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Code	Description	Age Change
90633	Hepatitis A Vaccine Pediatric or Adolescent Dosage	001y – 018y
90634	Hepatitis A Vaccine Pediatric or Adolescent Dosage	001y – 018y
90670	Pneumococcal Vaccine, 13-Valent	000y – 017y
90672	Influenza Vaccine, Quadrivalent for Nasal Administration	002y – 999y
90674	Influenza Vaccine, Quadrivalent Derived from Cell Culture	000y – 999y
90677	Pneumococcal Conjugate Vaccine, 20 Valent (PCV20)	018y – 999y
90682	Influenza Vaccine, Quadrivalent Derived from Recombinant DNA	018y – 999y
90687	Influenza Vaccine, Quadrivalent, 0.25 ml Dosage	000y – 999y
90694	Influenza Vaccine, Quadrivalent Inactivated, 0.5 ml Dosage	065y – 999y
90723	Diphtheria, Tetanus, Acellular Pertussis, Hepatitis B, And Polio Vaccine	000y – 006y
90735	Vaccine For Japanese Encephalitis Virus Injection Beneath Skin	001y – 999y
90748	Hepatitis B And Haemophilus Influenzae Type B Vaccine	000m – 018m
91302	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, DNA, Spike	018y - 999y
91309	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP,	006y - 011y

Anesthesia

The Anesthesia Base Value has been changed for the following codes.

Codes	Anesthesia Base Value Max	Codes	Anesthesia Base Value Max	Codes	Anesthesia Base Value Max	Codes	Anesthesia Base Value Max
15778	5	43291	5	49615	6	69730	5
30469	5	49591	6	49616	7	0739T	3
33900	10	49592	7	49617	6	0745T	10
33901	10	49593	6	49618	7	0746T	10
33902	10	49594	7	49621	6	0747T	10
33903	10	49595	6	49622	7	0748T	5
36836	6	49596	7	55867	7	0775T	5
36837	6	49613	6	69728	5	0781T	6
43290	5	49614	7	69729	5	0782T	6

ASC Codes

AHCCCS updated the system to follow the 2023 ASC codes updates.

Category of Service

- Effective for the dates listed, the following Category of Service has been added to the CPT/HCPCS codes

Code	Description	Begin Date	Category of Service
01490	Anesthesia For Application, Removal, Or Repair of Cast to Lower Leg	4/1/1995	01 - Medicine
87913	Genotype Analysis of Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19)	2/21/2022	12 - Pathology & Laboratory
J0219	Injection, Avalglucosidase Alfa-NGPT, 4 mg	4/1/2022	01 - Medicine
J0248	Injection, Remdesivir, 1 mg	12/23/2021	01 - Medicine
J0491	Injection, Anifrolumab-FNIA, 1 mg	4/1/2022	01 - Medicine
J0739	Injection, Cabotegravir, 1 mg	7/1/2022	01 - Medicine
J0879	Injection, Difelikefalin, 0.1 Microgram, (For ESRD on Dialysis)	4/1/2022	01 - Medicine
J1302	Injection, Sutimlimab-Jome, 10 mg	10/1/2022	01 - Medicine
J1306	Injection, Inclisiran, 1 mg	7/1/2022	01 - Medicine
J1551	Injection, Immune Globulin (CUTAQUIG), 100 mg	7/1/2022	01 - Medicine
J1932	Injection, Lanreotide, (CIPLA), 1 mg	10/1/2022	01 - Medicine
J2356	Injection, Tezepelumab-EKKO, 1 mg	7/1/2022	01 - Medicine
J2777	Injection, Faricimab-SVOA, 0.1 mg	10/1/2022	01 - Medicine
J2779	Injection, Ranibizumab, Via Intravitreal Implant (SUSVIMO), 0.1 M	7/1/2022	01 - Medicine
J2998	Injection, Plasminogen, Human-TVMH, 1 mg	7/1/2022	01 - Medicine
J3299	Injection, Triamcinolone Acetonide (XIPERE), 1 mg	7/1/2022	01 - Medicine
J9071	Injection, Cyclophosphamide, (AUROMEDICS), 5 mg	4/1/2022	01 - Medicine
J9273	Injection, Tisotumab Vedotin-TFTV, 1 Mg	4/1/2022	01 - Medicine
J9274	Injection, Tebentafusp-Tebn, 1 mcrogram	10/1/2022	01 - Medicine
J9298	Injection, Nivolumab and Relatlimab-RMBW, 3 mg/1 mg	10/1/2022	01 - Medicine
J9331	Injection, Sirolimus Protein-Bound Particles, 1 mg	7/1/2022	01 - Medicine
J9332	Injection, Efgartigimod Alfa-FCAB, 2mg	7/1/2022	01 - Medicine
J9359	Injection, Loncastuximab TESIRINE-LPYL, 0.075 mg	4/1/2022	01 - Medicine

