



ENCOUNTER KEYS

November-December 2018

INSIDE THIS ISSUE

Admission Source Code Age Changes Encounter Pro-	1
Category of Service Code Definition Up-	2
Code Updates	3
Coverage Code(s) ICD-10 Procedure Class Code Laboratory Indicator Limits	4
Modifier Updates	5-9
Place of Service	10-19
Procedure Daily Maximum	20
Provider Type	20-23
New Codes	24-25
Revenue Code	25

Admission Source Code

The description for the Admission Source Code (RF703) has been changed for 2 to read Clinic or Physicians Office with an effective date of October 1, 2007.

Age Changes

The following ICD-10 Diagnosis Codes have had the Maximum Age limit changed to the following.

ICD-10 Diagnosis Code	Description	Maximum Age
N47.0	Adherent Prepuce, Newborn	029 Days
Z00.110	Health Examination For Newborn Under 8 Days	009 Days
Z00.111	Health Examination For Newborn 8 To 28 Days	029 Days
Z00.121	Encounter for routine child health examination with abnormal findings	018 Years
Z00.129	Encounter for routine child health examination without abnormal findings	018 Years
Z00.2	Encounter For Exam For Period Of Rapid Growth	018 Years
Z00.3	Encounter For Examination For Adolescent Development	018 Years
Z04.72	Encounter for examination and observation following alleged child physical abuse	018 Years
Z38.00	Single Live born Infant, Delivered Vaginally	029 Days
Z38.01	Single Live born Infant, Delivered By Cesarean	029 Days
Z38.1	Single Live born Infant, Born Outside Hospital	029 Days
Z38.2	Single Live born Infant, Unspecified As To Place Of Birth	029 Days

Encounter Processing Schedules

The current (October – December) and future (January - March) Encounter Processing Schedules have been posted to the website.

https://www.azahcccs.gov/PlansProviders/HealthPlans/encounters.html#Encounter_Processing_Schedules

Category of Service

Effective for dates of service on or after January 1, 2018 the following codes have had the Category of Service changed to 47 (Mental Health Services).

0359T	Behavior Identification Assessment
0360T	Observational Behavioral Follow-Up Assessment First 30 Minutes
0361T	Observational Behavioral Follow-Up Assessment Additional 30 Minutes
0362T	Exposure Behavioral Follow-Up Assessment First 30 Minutes
0363T	Exposure Behavioral Follow-Up Assessment Each Additional 30 Minutes
0364T	Behavior Treatment By Protocol Administered By Technician First 30 Minutes
0365T	Behavior Treatment By Protocol Administered By Technician Each Additional 30 Minutes
0366T	Group Behavior Treatment By Protocol Administered By Technician First 30 Minutes
0367T	Group Behavior Treatment By Protocol Administered By Technician Each Additional 30 Minutes
0368T	Behavior Treatment With Protocol Modification Administered By Physician Or Other Qualified Health Care Professional First 30 Minutes
0369T	Behavior Treatment With Protocol Modification Administered By Physician Or Other Qualified Health Care Professional Each Additional 30 Minutes
0370T	Family Behavior Treatment Guidance Administered By Physician

Code Definition Update

The description of the following 2 codes has been changed to reflect that they are time based.

99601 – Home Infusion Visit/Special Drug Administration Up To 2 Hours

99602 – Home Infusion/Special Drug Administration, Per Visit Each Additional Hour



Code Updates

- The following codes have been added to the PMMIS system with a begin date of April 1, 2018.

Code	Description
C9462	Injection, Delafloxacin, 1 Mg
C9463	Injection, Aprepitant, 1 Mg
C9464	Injection, Rolapitant, 0.5 Mg
C9465	Hyaluronan Or Derivative, Durolane, For Intra-Articular Injection, Per Dose This Is A Cosmetic Injection- Nothing Is Listed For Intra-Articular Sz
C9466	Injection, Benralizumab, 1 Mg
C9467	Injection, Rituximab And Hyaluronidase, 10 Mg
C9468	Injection, Factor IX (Antihemophilic Factor, Recombinant), Glycopegylated, Rebinyn, I I.U.
C9749	Repair Of Nasal Vestibular Lateral Wall Stenosis With Implant(S)
C9469	Injection, Triamiconolone Acetonide, Preservative-Free, Extended-Release, Microsphere Formulation, 1 Mg

- Effective for dates of service on or after 10/01/2018 the code XV508A4 (Destruction Of Prostate Using Robotic Waterjet) has been added to the system.
- Effective for dates of service on or after July 1, 2018 the following codes have been added to the system. For specific information refer to the appropriate screens.

