



ENCOUNTER KEYS

March-April 2022

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From the Office of the Inspector General

AHCCCS has revised the provider participation agreement and the group biller participation agreement. The new agreements are available for review on the [AHCCCS website](#). Changes to the agreements are generally deemed accepted by providers and group billers 30 days after the date of publishing. More details on this and other terms of the agreement are set forth in the application form.

Encounter File Processing Schedule

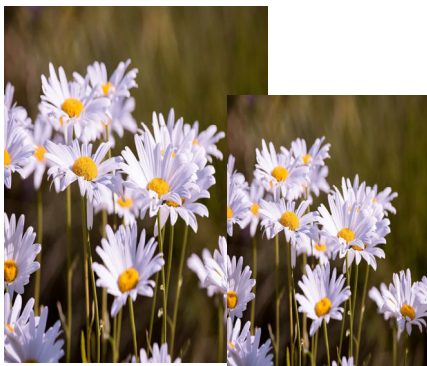
The Encounter File Processing Schedule for April 2022 – June 2022 can be found on the AHCCCS website.

Age Changes

The Age on the Reference Screen RF223 (ICD-10 Diagnosis Code) has been changed for the following:

- P09. 1 Abnormal finding on neonatal screening for inborn errors of metabolism
- P09. 2 Abnormal findings on neonatal screening for congenital endocrine disease
- P09. 3 Abnormal findings on neonatal screening for congenital hematologic disorders
- P09. 4 Abnormal findings on neonatal screening for cystic fibrosis
- P09. 5 Abnormal findings on neonatal screening for critical congenital heart disease
- P09. 6 Abnormal Findings on Neonatal Screening for neonatal hearing loss codes to:

Minimum Age: 000 Y Year Maximum Age: 999 Y Year



Code Updates

- ◆ Effective for March 31, 2022 the ICD-10 code Z28.3 (Under Immunization Status) will have a **coverage code of 04** (Not Covered Service/Code Not Available).
- ◆ The code 99458 (Remote Physiologic Monitoring) has been **end dated** as of December 31, 2021 on RFC25 (Status Code B CPT-HCPCS Codes).
- ◆ Effective for February 11, 2022 the following codes have been added to the Reference Screens.

Code	Description
Q0222	Injection, Bebtelovimab, 175 mg
M0222	Intravenous Injection, Bebtelovimab, Includes Injection and Post Administration Monitoring
M0223	Intravenous Injection, Bebtelovimab, Includes 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

- ◆ Effective for April 1, 2022 the following CPT/HCPCS codes have been added to the Reference Screen. For Descriptions, Coverage Code, etc. refer to the Reference Screens.

Codes			
0306U	0320U	C9507	K1030
0307U	0321U	C9781	K1031
0308U	0322U	C9782	K1032
0309U	A2011	C9783	K1033
0310U	A2012	E2102	Q4224
0311U	A2013	H2038	Q4225
0312U	A4100	J0219	Q4256
0313U	A4238	J0491	Q4257
0314U	A9291	J0879	Q4258
0315U	A9574	J9071	Q5124
0316U	C9090	J9273	T2050
0317U	C9091	J9359	T2051
0318U	C9092	K1028	V2525
0319U	C9093	K1029	

Coverage Code

Effective for January 2, 2022 the following now have Coverage Code of 04 (Not Covered Service/Code Not Available).

