

ENCOUNTER KEYS

July-August 2022



Inside this Edition	Page
Age Changes	1-2
Anesthesia Maximum Units	2
Category of Service	3
Code Updates	4-6
Coverage Codes	7
Medicare Indicator Modifier Definition Change	8
Modifiers	8-15
Place of Service	16-18
Procedure Daily Maximum, & Provider Type	19
Revenue Code RF124 & RF769 Updates	20

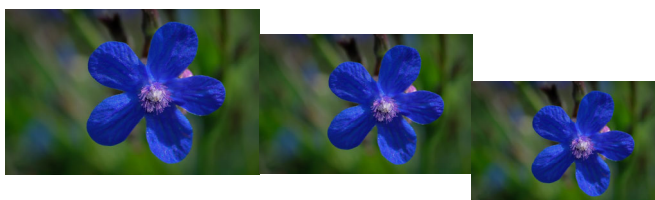
Age Changes

The age ranges have been changed for the following codes.

Code	Description	Age
0011A	Immunization Administration by Intramuscular Injection	012 Y to 999 Y
0012A	Immunization Administration by Intramuscular Injection	012 Y to 999 Y
0013A	Immunization Administration by Intramuscular Injection	012 Y to 999 Y
91301	Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19) Vaccine, MRNA-LNP, spike protein, preservative free, 100 Mcg/0.5ml Dosage, For Intramuscular Use	012 Y to 999 Y
91309	Coronavirus Vaccine 10	006 Y to 011 Y

* The age ranges have been changed to 000 Y - 999Y for the following ICD-10 codes.

P04.11	Newborn Affected by Maternal Antineoplastic Chemotherapy
P04.12	Newborn Affected by Maternal Cytotoxic Drugs
P04.13	Newborn Affected by Maternal Use of Anticonvulsants
P04.14	Newborn Affected by Maternal Use of Opiates
P04.15	Newborn Affected by Maternal Use of Antidepressants
P04.16	Newborn Affected by Maternal Use of Amphetamines
P04.17	Newborn Affected by Maternal Use of Sedative
P04.18	Newborn Affected by Other Maternal Medication
P04.19	Newborn Affected by Maternal Use of Unspecified
P04.1A	Newborn Affected by Maternal Use of Anxiolytics



- The following ICD-10 Diagnosis Codes had the age range changed to Minimum 035y and Maximum 064y.

O09. 511	Supervision Of Elderly Primigravida, First Trimester
O09. 512	Supervision Of Elderly Primigravida, Second Trimester
O09. 513	Supervision Of Elderly Primigravida, Third Trimester
O09. 519	Supervision Of Elderly Primigravida, Unspecified
O09. 521	Supervision Of Elderly Multigravida, First Trimester
O09. 522	Supervision Of Elderly Multigravida, Second Trimester
O09. 523	Supervision Of Elderly Multigravida, Third Trimester
O09. 529	Supervision Of Elderly Multigravida, Unspecified

- The following ICD-10 Diagnosis Codes had the age range changed to Minimum 009y and Maximum 016y.

O09. 611	Supervision Of Young Primigravida, First Trimester
O09.612	Supervision Of Young Primigravida, Second Trimester
O09.613	Supervision Of Young Primigravida, Third Trimester
O09.619	Supervision Of Young Primigravida, Unspecified
O09.621	Supervision Of Young Multigravida, First Trimester
O09.622	Supervision Of Young Multigravida, Second Trimester
O09.623	Supervision Of Young Multigravida, Third Trimester
O09.629	Supervision Of Young Multigravida, Unspecified

Anesthesia Maximum Units

The following Anesthesia Maximum units have been updated on the Reference Screens.

Code	Anesthesia Maximum Unit	Code	Anesthesia Maximum Unit	Code	Anesthesia Maximum Unit	Code	Anesthesia Maximum Unit
01937	0230	0627T	0200	62268	0105	63600	0364
01938	0230	0629T	0200	62269	0109	63610	0161
01939	0424	22510	0150	62280	0057	63650	0170
01940	0424	22511	0150	62281	0120	63661	0165
01941	0275	22513	0155	62282	0052	63663	0200
01942	0323	22514	0150	62287	0248	64628	0350
0200T	0200	22526	0145	62290	0066	64633	0116
0201T	0200	62263	0214	62291	0066	64635	0114
0274T	0200	62264	0109	62292	0284		
0275T	0200	62267	0079	62350	0170		

Code Changes

- ◆ Effective for June 30, 2022, the following CPT/HCPCS code with the following information has been **end dated**.

Modifier SG (AMB SURG CTR (ASC) FA)

Place of Service 24 (Ambulatory Surgical Center)

Revenue Code 0490 (Ambulatory Surgical Center)

Provider Type 43 (Ambulatory Surgical Center)

Code	Definition
0100T	Placement Of a Subconjunctival Retinal Prosthesis Received
C1842	Retinal Prosthesis, Includes All Internal and External Components
C1841	Retinal Prosthesis, Includes All Internal and External Components

ICD-10 PROCEDURE CLASS CODE Changes

Effective for **September 15, 2022**, the following codes and description have been added to the system.