0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report
0507T	Near-infrared dual imaging (i.e., simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia
Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg
Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg
Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
Q9994	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
Q9995	Injection, emicizumab-kxwh, 0.5 mg
Q5105	Injection, epoetin alfa, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-ESRD use), 1000 units

Coverage Code(s)

- Effective for the dates of service listed, the following codes have been added to the system.

Code	Description	Coverage Code	Effective Begin Date
02RF37H	Replacement of Aortic Valve with Autologous Tissue Substitute, Transapical, Percutaneous Approach	01 - Covered Service/Code Available	01/01/2018
02RF37Z	Replacement of Aortic Valve with Autologous Tissue Substitute, Percutaneous Approach	01 - Covered Service/Code Available	01/01/2018
02RF38H	Replacement of Aortic Valve with Zooplasic Tissue, Transapical, Percutaneous Approach	01 - Covered Service/Code Available	01/01/2018
02RF3JH	Replacement of Aortic Valve with Synthetic Substitute, Transapical, Percutaneous Approach	01 - Covered Service/Code Available	01/01/2018
02RF3KH	Replacement of Aortic Valve with Nonautologous Tissue Substitute, Transapical, Percutaneous Approach	01 - Covered Service/Code Available	01/01/2018
02RF3KZ	Replacement of Aortic Valve with Nonautologous Tissue Substitute, Percutaneous Approach	01 - Covered Service/Code Available	01/01/2018
81595	Test For Detecting Genes Associated With Heart Diseases)	01 - Covered Service/Code Available	09/01/2018

- Effective for dates of service on or after December 1, 2017 the HCPCS code E0766 (Electrical Stimulation Device Used for Cancer Treatment) now has a Coverage Code of 01 (Covered Service/Code Available).

ICD-10 Procedure Class Code

Effective for October 1, 2018 a new classification code has been added to the system (RF145) XV0 (New Technology, Male Reproductive System).

Laboratory Indicator

The “Laboratory” indicator has been changed to W (CLIA Waived) for the CPT code 87651 (Detection Test for Strep (Streptococcus, Group A)).

Limits

The procedure daily maximum unit has been changed to three (3) for the CPT codes 74018 (Radiologic Examination, Abdomen; 1 view) and 74019 (Radiologic Examination, Abdomen; 2 views).

Modifier Update(s)

- Effective for October 1, 2018 the procedure modifier description has been changed for U1 to read **CFT Facilitator**. Please Note: The modifier is informational only and will not have a rate attached.
- Effective for dates of service October 1, 2018 the modifier U9 has been updated to read ASAM (American Society of Addiction Medicine).
- Effective for dates of service on or after October 1, 2018 the following modifiers have been added to the reference screens RF122 and RF132 for the HCPCS codes S5150 (Unskilled Respite Care, Not Hospice; Per 15 Minutes) and S5151 (Unskilled Respite Care, Not Hospice; Per Diem).

Modifier	Description
U3	Spouse - Limit To 160
U4	Fam Member Non-Spouse
U5	Fam Mem/Non-Spouse Re
U7	Agency With Choice
U8	Governor's Office Subst Use Disorder Fund

- Effective for dates of service the following modifiers have been added to the listed codes.

Code	Description	Modifier	Screens	Effective Begin Date
00811	Anesthesia For Lower Intestinal Endoscopic Procedures,	PT - Colorectal Cancer Screen	RF122; RF132	1/1/2018
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)	RT – Identifies Right Side	RF122; RF132	1/1/2018
15273	Application Of Skin Substitute Graft To Trunk, Arms, Legs	LT – Identifies Left Side	RF122; RF132	1/1/2018
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)	LT – Identifies Left Side	RF122; RF132	1/1/2018
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)	RT – Identifies Right Side	RF122; RF132	1/1/2018
15836	(Removal Of Excessive Skin And Tissue Beneath The Skin Of Arm	50 - Bilateral Procedure (Pay 50%)	10/1/2017	RF121
19081	Biopsy, Breast, With Placement of Breast Localization	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF122

