

Inside this Edition

Age Change	1
Anesthesia	2
ASC Codes	2
Bill Type	3
Category of Service	4-6
Codes	7-8
Coverage Code	9-10
Definition Changes	11
End Date	
ICD-10 Codes	12
Indicators	
Medicare Indicators	13
Modifiers	13-16
Place of Service	17-19
Procedure Daily Max	19
Provider Type	20-22
Revenue Code VFC	23

Code	Description	Age Change
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 6 Through 11 Years	006y – 011y
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	006y – 011y
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	006y – 011y
0483T	Insertion of Artificial Valve Between Left Heart Chambers, Accessed Through the Skin	000y - 999y
58661	Removal of Ovaries and/or Tubes Using an Endoscope	002y – 999y
90672	Influenza Vaccine, Quadrivalent for Nasal Administration	002y – 049y
90672	Influenza Vaccine, Quadrivalent for Nasal Administration	002y - 049y
90698	Diphtheria, Tetanus, Acellular Pertussis, Polio, and Haemophilus Influenzae Type B Vaccine	000y – 004y
90715	Diphtheria, Tetanus, and Acellular Pertussis Vaccine (7 Years or Older)	007y – 999y
94780	Test Of Car Seat or Bed (1 Year or Younger), 1 Hour	000m – 012m
94781	Test Of Car Seat or Bed (1 Year or Younger), Each Additional 30 Minutes	000m – 012m

Anesthesia

- The Anesthesia Basic Value: has been changed to 13.0 for the CPT code 00792 (Anesthesia for Partial Removal of Liver or Management of Bleeding Including Use of An Endoscope).
- The Anesthesia Base Value for the CPT code 01937 (Anesthesia for Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of Neck or Upper Back Accessed Through Skin Using Imaging Guidance) has been changed to 4.

ASC Codes

Effective for January 1, 2023, the following CPT/HCPCS codes have been updated with

Provider Type 43 Revenue Code 0490 Modifier SG Place of Service 24

CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE
19307	37247	58262	90690	0330T	0503T	A2010	C7510	C7545
20225	37249	58544	90691	0331T	0508T	A2011	C7511	C7546
20936	37252	58553	90698	0332T	0510T	A2012	C7512	C7547
20937	37253	58554	90717	0335T	0511T	A2013	C7513	C7548
20938	38232	59072	90740	0347T	0512T	A2014	C7514	C7549
21011	38531	60512	90743	0348T	0513T	A2015	C7515	C7550
21365	38573	63055	90744	0349T	0523T	A2016	C7516	C7551
22842	43284	64462	90746	0350T	0524T	A2017	C7517	C7552
22853	43285	64632	90747	0353T	0525T	A2018	C7518	C7553
22854	43290	67710	90759	0379T	0526T	A4100	C7519	C7554
22858	43291	69209	91300	0394T	0527T	A9527	C7520	C7555
22859	43762	69728	91301	0395T	0530T	A9576	C7521	C9101
27197	43774	69729	91303	0402T	0531T	A9577	C7522	C9776
27198	47531	69730	91305	0422T	0532T	A9578	C7523	C9777
30469	47532	74175	91307	0424T	0558T	A9579		

Bill Type

- The following Bill Types have been added to the Reference Screen (RF786-Bill Type to Form Type).

Bill Type	Form Type	Description	Effective Begin Date
790	O	Clinic - Other, Zero Pay	1/1/2012
791	O	Clinic - Other, Admit Thru Discharge	1/1/2012
792	O	Clinic - Other (1 st Claim)	1/1/2021
793	O	Clinic - Other (Interim, Con't Claim)	1/1/2012
794	O	Clinic - Other (Last Claim)	1/1/2012
797	O	Clinic - Other (Replacement)	1/1/2012
798	O	Clinic - Other (Canc Prior Claim)	1/1/2012

- The following Bill Types have been changed from Inpatient to Outpatient and kept their Effective Begin Date.

Bill Type	Form Type	Description	Effective Begin Date
820	O	Spec Fac, Hospice (Hosp), Zero Pay	1/1/2008
821	O	Spec Fac Hospice (Hosp) Admit Thru Discharge	10/1/1982
822	O	Spec Fac Hospice (Hosp)Interim 1st Claim	10/1/1982
823	O	Spec Fac Hospice (Hosp)Interim Con't Clm	10/1/1982
824	O	Pec Fac Hospice (Hosp)Interim Last Claim	1/1/2009
826	O	Spec Fac Hospice (Hosp)Adj Prior Claim	10/1/1982
827	O	Spec Fac Hos (Hosp)Replc of Prior Claim	10/1/1982
828	O	Spec Fac Hospice (Hosp)Void/Canc Pri Clm	10/1/1982

Category of Service

- Effective for January 1, 2023, the HCPCS Code G0103 (Prostate Cancer Screening; Prostate Specific Antigen Test (PSA)) now has a COS of 12 (Pathology & Laboratory).
- The following HCPCS codes have had the COS 15 (DME & Appliances) end dated as of May 31, 2022, and COS 40 (Medical Supplies) effective June 1, 2022

Code	Description
V5171	Hearing Aid, Contralateral Routing Device, Monaural, In the Ear (ITE)
V5171	Hearing Aid, Contralateral Routing Device, Monaural, In the Ear (ITE)
V5172	Hearing Aid, Contralateral Routing Device, Monaural, In the Canal (ITC)
V5172	Hearing Aid, Contralateral Routing Device, Monaural, In the Canal (ITC)
V5190	Hearing Aid, Contralateral Routing, Monaural, Glasses
V5211	Hearing Aid, Contralateral Routing System, Binaural, ITE/ITE
V5212	Hearing Aid, Contralateral Routing System, Binaural, ITE/ITC
V5213	Hearing Aid, Contralateral Routing System, Binaural, ITE/BTE
V5214	Hearing Aid, Contralateral Routing System, Binaural, ITC/ITC
V5221	Hearing Aid, Contralateral Routing System, Binaural, BTE/BTE
V5230	Hearing Aid, Contralateral Routing System, Binaural, Glasses

- The following HCPCS codes have had COS 7 (Speech/Hearing Therapy) end dated as of December 31, 2021, and COS 15 (DME & Appliances) effective January 1, 2022.

