



ENCOUNTER KEYS

January-February 2022

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Age Change

- ◆ The CPT code 0054A (Administration of Coronavirus Vaccine 6, Reserved) has an age change to 15 years-999 years.
- ◆ The age has been changed for HCPCS code S5140 (Foster Care, Adult; Per Diem) to minimum 21 years and maximum 999 years.

Codes

Effective for dates of service listed the following codes have been added to the Reference Screen.

G1028	Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	01/01/2022
XW033H6	(Introduction of Other New Technology Monoclonal Antibody into Peripheral Vein, Percutaneous Approach, New Technology Group)	01/01/2021
XW043H6	Introduction of Other New Technology Monoclonal Antibody into Central Vein, Percutaneous Approach, New Technology Group 6	01/01/2021



Coverage Code

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

Code	Description	Coverage Code	Effective Begin Date
63053	Partial Removal of Bone of Additional Segment of Spine in Lower Back with Release of Spinal Cord and/or Nerves During Fusion of Spine in Lower Back	01 - Covered Service/Code Available	1/1/2022
64628	Heat Destruction of Intraosseous Basivertebral Nerve	01 - Covered Service/Code	1/1/2022
66989	Complex Extracapsular Removal of Cataract with Insertion of Artificial Lens and Insertion of Drainage Device in Front Chamber of Eye	01 - Covered Service/Code Available	1/1/2022
66991	Extracapsular Removal of Cataract with Insertion	01 - Covered Service/Code Available	1/1/2022
69716	Implantation Of Cochlear Stimulating System into Skull with Magnetic Attachment to External Speech Processor	01 - Covered Service/Code Available	1/1/2022
69719	Revision Or Replacement of Cochlear Stimulating System	01 - Covered Service/Code Available	1/1/2022
69726	Removal Of Cochlear Stimulating System from Skull with Attachment Through Skin to External Speech Processor	01 - Covered Service/Code Available	1/1/2022
69727	Removal Of Cochlear Stimulating System from Skull with Magnetic Attachment to External Speech Processor	01 - Covered Service/Code Available	1/1/2022
86036	Screening Test for Antineutrophil Cytoplasmic Antibody	01 - Covered Service/Code Available	1/1/2022
86037	Antineutrophil Cytoplasmic Antibody Titer	01 - Covered Service/Code Available	1/1/2022
86231	Detection of Endomysial Antibody (EMA)	01 - Covered Service/Code Available	1/1/2022
86258	Detection Of Gliadin (Deamidated) (DGP) Antibody	01 - Covered Service/Code Available	1/1/2022
86364	Measurement Of Tissue Transglutaminase	01 - Covered Service/Code Available	1/1/2022
86381	Measurement Of Mitochondrial Antibody	01 - Covered Service/Code Available	1/1/2022
86596	Measurement Of Voltage-Gated Calcium Channel Antibody	01 - Covered Service/Code Available	1/1/2022
87154	Amplified Nucleic Acid Probe Typing of Disease Agent In Blood Culture Specimen	01 - Covered Service/Code Available	1/1/2022

