



ENCOUNTER KEYS

March-April 2018

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Date Changes

The modifier ZA (Novartis/Sandoz) has been back dated to 10/01/2016 for the HPCS code Q5101 (Injection, Filgrastim (G-CSF) Biosimilar, 1 Microgram).

Gender

The gender indicator “F” (Female) has been removed from the CPT code 82672 (Estrogen Analysis) on the reference screens RF113 and RF127.

Procedure Code Indicator

The indicator W (CLIA Waived) for Laboratory has been added to the CPT codes 83516 (Immunoassay for Analyte Other Than Infectious Agent) and 87634 (Infectious Agent Detection by Nucleic Acid) (DNA or RNA).

Notice of Rate Change - Ground Ambulance Rates for ADHS/BMES-Regulated Providers

During a recent review, an emergency transportation rate was identified as incorrect in our system. We are in the process of having this corrected and the correct rate is for Provider 036385 American Ambulance, A0429 is \$554.98. Also, the rate on our website is correct.

APR-DRG Calculator Correction

The APR-DRG Calculator for 01/01/2018 has been revised to correct the National Relative Weight values to 4 characters after the decimal, consistent with the 3M version and with the PMMIS field length limit. The correct calculator is available at this link: <https://www.azahcccs.gov/PlansProviders/Downloads/FFSrates/APR/20180101bAZAPRDRGv34Calculator.xlsx>

Questions concerning this may be directed to Victoria Burns at Victoria.Burns@azahcccs.gov, (602) 417-4049 or, if outside Maricopa County, (800) 654-8713 ext. 7-4049.

Outpatient Hospital Website Fee Schedule Updated

The website version of the AHCCCS Outpatient Hospital Fee Schedule effective 01/01/2018 has been corrected and reposted. The corrected fee schedule is available at this link: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/outpatientrates.html>

Questions concerning this may be directed to Victoria Burns at Victoria.Burns@azahcccs.gov, (602) 417-4049 or, if outside Maricopa County, (800) 654-8713 ext. 7-4049.

Correction

The Encounter File Processing Schedule has been updated with the correct deadline date for February (February 8th). The revised schedule has been posted to the website.

Coverage Code

Effective for January 1, 2018 the following CPT/HCPCS codes have been added to the PMMIS system For additional code information refer to the appropriate PMMIS reference screens.

Code	Description
0011M	Oncology, prostate cancer, MRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk
0024U	Glycosylated acute phase proteins (GLYCA), nuclear magnetic resonance spectroscopy, quantitative
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS) urine, quantitative
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result("Positive, high probability of malignancy" or "Negative, low probability of malignancy").
0027U	JAK2 (Janus kinase 2) (e.g., myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15
0028U	CYP2D6 (cytochrome, P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, copy number variants, common variants with reflex to targeted sequence analysis
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (i.e., CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1, and rs12777823)
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (i.e., CYP2C9, CYP4F2, VKORC1, rs12777823)
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2) (e.g., drug metabolism) gene analysis, common variants (i.e., *1F, *1K, *6, *7)
0032U	COMT (catechol-O-methyltransferase) (drug metabolism) gene analysis c.472G>A (rs4680 variant)
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (e.g., citalopram metabolism) gene analysis, common variants (i.e., HTR2A, rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.759C>T] and rs1414334 [c.551-3008C>G])
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15) (e.g., thiopurine metabolism), gene analysis, common variants (i.e., *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)
D0411	HBA1C in-office point of service testing
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant
D9995	Teledentistry - synchronous; real-time encounter
D9996	Teledentistry - asynchronous; information stored and forwarded

Modifiers

- ◆ Effective for dates of service January 1, 2018 the modifier FY (X-Ray Taken Using Computed Radiography) has been added to the following CPT codes on the references screens RF121; RF122 and RF132.

