



# ENCOUNTER KEYS

March-April, 2021

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## Age Limits

The age limits have been changed for the following ICD-10 codes to read minimum age 000 and maximum age 999.

- ◆ F07Z4ZZ - Wheelchair Mobility Treatment
- ◆ F07Z5ZZ – Bed Mobility Treatment
- ◆ F0FZ0ZZ - Caregiver training in bathing/showering technique
- ◆ F0FZ7FZ - Caregiver Training in Therapeutic Exercise using Assistive, Adaptive, Supportive or Protective Equipment

## • Category of Service

- Effective for dates of service on or after January 1, 2020 the COS has been changed for the HCPCS code G0159 (Services Performed by a Qualified Physical Therapist, in the Home Health Setting) to 06 (Physical Therapy).
- Effective for dates of service on or after January 1, 2020 the COS has been changed for the HCPCS code G0161 (Services Performed by a Qualified Speech-Language Pathologist, in the Home Health Setting) to 07 (Speech/Hearing Therapy).
- Effective for February 27, 2021 the COS for the CPT code 0031A (Administration of Corona-Virus vaccine 4 dose 1) has been changed to 01 (Medicine).

## Codes

- Effective for dates of service April 1, 2020 the CPT code 99458 (Remote Physiologic Monitoring Treatment Management) has been added to the Reference Screen RFC25 - Status Code B CPT-HCPCS Codes).
- Effective for dates of service January 1, 2020 the HCPCS code C1304 (Catheter, Imaging, sonicath ultra model 37-416 ultrasound imaging catheter) has the Coverage Code changed to 04 (Not Covered Service/Code Not Available).

### **Coverage Code**

- Effective for dates of service on or after March 01, 2021 the CPT codes 81507 (DNA Analysis Using Maternal Plasma) and 81420 (Test for Detecting Genes Associated with Fetal Disease, Aneuploidy Genomic Sequence Analysis Panel) now have AHCCCS Coverage Code of 01 (Covered Service/Code Available).
- Effective for April 1, 2021 the coverage code has been changed to 01 (Covered Service/Code Available) for HCPCS code S5145 (Foster Care, Therapeutic, Child; Per Diem).
- The following CPT/HCPCS codes have been change to AHCCCS Coverage code of 04 (Not Covered Service/Code Not Available).

<b>Code</b>	<b>Description</b>
C9068	Copper cu-64, dotatate, diagnostic, 1 millicurie
C9069	Injection, belantamab mafodotin-blmf, 0.5 mg
C9070	Injection, tafasitamab-cxix, 2 mg
C9071	Injection, viltolarsen, 10 mg
C9072	Injection, immune globulin (asceniv), 500 mg
C9073	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
C9122	Mometasone furoate sinus implant, 10 micrograms (sinuva)
J7333	Hyaluronan or derivative, visco-3, for intra-articular injection, per dose
J7401	Mometasone furoate sinus implant, 10 micrograms
K1010	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
K1011	Activation device for intraurethral drainage device with valve, replacement only, each
K1012	Charger and base station for intraurethral activation device, replacement only

### Description Code Changes

The following code descriptions have been changed.

Code	Description
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19] vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, single dose.
91303	Severe-acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19] vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, for intramuscular use.
G0179	Physician or allowed practitioner re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care.
G0180	Physician or allowed practitioner re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care.
G0181	Physician or allowed practitioner supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans.
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated.
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated.
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed.

**Modifier**

- Effective for dates of service January 1, 2020 the modifier 76 ( Repeat Procedure by Same MD) has been added to the system.

