



ENCOUNTER KEYS

May-June, 2021

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Age Changes

The minimum and maximum ages have been changed for the following codes.

Code	Description	Minimum Age	Maximum Age
33018	(Drainage of heart sac with insertion of catheter accessed through skin, using fluoroscopy and/or ultrasound guidance imaging guidance, in patient 5 years or older or any age with congenital heart defect	000	999
91300	Severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease "COVID-19") vaccine, MRNA-LNP, spike protein, preservative free, 30 mcg/0.3ml dosage, diluent reconstituted, for intramuscular use	012	999
0001A	Immunization administration by intramuscular injection of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease "COVID-19")	012	999
0002A	Immunization Administration by intramuscular injection of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease "COVID-19")	012	999
S5145	Foster care, therapeutic, child; per diem	000	020

Category of Service (COS)

The COS 01 (Medicine) has been added to the CPT code 01756 (Anesthesia for open or endoscopic surgical procedure on elbow) with an effective date of January 1, 2020.

Code Change

AHCCCS has removed the NCCI edit for 78830 and A9570. This change matches the CMS NCCI edit changes and allows claims to process correctly.

Codes

- The following codes were removed from the VFC list on RF729 but are still active codes allowed for use.

91300	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2)	0031A	Administration of Coronavirus Vaccine 4, dose 1
0001A	immunization administration by intramuscular injection of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease "covid-19")	0041A	Administration of Coronavirus Vaccine 5, dose 1
0002A	Immunization administration by intramuscular injection of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease "covid-19")	0042A	Administration of Coronavirus Vaccine 5, dose 2
0011A	Immunization administration by intramuscular injection of severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease "covid-19")	91301	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-cov-2)
0012A	Immunization administration by intramuscular injection of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease "covid-19")	91302	Coronavirus vaccine 3
0021A	Administration of coronavirus vaccine 3, dose 1	91303	Coronavirus vaccine 4
0022A	administration of coronavirus vaccine 3, dose 2	91304	Coronavirus vaccine 5

Coverage Code

Effective for date of service October 1, 2019 the AHCCCS coverage code has been changed for the following codes to 09 (Medicare Only):

- 99451 - Telephone or Internet assessment and management service provided by consultative physician
- 99452 – Telephone or Internet referral service, 30 minutes

- ◆ Effective for dates of service April 1, 2021 the following HCPCS codes have been added to the system with Revenue code 0490; Modifier SG; Provider Type 43; and Place of Service 24:

Code	Description
A9592	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
C9074	Injection, Lumasiran, 0.5 mg
J1427	Injection, Viltolarsen, 10 mg
J1554	Injection, immune globulin (Asceniv), 500 mg
J7402	Mometasone furoate sinus implant, (Sinuva), 10 microgr
J9037	Injection, Belantamab Mafodontin-BLMF, 0.5 mg
J9349	Injection, Tafasitamab-CXIX, 2 mg

Coverage Code Change

- Effective for the dates listed the following AHCCCS Coverage codes have been changed.

Code	Description	Coverage Code	Effective Begin Date
0537T	Harvesting of blood-derived t white blood cells (T Lymphocytes) for chimeric antigen receptor t-cell therapy, per day	01 - Covered Service/Code Available).	5/3/2021
0538T	Preparation of blood-derived t white blood cells (T Lymphocytes) for transportation for chimeric antigen receptor t-cell therapy	01 - Covered Service/Code Available).	5/3/2021
0539T	Receipt and preparation of blood-derived t white blood cells (T Lymphocytes) for chimeric antigen receptor t-cell therapy	01 - Covered Service/Code Available).	5/3/2021
0540T	Administration of blood-derived t white blood cells (T Lymphocytes) for chimeric antigen receptor t-cell therapy	01 - Covered Service/Code Available).	5/3/2021
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	09 - Medicare Only	1/1/2020
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	09 - Medicare Only	1/1/2020
Q0239*	Injection, Bamlanivimab-xxxx, 700 mg	04 - Not Covered Service/Code Not Available	4/16/2021
M0239*	Intravenous infusion, Bamlanivimab-xxxx, includes infusion and post administration monitoring	04 - Not Covered Service/Code Not Available	4/16/2021

Note: *FDA revoked the EUA for the following two codes and coverage is now 04 due to this revoked EUA.