X0H	New Technology, Nervous System, Insertion
X0Z	New Technology, Nervous System
XF5	New Technology, Hepatobiliary System and Pancreas, Destruction
XKU	New Technology, Muscles, Tendons, Bursae and Ligaments, Supplement
XNH	New Technology, Bones, Insertion
XRH	New Technology, Joints, Insertion
XRR	New Technology, Joints, Replacement

- ◆ Effective for September 30, 2022, the XK0 (New Technology, Muscles, Tendons, Bursae & Ligaments) will be **end dated**.

- ◆ Effective for June 17, 2022, the following codes have been added to the Reference Screens.

Code	Description
0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6through 11 years
0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years
0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years
0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; Third dose

- ◆ Effective for July 1, 2022, the following CPT/HCPCS codes have been added to the Reference Screens.

CODES					
90584		0718T		0732T	G0309
0323U		0719T		0733T	J0739
0324U		0720T		0734T	J1306
0325U		0721T		0735T	J1551
0326U		0722T		0736T	J2356
0327U		0723T		0737T	J2779
0328U		0724T		A9596	J2998
0329U		0725T		A9601	J3299
0330U		0726T		C9094	J9331
0331U		0727T		C9095	J9332
0714T		0728T		C9096	Q4260
0715T		0729T		C9097	Q4261
0716T		0730T		C9098	
0717T		0731T		G0308	

- ◆ Effective for the dates listed, the following codes have been added to the Reference Screens. For information on Modifiers, Coverage Codes, Limits refer to the appropriate Reference Screens.

Codes	Description	Effective Begin Date
91310	Severe Acute Respiratory Syndrome Coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use. (Sanofi Pasteur)	4/26/2022
91311	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative-free, 25 mcg/0.25 mL dosage, for intramuscular use	5/19/2022
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, MRNALNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; Booster dose (Pfizer)	4/26/2022
0104A	Immunization Administration by Intramuscular Injection Of Severe Acute Respiratory Syndrome Coronavirus 2 (Sarscov-2) (Coronavirus Disease [COVID-19]) Vaccine, Monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose	4/26/2022
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus (SARS-Co-V-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose	5/19/2022
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus (SARS-Co-V-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; second dose	5/19/2022

- ◆ Effective for June 7, 2022, the code 0083A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; Third dose) has been added to the Reference Screens.

Coverage Code

The following changes have been made to the Reference Screens

Code	Description	Coverage Code	Effective Begin Date
91308	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Co)	03 - Covered Service/Use Other Code	6/17/2022
91311	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Co)	03 - Covered Service/Use Other Code	6/17/2022
99495	Transitional Care Management Services for Problem of Moderate Complexity	09 - Medicare Only	1/1/2022
99496	Transitional Care Management Services for Problem of High Complexity	09 - Medicare Only	1/1/2022
0074A	Administration of Coronavirus Vaccine 8, Reserved	01 - Covered Service/Code Available	5/17/2022
0081A	Immunization Administration by Intramuscular Injection	01 - Covered Service/Code Available	6/17/2022
0082A	Immunization Administration by Intramuscular Injection	01 - Covered Service/Code Available	6/17/2022
0111A	Immunization Administration by Intramuscular Injection	01 - Covered Service/Code Available	6/17/2022
0112A	Immunization Administration by Intramuscular Injection	01 - Covered Service/Code Available	6/17/2022
C9090	Injection, Plasminogen, Human-TVMH, 1 mg	04 - Not Covered Service/Code Not Available	7/1/2022
C9091	Injection, Sirolimus Protein-Bound Particles, 1 mg	04 - Not Covered Service/Code Not Available	7/1/2022
C9092	Injection, Triamcinolone Acetonide, Suprachoroidal	04 - Not Covered Service/Code Not Available	7/1/2022
C9093	Injection, Ranibizumab, Via Sustained Release Intravitre	04 - Not Covered Service/Code Not Available	7/1/2022
G9678	Oncology Care Model (OCM) Monthly Enhanced Oncology	04 - Not Covered Service/Code Not Available	7/1/2022
Q5112	Injection, Trastuzumab-DTTB, Biosimilar, (Ontruzant), 10 mg	04 - Not Covered Service/Code Not Available	10/1/2022
Q5115	Injection, Rituximab-ABBS, Biosimilar, 10 mg	04 - Not Covered Service/Code Not Available	7/31/2022

Medicare Indicator

The following HCPC codes have had the Medicare coverage indicator changed to “N”.

Code	Description
A4927	Gloves, Non-Sterile, Per 100
A6213	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing
A6250	Skin Sealants, Protectants, Moisturizers, Ointments, Any Type, Any Size

Modifier Definition Change

The modifier AY has been changed to read “IT/SVC FURNSHD TO ESRD PT NOT TRTMT ESRD”.

