



ENCOUNTER KEYS

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Age

The Minimum and Maximum age has been changed to 000 y to 999 year for the ICD-9 code 75161 (Biliary Atresia, Congenital).

Category of Service

Category of Service 24 (Adult Day Health Service) has been reactivated for the Provider Type 27 (Adult Day Health with an effective begin date of 10/01/1982).

Code

Effective for dates of service on or after October 1, 2016 the ICD-10 code 02170ZU (Bypass Left Atrium to Pulmonary Vein Confluenc) has been added to the PMMIS system.

Coverage Code

- Effective for dates of service on or after July 13, 2017 the CPT codes listed below now have an AHCCCS coverage code of 01 (Covered

| Code | Description |
|-------|--|
| 90867 | Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression) |
| 90868 | Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Per Session |
| 90869 | Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression) |

- Effective for dates of service on or after October 1, 2015 the ICD-10 code 02RG3JH now has an AHCCCS coverage code of 01 (Covered Service/Code Available).

Codes

Effective for the dates of service listed below on the table, the following codes have been added to the provider type IC (Integrated Clinics).

| CODE | DESCRIPTION | EFFEC-TIVE BEGIN DATE | | CODE | DESCRIPTION | EFFEC-TIVE BEGIN DATE |
|-------------|--|------------------------------|--|-------------|---|------------------------------|
| 11300 | Shave Skin Lesion | 10/1/2016 | | 93304 | Echo Transthoracic | 10/1/2016 |
| 17250 | Chemical Cautery, Tissue | 10/1/2016 | | 93306 | Echocardiography, Transthoracic, Real time With Ima | 10/1/2016 |
| 29065 | Application Of Long Arm Cast | 10/1/2016 | | 94010 | Breathing Capacity Test | 10/1/2016 |
| 29345 | Application Of Long Leg Cast | 10/1/2016 | | 94760 | Measure Blood Oxygen Level | 10/1/2016 |
| 29405 | Apply Short Leg Cast | 10/1/2016 | | 94761 | Measure Blood Oxygen Level | 10/1/2016 |
| 29425 | Apply Short Leg Cast | 10/1/2016 | | 95831 | Limb Muscle Testing, Manual | 10/1/2016 |
| 29450 | Application Of Leg Cast | 10/1/2016 | | 95833 | Body Muscle Testing, Manual | 10/1/2016 |
| 40806 | Incision Of Lip Fold | 10/1/2016 | | 95851 | Range Of Motion Measurements | 10/1/2016 |
| 41010 | Incision Of Tongue Fold | 10/1/2016 | | 95974 | Cranial Neurostim, Complex | 10/1/2016 |
| 41800 | Drainage Of Gum Lesion | 10/1/2016 | | 95991 | Spin/Brain Pump Refil & Main | 10/1/2016 |
| 62367 | Analyze Spine Infusion Pump | 10/1/2016 | | 96110 | Developmental Test, Lim | 10/1/2016 |
| 64642 | Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 1-4 Muscles | 10/1/2016 | | 96111 | Developmental Test, Extend | 10/1/2016 |
| 64643 | Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 1-4 Muscles | 10/1/2016 | | 96127 | Brief Emotional/Behavioral Assessment | 10/1/2016 |
| 64646 | Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles | 10/1/2016 | | 97032 | Electrical Stimulation | 10/1/2016 |
| 65205 | Remove Foreign Body From Eye | 10/1/2016 | | 97112 | Neuromuscular Reeducation | 10/1/2016 |
| 69200 | Clear Outer Ear Canal | 10/1/2016 | | 97113 | Aquatic Therapy/Exercises | 10/1/2016 |
| 69209 | Removal Impacted Cerumen/irr/lavage Unilateral | 10/1/2016 | | 97116 | Gait Training Therapy | 10/1/2016 |
| 90832 | Psychotherapy 30 Min W/pat And Or Fam | 10/1/2016 | | 97124 | Massage Therapy | 10/1/2016 |
| 90834 | Psychotherapy 45 Min W/pt And Or Fam | 10/1/2016 | | 97161 | PT Evaluation | 1/1/2017 |
| 90837 | Psychotherapy 60 Min W/pt And Or Fam | 10/1/2016 | | 97162 | PT Evaluation | 1/1/2017 |
| 90846 | Family Psychotherapy W/O Pt Present | 10/1/2016 | | 97163 | PT Evaluation | 1/1/2017 |
| 90847 | Family Psychotherapy Conjoint W/Pt Present | 10/1/2016 | | 97164 | PT Re-Evaluation | 1/1/2017 |
| 92002 | Eye Exam, New Patient | 10/1/2016 | | 97165 | OT Evaluation | 1/1/2017 |
| 92012 | Eye Exam Established Pat | 10/1/2016 | | 97166 | OT Evaluation | 1/1/2017 |
| 92014 | Eye Exam & Treatment | 10/1/2016 | | 97167 | OT Evaluation | 1/1/2017 |
| 92250 | Eye Exam With Photos | 10/1/2016 | | 97532 | Cognitive Skills Development | 10/1/2016 |
| 92504 | Ear Microscopy Examination | 10/1/2016 | | 97533 | Sensory Integration | 10/1/2016 |
| 92508 | Speech/Hearing Therapy | 10/1/2016 | | 97542 | Wheelchair Management Training | 10/1/2016 |
| 92522 | Evaluation Of Speech Sound Production(articulation | 10/1/2016 | | 97750 | Physical Performance Test | 10/1/2016 |

