

AHCCCS

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Arizona’s Continuing Budget Crisis

As a result of Arizona’s continuing budget crisis and the projected deficit for the Medicaid Program for FY 2012 (beginning July 1, 2011), the AHCCCS Administration will reduce fee-for-service (FFS) provider rates. HB2010 authorized the AHCCCS Administration to reduce both institutional and non institutional rates up to 5% for the rate year beginning October 1, 2010. The Agency was able to avoid implementing provider rate reductions on October 1, 2010. However, in light of the ongoing State fiscal crisis projected for FY 2012, provider rate reductions were necessary beginning April 1, 2011

On April 1, 2011 inpatient rates and cost-to-charge ratios were reduced 5%. New rate sheets were distributed for (all AHCCCS contracted hospitals) effective April 1, 2011 through September 30, 2011.

Hospital

Danville Children’s Hospital (Provider Id. 588871) is a new rehabilitation hospital. The rate sheet for 1/5/2011 through 9/30/2011 (Emergency Services Only) public one pager, memo to the health plans and Inpatient Hospital Outlier Thresholds can be obtained from, Cynthia C. Barker at 602-417-4708 or Fax 602-417-4725.

Correction

- Effective for dates of service on or after October 1, 2010 the following codes now have a maximum age limit and the minimum age has been corrected.

Code	Description	Minimum Age	Maximum Age
99385	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination	018 year (correction)	020 year
99395	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination,	018 year (correction)	020 year

Provider Type (PT)

- Effective for the dates of service on or after February 1, 2011 the HCPCS code T2038 (Community Transition, Waiver; Per Service) can be reported by the following provider types:

24	Personal Care Attendant	39	Habilitation Provider
40	Attendant Care	81	EPD HCBS

- The following HCPCS codes have been added to the provider type 43 (Ambulatory Surgical Center):

A4648	Tissue Marker, Implantable, Any Type, Each
C1762	Connective Tissue, Human (Includes Fascia Lata)
C1781	Mesh (Implantable)
C1788	Port, Indwelling (Implantable)

- Effective for the dates of service on or after September 1, 2009 the CPT code 62270 (Spinal Puncture, Lumbar, Diagnostic) can be reported by provider type 19 (Registered Nurse Practitioner).
- Effective for dates of service on or after October 1, 2008 the CPT code 10061 (Incision and Drainage of Abscess (e.g., Carbuncle, Suppurative Hidradenitis, Cutaneous or Subcutaneous Abscess, Cyst, Furuncle, or Paronychia); complicated or multiple) can be reported by PT 19 (Registered Nurse Practitioner).
- Effective for dates of service on or after August 1, 2009 the CPT codes 85018 (Blood Count; Hemoglobin (HGB)) and 86703 (Antibody; HIV-1 AND HIV-2, Single Assay) can be reported by PT 09 (Certified Nurse-Midwife).
- Effective for dates of service on or after July 1, 2007 the HCPCS code T2020 (Day Habilitation, Waiver; Per Diem) can be reported by PT 40 (Attendant Care).
- Effective for dates of service on or after February 1, 2008 the HCPCS code T2031 (Assisted Living; Waiver, Per Diem) can be reported by PT 49 (Assisted Living Center).
- Effective for dates of service on or after April 1, 2008 the HCPCS code T2033 (Residential Care, Not Otherwise Specified (NOS), Waiver; Per Diem) can be reported by PT 49 (Assisted Living Center).

- Effective for dates of service on or after January 1, 2010 the following CPT codes can be reported by PT 62 (Audiologist):

Code	Description
92531	Spontaneous Nystagmus, Including Gaze
92532	Positional Nystagmus Test
92533	Caloric Vestibular Test, Each Irrigation (Binaural, Bithermal Stimulation Constitutes 4 Tests)
92534	Optokinetic Nystagmus Test
92540	Basic Vestibular Evaluation, Includes Spontaneous Nystagmus Test
92541	Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus
92542	Positional Nystagmus Test, Minimum Of 4 Positions, With Recording
92543	Caloric Vestibular Test, Each Irrigation (Binaural, Bithermal Stimulation Constitutes 4 Tests), With Recording
92544	Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripherals
92545	Oscillating Tracking Test, With Recording
92546	Sinusoidal Vertical Axis Rotational Testing
92547	Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure)
92548	Computerized Dynamic Posturography