Code	Description	Code	Description
J1442	Injection, Filgrastim (G-CSF), Excludes Biosimilars, 1 Microgram	J9155	Injection, Degarelix, 1 m
J1447	Injection, TBO-Filgrastim, 1 Microgram	J9177	Injection, Enfortumab Vedotin-Ejfv, 0.25 mg
J1453	Injection, Fosaprepitant, 1 mg	J9207	Injection, Ixabepilone, 1 mg
J1459	Injection, Immune Globulin (Privigen), Intravenous, Non-Lyophilized	J9227	Injection, Isatuximab-Irfc, 10 mg
J1568	Injection, Immune Globulin, (Octagam), Intravenous, Non-Lyophilized	J9228	Injection, Ipilimumab, 1 mg
J1569	Injection, Immune Globulin, (Gammagard Liquid), Non-Lyophilized,	J9263	Injection, Oxaliplatin, 0.5 mg
J1930	Injection, Lanreotide, 1 mg	J9302	Injection, Ofatumumab, 10 mg
J2354	Injection, Octreotide, Non-Depot Form for Subcutaneous or Intravenous Injection, 25 Mcg	J9395	Injection, Fulvestrant, 25 m
J2505	Injection, 25 mcg	J9400	Injection, Ziv-Aflibercept, 1 mg
J2783	Injection, Pegfilgrastim, 6 mg	Q2050	Injection, Doxorubicin Hydrochloride, Liposomal, Not Otherwise Specified, 10 mg
J2796	Injection, Romiplostim, 10 Micrograms	Q5101	Injection, Filgrastim-SNDZ, Biosimilar, (Zarxio), 1 Microgram
J3262	Injection, Tocilizumab, 1 mg	Q5106	Injection, Epoetin Alfa-Epbx, Biosimilar, (Retacrit) (For Non-Esrd Use), 1000 Units
J9025	Injection, Azacitidine, 1 mg	Q5107	Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 mg
J9047	Injection, Carfilzomib, 1 mg		

- Effective for dates of service listed the following modifiers have been added to the reference screen.

Q5105	Injection, Epoetin Alfa-EPBX, Biosimilar, (RETACRIT)	AY - Item or Serv Furnished to a ESRD Patient	10/1/2020
99417	Prolonged Office or Other Outpatient Service by Clinical Staff	95 - Synchronous Telemedicine Service Rendered	1/1/2021

- Effective for dates of service March 1, 2020 the following modifiers have been added to the reference screen.

PN - Non-Excepted Service Provided at an Off PO - Services, Procedures and/or Surgeries  
 XE - Separate Enc, A Serv That is Distinct XP - Separate Practitioner,  
 XS - Separate Structure, A Service that is Distinct XU - Unusual Non-Overlapping  
 59 Distinct Procedural Service

Code	Description
81206	Translocation Analysis (BCR/ABL1) Major Breakpoint
81207	Translocation Analysis (BCR/ABL1) Minor Breakpoint
81219	Gene Analysis (Calreticulin), Common Variants
81270	JAK2 (Janus Kinase 2) (e.g., Myeloproliferative Disorder)

- Effective for dates of service listed the following modifiers have been added or end dated on the system.

Code	Description	Modifier	Effective Begin Date	End Date
37212	Insertion of Catheter into Vein for Drug Infusion for Blood Clot Including Radiological Supervision and Interpretation	79 - Unrelated Proc/ Svc, Same MD Post-OP	9/1/2020	
37241	Occlusion of Venous Malformations (Other Than Hemorrhage) with Radiological Supervision and Interpretation, Roadmapping, and Imaging Guidance	GC - Teaching Physician Services	1/1/2020	
47379	Unlisted Laparoscopic Procedure, Liver	82 - Assist Surg/Qual Resident Surg Not Avail	1/1/2020	
90651	Vaccine for Human Papilloma Virus Nonavalent (3 Dose Schedule) Injection into Muscle	SY - Contact W/High-Risk Population	12/1/2020	
92524	Behavioral and Qualitative Analysis of Voice and Resonance	51 - Multiple Procedures	8/1/2020	
97607	Negative Pressure Wound Therapy Surface Area Less Than or Equal to 50 Square Centimeters Per Session	58 - Staged/Related Proc Same Post-OP Period	7/1/2020	
G2025	Payment for a Telehealth Distant Site Service Furnished	95 - Synchronous Telemedicine	3/18/2020	
T1015	Clinic Visit/Encounter, All-Inclusive	95 - Synchronous Telemedicine	1/27/2020	6/30/2020
T2007	Transportation Waiting Time, Air Ambulance and Non-Emergency Vehicle, One-Half (1/2) Hour Increments	TU - Special Payment Rate,	2/22/2021	