- Effective for the dates listed, the following Category of Service has been added to the CPT/HCPCS codes.

CODE	CATEGORY OF SERVICE	BEGIN DATE
00620	01	1/1/1995
00622	01	1/1/1995
00625	01	1/1/2007
00626	01	1/1/2007
00630	01	1/1/1995
00632	01	1/1/1995
00634	01	1/1/1995
00635	01	1/1/2001
00640	01	1/1/2003
00790	01	1/1/1995
00792	01	1/1/1995
00794	01	1/1/1995
00796	01	1/1/1995
00797	01	1/1/2002
01500	01	1/1/1995
01502	01	1/1/1995
01520	01	1/1/1995
01522	01	1/1/1995
49327	02	1/1/2011
90584	01	7/1/2022
0004M	12	1/1/2015
0006M	12	1/1/2015
0007M	12	1/1/2015
0041U	12	7/1/2021
0042U	12	7/1/2021
0043U	12	7/1/2021

CODE	CATEGORY OF SERVICE	BEGIN DATE
0044U	12	7/1/2021
0061U	01	7/1/2018
0062U	01	10/1/2018
0062U	12	7/1/2021
0063U	01	10/1/2018
0064A	01	1/1/2021
0064U	01	10/1/2018
0065U	01	10/1/2018
0066U	01	10/1/2018
0079U	01	10/1/2018
0149U	12	7/1/2021
0150U	01	1/1/2020
0151U	01	1/1/2020
0152U	01	1/1/2020
0162U	12	7/1/2021
0673T	13	1/1/2022
A8000	15	1/1/2007
A9285	01	1/1/2017
C1864	40	1/1/2001
E1800	15	1/1/1996
G0499	01	1/1/2017
L3224	15	1/1/1995
L3225	15	1/1/1995
Q2052	01	1/1/2014
S9434	40	3/1/2016
V5215	40	1/1/2019

- Effective for December 31, 2021 the COS 15 (DME And Appliances) has been end dated for the HCPCS code L0999 (Addition To Spinal Orthosis, Not Otherwise Specified), and COS 40 (Medical Supplies) added with an effective date of January 1, 2022.

Codes

- Effective for January 1, 2023, the following codes have been added to the Reference Screens.