Code	Description	Code	Description
70450	CT scan head or brain	72191	CT scan of pelvic blood vessels with contrast
70460	CT scan head or brain with contrast	72192	CT scan pelvis
70470	CT scan head or brain before and after contrast	72193	CT scan pelvis with contrast
70480	CT scan of cranial cavity	72194	CT scan of pelvis before and after contrast
70481	CT scan of cranial cavity with contrast	73200	CT scan of arm
70482	CT scan of cranial cavity before and after contrast	73201	CT scan of arm with contrast
70486	CT scan of face	73202	CT scan of arm before and after contrast
70487	CT scan of face with contrast	73206	CT scan of arm blood vessels with contrast
70488	CT scan of face before and after contrast	73700	CT scan leg
70490	CT scan of neck	73701	CT scan leg with contrast injection
70491	CT scan of neck with contrast	73702	CT scan of leg before and after contrast injection
70492	CT scan of neck before and after contrast	73706	CT scan of lower leg blood vessels with contrast
70496	CT scan of blood vessel of head with contrast	74150	CT scan abdomen
70498	CT scan of neck blood vessels with contrast	74160	CT scan abdomen with contrast
71250	CT scan chest	74170	CT scan abdomen before and after contrast
71260	CT scan chest with contrast	74174	CT scan of abdominal and pelvic blood vessels with contrast
71270	CT scan chest before and after contrast	74175	CT scan of abdominal blood vessels with contrast
71275	CT scan of blood vessels in chest with contrast	74176	CT scan of abdomen and pelvis
72125	CT scan of upper spine	74177	CT scan of abdomen and pelvis with contrast

72126	CT scan of upper spine with contrast	74178	CT scan of abdomen and pelvis before and after contrast
72127	CT scan of upper spine before and after contrast	74261	Diagnostic CT scan of large bowel
72128	CT scan of middle spine	74262	Diagnostic CT scan of large bowel with contrast dye
72129	CT scan of middle spine with contrast	74263	Screening CT scan of large bowel
72130	CT scan of middle spine before and after contrast	75571	CT scan of heart with evaluation of blood vessel calcium
72131	CT scan of lower spine	75572	CT scan of heart structure with contrast
72132	CT scan of lower spine with contrast	75573	CT scan of congenital heart structure defect with contrast
72133	CT scan of lower spine before and after contrast	75574	CT scan of heart blood vessels and grafts with contrast dye

- ◆ Effective for dates of service listed, the following modifiers have been added to the listed reference screens:

Code	Description	Modifier	Effective	Reference
H0020	Alcohol and/or Drug Services; Methadone Admin-	HG - Opioid Addiction Treatment Pro-	10/01/2017	RF122; RF132
H0036	Community Psychiatric Supportive Treatment, Face	TF - Intermediate Level Of Care	10/01/2017	RF122; RF132
H0038	Self-Help/Peer Services,	HQ – Group Setting	10/01/2017	RF122;
H2010	Comprehensive Medication Services, Per 15 Minutes	HG - Opioid Addiction Treatment Program	10/01/2017	RF122; RF132
H2011	Crisis Intervention Service, Per 15 Minutes	HT - Multi-Disciplinary Team	10/01/2017	RF122; RF132
H2014	Skills Training & Develop-	HQ – Group Setting	10/01/2017	RF122;
H2019	Therapeutic Behavioral Services, Per 15 Minutes	TF - Intermediate Level Of Care	10/01/2017	RF122; RF132
H2025	Ongoing Support to Maintain Employment, Per 15 Minutes	HQ – Group Setting	10/01/2017	RF122; RF132
H2027	Psychoeducational Service,	HQ – Group Setting	10/01/2017	RF122;
S5109	Home Care Training To Home Care Client, Per Session	HA – Child/Adolescent Program	10/01/2017	RF122; RF132
S5109	Home Care Training To Home Care Client, Per Session	HB - Adult Program, Non Geriatric	10/01/2017	RF122; RF132
S5109	Home Care Training To Home Care Client, Per Session	HC - Adult Program, Geriatric	10/01/2017	RF122; RF132
T1016	Case Management, Each 15 Minutes	HN - BACH DEG LEVEL/AMB HS	10/01/2016	RF122; RF132

- ◆ Effective for dates of service on or after January 1, 2017 the modifier LT (Identifies Left Side) and RT (Identifies Right Side) have been added to the CPT code 77065 (Mammography Of One Breast).