<b>Code</b>	<b>Description</b>	<b>Modifier</b>	<b>Effective Begin</b>
43274	Insertion of Stent into Pancreatic or Bile Duct Using a Flexible En-	51 - Multiple Procedures	6/1/2020
81001	Manual Urinalysis Test with Examination Using Microscope	Q1 - Cert Mycosis Toenail/Routine Clin Research	1/1/2020
84439	Thyroxine (Thyroid Chemical), Free	Q1 - Cert Mycosis Toenail/Routine Clin Research	1/1/2020
84443	Blood Test, Thyroid Stimulating Hormone (TSH)	Q1 - Cert Mycosis Toenail/Routine Clin Research	1/1/2020
84480	Thyroid Hormone, T3 Measurement, Total	Q1 - Cert Mycosis Toenail/Routine Clin Research	1/1/2020
85046	Red Blood Count Automated, With Additional Calculations	Q1 - Cert Mycosis Toenail/Routine Clin Research	1/1/2020
96374	Injection of Drug or Substance into a Vein for Therapy	Q1 - Cert Mycosis Toenail/Routine Clin Research	1/1/2020
96375	Injection of Different Drug or Substance into a Vein for Therapy	Q1 - Cert Mycosis Toenail/Routine Clin Research	1/1/2020
96413	Infusion of Chemotherapy into a Vein Up To 1 Hour	59 - Distinct Procedural Service	1/1/2020
99417	Prolonged Office or Other Outpatient Service by Clinical Staff	95 - Synchronous Telemedicine Service Rendered	1/1/2021
J9034	Injection Bendamustine Hcl (BendeKa), 1 mg	JG - Drug 340B Price Dsct Pro	1/1/2020
J9173	Injection, Durvalumab, 10 mg	JG -Drug 340B Price Dsct Pro	1/1/2020
J9358	Injection, Fam-Trastuzumab Deruxtecan-Nxki, 1 mg	JG - Drug 340B Price Dsct Pro	7/1/2020
J9358	Injection, Fam-Trastuzumab Deruxtecan-Nxki, 1 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	7/1/2020
Q5105	Injection, Epoetin Alfa-EPBX, Biosimilar, (RETACRIT)	AY - Item or Serv Furnished to a ESRD Patient	10/1/2020
Q5117	Injection, Trastuzumab-Anns, Biosimilar, (Kanjinti),	JG - Drug 340B Price Dsct Pro	3/1/2020
Q5117	Injection, Trastuzumab-Anns, Biosimilar, (Kanjinti),	JW - Drug Amt Discarded/Not Admin to Any Patient	3/1/2020

- Effective for dates of service April 1, 2021 the modifiers have been added to the appropriate reference screens.

CR - Catastrophe/Disaster Rel  
90 - Reference e (Outside) Laboratory

59 - Distinct Procedural Service  
91 Rep. Lab Test/Non-Emg. 9

Code	Description
0242U	Targeted genomic sequence analysis panel, solid organ nerve
0243U	Obstetrics (preeclampsia), biochemical assay of placenta
0244U	Oncology (solid organ), DNA, comprehensive genomic prof
0245U	Oncology (thyroid), mutation analysis of 10 genes and 3
0246U	Red blood cell antigen typing, DNA, genotyping
0247U	Obstetrics (preterm birth), insulin-like growth factor

- The modifiers listed below have been added to the appropriate reference screens.

CR - Catastrophe/Disaster Rel  
GA - Req Liability Notice Per  
XP - Separate Practitioner, A Service That Is  
XU - Unusual Non-Overlapping Service,

59 - Distinct Procedural Service  
XE – Separate Enc, a serv that is distinct  
XS – Separate Structure, a service that is distinct

Code	Description	Code	Description
A9592	Copper cu-64, Dotatate, diagnostic, 1 millicurie	J7402	Mometasone furoate sinus implant, (Sinuva), 10 microgra
J1427	Injection, Viltolarsen, 10 mg	J9037	Injection, Belantamab Mafodotin-BLMF, 0.5 mg
J1554	Injection, immune globulin (Asceniv), 500 mg	J9349	Injection, Tafasitamab-CXIX, 2 mg

- The modifiers listed below have been added to the appropriate reference screens.

1P - Performance measure excl. medical  
3P – Performance measure exl. mod. system r

2P – Performance measure excl. pt choice  
8P – PM measure reporting

Code	Description
G2020	Services for high intensity clinical services associate
G2172	All inclusive payment for services related to highly

- The modifiers below have been added to the HCPCS code S1091 (Stent, non-coronary, temporary, with delivery system) to the appropriate reference screens.