Code	Description	Coverage Code	Effective Begin Date
98981	Remote Therapeutic Monitoring Treatment Management Services by Physician Or Other Qualified Health Care Professional, Each Additional 20 Minutes Per Calendar Month	01 - Covered Service/Code Available	1/1/2022
99425	Principal Care Management Services for A Single High-Risk Disease	01 - Covered Service/Code Available	1/1/2022
99437	Chronic Care Management Services for Two Or More Chronic Condition	01 - Covered Service/Code Available	1/1/2022
0678T	Repositioning Of Additional Lead of Permanent Implantable Synchronized Diaphragmatic Stimulation System	01 - Covered Service/Code Available	1/1/2022
0689T	Removal Of Permanent Implantable Synchronized Diaphragmatic Stimulation System for Augmentation of Heart Function Using a Laparoscope	01 - Covered Service/Code Available	1/1/2022
0690T	Quantitative Ultrasound Tissue Characterization	01 - Covered Service/Code Available	1/1/2022
C9290	Injection, Bupivacaine Liposome, 1 mg	01 - Covered Service/Code Available	8/1/2020
G0513	Prolonged Preventive Service(s) (Beyond the Typical Service Time of The Primary Procedure), In the Office or Other Outpatient Setting Requiring Direct Patient Contact Beyond the Usual Service; First 30 Minutes (List Separately in Addition to Code for Preventive Service)	09 – Medicare Only	1/1/2022
G0514	Prolonged Preventive Service(s) (Beyond the Typical Service Time of The Primary Procedure), In the Office or Other Outpatient Setting Requiring Direct Patient Contact Beyond the Usual Service; Each Additional 30 Minutes (List Separately in Addition to Code G0513 For	09 – Medicare Only	1/1/2022
G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s)	09 – Medicare Only	1/1/2021
M0245	Intravenous Infusion, Bamlanivimab and Etesevimab, Includes Infusion and Post Administration Monitoring	01 - Covered Service/Code Available	2/9/2021
M0246	Intravenous Infusion, Bamlanivimab and Etesevimab, Includes Infusion and Post Administration Monitoring in The Home or Residence; This Includes A Beneficiary's Home That Has Been Made Provider Based To The Hospital During The Covid 19 Public Health Emergency	01 - Covered Service/Code Available	7/1/2021
M1072	Radiation Therapy for Anal Cancer Under the Radiation Oncology Model, 90 Day Episode, Professional Component	10 - Non-Pay Category 2 Codes	1/1/2022
M1073	Radiation Therapy for Anal Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component	10 - Non-Pay Category 2 Codes	1/1/2022

Codes

The following codes are recycled with new descriptions, and available for dates of service 1/1/2022.

Codes				
G0030	G0035	G0040	G0045	G0052
G0031	G0036	G0041	G0046	G0053
G0032	G0037	G0042	G0047	G0061
G0033	G0038	G0043	G0050	G0064
G0034	G0039	G0044	G0051	G0065

New Codes

Effective for January 1, 2022 the following CPT/HCPCS codes have been added to the reference system.

Codes	Codes	Codes	Codes	Codes	Codes	Codes	Codes	Codes	Codes	Codes
01937	0678T	0712T	77091	93597	D3911	G0045	G4005	G9988	M1088	
01938	0679T	0713T	77092	93598	D3921	G0046	G4006	G9989	M1089	
01939	0680T	33267	80220	94625	D4322	G0047	G4007	G9990	M1094	
01940	0681T	33268	80503	94626	D4323	G0048	G4008	G9991	M1095	
01941	0682T	33269	80504	98975	D5227	G0049	G4009	G9992	M1096	
01942	0683T	33370	80505	98976	D5228	G0050	G4010	G9993	M1097	
0285U	0684T	33509	80506	98977	D5725	G0051	G4011	G9994	M1098	
0286U	0685T	33894	81349	98980	D5765	G0052	G4012	G9995	M1099	
0287U	0686T	33895	81523	98981	D6198	G0053	G4013	G9996	M1072	
0288U	0687T	33897	81560	99424	D7298	G0054	G4014	G9997	M1073	
0289U	0688T	42975	82653	99425	D7299	G0055	G4015	G9998	M1072	
0290U	0689T	43497	83521	99426	D7300	G0056	G4016	G9999	M1073	
0291U	0690T	53451	83529	99427	D9912	G0057	G4017	J0172	M1074	
0292U	0691T	53452	86015	99437	D9947	G0058	G4018	J1952	M1072	
0293U	0692T	53453	86036	A2001	D9948	G0059	G4019	J2506	Q2055	
0294U	0693T	53454	86037	A2002	D9949	G0060	G4020	J9021	Q4199	
0295U	0694T	61736	86051	A2003	E1629	G0061				

Indicator

The Lab indicator has been removed from the CPT code 86328 (Test For Detection of Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Antibody, Qualitative or Semiquantitative) on the reference screens.

Prior Authorization (PA)

- Effective for January 1, 2021 the PA (4 - PA Not Req'd For Acute or LTC) has been added to the ICD-10 code XW033H6 (Introduction Of Other New Technology Monoclonal).
- Effective for January 1,2022 the following CPT codes have been added to the Reference System on RF124.