Date Changed

The Effective Begin date has been changed to October 6, 2020 on the reference screens RF110, RF618, RF769 for the following codes:

- 0240U - Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (Severe Acute Respiratory Syndrome Coronavirus 2 ýsars-cov-2", influenza a, influenza b), upper respiratory specimen, each pathogen reported as detected or not detected.
- 0241U - Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (Severe Acute Respiratory Syndrome Coronavirus 2 ýsars-cov-2", influenza a, influenza b, respiratory syncytial virus ýrsv"), upper respiratory specimen, each pathogen reported as detected or not detected.

Dental Codes

Effective for June 1, 2021 AHCCCS is currently doing a comparison on the following codes 12011 thru 90764 to allow provider type 07 (Dentist) to bill these CPT codes, if there is not a valid CDT code to match. After the review, AHCCCS will finalize the list that were allowed and close all that are invalid. For further information please go to the Medical Coding Resources page under Dental Updates.

Description Changes

- The description for modifier Q1 has been changed to read as follows: Routine CLIN/Research/Cert Mycosis toenail.
- The following codes have had their description changed.
 - M0243 - Intravenous infusion or subcutaneous injection, Casirivimab and Imdevimab includes infusion or injection, and post administration monitoring.
 - M0244 - Intravenous infusion or subcutaneous injection, Casirivimab and Imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency.



Frequency/Limit

- ◆ The Frequency 1 Lifetime and Limit 1 have been changed for the CPT code 99177 (Instrument-based eye screening of both eyes with analysis).
- ◆ The procedure daily limit has been changed to 100 for the HCPCS code J0129 (Injection, abatacept, 10 mg). The Frequency has been removed also.
- ◆ The procedure daily limit has been changed to 100 for the HCPCS code J9303 (Injection, panitumumab, 10 mg). The Frequency has been removed also.
- ◆ The frequency and limits have been removed on the reference screens for the HCPCS code J2505 (Injection, Pegfilgrastim, 6 mg).
- ◆ The HCPCS code J9261 (Injection, Nelarabine, 50 mg) procedure daily maximum is now 80.

Limit

- The Procedure daily maximum has been changed for the HCPCS code J7318 (Hyaluronan or Derivative, Durolane, for Intra-Articula) to 120. The Limit 1 is now 240 and the Frequency is 365 day.
- The Procedure Daily Maximum Limit has been changed to eight (8) for the CPT code 96361 (Hydration infusion into a vein) on the RF113 screen. Note Procedure Daily Maximum Limit has been changed to 24 for the CPT code 96361 (Hydration infusion into a vein) on the RF127.
- The procedure daily limit for the CPT code 28615 (Open treatment of dislocation at the connection of the midfoot to the forefoot) has been changed to 5.

Modifiers

- 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		

- Effective for January 1, 2020 the modifier CO (Outpatient OT Service) has been added to the CPT code 97116 (Walking Training To 1 Or More Areas, Each 15 Minutes).
- Effective for January 1, 2020 the modifier GQ (VUA Asynchronous Tele) has been end dated for the CPT code 99213 (Established patient outpatient visit, total time 20-29 minutes).
- Effective for dates of service listed the following modifiers have been added to the system.

Code	Description	Modifier	Effective Begin Date
61735	Creation of brain lesion by stereotactic method, other than globus pallidus or thalamus	58 - Staged/related proc same post-op period	02/01/2021
G0071	Payment for communication technology-based services for 5 minutes or more	GQ - VUA Asynchronous Telecommunications System	01/01/2021
J0641	Injection, Levoleucovorin calcium, 0.5 mg	76 - Repeat procedure by same MD	01/01/2021
J0881	Injection, darbepoetin alfa, 1 microgram (Non-ESRD use)	76 - Repeat procedure by same MD	01/01/2021
J0885	Injection, Epoetin Alfa, (for Non-ESRD use), 1000 units	76 - Repeat procedure by same MD	01/01/2021
J0896	Injection, Luspatercept-Aamt, 0.25 mg	76 - Repeat procedure by same MD	01/01/2021
J0897	Injection, Denosumab, 1 mg	76 - Repeat procedure by same MD	01/01/2021
J9271	Injection, Pembrolizumab, 1 mg	76 - Repeat procedure by same MD	01/01/2021
J9315	Injection, Romidepsin, 1 mg	76 - Repeat procedure by same MD	01/01/2021
J9351	Injection, Topotecan, 0.1 mg	76 - Repeat procedure by same MD	01/01/2021
J9354	Injection, Ado-Trastuzumab Emtansine, 1 mg	76 - Repeat procedure by same MD	01/01/2021