Modifiers

- ◆ The following modifiers: 96 (Habilitative Services: When A Service Or) and 97 (Rehabilitative Services: When A Service) have been added to the codes below.

Code	Description	Code	Description
97010	Application Of Hot or Cold Packs	97163	Evaluation For Physical Therapy, typically 45 minutes
97012	Application Of Mechanical Traction	97164	Re-Evaluation For Physical Therapy, typically 20 minutes
97014	Application Of Electrical Stimulation	97165	Evaluation For Occupational Therapy, typically 30 Minutes
97016	Application Of Blood Vessel Compression Device	97166	Evaluation For Occupational Therapy, Typically 45 Minutes
97018	Application Of Hot Wax Bath	97167	Evaluation For Occupational Therapy, typically 1 Hour
97022	Application Of Whirlpool Therapy	97168	Re-Evaluation For Occupational Therapy, typically 30 Minutes
97024	Application Of Heat Wave Therapy	97169	Evaluation For Athletic Training, typically 15 Minutes
97026	Application Of Low Energy Heat	97170	Evaluation For Athletic Training, typically 30 Minutes
97028	Application Of Ultraviolet Light	97171	Evaluation For Athletic Training, typically 45 Minutes
97032	Application Of Electrical Stimulation with Therapist Present,	97172	Re-Evaluation For Athletic Training, typically 20 Minutes

Code	Description	Code	Description
97033	Application Of Medication Using Electrical Current, Each 15 Minutes	97530	Therapy Procedure Using Functional Activities
97034	Application Of Hot and Cold Baths, Each 15 Minutes	97533	Therapy Procedure Using Sensory Experiences
97035	Application Of Ultrasound, Each 15 Minutes	97535	Training For Self-Care or Home Management, Each 15 Minutes
97036	Application Of Water Therapy Using a Special Tank, Each 15 Minute	97537	Training For Community or Work Reintegration, Each 15 minutes
97039	Other Physical Medicine Service or Procedure	97542	Evaluation For Wheelchair, Each 15 Minutes
97110	Therapy Procedure Using Exercise to Develop Strength, Endurance,	97597	Removal Of Tissue from Wound, 20.0 Sq Cm or Less
97112	Therapy Procedure to Re-Educate Brain-To-Nerve-To-Muscle Function	97598	Removal Of Tissue from Wound, Each Additional 20.0 sq cm
97113	Therapy Procedure Using Water Pool to Exercises, Each 15 Minutes	97602	Removal Of Tissue from Wound Gradually
97116	Therapy Procedure for Walking Training, Each 15 Minutes	97605	Therapy Procedure Using a Special Bandage and Vacuum Pump, Surface
97124	Therapy Procedure Using Massage, Each 15 Minutes	97606	Therapy Procedure Using a Special Bandage and Vacuum Pump, Surface
97129	Therapy Procedure for A Range of Mental Processes, Initial 15 Min	97610	Therapy Procedure Using Ultrasound
97130	Therapy Procedure for A Range of Mental Processes, Each Additional	97750	Test Or Measurement for Functional Capacity, Each 15 Minutes
97139	Other Therapeutic Procedure	97755	Evaluation For Assistive Technology, Each 15 Minutes
97140	Therapy Procedure Using Manual Technique, Each 15 Minutes	97760	Training In the Use of Orthopedic Device for Arm, Leg And/or Trunk, each 15 minutes
97150	Therapy Procedure in A Group Setting	97761	Training In the Use of Artificial Arm and/or Leg, Each 15 Minutes
97161	Evaluation For Physical Therapy, typically 20 Minutes	97763	Follow-Up Training in The Use of Orthopedic Device or Artificial Arm, Leg and/or Trunk, Each 15 Minutes
97162	Evaluation For Physical Therapy, typically 30 Minutes	97799	Other Physical Medicine or Rehabilitation Service or Procedure

97113	Therapy Procedure Using Water Pool to Exercises, Each 15 Minutes	97602	Removal Of Tissue from Wound Gradually
97116	Therapy Procedure for Walking Training, Each 15 Minutes	97605	Therapy Procedure Using a Special Bandage and Vacuum Pump, Surface
97124	Therapy Procedure Using Massage, Each 15 Minutes	97606	Therapy Procedure Using a Special Bandage and Vacuum Pump, Surface
97129	Therapy Procedure for A Range of Mental Processes, Initial 15 Min	97610	Therapy Procedure Using Ultrasound
97130	Therapy Procedure for A Range of Mental Processes, Each Additional	97750	Test Or Measurement for Functional Capacity, Each 15 Minutes
97139	Other Therapeutic Procedure	97755	Evaluation For Assistive Technology, Each 15 Minutes
97140	Therapy Procedure Using Manual Technique, Each 15 Minutes	97760	Training In the Use of Orthopedic Device for Arm, Leg And/or Trunk, each 15 minutes
97150	Therapy Procedure in A Group Setting	97761	Training In the Use of Artificial Arm and/or Leg, Each 15 Minutes
97161	Evaluation For Physical Therapy, typically 20 Minutes	97763	Follow-Up Training in The Use of Orthopedic Device or Artificial Arm, Leg and/or Trunk, Each 15 Minutes
97162	Evaluation For Physical Therapy, typically 30 Minutes	97799	Other Physical Medicine or Rehabilitation Service or Procedure