CR - Catastrophe/Disaster Rel  
Q5 - Recip bill arr subs md or pt

GA - Req Liability Notice Per  
Q6 – Fee/time comp subst md or pt

- The modifiers listed below have been added to the appropriate reference screens.

CR - Catastrophe/Disaster Rel	FB – Item provided without cost to provider
GA - Req Liability Notice Per	GC – Teaching physician services
GZ - Item/svs exp to be denied as not reason	LT – Identifies left side body procedures
Q5 - Recip bill arr subs md or pt	Q6 – Fee/time comp subst md or pt
RT - Identifies right side body procedures	XE – Separate Enc, a serv that is distinct
XP - Separate practitioner, a service that is	XS - Separate Structure, a service that is distinct
XU -Unusual Non-Overlapping Service,	59 - Distinct Procedural Service

Code	Description
K1016	Transcutaneous electrical nerve stimulator for electric
K1017	Monthly supplies for use of device coded at K1016
K1018	External upper limb tremor stimulator of the peripheral
K1019	Monthly supplies for use of device coded at K1018
K1020	Non-invasive Vagus nerve stimulator

- The modifiers listed below have been added to the HCPCS code M0245 (Intravenous infusion, Bamlanivimab and Etesevimab) to the appropriate reference screens.

CR - Catastrophe/Disaster Rel	ET – Emergency treatment
GC - Teaching physician services	KX – Requirements specified
Q5 - Recip bill arr subs md or pt	Q6 – Fee/time comp subst md or pt
XE - Separate Enc, a serv that is distinct	XP - Separate practitioner, a service that is
XS - Separate Structure, a service that is distinct	XU -Unusual Non-Overlapping Service,
52 - Reduced services	59 - Distinct Procedural Service

- The modifiers listed below have been added to the HCPCS code Q0245 (Injection, Bamlanivimab and Etesevimab, 2100 mg) to the appropriate reference screens.

CR - Catastrophe/Disaster Rel	ET – Emergency treatment
GC - Teaching physician services	JA – Administered Intraven
KD - Drug or Biological In	KX – Requirements specified
Q5 - Recip bill arr subs md or pt	Q6 – Fee/time comp subst md or pt
XE - Separate Enc, a serv that is distinct	XP - Separate practitioner, a service that is
XS - Separate Structure, a service that is distinct	XU -Unusual Non-Overlapping Service,
59 - Distinct Procedural Service	



- The modifiers listed below have been added to the HCPCS code C9074 (Injection, Lumasiran, 0.5 mg) to the appropriate reference screens.

CR - Catastrophe/Disaster Rel	FB - Item provided without
GA - Req liability notice	GC - Teaching physician services
GZ - Item/svs exp to be de	JF - Compounded drug
J1 - Cap no-pay submission	J2 - Cap restock of Er drug
J3 - Cap drug reimbursed u	K0 - Single drug unit dose
KP - First drug of a multi	KQ - Second or subsequent
Q5 - Recip bill arr subs md or pt	Q6 - Fee/time comp subst md or pt

- The modifiers listed below have been added to the HCPCS codes C9776 (Intraoperative near-infrared fluorescence imaging) and C9777 (Esophageal mucosal integrity testing by electrical) to the appropriate reference screens.

CR - Catastrophe/Disaster Rel	ET - Emergency treatment
GA - Req liability notice	GC - Teaching physician services
GY - Item/svs statutorily	GZ - Item/svs exp to be de
KX - Requirements specified	LT - Identifies left side body procedures
Q5 - Recip bill arr subs md or pt	Q6 - Fee/time comp subst md or pt
RT - Identifies right side body procedures	XE - Separate enc, a serv that is distinct
XP - Separate practitioner, a service that is	XS - Separate structure, a service that is distinct
XU - Unusual Non-Overlapping Service,	22 - Unusual procedural service
23 - Unusual Anesthesia	47 - Anesthesia by surgeon
52 - Reduced services	59 - Distinct Procedural Service
63 - Neonates/infants up to	76 - Repeat procedure by same MD
77 - Repeat procedure/another physician	78 - Return to O.R. for related procedure
79 - Unrelated proc/SVC,SA, same MD	

- The modifiers listed below have been added to the HCPCS code K1013 (Enema tube, any type, replacement only, each) to the appropriate reference screens.