Code	Description
0164A	Immunization Administration by Intramuscular Injection of Severe Acute Respiratory Syndrome Coronavirus 2 (Sarscov-2) (Coronavirus Disease [COVID-19]) Vaccine, MRNALNP, Spike Protein, Bivalent, Preservative Free, 10 Mcg/0.2 ml Dosage, Booster Dose
0780T	Instillation Of Stool Microorganism Suspension Via Rectal Enema into Lower Digestive Tract
0781T	Insertion Of Protection Device in Esophagus and Radiofrequency Destruction of Nerves to Lung in Mainstem Airway on One Side of Body Using Endoscope
0782T	Insertion Of Protection Device in Esophagus and Radiofrequency Destruction of Nerves to Lung in Both Mainstem Airways Using Endoscope
0783T	Set-Up, Calibration, And Patient Education on Use of Equipment or Stimulation of Nerve to External Ear And Surrounding Area (Auricular Nerve) Through Skin
22860	Insertion Of Artificial Disc Between Bones of Lower Spine, Additional Space
43290	Placement Of Balloon in Stomach for Weight Loss Using Flexible Endoscope
43291	Removal Of Balloon in Stomach for Weight Loss Using Flexible Endoscope
69728	Removal Of Entire Cochlear Stimulating System from Outside Mastoid Bone of Skull with Magnetic Attachment to External Speech Processor
69729	Implantation Of Cochlear Stimulating System Outside Mastoid Bone of Skull with Magnetic Attachment to External Speech Processor
69730	Replacement Of Cochlear Stimulating System Outside Mastoid Bone of Skull with Magnetic Attachment to External Speech Processor
81418	Genomic Sequence Analysis Panel Of At Least 6 Genes Associated with Drug Metabolism
81441	Gene Sequence Analysis Panel At Least 30 Genes Associated with Inherited Bone Marrow Failure Syndromes
81449	Targeted Genomic Sequence Analysis Panel of RNA Of 5-50 Genes Associated with Solid Organ Neoplasm
81451	Targeted Genomic Sequence Analysis Panel of RNA Of 5-50 Genes Associated with Blood and Lymphatic System Disorders
81456	Targeted Genomic Sequence Analysis Panel of RNA Of 51 Or Greater Genes Associated with Blood and Lymphatic System Disorders
91316	Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2) (Coronavirus Disease [COVID-19]) Vaccine, MRNA-LNP, Spike Protein, Bivalent, Preservative Free, 10 Mcg/0.2 ml Dosage, For Intramuscular Use
E2103	Non-Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver
G0330	Facility Services for Dental Rehabilitation Procedure(s) Performed on A Patient Who Requires Monitored Anesthesia (E.G., General, Intravenous Sedation (Monitored Anesthesia Care) And Use of An Operating Room

- Effective for January 1, 2023, the following codes have been added to the Reference Screens with the following information:

RF115 – Place of Service 24
 RF618 – Provider Type 43

RF122/RF132 Modifier SG -
 RF773 – Revenue Code 0490

Code								
30469		49615		C7511		C7527		C7543
33900		69728		C7512		C7528		C7544
33901		69729		C7513		C7529		C7545
33902		69730		C7514		C7530		C7546
33903		0775T		C7515		C7531		C7547
36836		C7500		C7516		C7532		C7548
36837		C7501		C7517		C7533		C7549
43290		C7502		C7518		C7534		C7550
43291		C7503		C7519		C7535		C7551
49591		C7504		C7520		C7536		C7552
49592		C7505		C7521		C7537		C7553
49593		C7506		C7522		C7538		C7554
49594		C7507		C7523		C7539		C7555
49595		C7508		C7524		C7540		
49613		C7509		C7525		C7541		
49614		C7510		C7526		C7542		

- Effective for January 1, 2023, the HCPCS code below has been updated.

D0364 - Cone Beam Ct Capture and Interpretation with Limited Field Of View - Less Than One Whole Jaw

RF123 Coverage Code 01

RF124 Change PA to 03 - PA Required for Both Acute and LTC

RF113 and RF127 – Age limits 000y to 999y

Limit 1: 4

Frequency 1: 1y

Procedure Maximum Limit 02

- Coverage Codes

Code	Description	Coverage Code	Effective Begin Date
91312	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease "Covid19") Vaccine, MRNA-LNP, Bivalent Spike Protein, Preservative Free, 30 Mcg/0.3 ml Dosage, Trissucrose Formulation, For Intramuscular Use	03 - Covered Service/Use Other Code	08/31/2022
91313	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease "Covid19") Vaccine, MRNA-LNP, Spike Protein, Bivalent, Preservative Free, 50 Mcg/0.5 ml Dosage, For Intramuscular Use	03 - Covered Service/Use Other Code	08/31/2022
91314	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease "Covid-19") Vaccine, MRNA-LNP, Spike Protein, Bivalent, Preservative Free, 25 Mcg/0.25 ml Dosage, For Intramuscular Use	03 - Covered Service/Use Other Code	08/31/2022
91315	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease "Covid-19") Vaccine, MRNA-LNP, Bivalent Spike Protein, Preservative Free, 10 Mcg/0.2 ml Dosage, Diluent Reconstituted, Tris-Sucrose Formulation, For Intramuscular Use	03 - Covered Service/Use Other Code	08/31/2022
G2066	Interrogation Device Evaluation(s), (Remote) up to 30 Days; Implantable	01 - Covered Service/Code Available	01/01/2023
M1072	Radiation Therapy for Anal Cancer Under the Radiation	10 - Non-Pay Category 2 Codes	01/01/2022
M1073	Radiation Therapy for Anal Cancer Under the Radiation	10 - Non-Pay Category 2 Codes	01/01/2022

- Effective for January 1 2023 the HCPCS code G2066 the following has been updated.