| | | | | | |
|-------|---|-----------|-------|---|-----------|
| 92523 | Eval Of Spch Sound Production W Eval Of Lang Comp | 10/1/2016 | 97755 | Assistive Technology Assess | 10/1/2016 |
| 92524 | Behavioral And Qualitative Analy- sis Of Voice And R | 10/1/2016 | 97760 | Orthotic Mgmt And Training | 10/1/2016 |
| 92526 | Oral Function Therapy | 10/1/2016 | 97761 | Prosthetic Training | 10/1/2016 |
| 92550 | Tympanometry And Reflex Threshold Measurements | 10/1/2016 | 97762 | C/O For Orthotic/Prosth Use | 10/1/2016 |
| 92551 | Pure Tone Hearing Test, Air | 10/1/2016 | 97802 | Medical Nutrition, Indiv, In | 10/1/2016 |
| 92553 | Audiometry, Air & Bone | 10/1/2016 | 97803 | Med Nutrition, Indiv, Subseq | 10/1/2016 |
| 92555 | Speech Threshold Audiometry | 10/1/2016 | 97804 | Medical Nutrition, Group | 10/1/2016 |
| 92556 | Speech Audiometry, Complete | 10/1/2016 | 98960 | Self-Mgmt Educ & Train, 1 Pt | 10/1/2016 |
| 92557 | Comprehensive Hearing Test | 10/1/2016 | 99024 | Postop Follow-Up Visit | 10/1/2016 |
| 92567 | Tympanometry | 10/1/2016 | 99173 | Visual Acuity Screen | 10/1/2016 |
| 92568 | Acoustic Refl Threshold Tst | 10/1/2016 | 99241 | Office Consultation | 10/1/2016 |
| 92579 | Visual Audiometry (VRA) | 10/1/2016 | 99242 | Office Consultation | 10/1/2016 |
| 92582 | Conditioning Play Audiometry | 10/1/2016 | 99367 | Medical Team Conference With Physician, 30 Minutes Or More | 10/1/2016 |
| 92583 | Select Picture Audiometry | 10/1/2016 | 99386 | Initial New Patient Preventive Medicine Evaluation Age 40-64 Years | 10/1/2016 |
| 92587 | Evoked Auditory Test | 10/1/2016 | 99406 | Smoking And Tobacco Use In- termediate Counseling, Greater Than 3 Minutes Up To 10 Minutes | 10/1/2016 |
| 92590 | Hearing Aid Exam, One Ear | 10/1/2016 | 99420 | Health Risk Assessment Test | |
| 92591 | Hearing Aid Exam, Both Ears | 10/1/2016 | 99497 | Advance Care Planning | 10/1/2016 |
| 92592 | Hearing Aid Check, One Ear | 10/1/2016 | 99498 | Advance Care Planning, Addi- tional | 10/1/2016 |
| 92593 | Hearing Aid Check, Both Ears | 10/1/2016 | A4550 | Surgical trays | 10/1/2016 |
| 92594 | Electro Hearing Aid Test, One | 10/1/2016 | Q2038 | Influenza Virus Vaccine, Split, 3 Year And Older | 10/1/2016 |
| 92601 | Cochlear Implt F/Up Exam <7 | 10/1/2016 | Q4010 | Cast Supplies, Short Arm Cast, Adult (11 Years +), Fiberglass | 10/1/2016 |
| 92602 | Reprogram Cochlear Implt <7 | 10/1/2016 | Q4012 | Cast Supplies, Short Arm Cast, Pediatric (0-10 Years), Fiber- glass | 10/1/2016 |
| 92603 | Cochlear Implt F/Up Exam 7> | 10/1/2016 | Q4032 | Cast Supplies, Long Leg Cast, Pediatric (0-10 Years), Fiber- glass | 10/1/2016 |
| 92604 | Reprogram Cochlear Implt 7> | 10/1/2016 | Q4038 | Cast Supplies, Short Leg Cast, Adult (11 Years +), Fiberglass | 10/1/2016 |
| 92606 | Non-Speech Device Service | 10/1/2016 | Q4040 | Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Fiber- glass | 10/1/2016 |
| 92607 | Ex For Speech Device Rx, 1hr | 10/1/2016 | Q4044 | Cast Supplies, Long Leg Splint, Pediatric (0-10 Years), Fiber-glas | 10/1/2016 |
| 92609 | Use Of Speech Device Service | 10/1/2016 | Q4046 | Cast Supplies, Short Leg Splint, Adult (11 Years +), Fiberglass | 10/1/2016 |
| 92626 | Eval and Rehab Status | 10/1/2016 | Q4048 | Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Fiber- glass | 10/1/2016 |
| 92630 | Aud Rehab Pre-Ling Hear Loss | 10/1/2016 | Q4051 | Splint Supplies, Miscellaneous | 10/1/2016 |
| 93303 | Echo Transthoracic | 10/1/2016 | | | |