Code	Description	PA Code
63053	Partial Removal of Bone of Additional Segment Of Spine	3 - PA Req'd for Both Acute & LTC
64628	Heat Destruction of Intraosseous Basivertebral Nerve	3 - PA Req'd for Both Acute & LTC
66989	Complex Extracapsular Removal of Cataract	3 - PA Req'd for Both Acute & LTC
66991	Extracapsular Removal of Cataract	3 - PA Req'd for Both Acute & LTC
69716	Implantation Of Cochlear Stimulating System into Skull	3 - PA Req'd for Both Acute & LTC
69726	Removal Of Cochlear Stimulating System from Skull	3 - PA Req'd for Both Acute & LTC
69727	Removal Of Cochlear Stimulating System from Skull	3 - PA Req'd for Both Acute & LTC
86036	Screening Test for Antineutrophil Cytoplasmic Antibody	4 - PA Not Req'd For Acute or LTC
86037	Antineutrophil Cytoplasmic Antibody Titer	4 - PA Not Req'd For Acute or LTC
86231	Detection Of Endomysial Antibody (EMA)	4 - PA Not Req'd For Acute or LTC
86258	Detection Of Gliadin (Deamidated) (DGP) Antibody	4 - PA Not Req'd For Acute or LTC
86364	Measurement Of Tissue Transglutaminase	4 - PA Not Req'd For Acute or LTC
86381	Measurement Of Mitochondrial Antibody	4 - PA Not Req'd For Acute or LTC
86596	Measurement Of Voltage-Gated Calcium Channel Antibody	4 - PA Not Req'd For Acute or LTC
87154	Amplified Nucleic Acid Probe Typing Of Disease Agent	4 - PA Not Req'd For Acute or LTC
98981	Remote Therapeutic Monitoring Treatment Management Service	4 - PA Not Req'd For Acute or LTC
99425	Principal Care Management Services	4 - PA Not Req'd For Acute or LTC
99437	Chronic Care Management Services for Two Or More Chronic	4 - PA Not Req'd For Acute or LTC
0673T	Laser Destruction of Benign Growth of Thyroid	3 - PA Req'd for Both Acute & LTC
0678T	Repositioning Of Additional Lead of Permanent	3 - PA Req'd for Both Acute & LTC
0689T	Quantitative Ultrasound Tissue Characterization	4 - PA Not Req'd For Acute or LTC
0690T	Quantitative Ultrasound Tissue Characterization	4 - PA Not Req'd For Acute or LTC



Modifiers

- Effective for dates of service January 1, 2022 the following CPT codes have the modifier FQ (The Service Was Furnished Using Audio-On) added to the Reference Screens.

99211	99212	99213	99214
99215	99202	99203	99204
99205	99417	99354	99355
99356	99357	99358	99359

- Effective for December 31, 2021 the modifier UD (Telehealth/MCD LVL CA) has been **end dated** for the codes listed below, and; effective for January 1, 2021 the modifier FQ (The Service Was Furnished Using Audio-Only) has been added.

Codes					
96127	96133	96139	97129	H0004	H2033
96130	96136	96156	97130	H0031	T1002
96131	96137	96160	H0001	H0034	T1003
96132	96138	96161	H0002	H2027	T1015

- The following modifiers have been added to the Reference system.

Code	Description	Modifier	Begin Date
0544T	Reconstruction of Junction Between Upper Left and Lower Left Chambers of Heart	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/01/2021
0545T	Reconstruction of Junction Between Upper Right and Lower Right Chambers of Heart	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/01/2021
0613T	Implantation Of Shunt in Partition Between Upper Heart Chambers Via Catheter, Accessed Through Skin	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/01/2021
27045	Removal (5 Centimeters or Greater) Muscle Growth of Pelvis or Hip	AS - PA Services for Assistant/At Surgery	01/01/2021
32560	Catheter Installation of Agent onto Lung Surface	78 - Return to O.R. For Related Proc Post-OP	09/01/2021
33274	Insertion Or Replacement of Permanent Leadless Pacemaker into Lower Right Chamber of Heart Via Catheter Using Imaging Guidance	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/01/2021
33275	Removal Of Permanent Leadless Pacemaker from Lower Right Chamber of Heart Via Catheter Using Imaging Guidance	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/01/2021
33340	Repair of Left Upper Heart	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/01/2021
37214	Removal of catheter in artery or vein including radiological supervision and interpretation	LT - Identifies Left Side	01/01/2021
37214	Removal of catheter in artery or vein including radiological supervision and interpretation	RT - Identifies Right Side	01/01/2021