Limit 1: 1

Frequency 1: 30 days

Medicare Indicator

The Medicare Indicator has been changed to "N" for 0780T (Instillation of Stool Microorganism Suspension Via Rectal Enema into Lower Digestive Tract).

Modifiers

- Effective for January 1, 2023, the modifier 63 (Neonates/Infants Up to the 4-KG Cut Off) has been added to the following CPT codes.

Codes			
15778	33903	49593	49617
15853	33904	49594	49618
15854	36836	49595	49621
22860	36837	49596	49622
30469	43290	49613	49623
33900	43291	49614	55867
33901	49591	49615	
33902	49592	49616	

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

Code	Description	Modifier	Effective Begin Date
36466	Injection Of Chemical Agent into Multiple Incompetent Veins of Same Leg Using Ultrasound Guidance	50 - Bilateral Procedure (Pay 50%)	01/01/2022
A4239	Supply Allowance for Non-Adjunctive, Non-Implanted Continuous Glucose Monitor (CGM), Includes All Supplies And Accessories, 1 Month Supply = 1 Unit Of Service	KF - Item Designated by FDA As Class III Dev.	01/01/2023
E2103	Non-Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver	KF - Item Designated by FDA As Class III Dev.	01/01/2023
E2103	Non-Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver	RR - Rental/DME	01/01/2023
E2103	Non-Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver	UE - Used Durable Medical Equipment	01/01/2023

- Effective For January 1, 2023, the modifier GT (Telemedicine - Via Interactive Audio/Video) has been added to the CPT code 99418 (Prolonged Inpatient or Observation Service, Each 15 Minutes Of Total Time Beyond Required Time Of Primary Service).
- The end date for modifier QW (CLIA Waived Test) for 82962 (Blood Glucose (Sugar) Test Performed By Hand-Held Instrument) has been changed to 99/99/9999.
- Effective for January 1, 2023, the following modifiers have been added to the reference screens.

- N1 Group 1 oxygen coverage criteria met
- N2 Group 2 oxygen coverage criteria met
- N3 Group 3 oxygen coverage criteria met

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

Code	Description	Modifier	Effective Begin Date
49329	Other Procedure on Abdomen Using an Endoscope	82 - Assist Surg/Qual Resi	11/01/2021
85390	Fibrinolysins Or Coagulopathy Screen,	26 - Professional Component	10/01/2022
85576	Platelet Aggregation Function Test	26 - Professional Component	10/01/2022

- Effective for August 1, 2022, the modifier 63 (Neonates/Infants Up to the 4-KG Cut Off) has been added to CPT code 49205 (Removal or Destruction of Cysts or Growths of Abdominal Cavity, More Than 10.0 cm).
- The modifiers for HCPCS code A4216 (Sterile Water, Saline and/or Dextrose, Diluent/Flush, 10 ml) has been changed to the following:
 - RR (Rental/DME) begin date for 07/01/2021-99/99/9999
 - NU (New Equipment) end date to 99/99/9999=

Place of Service

- Effective for January 1, 2023, the following POS have been added to the CPT codes.

Code	Place of Service
99221	05, 07, 22
99222	05, 07, 22
99223	05, 07, 22
99231	05, 07, 22
99232	05, 07, 22
99233	05, 07, 22
99234	05, 07
99235	05, 07
99236	05, 07
99238	05, 07, 22
99239	05, 07, 22
99304	54
99305	54,
99306	54,

Code	Place of Service
99307	54,
99308	54,
99309	54,
99310	54,
99315	54,
99316	54,
99341	33,55
99342	33,55
99344	33,55
99345	33,55
99347	33,55
99348	33,55
99349	33,55
99350	33,55