Code	Description
V5008	Hearing Screening
V5010	Assessment For Hearing Aid
V5011	Fitting/Orientation/Checking of Hearing Aid
V5014	Repair/Modification of A Hearing Aid
V5020	Conformity Evaluation
V5090	Dispensing Fee, Unspecified Hearing Aid
V5110	Dispensing Fee, Bilateral
V5160	Dispensing Fee, Binaural
V5200	Dispensing Fee, Contralateral, Monaural
V5240	Dispensing Fee, Contralateral Routing System, Binaural
V5241	Dispensing Fee, Monaural Hearing Aid, Any Type

- Effective for December 31, 2021, COS 40 (Medical Supplies) has been end dated and Effective January 1, 2022 COS 15 (DME & Appliances) added.

Code	
V5030	Hearing Aid, Monaural, Body Worn, Air Conduction
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction
V5050	Hearing Aid, Monaural, In the Ear
V5060	Hearing Aid, Monaural, Behind the Ear
V5070	Glasses, Air Conduction
V5080	Glasses, Bone Conduction
V5095	Semi-Implantable Middle Ear Hearing Prosthesis
V5120	Binaural, Body
V5130	Binaural, In the Ear
V5140	Binaural, Behind the Ear
V5150	Binaural, Glasses
V5171	Hearing Aid, Contralateral Routing Device, Monaural, In the Ear
V5172	Hearing Aid, Contralateral Routing Device, Monaural, In the Canal
V5181	Hearing Aid, Contralateral Routing Device, Monaural,
V5190	Hearing Aid, Contralateral Routing, Monaural, Glasses
V5211	Hearing Aid, Contralateral Routing System, Binaural, ITE/ITE
V5212	Hearing Aid, Contralateral Routing System, Binaural, ITE/ITC
V5213	Hearing Aid, Contralateral Routing System, Binaural, ITE/BTE
V5214	Hearing Aid, Contralateral Routing System, Binaural, ITC/ITC
V5215	Hearing Aid, Contralateral Routing System, Binaural, ITC/BTE
V5221	Hearing Aid, Contralateral Routing System, Binaural, BTE/BTE
V5230	Hearing Aid, Contralateral Routing System, Binaural, Glasses
V5242	Hearing Aid, Analog, Monaural, CIC (Completely In The Ear Canal)
V5243	Hearing Aid, Analog, Monaural, ITC (In the Canal)
V5244	Hearing Aid, Digitally Programmable Analog, Monaural, CIC
V5245	Hearing Aid, Digitally Programmable, Analog, Monaural, ITC
V5246	Hearing Aid, Digitally Programmable Analog, Monaural, ITC
V5247	Hearing Aid, Digitally Programmable Analog, Monaural, BTE (Behind
V5248	Hearing Aid, Analog, Binaural, CIC
V5249	Hearing Aid, Analog, Binaural, ITC
V5250	Hearing Aid, Digitally Programmable Analog, Binaural, CIC

Code	
V5251	Hearing Aid, Digitally Programmable Analog, Binaural, ITC
V5252	Hearing Aid, Digitally Programmable, Binaural, ITE
V5253	Hearing Aid, Digitally Programmable, Binaural, BTE
V5254	Hearing Aid, Digital, Monaural, CIC
V5255	Hearing Aid, Digital, Monaural, ITC
V5256	Hearing Aid, Digital, Monaural, ITE
V5257	Hearing Aid, Digital, Monaural, BTE
V5258	Hearing Aid, Digital, Binaural, CIC
V5259	Hearing Aid, Digital, Binaural, ITC
V5260	Hearing Aid, Digital, Binaural, ITE
V5261	Hearing Aid, Digital, Binaural, BTE
V5262	Hearing Aid, Disposable, Any Type, Monaural
V5263	Hearing Aid, Disposable, Any Type, Binaural
V5264	Ear Mold/Insert, Not Disposable, Any Type
V5265	Ear Mold/Insert, Disposable, Any Type
V5266	Battery For Use in Hearing Device
V5267	Hearing Aid or Assistive Listening Device/Supplies/Accessories,

- Effective for December 31, 2021, COS 40 (Medical Supplies) has been end dated and Effective January 1, 2022 COS 15 (DME & Appliances) added.

Code	Description
V5008	Hearing Screening
V5010	Assessment For Hearing Aid
V5011	Fitting/Orientation/Checking of Hearing Aid
V5014	Repair/Modification of A Hearing Aid
V5020	Conformity Evaluation

- Effective for January 1, 2023, COS 01(Medicine) has been added to 95919 (Measurement of Pupil with Healthcare Professional Interpretation and Report).

Codes

- Effective for April 1, 2023, the following ICD-10 codes have been added to the Reference Screens.