Code	Description	Code	Description
M1072	Radiation Therapy for Anal Cancer Under the Radiation Oncology Model, 90 Day Episode, Professional Component	M1073	Radiation Therapy for Anal Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component
M1074	Radiation Therapy for Bladder Cancer Under the Radiation Oncology Model, 90 Day Episode, Professional Component	M1075	Radiation Therapy for Bladder Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component
M1076	Radiation Therapy for Bone Metastases Under the Radiation Oncology Model, 90 Day Episode, Professional Component	M1077	Radiation Therapy for Bone Metastases Under the Radiation Oncology Model, 90 Day Episode, Professional Component
M1078	Radiation Therapy for Brain Metastases Under the Radiation Oncology Model, 90 Day Episode, Professional Component	M1089	Radiation Therapy for Head and Neck Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component
M1094	Radiation Therapy for Lung Cancer Under the Radiation Oncology Model, 90 Day Episode, Professional Component	M1095	Radiation Therapy for Lung Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component
M1096	Radiation Therapy for Lymphoma Under the Radiation Oncology Model, 90 Day Episode, Professional Component	M1097	Radiation Therapy for Lymphoma Under the Radiation Oncology Model, 90 Day Episode, Technical Component
M1098	Radiation Therapy for Pancreatic Cancer Under the Radiation Oncology Model, 90 Day Episode, Professional Component	M1099	Radiation Therapy for Pancreatic Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component
M1100	Radiation Therapy for Prostate Cancer Under the Radiation Oncology Model, 90 Day Episode, Professional Component	M1101	Radiation Therapy for Prostate Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component
M1102	Radiation Therapy for Upper Gi Cancer Under the Radiation Oncology Model, 90 Day Episode, Professional Component	M1103	Radiation Therapy for Upper Gi Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component
M1104	Radiation Therapy for Uterine Cancer Under the Radiation Oncology Model, 90 Day Episode, Professional Component	M1105	Radiation Therapy for Uterine Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component

- ◆ **Effective for January 1, 2022** the following now have **Coverage Code of 10** (Non Pay Category 2 Codes).

M1079	Radiation Therapy for Brain Metastases Under the Radiation Oncology Model, 90 Day Episode, Technical Component	M1080	Radiation Therapy for Breast Cancer Under the Radiation Oncology Model, 90 Day Episode, Professional Component
M1081	Radiation Therapy for Breast Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component	M1082	Radiation Therapy for Cervical Cancer Under the Radiation Oncology Model, 9 Day Episode, Professional Component
M1083	Radiation Therapy for Cervical Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component	M1084	Radiation Therapy for CNS Tumors Under the Radiation Oncology Model, 90 Day Episode, Professional Component
M1085	Radiation Therapy for CNS Tumors Under the Radiation Oncology Model, 90 Day Episode, Technical Component	M1086	Radiation Therapy for Colorectal Cancer Under the Radiation Oncology Model, 90 Day Episode, Professional Component
M1087	Radiation Therapy for Colorectal Cancer Under the Radiation Oncology Model, 90 Day Episode, Technical Component	M1088	Radiation Therapy for Head and Neck Cancer Under the Radiation Oncology Model, 90 Day Episode, Professional Component

- ◆ Effective for dates listed, the following codes now have had their coverage code changed.

Code	Description	Coverage Code	Effective Date
81420	Test For Detecting Genes Associated with Fetal Disease, Aneuploidy Genomic Sequence Analysis	01 - Covered Service/Code Available	3/1/2021
81507	DNA Analysis Using Maternal Plasma	01 - Covered Service/Code Available	3/1/2021
91305	Coronavirus Vaccine 6	03 - Covered Service/Use Other Code	1/3/2022
91307	Coronavirus Vaccine 8	03 - Covered Service/Use Other Code	10/29/2021
0051A	Administration Of Coronavirus Vaccine 6, Dose 1	01 - Covered Service/Code Available	1/3/2022
0052A	Administration Of Coronavirus Vaccine 6, Dose 2	01 - Covered Service/Code Available	1/3/2022
0053A	Administration Of Coronavirus Vaccine 6, Booster	01 - Covered Service/Code Available	1/3/2022
0054A	Administration Of Coronavirus Vaccine 6, Reserved	01 - Covered Service/Code Available	01/03/2022
0071A	Administration Of Coronavirus Vaccine 8, Dose 1	01 - Covered Service/Code Available	10/29/2021
0072A	Administration Of Coronavirus Vaccine 8, Dose 2	01 - Covered Service/Code Available	10/29/2021
0073A	Administration Of Coronavirus Vaccine 8, Booster	01 - Covered Service/Code Available	3/1/2022

- ◆ Effective for dates listed, the following codes now have had their coverage code changed.

Code	Description	Coverage Code	Effective Date
0053A	Administration Of Coronavirus Vaccine 6, Booster	01 Covered Service/Code Available	01/03/2022
0054A	Administration Of Coronavirus Vaccine 6, Re-served	01 Covered Service/Code Available	01/03/2022
0071A	Administration Of Coronavirus Vaccine 8, Dose 1	01 Covered Service/Code Available	10/29/2021
0072A	Administration Of Coronavirus Vaccine 8, Dose 2	01 Covered Service/Code Available	10/29/2021
0073A	Administration Of Coronavirus Vaccine 8, Booster	01 Covered Service/Code Available	03/01/2022
91305	Coronavirus Vaccine 6	03 Covered Service/Use Other Code	01/03/2022
91307	Coronavirus Vaccine 8	03 Covered Service/Use Other Code	10/29/2021

Follow Up Days

The Follow Up Days on the Reference Screens have been changed for the following codes.