05 Indian Health Service Free-Standing Facility

07 Tribal 638 Free-Standing Facility

22 Outpatient Hospital

33 Custodial Care Facility

54 Intermediate Care Facility/Mental Retard

55 Residential Substance Abuse Treat Facility

Category of Service

- Effective for December 31, 2022, the POS 06 (Indian Health Service Provider-Based Facility) and 08 (Tribal 638 Provider-Based Facility) has been **end dated** for the codes 99231, 99232, 99233.
- Effective for December 31, 2022 the POS 19 (Off Campus-Outpatient Hospital) and 23 (Emergency Room - Hospital) has been **end dated** for 99234, 99235, 99236.
- Effective for December 31, 2022, POS 06 (Indian Health Service Provider-Based Facility) and 08 (Tribal 638 Provider-Based Facility) and 32 has been **end dated** for 99252, 99253, 99254, 99255.
- Effective for January 1, 2023, the POS 22 (Outpatient Hospital) and 34(Hospice) has been **added** to 99252, 99253, 99254, 99255.
- Effective for December 31, 2022, the POS 06 (Indian Health Service Provider-Based Facility) and 08 (Tribal 638 Provider-Based Facility) has been **end dated** for 99281, 99292, 99283, 99284, 99285.
- Effective for January 1, 2023 the CPT code 99417 **End date has been changed to 99/99/9999** for POS 06 (Indian Health Service Provider-Based Facility) and 08 (Tribal 638 Provider-Based Facility). The POS 34 (Hospice) has been added to 99417.
- Effective for January 1, 2023, the CPT code 99418 has had the following POS added.
 - 02 Telehealth Provided Other Than In
 - 10 Telehealth Provided in Patient's Home De
 - 22 Outpatient Hospital
 - 51 Inpatient Psychiatric Facility
 - 52 Psych Facility Partial Hospitalization
 - 61 Comprehensive Inpatient Rehab Facility
- Effective for December 31, 2022, the POS 11 (Office), 19 (Off Campus-Outpatient Hospital), and 99 (Other Unlisted Facility) have been removed from the CPT code 99418 (Prolonged Inpatient Or Observation Service, Each 15 Minutes Of Total Time Beyond Required Time Of Primary Service).
- Effective for October 1, 2022 the POS 23 - (Emergency Room – Hospital) has been added to CPT codes 80303 (Drug Screen, Any Number Of Drug Classes, Presumptive) and 80304 (Drug Screen).
- The following Place of Service has been added to the CPT codes listed.

Code	Description	Place of Service	Effective Begin Date
11057	Removal Of Noncancer Thickened Skin Growth, More Than 4 Growths	12 Home	1/1/2022
11057	Removal Of Noncancer Thickened Skin Growth, More Than 4 Growths	13 – Assisted Living Facility	1/1/2022
87502	Detection Test by Nucleic Acid for Multiple Types Influenza Virus	50 - Federally Qualified Health Center	10/1/2022
87634	Detection Test by Nucleic Acid for Respiratory Syncytial Virus, Amplified Probe Technique	50 - Federally Qualified Health Center	10/1/2022
87635	Amplified DNA or RNA Probe Detection of Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Antigen	50 - Federally Qualified Health Center	10/1/2022
87651	Detection Test by Nucleic Acid for Strep (Streptococcus, Group A), Amplified Probe Technique	50 - Federally Qualified Health Center	10/1/2022
J1096	Dexamethasone, Lacrimal Ophthalmic Insert, 0.1 mg	24 - Ambulatory Surgical Center	1/1/2022

Prior Authorization

Code	Description	Prior Authorization	Effective Begin Date
XW013V7	Introduction Of Covid-19 Vaccine Dose 3 Into Subcutaneous Tissue, Percutaneous Approach,	04 - Pa Not Required for Acute Or LTC	04/01/2022
XW013W7	Introduction Of Covid-19 Vaccine Booster into Subcutaneous Tissue, Percutaneous Approach, New Technology Group 7;	04 - Pa Not Required for Acute Or LTC	04/01/2022
XW023W7	Introduction Of Covid-19 Vaccine Booster into Muscle, Percutaneous Approach, New Technology Group 7.	04 - Pa Not Required for Acute Or LTC	04/01/2022
XW0H7R7	Introduction Of Fostamatinib into Lower GI, Via Natural or Artificial Opening, New Technology Group 7.	04 - Pa Not Required for Acute Or LTC	04/01/2022
91316	Severe Acute Respiratory Syndrome Coronavirus 2	04 - Pa Not Required for Acute Or LTC	12/08/2022
0164A	Immunization Administration by Intramuscular Injection	04 - Pa Not Required for Acute Or LTC	12/08/2022