Code	Description	Code	Description
02LW0DJ	Occlusion of Thoracic Aorta, Descending with Intraluminal Device, Temporary, Open Approach	302A3J1	Transfusion of Nonautologous Serum Albumin into Bone Marrow, Percutaneous Approach
04L00DJ	Occlusion of Abdominal Aorta with Intraluminal Device, Temporary, Open Approach	302A3K0	Transfusion of Autologous Frozen Plasma into Bone Marrow, Percutaneous Approach
0P530Z3	Destruction of Cervical Vertebra using Laser Interstitial Thermal Therapy, Open Approach	302A3K1	Transfusion of Nonautologous Frozen Plasma into Bone Marrow, Percutaneous Approach
0P533Z3	Destruction of Cervical Vertebra using Laser Interstitial Thermal Therapy, Percutaneous Approach	302A3L0	Transfusion of Autologous Fresh Plasma into Bone Marrow, Percutaneous Approach
0P534Z3	Destruction of Cervical Vertebra using Laser Interstitial Thermal Therapy, Percutaneous Endoscopic Approach	302A3L1	Transfusion of Nonautologous Fresh Plasma into Bone Marrow, Percutaneous Approach
0P540Z3	Destruction of Thoracic Vertebra using Laser Interstitial Thermal Therapy, Open Approach	302A3N0	Transfusion of Autologous Red Blood Cells into Bone Marrow, Percutaneous Approach
0P543Z3	Destruction of Thoracic Vertebra using Laser Interstitial Thermal Therapy, Percutaneous Approach	302A3N1	Transfusion of Nonautologous Red Blood Cells into Bone Marrow, Percutaneous Approach
0P544Z3	Destruction of Thoracic Vertebra using Laser Interstitial Thermal Therapy, Percutaneous Endoscopic Approach	302A3P0	Transfusion of Autologous Frozen Red Cells into Bone Marrow, Percutaneous Approach
0Q500Z3	Destruction of Lumbar Vertebra using Laser Interstitial Thermal Therapy, Open Approach	302A3P1	Transfusion of Nonautologous Frozen Red Cells into Bone Marrow, Percutaneous Approach
0Q503Z3	Destruction of Lumbar Vertebra using Laser Interstitial Thermal Therapy, Percutaneous Approach	302A3R0	Transfusion of Autologous Platelets into Bone Marrow, Percutaneous Approach
0Q504Z3	Destruction of Lumbar Vertebra using Laser Interstitial Thermal Therapy, Percutaneous Endoscopic Approach	302A3R1	Transfusion of Nonautologous Platelets into Bone Marrow, Percutaneous Approach
0Q510Z3	Destruction of Sacrum using Laser Interstitial Thermal Therapy, Open Approach	XW013G6	Introduction of REGN-COV2 Monoclonal Antibody into Subcutaneous Tissue, Percutaneous Approach, New Technology Group 6
0Q513Z3	Destruction of Sacrum using Laser Interstitial Thermal Therapy, Percutaneous Approach	XW0DXK8	Introduction of Sabizabulin into Mouth and Pharynx, External Approach, New Technology Group 8
0Q514Z3	Destruction of Sacrum using Laser Interstitial Thermal Therapy, Percutaneous Endoscopic Approach	XW0G7K8	Introduction of Sabizabulin into Upper GI, Via Natural or Artificial Opening, New Technology Group 8
302A3H0	Transfusion of Autologous Whole Blood into Bone Marrow, Percutaneous Approach	XW0H7K8	Introduction of Sabizabulin into Lower GI, Via Natural or Artificial Opening, New Technology Group 8
302A3H1	Transfusion of Nonautologous Whole Blood into Bone Marrow, Percutaneous Approach	XW133J8	Transfusion of Exagamglogene Autotemcel into Peripheral Vein, Percutaneous Approach, New Technology Group 8
302A3J0	Transfusion of Autologous Serum Albumin into Bone Marrow, Percutaneous Approach	XW143J8	Transfusion of Exagamglogene Autotemcel into Central Vein, Percutaneous Approach, New Technology Group 8

- Effective April 1, 2023, the following CPT/HCPCS codes have been added to the Reference Screens.

CPT/HCPCS CODES				
91326	0282A	0309A	A4341	M0010
91327	0283A	0364U	A4342	Q4265
91328	0284A	0365U	A4560	Q4266
91329	0285A	0366U	A6590	Q4267
91330	0286A	0367U	A6591	Q4268
0260A	0287A	0368U	A7049	Q4269
0261A	0288A	0369U	C9145	Q4270
0262A	0289A	0370U	C9146	Q4271
0263A	0290A	0371U	C9147	Q5127
0264A	0291A	0372U	C9148	Q5128
0265A	0292A	0373U	E0677	Q5129
0266A	0293A	0374U	E0711	Q5130
0267A	0294A	0375U	E1905	S9563
0268A	0295A	0376U	J0208	
0269A	0296A	0377U	J0218	
0270A	0297A	0378U	J0612	
0271A	0298A	0379U	J0613	
0272A	0299A	0380U	J1411	
0273A	0300A	0381U	J1449	
0274A	0301A	0382U	J1747	
0275A	0302A	0383U	J2403	
0276A	0303A	0384U	J9196	
0277A	0304A	0385U	J9294	
0278A	0305A	0386U	J9296	
0279A	0306A	A2019	J9297	
0280A	0307A	A2020	K1035	
0281A	0308A	A2021	L8678	

- The following codes have been **added** or **end dated**.

Code	Description	Effective Begin Date	End Dated
98960	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; individual patient		03/01/2023
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		03/01/2023
98962	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; 5-8 patients		03/01/2023
J1954	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5mg	01/01/2023	
J9314	Injection, pemetrexed (TEVA) not therapeutically equivalent to J9305, 10 mg.	01/01/2023	

Coverage Codes

- The following CPT/HCPCS codes have had the Coverage Code changed.

Code	Description	Coverage Code	Begin Date
20560	Insertion Of Needle, 1-2 Muscles	09 - Medicare Only	7/1/2022
20561	Insertion Of Needle, 3 Muscles or More	09 - Medicare Only	7/1/2022
95800	Sleep Study Including Heart Rate, Breathing, And Sleep Time	01 - Covered Service/Code Available	1/1/2023
0324U	Culture Of Spheroid Ovarian Cancer Cells for Evaluation Of 4 Drugs (Carboplatin, Doxorubicin, Gemcitabine, Paclitaxel), Result Reported as Tumor Chemotherapy Response Prediction for Each Drug	04 - Not Covered Service/Code Not Available	3/31/2023
0325U	Culture Of Spheroid Ovarian Cancer Cells for Evaluation of Poly (ADP-Ribose) Polymerase (PARP) Inhibitors (Niraparib, Olaparib, Rucaparib, Velparib), Result Reported as Tumor Chemotherapy Response Prediction for Each Drug	04 - Not Covered Service/Code Not Available	3/31/2023
A4341	Indwelling Catheter, Foley Type, Two-way, Teflon	01 - Covered Service/Code Available	4/1/2023
A4342	Indwelling Catheter, Foley Type, Two-way, Latex	01 - Covered Service/Code Available	4/1/2023
A4456	Adhesive Remover, Wipes, Any Type, Each	09 - Medicare Only	7/1/2022
A4560	Neuromuscular Electrical Stimulator (NMES), Disposable	01 - Covered Service/Code Available	4/1/2023
A6590	External Urinary Catheters; Disposable,	01 - Covered Service/Code Available	4/1/2023
A6591	External Urinary Catheter; Non-Disposable,	01 - Covered Service/Code Available	4/1/2023
A7049	Expiratory Positive Airway Pressure Intranasal	01 - Covered Service/Code Available	4/1/2023
C1834	Pressure Sensor System, Includes All Components (E.G., Introducer, Sensor), Intramuscular (Implantable), Excludes Mobile (Wireless) Software Application	04 - Not Covered Service/Code Not Available	3/31/2023
G2023	Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Any Specimen Source	04 - Not Covered Service/Code Not Available	5/11/2023
G2024	Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) From an Individual in A SNF Or by A Laboratory on Behalf Of A HHA, Any Specimen Source	04 - Not Covered Service/Code Not Available	5/11/2023