◇ Effective for December 31, 2021 the modifiers listed have been end dated for the codes listed below,

Code	Description	GN - AMB HSP 2SNF/ OP SPEECH	GO - OP Occupation- al Therapy Service	GP - SVS Delivered Under
97010	Application Of Hot or Cold Packs	X		
97012	Application Of Mechanical Traction	X		
97016	Application Of Blood Vessel Compression Device	X		
97018	Application Of Hot Wax Bath	X		
97022	Application Of Whirlpool Therapy	X		
97024	Application Of Heat Wave Therapy	X		
97026	Application Of Low Energy Heat	X		
97028	Application Of Ultraviolet Light	X		
97032	Application Of Electrical Stimulation with Therapist Present,	X		
97033	Application Of Medication Using Electrical Current, Each 15 Minutes	X		
97034	Application Of Hot and Cold Baths, Each 15 Minutes	X		
97035	Application Of Ultrasound, Each 15 Minutes	X		
97036	Application Of Water Therapy Using a Special Tank, Each 15 Minute	X		
97039	Other Physical Medicine Service or Procedure	X		
97110	Therapy Procedure Using Exercise to Develop Strength, Endurance,	X		
97112	Therapy Procedure to Re-Educate Brain-To-Nerve-To-Muscle Function	X		
97113	Therapy Procedure Using Water Pool to Exercises, Each 15 Minutes	X		
97116	Therapy Procedure for Walking Training, Each 15 Minutes	X		
97124	Therapy Procedure Using Massage, Each 15 Minutes	X		
97129	Therapy Procedure for A Range of Mental Processes, Initial 15 Min	X		
97130	Therapy Procedure for A Range of Mental Processes, Each Additional	X		
97139	Other Therapeutic Procedure	X		
97140	Therapy Procedure Using Manual Technique, Each 15 Minutes	X		
97161	Evaluation For Physical Therapy, typically 20 Minutes	X	X	
97162	Evaluation For Physical Therapy, typically 30 Minutes	X	X	
97163	Evaluation For Physical Therapy, typically 45 minutes	X	X	
97164	Re-Evaluation For Physical Therapy, typically 20 minutes	X	X	
97165	Evaluation For Occupational Therapy, typically 30 Minutes	X		X
97166	Evaluation For Occupational Therapy, Typically 45 Minutes	X		X
97167	Evaluation For Occupational Therapy, typically 1 Hour	X		X
97168	Re-Evaluation For Occupational Therapy, typically 30 Minutes	X		X
97169	Evaluation For Athletic Training, typically 15 Minutes	X		X
97170	Evaluation For Athletic Training, typically 30 Minutes	X		X
97542	Evaluation For Wheelchair, Each 15 Minutes	X		
97597	Removal Of Tissue from Wound, 20.0 Sq Cm Or Less	X		
97598	Removal Of Tissue from Wound, Each Additional 20.0 sq cm	X		
97602	Removal Of Tissue from Wound Gradually	X		
97605	Therapy Procedure Using a Special Bandage and Vacuum Pump, Surface	X		
97606	Therapy Procedure Using a Special Bandage and Vacuum Pump, Surface	X		
97755	Evaluation For Assistive Technology, Each 15 Minutes	X		
97763	Follow-Up Training in The Use of Orthopedic Device or Artificial Arm,	X		

- ◆ Effective for April 26, 2022, the following CPT codes have had the Modifier QW (CLIA Waived Test) **end dated**.

Code	Description
81002	Urinalysis, Manual Test
81025	Urine Pregnancy Test, By Visual Color Comparison Method
82270	Blood, Occult, By Peroxidase Activity (e.g., GUAIAC),
82272	Stool Analysis for Blood, By Peroxidase Activity
82962	Glucose, Blood by Glucose Monitoring Device(s) Cleared
83026	Hemoglobin; By Copper Sulfate Method, Non-Automated
84830	Ovulation Tests
85013	Red Blood Cell Hemoglobin Concentration
85651	Red Blood Cell Sedimentation Rate, To Detect Inflammation, Non-Automated

- ◆ Effective for May 31, 2022, the modifier AS (PA SVCS For Assistant) has been **end dated** for the CPT code 21497 (Interdental Wiring, For Condition Other Than Fracture).
- ◆ Effective for January 1, 2022, the modifier FQ (The Service Was Furnished Using Audio-On) has been **end dated** for the CPT code 90823 (Individual Psychotherapy, Interactive, Using Play Equipment).
- ◆ Effective for January 1, 2022, the modifiers EY (NO PHYS/Other License Health Care Provider Ordered) and GA (REQ Liability Notice) have been added to the following codes.