Procedure Daily Maximum

Code	Description	Procedure Daily Maximum
J9309	Injection, Polatuzumab Vedotin-Piiq, 1 mg	280
Q0249	Injection, Tocilizumab, For Hospitalized Adults and Pediatric Patients	325
Q4128	Flex HD, Allopatch Hd, Or Matrix HD, Per Square Centim	192
Q4128	Flex HD, Allopatch Hd, Or Matrix HD, Per Square Centim	840
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	48

Provider Type

- Effective for the dates listed the following HCPCS/CPT codes have been added to the provider's profile.

Code	Description	Provider Type	Effective Begin Date
76818	Ultrasound and Monitoring of Heart of Fetus	09 – Certified Nurse Midwife	1/1/2022
A9286	Hygienic Item or Device, Disposable or Non-Disposable, Any Type, Each	30 – DME Supplier	1/1/2022
G8427	Eligible Clinician Attests to Documenting in The Medical Record They Obtained, Updated, Or Reviewed the Patient's Current Medications	85 - Licensed Clinical Social Worker (LCSW)	1/1/2022
G8431	Screening For Depression Is Documented as Being Positive and A Follow-Up Plan Is Documented	85 - Licensed Clinical Social Worker (LCSW)	1/1/2022
G8510	Screening For Depression Is Documented as Negative, A Follow-Up Plan Is Not Required	85 - Licensed Clinical Social Worker (LCSW)	1/1/2022
S0013	Esketamine, Nasal Spray, 1 mg	03 - Pharmacy	1/1/2022
T4523	Adult Sized Disposable Incontinence Product, Brief/Diaper, Large, Each	30 - DME Supplier	1/1/2021
T4524	Adult Sized Disposable Incontinence Product, Brief/Diaper, Extra Large, Each	30 - DME Supplier	6/1/2022
T4525	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small Size, Each	30 - DME Supplier	1/1/2022
T4526	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Medium Size, Each	30 - DME Supplier	1/1/2022
T4527	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large Size, Each	30 - DME Supplier	1/1/2022
T4528	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Extra-Large Size, Each	30 - DME Supplier	1/1/2022
T4529	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Small/Medium Size, Each	30 - DME Supplier	1/1/2021
T4530	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large Size, Each	30 - DME Supplier	1/1/2021
T4531	Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small/Medium Size, Each	30 - DME Supplier	1/1/2022
T4532	Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large Size, Each	30 - DME Supplier	6/1/2022
T4533	Youth Sized Disposable Incontinence Product, Brief/Diaper, Each	30 - DME Supplier	1/1/2022
T4534	Youth Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Each	30 - DME Supplier	6/1/2022

Code	Description	Provider Type	Effective Begin Date
87633	Detection Test by Nucleic Acid for Multiple Types of Respiratory Virus, Multiple Types or Subtypes, 12-25 Targets	19 - Registered Nurse Practitioner	01/01/2022
93245	Heart Rhythm Recording, Analysis, Interpretation and Report of Continuous External EKG Over More Than 1 Week Up To 1 Weeks	19 - Registered Nurse Practitioner	01/01/2022
93246	Heart Rhythm Recording of Continuous External EKG Over 8-15 Days	19 - Registered Nurse Practitioner	01/01/2022
93247	Heart Rhythm Analysis and Report of Continuous External EKG Over 8-15 Days	19 - Registered Nurse Practitioner	01/01/2022
93248	Heart Rhythm Review and Interpretation of Continuous External EKG Over 8-15 Days	19 - Registered Nurse Practitioner	01/01/2022
G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s)	19 - Registered Nurse Practitioner	01/01/2022
Q5115	Injection, Rituximab-ABBS, Biosimilar, 10 mg	03 – Pharmacy	07/01/2022

- Effective for December 1, 2022, the CPT code 38241 (Transplantation of Patient-Derived Stem Cells) has been end
- Effective for December 1, 2022, the CPT code 38241 (Transplantation of Patient-Derived Stem Cells) has been **end dated** for Provider Type 19 (Registered Nurse Practitioner).
- Effective for June 1, 2022, the HCPCS code C1841 (Retinal Prosthesis, Includes All Internal and External Components) and C1842 (Retinal Prosthesis, Includes All Internal and External Components) have been end dated for the Provider Type 43 (Ambulatory Surgical Center).
- Effective for dates of service the CPT/HCPCS codes have been added to the Provider Type C2 (Federally Qualified Health Center (FQHC)) and C5 (638 FQHC).
- Effective for January 1, 2021, the following HCPCS codes have a new effective begin date for provider type 30 (DME Supplier).

