

## ENCOUNTER KEYS

May-June 2019



Inside this Edition	Page	<u>Age Change</u>
Age Change	1	⇒ The minimum and maximum age limits have been revised for the code D1575 (Distal Shoe Space Maintainer - Fixed - Unilateral) to minimum age 000 and maximum age 014.
Category of Service	1	
Coverage Code	1-2	⇒ The minimum and maximum age limits have been revised for the code D9610 (Therapeutic Parenteral Drug, Single Administration) to minimum age 000 and maximum age 020.
Definition Change ICD-10	2	
Modifiers	2-4	⇒ The minimum and maximum age has been changed for the ICD-10 code 0UT64ZZ (Resection of Left Fallopian Tube, Percutaneous Endoscopic Approach) to:  Minimum Age: 012 Year      Maximum Age: 999 Year
Place of Service	5-6	
Procedure Daily Limit	6	
Procedure Daily Maximum	7	
Provider Type		⇒ The age for the HCPCS code D1354 (Interim Caries Arresting Medicament Application - Per Tooth) has been changed to 000-999
Revenue Code		

**Category of Service (COS)**

Effective for dates of service on or after January 1, 2018 the COS 13 (Radiology) has been added to the HCPCS code G0297 (Low Dose CT Scan (LDCT) for Lung Cancer Screening).

**Coverage Code**

Effective for dates of service on or after October 1, 2018 the AHCCCS Coverage Code for the HCPCS code G0472 (Hepatitis C Antibody Screening, for Individual at High Risk & Other Covered Indication(s)) has been changed from 09 (Medicare Only) to 01 (Covered Service/Code Available).

Effective for dates of service for June 1, 2019 the AHCCCS Coverage Code for the following codes will be change from 04 (Not Covered Service/Code Not Available) to 01 (Covered Service/Code Available) for the following codes:

Code	Description
77061	Digital Breast Tomosynthesis; Unilateral
77062	Digital Breast Tomosynthesis; Bilateral
77063	Screening Digital Tomography Of Both Breasts

Effective for dates of service on or after January 1, 2019 the coverage code for the following codes has been changed.

Code	Description	Coverage Code
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant	01 – Covered Service/Code Available
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant	01 – Covered Service/Code Available

### **Definition Change**

The following procedure description has been changed for the CPT code 64566 to (Posterior Tibial Neurostimulation, Percutaneous Needle Electrode, Single Treatment, Includes Programming).

### **ICD-10**

The “Procedure Indicators for sterilization” for the ICD-10 code 10D17Z9 (Manual Extraction of Products of Conception) has been changed to 'N' (no) on the reference screen RF161

### **Modifiers**

Effective for dates of service on or after October 1, 2018 the modifier 80 (Assistant Surgeon) has been added to the CPT code 62252 (Reprogramming of Programmable Brain and Spinal Fluid Shunt) for the provide type 18 (Physician’s Assistant).

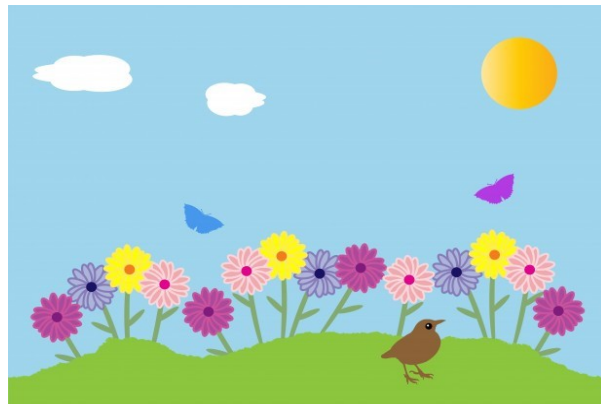
Effective for dates of service on or after October 1, 2018 the modifier 80 (Assistant Surgeon) has been added to the CPT code 62252 (Reprogramming of Programmable Brain and Spinal Fluid Shunt) for the provider type 19 (Registered Nurse Practitioner).

Effective for dates of service on or after January 1, 2019 the HCPCS code H2019 (Therapeutic Behavioral Services, Per 15 Minutes) can report the modifiers:

HM – Less Than Bachelor Degree

HN – Bachelor Degree Level/Amb HS

HO – Masters Degree Level



Effective for date of service on or after March 1, 2018 the modifiers LT (Identifies Left Side) and RT (Identifies Right Side) can now be reported on the CPT code 29906 (Removal of Dead or Infected Foot Joint Tissue Using an Endoscope).

The modifier 62 (Two Surgeons/Different Skills)) has been added to the CPT code 21558 (Removal of (5 Centimeters or Greater) Growth of Neck or Front of Chest).

Effective for date of service on or after October 1, 2018 the following modifiers have been added to the HCPCS code A0120 (Non-Emergency Transportation: Mini-Bus, Mountain Area Transports, or other Transportation Systems) on reference screens RF122 and RF132.