- Effective for January 1, 2021 the modifier UD (Telehealth/mcd level care 13) has been added to the CPT code 99442 (Physician telephone patient service, 11-20 minutes of medical discussion), on RF121.

- Modifier 91 (REP. Lab Test/Non-Emg. 9) has been end dated as of 05/01/2021 for the following codes on RF121.

0537T	Harvesting of blood-derived t white blood cells (T Lymphocytes) for chimeric antigen receptor t-cell therapy, per day
0538T	Preparation of blood-derived t white blood cells (T Lymphocytes) for transportation for chimeric antigen receptor t-cell therapy
0539T	Receipt and preparation of blood-derived t white blood cells (T Lymphocytes) for chimeric antigen receptor t-cell therapy
0540T	Administration of blood-derived t white blood cells (T Lymphocytes) for chimeric antigen receptor t-cell therapy

- Effective for May 1, 2021 the Modifiers 52, 59, XE, XS, XU, XP have been added to the following codes.

0537T	Harvesting of blood-derived t white blood cells (T Lymphocytes) for chimeric antigen receptor t-cell therapy, per day
0538T	Preparation of blood-derived t white blood cells (T Lymphocytes) for transportation for chimeric antigen receptor t-cell therapy
0539T	Receipt and preparation of blood-derived t white blood cells (T Lymphocytes) for chimeric antigen receptor t-cell therapy
0540T	Administration of blood-derived t white blood cells (T Lymphocytes) for chimeric antigen receptor t-cell therapy

XE	Separate enc, a service that is distinct	XP	Separate practitioner,
XS	Separate structure, a service	XU	Unusual non-overlapping service,
52	Reduced services	59	Distinct procedural service

- Effective for dates of service listed the following modifiers have been added to the their respective screens.

Code	Description	Modifier	Effective Begin Date
50327	Preparation of donor kidney for transplantation, venous connection	51 – Multiple procedures	01/01/2021
57155	Insertion of radiation therapy devices in uterus for radiation therapy	PN - Non-excepted service provided at an off-	07/01/2020
C1717	Brachytherapy source, non-stranded, high dose rate IRID	PN - Non-excepted service provided at an off-	07/01/2020
J0894	Injection, Decitabine, 1mg	JG - -Drug 340B price dsct pro	07/01/2020
J1442	Injection, Filgrastim (G-CSF), Excludes Biosimilars,	JG - Drug 340B price dsct pro	07/01/2020
J2350	Injection, Ocrelizumab, 1 mg	JG - Drug 340B price dsct pro	07/01/2020
J9144	Injection, Daratumumab, 10 mg and Hyaluronidase-FIHJ	TB - Drug or biological acquired with 340b dr	01/01/2021