A4216 - A8004
E0100 - E2633
K0001 - K0864
L0112 – L8696
Q0480 – Q4049
V2100 – V2786

- ◆ Effective for January 1, 2022, the modifiers 93 – (Synchronous Telemedicine Service Rendered); 95 (Synchronous Telemedicine Service Rendered); and FQ (The Service Was Furnished Using Audio-On) have been added to the following codes.

AHCCCS utilizes modifier FQ for all approved Audio only and GT for audio/video approved codes.

Code	Modifier 93	Modifier 95	Modifier FQ
90792	x		
99202	x		
99203	x		
99204	x		
99205	x		
99211	x	x	
99212	x		
99213	x		
99214	x		
99215	x		
99441	x		x
99442	x		x
99443	x		x

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

Code	Description	Modifiers	Effective
01938	Anesthesia For Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of Lower Back Accessed Through Skin Using Imaging Guidance	SG - Amb Surg Ctr (ASC) Facility	1/1/2022
01939	Anesthesia For Nerve Destruction Procedures on Spine or Spinal Cord of Neck or Upper Back Accessed Through Skin Using Imaging Guidance	SG - Amb Surg Ctr (ASC) Facility	1/1/2022
01940	Anesthesia For Nerve Destruction Procedures on Spine or Spinal Cord of Lower Back Accessed Through Skin Using Imaging Guidance	SG - Amb Surg Ctr (ASC) Facility	1/1/2022
01941	Anesthesia For Nerve Modulation Procedure Spinal Cord or Repair of Bone of Spine of Neck or Upper Back Accessed Through Skin Using Imaging Guidance	SG - Amb Surg Ctr (ASC) Facility	1/1/2022
01942	Anesthesia For Nerve Modulation Procedure Spinal Cord or Repair of Bone of Spine of Lower Back Accessed Through Skin Using Imaging Guidance	SG - Amb Surg Ctr (ASC) Facility	1/1/2022
20690	Placement Of Single Direction External Bone Stabilizing Device to Arm or Leg	TA - Left Foot, Great Toe	5/1/2021
20690	Placement Of Single Direction External Bone Stabilizing Device to Arm or Leg	T1 - Init Visit 1st Tri/Left Foot 2nd Digit	5/1/2021
20690	Placement Of Single Direction External Bone Stabilizing Device to Arm or Leg	T2 - Init Visit 2nd Tri/Left Foot 3rd Digit	5/1/2021
20690	Placement Of Single Direction External Bone Stabilizing Device to Arm or Leg	T3 - Init Visit 3rd Tri/Left Foot 4th Digit	5/1/2021
20690	Placement Of Single Direction External Bone Stabilizing Device to Arm or Leg	T4 - Left Foot, Fifth Digit	5/1/2021
20690	Placement Of Single Direction External Bone Stabilizing Device to Arm or Leg	T5 - Right Foot, Great Toe	5/1/2021
20690	Placement Of Single Direction External Bone Stabilizing Device to Arm or Leg	T6 - Right Foot, Second Digit	5/1/2021
20690	Placement Of Single Direction External Bone Stabilizing Device to Arm or Leg	T7 - Right Foot, Third Digit	5/1/2021
20690	Placement Of Single Direction External Bone Stabilizing Device to Arm or Leg	T8 - Right Foot, Fourth Digit	5/1/2021
20690	Placement Of Single Direction External Bone Stabilizing Device to Arm or Leg	T9 - Right Foot, Fifth Digit	5/1/2021
33274	Insertion of Permanent Leadless Pacemaker Using Imaging	Q0 - Invest Clinical Research	6/1/2021
33340	Repair Of Left Upper Heart Chamber with Implant with Review by Radiologist	Q0 - Invest Clinical Research	1/1/2022
33361	Replacement Of Aortic Valve Through the Skin and Femoral	Q0 - Invest Clinical Research	1/1/2022
33363	Replacement Of Aortic Valve Through Axillary Artery	Q0 - Invest Clinical Research	1/1/2022
33418	Repair Of Mitral Valve Through the Skin, Initial Prosthesis	Q0 - Invest Clinical Research	1/1/2022
33418	Repair Of Mitral Valve Through the Skin, Initial Prosthesis	62 - Two Surgeons/Different	1/1/2022