BP - Bene informed of purchase/rental options	BR - Bene informed of purchase/rental option
BU - Bene informed of purchase/rental option	CR - Catastrophe/Disaster Rel
FB - Item Provided Without	GC - Teaching physician services
GK - Actual item/svs by physician	GZ - Item/svs exp to be denied as not reason
KX - Requirements specified	Q5 - Recip bill arr subs m
Q6 - Fee/time comp subst MD or PT	XE - Separate enc, a service that is distinct
XP - Separate Practitioner	XS - Separate structure, a service that is distinct
XU - Unusual non-overlapping service	59 - Distinct procedural service
76 - Repeat procedure by same MD	77 - Repeat procedure/another physician
78 - Return to O.R. for related procedure	79 - Unrelated proc/SVC,SA, same MD

- The modifiers listed below have been added to K1014 (Addition, endoskeletal knee-shin system, 4 bar linkage) to the appropriate reference screens.

BP – Bene informed of purchase/rental options	BR - Bene informed of purchase/rental option
BU – Bene informed of purchase/rental option	CR - Catastrophe/Disaster Rel
FB – Item Provided Without	GA – Req liability notice
GC - Teaching physician services	GZ - Item/svs exp to be denied as not reason
KO - Lower extremity prost	K1 - Lower extremity prost
K2 - Lower extremity prost	K3 - Lower extremity prost
K4 - Lower extremity prost	

- The modifiers listed below have been added to the HCPCS cod K1015 (Foot, Adductus positioning device, adjustable) to the appropriate reference screens.

BP – Bene informed of purchase/rental options	BR - Bene informed of purchase/rental option
BU – Bene informed of purchase/rental option	CR - Catastrophe/Disaster Rel
FB – Item provided without cost to provider	GA - Req Liability Notice Per
GC – Teaching physician services	GZ - Item/svs exp to be denied as not reason
LT – Identifies left side body procedures	Q5 - Recip bill arr subs md or pt
Q6 – Fee/time comp subst md or pt	RT - Identifies right side body procedures
XE – Separate Enc, a serv that is distinct	XP - Separate practitioner, a service that is
XS – Separate Structure, a service that is distinct	XU -Unusual Non-Overlapping Service,
59 - Distinct Procedural Service	

- The modifiers listed below have been added to the HCPCS code M0245 (Intravenous infusion, Bamlanivimab and Etesevimab) to the appropriate reference screens.

CR - Catastrophe/Disaster Rel	ET – Emergency treatment
GC - Teaching physician services	KX – Requirements specified
Q5 - Recip bill arr subs md or pt	Q6 – Fee/time comp subst md or pt
XE - Separate Enc, a serv that is distinct	XP - Separate practitioner, a service that is
XS - Separate Structure, a service that is distinct	XU -Unusual Non-Overlapping Service,
52 - Reduced services	59 - Distinct Procedural Service

- The modifiers listed below have been added to the HCPCS code Q0245 (Injection, Bamlanivimab and Etesevimab, 2100 mg) to the appropriate reference screens.

CR - Catastrophe/Disaster Rel	ET – Emergency treatment
GC - Teaching physician services	JA – Administered Intraven
KD - Drug or Biological In	KX – Requirements specified
Q5 - Recip bill arr subs md or pt	Q6 – Fee/time comp subst md or pt
XE - Separate Enc, a serv that is distinct	XP - Separate practitioner, a service that is
XS - Separate Structure, a service that is distinct	XU -Unusual Non-Overlapping Service,
59 - Distinct Procedural Service	

- The modifiers listed below have been added to the HCPCS code C9074 (Injection, Lumasiran, 0.5 mg) to the appropriate reference screens.

CR - Catastrophe/Disaster Rel	FB - Item provided without
GA - Req liability notice	GC - Teaching physician services
GZ - Item/svs exp to be de	JF - Compounded drug
J1 - Cap no-pay submission	J2 - Cap restock of Er drug
J3 - Cap drug reimbursed u	K0 - Single drug unit dose
KP - First drug of a multi	KQ - Second or subsequent
Q5 - Recip bill arr subs md or pt	Q6 – Fee/time comp subst md or pt

- The modifiers listed below have been added to the HCPCS codes C9776 (Intraoperative near-infrared fluorescence imaging) and C9777 (Esophageal mucosal integrity testing by electrical) to the appropriate reference screens.