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

Code	Description	Modifier	Effective Begin Date
23473	Revision of total shoulder repair	58 - Staged/related procedure same post-op period	5/1/2020
45499	Rectal procedure using an Endoscope	82 - Assistant Surg/qualified resident sur not available	11/1/2020
61735*	Creation of brain lesion by stereotactic method, other than Globus Pallidus or Thalamus	58 - Staged/related procedure same post-op period	10/1/2020
77427	Radiation treatment management, 5 treatments	Q1 - Routine clin research/cert mycosis toenail	7/1/2020
99205	New patient outpatient visit, total time 60-74 minutes	Q1 - Routine clin research/cert mycosis toenail	7/1/2020
99212	Established patient outpatient visit, total time 10-19 minutes	Q1 - Routine clin research/cert mycosis toenail	7/1/2020
99213	Established patient outpatient visit, total time 20-29 minutes	Q1 - Routine clin research/cert mycosis toenail	7/1/2020
99214	Established patient outpatient visit, total time 30-39 minutes	Q1 - Routine clin research/cert mycosis toenail	7/1/2020
99215	Established patient outpatient visit, total time 40-54 minutes	Q1 - Routine clin research/cert mycosis toenail	7/1/2020
99217	Hospital observation care on day of discharge	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99218	Hospital observation care, typically 30 minutes	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99219	Hospital observation care, typically 50 minutes	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99220	Hospital observation care, typically 70 minutes	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99221	Initial hospital inpatient care, typically 30 minutes per day	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99222	Initial hospital inpatient care, typically 50 minutes per day	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99223	Initial hospital inpatient care, typically 70 minutes per day	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99224	Subsequent observation care, typically 15 minutes per day	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99225	Subsequent observation care, typically 25 minutes per day	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99226	Subsequent observation care, typically 35 minutes per day	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99231	Subsequent hospital inpatient care, typically 15 minutes per day	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99232	Subsequent hospital inpatient care, typically 25 minutes per day	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99233	Subsequent hospital inpatient care, typically 35 minutes per day	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99234	Hospital observation or inpatient care low severity, 40 minutes per day	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99235	Hospital observation or inpatient care moderate severity, 50 minutes	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99236	Hospital observation or inpatient care high severity, 55 minutes	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020

Note: The modifier 58 has had a date change for 61735

Code	Description	Modifier	Effective Begin Date
99238	Hospital discharge day management, 30 minutes or less	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99239	Hospital discharge day management, more than 30 minutes	GF - Nonphysician (NP, CRNA, CRN, CNS, PA)	7/1/2020
99239	Hospital discharge day management, more than 30 minutes	H9 – Court Ordered	1/1/2021
G0463	Hospital outpatient clinic visit for assessment and management of a patient	Q1 - Routine clinic research/cert mycosis toenail	7/1/2020

- Effective for dates of service June 1, 2021 the modifier V1 (Demonstration Modifier 1) has been **end dated** on the following CPT/HPCS codes.

70450	82977	96112	96167	0373T	J1630
70460	83036	96113	96168	A0090	J1631
70470	83037	96121	96170	A0429	J2310
70551	83986	96127	96171	A0430	J2315
70552	84132	96130	99406	A0431	J2680
70553	84146	96131	99407	A0434	J2794
80061	84436	96132	99417	A0435	J3410
80156	84439	96133	99453	A0436	S5109
80159	84520	96136	99454	A0888	S5140
80164	84703	96137	99457	A0999	S5145
80171	85007	96138	99483	G0270	T1009
80178	85008	96139	99484	G0296	T2003
80329	85009	96146	99491	G0508	T2016
80330	85013	96156	99492	G0509	T2017
80355	85014	96158	99493	G0512	
80366	85018	96159	99494	H0020	
80420	85025	96160	99497	H0025	
81000	85048	96161	99498	H0030	
82947	85651	96164	99499	H0034	
82948	85652	96165	0362T	H0046	

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

Code	Description	Modifier	Effective Begin Date
0240U	Infectious Disease (Viral Respiratory Tract Infection),	QW - CLIA Waived Test	10/06/2021
0241U	Infectious Disease (Viral Respiratory Tract Infection),	QW - CLIA Waived Test	10/06/2021
0660T	Implantation Of Anterior Segment Intraocular Non-biodegr	50 – Bilateral Procedure (pay 50%)	07/01/2021
0661T	Removal And Reimplantation Of Anterior Segment Intraocu	50 – Bilateral Procedure (pay 50%)	07/01/2021
22899	Unlisted Procedure, Spine	82 - Assist Surg/Qual Resident Surg Not Avail 1	01/01/2021
37238	Insertion Of Intravascular Stents in vein, open or accessed through the skin, with radiological supervision and interpretation	63 - Neonates/Infants up to the 4-KG cut off	01/01/2021
37239	Insertion of intravascular stents in vein, open or accessed through the skin, with radiological supervision and interpretation, each additional vein	63 - Neonates/Infants up to the 4-KG cut off	01/01/2021
43266	Placement of stent in esophagus, stomach, and/or upper small bowel using an endoscope	51 – Multiple Procedures	06/01/2020
J0565	Injection, Bezlotoxumab, 10 mg	JG - Drug 340B Price Dsct Program/Non Hosp To	07/01/2020
J0565	Injection, Bezlotoxumab, 10 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	07/01/2020
J0640	Injection, Leucovorin Calcium, per 50 mg	Q1 - Routine Clin Resear/Cert Mycosis Toenail	07/01/2020
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or pre-fabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	K2 - Lower Extremity Prosthesis Function Level2	07/01/2020
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or pre-fabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	K3 - Lower Extremity Prosthesis Function Level 3	07/01/2020
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	K2 - Lower Extremity Prosthesis Function Level2	07/01/2020
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	K3 - Lower Extremity Prosthesis Function Level 3	07/01/2020
S0209	Wheelchair van, mileage, per mile	TV – Special Payment Rates	06/01/2020
T2005	Non-emergency transportation; stretcher van	TV – Special Payment Rates	06/01/2020