Code	Description	Modifiers	Effective Begin Date
33419	Repair Of Mitral Valve Through the Skin, Additional Prosthesis	Q0 - Q0 - Invest Clinical Research	1/1/2022
33419	Repair Of Mitral Valve Through the Skin, Additional Prosthesis	62 - Two Surgeons/Different Skills	1/1/2022
49204	Removal Or Destruction of Cysts or Growths of Abdominal Cavity, 5.1 To 10.0 cm	81 - Minimum Assistant Surgeon	1/1/2022
49204	Removal Or Destruction of Cysts or Growths of Abdominal Cavity, 5.1 To 10.0 cm	82 - Assist Surg/Qual Resident Surg Not Available	1/1/2022
57285	Repair Of Vaginal Wall Defect Through Vagina	81 - Minimum Assistant Surgeon	5/1/2021
57285	Repair Of Vaginal Wall Defect Through Vagina	82 Assist Surg/Qualified Resident Surgeon Not Available	5/1/2021
61736	Laser Interstitial Thermal Therapy (LITT) of Single, Simple Growth	GC - Teaching Physician Services	3/1/2022
90846	Family Psychotherapy Without Patient, 50 Minutes	FQ - The Service Was Furnished Using Audio-On	1/1/2022
90847	Family Psychotherapy with Patient, 50 Minutes	FQ - The Service Was Furnished Using Audio-On	1/1/2022
92973	Removal Of Blood Clot in Heart Artery	RC - Right Coronary Artery	2/1/2022
93505	Biopsy Of Heart Muscle	63 - Neonates/Infants Up to the 4-Kg Cut Off	1/1/2022
96416	Administration Of Prolonged Chemotherapy into Vein	XE - Separate Enc, A Service That Is Distinct	1/1/2022
96416	Administration Of Prolonged Chemotherapy into Vein	XP - Separate Practitioner, A Service That Is	1/1/2022
96416	Administration Of Prolonged Chemotherapy into Vein	XS- Separate Structure, A Service	1/1/2022
96416	Administration Of Prolonged Chemotherapy into Vein	XU - Unusual Non-Overlapping	1/1/2022
A0422	Ambulance (Als or Bls) Oxygen and Oxygen Supplies, Life Sustaining Situation	DH - Ambulance. Trip From Diag/Thera. Site To Hosp	7/1/2021
H0002	Behavioral Health Screening to Determine Eligibility	ET - Emergency Treatment	10/1/2021
H2014	Skills Training and Development, Per 15 Minutes	ET - Emergency Treatment	10/1/2021
J0791	Injection, Crizanlizumab-TMCA, 5 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	1/1/2022
J0791	Injection, Crizanlizumab-TMCA, 5 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	1/1/2022
J2562	Injection, Plerixafor, 1 mg	JG - Drug 340B Price Dsct Program/Non Hosp to-	7/1/2021
J9040	Injection, Bleomycin Sulfate, 15 units	JW - Drug Amt Discarded/Not Admin to Any Pati	1/1/2022
J9045	Injection, Carboplatin, 50 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	1/1/2022
J9065	Injection, Cladribine, Per 1 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	1/1/2022
J9145	Injection, Daratumumab, 10 mg	JW - Drug Amt Discarded/Not	1/1/2022

Code	Description	Modifiers	Effective Begin Date
J9176	Injection, Elotuzumab, 1 mg	JW - Drug Amt Discarded/ Not Admin to Any Pati	1/1/2022
J9177	Injection, Enfortumab Vedotin-EJFV, 0.25 mg	JW - Drug Amt Discarded/ Not Admin to Any Pati	1/1/2022
J9208	Injection, Ifosfamide, 1 gram	JW - Drug Amt Discarded/ Not Admin to Any Pati	1/1/2022
J9250	Methotrexate Sodium, 5 mg	JW - Drug Amt Discarded/ Not Admin to Any Pati	1/1/2022
J9271	Injection, Pembrolizumab, 1 mg	JW - Drug Amt Discarded/ Not Admin to Any Pati	1/1/2022
J9317	Injection, Sacituzumab Govitecan-HZIY, 2.5 mg	JW - Drug Amt Discarded/ Not Admin to Any Pati	1/1/2022
J9349	Injection, Tafasitamab-CXIX, 2 mg	JW - Drug Amt Discarded/ Not Admin to Any Pati	1/1/2022
J9400	Injection, Ziv-Aflibercept, 1 mg	JW - Drug Amt Discarded/ Not Admin to Any Pati	1/1/2022
Q5105	Injection, Epoetin ALFA-EPBX, Biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	JG - Drug 340B Price Dsct Program/Non Hosp To	5/3/2021
Q5106	Injection, Epoetin ALFA-EPBX, Biosimilar, (Retacrit) (For Non -ESRD Use), 1000 units	JG - Drug 340B Price Dsct Pro	7/1/2021
Q5108	Injection, Pegfilgrastim-Jmdb, Biosimilar, (Fulphila), 0.5 mg	JW - Drug Amt Discarded/ Not Admin to Any Pati	1/1/2022
S0215	Non-Emergency Transportation; Mileage, Per Mile	ET - Emergency Treatment	10/1/2021

Place of Service

- ◆ **Effective for June 1 2022, “Per correct coding guidelines all invalid POS for DME have been removed”**. Refer to the Reference screens for further information
- ◆ For the following codes: **AHCCCS has added POS 02 and POS 10 to allow DUAL insurance claims to be processed.** POS 02 and POS 10 are not utilized for AHCCCS only members. Correct POS guidance for AHCCCS only members can be found in the policy and on tab 1 of the Telehealth Guide found on the Medical Coding Resources page as well as on our [Policy AMPM 320-I Telehealth](#).
- ◆ Effective for January 1, 2022, the POS 02 (Telehealth Provided Other Than in Patient’s Home) and 10 (Telehealth Provided in Patient's Home for Telehealth Claims) has been added to the following CPT Codes.