CR - Catastrophe/Disaster Rel	ET – Emergency treatment
GA - Req liability notice	GC - Teaching physician services
GY - Item/svs statutorily	GZ - Item/svs exp to be de
KX - Requirements specified	LT - Identifies left side body procedures
Q5 - Recip bill arr subs md or pt	Q6 – Fee/time comp subst md or pt
RT - Identifies right side body procedures	XE - Separate enc, a serv that is distinct
XP - Separate practitioner, a service that is	XS -Separate structure, a service that is distinct
XU -Unusual Non-Overlapping Service,	22 – Unusual procedural service
23 - Unusual Anesthesia	47 - Anesthesia by surgeon
52 – Reduced services	59 - Distinct Procedural Service
63 – Neonates/infants up to	76 - Repeat procedure by same MD
77 - Repeat procedure/another physician	78 - Return to O.R. for related procedure
79 - Unrelated proc/SVC,SA, same MD	

- AHCCCS will be implementing the use of Modifier “V1 - Demonstration Modifier 1” to identify The Children’s Behavioral Health Services Fund (CBHSF) as described in AMPM 310-B.
- Effective for dates of service August 1, 2020 the modifier V1 (Demonstration Modifier) has been added to the following CPT/HCPCS codes.

Code	Code	Code	Code	Code	Code	Code
36415	80347	82947	90853	99199	A0428	J1630
70450	80348	82948	90887	99202	A0429	J1631
70460	80349	82977	90889	99203	A0430	J2310
70470	80350	83036	90899	99204	A0431	J2315
70551	80351	83037	90901	99205	A0434	J2680
70552	80352	83789	93000	99211	A0435	J2794
70553	80353	83986	96110	99212	A0436	J3410
80048	80354	83992	96112	99213	A0888	S0209
80050	80355	84132	96113	99214	A0999	S0215
80051	80356	84146	96116	99215	G0270	S5109
80053	80357	84311	96121	99217	G0296	S5110
80061	80358	84436	96127	99218	G0480	S5115
80076	80359	84439	96130	99241	G0481	S5140
80156	80360	84443	96131	99406	G0482	S5145
80159	80361	84520	96132	99407	G0483	S5150
80164	80362	84703	96133	99417	G0508	S5151
80171	80363	85007	96136	99441	G0509	S9484
80178	80364	85008	96137	99453	G0512	S9485
80299	80365	85009	96138	99454	H0002	T1002
80305	80366	85013	96139	99457	H0004	T1003
80306	80367	85014	96146	99483	H0015	T1009
80307	80368	85018	96156	99484	H0020	T1015
80320	80369	85025	96158	99491	H0025	T1016
80321	80370	85027	96159	99492	H0030	T1019
80322	80371	85048	96160	99493	H0031	T1020
80323	80372	85651	96161	99494	H0034	T2003
80324	80373	85652	96164	99497	H0036	T2005
80325	80374	86580	96165	99498	H0037	T2007
80326	80375	86592	96167	99499	H0038	T2016
80327	80376	86593	96168	0362T	H0046	T2017
80328	80377	86689	96170	0373T	H2010	T2049
80329	80420	86701	96171	A0090	H2011	
80330	81000	86702	96372	A0100		

**Order/Referring Provider Indicator**

The indicator “Y” (yes) has been added to the Order/Referring Provider indicator on RF113

<b>Code</b>	<b>Description</b>
92507	Treatment of speech, language, voice, communication, and/or hearing processing disorder
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluency
92522	Evaluation of speech sound production
92523	Evaluation of speech sound production with evaluation of language
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing and/or oral feeding function
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92605	Evaluation for prescription of non-speech generating augmentative and alternative communication device, face-to-face with the patient; first hour
92607	Evaluation of patient with prescription of speech-generating and alternative communication device
92608	Evaluation and prescription of speech-generating and alternative communication device
92609	Therapeutic services for use of speech-generating device with programming
92610	Evaluation of swallowing function
92630	Auditory rehabilitation; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes.
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes

G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
S9128	Speech therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem
S9152	Speech therapy, re-evaluation

