

# Encounter Keys

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## Hospital Updates

- The following Hospitals have had changes to their charge masters as of 04/01/2011 and therefore have new ratesheets for 10/1/2011 thru 09/30/2012 which reflect their new CCR. If you have any questions or require further information; please contact Jean Xia at Jean.Xia @azahcccs.gov or at her phone number at 602-417-4233

Casa Grande Regional Medical Ctr	Havasu Regional Medical Center
Little Colorado Medical Center	Mountain Vista Medical Center,Lp
Payson Hospital Corporation	St. Luke's Medical Center
Tempe St. Luke's Hospital	Trillium Specialty Hosp-East Val
Trillium Specialty Hosp-West Val	Valley View Medical Center
White Mountain Comm. Hosp.	Yuma Regional Medical Center

- O.A.S.I.S. Hospital (Provider Id. 643118) is a new hospital. For information pertaining to rate sheets (for 8/29/2011-9/30/2011 and 10/1/2011-9/30/2012), public one pager, Inpatient Hospital Outlier Thresholds contact Jean Xia at Jean.Xia@azahcccs.gov or 602-417-4233.
- Rates sheets have been distributed for Page Hospital with the new ICU Tier rates effective for 10/1/2011-9-30/2012 for further information contact Jean Xia at Jean.Xia@azahcccs.gov or 602-417-4233.



"A day without laughter is a day wasted"

Charlie Chaplin

**Category of Service (COS)**

Effective for dates of service on or after January 1, 2003 the COS 02 (Surgery) is now available for the following codes:

<b>Code</b>	<b>Description</b>
61518	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa; Except Meningioma, Cerebellopontine Angle Tumor, Or Midline Tumor At Base Of Skull
61519	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa; Meningioma
61520	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa; Cerebellopontine Angle Tumor
61521	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa; Midline Tumor At Base Of Skull
61522	Craniectomy, Infratentorial Or Posterior Fossa; For Excision Of Brain Abscess
61524	Craniectomy, Infratentorial Or Posterior Fossa; For Excision Or Fenestration Of Cyst
61526	Craniectomy, Bone Flap Craniotomy, Transtemporal (Mastoid) For Excision Of Cerebellopontine Angle Tumor;
61530	Craniectomy, Bone Flap Craniotomy, Transtemporal (Mastoid) For Excision Of Cerebellopontine Angle Tumor; Combined With Middle/Posterior Fossa Craniotomy/Craniectomy
61531	Subdural Implantation Of Strip Electrodes Through 1 Or More Burr Or Trephine Hole(s) For Long-Term Seizure Monitoring
61533	Craniotomy With Elevation Of Bone Flap; For Subdural Implantation Of An Electrode Array, For Long-Term Seizure Monitoring
61534	Craniotomy With Elevation Of Bone Flap; For Excision Of Epileptogenic Focus Without Electrocoagulation During Surgery
61535	Craniotomy With Elevation Of Bone Flap; For Removal Of Epidural Or Subdural Electrode Array, Without Excision Of Cerebral Tissue (Separate Procedure)

**Physician Rate Correction - CPT 93229**

The Physician Fee Schedule reimbursement rate for CPT 93229 (External Mobile Cardiovascular Telemetry With Electrocardiographic Recording, Concurrent Computerized Real Time Data Analysis And Greater Than 24 Hours Of Accessible ECG Data Storage (Retrievable With Query) With ECG Triggered And Patient Selected Events Transmitted To A Remote Attended Surveillance Center For Up To 30 Days; Technical Support For Connection And Patient Instructions For Use, Attended Surveillance, Analysis And Physician Prescribed Transmission Of Daily And Emergent Data Reports) has been corrected to \$961.48 effective for dates of service on and after 10/01/2011.