Code	Description	Days
0672T	Radiofrequency Remodeling of Tissues Surrounding Female	000 days
0673T	Laser Destruction of Benign Growth of Thyroid Using Im	000 days
0674T	Insertion Of Permanent Implantable Synchronized Diaphragm	000 days
0675T	Insertion Of First Lead of Permanent Implantable Synch	000 days
0676T	Insertion Of Additional Lead of Permanent Implantable	000 days
0677T	Repositioning Of First Lead of Permanent Implantable	000 days
0678T	Repositioning Of Additional Lead of Permanent Implantable	000 days
0679T	Removal Of Permanent Implantable Synchronized Diaphragm	000 days
0680T	Insertion Or Replacement of Pulse Generator	000 days
0681T	Relocation Of Pulse Generator Only of Permanent Implantable	000 days
0682T	Removal Of Pulse Generator Only of Permanent Implantable	000 days
0683T	In-Person Programming Device Evaluation of Permanent I	000 Days
0684T	In-Person Programming Device Evaluation and Programming	000 Days
0685T	In-Person Interrogation Device Evaluation of Permanent	000 Days
0686T	Acoustic Energy Destruction of Malignant Liver Tissue	000 Days
0689T	Quantitative Ultrasound Tissue Characterization	000 Days
0690T	Quantitative Ultrasound Tissue Characterization With	000 Days
33268	Exclusion Of Appendage of Left Upper Chamber of Heart	000 Days
33370	Placement And Subsequent Removal of Device to Protect	000 Days
33509	Harvest Of Artery from Arm for Heart Bypass Graft Using an Endoscope	000 Days
33894	Repair Of Aorta by Insertion of Stent Across Major Sid	000 Days
33895	Repair Of Aorta by Insertion of Stent Not Crossing Maj	000 Days
33897	Balloon Dilation of Native or Recurrent Narrowing of Heart	000 Days
53451	Insertion Of Adjustable Balloon Continence Device On B	010 Days
53452	Insertion Of Adjustable Balloon Continence Device On O	010 Days
61736	Laser Interstitial Thermal Therapy (LITT) Of Single	000 Days
61737	Laser Interstitial Thermal Therapy (LITT) Of Multiple	000 Days
63052	Partial Removal of Bone of Single Segment of Spine	000 Days
64582	Insertion Of Hypoglossal Nerve Neurostimulator Electro	090 Days
64583	Revision Or Replacement of Hypoglossal Nerve Neurostimulator Electrode	090 Days
64584	Removal Of Hypoglossal Nerve Neurostimulator Electrode	090 Days
64629	Heat Destruction of Intraosseous Basivertebral Nerve	000 days

Limits and Frequencies

The following codes have had all limits and frequencies removed from the Reference Screens.

CODES			
V2020	V2110	V2203	V2215
V2025	V2111	V2204	V2218
V2100	V2112	V2205	V2219
V2101	V2113	V2206	V2220
V2102	V2114	V2207	V2221
V2103	V2115	V2208	V2299
V2104	V2118	V2209	V2300
V2105	V2121	V2210	V2301
V2106	V2199	V2211	V2302
V2107	V2200	V2212	V2303
V2108	V2201	V2213	V2304
V2109	V2202	V2214	V2305

Modifiers

- Effective for January 1, 2021 the modifiers JA (Administered Intravenously) and JB (Administered Subcutaneously) have been added to the Reference Screens.