Effective for dates of service on or after January 1, 2018 the modifier PN (Non-Excepted Service) has been added to the following HCPCS codes:

Code	Description
A0382	BLS Routine Disposable Supplies
A0392	ALS Specialized Service Disposable Supplies; Defibrillation (To Be Used Only In Jurisdictions Where Defibrillation Cannot Be Performed In BLS Ambulances)
A0394	BLS Specialized Service Disposable Supplies; Defibrillation
A0398	ALS Routine Disposable Supplies
A0420	Ambulance Waiting Time (ALS or BLS), One Half (1/2) Hour Increments
A0422	Ambulance (ALS or BLS) Oxygen And Oxygen Supplies, Life Sustaining Situation
A0425	Ground Mileage, Per Statute Mile
A0426	Ambulance Service, Advanced Life Support, Non-Emergency Transport
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport,

Effective for January 1, 2019 the following modifiers have been added to the CPT code 11103 (Tangential Biopsy of Additional Skin Lesion) for screen RF122 and RF132.

<b>Modifiers &amp; Descriptions</b>	<b>Modifiers &amp; Descriptions</b>
AI Principal Physician Of Record	Q5 Recip Bill Arr Subs M
ET Emergency Treatment	Q6 Fee/Time Comp Subst MD or PT
EY No Phys/Other Lic Hth	RT Identifies Right Side
E1 Upper Left, Eyelid	SG Amb Surg Ctr (ASC)
E2 Lower Left, Eyelid	TA Left Foot, Great Toe
E3 Upper Right, Eyelid	T1 Init Visit 1st Tri/Left
E4 Lower Right, Eyelid	T2 Init Visit 2nd Tri/Left
Fa Left Hand, Thumb	T3 Init Visit 3rd Tri/Left
F1 Left Hand, Second Digit	T4 Left Foot, Fifth Digit
F2 Left Hand, Third Digit	T5 Right Foot, Great Toe
F3 Left Hand, Fourth Digit	T6 Right Foot, Second Digit
F4 Left Hand, Fifth Digit	T7 Right Foot, Third Digit
F5 Right Hand, Thumb	T8 Right Foot, Fourth Digit
F6 Right Hand, Second Digit	T9 Right Foot, Fifth Digit
F7 Right Hand, Third Digit	XE Separate Enc, A Serv
F8 Right Hand, Fourth Digit	XP Separate Practitioner
F9 Right Hand, Fifth Digit	XS Separate Structure, A
GA Req Liability Notice	XU Unusual Non-Overlapping
GC Teaching Physician Se	22 Unusual Procedural Se
GJ "Opt Out" Phys Or Pract	23 Unusual Anesthesia
GK Actual Item/Svs By Ph	47 Anesthesia By Surgeon
GR Amb Trip Hosp-Based D	52 Reduced Services
GU Waiver Of Liability Statement	53 Discontinued Procedure
GY Item/Svs Statutorily	58 Staged/Related Proc Same
GZ Item/Svs Exp To Be Denied	59 Distinct Procedural Service
KX Requirements Specified	76 Repeat Procedure By Same MD
LT Identifies Left Side	77 Repeat Procedure/Anot
PT Colorectal Cancer Scr	78 Return To O.R. For Re
QJ Med Dir Emp Anes 4 Pr	79 Unrelated Proc/Svc,Sa
	99 Multiple Modifiers

**Place of Service (POS)**

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

<b>Place of Service</b>	<b>Code</b>	<b>Description</b>	<b>Effective Begin Date</b>
11 - Office	77049	MRI of Both Breasts With and Without Contrast	1/1/2019
11 - Office	95976	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Simple Cranial Nerve Stimulator Programming	1/1/2019
11 - Office	95977	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Complex Cranial Nerve Stimulator Programming)	1/1/2019
19 - Off Campus-Outpatient Hospital	37660	Typing Common Iliac Vein (Groin Vein)	1/1/2018
19 - Off Campus-Outpatient Hospital	90838	Psychotherapy, 60 Minutes	3/1/2018
21 -Inpatient Hospital	90836	Psychotherapy, 45 Minutes	3/1/2018
21 -Inpatient Hospital	90838	Psychotherapy, 60 Minutes	3/1/2018
22 - Outpatient Hospital	90838	Psychotherapy, 60 Minutes	3/1/2018
22 - Outpatient Hospital	90836	Psychotherapy, 45 Minutes	3/1/2018
22 - Outpatient Hospital	90838	Psychotherapy, 60 Minutes	3/1/2018
22 - Outpatient Hospital	90839	Psychotherapy for Crisis, First 60 Minutes	3/1/2018
23 - Emergency Room Hospital	26591	Repair of Hand Muscle	1/1/2019
23 - Emergency Room Hospital	50431	Injection Procedure for X-Ray Imaging of Kidney and Urinary Duct (Ureter) Using Imaging Guidance Including Radiological Supervision And Interpretation	5/1/2018
23 - Emergency Room Hospital	51710	Change of Cystostomy Tube; Complicated	7/1/2018
24 - Ambulatory Surgical Center	27279	Fusion Sacroiliac Joint Through the Skin or Minimally Invasive Using Image Guidance	7/1/2018
61 - Comprehensive Inpatient Rehab Facility	90833	Psychotherapy, 30 Minutes	3/1/2018
61 - Comprehensive Inpatient Rehab Facility	90836	Psychotherapy, 45 Minutes	3/1/2018
61 - Comprehensive Inpatient Rehab Facility	90838	Psychotherapy, 60 Minutes	3/1/2018
61 - Comprehensive Inpatient Rehab Facility	90839	Psychotherapy for Crisis, First 60 Minutes	3/1/2018
61 - Comprehensive Inpatient Rehab Facility	96150	Health & Behavior Assessment Each 15 Minutes	3/1/2018
77 - BH Outpatient Clinic	S5109	Home Care Training to Home Care Client, Per Session	10/1/2018