Code	Description	Modifier	Effective Begin Date
82248	Bilirubin Level, Direct	Q1 - Routine Clin Research/ Cert Mycosis Toenail	07/01/2020
86301	Immunologic analysis for detection of tumor Antigen, quantitative; CA 19-9	Q1 - Routine Clin Research/ Cert Mycosis Toenail	07/01/2020
93306	Ultrasound examination of heart including color-depicted blood flow rate, direction, and valve function	GW - SVS Not related to Hospice Patients term	01/01/2021
97129	Therapeutic Interventions That Focus on Cognitive Function	GO - OP Occupational therapy	10/01/2020
99281	Emergency Department visit, self-limited or minor problem	ER - Res-Dom Fac-Res/Itms-Svs Prvbsd Offcmped	06/01/2020
99282	Emergency Department Visit, low to moderately severe problem	ER - Res-Dom Fac-Res/Itms-Svs Prvbsd Offcmped	06/01/2020
99283	Emergency Department visit, moderately severe problem	ER - Res-Dom Fac-Res/Itms-Svs Prvbsd Offcmped	06/01/2020
99284	Emergency Department visit, problem of high severity	ER - Res-Dom Fac-Res/Itms-Svs Prvbsd Offcmped	06/01/2020
99285	Emergency Department visit, problem with significant threat to life or function	ER - Res-Dom Fac-Res/Itms-Svs Prvbsd Offcmped	06/01/2020

Place of Service

- Effective for dates of service listed, the following POS have been added to the reference table.

Code	Description	Place of Service	Effective Begin Date
11981	Insertion, Non-Biodegradable Drug Delivery Implant	15 – Mobile unit	5/1/2021
30120	Removal or scraping of skin on nose	11 – Office	9/1/2020
32100	Thoracotomy; with exploration	23 – Emergency Room - Hospital	10/1/2020
36415	Collection of venous blood by venipuncture	21 - Inpatient Hospital	5/1/2021
39401	Mediastinoscopy; includes biopsy(ies)	22 – Outpatient Hospital	1/1/2020
47490	Insertion of catheter (accessed through the skin) into gallbladder using imaging guidance including radiological supervision and interpretation	61 - Comprehensive Inpatient Rehab Facility	6/1/2020
81025	Urine Pregnancy Test	15 – Mobile Unit	2/1/2021
87880	Strep Test (Streptococcus, Group A)	15 - Mobile unit	7/1/2020
93998	Unlisted Noninvasive Vascular Diagnostic Study	23 - Emergency Room - Hospital	1/1/2021
96127	Brief Emotional/behavioral assessment	12 - Home	4/1/2021
99384	Initial New Patient Preventive Medicine Evaluation, Age 12 Through 17 Years	15 – Mobile Unit	2/1/2021
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	58 - Non-Residential Opioid Treatment Facility	7/1/2020
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	58 - Non-Residential Opioid Treatment Facility	7/1/2020
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	58 - Non-Residential Opioid Treatment Facility	7/1/2020
G2215	Take-home supply of nasal Naloxone	58 - Non-Residential Opioid Treatment Facility	1/1/2021
G2216	Take-home supply of injectable Naloxone	58 - Non-Residential Opioid Treatment Facility	1/1/2021
Q4133	Grafix Prime, Grafixpl Prime, Stravix And Stravixpl	11 – Office	1/1/2021