Edit**Z299 EXCEEDS ADULT EMERGENCY DENTAL BENEFIT LIMIT**

Begin DOS: 10/01/2017
 Receipt Date: 10/01/2017
 Mode 1:
 Form Types: D, O
 Set to: "Y" pend
 Adj Level: 85
 Location: 30

*Reinsurance**Mode:1, 2, 6**Set to "N"**Form Types: D, O***Gender Indicator**

The gender indicator has been added and/or removed from the following codes:

| Code | Description | Indicator |
|-------------|--|------------------|
| E28.310 | Symptomatic Premature Menopause | Female |
| E28.319 | Asymptomatic Premature Menopause | Female |
| F03.90 | Unspecified Dementia Without Behavioral Disturbance | No indicator |
| H35.31 | Nonexudative Age-Related Macular Degeneration | No indicator |
| H35.32 | Exudative Age-Related Macular Degeneration | No indicator |
| N99.841 | Postprocedural Hematoma of a Genitourinary | No indicator |
| O00.0 | Abdominal Pregnancy | Female |
| O00.1 | Tubal Pregnancy | Female |
| O00.2 | Ovarian Pregnancy | Female |
| O00.8 | Other Ectopic Pregnancy | Female |
| O00.9 | Ectopic Pregnancy, Unspecified | Female |
| R97.2 | Elevated Prostate Specific Antigen [PSA] | No indicator |
| Z42.1 | Encounter For Breast Reconstruction Following Mastectomy | No indicator |
| Z64.0 | Problems Related To Unwanted Pregnancy | No indicator |
| Z64.1 | Problems Related to Multiparity | No indicator |

Marana FQHC PPS Rate Effective 08/01/2017

The PPS rate for Marana FQHC has been adjusted to \$250.01 effective for dates of service on and after 08/01/2017. Questions about this adjustment may be directed to Bala Angrish at 602-417-4398, or Bala.Angrish@azahcccs.gov

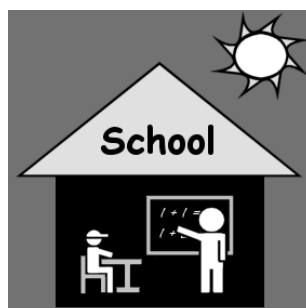
Modifier

Effective for dates of service on or after October 1, 2016 the modifier KX (Requirements Specified In the Medical) have been added to the CPT code 33208 (Insertion of New or Replacement of Permanent Pacemaker Including Upper and Lower Chamber Electrodes).

Nursing Facility Rates Effective 07/01/2017 - Correction

A rounding error occurred on certain Nursing Facility rates for the providers listed below. These identified rates for the providers listed below have been corrected and updated in PMMIS. If you have any questions please contact Chip Larkin at Chip.Larkin@azahcccs.gov or 602-417-4767.