G2024	Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) From an Individual in A SNF Or by A Laboratory on Behalf of A HHA, Any Specimen Source	04 - Not Covered Service/Code Not Available	5/11/2023
J0610	Injection, Calcium Gluconate (Fresenius KABI), Per 10 ml	04 - Not Covered Service/Code Not Available	3/31/2023
J0610	Injection, Calcium Gluconate (Fresenius KABI), Per 10 ml	04 - Not Covered Service/Code Not Available	3/31/2023
J0611	Injection, Calcium Gluconate (WG Critical Care), Per 10 ml	04 - Not Covered Service/Code Not Available	3/31/2023
J0611	Injection, Calcium Gluconate (WG Critical Care), Per 10 ml	04 - Not Covered Service/Code Not Available	3/31/2023
Q5115	Injection, Rituximab-Abbs, Biosimilar, 10 mg	01 - Covered Service/Code Available	6/1/2022
U0003	Infectious Agent Detection by Nucleic Acid (DNA Or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Amplified Probe Technique, Making Use of High Throughput Technologies as Described By CMS-2020-01-R	04 - Not Covered Service/Code Not Available	5/11/2023
U0004	2019-Ncov Coronavirus, Sars-Cov-2/2019-Ncov (Covid-19), Any Technique, Multiple Types or Subtypes (Includes All Targets), Non-CDC, Making Use of High Throughput Technologies as Described By CMS-2020-01-R	04 - Not Covered Service/Code Not Available	5/11/2023
U0005	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Amplified Probe Technique, CDC Or Non-CDC, Making Use of High Throughput Technologies, Completed Within 2 Calendar Days from Date of Specimen Collection (List Separately in Addition to Either HCPCS Code U0003 Or U0004) As Described By CMS-2020-01-R2	04 - Not Covered Service/Code Not Available	5/11/2023
Y07.01	Husband, Perpetrator of Maltreatment and Neglect	04 - Not Covered Service/Code Not Available	4/1/2023
Y07.02	Wife, Perpetrator of Maltreatment and Neglect	04 - Not Covered Service/Code Not Available	4/1/2023
Y07.03	Male Partner, Perpetrator of Maltreatment And	04 - Not Covered Service/Code Not Available	4/1/2023
Y07.4	Female Partner, Perpetrator of Maltreatment And	04 - Not Covered Service/Code Not Available	4/1/2023
Z59.1	Inadequate Housing	04 - Not Covered Service/Code Not Available	4/1/2023

Definition Changes

The definitions for the following codes have been revised on Reference Screen RF110 (Procedure Codes and Descriptions).

Codes									
15851	81445	99235	99344	0073A	0730T	G2141	G8650	G8844	G9913
22857	81450	99236	99345	0074A	0731T	G2146	G8651	G8852	G9943
27280	81455	99242	99347	0081A	0732T	G2147	G8652	G8854	G9946
50080	87913	99243	99348	0082A	0733T	G2152	G8654	G8923	G9949
50081	90739	99244	99349	0083A	0734T	G2167	G8655	G8934	G9968
64415	91304	99245	99350	0094A	0735T	G2174	G8656	G8942	G9969
64416	91305	99252	99417	0111A	0736T	G2182	G8658	G8968	G9970
64417	91306	99253	99446	0112A	0737T	G2199	G8659	G9315	G9990
64445	91307	99254	99451	0714T	3022F	G2202	G8660	G9404	G9991
64446	91308	99255	99483	0715T	3750F	G2204	G8662	G9407	G9993
64447	91309	99281	99495	0716T	A4238	G2207	G8663	G9418	J0131
64448	91311	99282	0003A	0717T	C1831	G2210	G8664	G9500	J0610
66174	92065	99283	0004A	0718T	C9761	G2212	G8666	G9501	J9041
66175	92284	99284	0013A	0719T	E2102	G4013	G8667	G9624	M1003
69716	93568	99285	0034A	0720T	G0029	G4020	G8668	G9626	M1052
69717	98976	99304	0041A	0721T	G0030	G8451	G8670	G9662	
69719	98977	99305	0042A	0722T	G0442	G8539	G8694	G9663	
69726	99221	99306	0051A	0723T	G0444	G8543	G8708	G9781	
69727	99222	99307	0052A	0724T	G0917	G8600	G8710	G9789	
76882	99223	99308	0053A	0725T	G2136	G8601	G8711	G9847	
78803	99231	99309							

- The ICD-10 code Z59.87 has a definition change to read: **Material hardship due to limited financial resources, NEC.**

End Date

Effective December 31, 2022, the HCPCS code J9314 (Injection, Romidepsin, Non-Lyophilized) has had the following end dated.

Coverage Code 04

POS: 06, 08, 19, 21, 22

PT: 08.31

Modifiers: CR, GA, GX, GZ

Revenue Code 0250, 0636

ICD-10 Codes

Effective for April 1, 2023, the ICD-10 codes have been added to the Reference Screens.

ICD-10 Codes			
T74A	T76A2XA	Y0705	Z5912
T74A1	T76A2XD	Y07050	Z5919
T74A1XA	T76A2XS	Y07051	Z62814
T74A1XD	Y0701	Y0744	Z62815
T74A1XS	Y07010	Y0745	Z9114
T74A2	Y07011	Y0746	Z91141
T74A2XA	Y0702	Y0747	Z91148
T74A2XD	Y07020	Y0754	Z9115
T74A2XS	Y07021	Z556	Z91151
T76A	Y0703	Z588	Z91158
T76A1	Y07030	Z5881	Z91413
T76A1XA	Y07031	Z5889	Z91414
T76A1XD	Y0704	Z591	
T76A1XS	Y07040	Z5910	
T76A2	Y07041	Z5911	

Indicators

Gender Indicators have been added on the Reference Screen for the following codes.