- Effective for dates of service on or after March 1, 2011 the following codes can be reported by PT 11 (Psychologist):

Code	Description
98966	Telephone Assessment And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days Nor Leading To An Assessment And Management Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment; 5-10 Minutes Of Medical Discussion
98967	Telephone Assessment And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days Nor Leading To An Assessment And Management Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment; 11-20 Minutes Of Medical Discussion
98968	Telephone Assessment And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days Nor Leading To An Assessment And Management Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment; 21-30 Minutes Of Medical Discussion
98969	Online Assessment And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Guardian, Or Health Care Provider Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days, Using The Internet Or Similar Electronic Communications Network
99366	Medical Team Conference With Interdisciplinary Team of Health Care Professionals, Face-To-Face With Patient And/Or Family, 30 Minutes Or More; Participation By Nonphysician Qualified Health Care Professional
99368	Medical Team Conference With Interdisciplinary Team of Health Care Professionals, Patient And/Or Family Not Present, 30 Minutes or More; Participation By Nonphysician Qualified Health Care Professional

Effective for dates of service on or after March 1, 2011 the following codes **cannot** be reported by PT 11 (Psychologist):

Code	Description
99214	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Moderate Complexity
99221	Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Detailed Or Comprehensive History; A Detailed Or Comprehensive Examination; And Medical Decision Making That Is Straightforward Or Of Low Complexity
99232	Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Moderate Complexity
99243	Office Consultation For A New Or Established Patient, Which Requires These 3 Key Components: A Detailed History; A Detailed Examination; And Medical Decision Making Of Low Complexity
99244	Office Consultation For A New Or Established Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of Moderate Complexity.
99252	Inpatient Consultation For A New Or Established Patient, Which Requires These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; And Straightforward Medical Decision Making
99253	Inpatient Consultation For A New Or Established Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of Moderate Complexity
99254	Inpatient Consultation For A New Or Established Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of Moderate Complexity
99255	Inpatient Consultation For A New Or Established Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of High Complexity
99361	Medical Conference By A Physician With Interdisciplinary Team Of Health Professionals Or Representatives Of Community Agencies To Coordinate Activities Of Patient Care (Patient Not Present); Approximately 30 Minutes
99362	Medical Conference By A Physician With Interdisciplinary Team Of Health Professionals Or Representatives Of Community Agencies To Coordinate Activities Of Patient Care (Patient Not Present); Approximately 60 Minutes
99371	Telephone Call By A Physician To Patient Or For Consultation Or Medical Management Or For Coordinating Medical Management With Other Health Care Professionals (Eg, Nurses, Therapists, Social Workers, Nutritionists, Physicians, Pharmacists); Simple Or Brief (Eg, To Report On Tests And/OR Laboratory Results, To Clarify Or Alter Previous Instructions, To Integrate New Information From Other Health Professionals Into The Medical Treatment Plan, Or To Adjust Therapy)

Code	Description
99372	Telephone Call By A Physician To Patient Or For Consultation Or Medical Management Or For Coordinating Medical Management With Other Health Care Professionals (Eg, Nurses, Therapists, Social Workers, Nutritionists, Physicians, Pharmacists); Intermediate (Eg, To Provide Advice To An Established Patient On A New Problem, To Initiate Therapy That Can Be Handled By Telephone, To Discuss Test Results In Detail, To Coordinate Medical Management Of A New Problem In An Established Patient, To Discuss And Evaluate New Information And Details, Or To Initiate New Plan Of Care)
99373	Telephone Call By A Physician To Patient Or For Consultation Or Medical Management Or For Coordinating Medical Management With Other Health Care Professionals (Eg, Nurses, Therapists, Social Workers, Nutritionists, Physicians, Pharmacists); Complex Or Lengthy (Eg, Lengthy Counseling Session With Anxious Or Distraught Patient, Detailed Or Prolonged Discussion With Family Members Regarding Seriously Ill Patient, Lengthy Communication Necessary To Coordinate Complex Services Of Several Different Health Professionals Working On Different Aspects Of The Total Patient Care Plan)
99441	Telephone Evaluation And Management Service Provided By A Physician To An Established Patient, Parent, Or Guardian 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; 5-10 Minutes Of Medical Discussion
99442	Telephone Evaluation And Management Service Provided By A Physician To An Established Patient, Parent, Or Guardian 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
99443	Telephone Evaluation And Management Service Provided By A Physician To An Established Patient, Parent, Or Guardian 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; 21-30 Minutes Of Medical Discussion
99444	Online Evaluation And Management Service Provided By A Physician To An Established Patient, Guardian, Or Health Care Provider Not Originating From A Related E/M Service Provided Within The Previous 7 Days, Using The Internet Or Similar Electronic Communications Network