Code	Description	Code	Description
J0517	Injection, Benralizumab, 1 mg	J2793	Injection, Riloncept, 1 mg
J0638	Injection, Canakinumab, 1 mg	J3245	Injection, Tildrakizumab, 1 mg
J0717	Injection, Certolizumab Pegol, 1 mg	Q5101	Injection, Filgrastim-SNDZ, Biosimilar, (Zarxio), 1 Microgram
J0896	Injection, Luspatercept-Aamt, 0.25 mg	Q5108	Injection, Pegfilgrastim-Jmdb, Biosimilar, (Fulphila), 0.5 mg
J1442	Injection, Filgrastim (G-CSF), Excludes Biosimilars,	Q5110	Injection, Filgrastim-Aafi, Biosimilar, (Nivestym), 1 Microgram
J2182	Injection, Mepolizumab, 1 mg	Q5111	Injection, Pegfilgrastim-Cbqv, Biosimilar, (Udenyca), 0.5 mg

Code	Description	Modifier	Effective Begin Date
20702	Insertion Of Drug-Delivery Device In Bone	78 - Return To O.R. For Related Procedure Post-OP	9/1/2021
33959	Repositioning Of Tube Open Procedure for Ecmo External Blood Circulation In Heart and Lungs Using A Pump (5 Years or Younger)	63 - Neonates/Infants Up to the 4-KG Cut Off	10/1/2021
47379	Unlisted Laparoscopic Procedure, Liver	82 - Assist Surg/Qual Resident Surg Not Avail	1/1/2020
47579	Other Procedure on Bile Duct Using an Endoscope	81 - Minimum Assistant Sur	6/1/2021
74248	Follow-Through X-Ray of Small Intestines	Q6 - Fee/Time Comp Subst MD or PT	2/1/2021
77318	Complex Radiation Therapy Planning for Delivery of Inte	PN - Non-Excepted Service Pro	7/1/2021
90791	Psychiatric Diagnostic Evaluation	FQ - The Service Was Furnished	1/1/2022
90823	Individual Psychotherapy, Interactive, Using Play Equipment	FQ - The Service Was Furnished	1/1/2022
90832	Psychotherapy, 30 Minutes	FQ - The Service Was Furnished	1/1/2022
90837	Psychotherapy, 1 Hour	FQ - The Service Was Furnished	1/1/2022
93563	Injection For Imaging of Coronary Blood Vessel During Evaluation of Congenital Abnormalities with Review By Radiologist	63 - Neonates/Infants Up to the 4-KG Cut Off	4/1/2021
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	CS – CS Costshare SPEC COVID-19 Test Order/A	1/1/2021
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	CS – CS Costshare SPEC COVID-19 Test Order/A	1/1/2021
99472	Follow-Up Inpatient Hospital Critical Care of Infant Or Young Child Per Day (29 Days To 2 Years)	24 - Unrelated Eval & Mgmt	1/1/2021
G2025	Payment for a Telehealth Distant Site Service Furnished	95 - Synchronous Telemedicine	3/18/2020

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

Code	Description	Modifier	Effective Begin Date	End Date
20702	Insertion Of Drug-Delivery Device In Bone	78 - Return To O.R. For Related Procedure Post-OP	9/1/2021	
33959	Repositioning Of Tube Open Procedure for Ecmo External Blood Circulation In Heart and Lungs Using A Pump (5 Years or Younger)	63 - Neonates/Infants Up to the 4-KG Cut Off	10/1/2021	
47379	Unlisted Laparoscopic Procedure, Liver	82 - Assist Surg/Qual Resident Surg Not Avail	1/1/2020	
74248	Follow-Through X-Ray of Small Intestines	Q6 - Fee/Time Comp Subst MD or PT	2/1/2021	
98971	Qualified nonphysician health care professional online digital evaluation and management service,	CS – CS Costshare SPEC COVID-19 Test Order/A	1/1/2021	
98972	Qualified nonphysician health care professional online digital evaluation and management service, f	CS – CS Costshare SPEC COVID-19 Test Order/A	1/1/2021	
G2025	Payment for a Telehealth Distant Site Service Furnished	95 - Synchronous Telemedicine	3/18/2020	
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	CS – CS Costshare SPEC COVID-19 Test Order/A	1/1/2021	
G2251	Brief communication technology-based service, e.g., virtual check-in, by a qualified health care professional who cannot report evaluation and management services,	CS – CS Costshare SPEC COVID-19 Test Order/A	1/1/2021	
G2252	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional	CS – CS Costshare SPEC COVID-19 Test Order/A	1/1/2021	
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	

Code	Description	Modifier	Effective Begin Date
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	CS – CS Costshare SPEC COVID-19 Test Order/A	1/1/2021
G2251	Brief communication technology-based service, e.g., virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment: 5-10 minutes of clinical discussion	CS – CS Costshare SPEC COVID-19 Test Order/A	1/1/2021
G2252	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment: 11-20 minutes of medical discussion	CS – CS Costshare SPEC COVID-19 Test Order/A	1/1/2021
T2007	Transportation Waiting Time, Air Ambulance and Non-Emergency Vehicle, One-Half (1/2) Hour Increments	TU - Special Payment Rate,	2/22/2021

- Effective for June 30, 2020 the modifier 95 (Synchronous Telemedicine) has been end dated for the HCPCS code T1015 (Clinic Visit/Encounter, All-Inclusive).