Code	Description	Indicator
0359U	Oncology (Prostate Cancer), Analysis of All Prostate-Specific Antigen (PSA)	M – Male
0738T	Treatment Planning for Destruction of Prostate Cancer	M – Male
0739T	Destruction Of Prostate Cancer by Magnetic Field Induction	M – Male

Medicare Indicator

- Effective for December 31, 2022, the Medicare Indicator has been changed to “N” No for the CPT codes.
99358 - Extended Patient Service Without Direct Patient Contact, First Hour
99359 - Extended Patient Service Without Direct Patient Contact, Each Additional 30 Minutes

Modifiers

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

Code	Modifiers								Code	Modifiers							
	CA	PA	PB	PC	50	73	78	90		CA	PA	PB	PC	50	73	78	90
15778		X	X	X					81449								X
15853		X	X	X					81451								X
15854		X	X	X					81456								X
22860	X	X	X	X			X		84433								X
30469		X	X	X			X		87467								X
33900	X	X	X	X			X		87468								X
33901	X	X	X	X			X	X	87469								X
33902	X	X	X	X			X	X	87478								X
33903	X	X	X	X			X	X	87484								X
33904	X	X	X	X			X	X	93569		X	X	X				X
36836		X	X	X			X	X	93573		X	X	X				X
36837		X	X	X		X	X	X	93574		X	X	X				X

- Effective May 31, 2022, the modifiers LL, NR, NU, RA, RB, RR have been **end dated**.

Code			
K1001	K1014	K1019	Q0510
K1002	K1015	K1020	Q0511
K1003	K1016	K1026	Q0512
K1005	K1017	K1028	Q0184
K1013	K1018	K1029	

- Effective January 1, 2023, the modifiers JK (One month supply or less of drug or biological) and JL (Three-month supply of drug or biological) have been added to the Reference Screens RF114 and RF119.
- Effective for June 1, 2022, the modifiers 96 (Habilitation Services:) and 97 (Rehabilitative Services: When A Service) have been added to the following codes on RF121 Screen.

90901	92522	92606	92612	95992	97608
90912	92523	92607	92614	96105	97610
90913	92524	92608	92616	96111	G0281
92507	92526	92609	92618	96125	G0283
92508	92597	92610	95851	97606	G0329
92521	92605	92611	95852	97607	

- Effective for the dates listed, the following modifiers have been added and/or end dated to the CPT/HCPCS codes.

Code	Description	Modifier	Begin Date	End Date
11055	Removal Of Noncancer Thickened Skin Growth, 1 Growth	79 - Unrelated Procedure/Service Same MD Post-OP	6/1/2022	
15733	Creation Of Flap Graft to Head and/or Neck	62 - Two Surgeons/Different	1/1/2023	
20934	Graft Of Donor Bone to Long Bone Between Joints	AS - PA Services for Assistant/At Surgery	1/1/2022	
20934	Graft Of Donor Bone to Long Bone Between Joints	80 - Assistant Surgeon	1/1/2022	
20934	Graft Of Donor Bone to Long Bone Between Joints	81 - Minimum Assistant Surgeon	1/1/2022	
20934	Graft Of Donor Bone to Long Bone Between Joints	82 - Assist Surg/Qual Resident Surg Not Available	1/1/2022	
28555	Treatment Of Dislocated Midfoot or Hindfoot Bones	50 - Bilateral Procedure (Pay 50%)	7/1/2022	
33390	Simple Repair of Aortic Valve on Heart-Lung Machine	63 - Neonates/Infants Up to the 4-KG Cut Off	10/1/2022	
33969	Removal Of Tube for Ecmo External Blood Circulation in Heart and Lungs Using a Pump (5 Years or Younger)	63 - Neonates/Infants Up to the 4-KG Cut Off	1/1/2023	
40806	Incision Of Tissue Joining Lip and Gum	AS - PA SVCS For Assistant		12/31/2022
40819	Removal Of Tissue at Dental Edge and Cheek	AS - PA SVCS For Assistant		12/31/2022
41010	Incision Of Tissue Connecting Tongue and Floor of Mouth	AS - PA SVCS For Assistant		12/31/2022
41115	Removal Of Tissue Connecting Tongue and Floor of Mouth	AS - PA SVCS For Assistant		12/31/2022
44381	Balloon Dilation of Small Bowel Using an Endoscope	58 - Staged/Related Procedure Same Post-OP Period	1/1/2022	
99205	New Patient Office or Other Outpatient Visit, 60-74 Minutes	FS - Split (Or Shared) Evaluation & Management	9/1/2022	
99418	Prolonged Inpatient or Observation Service, each 15 Minutes of Total Time Beyond Required Time of Primary Service	24 - Unrelated Eval & Mgmt Service	1/1/2023	
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	N1 - Group 1 Oxygen Coverage Criteria Met	1/1/2023	
A7030	Full face mask used with positive airway pressure device, each	N2 - Group 2 Oxygen Coverage Criteria Met	1/1/2023	
A7031	Face mask interface, replacement for full face mask, each	N3 - Group 3 Oxygen Coverage Criteria Met	1/1/2023	

A7036	Chinstrap used with positive airway pressure device	N1 - Group 1 Oxygen Coverage Criteria Met	1/1/2023	
A7037	Tubing used with positive airway pressure device	N2 - Group 2 Oxygen Coverage Criteria Met	1/1/2023	
A7038	Filter, disposable, used with positive airway pressure device	N3 - Group 3 Oxygen Coverage Criteria Met	1/1/2023	
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	N1 - Group 1 Oxygen Coverage Criteria Met	1/1/2023	
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	N2 - Group 2 Oxygen Coverage Criteria Met	1/1/2023	
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	N3 - Group 3 Oxygen Coverage Criteria Met	1/1/2023	
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	N2 - Group 2 Oxygen Coverage Criteria Met	1/1/2023	
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	N1 - Group 1 Oxygen Coverage Criteria Met	1/1/2023	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	N2 - Group 2 Oxygen Coverage Criteria Met	1/1/2023	
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	N3 - Group 3 Oxygen Coverage Criteria Met	1/1/2023	
E1399	Durable medical equipment, miscellaneous	N1 - Group 1 Oxygen Coverage Criteria Met	1/1/2023	
J1561	Injection, Immune Globulin, (Gamunex-C/Gammaked), Non-Lyophilized (E.G., Liquid), 500 mg	KQ - Second or Subsequent Drug of a Multiple Dose	4/1/2022	
J1561	Injection, Immune Globulin, (Gamunex-C/Gammaked), Non-Lyophilized (E.G., Liquid), 500 mg	KP – First Drug of a Multiple Drug Unit Dose	4/1/2022	
J2350	Injection, Ocrelizumab, 1 mg	PN - Non-Excepted Service Provided at An Off-Campus, Outpatient, Provider-Based Department of a Hospital	8/30/2022	
S9484	Crisis Intervention Mental Health Services, Per Hour	59 - Distinct Procedural Service	1/1/2022	

- Effective October 1, 2023, the HCPCS code Q4078 (Supply of Radiopharmaceutical Diagnostic Imaging Agent,) had modifiers LL, NR, NU, RA, RB, RR **added**.
- Effective for December 31, 2022, the following modifiers have been **end dated** for the codes listed (if applicable) below.