**Modifier(s)**

- The modifier QW (CLIA Waived Test) end date has been changed to read 99/99/9999 for CPT codes 84075 (Phosphatase, Alkaline; and 84155 (Protein, Total, Except By Refractometry; Serum, Plasma Or Whole Blood).
- Effective for the dates of service on or after January 1, 2011 the CPT code 38589 (Unlisted Laparoscopy Procedure, Lymphatic System) can be reported with the following modifiers:

AS - PA SVCS for Assistant	80 - Assistant Surgeon
81 - Minimum Assistant Sur	82 - Assist Surg/Qual Resi

- Effective for the dates of service on or after January 1, 2011 the HCPCS codes J1453 (Injection, Fosaprepitant, 1 mg) and J2469 (Injection, Palonosetron HCL, 25 mcg) can report the modifier Q6 (Locum Tenens).
- Effective for dates of service on or after January 1, 2011 the modifiers LT (Left Side (Used To Identify Procedures Performed On The Left Side Of The Body)) and RT Right Side (Used To Identify Procedures Performed On The Right Side Of The Body)) have been added to the CPT code 32551 (Tube Thoracostomy, Includes Water Seal (e.g., For Abscess, Hemothorax, Empyema), When Performed (Separate Procedure)).
- Effective for dates of service on or after January 1, 2011 the modifier 50 (Bilateral Procedure (Pay 50%)) can now be reported with the following CPT codes:

Code	Description
67320	Transposition Procedure (e.g., For Paretic Extraocular Muscle), Any Extraocular Muscle (Specify) (List Separately In Addition To Code For Primary Procedure)
67331	Strabismus Surgery On Patient With Previous Eye Surgery Or Injury That Did Not Involve The Extraocular Muscles (List Separately In Addition To Code For Primary Procedure)
67332	Strabismus Surgery On Patient With Scarring Of Extraocular Muscles (e.g., Prior Ocular Injury, Strabismus Or Retinal Detachment Surgery) Or Restrictive Myopathy (e.g., Dysthyroid Ophthalmopathy) (List Separately In Addition To Code For Primary Procedure)
67334	Strabismus Surgery By Posterior Fixation Suture Technique, With Or Without Muscle Recession (List Separately In Addition To Code For Primary Procedure)
67335	Placement Of Adjustable Suture(s) During Strabismus Surgery, Including Postoperative Adjustment(s) Of Suture(s) (List Separately In Addition To Code For Specific Strabismus Surgery)

- Effective for dates of service on or after January 1, 2011 the modifier AS (PA SVCS For Assistant) can be reported with the CPT code 38589 (Unlisted Laparoscopy Procedure, Lymphatic System).
- The modifiers RT (Identifies Right Side Body Procedures) and LT (Identifies Left Side Body Procedures) can be reported with the CPT code 32551 (Tube Thoracostomy, Includes Water Seal (e.g., For Abscess, Hemothorax, Empyema), When Performed (Separate Procedure)).
- Effective for dates of service on or after January 1, 2011 the modifier SG (Amb Surg Ctr (ASC) FA) can be reported on the following codes:

58541 (Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G or Less;)  
 58543 (Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than 250 G)  
 58570 (Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G or Less;)  
 58572 (Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250 G;)

**Place of Service (POS)**

- Effective for dates of service on or after April 1, 2005 the HCPCS code S0197 (Prenatal Vitamins, 30-Day Supply) can be reported at the following POS:

11 (Office)  
49 (Independent Clinic)  
50 (Federally Qualified Health Center)  
71 (State or Local Public Health Clinic)  
72 (Rural Health Clinic)

- The POS 99 on the reference screen (RF618) for Provider Type 27 (Adult Day Health) for HCPCS code 5100 (Day Care Services, Adult; Per 15 Minutes) has been opened so that the end date now reads 99/99/9999.

- Effective for the dates of service on or after January 1, 2010 the POS 12 (Home) has been added to the HCPCS codes:

E0350 Control Unit for Electronic Bowel Irrigation/Evacuation  
E0352 Disposable Pack (Water Reservoir Bag, Speculum, Valving)

- Effective for dates of service January 1, 2011 the POS 12 (Home) has been added to the HCPCS code J2248 (Injection, Micafungin Sodium, 1 mg).