### **Place of Service (POS)**

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

<b>Code</b>	<b>Description</b>	<b>Place of Service</b>	<b>Begin Date</b>
43284	Insertion of Augmentation Device in Sphincter of Esophagus Using A Flexible Endoscope Via Mouth	19 - Off Campus-Outpatient Hospital	7/1/2020
43284	Insertion of Augmentation Device in Sphincter of Esophagus Using A Flexible Endoscope Via Mouth	22 - Outpatient Hospital	7/1/2020
88307	Pathology Examination of Tissue Using A Microscope	11 - Office	8/1/2019
90621	Vaccine for Meningococcus Lipoprotein for Injection into Muscle, 2 or 3 Dose Schedule	15 – Mobile Unit	10/1/2020
90732	Vaccine for Pneumococcal Polysaccharide for injection beneath the skin or into muscle, patient 2 years or older	65 - ESRD Treatment Facility	6/1/2020
92133	Diagnostic Imaging of Optic Nerve of Eye	21 - Inpatient Hospital	1/1/2021
96112	Developmental Test Administration by Qualified Health Care Professional with Interpretation and Report, First 60 Minutes	02 – Services Provided/Received, Through Telecomm	3/17/2020
96113	Developmental Test Administration by Qualified Health Care Professional with Interpretation and Report, Additional 30 Minutes	02 - Services Provided/Received, Through Telecomm	3/17/2020
D5410	Adjust Complete Denture - Maxillary	13 - Assisted Living Facility	1/1/2021
D5410	Adjust Complete Denture - Maxillary	31 - Skilled Nursing Facility	1/1/2021
D5411	Adjust Complete Denture - Mandibular	13 - Assisted Living Facility	1/1/2021
D5411	Adjust Complete Denture - Mandibular	31 – Skilled Nursing Facility	1/1/2021
G9771	At Least 1 Body Temperature Measurement Equal to or Greater Than 35.5 Degrees Celsius	21 - Inpatient Hospital	1/1/2020
J2350	Injection, Ocrelizumab, 1 mg	12 - Home	9/1/2020

**Provider Type**

- Effective for April 1, 2021 the provider type A5 (Behavioral Health Therapeutic Home) can report the HCPCS code S5145 (Foster Care, Therapeutic, Child; Per Diem).
- Effective for dates of service December 31, 2020 the Provider type 43; Place of Service 24, Modifier SG and Revenue Code 0490 have been end dated for the following codes:

<b>Code</b>	<b>Description</b>
63267	Removal of Lower Spine Bone and Growth Other Than A Tumor, Extradural
0483T	Insertion of Artificial Valve Between Left Heart Chambers, Accessed Through the Skin
0484T	Insertion of Artificial Valve Between Left Heart Chambers, Open Chest Procedure
0494T	Preparation and Storage of Donor Lung
0495T	Initiation and Monitoring of Circulation in Donor Lung, First Two Hours
0496T	Initiation and Monitoring of Circulation in Donor Lung, Each Additional Hour

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

<b>Code</b>	<b>Description</b>	<b>Provider Type</b>	<b>Effective Begin Date</b>	<b>End Date</b>
43284	Insertion of augmentation device in sphincter of esophagus using a flexible endoscope via mouth	19 - Registered Nurse Practitioner	8/1/2020	
92650	Screening Evaluation of Brain Response to Sound with Automated Analysis	62 – Audiologist	1/1/2021	
92651	Evaluation of Brain Response to Sound for Determination of Hearing Status with Interpretation and Report	62 – Audiologist	1/1/2021	
92652	Evaluation of Brain Response to Sound for Determination of Hearing Threshold with Interpretation and Report	62 – Audiologist	1/1/2021	
92653	Evaluation of Brain Response to Sound for Diagnosis of Nervous System Disorders with Interpretation and Report	62 - Audiologist	1/1/2021	
96156	Health behavior assessment, or re-assessment	86 - Licensed Marriage & Family Therapist LMFT	1/1/2021	
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	86 - Licensed Marriage & Family Therapist LMFT	1/1/2021	
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes	86 - Licensed Marriage & Family Therapist LMFT	1/1/2021	

Note: 43284 needs modifier AS - PA SVCS for Assistant/At Surgery to report this service.