22	Unusual Procedural Services	GQ	Vua Asynchronous Telecommunications System
51	Multiple Procedures	PO	Services, Procedures and/or Surgeries Pr
52	Reduced Services	QB	Avg Day/Nite O2 > 4 Lpm/Port
59	Distinct Procedural Service	XP	Separate Practitioner, A Service That Is
76	Repeat Procedure by Same Md	XS	Separate Structure, A Service That Is Di
77	Repeat Procedure/Another Physician	XU	Unusual Non-Overlapping Service, The Use

Codes					
99202	99236	99307	99348	99386	99479
99203	99238	99308	99349	99387	99480
99204	99239	99309	99350	99391	99483
99205	99241	99310	99354	99392	99484
99211	99242	99315	99355	99393	99485
99212	99243	99316	99356	99394	99486
99213	99244	99318	99357	99395	99492
99214	99245	99324	99358	99396	99493
99215	99251	99325	99359	99397	99494
99217	99252	99326	99360	99401	99497
99218	99253	99327	99366	99402	99498
99219	99254	99328	99367	99403	99499
99220	99255	99334	99368	99404	
99221	99281	99335	99374	99411	
99222	99282	99336	99375	99412	
99223	99283	99337	99377	99417	
99224	99284	99339	99378	99429	
99225	99285	99340	99379	99441	
99226	99288	99341	99380	99442	
99231	99291	99342	99381	99443	
99232	99292	99343	99382	99453	
99233	99304	99344	99383	99457	
99234	99305	99345	99384	99477	
99235	99306	99347	99385	99478	

Place of Service

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

Code	Description	Place of Service	Effective Begin Date
15273	Skin Substitute Graft to Wound 100.0 Sq Cm or More of Trunk, Arms, Or Legs, 100.0 Sq Cm Or 1% Body Area For Infants And Children, Or Less	23 - Emergency Room - Hospital	4/1/2022
49591	Initial Repair of Sliding Hernia of Abdomen, Less Than 3 cm In Length	22 - Outpatient Hospital	1/1/2023
49592	Initial Repair of Entrapped Hernia of Abdomen, Less Than 3 cm In Length	22 - Outpatient Hospital	1/1/2023
49593	Initial Repair of Sliding Hernia of Abdomen, 3-10 cm In Length	22 - Outpatient Hospital	1/1/2023
49594	Initial Repair of Entrapped Hernia of Abdomen, 3-10 cm In Length	22 - Outpatient Hospital	1/1/2023
49595	Initial Repair of Sliding Hernia of Abdomen, More Than 10 cm In Length	22 - Outpatient Hospital	1/1/2023
49596	Initial Repair of Entrapped Hernia of Abdomen, More Than 10 cm In Length	22 - Outpatient Hospital	1/1/2023
49613	Repair Of Recurrent Sliding Hernia of Abdomen, Less Than 3 cm In Length	22 - Outpatient Hospital	1/2/2023
49614	Repair Of Recurrent Entrapped Hernia of Abdomen, Less Than 3 cm In Length	22 - Outpatient Hospital	1/1/2023
49615	Repair Of Recurrent Sliding Hernia of Abdomen, 3-10 cm in Length	22 - Outpatient Hospital	1/1/2023
49616	Repair Of Recurrent Entrapped Hernia of Abdomen, 3-10 cm In Length	22 - Outpatient Hospital	1/2/2023
49617	Repair Of Recurrent Sliding Hernia of Abdomen, More Than 10 cm In Length	22 - Outpatient Hospital	1/1/2023
49618	Repair Of Recurrent Entrapped Hernia of Abdomen, More Than 10 cm In Length	22 - Outpatient Hospital	1/1/2023
50431	Injection Procedure for Imaging of Kidney and Ureter Through Already Existing Skin Access Using Imaging Guidance with Review by Radiologist	11 – Office	10/1/2022
52441	Insertion Of Implant in Urethra Within Prostate Gland Using an Endoscope, 1 Implant	24 - Ambulatory Surgical Center	6/1/2022
52442	Insertion Of Implant in Urethra Within Prostate Gland Using an Endoscope, Each Additional Implant	24 - Ambulatory Surgical Center	6/1/2022
61782	Computer-Assisted Procedure Outside Membrane Covering Brain	23 - Emergency Room - Hospital	1/1/2023

64449	Injection By Continuous Infusion of Anesthetic Agent into Lower Back Nerve Bundle	19 - Off Campus-Outpatient Hospital	12/1/2022
64449	Injection By Continuous Infusion of Anesthetic Agent into Lower Back Nerve Bundle	22 - Outpatient Hospital	12/1/2022
80305	Testing For Presence of Drug, Read by Direct Observation	57 - Non-Residential Substance Abuse Treatment	10/1/2022
87501	Detection Test by Nucleic Acid for Influenza Virus, Each Type or Subtype	11 - Office	1/1/2023
88360	Microscopic Genetic Analysis of Tumor, Manual	23 - Emergency Room - Hospital	12/1/2021
88374	Microscopic Genetic Analysis of Tissue, Computer-Assisted Technology, Initial Procedure, Each Multiplex Procedure	23 - Emergency Room - Hospital	12/1/2021
90785	Psychiatric Services Complicated by Communication Factor	14 - Group Home	11/1/2022
93594	Insertion Of Catheter into Right Side of Heart for Evaluation of Congenital Heart Defect in Heart with Abnormal Native Blood Vessel Connections, Using Imaging Guidance	19 - Off Campus-Outpatient Hospital	7/1/2022
93594	Insertion Of Catheter into Right Side of Heart for Evaluation of Congenital Heart Defect in Heart with Abnormal Native Blood Vessel Connections, Using Imaging Guidance	22 - Outpatient Hospital	7/1/2022
99417	Prolonged Outpatient Service, each 15 Minutes of Total Time Beyond Required Time of Primary Service	15 - Mobile Unit	12/1/2022
99417	Prolonged Outpatient Evaluation and Management Service	19 - Off Campus-Outpatient Hospital	1/1/2021
99417	Prolonged Outpatient Evaluation and Management Service	22 - Outpatient Hospital	1/1/2021
99417	Prolonged Outpatient Evaluation and Management Service	23 - Emergency Room - Hospital	1/1/2023
99417	Prolonged Outpatient Evaluation and Management Service	24 - Ambulatory Surgical Center	1/1/2023
99453	Remote Monitoring of Physiologic Parameters, Initial Set-Up, and Patient Education on Use of Equipment	19 - Off Campus-Outpatient Hospitals	1/1/2023
99453	Remote Monitoring of Physiologic Parameters, Initial Set-Up, and Patient Education on Use of Equipment	22 - Outpatient Hospital	1/1/2023