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

Place of Service	Code	Description	Effective Begin Date
11 - Office	77049	MRI of Both Breasts With and Without Contrast	1/1/2019
61 - Comprehensive Inpatient Rehab Facility	90833	Psychotherapy, 30 Minutes	3/1/2018
21 -Inpatient Hospital	90836	Psychotherapy, 45 Minutes	3/1/2018
22 - Outpatient Hospital	90836	Psychotherapy, 45 Minutes	3/1/2018
61 - Comprehensive Inpatient Rehab Facility	90836	Psychotherapy, 45 Minutes	3/1/2018
19 - Off Campus-Outpatient Hospital	90838	Psychotherapy, 60 Minutes	3/1/2018
21 -Inpatient Hospital	90838	Psychotherapy, 60 Minutes	3/1/2018
22 - Outpatient Hospital	90838	Psychotherapy, 60 Minutes	3/1/2018
61 - Comprehensive Inpatient Rehab Facility	90838	Psychotherapy, 60 Minutes	3/1/2018
22 - Outpatient Hospital	90839	Psychotherapy for Crisis, First 60 Minutes	3/1/2018
61 - Comprehensive Inpatient Rehab Facility	90839	Psychotherapy for Crisis, First 60 Minutes	3/1/2018
11 - Office	95976	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Simple Cranial Nerve Stimulator Programming	1/1/2019
11 - Office	95977	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Complex Cranial Nerve Stimulator Programming)	1/1/2019

### **Procedure Daily Limit**

- Effective for dates of service on or after January 1, 2019 the procedure daily limit has been changed to 5 for the HCPCS code A0130 (Non-Emergency Transportation: Wheelchair Van).
- The procedure daily limits have been changed for the CPT code D7960 (Frenulectomy - Also Known As Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure) (to three (3)).
- The Procedure Daily Maximum for the CPT code 64450 (Injection of Anesthetic Agent, Other Peripheral Nerve) has been changed to three (3) on RF113 and RF127.

## **Procedure Daily Maximum**

The procedure daily maximum has been changed for the HCPCS code J9354 (Injection, Ado-Trastuzumab Emtansine, 1 mg) to 600.

The listed CPT codes have had the procedure daily limit changed to two (2); for the HCPCS code D7473 (Removal of Torus Mandibularis).

The Procedure Daily Maximum has been changed to:

20 for Q5105 (Injection, Epoetin Alfa, Biosimilar, (Retacrit)) and

40 for Q5106 (Injection, Epoetin Alfa, Biosimilar,)

## **Provider Type**

- Effective for dates of service on or after April 1, 2018 the modifier 80 (Assistant Surgeon) has been added to the CPT code 62252 (Reprogramming of Programmable Brain & Spinal Fluid Shunt) for 19 (Registered Nurse Practitioner).
- Effective for dates of service on or after October 1, 2018 the modifier 80 (Assistant Surgeon) has been added to the CPT code 62252 (Reprogramming of Programmable Brain & Spinal Fluid Shunt) for 18 (Physician's Assistant).
- Effective for dates of service on or after July 1, 2018 the modifier 80 (Assistant Surgeon) can be reported on the CPT code 27823 (Open Treatment of Broken Ankle) for the provider types 18 (Physician's Assistant) and 19 (Registered Nurse Practitioner).
- Effective for dates of service on or after October 1, 2018 the modifier AS (PA SVCS for Assistant/At Surgery) can be reported on the CPT code 63042 (Re-Exploration Of Spine Repair With Release of Lower Spinal Cord Or Nerves) for the provider type 18 (Physician's Assistant).
- Effective for dates of service on or after January 1, 2019 the CPT code 96121 (Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, Additional 60 Minutes) has been added to the provider type 11 (Psychologist).

## **Revenue Code**

Effective for dates of service on or after January 1, 2018 the revenue codes listed have been added to the CPT code 80323 (Alkaloids Levels)

0300 – Laboratory

0301 – Lab/chemistry

0309 –Lab/Other

Effective for dates of service on or after January 1, 2018 the revenue code 0302 (Lab/Immunology) has been added to the CPT code 86880 (Red Blood Cell Antibody Detection Test) on the reference screen RF773.