011678, 040163, 040337, 040410, 040444, 040569, 040658, 040775, 040832, 041187, 041682, 041690, 041707, 041989, 042010, 048299, 070806, 070914, 071052, 125278, 126249, 141440, 183199, 192073, 193494, 193524, 193684, 304755, 341077, 348222, 351951, 352217, 352244, 371899, 374108, 386369, 390922, 392675, 399817, 426355, 429023, 446569, 447591, 484582, 486014, 488181, 499909, 514209, 565986, 598814, 633182, 688062, 688070, 691486, 694382, 757070, 776487, 786558, 787309, 787382, 788482, 791873, 792491, 803158, 807779, 813234, 813272, 813280, 813298, 813324, 815425, 820391, 821480, 835118, 882234, 886336, 917651, 918300



Provider Type

Effective for the dates of service listed below the following provider types can now report the listed codes.

| Code | Description | Provider Type | Effective Date Of Service |
|-------------|--|------------------------------------|----------------------------------|
| 15273 | Application of skin substitute (wound surface greater or equal to 100 sq. cm.) to trunk, arms, or legs (first 100 sq. cm or 1% body area of infants and children) | 10 – Podiatrist | 10/01/2016 |
| 15274 | Application of skin substitute (wound surface greater or equal to 100 sq. cm.) to trunk, arms, or legs | 10 – Podiatrist | 10/01/2016 |
| 15275 | Application of skin substitute (wound surface up to 100 sq. cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 25 sq. cm or less) | 10 – Podiatrist | 10/01/2016 |
| 15276 | Application of skin substitute (wound surface up to 100 sq.cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes | 10 – Podiatrist | 10/01/2016 |
| 15277 | Application of skin substitute (wound surface great than or equal to 100 sq. cm.) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq. cm. or 1% body area of infants and children) | 10 – Podiatrist | 10/01/2016 |
| 15278 | Application of skin substitute (wound surface great than or equal to 100 sq. cm.) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes | 10 – Podiatrist | 10/01/2016 |
| 20985 | Computer-assisted surgical navigational procedure for bone procedures | 18 - Physician's Assistant | 06/01/2016 |
| 20985 | Computer-assisted surgical navigational procedure for bone procedures | 19 - Registered Nurse Practitioner | 06/01/2016 |
| 22853 | Insertion of device into intervertebral disc space of spine and fusion of vertebrae | 18 - Physician's Assistant | 06/01/2016 |
| 22853 | Insertion of device into intervertebral disc space of spine and fusion of vertebrae | 19 - Registered Nurse Practitioner | 06/01/2016 |
| 24000 | Incision of elbow with exploration, drainage, or removal of foreign body | 19 - Registered Nurse Practitioner | 01/01/2016 |
| 24400 | Incision to repair upper arm bone | 19 - Registered Nurse Practitioner | 06/01/2016 |
| 25350 | Incision to repair forearm bone | 19 - Registered Nurse Practitioner | 06/01/2016 |
| 25574 | Open treatment of broken forearm bones | 19 - Registered Nurse Practitioner | 06/01/2016 |
| 27675 | Repair of dislocating lower leg tendons | 19 - Registered Nurse Practitioner | 06/01/2016 |
| 27720 | Repair of non-healed fracture of shin bone | 19 - Registered Nurse Practitioner | 06/01/2016 |

| | | | |
|-------|---|------------------------------------|------------|
| 27823 | Open treatment of broken ankle | 19 - Registered Nurse | 06/01/2016 |
| 27826 | Open treatment of fracture of lower weight bearing joint of fibula (smaller lower leg bone) | 19 - Registered Nurse Practitioner | 06/01/2016 |
| 28845 | Shock wave therapy under anesthesia to sole of the foot using ultrasound guidance | 18 - Physician's Assistant | 06/01/2016 |
| 28845 | Shock wave therapy under anesthesia to sole of the foot using ultrasound guidance | 19 - Registered Nurse Practitioner | 06/01/2016 |
| 37246 | Balloon dilation of artery, accessed through the skin or by open procedure, with imaging including radiological supervision and interpretation | 08 – MD Physician | 01/01/2017 |
| 37246 | Balloon dilation of artery, accessed through the skin or by open procedure, with imaging including radiological supervision and interpretation | 31 – DO Physician Osteopath | 01/01/2017 |
| 37247 | Balloon dilation of artery, accessed through the skin or by open procedure, with imaging including radiological supervision and interpretation | 31 – DO Physician Osteopath | 01/01/2017 |
| 37247 | Balloon dilation of artery, accessed through the skin or by open procedure, with imaging including radiological supervision and interpretation | 08 – MD Physician | 01/01/2017 |
| D0190 | Screening of a Patient | 07 – Dentist | 06/16/2016 |
| G0477 | Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service | 04 – Laboratory | 01/01/2015 |
| G0478 | Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service | 04 – Laboratory | 01/01/2015 |
| G0479 | Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service | 04 – Laboratory | 01/01/2015 |
| G0480 | Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if | 04 – Laboratory | 01/01/2015 |