Code	Description	Modifier	Begin Date
49205	Removal Or Destruction Of (Greater Than 10.0 Centimeters) Abdominal Cavity Growths, Cysts, Or Abnormal Tissue, Open Procedure	58 - Staged/Related Proc Same Post-OP Period	1/1/2021
75774	Radiological Supervision and Interpretation of Imaging of Artery	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2021
81256	Gene Analysis (Hemochromatosis) Common Variants	59 - Distinct Procedural Service	1/1/2021
81256	Gene Analysis (Hemochromatosis) Common Variants	91 - Rep. Lab Test/Non-Emg. 911	1/1/2021
87801	Detection Test by Nucleic Acid for Multiple Organisms, amplified probe(s) technique	QW - CLIA Waived Test	3/30/2021
92607	Evaluation Of Patient with Prescription of Speech-Generating and Alternative Communication Device	TN - Rural/Outside Providers' Customary Services	11/20/2020
92608	Evaluation And Prescription of Speech-Generating and Alternative Communication Device	TN - Rural/Outside Providers' Customary Services	11/20/2020
92609	Therapeutic Services for Use of Speech-Generating Device with Programming	TN - Rural/Outside Providers' Customary Services	11/20/2020
93463	Drug Infusion During Cardiac Catheterization	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2021
93464	Drug Infusion or Exercise for Heart Stimulation During Diagnostic Study	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2021
93565	Injection For X-Ray Imaging of Left Upper or Lower Heart	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2021
93566	Injection For X-Ray Imaging of Right Upper or Lower Heart	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2021
93567	Injection For X-Ray Imaging of Aorta Above Heart Valve	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2021
93580	Catheter Based Closure of Congenital Interatrial Defect with Implant, Accessed Through the Skin	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2021
93581	Catheter Based Closure of Congenital Heart Defect with Implant, Accessed Through the Skin	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2021
93583	Therapy For Reduction of Lower Heart Chamber Defect Via Catheter Accessed Through the Skin	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2021
93662	Ultrasound Evaluation of Heart Blood Vessel	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2021
A9585	Injection, Gadobutrol, 0.1 ml	JW - Drug Amt Discarded/No	10/1/2021
A9901	DME Delivery, Set Up, and/or Dispensing Service Component of Another HCPCS Code	TN - Rural/Outside Provide	11/20/2020

Code	Description	Modifier	Begin Date
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90, Per Source	59 - Distinct Procedural Service	7/1/2021
E0603	Breast Pump, Electric (AC and/or DC), Any Type	SC - Medically Necessary Services or Supply	3/1/2021
Q9956	Injection, Octafluoropropane Microspheres, Per ml	JW - Drug Amt Discarded/No	10/1/2021

Modifier Date Change

- The HCPCs code H0025 (Behavioral Health Prevention Education Service) modifier UD (Telehealth/MCD LVL Care 13) now has a begin date of 03/17/2020 and end date of 10/01/2020.
- The date for the modifier QW (CLIA Waived Test) has changed for CPT code 86328 to September 23, 2020.

Mt. Graham Regional Medical Center

Mt. Graham Regional Medical Center became a CAH effective 10/01/2021. As a result, rates have been updated in PMMIS on both the PR050 and PR058 screens for services dated 10/01/2021 and after. Please identify any applicable claims for these rates and time frames and reprocess them accordingly. Please refer to reference screens for updat-

Place of Service

The POS have been added to the system.