Age, Frequency and Limit(s)

- The Limits And Frequency have been removed for the CPT Code 77315 (Teletherapy, Isodose Plan (Whether Hand Or Computer Calculated); Complex (Mantle Or Inverted Y, Tangential Ports, The Use Of Wedges, Compensators, Complex Blocking, Rotational Beam, Or Special Beam Considerations)).
- The limit and frequency have been eliminated on the HCPCS Code Q2024 (Injection, Bevacizumab, 0.25 mg).
- The limit of 6 has been revised to one (1) for CPT Code 98966 (Telephone Assessment And Management Service Provided By A Qualified Non-physician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days Nor Leading To An Assessment And Management Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment; 5-10 Minutes Of Medical Discussion).
- The CPT Code 77331 (Special Dosimetry (e.g., Tld, Microdosimetry) (Specify), Only When Prescribed by the Treating Physician) has had an increase to two (2) for the procedure daily limit.
- The HCPCS Code J9330 (Injection, Temsirolimus, 1 Mg) has a procedure daily maximum of 25.
- Effective for dates of service on or after January 1, 2011 the maximum age has been changed to 19 years along with the removal of limits and frequency values for CPT codes:
 - 90460 (Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; First Vaccine/Toxoid Component)
 - 90461 (Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; Each Additional Vaccine/Toxoid Component (List Separately In Addition To Code For Primary Procedure))
- Diagnosis Code 387 (Otosclerosis) and 387.1 (Otosclerosis Involving Oval Window, Obliterati) has had the minimum age limit removed.
- The minimum age limit has been decreased to 6 years for the HCPCS Code J2357 (Injection, Omalizumab, 5 mg).



“Learn to pause . . . Or nothing worthwhile will catch up to you.”

Doug King

Revenue Code(s)

- Effective for dates of service on or after January 1, 2010 the revenue code 0721 (Labor) has been added to the CPT codes:

99201	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Problem Focused History; A Problem Focused Examination; Straightforward Medical Decision Making
99202	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Straightforward Medical Decision Making
99203	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Low Complexity
99204	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; Medical Decision Making Of Moderate Complexity
99205	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; Medical Decision Making Of High Complexity

- Effective for dates of service on or after January 1, 2010 the revenue code 0972 (Pro Fee/ Rad DX) has been added to CPT code 74160 (Computed Tomography, Abdomen; With Contrast Material(s)).
- Effective for dates of service on or after January 1, 2009 the revenue code 0361 (OR Services) added to CPT code 37765 (Stab Phlebectomy of Varicose Veins, 1 Extremity; 10-20 Stab Incisions) on RF773.
- Effective for dates of service on or after October 1, 2008 the revenue code 0450 (Emergency Room) has been added to the CPT code 62272 (Spinal Puncture, Therapeutic, For Drainage of Cerebrospinal Fluid (By Needle or Catheter) on RF773 screen.

Place of Service (POS)

The following POS's have been added along with their effective dates:

