435	Exchange Nephrostomy Catheter,	LT	Identifies Left Side	10/01/16	
60200	Excision of Cyst or Adenoma of	RT	Identifies Right Side	06/01/16	
60200	Excision of Cyst or Adenoma of Thyroid, or Transection	LT	Identifies Left Side	06/01/16	

Code	Description	Modifier	Description	Effective Begin	Effective End Date
64505	Injection, Anesthetic Agent; Spheno-	50	Bilateral Procedure (Pay	01/01/16	
71101	X-Ray of Ribs on One Side of Body Including the Chest, Minimum of 3	LT	Identifies Left Side	01/01/16	
71101	X-Ray of Ribs on One Side of Body Including the Chest, Minimum of 3	RT	Identifies Right Side	01/01/16	
87631	Detection Test for Multiple Types of	QW	CLIA Waived Test	01/01/17	
90746	Hepatitis B Vaccine, Adult Dosage	SL	State Supplied Vaccine	01/01/15	01/01/15
99214	Established Patient Office or Other Outpatient, Visit Typically 25	GT	VIA Interactive Audio	01/01/16	
L2999	Lower Extremity Orthoses, Not Otherwise specified	KX	Requirements Specified	01/01/15	
Q4118	Matristem Micromatrix, 1 mg	JC	Skin Substitute Used	01/01/16	
Q4119	Matristem Wound Matrix, Per	JC	Skin Substitute Used	01/01/16	12/31/16
Q4119	Matristem Wound Matrix, Per	JW	Drug Amt Discarded/No	01/01/16	12/31/16
Q4120	Matristem Burn Matrix, Per Sq. Cen-	JC	Skin substitute Used	01/01/16	12/31/16
Q4120	Matristem Burn Matrix, Per Sq. Cen-	JW	Drug Amt Discarded/No	01/01/16	12/31/16
Q5101	Injection, Filgrastim (G-CSF) Bio-	ZA	Novartis/Sandoz	01/01/16	
T1016	Case Management, Each 15 Minutes	HN	Bach Deg Level/Amb Hsp 2	10/01/16	
T1016	Case Management, Each 15 Minutes	HO	Master's Degree Level	10/01/16	

Provider Type

Effective for dates of service listed the following provider types can report the code listed below;

Code	Description	Provider Type	Effective Begin Date
11755***	Biopsy of Finger or Toe Nail	19 - Registered Nurse Practitioner	1/1/2015
20611**	Aspiration and/or Injection Of Major Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance	19 - Registered Nurse Practitioner	8/11/2015
24640	Closed Treatment of Dislocated Forearm Bone of Elbow, Child	19 - Registered Nurse Practitioner	1/1/2016
26113*	Removal (1.5 Centimeters or Greater) Muscle Growth of Hand or Finger	18 - Physician's Assistant	1/1/2016
38220	Bone Marrow Aspiration	19 - Registered Nurse Practitioner	1/1/2016
43282	Repair Of Hernia Of Muscle At Esophagus And Stomach With Implantation Of Mesh Using An Endoscope	19 – Registered Nurse Practitioner	1/1/2016
95822	Measurement And Recording Of Brain Wave (EEG) Activity, In Coma Or Asleep	62 – Audiologist	1/1/2015
95886	Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm Or Leg Complete Study	62 – Audiologist	1/1/2015
97010	Application Of Hot Or Cold Packs To 1 Or More Areas	08 – MD-Physician	1/1/2015
99496	Transitional Care Management Services, Highly Complexity, Requiring Face-To-Face Visits Within 7 Days Of Discharge	19 – Registered Nurse Practitioner	1/1/2015
A0100	Non-Emergency Transportation; Taxi	40 – Attendant Care	1/1/2016
A0110	Non-Emergency Transportation and Bus, Intra Or Inter State Carrier	40 – Attendant Care	1/1/2016

Note: * can be reported with the modifier AS (PA SVCS for Assistant/At Surgery)

** can be reported with POS 11 (Office)

*** can be reported without the modifiers AS or 80



D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	54—Dental Hygienist	1/1/2017
E0760	Osteogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive	08 – MD-Physician	3/1/2015
G0481	Most Recent Hemoglobin (HGB) Level > 12.0 G/DL	04 – Laboratory	1/1/2015
G8979	Mobility: Walking & Moving Around Functional Limitation, Projected Goal Status, At Therapy Episode Outset, At Reporting Intervals, And At Discharge Or To End Reporting	14 – Physical Therapist	1/1/2015
H0031	Mental Health Assessment, by Non-Physician	A4 - Lic Indep Substance Abuse Couns (LISAC)	1/1/2016
L4397	Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf	08 – MD-Physician	1/1/2015
S9131	Physical Therapy; In The Home, Per Diem	14 – Physical Therapist	1/1/2015

Revenue Codes

- Effective for dates of service on or after January 1, 2016 the codes listed below can now be reported with the following revenue codes:

Revenue Code	Description	Code	Description	Beginning Date of Service
0300	Laboratory	80304	Drug Screen	01/01/2016
0301	Lab/Chemistry	80304	Drug Screen	01/01/2016
0309	Lab/Other	80304	Drug Screen	01/01/2016
0333	Radiation RX	77770	High Dose Brachytherapy, 1 Channel	01/01/2016
		77771	High Dose Brachytherapy, 2 - 12 Channels	01/01/2016
0333	Radiation RX	77772	High Dose Brachytherapy, More Than 12 Channels	01/01/2016
0636	Drugs/Detail	Q4128	Flex HD, Allopatch HD, or Matrix HD, Per Square Centimeter	05/01/2016

- Effective for January 1, 2017 the revenue code 0815 (Allogeneic Stem Cell) has been added to the reference screens RF721, RF774 and RF773.