Code	Description	Place of Service	Effective Begin
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	05 - Indian Health Service Free-Standing	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	06 - Indian Health Service Provider-Bas	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	07 Tribal 638 Free-Standing Facility	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	11 - Office	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	19 - Off Campus-Outpatient Hospital	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	21 - Inpatient Hospital	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	22 - Outpatient Hospital	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	24 - Ambulatory Surgical Center	1/1/2022
J2506	Injection, Pegfilgrastim, Excludes Biosimilar, 0.5 mg	72 – Rural Health Clinic	1/1/2022
J9177	Injection, Enfortumab Vedotin-Ejfv, 0.25 mg	11 – Office	7/1/2021
J9349	Injection, Tafasitamab-Cxix, 2 mg	11 - Office	4/1/2021
L6713	Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size, Pediatric	12 – Home	6/1/2021

Procedure Daily Maximum

The Procedure Daily Limits have been changed for the following codes.

Code	Description	Limit
63053	Partial Removal of Bone of Additional Segment of Spine in Lower Back with Release Of Spinal Cord And/or Nerves During Fusion Of Spine In Lower Back	2
64628	Heat Destruction of Intraosseous Basivertebral Nerve in Bones	2
66989	Complex Extracapsular Removal of Cataract with Insertion of Artificial Lens and Insertion of Drainage Device in Front Chamber Of Eye	2
66991	Extracapsular Removal of Cataract with Insertion of Artificial Lens and Insertion of Drainage Device in Front Chamber of Eye	2
69716	Implantation Of Cochlear Stimulating System into Skull with Magnetic Attachment to External Speech Processor	2
69719	Revision Or Replacement of Cochlear Stimulating System into Skull with Magnetic Attachment to External Speech Processor	2
69726	Removal Of Cochlear Stimulating System from Skull with Attachment	2
69727	Removal Of Cochlear Stimulating System from Skull with Magnetic Attachment to External Speech Processor	2
86036	Screening Test for Antineutrophil Cytoplasmic Antibody	1
86037	Antineutrophil Cytoplasmic Antibody Titer	1
86231	Detection Of Endomysial Antibody (EMA)	1
86258	Detection Of Gliadin (Deamidated) (DGP) Antibody	1
86364	Measurement Of Tissue Transglutaminase	1
86381	Measurement Of Mitochondrial Antibody	1
86596	Measurement Of Voltage-Gated Calcium Channel Antibody	1
87154	Amplified Nucleic Acid Probe Typing of Disease Agent in Blood Culture Specimen	1
88350	Antibody Evaluation, Each Additional Single Antibody Stain Procedure	9
90759	Vaccine For Hepatitis B (3 Dose Schedule) For Injection	1
98976	Device Supply with Schedule Recording and Transmission	1



Code	Description	Limit
98977	Device Supply with Schedule Recording and Transmission	1
98980	Remote Therapeutic Monitoring Treatment Management Services	1
98981	Remote Therapeutic Monitoring Treatment Management Services by Physician or Other Qualified Healthcare Professional, Each Additional 20 Minutes Per Calendar Month	2
99424	Principal Care Management Services for A Single High-Risk Disease	1
99425	Principal Care Management Services for A Single High-Risk Disease, Each Additional 30 Minutes Provided Personally by Qualified Health Care Professional, Per Calendar Month	3
99426	Principal Care Management Services for A Single High-Risk Disease	1
99427	Principal Care Management Services for A Single High-Risk Disease	2
99437	Chronic Care Management Services for Two Or More Chronic Conditions, Additional 30 Minutes Provided Personally by Health Care Professional, Per Calendar Month	3
0678T	Podiatry MIPS Specialty Set	2
0689T	Palliative Care Services Provided to Patient Any Time	1
0690T	Documentation Of Medical Reason(s)	1
0696T	Patients Who Use Palliative Care Services Any Time Dur	1
0703T	Management Services for Remote Therapeutic Monitoring	1
0705T	Surveillance Center Technical Support for Remote Treat	1
0706T	Health Care Professional Interpretation and Report Of	1
A4436	Irrigation Supply; Sleeve, Reusable, Per Month	1
A4437	Irrigation Supply; Sleeve, Disposable, Per Month	1
C9085	Injection, Avalglucosidase ALFA-NGPT, 4 mg	750
G1028	Take-Home Supply of Nasal Naloxone; 2-Pack Of 8mg Per	1
G2212	Prolonged Office or Other Outpatient Evaluation and Management	1
J0172	Injection, Aducanumab-AVWA, 2 mg	900
J1952	Leuprolide Injectable, CAMCEVI, 1 mg	42
Q2055	Idecabtagene Vicleucel, Up To 460 million Autologous B	1

Provider Type

Effective for dates of service listed the following CPT/HCPCS codes have been added to the providers profile.