G0299	Direct Skilled Nursing Services of a Registered Nurse (Rn) In the Home Health Or Hospice Setting, Each 15 Minutes	16 - Temporary Lodging	3/1/2023
G0300	Direct Skilled Nursing Services of a Licensed Practical Nurse (LPN) In the Home Health or Hospice Setting, Each 15 Minutes	16 - Temporary Lodging	3/1/2023
J2327	Injection, Risankizumab-RZAA, Intravenous, 1 mg	12 - Home	1/1/2023
J2356	Injection, Tezepelumab-EKKO, 1 mg	12 - Home	1/1/2023
S5125	Respite Care, In the Home, Per Diem	16 - Temporary Lodging	3/1/2023
S9123	Nursing Care, In the Home; By Registered Nurse, Per Hour (Use for General Nursing Care Only, Not to Be Used When Cpt Codes 99500-99602 Can Be Used)	16 - Temporary Lodging	3/1/2023
S9124	Nursing Care, In the Home; By Licensed Practical Nurse, Per Hour	16 - Temporary Lodging	3/1/2023
T1021	Home Health Aide or Certified Nurse Assistant, Per Visit	16 - Temporary Lodging	3/1/2023
T2017	Habilitation, Residential, Waiver; 15 Minutes	16 - Temporary Lodging	3/1/2023
T2021	Day Habilitation, Waiver; Per 15 Minutes	16 - Temporary Lodging	3/1/2023

Procedure Daily Maximum

Code	Description	Procedure Daily Maximum	
		RF113	RF127
97154	Adaptive Behavior Treatment by Technician with Multiple Patients	18	18
J0638	Injection, Canakinumab, 1 mg	300	300
J2185	Injection, Meropenem, 100 mg	60	60
J7186	Injection, Antihemophilic Factor VIII/VON Willebrand Factor Complex (Human), Per Factor VIII I.U.	7500	7500
J9039	Injection, Blinatumomab, 1 microgram	280	210

Provider Types (PT)

- Reference Screen (RF618) PT 18, 19 and CN as related to AS modifiers has been updated to match the CMS PRRRVU for approved modifiers.
- Effective for dates listed the following codes have been **end dated** for provider type 54 (Affiliated Dental Hygienist).

Code	End Date	Code	End Date
D0372	01/01/2023	D0373	01/01/2023
D0374	01/01/2023	D0387	01/01/2023
D5227	12/31/2022	D5228	12/31/2022
D6105	01/01/2023	D6197	01/01/2023
D7298	12/31/2022	D7299	12/31/2022
D7300	12/31/2022	D7509	01/01/2023
D7956	01/01/2023	D7957	01/01/2023

- The following codes have been added to the Provider Types.

Code	Description	Provider Type	Effective Begin Date
16036	Additional Incision of Burn Tissue	10 - Podiatrist	1/1/2023
17107	Destruction of Birthmark, 10.0-50.0 sq cm	19 - Registered Nurse Practitioner	1/1/2023
26565	Incision Or Removal of Hand Bone	18 - Physician's Assistant	11/1/2022
26565	Incision Or Removal of Hand Bone	19 - Registered Nurse Practitioner	11/1/2022
41899	Other Procedure on Teeth and Gums	07 - Dentist	6/23/2020
90626	Inactivated Tick-Borne Encephalitis Virus Vaccine, 0.25 ml Dosage	18 - Physician's Assistant	7/1/2021
90626	Inactivated Tick-Borne Encephalitis Virus Vaccine, 0.25 ml Dosage	19 - Registered Nurse Practitioner	7/1/2021
90627	Inactivated Tick-Borne Encephalitis Virus Vaccine, 0.5 ml Dosage,	18 - Physician's Assistant	7/1/2021
90627	Inactivated Tick-Borne Encephalitis Virus Vaccine, 0.5 ml Dosage,	19 - Registered Nurse Practitioner	7/1/2021
90671	Pneumococcal Conjugate Vaccine, 15 Valent (PCV15), For Intramuscular Use	18 - Physician's Assistant	7/1/2021
90671	Pneumococcal Conjugate Vaccine, 15 Valent (PCV15), For Intramuscular Use	19 - Registered Nurse Practitioner	7/1/2021
90677	Pneumococcal Conjugate Vaccine, 20 Valent (PCV20), For Intramuscular Use	18 - Physician's Assistant	7/1/2021
90677	Pneumococcal Conjugate Vaccine, 20 Valent (PCV20), For Intramuscular Use	19 - Registered Nurse Practitioner	7/1/2021
90849	Multiple-Family Group Psychotherapy	C2 - Federally Qualified Health	06/01/202