Effective for the respective dates, the following modifiers have been added and/or end dated on the PMMIS screens.

Code	Description	Modifier	PMMIS Screen	Effective Begin	Ending Date of Service
0350T	X-Ray Of Legs With Radiostereometric Analysis (RSA)	End Dated LT; & RT	RF121, RF122; & RF132		01/01/2018
0350T	X-Ray Of Legs With Radiostereometric Analysis (RSA)	End Dated 50	RF121; RF122 & RF132		01/01/2018
21401	Closed Treatment Of Broken Eye Socket Bone With Manipulation	Add 50	RF121; RF122 & RF132	01/01/2017	
21558	Removal Of (5 Centimeters Or Greater) Growth Of Neck Or Front Of Chest	End Dated LT/RT	RF122 & RF132		01/01/2018
31634	Examination of Lung Airways with Repair of Air Leak Using an Endoscope	Add RT& 50	RF122	01/01/2011	
36821	Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure	Add 50/RT/LT	RF121	01/01/2018	
36821	Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure	End Dated LT/RT	RF122 & RF132		01/01/2018
36830	Connection of Tube Graft to Vein and Artery for Dialysis	End Dated LT/RT	RF122 & RF132		01/01/2018
37184	Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Through The Skin	End Dated LT/RT	RF121		01/01/2018
37184	Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Through The Skin	Add RT	RF122	01/01/2006	
37185	Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Through The Skin	End Dated LT/RT	RF121; RF122 & RF132		01/01/2018
37186	Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Beneath The Skin	End Dated LT/RT	RF121& RF122		01/01/2018

Code	Description	Modifier	PMMIS	Effective	Ending Date of
37188	Removal Of Blood Clot And Injections (Accessed Through The Skin) To Dissolve Blood Clot From Veins Using Fluoroscopic Guidance	End Dated LT/RT & 50	RF121		01/01/2018
37188	Removal Of Blood Clot And Injections (Accessed Through The Skin) To Dissolve Blood Clot From Veins Using Fluoroscopic Guidance	Add RT	RF122	01/01/2006	
37236	Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation	Add RT	RF122	01/01/2014	
37237	Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral or Intrathoracic Carotid, Intracranial, or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision and Interpretation	Add RT	RF122	01/01/2014	
37238	Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation	Add RT	RF122	01/01/2014	
37239	Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation	Add RT	RF122	01/01/2014	
37242	Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation, Road mapping, And Imaging Guidance	Add RT	RF122	01/01/2014	
37243	Occlusion Of Tumors Or Obstructed Blood Vessel With Radiological Supervision And Interpretation, Road mapping, And Imaging Guidance	Add RT	RF122	01/01/2014	
37244	Occlusion Of Arterial Or Venous Hemorrhage With Radiological Supervision And Interpretation, Road mapping, and Imaging Guidance	Add RT	RF122	01/01/2014	
37252	Ultrasound Evaluation of Blood Vessel During Diagnosis or Treatment	End Dated RT/LT/50	RF121 & RF122		01/01/2018
37253	Ultrasound Evaluation Of Blood Vessel During Diagnosis Or Treatment	End Dated LT & RT	RF122 & RF132		01/01/2018
45382	Colonoscopy, Flexible, Proximal to Splenic Flexure	Add PT	RF121	01/01/2017	
50431	Injection Procedure For X-Ray Imaging Of Kidney And Urinary Duct (Ureter) Using Imaging Guidance Including Radiological Supervision And Interpretation	Add LT & RT	RF121	01/01/2017	

Note: **LT** -Identifies Left Side

RT - Identifies Right Side

50 - Bilateral Procedure (Pay 50%)

PT – Colorectal Cancer Screen

Effective for dates of service on or after July 1, 2017 the modifier Q6 has been added to the following codes on the reference screens RF122 and RF132:

NOTE: The definition effective July 1, 2017 the modifier Q6 definition has been changed to read Fee/Time Comp subst MD or PT