T4524	T4525	T4526	T4527
T4528	T4531	T4533	T4534

- The following codes have been added to the provider types.

Code	Description	Provider Type		Effective Begin Date
		C2	C5	
		X	X	10/01/2022
97012	Application Of Mechanical Traction	X	X	10/01/2022
97014	Application Of Electrical Stimulation	X	X	10/01/2022
97112	Therapy Procedure to Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes	X	X	10/01/2022
97139	Other Therapeutic Procedure	X	X	10/01/2022
98940	Chiropractic Manipulative Treatment, 1-2 Spinal Regions	X	X	10/01/2022
98941	Chiropractic Manipulative Treatment, 3-4 Spinal Regions	X	X	10/01/2022
98942	Chiropractic Manipulative Treatment, 5 Spinal Regions	X	X	10/01/2022
98943	Chiropractic Manipulative Treatment to Regions Other Than Spine	X	X	10/01/2022

Revenue Codes

- Effective for dates listed the following Revenue Codes have been added to the CPT/HCPCS codes.

Code	Description	Revenue Code	Effective Begin Date
43497	Incision of Muscle of Lower Esophagus Using an Endoscope	0750 - Gastr-Ints Svs	01/01/2022
G0499	Hepatitis B Screening In Non-Pregnant, High Risk Individual	0300 - Laboratory	01/01/2022
G0499	Hepatitis B Screening In Non-Pregnant, High Risk Individual	0302 - Lab/Immunology	01/01/2022
J1096	Dexamethasone, Lacrimal Ophthalmic Insert, 0.1 mg	0490—AMBUL SURG)	01/01/2022

- Effective 1/1/2023 the following Revenue Codes have been **added** to the CPT codes on the Reference Screen (RF773).

Codes	Revenues	Codes	Revenue Codes
15778	0450	36836	0361 & 0490
36837	0340 & 0490	93569	0480
93573	0480	93574	0480
93575	0480	95919	0929
96202	0900	96203	0900
98978	0900, 0907, 0940	99418	0513, 0516, 0517, 0519, 0520, 0521, 0526, 0529

Prior Authorization

Code	Description	Prior Authorization	Effective Begin Date
XW013V7	Introduction Of Covid-19 Vaccine Dose 3 Into Subcutaneous Tissue, Percutaneous Approach,	04 - Pa Not Required for Acute Or LTC	04/01/2022
XW013W7	Introduction Of Covid-19 Vaccine Booster into Subcutaneous Tissue, Percutaneous Approach, New Technology Group 7;	04 - Pa Not Required for Acute Or LTC	04/01/2022
XW023W7	Introduction Of Covid-19 Vaccine Booster into Muscle, Percutaneous Approach, New Technology Group 7.	04 - Pa Not Required for Acute Or LTC	04/01/2022
XW0H7R7	Introduction Of Fostamatinib into Lower GI, Via Natural or Artificial Opening, New Technology Group 7.	04 - Pa Not Required for Acute Or LTC	04/01/2022
91316	Severe Acute Respiratory Syndrome Coronavirus 2	04 - Pa Not Required for Acute Or LTC	12/08/2022
0164A	Immunization Administration by Intramuscular Injection	04 - Pa Not Required for Acute Or LTC	12/08/2022

Procedure Daily Maximum

Code	Description	Procedure Daily Maximum
J9309	Injection, Polatuzumab Vedotin-Piiq, 1 mg	280
Q0249	Injection, Tocilizumab, For Hospitalized Adults and Pediatric Patients	325
Q4128	Flex HD, Allopatch Hd, Or Matrix HD, Per Square Centim	192
Q4128	Flex HD, Allopatch Hd, Or Matrix HD, Per Square Centim	840
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	48