- ◆ Effective for January 1, 2022 the following modifiers have been added to the Reference Screens.

Code	Description	Modifiers
S5125	Attendant Care Services; Per 15 Minutes	CG
S5130	Homemaker Service, Nos; Per 15 Minutes	CG, UN, UP
S5140	Foster Care, Adult; Per Diem	CG
S5151	Unskilled Respite Care, Not Hospice; Per Diem	CG
T1021	Home Health Aide or Certified Nurse Assistant, Per Visit	CG, UN, UP
T2016	Habilitation, Residential, Waiver; Per Diem	CG, HI, HQ, UN, UP, UQ, UR, US
T2017	Habilitation, Residential, Waiver; 15 Minutes	CG, HI, HN
T2019	Habilitation, Supported Employment, Waiver; Per 15 Minutes	HI, HQ, KX, UN, UP, UQ, UR, US
T2021	Day Habilitation, Waiver; Per 15 Minutes	CG, KX, UG, UN, UP, UR, US,

- Effective for June 30, 2020 the modifier 95 (Synchronous Telemedicine) has been end dated for the HCPCS code T1015 (Clinic Visit/Encounter, All-Inclusive).

New Codes

The following codes have been added to the Reference Screens.

Code	Description	Effective Begin Date
91308	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	2/1/2022
0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation: third dose	1/3/2022
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	2/1/2022
0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	2/1/2022
G1028	Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	1/1/2022
J0248	Injection, Remdesivir, 1 mg	12/31/2021
M0220	Injection Tixagevimab and Cilgavimab	12/8/2021
M0221	Tixagevimab and Cilgavimab injection hm	12/8/2021
Q0220	Tixagevimab and Cilgavimab 300 mg	12/8/2021
XW013V7	Introduction of COVID-19 vaccine dose 3 into subcutaneous tissue, percutaneous approach, new technology group 7	4/1/2022
XW013W7	Introduction of COVID-19 vaccine booster into subcutaneous tissue, percutaneous approach, new technology group 7	4/1/2022
XW023V7	Introduction of COVID-19 vaccine dose 3 into muscle, percutaneous approach, new technology group 7	4/1/2022
XW023W7	Introduction of COVID-19 vaccine booster into muscle, percutaneous approach, new technology group 7	4/1/2022
XW0DXR7	Introduction of fostamatinib into mouth and pharynx, external approach, new technology group 7	4/1/2022
XW0G7R7	Introduction of fostamatinib into upper GI, via natural or artificial opening, new technology group 7	4/1/2022
XW0H7R7	Introduction of fostamatinib into lower GI, via natural or artificial opening, new technology group 7	4/1/2022
Z28.310	Unvaccinated for COVID-19	4/1/2022
Z28.311	Partially vaccinated for COVID-19	4/1/2022
Z28.39	Other under-immunized status	4/1/2022

Provider Type

- ◆ Effective January 1, 2022 provider types 18 (Physician’s Assistant) and 19 (Registered Nurse Practitioner) and the Assistant Surgeon modifier (AS) updates were made for applicable codes when AS is allowed for payment.
- ◆ Effective for dates listed the following codes have been added to the Provider Types listed.

Code	Description	Provider Type	Effective Begin Date
87905	Infectious Agent Enzymatic Activity to Detect Organism	19 - Registered Nurse Practitioner	3/1/2021
90697	Diphtheria, Tetanus, Acellular Pertussis, Polio, Haemophilus Influenzae Type B, And Hepatitis B Vaccine	C2 – Federally Qualified Health Center (FQHC)	1/1/2021
90697	Diphtheria, Tetanus, Acellular Pertussis, Polio, Haemophilus Influenzae Type B, And Hepatitis B Vaccine	C5 - 638 FQHC	1/1/2021
90697	Diphtheria, Tetanus, Acellular Pertussis, Polio, Haemophilus Influenzae Type B, And Hepatitis B Vaccine	05 - Clinic	1/1/2021
92060	Exam To Measure Eye Deviation and Range of Motion	IC – Integrated Clinics	10/1/2021

- ◆ The following codes have been added to the provider types listed.