21462	Open Treatment of Mandibular Fracture	50 – Bilateral Procedure (Pay 50%)	1/1/2018	RF121
22854	Insertion Of Device Into Gap Left By Removal Of Part Of Vertebra And Fusion Of Vertebrae	AS - PA Services for Assistant/At Surgery	1/1/2018	RF122
28735	Fusion Of Multiple Foot Joints	50 - Bilateral Procedure (Pay 50%)	10/1/2017	RF121
31624	Bronchoscopy, Rigid or Flexible	50 – Bilateral Procedure (Pay 50%)	1/1/2018	RF121; RF122; RF132
49440	Insertion Of Stomach Tube (Accessed Through The Skin) Using Fluoroscopic Guidance With Contrast	79 - Unrelated PROC/SVC, Same MD Post-OP	1/1/2018	RF122
58571	Abdominal Removal Of Uterus (250 Grams Or Less) With Removal Of Tubes and/or Ovaries Using An Endoscope	78 - Return To O.R. For Related Proc Post-OP	1/1/2018	RF122
59400	Obstetrical Pre- And Postpartum Care And Vaginal Delivery	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
59400	Obstetrical Pre- And Postpartum Care And Vaginal Delivery	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
59410	Vaginal Delivery With Post-Delivery Care	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
59410	Vaginal Delivery With Post-Delivery Care	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
59515	Cesarean Delivery With Post-Delivery Care	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
59515	Cesarean Delivery With Post-Delivery Care	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
59610	Vaginal Delivery After Prior Cesarean Delivery	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
59610	Vaginal Delivery After Prior Cesarean Delivery	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
59614	Vaginal Delivery After Prior Cesarean Delivery With Post-Delivery	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
59614	Vaginal Delivery After Prior Cesarean Delivery With Post-Delivery	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132

59618	Routine Obstetric Care Following Attempted Vaginal Delivery After Previous Cesarean Delivery	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
59618	Routine Obstetric Care Following Attempted Vaginal Delivery After Previous Cesarean Delivery	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
59622	Cesarean Delivery After Vaginal Delivery Attempt Due To Prior Cesarean Delivery With Post-Delivery Care	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
59622	Cesarean Delivery After Vaginal Delivery Attempt Due To Prior Cesarean Delivery With Post-Delivery Care	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
61323	Incision or Excision of Skull to Reduce Brain Pressure and Excision of Lobe of Brain	AS – PA Svcs for Assistant/ At Surgery	2/1/2018	RF122; RF132
61323	Incision or Excision of Skull to Reduce Brain Pressure and Excision of Lobe of Brain	80 – Assistant Surgeon	2/1/2018	RF122; RF132
61323	Incision or Excision of Skull to Reduce Brain Pressure and Excision of Lobe of Brain	81 – Minimum Assistant Surgeon	2/1/2018	RF122; RF132
61323	Incision or Excision of Skull to Reduce Brain Pressure and Excision of Lobe of Brain	82 – Assist Surg/Qual Resi- dent Surg Not Available	2/1/2018	RF122; RF132
73565	X-Ray Of Both Knees, Standing, Front To Back View	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
73565	X-Ray Of Both Knees, Standing, Front To Back View	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
77263	Management Of Radiation Therapy, Complex	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
77263	Management Of Radiation Therapy, Complex	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
77280	Management Of Radiation Therapy Simulation, Simple	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
77280	Management Of Radiation Therapy Simulation, Simple	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
77290	Management Of Radiation Therapy, Simulation, Complex	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
77290	Management Of Radiation Therapy, Simulation, Complex	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
77295	Management Of Radiation Therapy, 3d	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
77295	Management Of Radiation Therapy, 3d	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132