Code	Description	Place of Service	Effective Date
85610	Prothrombin Time;	11 - Office	05/01/2010
54435	Corpora Cavernosa-Glans Penis Fistulization (Eg, Biopsy Needle, Winter Procedure, Rongeur, Or Punch) For Priapism	23 - Emergency Room - Hospital	05/01/2009
23545	Closed Treatment Of Acromioclavicular Dislocation; With Manipulation	23 - Emergency Room - Hospital	01/01/2010
S5520	Home Infusion Therapy, All Supplies (Including Catheter) Necessary For A Peripherally Inserted Central Venous Catheter (PICC) Line Insertion	12 - Home; 13 – Assisted Living Facility; 31 - Skilled Nursing Facility 32 - Nursing Facility 33 - Custodial Care Facility	06/01/2009
S5521	Home Infusion Therapy, All Supplies (Including Catheter) Necessary For A Midline Catheter Insertion	12 - Home; 13 – Assisted Living Facility; 31 - Skilled Nursing Facility; 32 - Nursing Facility; 33 - Custodial Care Facility	06/01/2009
S5523	Home Infusion Therapy, Insertion Of Midline Venous Catheter, Nursing Services Only (No Supplies Or Catheter Included)	12 - Home; 13 – Assisted Living Facility; 31 - Skilled Nursing Facility; 32 - Nursing Facility; 33 - Custodial Care Facility	06/01/2009
T2038*	Community Transition, Waiver; Per Service	12 - Home	02/01/2011
36147	Introduction Of Needle And/Or Catheter, Arteriovenous Shunt Created For Dialysis (Graft/ Fistula); Initial Access With Complete Radiological Evaluation Of Dialysis Access, Including Fluoroscopy, Image Documentation And Report (Includes Access Of Shunt, Injections Of Contrast, And All Necessary Imaging From The Arterial Anastomosis And Adjacent Artery Through Entire Venous Outflow Including The Inferior Or Superior Vena Cava)	23 – Emergency Room – Hospital	01/01/2010
99218	Initial Observation Care, Per Day, For The Evaluation And Management Of A Patient Which Requires These 3 Key Components: A Detailed Or Comprehensive History; A Detailed Or Comprehensive Examination; And Medical Decision Making That Is Straightforward Or Of Low Complexity	22 - Outpatient Hospital	back dated 01/01/2010

Note: *Place of service 99 – (Other Unlisted Facility) has been deleted for this code.

- Effective for dates of service on or after January 1, 2010 the HCPCS Code L8691 (Auditory Osseointegrated Device, External Sound Processor, Replacement) can be reported at the following facilities:

05	Indian Health Service Free-Standing
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
11	Office
22	Outpatient Hospital
49	Independent Clinic
50	Federally Qualified Health Center
71	State Or Local Public Health Clinic
72	Rural Health Clinic

- Effective for dates of service on or after January 1, 2010 the CPT Code(s) listed below can be reported at POS 49 (Independent Clinic):

74183 (Magnetic Resonance (e.g. Proton) Imaging, Abdomen; Without Contrast Material(s), Followed by With Contrast Material(s) and Further Sequences)

71552 (Magnetic Resonance (e.g., Proton) Imaging, Chest (e.g., For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences)

73718 (Magnetic Resonance (e.g, Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(s))

- Effective for dates of service on or after January 1, 2010 the POS 11 (Office) can be reported with the following codes:

78451	(Myocardial Perfusion Imaging, Tomographic (Spect) (Including Attenuation Correction, Qualitative or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic))
78453	Myocardial Perfusion Imaging, Planar (Including Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic)
78454	Myocardial Perfusion Imaging, Planar (Including Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Multiple Studies, At Rest And/Or Stress (Exercise Or Pharmacologic) And/Or Redistribution And/Or Rest Reinjection

- Effective for dates of service on or after January 1, 2010 the following CPT Codes can be reported at the following POS: 05 (Indian Health Service Free-Standing-Facility); 06 (Indian Health Service Provider-Based Facility); 07 (Tribal 638 Free-Standing Facility); 08 (Tribal 638 Provider-Based Facility); 11 (Office); 21 (Inpatient Hospital); 22 (Outpatient Hospital); 24 (Ambulatory Surgical Center); 99 (Other Unlisted Facility)

64490	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct),
64492	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Third And Any Additional Level(s) (List Separately In Addition To Code For Primary Procedure)
64493	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct),
64494	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure)
64495	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)

- Effective for dates of service on or after July 1, 2009 the CPT code 80101 (Drug Screen, Qualitative; Single Drug Class Method (e.g. Immunoassay, Enzyme Assay), Each Drug Class) can be reported with the following POS:

11	Office
20	Urgent Care Facility
49	Independent Clinic
50	Federally Qualified Health Center
71	State or Local Public Health Clinic
72	Rural Health Clinic

- Effective for dates of service on or after July 1, 2009 the CPT code 85610 (Prothrombin Time) can now be reported at the following POS:

11	Office
20	Urgent Care Facility

- Effective for dates of service on or after January 1, 2009 the following CPT codes can now be reported at POS 11 (Office):

77373 - Stereotactic Body Radiation Therapy, Treatment Delivery, Per Fraction To 1 Or More Lesions, Including Image Guidance, Entire Course Not To Exceed 5 Fractions

55876 -Placement Of Interstitial Device(s) For Radiation Therapy Guidance (e.g., Fiducial Markers, Dosimeter), Percutaneous, Prostate, Single Or Multiple