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

Code	Description	Place of Service	Effective Begin Date
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2)	20 - Urgent Care Facility	04/01/2021
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2)	20 - Urgent Care Facility	04/01/2021
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2)	20 - Urgent Care Facility	04/01/2021
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2)	20 - Urgent Care Facility	04/01/2021
0021A	Administration of coronavirus vaccine 3, dose 1	20 - Urgent Care Facility	04/01/2021
0022A	Administration of coronavirus vaccine 3, dose 2	20 - Urgent Care Facility	04/01/2021
0031A	Administration of coronavirus vaccine 4, dose 1	20 - Urgent Care Facility	04/01/2021
25118	Removal of lining of tendon covering of wrist	11 – Office	01/01/2021
25290	Incision of tendon of forearm and/or wrist, open procedure	11 – Office	01/01/2021
25301	Anchoring of extending tendon of fingers to wrist bone	11 – Office	01/01/2021
26500	Repair of tendon ligament	11 – Office	01/01/2021
90472	Administration of vaccine	21 - Inpatient Hospital	01/01/2021
90740	Vaccine for Hepatitis B (3 dose schedule) for injection	65 - ESRD Treatment Facility	03/01/2020
91300	Severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease "COVID-19") vaccine, mRNA-LNP, spike protein, preservative free, 30 Mcg/0.3ml dosage, diluent reconstituted, for intramuscular use	20 - Urgent Care Facility	04/01/2021
91301	Severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease "COVID-19") vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5ml dosage, for intramuscular use	20 - Urgent Care Facility	04/01/2021
91302	Coronavirus vaccine 3	20 - Urgent Care Facility	04/01/2021
91303	Coronavirus vaccine 4	20 - Urgent Care Facility	04/01/2021
99152	Moderate sedation services by physician also performing a procedure, patient 5 years of age or older, first 15 minutes	24 - Ambulatory Surgical Center	01/01/2021
J1429	Injection, Golodirsén, 10 mg	12 – Home	07/01/2020
P9047	Infusion, Albumin (Human), 25%, 50 ml	11—Office	09/01/2020

Effective for dates of service listed the following POS have been added to the Reference screen RF115.

Code	Description	Place of Service	Effective Begin Date
11981	Insertion, Non-Biodegradable Drug Delivery Implant	15 – Mobile unit	5/1/2021
30120	Removal or scraping of skin on nose	11 – Office	9/1/2020
32100	Thoracotomy; with exploration	23 – Emergency Room - Hospital	10/1/2020
36415	Collection of venous blood by venipuncture	21 - Inpatient Hospital	5/1/2021
39401	Mediastinoscopy; includes biopsy(ies)	22 – Outpatient Hospital	1/1/2020
47490	Insertion of catheter (accessed through the skin) into gallbladder using imaging guidance including radiological supervision and interpretation	61 - Comprehensive Inpatient Rehab Facility	6/1/2020
81025	Urine Pregnancy Test	15 – Mobile Unit	2/1/2021
87880	Strep Test (Streptococcus, Group A)	15 - Mobile unit	7/1/2020
93998	Unlisted Noninvasive Vascular Diagnostic Study	23 - Emergency Room - Hospital	1/1/2021
96127	Brief Emotional/behavioral assessment	12 - Home	4/1/2021
99384	Initial New Patient Preventive Medicine Evaluation, Age 12 Through 17 Years	15 – Mobile Unit	2/1/2021
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	58 - Non-Residential Opioid Treatment Facility	7/1/2020
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	58 - Non-Residential Opioid Treatment Facility	7/1/2020
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	58 - Non-Residential Opioid Treatment Facility	7/1/2020
G2215	Take-home supply of nasal Naloxone	58 - Non-Residential Opioid Treatment Facility	1/1/2021
G2216	Take-home supply of injectable Naloxone	58 - Non-Residential Opioid Treatment Facility	1/1/2021
Q4133	Grafix Prime, Grafixpl Prime, Stravix and Stravixpl	11 – Office	1/1/2021