77334	Radiation Treatment Devices, Design And Construction, Complex	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
77334	Radiation Treatment Devices, Design And Construction, Complex	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
77427	Radiation Treatment Management, 5 Treatments	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
77427	Radiation Treatment Management, 5 Treatments	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
90791	Psychiatric Diagnostic Evaluation	U9 - ASAM	10/1/2018	RF122; RF132
90792	Psychiatric Diagnostic Evaluation With Medical Services	U9 - ASAM	10/1/2018	RF122; RF132
93000	Routine EKG Using At Least 12 Leads Including Interpretation And Report	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF121; RF122; RF132
93000	Routine EKG Using At Least 12 Leads Including Interpretation And Report	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF121; RF122; RF132
94618	Pulmonary Stress Testing (e.g., 6-Minute Walk Test)	26 – Professional Component	1/1/2018	RF122; RF132
99231	Subsequent Hospital Inpatient Care, Typically 15 Minutes Per Day	Q5 - RECIP BILL ARR SUBS MD OR PT	1/1/2018	RF122; RF132
99231	Subsequent Hospital Inpatient Care, Typically 15 Minutes Per Day	Q6 - FEE/TIME COMP SUBST MD OR PT	1/1/2018	RF122; RF132
99283	Emergency Department Visit, Moderately Severe Problem	QJ - Med Dir Emp Anes 4 Proc\Svs/Itm Prisoner	1/1/2018	RF121
0238T	Transluminal Peripheral Atherectomy	59 - Distinct Procedural Service	1/1/2018	RF121
0238T	Transluminal Peripheral Atherectomy	XE – Separate Encounter, A Separate Encounter That is Distinct	1/1/2018	RF121
0238T	Transluminal Peripheral Atherectomy	XP - Separate Practitioner,	1/1/2018	RF121
0238T	Transluminal Peripheral Atherectomy	XS - Separate Structure,	1/1/2018	RF121
0238T	Transluminal Peripheral Atherectomy	XU - Unusual Non-Overlapping	1/1/2018	RF121
15946*	Removal Of Pressure Sore And Lower Pelvic Bone In Preparation Of Muscle Flap or Skin Graft Closure	AS - PA SVCS For Assistant/At Surgery		RF122; RF132
A0120**	Non-Emergency Transportation: Mini-Bus, Mountain Area	TN – Rural/Outside Provide	10/1/2016	RF122; RF132
A0130**	Non-Emergency Transportation: Wheel-Chair Van	TN – Rural/Outside Provide	10/1/2016	RF122; RF132

Note**: Place of service 06 and 08 have been assigned to these codes.

Note: Code **15946** has been end dated as of 12/31/2017

G6002	Stereoscopic X-Ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy	Q5 - RECIP BILL ARR SUBS MD OR PT	7/1/2017	RF122; RF132
G6002	Stereoscopic X-Ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy	Q6 - FEE/TIME COMP SUBST MD OR PT	7/1/2017	RF122; RF132
H0001	Alcohol And/Or Drug Assessment	U9 - ASAM	10/1/2018	RF122; RF132
H0031	Mental Health Assessment, By Non-Physician	U9 - ASAM	10/1/2018	RF122; RF132
J9019	Injection, Asparaginase (Erwinaze), 1,000 IU	JW - Drug Amt Discarded/ Not A	1/1/2018	RF121
J9042	Injection, Brentuximab Vedotin, 1 Mg	JW - Drug Amt Discarded/ Not A	1/1/2018	RF122
J9205	Injection, Irinotecan Liposome, 1 Mg	JW - Drug Amt Discarded/ Not A	1/1/2018	RF121; RF122; RF132
J9310	Injection, Rituximab, 100 Mg	JW - Drug Amt Discarded/ Not A	1/1/2018	RF121; RF122; RF132
J9355	Injection, Trastuzumag, 10 Mg	JW - Drug Amt Discarded/ Not A	1/1/2018	RF121
T1016	Case Management, Each 15 Minutes	HK - Specialized Mental Health Programs For High- Risk Populations	10/1/2018	RF121; RF122; RF132

MUE Units of Service

The MUE units have been updated to 00001 for CPT 21347 (Open Treatment Of Broken Nasal And Cheek Bones).



Place of Service (POS)

Effective for the dates of service listed, following POS have been added to the system.

Codes	Description	Place of Service	Effective Begin Date
11765	Removal of Skin of Finger or Toe Nail	12 – Home	1/1/2017
11765	Removal of Skin of Finger or Toe Nail	13 – Assisted Living Facility	1/1/2017
11765	Removal of Skin of Finger or Toe Nail	14 – Group Home	1/1/2017
20525	Removal Of Deep Foreign Body In Muscle Or Tendon	11 - Office	1/1/2018
24073	Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area	11 – Office	9/1/2018
26080	Exploration, Drainage, or Removal of Foreign Body of Hand Joint	11 – Office	1/1/2018
26123	Removal Of Tissue Of Palm	11 - Office	1/1/2018
26340	Manipulation of Finger Joint Under Anesthesia	11 – Office	1/1/2018
26410	Removal Of Tissue Of Palm Repair of Hand Tendon	11 - Office	1/1/2018
26645	Closed Treatment Of Broken Thumb With Manipulation	23 – Emergency Room - Hospital	1/1/2018
27767	Closed Treatment Of Posterior Malleolus Fracture	23 – Emergency Room – Hospital	1/1/2018
37248	Balloon Dilation Of First Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation	23 – Emergency Room – Hospital	4/1/2018
44800	Repair Of Congenital Bowel Defect	19 – Off Campus- Outpatient Hospital	1/1/2018
44800	Repair Of Congenital Bowel Defect	22 – Outpatient Hospital	1/1/2018
55866	Surgical Removal Of Prostate And Surrounding Lymph Nodes Using An Endoscope	19 – Off Campus- Outpatient Hospital	8/1/2018
55866	Surgical Removal Of Prostate And Surrounding Lymph Nodes Using An Endoscope	22 – Outpatient Hospital	8/1/2018
77066	Mammography Of Both Breasts	15 – Mobile Unit	1/1/2018
90461	Administration Of Vaccine Or Toxoid Component Through 18 Years Of Age With Counseling	14 – Group Home	8/1/2018
90471	Administration Of 1 Vaccine	13 – Assisted Living Facility	10/1/2018