- Effective for dates of service on or after January 1, 2008 the CPT Code 32422 (Thoracentesis With Insertion Of Tube, Includes Water Seal (e.g, For Pneumothorax), When Performed (Separate Procedure) can be reported with the following POS:
 - 06 (Indian Health Service Provider-Based Facility)
 - 08 (Tribal 638 Provider-Based Facility)
 - 21 (Inpatient Hospital)
 - 22 (Outpatient Hospital)
 - 23 (Emergency Room – Hospital)
 - 24 (Ambulatory Surgical Center)

- Effective for the dates of service on or after July 1, 2008 the POS 11 (Office) can be reported on the following codes:
 - 37718 Ligation, Division, And Stripping, Short Saphenous Vein
 - 37722 Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofemoral Junction To Knee Or Below
 - 37735 Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins With Radical Excision Of Ulcer And Skin Graft And/Or Interruption Of Communicating Veins Of Lower Leg, With Excision Of Deep Fascia
 - 37760 Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), Including Skin Graft, When Performed, Open,1 Leg
 - 37765 Stab Phlebectomy Of Varicose Veins, 1 Extremity; 10-20 Stab Incisions
 - 37766 Stab Phlebectomy Of Varicose Veins, 1 Extremity; More Than 20 Incisions
 - 37780 Ligation And Division Of Short Saphenous Vein At Saphenopopliteal Junction (Separate Procedure)
 - 77012 Computed Tomography Guidance For Needle Placement (eg, Biopsy, Aspiration, Injection, Localization Device), Radiological Supervision And Interpretation

- Effective for dates of service on or after October 1, 2008 the (POS) 22 Outpatient Hospital can be reported for the following HCPCS codes:
 - V5256 Hearing Aid, Digital, Monaural, ITE
 - V5257 Hearing Aid, Digital, Monaural, BTE
 - V5260 Hearing Aid, Digital, Binaural, ITE
 - V5261 Hearing Aid, Digital, Binaural, BTE
 - V5264 Ear Mold/Insert, Not Disposable, Any Type
 - V5267 Hearing Aid Supplies / Accessories

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- Effective for the dates of service on or after February 1, 2011 the HCPCS Code T2038 (Community Transition, Waiver; Per Service) can be reported with the POS 12 (Home) and the POS 99 (Other Unlisted Facility) has been deleted.
 - Effective for dates of service on or after January 1, 2010 the CPT Code 70540 (Magnetic Resonance (e.g, Proton) Imaging, Orbit, Face, And/Or Neck; Without Contrast Material(s)) can be reported with the POS 49 (Independent Clinic).
 - Effective for dates of service on or after January 1, 2010 the CPT code 77073 (Bone Length Studies (Orthoroentgenogram, Scanogram) can be reported with the POS 21 (Inpatient Hospital).
 - Effective for dates of service on or after January 1, 2010 the HCPCS code S2083 (Adjustment of Gastric Band Diameter Via Subcutaneous Port By Injection Or Aspiration Of Saline) can be reported with the POS 11 (Office).
 - Effective for dates of service on or after May 1, 2010 the POS 12 (Home) can be reported on the CPT code 71020 (Radiologic Examination, Chest, 2 Views, Frontal & Lateral).

Modifiers

- Effective for dates of service on or after January 1, 2010 the modifier AI (Principal Physician of Record) has been added to the following CPT codes:

99221	Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Detailed Or Comprehensive History; A Detailed Or Comprehensive Examination; And Medical Decision Making That Is Straightforward Or Of Low Complexity
99222	Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination;
99223	Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination;
99304	Initial Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Detailed Or Comprehensive History; A Detailed Or Comprehensive Examination; And Medical Decision Making That Is Straightforward Or Of
99305	Initial Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Ex-
99306	Initial Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of High Complexity

- Effective for dates of service on or after January 1, 2010 the modifier GT (Telemedicine) can be reported on the following codes:

99231	Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: A Problem Focused Interval History; A Problem Focused Examination; Medical Decision Making That Is Straightforward Or Of Low Complexity
99232	Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Moderate Complexity.
99233	Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: A Detailed Interval History; A Detailed Examination; Medical Decision Making Of High Complexity.