| | | | |
|-------|---|------------------------------------|------------|
| G0482 | Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), Including Metabolite(s) If | 04 – Laboratory | 01/01/2015 |
| G0483 | Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite (s) if performed | 04 – Laboratory | 01/01/2015 |
| L1852 | Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and Extension joint (unicentric or polycentric), medial-lateral and rotation Control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | 19 – Registered Nurse Practitioner | 07/01/2017 |
| S9110 | Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and sup- | 30 – DME Supplier | 01/01/2017 |
| S9128 | Speech therapy, in the home, per diem | 15 – Speech/hearing Therapist | 01/01/2017 |

Place of Service

- Effective for the dates of service the following POS have been added to the CPT/HCPCS codes listed below:

| Code | Description | Place of Service | Effective Begin Date |
|-------------|---|--|-----------------------------|
| 11971 | Removal of Tissue Expanders | 11 - Office | 01/01/2016 |
| 25000 | Incision, Extensor Tendon Sheath, Wrist | 11 – Office | 01/01/2016 |
| 27279 | Fusion Sacroiliac Joint Through The Skin Or Minimally Invasive Using Image Guidance | 19 – Off campus-Outpatient Hospital | 03/01/2016 |
| 27279 | Fusion Sacroiliac Joint Through The Skin Or | 22 – Outpatient Hospital | 03/01/2016 |
| 30520 | Septoplasty or Submucous Resection | 11 – Office | 10/01/2016 |
| 36415 | Insertion Of Needle Into Vein For Collection Of Blood Sample | 53 - Community Mental Health Center | 01/01/2016 |
| 36831 | Removal Of Blood Clot From Dialysis Graft, | 11 – Office | 01/01/2016 |
| 46083 | Incision of Thrombosed Hemorrhoid, Exter- | 21 – Inpatient Hospital | 01/01/2017 |
| 46220 | Removal Of Anal Growth | 23 – Emergency Room – Hospital | 01/01/2017 |
| 58301 | Removal Of Intra-Uterine Device (IUD) For Pregnancy Prevention | 53 - Community Mental Health Center | 01/01/2016 |
| 90686 | Vaccine For Influenza For Administration Into Muscle, 0.5 MI Dosage | 53 - Community Mental Health Center | 01/01/2016 |
| 90715 | Vaccine For Tetanus, Diphtheria Toxoids And Acellular Pertussis | 53 - Community Mental Health Center | 01/01/2016 |
| 99395 | Established Patient Periodic Preventive Medicine Examination Age 18-39 Years | 53 - Community Mental Health Center | 01/01/2016 |
| E0185 | Gel Or Gel-Like Pressure Pad For Mattress, | 13 – Assisted Living Facility | 01/01/2016 |
| E2313 | Power Wheelchair Accessory, Harness for | 14 – Group Home | 01/01/2015 |
| E2396 | Power Wheelchair Accessory, Caster Fork, | 14 – Group Home | 01/01/2016 |
| H2025 | Ongoing Support to Maintain Employment, Per 15 Minutes | 02 – Services Provided/Received, Through Telephone | 01/01/2017 |
| H2033 | Multisystemic Therapy For Juveniles, Per 15 | 03 - School | 10/01/2016 |
| H2033 | Multisystemic Therapy For Juveniles, Per 15 | 99 – Other Unlisted Facility | 10/01/2016 |
| J3380 | Injection, Vedolizumab, 1 mg | 12 - Home | 01/01/2016 |

- Effective for dates of service on or after January 1, 2017 the POS 22 (Outpatient Hospital) can be reported with the CPT code 22840 (Insertion of Posterior Spinal Instrumentation at Base of Neck for Stabilization, 1 Interspace).