90473	Administration Of 1 Nasal Or Oral Vaccine	14 – Group Home	8/1/2018
90474	Administration Of Nasal Or Oral Vaccine	14 – Group Home	8/1/2018
90620	Vaccine For Meningococcus For Injection Into Muscle	14 – Group Home	8/1/2018
90621	Vaccine For Meningococcus For Injection Into Muscle	14 – Group Home	8/1/2018
90633	Vaccine For Hepatitis A (2 Dose Schedule) Injection Into Muscle, Pediatric Or Adolescent Dosage	14 – Group Home	8/1/2018
90644	Vaccine For Meningococcal And Haemophilus Influenza B (4 Dose Schedule) Injection Into Muscle, Children 6 Weeks-18 Months Of Age	14 – Group Home	8/1/2018
90647	Vaccine For Haemophilus Influenza B (3 Dose Schedule) Injection Into Muscle	14 – Group Home	8/1/2018
90648	Vaccine For Haemophilus Influenza B (4 Dose Schedule) Injection Into Muscle	14 – Group Home	8/1/2018
90651	Vaccine For Human Papilloma Virus (3 Dose Schedule) Injection Into Muscle	14 – Group Home	8/1/2018
90670	Pneumococcal Vaccine For Injection Into Muscle	14 – Group Home	8/1/2018
90680	Vaccine For Rotavirus (3 Dose Schedule) For Oral Administration	14 – Group Home	8/1/2018
90681	Vaccine For Rotavirus (2 Dose Schedule) For Oral Administration	14 – Group Home	8/1/2018
90685	Vaccine For Influenza For Administration Into Muscle, 0.25 MI Dosage	14 – Group Home	8/1/2018
90687	Vaccine For Influenza For Administration Into Muscle, 0.25 MI Dosage	14 – Group Home	8/1/2018
90688	Vaccine For Influenza For Administration Into Muscle, 0.5 MI Dosage	14 – Group Home	8/1/2018
90696	Vaccine For Diphtheria, Tetanus Toxoids, Acellular Pertussis (Whooping Cough), And Polio For Injection Into Muscle, Patient 4 Through 6 Years Of Age	14 – Group Home	8/1/2018
90698	Vaccine For Diphtheria, Tetanus Toxoids, Acellular Pertussis (Whooping Cough), Haemophilus Influenza Type B, And Polio For Injection Into Muscle	14 – Group Home	8/1/2018
90700	Vaccine For Diphtheria, Tetanus, And Acellular Pertussis (Whooping Cough) Injection Into Muscle, Child Younger Than 7 Years	14 – Group Home	8/1/2018

90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	03 - School	10/01/2018
96020	Neurofunctional Testing During Functional Magnetic Resonance Imaging (MRI) Of the Brain	21 - Inpatient Hospital	8/6/2018
96153	Health and Behavior Intervention, group each 15 minutes	03 - School	10/01/2018
96154	Health and Behavior Intervention, family and patient, each 15 minutes	03 - School	10/01/2018
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	03 - School	10/01/2018
98962	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	03 - School	10/01/2018
98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	03 - School	10/01/2018
98967	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	03 - School	10/01/2018
98968	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical	03 - School	10/01/2018

99201	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision-making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018
99202	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: expanded problem focused history; an expanded problem focused exam; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018
99203	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018
99204	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018

99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not required the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	03 - School	10/01/2018
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018