Code	Description	Provider type	Begin Date
92508	Treatment Of Speech, Language, Voice, Communication, And/or Hearing Processing Disorder in A Group Setting	13 - Occupational Therapist	01/01/2022

- ◆ Effective for dates of service January 1, 2022 the CPT codes below have been added to the provider types C2 (Federally Qualified Health Center (FQHC), C5 (638 FQHC), and IC (Integrated Clinics):

95249 - Continuous Monitoring of Blood Sugar Level in Tissue Fluid Using Sensor Under Skin

95250 - Continuous Monitoring of Blood Sugar Level in Tissue Fluid Using Sensor Under Skin With Provider Supplied Equipment

95251 - Continuous Monitoring of Blood Sugar Level in Tissue Fluid Using Sensor Under Skin with Interpretation and Report

Place of Service

- ◆ Effective for January 28, 2022 the POS 02 (Telehealth Provided Other Than in Patient) has been **end dated** for the HCPCS code T1016 (Case Management, Each 15 Minutes).
- ◆ Effective for the dates of service listed the following POS have been **added** to the Reference Screen.

Code	Description	Place of Service	Effective Begin Date
01938	Anesthesia For Injection, drainage or aspiration procedures on spine or spinal cord of lower back accessed through skin using imaging guidance	11 - Office	1/1/2022
01939	Anesthesia For Nerve Destruction Procedures on spine or spinal cord of neck or upper back accessed through skin using imaging guidance	11 - Office	1/1/2022
01940	Anesthesia For Nerve Destruction Procedures on Spine or Spinal Cord of lower back accessed through skin using imaging guidance	11 - Office	1/1/2022
20983	Freezing Of Growth of Bone and Adjacent Soft Tissue	11 - Office	8/1/2021
43194	Removal Of Foreign Bodies from Esophagus Using A Rigid Endoscope	23 - Emergency Room - Hospital	11/1/2021
49440	Insertion Of Stomach Tube Using Fluoroscopic Guidance	11 - Office	8/1/2021
49446	Conversion Of Stomach Tube to Stomach-To-Small Bowel Tube	11 - Office	8/1/2021
49450	Replacement Of Stomach or Large Bowel Tube Using Fluoroscopic Guidance with Contrast	11 - Office	8/1/2021
49452	Replacement Of Stomach-To-Small Bowel Tube Using Fluoroscopic Guidance with Contrast	11 - Office	8/1/2021
69200	Removal Of Foreign Body In Ear Canal	15 - Mobile Unit	10/1/2021
77047	MRI Scan of Both Breasts Without Contrast	11 – Office	5/1/2021
91300	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Preservative Free, 30 Mcg/0.3ml Dosage, Diluent Reconstituted, For Intramuscular Use	20 - Urgent Care Facility	11/10/2020
91301	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Preservative Free, 100 Mcg/0.5ml Dosage, For Intramuscular Use	20 - Urgent Care Facility	11/10/2020
91302	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, DNA, Spike Protein, Chimpanzee Adenovirus Oxford 1 (Chadox1) Vector, Preservative Free, 5x10 ¹⁰ Viral Particles/0.5ml Dosage, For Intramuscular Use	20 - Urgent Care Facility	12/21/2020