Provider Type

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

Code	Description	Provider Type	Effective Begin Date
43761	Repositioning of stomach feeding tube inserted through nose or mouth	19 - Registered Nurse Practitioner	7/1/2020
66987	Complex removal of cataract with insertion of lens and laser treatment to decrease fluid production in eye	43 - Ambulatory Surgical Center	4/1/2020
66988	Removal of cataract with insertion of lens and laser treatment to decrease fluid production in eye	43 - Ambulatory Surgical Center	4/1/2020
86328	86328 (Test for Detection of Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Antibody, Qualitative or Semiquantitative).	31 - DO-Physician Osteopath	1/1/2021
87651	Detection test by nucleic acid for strep (streptococcus, probe technique)	10 - Podiatrist	5/28/2020
98925	Osteopathic manipulative treatment to 1-2 body regions	IC – Integrated Clinics	10/1/2020
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	C2 - Federally Qualified Health Center (FQHC)	1/1/2021
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	31 - DO-Physician Osteopath	1/1/2021
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	IC - Integrated Clinics	1/1/2021
J7328	Hyaluronan or Derivative, Gel-Syn-3, for intra-articular injection	43 (Ambulatory Surgical Center)	4/1/2020
S9480*	Intensive outpatient psychiatric services, per diem	77 – BH Outpatient Clinic	1/1/2019
U0005	Infectious agent detection by nucleic acid (DNA OR RNA); Severe Acute Respiratory Syndrome Corona Virus 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	04 - Laboratory	1/1/2021

*Effective begin date has been changed.

- Effective for dates of service April 1, 2020 the following HCPCS codes have been added to provider type 77 (BH Outpatient Clinic).

Code	Description	Code	Description
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration	G2077	Periodic assessment; assessing periodically by qualified personnel
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration	G2078	Take-home supply of methadone; up to 7 additional day supply
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration	G2079	Take-home supply of buprenorphine (oral); up to 7 additional day
G2070	Medication assisted treatment, buprenorphine (implant insertion);	G2080	Each additional 30 minutes of counseling in a week of medication
G2071	Medication assisted treatment, buprenorphine (implant removal);	G2086	Office-based treatment for opioid use disorder, including develop
G2072	Medication assisted treatment, Buprenorphine (implant insertion and removal)	G2087	Office-based treatment for opioid use disorder, including care coordination,
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration	G2088	Office-based treatment for opioid use disorder, including care coordination,
G2074	Medication assisted treatment, weekly bundle not including the drug,	G2215	Take-home supply of nasal naloxone (provision of the services by a Medicare-enrolled opioid treatment program)
G2075	Medication assisted treatment, medication not otherwise specified;	G2216	Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program)
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional		

- Effective for June 1, 2020 the provider type 19 (Registered Nurse Practitioner) can report 23040 (Incision to repair shoulder joint) and 27334 (Removal of knee joint lining, front or back) with modifier AS (PA SVCS for assistant/at surgery).
- Effective for June 1, 2020 the provider type 18 (Physicians' Assistant) can report 27334 (Removal of knee joint lining, front or back) with modifier AS (PA SVCS for assistant/at surgery).

Reference Screen

- The ICD-10 code F53 (Puerperal Psychosis) has been removed from RF724.
- The codes F53.0 (Postpartum Depression) and F53.1 (Puerperal Psychosis) have been added to this screen.

Revenue Code

The following revenue codes have been added to the .reference screen RF773 (Revenue Codes-To-Procedure Codes).

Revenue Code	Code	Description	Effective Begin Date
0300—Laboratory	84478	Triglycerides Level	04/01/2020
0360 - OR Services	0055T	Musculoskeletal surgical navigational orthopedic operation using imaging guidance	01/01/2020
0361 - OR/Minor	0055T	Musculoskeletal surgical navigational orthopedic operation using imaging guidance	01/01/2020
0490 - Ambul Surg	0055T	Musculoskeletal surgical navigational orthopedic operation using imaging guidance	01/01/2020
0360 - OR Services	0540T	Administration of blood-derived t white blood cells (T Lymphocytes) for chimeric antigen receptor t-cell therapy	05/01/2021

Table Update

Effective for April 1, 2021 the following HCPCS codes have been added to the RFC25 (Status Code B CPT-HCPCS Codes) table.

G2010 Remote Evaluation of Recorded Video And/
 G2012 Brief Communication Technology-Based Ser
 G2211 Visit Complexity Inherent to Evaluation

Units

The units have been changed for the HCPCS code H0006 to 47 on the reference screen RF129 (MUE Units of Service).