<b>Code</b>	<b>Description</b>	<b>Provider Type</b>	<b>Effective Begin</b>	<b>End Date</b>
96164	Health behavior intervention, group, face-to-face; initial 30 minutes	86 - Licensed Marriage & Family Therapist	1/1/2021	
96165	Health behavior intervention, group, face-to-face; each additional 15 minutes	86 - Licensed Marriage & Family Therapist	1/1/2021	
96167	Health Behavior Intervention, Family (With the Patient Present), Face-To-Face; Initial 30	86 - Licensed Marriage & Family Therapist	1/1/2021	
96168	Health Behavior Intervention, Family (With the Patient Present), Face-To-Face; Each Additional	86 - Licensed Marriage & Family Therapist	1/1/2021	
96170	Health Behavior Intervention, Family (Without the Patient Present), Face-To-Face; Initial 30	86 - Licensed Marriage & Family Therapist	1/1/2021	
96171	Health Behavior Intervention, Family (Without the Patient Present), Face-To-Face; Each Addi-	86 - Licensed Marriage & Family Therapist	1/1/2021	
G8431	Screening for Depression Is Documented as Being Positive and a Follow-Up Plan is Document-	77 - BH Outpatient Clinic	1/1/2021	
G8510	Screening for Depression Is Documented as Negative, A Follow-Up Plan Is Not Required	77 - BH Outpatient Clinic	1/1/2021	
H0018	Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program),	18 - Physician's Assistant		1/1/2021
H0018	Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program),	19 - Registered Nurse Practitioner		1/1/2021
H0019	Behavioral Health; Long-Term Residential (Non-Medical, Non-Acute Care in a Residential Treatment Program Where Stay Is Typically Longer Than 30 Days), Without Room and	18 - Physician's Assistant		1/1/2021
H0019	Behavioral Health; Long-Term Residential (Non-Medical, Non-Acute Care in a Residential Treatment Program Where Stay Is Typically Longer Than 30 Days), Without Room and	19 - Registered Nurse Practitioner		1/1/2021
Q5103	Injection, Infliximab-DYYB, Biosimilar, (Inflectra), 10 mg	05 - Clinic	7/1/2020	





### Procedure Daily Maximum

The Procedure daily maximum limits have been changed for the following CPT/HCPCS codes.

<b>Code</b>	<b>Description</b>	<b>Limits</b>
96113	Developmental Test Administration by Qualified Health Care Professional with Interpretation and Report, Additional 30 Minutes	6
J9047	Injection, Carfilzomib, 1 mg	160
J9271	Injection, Pembrolizumab, 1 mg	400

### Revenue Codes

Effective for dates of service April 1, 2021 the following revenue codes have been added to the RF773 screen.

<b>Revenue Code</b>	<b>Procedure Codes</b>
0260 - IV Therapy	M0243 - Intravenous Infusion, Casirivimab and Imdevimab includes infusion and post administration monitoring
0333 - Radiation RX	77761 - Application of organ cavity radiation source, simple
0333 - Radiation RX	77762 - Application of organ cavity radiation source, intermediate
0333 - Radiation RX	77763 - Application of organ cavity radiation source, complex
0333 - Radiation RX	77767 - High dose brachytherapy through skin surface, 1 channel or up to 2.0 cm
0333 - Radiation RX	77768 - High dose brachytherapy through skin surface, 2 channels or more than 2.0 cm
0333 - Radiation RX	77789 - Surface application of radiation
0361 - OR/Minor	34715 - Exposure of one underarm or upper chest artery for delivery of prosthesis, open procedure
0361 - OR/Minor	34716 - Exposure of one underarm or upper chest artery with creation of conduit
0361 - OR/Minor	50606 - Biopsy of urinary duct using imaging guidance with radiological supervision and interpretation
0361 - OR/Minor	0428T - Removal of pulse generator of neurostimulator system for treatment of central sleep apnea
0361 - OR/Minor	0429T - Removal of sensing lead of neurostimulator system for treatment of central sleep apnea
0361 - OR/Minor	0430T - Removal of stimulating lead of neurostimulator system for treatment of central sleep apnea
0420 - Physical Therapy	90901 - Biofeedback training
0430 - Occupational Therapy	90901 - Biofeedback training
0610 - MRI	74713 - Magnetic resonance imaging of fetus, each additional pregnancy
0920 - Other DX SVS	99454 - Remote monitoring of physiologic parameters, initial supply of devices with daily recordings or programmed alerts transmission, each 30 days