99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018
99241	Patient Office Consultation, Typically 15 Minutes	02 - Services Provided/Received, Through Telecommunication	10/1/2017
99241	Office consultation for a new or established patient, which requires these 3 key components: a problem-focused history; a problem-focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018
99242	Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision-making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018

99245	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and, medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.	03 - School	10/01/2018
99245	Patient Office Consultation, Typically 80 Minutes	02 - Services Provided/Received, Through Telecommunication-	10/1/2017
99251	Inpatient Hospital Consultation, Typically 20 Minutes	02 - <i>Services Provided/Received, Through Telecommunication-</i>	10/1/2017
99252	Inpatient Hospital Consultation, Typically 40 Minutes	02 - Services Provided/Received, Through Telecommunication-	10/1/2017
99253	Inpatient Hospital Consultation, Typically 55 Minutes	02 - Services Provided/Received, Through Telecommunication-	10/1/2017
99441	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	03 - School	10/01/2018
99442	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	03 - School	10/01/2018
99443	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	03 - School	10/01/2018

99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network	03 - School	10/01/2018
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team	03 - School	10/01/2018
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies	03 - School	10/01/2018

99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment	03 - School	10/01/2018
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	03 - School	10/01/2018
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	03 - School	10/01/2018
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	03 - School	10/01/2018
0394T	High Dose Rate Electronic Brachytherapy	19 -Off Campus-Outpatient Hospital	1/1/2018
0394T	High Dose Rate Electronic Brachytherapy	21 –Inpatient Hospital	1/1/2018
0394T	High Dose Rate Electronic Brachytherapy	22 – Outpatient Hospital	1/1/2018
0394T	High Dose Rate Electronic Brachytherapy	24 – Ambulatory Surgical Center	1/1/2018

0395T	High Dose Rate Electronic Brachytherapy	19 - Off Campus-Outpatient Hospital	1/1/2018
0395T	High Dose Rate Electronic Brachytherapy	21 – Inpatient Hospital	1/1/2018
0395T	High Dose Rate Electronic Brachytherapy	22 – Outpatient Hospital	1/1/2018
0395T	High Dose Rate Electronic Brachytherapy	24 – Ambulatory Surgical Center	1/1/2018
H2014	Skills training and development, per 15 minutes	03 - School	10/01/2018
H2017	Psychosocial rehabilitation living skills training services, per 15 minutes	03 - School	10/01/2018
H2025	Ongoing support to maintain employment, per 15 minutes	03 - School	10/01/2018
H2027	Psychoeducational service (pre-job training and development), per 15 minutes	03 - School	10/01/2018
L8692	Auditory Osseointegrated Device, External Sound Processor	19 - Off Campus-Outpatient Hospital	1/1/2018
L8692	Auditory Osseointegrated Device, External Sound Processor	22 – Outpatient Hospital	1/1/2018
L8693	Auditory Osseointegrated Device Abutment, Any Length	19 – Off Campus-Outpatient Hospital	1/1/2018
L8693	Auditory Osseointegrated Device Abutment, Any Length	22 - Outpatient Hospital	1/1/2018
Q4100	Skin Substitute, Not Otherwise Specified	11 – Office	10/1/2018
Q4121	Theraskin, Per Square Centimeter	11 - Office	10/1/2018
S5110	Home care training, family (family support), per 15 minutes	03 - School	10/01/2018
S9126	Hospice Care, In The Home, Per Diem	12 - Home	1/1/2018

Procedure Daily Maximum

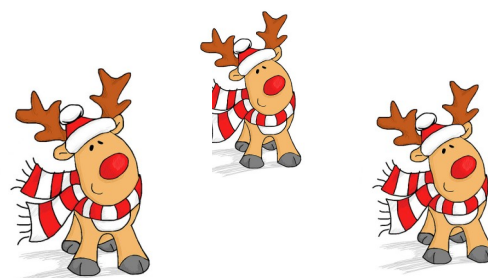
- The procedure daily maximum for HCPCS code A4602 (Replacement Battery for External Infusion Pump) has been changed to (1) one.
- The following codes have had their procedure daily maximum limits updated on the reference screens RF113 and RF127.

Provider Type

Effective for dates of service listed the following CPT/HCPCS codes have been added to the provider's type rate schedule. If a modifier is needed to report the code it has been listed.