Code	Description	Place of Service	Effective Begin Date
91303	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, DNA, Spike Protein, Adenovirus Type 26 (Ad26) Vector, Preservative Free, 5x10 ¹⁰ Viral Particles/0.5ml Dosage, For Intramuscular Use	20 - Urgent Care Facility	1/19/2021
93596	Insertion Of Catheter into Right and Left Sides of Heart	19 - Off Campus-Outpatient Hospital	1/1/2022
93596	Insertion Of Catheter into Right and Left Sides of Heart	22 - Outpatient Hospital	1/1/2022
98966	Telephone Medical Discussion Provided by Nonphysician Professional, 5-10 Minutes	02 - Telehealth Provided Other Than in Patient	2/28/2022
98967	Telephone Medical Discussion Provided by Nonphysician Professional, 10-20 Minutes	02 - Telehealth Provided Other Than in Patient	2/28/2022
98968	Telephone Medical Discussion Provided by Nonphysician Professional, 21-30 Minutes	02 - Telehealth Provided Other Than in Patient	2/28/2022
99288	Physician Direction of Emergency Advanced Life Support Paramedic Services	02 - Telehealth Provided Other Than in Patient	2/28/2022
99306	Initial nursing facility visit, typically 45 minutes per day	21 - Inpatient Hospital	7/1/2020
99441	Telephone Medical Discussion with Physician, 5-10 Minutes	02 - Telehealth Provided Other Than in Patient	2/28/2022
99442	Telephone Medical Discussion with Physician, 11-20 Minutes	02 - Telehealth Provided Other Than in Patient	2/28/2022
99443	Telephone Medical Discussion with Physician, 21-30 Minutes	02 - Telehealth Provided Other Than in Patient	2/28/2022
0001A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Preservative Free, 30 Mcg/0.3ml Dosage, Diluent Reconstituted; First Dose	20 - Urgent Care Facility	11/10/2020
0002A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Preservative Free, 30 Mcg/0.3ml Dosage, Diluent Reconstituted; Second Dose	20 - Urgent Care Facility	11/10/2020
0011A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Preservative Free, 100 Mcg/0.5ml Dosage; First Dose	20 - Urgent Care Facility	11/10/2020

Code	Description	Place of Service	Effective Begin Date
0012A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Preservative Free, 100 Mcg/0.5ml Dosage; Second Dose	20 - Urgent Care Facility	11/10/2020
0021A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, DNA, Spike Protein, Chimpanzee Adenovirus Oxford 1 (Chadox1) Vector, Preservative Free, 5x10 ¹⁰ Viral Particles/0.5ml Dosage; First Dose	20 - Urgent Care Facility	12/21/2020
0022A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, DNA, Spike Protein, Chimpanzee Adenovirus Oxford 1 (Chadox1) Vector, Preservative Free, 5x10 ¹⁰ Viral Particles/0.5ml Dosage; Second Dose	20 - Urgent Care Facility	12/21/2020
0031A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine,	20 - Urgent Care Facility	1/19/2021
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	05 - Indian Health Service Free-Standing	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	06 - Indian Health Service Provider-Bas	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	07 Tribal 638 Free-Standing Facility	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	11 - Office	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	19 - Off Campus-Outpatient Hospital	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	21 - Inpatient Hospital	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	22 - Outpatient Hospital	1/1/2022
0673T	Laser Destruction of Benign Growth of Thyroid Using Imaging Guidance	24 - Ambulatory Surgical Center	1/1/2022
H0025	Behavioral Health Prevention Education Service	02 - Telehealth Provided Other Than in Patient	2/28/2022
H0038	Self-Help/Peer Services, Per 15 Minutes	02 - Telehealth Provided Other Than in Patient	2/28/2022
H2014	Skills Training and Development, Per 15 Minutes	02 - Telehealth Provided Other Than in Patient	2/28/2022
H2025	Ongoing Support to Maintain Employment, Per 15 Minutes	02 - Telehealth Provided Other Than in Patient	2/28/2022
J2506	Injection, Pegfilgrastim, Excludes Biosimilar, 0.5 mg	72 – Rural Health Clinic	1/1/2022
S5110	Home Care Training, Family; Per 15 Minutes	02 - Telehealth Provided Other Than in Patient	2/28/2022

Procedure Daily Maximum

The Procedure Daily Maximum has been changed to the following.

Code	Description	Procedure Daily Maximum
A0422	Ambulance (ALS or BLS) Oxygen and Oxygen Supplies, Life Sustaining Situation	1
J2350	Injection, Ocrelizumab, 1 mg	600

Revenue Code

Effective for July 1, 2022 the revenue code 0161 (Hospital At Home, R) has been added to the reference screen RF721 (Revenue Codes).

RF129 MUE Units of Service

Effective for the dates of service listed on the Reference Screen RF129 the CPT code 36227 has been added. For further information refer to the appropriate screen.

Occurrence Span

The Occurrence Span 82 (Hospital at Home Care Dates) has been added to the reference screen RF746 with an effective date of January 27, 2022.