Code	Description	Code	Description
72040	X-Ray Of Spine Of Neck, 2 Or 3 Views	76830	Ultrasound Pelvis Through Vagina
72050	Radiologic Examination, Spine, Cervical; 4 Or 5 Views	76856	Ultrasound Of Pelvis
72072	Radiologic Examination, Spine; Thoracic, Three Views	76857	Ultrasound Of Pelvis
72082	X-Ray of Spine, 2 or 3 Views	76870	Ultrasound Of Scrotum
72100	X-Ray Of Lower And Sacral Spine, 2 Or 3 Views	77014	CT Scan Guidance For Insertion Of Radiation Therapy Fields
72110	X-Ray Of Lower And Sacral Spine, Minimum Of 4 Views	77067	Mammography Of Both Breasts
72131	CT Scan Of Lower Spine	77080	Bone Density Measurement Using Dedicated X-Ray Machine
72195	MRI Scan Of Pelvis	93925	Ultrasound Study Of Arteries And Arterial Grafts Of Both Legs
73030	X-Ray Of Shoulder, Minimum Of 2 Views	93975	Ultrasound Scan Of Abdominal, Pelvic, and/or Scrotal Arterial Inflow And Venous Outflow
73502	X-Ray Of Hip With Pelvis, 2-3 Views	99202	New Patient Office Or Other Outpatient Visit, Typically 20 Minutes
73521	X-Ray Of Both Hips With Pelvis, 2 Views	99204	New Patient Office Or Other Outpatient Visit, Typically 45 Minutes
73522	X-Ray Of Both Hips With Pelvis, 3-4 Views	99213	Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes
73560	X-Ray Of Knee, 1 Or 2 Views	99214	Established Patient Office Or Other Outpatient Visit, Typically 25 Minutes
73562	X-Ray Of Knee, 3 Views	99232	Subsequent Hospital Inpatient Care, Typically 25 Minutes Per Day
76536	Ultrasound Of Head And Neck	99238	Hospital Discharge Day Management, 30 Minutes Or Less
76642	Ultrasound Of One Breast	99291	Critical Care Delivery Critically Ill Or Injured Patient, First 30-74 Minutes
76700	Ultrasound Of Abdomen	G0202	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (CAD) When Performed
76705	Ultrasound Of Abdomen	G0204	Diagnostic Mammography, Including Computer-Aided Detection (CAD) When Performed; Bilateral

76770	Ultrasound Behind Abdominal Cavity	G0206	Diagnostic Mammography, Including Computer-Aided Detection (CAD) When Performed; Unilateral
76830	Ultrasound Pelvis Through Vagina	G6015	Intensity Modulated Treatment Delivery, Single Or Multiple Fields/ ARCS, VIA Narrow Spatially And Temporally Modulated Beams, Binary, Dynamic MLC, Per Treatment Session

- Effective for dates of service on or after January 1, 2018 the modifier 95 (Synchronous Telemedicine) has been added to the reference screens., for the following codes.

90791	97804	90961	99244
90792	98960	92227	99245
90832	98961	92228	99251
90833	98962	93228	99252
90834	99201	93229	99253
90836	99202	93268	99254
90837	99203	93270	99255
90838	99204	93271	99307
90845	99205	93272	99308
90846	99212	93298	99309
90847	99213	93299	99310
90863	99214	96040	99354
90951	99215	96116	99355
90952	99231	96150	99406
90954	99232	96151	99407
90955	99233	96152	99408
90957	99241	96153	99409
90958	99242	96154	99495
90960	99243	97802	99496
97803	0188T	97803	0188T
97804	0189T	97804	0189T



- Effective for dates of service on or after December 31, 2017 the modifiers 1P (Site Of Trans. To Phys. Office/Clinic); 2P (Performance Measure Excl. Pt. Choice) and 3P (Performance Measure Excl.Mod.System Reas) have been end dated per CMS.
- Effective for dates of service listed the following CPT/HP codes have modifiers added to them.