Code	Description	Provider Type	Modifier	Effective
0359T	Behavior Identification Assessment	14 – Physical Therapist		01/01/2018
0359T	Behavior Identification Assessment	31 – DO-Physician Os-		01/01/2018
21013	Removal Of (Less Than 2 Centimeters) Muscle Growth Of Face And	18 – Physician's Assistant	AS – PA SVCS for Assistant/At Surgery	01/01/2017
21013	Removal Of (Less Than 2 Centimeters) Muscle Growth Of Face And	18 – Physician's Assistant	80 – Assistant Surgeon	01/01/2017
21013	Removal Of (Less Than 2 Centimeters) Muscle Growth Of Face And	18 – Physician's Assistant	81 – Minimum Assistant Surgeon	01/01/2017
21013	Removal Of (Less Than 2 Centimeters) Muscle Growth Of Face And Scalp	18 – Physician's Assistant	82 - Assist Surg/Qual Resident Surg Not Avail	01/01/2017
23473	Revision Of Total Shoulder Arthroplasty	19 – Registered Nurse Practitioner	AS – PA SVCS for Assistant/At Surgery	01/01/2018
31502	Change Of Breathing Tube Of Wind-	19 - Registered Nurse		01/01/2018
31623	Examination Of Lung Airways Using An Endoscope	19 – Registered Nurse Practitioner		01/01/2018
38222	Bone Marrow Biopsy & Aspiration	18 – Physician's Assis-		01/01/2018
64400	Injection Of Anesthetic Agent, Tri-	19 – Registered Nurse		10/01/2018
64405	Injection Of Anesthetic Agent, Great-	19 – Registered Nurse		10/01/2018
64505	Injection Of Anesthetic Agent, Trigeminal Nerve Bundle	19 – Registered Nurse Practitioner		10/01/2018
64615	Injection Of Chemical For Destruction Of Facial And Neck Nerve Mus-	19 – Registered Nurse Practitioner		10/01/2018
64616	Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Ac-	19 – Registered Nurse Practitioner		10/01/2018
64642	Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or	19 – Registered Nurse Practitioner		10/01/2018

Code	Description	Provider Type	Effective Begin Date	Com-
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	08 - MD-Physician	01/01/2018	
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	10 - Podiatrist	01/01/2018	
G0515	Development Of Cognitive Skills To Improve Attention, Memory, Problem Solving (Includes Compensatory Training), Direct (One-On-One) Patient Contact, Each 15	15 - Speech/Hearing Therapist	01/01/2018	
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	18 - Physician's Assistant	01/01/2018	
G9678	Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment For OCM Enhanced Services. G9678 Payments May Only Be Made To OCM Practitioners for OCM Beneficiaries For The Furnishment Of Enhanced Services As Defined In The OCM Participation Agreement	18 - Physician's Assistant	01/01/2018	
G9678	Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment For OCM Enhanced Services. G9678 Payments May Only Be Made To OCM Practitioners for OCM Beneficiaries For The Furnishment Of Enhanced Services As Defined In The OCM Participation Agreement	19 - Registered Nurse Practitioner	01/01/2018	
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	19 -Registered Nurse Practitioner	01/01/2018	
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	31 - DO-Physician Osteopath	01/01/2018	
12052	Repair, Intermediate, Wounds of Face, Ears, Eyelids	19 - Registered Nurse Practitioner	01/01/2018	POS 20 (Urgent Care Facil-
44800	Repair of Congenital Bowel Defect	02 - Hospital	01/01/2018	
90853	Group psychotherapy (other than of a multiple-family group)	IC - Integrated Clinics	09/01/2018	
90870	Shock Treatment and Monitoring	71 - Psychiatric Hospital	01/01/2018	



Code	Description	Provider Type	Modifier	Effective Begin Date
64643	Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 1-4 Muscles	19 – Registered Nurse Practitioner		10/01/2018
64644	Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles	19 – Registered Nurse Practitioner		10/01/2018
64645	Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles	19 – Registered Nurse Practitioner		10/01/2018
92609	Therapeutic Services For Use Of Speech-Generating Device With Programming	SA - Speech Language Pathology Assistant		01/01/2017
96374	Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	02 – Hospital		01/01/2018

- Effective for dates of service listed the following CPT/HCPCS codes have been added to the provider type listed.