Place of Service (POS)

Effective for the dates of service listed; the following POS can be reported with the specific codes.

| Code | Description | Place of Service | Effective |
|-------------|---|---------------------------------|------------------|
| 11720 | Debridement Of Nail(s) By Any Method(s); One To Five | 13 - Assisted Living Facility | 10/01/16 |
| 11720 | Debridement Of Nail(s) By Any Method(s); One To Five | 14 - Group Home | 10/01/16 |
| 11971 | Removal of Tissue Expanders | 11 - Office | 01/01/16 |
| 22840 | Insertion of Posterior Spinal Instrumentation at Base of Neck | 22 - Outpatient Hospital | 01/01/17 |
| 22853 | Insertion Of Interbody Biomechanical Device(s) | 19 - Off Campus-Outpatient Hos- | 01/01/17 |
| 22853 | Insertion Of Interbody Biomechanical Device(s) | 22 - Outpatient Hospital | 01/01/17 |
| 22856 | Total Disc Arthroplasty (Artificial Disc), | 19 - Off Campus-Outpatient Hos- | 01/01/17 |
| 22856 | Total Disc Arthroplasty (Artificial Disc), | 22 - Outpatient Hospital | 01/01/17 |
| 25000 | Incision, Extensor Tendon Sheath, Wrist | 11 – Office | 01/01/16 |
| 27279 | Fusion Sacroiliac Joint Through The Skin Or Minimally Inva- | 19 – Off campus-Outpatient Hos- | 03/01/16 |
| 27279 | Fusion Sacroiliac Joint Through The Skin Or Minimally Inva- | 22 – Outpatient Hospital | 03/01/16 |
| 30520 | Septoplasty or Submucous Resection | 11 – Office | 10/01/16 |
| 36415 | Insertion Of Needle Into Vein For Collection Of Blood Sample | 53 - Community Mental Health | 01/01/16 |
| 36831 | Removal Of Blood Clot From Dialysis Graft, Open Procedure | 11 – Office | 01/01/16 |
| 46083 | Incision of Thrombosed Hemorrhoid, External | 21 – Inpatient Hospital | 01/01/17 |
| 46220 | Removal Of Anal Growth | 23 – Emergency Room – Hospital | 01/01/17 |
| 58301 | Removal Of Intra-Uterine Device (IUD) For Pregnancy Preven- | 53 - Community Mental Health | 01/01/16 |
| 71010 | Radiologic Examination, Chest; Single View, Frontal | 13 - Assisted Living Facility | 01/01/16 |
| 72052 | Radiologic Examination, Chest; Spine, Cervical; 6 or more | 14 - Group Home | 01/01/16 |
| 72220 | Radiologic Examination, Sacrum & Coccyx | 15 – Mobile Unit | 07/01/16 |
| 90686 | Vaccine For Influenza For Administration Into Muscle, 0.5 MI | 53 - Community Mental Health | 01/01/16 |
| 90715 | Vaccine For Tetanus, Diphtheria Toxoids And Acellular Pertus- | 53 - Community Mental Health | 01/01/16 |
| 95816 | Measurement & Recording of Brain Waive (EEG) Activity, Awake & Drowsy | 23 – Emergency Room - Hospital | 01/01/16 |