Code	Description	Modifier	Effective Beginning Date
00810	Anesthesia For Lower Intestinal Endoscopic Procedures,	PT – Colorectal Cancer Screen	11/01/2017
32552	Removal Of Tunneled Catheter In Lung Lining	LT – Identifies Left Side of Body	01/01/2017
32552	Removal Of Tunneled Catheter In Lung Lining	RT – Identifies Right Side of Body	01/01/2017
36225	Selective Catheter Placement, Subclavian or Innominate	50 – Bilateral Procedure (Pay 50%)	01/01/2017
37246	Balloon Dilation of Artery, Accessed Through the Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation	SG - Ambulatory Surgical Center	01/01/2017
37248	Balloon Dilation Of First Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation	SG - Ambulatory Surgical Center (ASC) Facility	01/01/2017
77065	Mammography of one Breast	LT – Identifies Left Side of Body	01/01/2017
77065	Mammography of one Breast	RT – Identifies Right Side of Body	01/01/2017
83516	Immunoassay for Analyte Other Than Infectious Agent) and 87634 (infectious Agent Detection by Nucleic Acid) (DNA or RNA).	QW - CLIA Waived Test	01/01/2018
87634	Infectious Agent Detection by Nucleic Acid (DNA or RNA).	QW - CLIA Waived Test	01/01/2018

Procedure Daily Maximum

The procedure daily maximum limits have been updated for the following HCPCS codes:

Code	Description	Procedure Daily Maximum
A4245	Alcohol wipes, per box	5
A4248	Chlorhexidine containing antiseptic, 1 ml	500
A4520	Incontinence garment, any type, (e.g. brief, diaper),	240
A4554	Disposable underpads, all sizes, (e.g., chux's)	24
A4927	Gloves, non-sterile, per 100	5
A6196	Alginate or other fiber gelling dressing, wound cover,	50
A6234	Hydrocolloid dressing, wound cover, sterile, pad size	50
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	50
A6260	Wound cleansers, any type, any size	50
A6549	Gradient compression stocking/sleeve,	2
J1094	Injection, dexamethasone acetate, 1 mg	200
J0257	Injection, Alpha 1 Proteinase Inhibitor (Human)	900

Revenue Code

The following revenue codes have been added to the CPT codes listed below.

Revenue Code	CPT/ HCPCS Code	Description	Effective Begin Date
0360 – OR Services	50695	Placement of Ureteral Stent, Percutaneous	01/01/2016
0360 – OR Services	51729	Insertion of Electronic Device Into Bladder with Voiding and Bladder Canal (Urethra) Pressure Studies	10/01/2016
0361 – OR Minor	50706	Balloon Dilation Treatment of Stricture of Urinary Duct (Ureter) Using Imaging Guidance with Radiological Supervision and Interpretation	01/01/2017
0361 - OR/Minor	61650	Infusion of Chemical Agent Into the Artery of Brain with Insertion of Catheter and Imaging	01/01/2017
0361 – OR/Minor	50693	Placement of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision and Interpretation	01/01/2016
0361 – OR/Minor	51729	Insertion of Electronic Device Into Bladder with Voiding and Bladder Canal (Urethra) Pressure Studies	10/01/2016
0450 – Emergency Room	59409	Vaginal Delivery	05/01/2016
0490 - Ambulatory Surgical Center	37248	(Balloon Dilation of First Vein, Accessed through the Skin or By Open Procedure, with Imaging Including Radiological Supervision and Interpretation	01/01/2017
0490 – Ambulatory Surgical Center	26989	Unlisted Procedure, Hands or Fingers	10/01/2008
0490 – Ambulatory Surgical Center	37246	Balloon Dilation of Artery, Accessed Through The Skin or By Open Procedure, With Imaging Including Radiological Supervision and Interpretation	07/01/2017
0490—Ambulatory Surgical Center	22867	Insertion of Interlaminar/Interspinous Process Stabilization	01/01/2017



Place of Service

Effective for dates of service listed the following codes have been added to the reference screen RF115.