Code	Description	Provider Type	Effective Begin Date	Comments
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	08 - MD-Physician	01/01/2018	
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	10 - Podiatrist	01/01/2018	
G0515	Development Of Cognitive Skills To Improve Attention, Memory, Problem Solving (Includes Compensatory Training), Direct (One-On-One) Patient Contact, Each 15 Minutes	15 - Speech/ Hearing Therapist	01/01/2018	
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	18 - Physician's Assistant	01/01/2018	
G9678	Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment For OCM Enhanced Services. G9678 Payments May Only Be Made To OCM Practitioners for OCM Beneficiaries For The Furnishment Of Enhanced Services As Defined In The OCM Participation Agreement	18 - Physician's Assistant	01/01/2018	
G9678	Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment For OCM Enhanced Services. G9678 Payments May Only Be Made To OCM Practitioners for OCM Beneficiaries For The Furnishment Of Enhanced Services As Defined In The OCM Participation Agreement	19 - Registered Nurse Practitioner	01/01/2018	
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	19 -Registered Nurse Practitioner	01/01/2018	
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	31 - DO-Physician Osteopath	01/01/2018	

Code	Description	Provider Type	Effective Begin Date	Comments
12052	Repair, Intermediate, Wounds of Face, Ears, Eyelids	19 - Registered Nurse Practitioner	01/01/2018	POS 20 (Urgent Care Facility)
44800	Repair of Congenital Bowel Defect	02 - Hospital	01/01/2018	
90853	Group psychotherapy (other than of a multiple-family group)	IC - Integrated Clinics	09/01/2018	
90870	Shock Treatment and Monitoring	71 - Psychiatric Hospital	01/01/2018	

- Effective for dates of service on or after January 1, 2018 the CPT code 96365 (Infusion Into a Vein for Therapy, Prevention, or Diagnosis up to 1 Hour) can be reported by provider type 05 (Clinic).
- Effective for dates of service on or after **January 1, 2019** the HCPCS code H0031(Mental Health Assessment, By Non-Physician) can be reported by provider type A4 (Lic Indep Substance Abuse Couns (LISAC)).
- Effective for November 1, 2018 the following codes have been **end dated** for the provider type 54 (Affiliated Dental Hygienist):

Code	Description
D0251	Extra-Oral Posterior Dental Radiographic Image
D0422	Collection And Preparation Of Genetic Sample Material For Laboratory Analysis & Report
D0423	Genetic Test For Susceptibility To Diseases - Specimen Analysis

New Codes

Effective for dates of service on or after October 1, 2018 the following codes have been added to the reference system. For further information refer to the respective screens.

Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 mcg
C9033	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
C9034	Injection, dexamethasone 9%, intraocular, 1 mg
C9750	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation and peri-operative interrogation and programming, complete system (includes device and electrode)
G9978	Remote in-home visit for the evaluation and management if a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A problem focused history; problem focused examination; and straightforward medical decision making, furnished in a real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunication technology
G9979	Remote in-home visit for the evaluation and management if a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A expanded problem focused history; expanded problem focused examination; and straightforward medical decision making, furnished in a real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunication technology
G9980	Remote in-home visit for the evaluation and management if a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A detailed history; detailed examination; and Medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually the presenting problem(s) are of moderate. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunication technology
G9981	Remote in-home visit for the evaluation and management if a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A comprehensive history; comprehensive examination; and Medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually the presenting problem(s) are moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunication technology
G9982	Remote in-home visit for the evaluation and management if a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A comprehensive history; comprehensive examination; and Medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually the presenting problem(s) are moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video

G9983	Remote in-home visit for the evaluation and management if an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A problem focused history; problem focused examination; and straightforward medical decision making, furnished in a real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunication technology
G9984	Remote in-home visit for the evaluation and management if an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A expanded problem focused history; expanded problem focused examination; and straightforward medical decision making, furnished in a real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunication technology
G9985	Remote in-home visit for the evaluation and management if an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A detailed history; detailed examination; and Medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunication technology
G9986	Remote in-home visit for the evaluation and management if an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A comprehensive history; comprehensive examination; and Medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem (s) and the needs of the patient or the family or both. Usually the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunication technology
G9987	Bundled Payments for Care Improvement Advanced (BPCI Advanced) model home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services; for use only for a BPCI Advanced model episode of care; may not be billed for a 30-day period covered by a transitional care management code.

Revenue Code

- Effective for dates of service on or after January 1, 2018 the revenue code 0333 (Radiation RX) has been added to the procedure code 77768 (High Dose Brachytherapy Through Skin Surface, 2 Channels Or More Than 2.0 cm).
- Effective for dates of service on or after January 1, 2017 the Revenue Code 0636 (Drugs/Detail Coding) can be reported with the HCPCS code J0595 (Injection, Butorphanol Tartrate, 1 mg).