Code	Code	Code	Code
90792	99204	99212	99215
99202	99205	99213	99441
99203	99211	99214	99442

- ◆ Effective for June 1, 2022, the POS 35 (Adult Living Care Facilities) has been **end dated**. POS 35 is not a valid POS and all codes with this POS were end dated.

13102	E2000	E2608	K0457
13122	E2100	E2609	K0458
13133	E2101	E2610	K0459
13153	E2205	E2611	K0460
27096	E2206	E2612	K0461
A4257	E2227	E2613	K0462
A5509	E2228	E2614	K1004
A5510	E2291	E2615	L1690
A5511	E2292	E2616	L1847
A6010	E2293	E2617	L3675
E0221	E2368	E2618	L3807
E1229	E2369	E2619	L5968
E1239	E2370	E2620	L5975
E1801	E2601	E8000	L5988
E1806	E2602	E8001	L6693
E1816	E2603	E8002	L8195
E1818	E2604	J7500	L9900
E1821	E2605	J7604	P9612
E1840	E2606	J7608	Q4078
E1902	E2607	K0456	

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

Code	Description	Place Of Service	Effective Begin Date
00920	Anesthesia For Other Procedure on Male Genitals	11 – Office	9/1/2021
31231	Diagnostic Exam of Nasal Passages Using an Endoscope	23 - Emergency Room - Hospital	9/1/2021
33274	Insertion of Permanent Leadless Pacemaker Using Imaging Guidance	19 - Off Campus-Outpatient Hospital	7/1/2021
33274	Insertion of Permanent Leadless Pacemaker Using Imaging Guidance	22 - Outpatient Hospital	7/1/2021
55920	Insertion Of Needles or Tubes into Pelvic or Genital Organs for Radiation Therapy	11 - Office	6/1/2021
64610	Destruction Of Face Nerve Branch Under X-Ray Monitoring	11 - Office	1/1/2022
77063	Screening 3D Breast Mammography	15 - Mobile Unit	1/1/2022
86078	Blood Bank Physician Services for Investigation Of Transfusion Reaction With Written Report	11 – Office	9/1/2021
93454	Insertion Of Tube in Coronary Artery for Diagnosis with Review by Radiologist	23 - Emergency Room - Hospital	3/1/2022
93571	Ultrasound Evaluation of Heart Blood Vessel During Diagnosis or Treatment Initial Vessel	23 - Emergency Room - Hospital	3/1/2022
93595	Insertion Of Catheter into Left Side of Heart for Evaluation of Congenital Heart Defect, Using Maging Guidance	19 - Off Campus-Outpatient Hospital	1/1/2022
93595	Insertion Of Catheter into Left Side of Heart for Evaluation of Congenital Heart Defect, Using Maging Guidance	22 - Outpatient Hospital	1/1/2022
96158	Treatment Of Behavior Impacting Health, Initial 30 Minutes	23 - Emergency Room - Hospital	5/1/2022
A0999	Unlisted Ambulance Service	99 - Other Unlisted Facility	1/1/2022
A9592	Copper CU-64, Dotatate, Diagnostic, 1 Millicurie	11 – Office	4/1/2021
G0257	Unscheduled Or Emergency Dialysis Treatment for An ESRD Patient in A Hospital Outpatient Department	23 - Emergency Room - Hospital	1/1/2022
H0015	Alcohol and/or Drug Services; Intensive Outpatient	52 - Reduced Services	6/1/2020
J0491	Injection, Anifrolumab-Fnia, 1 mg	12 – Home	4/1/2022
P9016	Red Blood Cells, Leukocytes Reduced, Each Unit	11 – Office	9/1/2021
S9480	Intensive Outpatient Psychiatric Services, Per Diem	52 - Reduced Services	6/1/2020
V2020	Frames, Purchases	12 - Home	1/1/2022
V2100	Sphere, Single Vision, Plano to Plus or Minus 4.00, Per Lens	12 - Home	6/1/2022
V2101	Sphere, Single Vision, Plus or Minus 4.12 To Plus or Minus 7.00 D,	12 - Home	6/1/2022