Code	Description	Place of Service	Effective Beginning Date
A6010	Collagen Based Wound Filler, Dry Form, Sterile, Per Gram	32 – Nursing Facility	01/01/2017
H0004	Behavioral Health Counseling & Therapy, Per 15 Minutes	02 – Services Provided/Received, Through Telecomm	01/01/2016
H0031	Mental Health Assessment, By Non-Physician	02 – Services Provided/Received, Through Telecomm	01/01/2016
J0597	Injection, C-1 Esterase Inhibitor (Human), Berinert, 10 Units	12 - Home	06/01/2017
P9046	Infusion, Albumin (Human), 25%, 20 ml	12 - Home	06/01/2017
P9047	Infusion, Albumin (Human), 25%, 50 ml	12 - Home	06/01/2017
22867	Insertion of Interlaminar/Interspinous Process Stabilization	24 – Ambulatory Surgical Center	01/01/2017
25606	Percutaneous Skeletal Fixation Of Distal Radial Fracture	23 – Emergency Room - Hospital	11/01/2016
26989	Unlisted Procedure, Hands Or Fingers	24 - Ambulatory Surgical Center	10/01/2017
37237	Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation	11 – Office	01/01/2017
37246	Transluminal Balloon Angioplasty	24 - Ambulatory Surgical Center	07/01/2017
37248	Balloon Dilation of First Vein, Accessed through the Skin or By Open Procedure, With Imaging Including Radiological Supervision and Interpretation	24 - Ambulatory Surgical Center	01/01/2017
99213	Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes	12 - Home	10/01/2016
99215	Established Patient Office Or Other Outpatient, Visit Typically 40 Minutes	12 - Home	10/01/2016
99342	New Patient Home Visit, Typically 30 Minutes	13 - Assisted Living Facility	01/01/2017
99342	New Patient Home Visit, Typically 30 Minutes	14 – Group Home	01/01/2017
99343	New Patient Home Visit, Typically 45 Minutes	13 – Assisted Living Facility	01/01/2017
99343	New Patient Home Visit, Typically 45 Minutes	14 – Group Home	01/01/2017

99344	New Patient Home Visit, Typically 60 Minutes	13 – Assisted Living Facility	01/01/2017
99344	New Patient Home Visit, Typically 60 Minutes	14 – Group Home	01/01/2017
99345	New Patient Home Visit, Typically 75 Minutes	13 – Assisted Living Facility	01/01/2017
99345	New Patient Home Visit, Typically 75 Minutes	14 – Group Home	01/01/2017
99347	Established Patient Home Visit, Typically 15 Minutes	13 – Assisted Living Facility	01/01/2017
99347	Established Patient Home Visit, Typically 15 Minutes	14 – Group Home	01/01/2017
99348	Established Patient Home Visit, Typically 25 Minutes	13 – Assisted Living Facility	01/01/2017
99348	Established Patient Home Visit, Typically 25 Minutes	14 – Group Home	01/01/2017
99349	Established Patient Home Visit, Typically 40 Minutes	13 – Assisted Living Facility	01/01/2017
99349	Established Patient Home Visit, Typically 40 Minutes	14 – Group Home	01/01/2017
99350	Established Patient Home Visit, Typically 60 Minutes	13 – Assisted Living Facility	01/01/2017
99350	Established Patient Home Visit, Typically 60 Minutes	14 – Group Home	01/01/2017
99444	Physician Or Health Care Professional Evaluation And Management Of Patient Care By Internet (Email) Related To Visit Within Previous 7 Days	02 - Services Provided/Received, Through Telecomm	01/01/2017

Provider Type

Effective for the dates of service the following codes have been added to the provider types.