| Code | Description | Place of Service | Effective Begin Date |
|-------------|---|--|-----------------------------|
| 97597 | Removal of Tissue From Wounds per Session | 12 - Home | 10/01/16 |
| 97597 | Removal of Tissue From Wounds per Session | 13 - Assisted Living Facility | 10/01/16 |
| 97597 | Removal of Tissue From Wounds per Session | 14 - Group Home | 10/01/16 |
| 99324 | New Patient Assisted Living Visit, Typically 20 Minutes | 12 - Home | 10/01/16 |
| 99395 | Established Patient Periodic Preventive Medicine Examination Age 18-39 Years | 53 - Community Mental Health Center | 01/01/16 |
| E0185 | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width | 13 – Assisted Living Facility | 01/01/16 |
| E2313 | Power Wheelchair Accessory, Harness for Upgrade | 14 – Group Home | 01/01/15 |
| E2396 | Power Wheelchair Accessory, Caster Fork, Any Size | 14 – Group Home | 01/01/16 |
| H2025 | Ongoing Support to Maintain Employment, Per 15 Minutes | 02 – Services Provided/Received, Through Telephone | 01/01/17 |
| H2033 | Multisystemic Therapy For Juveniles, Per 15 Minutes | 03 - School | 10/01/16 |
| H2033 | Multisystemic Therapy For Juveniles, Per 15 Minutes | 99 – Other Unlisted Facility | 10/01/16 |
| J3380 | Injection, Vedolizumab, 1 mg | 12 - Home | 01/01/16 |
| L0457 | TLSO, Flexible, Provides Trunk Support, Thoracic Region, | 23 – Emergency Room - Hospital | 10/01/16 |
| L0458 | TLSO, Triplanar Control, Modular Segmented Spinal System | 23 – Emergency Room - Hospital | 10/01/16 |
| L0460 | TLSO, Triplanar Control, Modular Segmented Spinal System | 23 – Emergency Room - Hospital | 10/01/16 |
| L0462 | TLSO, Triplanar Control, Modular Segmented Spinal System | 23 – Emergency Room - Hospital | 10/01/16 |
| L0464 | TLSO, Triplanar Control, Modular Segmented Spinal System | 23 – Emergency Room - Hospital | 10/01/16 |
| L0650 | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, | 23 – Emergency Room - Hospital | 10/01/16 |
| L1812 | Knee Orthosis, Elastic With Joints, Prefabricated, Off-The-Shelf | 21 – Inpatient Hospital | 10/01/16 |
| L1812 | Knee Orthosis, Elastic With Joints, Prefabricated, Off-The-Shelf | 22 – Outpatient Hospital | 10/01/16 |
| L1812 | Knee Orthosis, Elastic With Joints, Prefabricated, Off-The-Shelf | 23 – Emergency Room - Hospital | 10/01/16 |
| L3809 | Wrist Hand Finger Orthosis, Without Joint(s), Prefabricated, Off-The-Shelf, Any Type | 22 – Outpatient Hospital | 10/01/16 |
| L4361 | Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface Material, Prefabricated, Off-The-Shelf | 21 – Inpatient Hospital | 10/01/16 |
| L4361 | Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface Material, Prefabricated, Off-The-Shelf | 22 – Outpatient Hospital | 10/01/16 |
| L4361 | Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface Material, Prefabricated, Off-The-Shelf | 23 – Emergency Room - Hospital | 10/01/16 |
| R0075 | Transportation of Portable X-Ray Equipment & Personnel | 13 - Assisted Living Facility | 01/01/16 |

Revenue Code

The following CPT codes have been added to the revenue code screen on RF773 Revenue Codes-To-Procedure Codes

| Revenue Code | CPT Codes | Description | Effective Begin Date |
|----------------------------|------------------|--|-----------------------------|
| 0304 (Lab/NR Dialysis) | 82728 | Ferritin | 01/01/2016 |
| 0304 (Lab/NR Dialysis) | 83540 | Iron | 01/01/2016 |
| 0304 (Lab/NR Dialysis) | 83550 | Iron Binding Capacity | 01/01/2016 |
| 0304 (Lab/NR Dialysis) | 83735 | Magnesium Level | 01/01/2016 |
| 0304 (Lab/NR Dialysis) | 84075 | Phosphatase, ALK | 01/01/2016 |
| 0304 (Lab/NR Dialysis) | 84155 | Protein, Total Level, Blood, | 01/01/2016 |
| 0304 (Lab/NR Dialysis) | 84520 | Urea Nitrogen; Q | 01/01/2016 |
| 0304 (Lab/NR Dialysis) | 85025 | Blood Count; Complete | 01/01/2016 |
| 0304 (Lab/NR Dialysis) | 86704 | Hepatitis B Core | 01/01/2016 |
| 0304 (Lab/NR Dialysis) | 86706 | Hepatitis B Surface | 01/01/2016 |
| 0790 (Lithotripsy) | 52352 | Removal Or Manipulation Of Stone In Urinary Duct (Ureter) Or Kidney Using An Endoscope | 10/01/2016 |
| 0841 (CAPD/Composite) | 90989 | Dialysis Training, Patient Helper, Com- | 01/01/2016 |
| 0851 (CCPD Composite Rate) | 90989 | Dialysis Training, Patient Helper, Com- | 01/01/2016 |
| 0430 | 96110 | Developmental Screening | 10/01/2016 |
| 0420 | 96110 | Developmental Screening | 10/01/2016 |