Code	Description	Place of Service	Effective BeginDate
V2102	Sphere, Single Vision, Plus or Minus 7.12 To Plus or Minus 20.00 D	12 - Home	6/1/2022
V2103	Spherocylinder, Single Vision, Plano to Plus or Minus 4.00 D Sphere, .12 To 2.00 D Cylinder, Per Lens	12 - Home	1/1/2022
V2103	Spherocylinder, Single Vision, Plano to Plus or Minus 4.00 D Sphere, .12 To 2.00 D Cylinder, Per Lens	12 - Home	6/1/2022
V2104	Spherocylinder, Single Vision, Plano to Plus or Minus 4.00 D Sphere, 2.12 TO 4.00 D Cylinder, Per Lens	12 - Home	6/1/2022
V2110	Spherocylinder, Single Vision, Plus or Minus 4.25 to 7.00 D Sphere, over 6.00 D Cylinder, Per Lens	12 - Home	6/1/2022
V2111	Spherocylinder, Single Vision, Plus or Minus 7.25 To Plus or Minus 12.00 D Sphere, .25 To 2.25d Cylinder, Per Lens	12 - Home	6/1/2022
V2112	Spherocylinder, Single Vision, Plus or Minus 7.25 To Plus or Minus 12.00 D Sphere, 2.25d to 4.00 D Cylinder, Per Lens	12 - Home	6/1/2022
V2113	Spherocylinder, Single Vision, Plus or Minus 7.25 To Plus or Minus 12.00 D Sphere, 4.25 To 6.00 D Cylinder, Per Lens	12 - Home	6/1/2022
V2114	Spherocylinder, Single Vision, Sphere Over Plus or Minus 12.00 D, Per Lens	12 - Home	6/1/2022
V2205	Spherocylinder, Bifocal, Plano to Plus or Minus 4.00 D Sphere, 4.25 To 6.00 D Cylinder, Per Lens	12 - Home	6/1/2022
V2206	Spherocylinder, Bifocal, Plano to Plus or Minus 4.00 D Sphere, over 6.00 D Cylinder, Per Lens	12 - Home	6/1/2022
V2207	Spherocylinder, Bifocal, Plus or Minus 4.25 To Plus or Minus 7.00 D Sphere,.12 To 2.00 D Cylinder, Per Lens	12 - Home	6/1/2022
V2208	Spherocylinder, Bifocal, Plus or Minus 4.25 To Plus or Minus 7.00 D Sphere, 2.12 To 4.00 D Cylinder, Per Lens	12 - Home	6/1/2022
V2209	Spherocylinder, Bifocal, Plus or Minus 4.25 To Plus or Minus 7.00 D Sphere, 4.25 To 6.00 D Cylinder, Per Lens	12 - Home	6/1/2022
V2783	Lens, Index Greater Than or Equal To 1.66 Plastic or Greater Than or Equal To 1.80 Glass, Excludes Polycarbonate, Per Lens	12 - Home	6/1/2022

Procedure Daily Maximum

- ◆ Updates for Procedure Daily Maximum limits on RF127 (Procedure OPFS Indicators And Values) can be found on the reference screen.
- ◆ The following changes have been made to the Reference Screens.

Code	Description	Procedure Daily Maximum	Limit 1	Frequency 1
90375	Rabies Immune Globulin for Injection	20		
97535	Training For Self-Care or Home Management, Each 15 Minutes	8		
99417	Prolonged Office or Other Outpatient Service By Clinical Staff, Each 15 Minutes Of Total Time	4		
A9595	Piflufolastat F-18, Diagnostic, 1 Millicurie	9		
C9602	Percutaneous Transluminal Coronary Atherectomy, With Drug Eluting Intracoronary Stent,	2		
D1354	Application Of Caries Arresting Medicament - Per Tooth	5		
J0693	Injection, Cefiderocol, 5 mg		4	1 D
J0695	Injection, Ceftolozane 50 mg and Tazobactam 25 mg	60		
J0841	Injection, Crotalidae Immune F(AB') ₂ (EQUINE), 120 mg	2880		
J0883	Injection, Argatroban, 1 mg (For Non-ESRD Use)	2160	1	1 D
J0884	Injection, Argatroban, 1 mg (For ESRD on Dialysis)	108	1	1 D
J1569	Injection, Immune Globulin, (Gammagard Liquid), Non-Ly	300		

Provider Type

Effective for dates of service listed, the following provider type can now report the CPT/HCPCS codes.

Code	Description	Provider Type	Effective Begin Date
21496	Wiring Of Jaw or Oral Splint to Teeth	19 - Registered Nurse Practitioner	9/1/2021
92558	Test For Screening Hearing Using a Probe	C2 - Federally Qualified Health Center (FQHC)	1/1/2022
99177	Screening Of Eye with Special Instrument Onsite Analysis	C2 - Federally Qualified Health Center (FQHC)	1/1/2022
A9592	Copper Cu-64, Dotatate, Diagnostic, 1 Millicurie	08 - MD-Physician	04/01/2021

Revenue Code

Effective for July 1, 2021, the revenue code 0278 (Supply/Implants) has been added to the HCPCS code C1761 (Catheter, Transluminal Intravascular Lithotripsy, Coronary).

RF124 - Procedure Prior Authorization

- ◆ Effective for April 1, 2022, the HCPCS code H0031 (Mental Health Assessment, By Non-Physician) now has a prior authorization of 04 (PA Not Required for Acute or LTC).
- ◆ Effective for July 1, 2022, the HCPCS code J1306 (Injection, Inclisiran, 1 mg) now has a prior authorization of 03 (PA Required for Both Acute and LTC).

RF769

Effective for October 1, 2010, the code 3700F (Psychiatric Disorders or Disturbances Assessed (PRKNS)) has been added to RF769 with a Category of Service PM (Performance Measures).