Code	Description	Effective Beginning Date	Provider Type
11044	Removal Of Skin And Bone First 20 Sq. Cm Or Less	1/1/2017	19 – Registered Nurse Practitioner
11770	Removal Of Tailbone Cyst	1/1/2017	19 – Registered Nurse Practitioner
14302*	Tissue Transfer Repair of Wound (30.0 sq. Centimeters)	10/2/2017	18 - Physician's Assistant
15272	Application Of Skin Substitute (Wound Surface Up To 100 Sq. Cm) To Trunk, Arms, or Legs	1/1/2017	19 – Registered Nurse Practitioner
15273	Application Of Skin Substitute (Wound Surface Greater Or Equal To 100 Sq. Cm) To Trunk, Arms, Or Legs (First 100 Sq. Cm Or 1% Body Area Of Infants And Children)	1/1/2017	19 – Registered Nurse Practitioner
15274	Application of Skin substitute (Wound Surface Greater or Equal to 100 Sq. Cm) To Trunk, Arms, Or Legs	1/1/2017	19 – Registered Nurse Practitioner
15275	Application Of Skin Substitute (Wound Surface Up To 100 Sq. Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, and/or Multiple Fingers Or Toes (First 25 Sq. Cm Or Less)	1/1/2017	19 – Registered Nurse Practitioner
99201	New Patient Office Or Other Outpatient Visit, Typically 10 Minutes	1/1/2018	77 - BH Outpatient Clinic
99204	New Patient Office Or Other Outpatient Visit, Typically 45 Minutes	1/1/2018	77 - BH Outpatient Clinic
99205	New Patient Office Or Other Outpatient Visit, Typically 60 Minutes	1/1/2018	77 - BH Outpatient Clinic
99444	Physician Or Health Care Professional Evaluation And Management Of Patient Care By Internet (Email) Related To Visit Within Previous 7 Days	1/1/2017	18 - Physician's Assistant
J0571	Buprenorphine, Oral, 1 Mg	1/1/2017	77 - BH Outpatient Clinic
J0571	Buprenorphine, Oral, 1 mg	1/1/2018	B8 - Behavioral Health Residential Facility
J0572	Buprenorphine/Naloxone, Oral, Less Than Or Equal To 3 Mg Buprenorphine	1/1/2017	77 - BH Outpatient Clinic

Code	Description	Effective Beginning Date	Provider Type
J0572	Buprenorphine/Naloxone, Oral, Less Than Or Equal To 3 Mg Buprenorphine	01/01/2017	77 - BH Outpatient Clinic
J0572	Buprenorphine/Naloxone, Oral, Less Than Or Equal To 3 Mg Buprenorphine	01/01/2018	B8 - Behavioral Health Residential Facility
J0573	Buprenorphine/Naloxone, Oral, Greater Than 3 Mg, But Less Than Or Equal To 6 Mg Buprenorphine	01/01/2017	77 - BH Outpatient Clinic
J0573	Buprenorphine/Naloxone, Oral, Greater Than 3 mg, But Less Than Or Equal To 6 mg Buprenorphine	01/01/2018	B8 - Behavioral Health Residential Facility
J0574	Buprenorphine/Naloxone, Oral, Greater Than 6 Mg, But Less Than Or Equal To 10 Mg Buprenorphine	01/01/2017	77 - BH Outpatient Clinic
J0574	Buprenorphine/Naloxone, Oral, Greater Than 6 Mg, But Less Than Or Equal To 10 mg Buprenorphine	01/01/2018	B8 - Behavioral Health Residential Facility
J0575	Buprenorphine/Naloxone, Oral, Greater Than 10 Mg Buprenorphine	01/01/2017	77 - BH Outpatient Clinic
J0575	Buprenorphine/Naloxone, Oral, Greater Than 10 mg Buprenorphine	01/01/2018	B8 - Behavioral Health Residential Facility
J1557	Injection, Immune Globulin, (Gammaplex), Intravenous, Non-Lyophilized (e.g., Liquid), 500 mg	01/01/2017	19 - Registered Nurse Practitioner
J9299	Injection, Nivolumab, 1 mg	01/01/2017	19 - Registered Nurse Practitioner
J9306	Injection, Pertuzumab, 1 mg	01/01/2017	19 - Registered Nurse Practitioner
J9354	Injection, Ado-Trastuzumab Emtansine, 1 mg	01/01/2017	19 - Registered Nurse Practitioner

Note: *14302 can be reported with the modifier AS (PA Services for Assistant/At Surgery)