Code	Description	Provider Type	Effective Begin Date
27045	Removal (5 Centimeters or Greater) Muscle Growth of Pelvis or Hip	18 - Physician's Assistant	1/1/2021
28475	Closed Treatment of Broken Foot with Manipulation	19 - Registered Nurse Practitioner	10/1/2021
29705	Removal Or Bivalving of Full Arm or Leg Cast	13 – Occupational Therapist	10/1/2021
70140	X-Ray Of Face Bones, 1-2 Views	07 - Dentist	10/1/2021
70220	X-Ray Of Paranasal Sinus, Minimum Of 3 Views	07 - Dentist	10/1/2021
87633	Detection Test by Nucleic Acid for Multiple Types of Respiratory	18 - Physician's Assistant	1/1/2021
95972	Electronic Analysis of Implanted Brain, Spinal Cord or Peripheral Stimulation Device with Complex Spinal Cord or Peripheral Nerve Stimulator Programming	IC – Integrated Clinics	10/1/2020
98940	Chiropractic Manipulative Treatment, 1-2 Spinal Regions	16 - Chiropractor	10/1/2021
99453	Remote Monitoring of Physiologic Parameters, Initial Set-Up, and Patient Education on Use of Equipment	BC - Board Certified Behavior Analyst	10/1/2021
99454	Remote Monitoring of Physiologic Parameters, Initial Supply of Devices with Daily Recordings or Programmed Alerts Transmission, Each 30 Days	BC - Board Certified Behavior Analyst	10/1/2021
99492	Initial Psychiatric Collaborative Care Management, first 70 Minutes	29 - Community/Rural Health Center	10/1/2021
99492	Initial Psychiatric Collaborative Care Management, first 70 Minutes	C2 - Federally Qualified Health Center (FQHC)	10/1/2021
99493	Subsequent Psychiatric Collaborative Care Management, first 60 Mi	29 - Community/Rural Health Center	10/1/2021
99493	Subsequent Psychiatric Collaborative Care Management, first 60 Mi	C2 - Federally Qualified Health Center (FQHC)	10/1/2021
99494	Initial Or Subsequent Psychiatric Collaborative Care Management,	29 - Community/Rural Health Center	10/1/2021
99494	Initial Or Subsequent Psychiatric Collaborative Care Management,	C2 - Federally Qualified Health Center (FQHC)	10/1/2021
0449T	Insertion of Initial Aqueous Fluid Drainage Device into Eye	43 - Ambulatory Surgical Center	1/1/2021
96372*	Injection Beneath the Skin or Into Muscle for Therapy, Diagnosis, Or Prevention	05 - Clinic	6/1/2020
J7296	Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg	09 - Certified Nurse-Midwife	6/1/2021
Q4244	Procenta, Per 200 mg	10 - Podiatrist	7/1/2020
S5140	Foster Care, Adult; Per Diem	A5 - Behavioral Health Therapeutic Home	10/1/2021

Notes: S5140 for the Adults only; *96372 has had it's begin date changed;

Provider type 18 can report 27045 with modifier AS

Revenue Codes

Effective for dates listed the following revenue codes have been added to the HCPCS codes.

Revenue Code	Code	Description	Effective Date
0490	J9272	Injection, Dostarlimab-GXLY, 10 mg	01/01/2022
0490	0699T	Injection Of Medication Into Posterior Chamber Of Eye	01/01/2022
0636	J1980	Injection, Hyoscyamine Sulfate, Up To 0.25 mg	01/01/2021
0636	J0461	Injection, Atropine Sulfate, 0.01 mg	01/01/2021
0636	J0171	Injection, Adrenalin, Epinephrine, 0.1 mg	01/01/2021
0636	Q0244	Injection, Casirivimab And Imdevimab, 1200 mg	06/03/2021