90677	Pneumococcal Conjugate Vaccine, 20 Valent (PCV20), For Intramuscular Use	19 - Registered Nurse Practitioner	7/1/2021
90849	Multiple-Family Group Psychotherapy	C2 - Federally Qualified Health Center (FQHC)	06/01/2022
92522	Evaluation Of Speech Sound Production	SA - Speech Language Pathology Assistant	5/1/2022
92523	Evaluation of Speech Sound Production with Evaluation of Language Comprehension and Expression	SA - Speech Language Pathology Assistant	5/1/2022
92524	Analysis Of Voice and Resonance Production	SA - Speech Language Pathology Assistant	5/1/2022
92526	Treatment Of Swallowing and Feeding Disorder	SA - Speech Language Pathology Assistant	6/1/2022
92606	Therapy Service for Use of Nonspeech-Generating Device with Programming	13 - Occupational Therapist	11/1/2022
92610	Evaluation Of Swallowing Function	SA - Speech Language Pathology Assistant	6/1/2022
93503	Insertion Of Tube in Pulmonary Artery for Monitoring	12 - Certified Registered Nurse Anesthetist	6/1/2022
95717	Measurement Of Brain Wave Activity (EEG), 2-12 Hours with Health Care Professional	E1 - Independent Testing Facilities	10/1/2022
95718	Measurement Of Brain Wave Activity with Video (VEEG), 2-12 Hours	E1 - Independent Testing Facilities	10/1/2022
95719	Measurement Of Brain Wave Activity (EEG), 12-26 Hours	E1 - Independent Testing Facilities	10/1/2022
95720	Measurement Of Brain Wave Activity with Video (VEEG), 12-26 Hours	E1 - Independent Testing Facilities	10/1/2022
95721	Measurement Of Brain Wave Activity (EEG), 37-60 Hours	E1 - Independent Testing Facilities	10/1/2022
95722	Measurement Of Brain Wave Activity with Video (VEEG), 37-60 Hours	E1 - Independent Testing Facilities	10/1/2022
95723	Measurement Of Brain Wave Activity (EEG), 61-84 Hours with Health	E1 - Independent Testing Facilities	10/1/2022
95724	Measurement Of Brain Wave Activity with Video (VEEG), 61-84 Hours	E1 - Independent Testing Facilities	10/1/2022
95725	Measurement Of Brain Wave Activity (EEG), More Than 84 Hours With	E1 - Independent Testing Facilities	10/1/2022
95726	Measurement Of Brain Wave Activity with Video (VEEG), More Than 84 Hours	E1 - Independent Testing Facilities	10/1/2022

95886	Needle Measurement of Electrical Activity in Arm or Leg Muscles, Complete Study	19 - Registered Nurse Practitioner	7/1/2022
99446	Telephone, Internet, Or Electronic Health Record Assessment and Management with Verbal and Written Report by Consulting Physician, 5-10 Minutes	C2 - Federally Qualified Health Center (FQHC)	1/1/2022
99447	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 11-20 Minutes	C2 - Federally Qualified Health Center (FQHC)	1/1/2022
99448	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 21-30 Minutes	C2 - Federally Qualified Health Center (FQHC)	1/1/2022
99449	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, More Than 30 Minutes	C2 - Federally Qualified Health Center (FQHC)	1/1/2022
99451	Telephone, Internet, Or Electronic Health Record Assessment and Management with Written Report by Consulting Physician, at least 5 Minutes	C2 - Federally Qualified Health Center (FQHC)	1/1/2022
99452	Telephone Or Internet Referral Service, 30 Minutes	C2 - Federally Qualified Health Center (FQHC)	1/1/2022
99483	Assessment Of and Care Planning for Patient with Impaired Thought Processing, typically 60 Minutes	19 - Registered Nurse Practitioner	7/1/2022
99484	are Management Services for Behavioral Health Conditions, 20 Minutes or More Clinical Staff Time Directed by Health Care Professional	C2 - Federally Qualified Health Center (FQHC)	6/1/2022
A4563	Rectal Control System for Vaginal Insertion, For Long Term Use,	30 – DME	6/1/2022
A5514	For Diabetics Only, Multiple Density Insert, Made by Direct Carving with Cam	30 - DME	1/1/2022
J0739	Injection, Cabotegravir, 1 mg	03 – Pharmacy	10/1/2022
J2356	Injection, Tezepelumab-EKKO, 1 mg	19 - Registered Nurse Practitioner	7/1/2022
Q4049	Finger Splint, Static	30 – DME	6/1/2022
U0002	2019-NCOV Coronavirus, SARS-COV-2/2019-NCOV (COVID-19), Any Technique, Multiple Types or Subtypes (Includes All Targets), Non-CDC	IC - Integrated Clinics	5/1/2022

NOTE: Provider Types 18 and 19 reporting 26565*requires AS modifier.

- Effective for March 1, 2023, the HCPCS code H0018 (Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program), Without Room and Board, Per Diem) has been end dated for PT 23 (Home Health Agency).

Revenue Code

- Effective for August 1, 2022, the Revenue Code 0874 (Reserved for Assign) has been added to the Bill Type 0137 (HOSP, OP, Replacement of Prior Claim).
- The revenue codes 0910-0919 have been **end dated** for the provider type 77 (BH Outpatient Clinic).
- The following Revenue Codes have been added to the Reference Screen.

Code	Description	Revenue Code	Begin Date
0003M	Molecular Pathology Test for Liver Disease, Including Non-Alcohol Liver Disease (Nash Fibrosure)	0300 Laboratory	01/01/2023
0003M	Molecular Pathology Test for Liver Disease, Including Non-Alcohol Liver Disease (Nash Fibrosure)	0309 Lab/Other	01/01/2023
0003M	Molecular Pathology Test for Liver Disease, Including Non-Alcohol Liver Disease (Nash Fibrosure)	0310 Pathology Lab	01/01/2023
15273	Skin Substitute Graft to Wound 100.0 Sq Cm Or More Of Trunk, Arms, Or Legs, 100.0 sq cm or 1% Body Area For Infants And Children, Or Less	0450 – Emergency Room	04/01/2022
33902	Placement Of Stent in Pulmonary Artery with Abnormal Anatomical Connections, On One Side Of Body	0361 - OR/Minor	01/01/2023
33902	Placement Of Stent in Pulmonary Artery with Abnormal Anatomical Connections, On One Side of Body	0481 - Cardiac Cath Lab	01/01/2023
36837	Creation Of Opening Between Artery and Vein in Arm With Separate Access To Each Blood Vessels	0361 - OR/Minor	01/01/2023
36837	Creation Of Opening Between Artery and Vein in Arm With Separate Access To Each Blood Vessels	0636 - Drugs/Detail Coding	01/01/2023
J9049	Injection, Bortezomib (HOSPIRA),	0636 - Drugs/Detail Coding	01/01/2023

VFC

Effective for December 31, 2022, the CPT code 90694 (Influenza Vaccine, Quadrivalent Inactivated, 0.5 ML DOSAGE) has been end dated on the Reference screen RF729 (VFC Procedure Codes).