- Effective for dates of service on or after January 1, 2010 the CPT Code 82330 (Calcium; Ionized) can report the following modifiers:

CD - AMMC Test Ordered by ESRD FAC/MCP PHYS

CE - AMCC Test Ordered by ESRD FAC/MCP PHYS

CF - AMCC Test Ordered by ESRD FAC/MCP PHYS

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- Effective for dates of service on or after January 1, 2010 the HCPCS Code J7325 (Hyaluronan Or Derivative, Synvisc Or Synvisc-One, For Intra-Articular Injection, 1 Mg) can now be reported with the modifiers LT (Identifies Left Side) and RT (Identifies Right Side).
 - Effective for dates of service on or after April 1, 2009 the HCPCS Code V2629 (Prosthetic Eye, Other Type) can now be reported with the modifiers LT (Identifies Left Side) and RT (Identifies Right Side).
 - Effective for the dates of service on or after January 1, 2010 the modifier 51 (Multiple Procedures) has been end dated on the Reference Screens 122 and 132 for the CPT code 36556 (Insertion of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years or Older).
 - Effective for dates of service after December 31, 2010 the modifier 4D (No Description Found) has been end dated.
 - Effective for dates of service on or after October 1, 2008 the modifier SG (Amb Surg Ctr (ASC) Facility Service) has been added to CPT code 52310 (Cystourethroscopy, With Removal Of Foreign Body, Calculus, Or Ureteral Stent From Urethra Or Bladder (Separate Procedure); Simple).
 - The modifier GT (Telemedicine) has been removed from the HCPCS Code S0215 (Non-Emergency Transportation; Mileage, Per Mile).
 - Effective for dates of service on or after December 31, 2010 the modifier 4D (No Description Found) has been end dated.

Coverage Codes

- Effective for dates of service on or after January 1, 2011 the AHCCCS Coverage Code 09 (Medicare Only) has been applied to the following codes:

Q2035	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use (Afluria)
Q2036	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use (Afluria)
Q2037	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use (Fluvirin)
Q2038	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use (Fluzone)
Q2039	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Year Of Age And Older, For Intramuscular Use (Not Otherwise Specified)

- Effective for dates of service on or after January 1, 2011 the AHCCCS Coverage Code 04 (Not Covered Service/Code Not Available) will apply to the following codes:

90460	Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; First Vaccine/Toxoid Component
90461	Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; Each Additional Vaccine/Toxoid Component (List Separately In Addition To Code For Primary Procedure)

- Effective for dates of service on or after September 30, 2010 the following HCPCS codes have been end dated and now have a coverage code of 04 (Not Covered Service/Code Not Available):

90663	Influenza Virus Vaccine, Pandemic Formulation, H1N The Inferior Or Superior Vena Cava)
90470	H1N1 Immunization Administration (Intramuscular, Intranasal), Including Counseling When Performed

- Effective for dates of service on or after October 1, 2010 the coverage code has been changed to 01 (Covered Service/Code Available) for the ICD-9 code 38.97 (Central Venous Catheter Placement With Guidance).
- Effective for dates of service on or after October 1, 2010 the coverage code has been changed to 01 (Covered Service/Code Available) for the HCPCS Code S2083 (Adjustment Of Gastric Band Diameter Via Subcutaneous Port By Injection Or Aspiration Of Saline).

- Effective for dates of service on or after March 1, 2011 the coverage code has been changed to 01 (Covered Service/Code Available) for the following CPT Codes:

98966	Telephone Assessment and Management Service Provided By a Qualified Nonphysician Health Care Professional to An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days Nor Leading To An Assessment And Management Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment; 5-10 Minutes Of Medical Discussion
98967	Telephone Assessment And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days Nor Leading To An Assessment And Management Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment; 11-20 Minutes Of Medical Discussion
98968	Telephone Assessment And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days Nor Leading To An Assessment And Management Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment; 21-30 Minutes Of Medical Discussion

- Effective for the dates of service on or after February 1, 2011 the HCPCS Code T2038 (Community Transition, Waiver; Per Service) has a coverage code of 01 (Covered Service/Code Available).
- Listed below the following HCPCS Codes have had their coverage code changed to 01 (Covered Service/Code Available) with an effective date of March 1, 1989:

L3660	Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Canvas and Webbing, Prefab-
L3670	Shoulder Orthosis, Acromio/Clavicular (Canvas and Webbing Type), Prefabricated, Includes Fitting And Adjustment
L3675	Shoulder Orthosis, Vest Type Abduction Restrainer, Canvas Webbing Type or Equal, Prefabricated, Includes Fitting and Adjustment