- Effective for dates of service January 1, 2010 the POS 11 (Office) has been added to the following CPT codes:

82948 Glucose; Blood, Reagent Strip  
49324 Laparoscopy, Surgical; With Insertion Of Tunneled Intraperitoneal Catheter

- Effective for dates of service January 1, 2010 the POS 22 (Outpatient Hospital) can be reported with the CPT codes 27177 (Open Treatment of Slipped Femoral Epiphysis; Single or Multiple Pinning or Bone Graft (Includes Obtaining Graft)) and 27178 (Open Treatment of Slipped Femoral Epiphysis; Closed Manipulation with Single Or Multiple Pinning).



"Nature is often hidden, sometimes overcome, seldom extinguished."

- Effective for dates of service on or after July 1, 2011 the POS 11 (Office) can be reported with the following CPT codes:

<b>Code</b>	<b>Description</b>
35471	Transluminal Balloon Angioplasty, Percutaneous; Renal Or Visceral
35472	Transluminal Balloon Angioplasty, Percutaneous; Aortic
36246	Selective Catheter Placement, Arterial System; Initial Second Order Abdominal, Pelvic, Or Lower Extremity Artery Branch, Within A Vascular Family
36247	Selective Catheter Placement, Arterial System; Initial Third Order Or More Selective Abdominal, Pelvic, Or Lower Extremity Artery Branch, Within A Vascular Family
36248	Selective Catheter Placement, Arterial System; Additional Second Order, Third Order, And Beyond, Abdominal, Pelvic, Or Lower Extremity Artery Branch, Within A Vascular Family (List In Addition To Code For Initial Second Or Third Order Vessel As Appropriate)
37206	Transcatheter Placement Of An Intravascular Stent(s) (Except Coronary, Carotid, Vertebral, Iliac, And Lower Extremity Arteries), Percutaneous; Each Additional Vessel (List Separately In Addition To Code For Primary Procedure)
37220	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Unilateral, Initial Vessel; With Transluminal Angioplasty
37221	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Unilateral, Initial Vessel; With Transluminal Stent Placement(s), Includes Angioplasty Within Same Vessel, When Performed
37222	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Each Additional Ipsilateral Iliac Vessel; With Transluminal Angioplasty (List Separately In Addition To Code For Primary Procedure)
37223	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Each Additional Ipsilateral Iliac Vessel; With Transluminal Stent Placement(s), Includes Angioplasty Within The Same Vessel, When Performed (List Separately In Addition To Code For Primary Procedure)
37224	Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal Artery(s), Unilateral; With Transluminal Angioplasty
37225	Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal Artery(s), Unilateral; With Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed
37226	Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal Artery(s), Unilateral; With Transluminal Stent Placement(s), Includes Angioplasty Within The Same Vessel, When Performed
37227	Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal Artery(s), Unilateral; With Transluminal Stent Placement(s) And Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed
37228	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery, Unilateral, Initial Vessel; With Transluminal Angioplasty

37229	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery, Unilateral, Initial Vessel; With Atherectomy, Includes Angioplasty Within The Same Vessel, When Per-
37230	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery, Unilateral, Initial Vessel; With Transluminal Stent Placement(s), Includes Angioplasty Within The Same Vessel, When Performed
37231	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery, Unilateral, Initial Vessel; With Transluminal Stent Placement(s) And Atherectomy, Includes Angioplasty
37232	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery, Unilateral, Each Additional Vessel; With Transluminal Angioplasty (List Separately In Addition To Code
37233	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery, Unilateral, Each Additional Vessel; With Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed (List Separately In Addition To Code For Primary Procedure)
37234	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery, Unilateral, Each Additional Vessel; With Transluminal Stent Placement(s), Includes Angioplasty Within The Same Vessel, When Performed (List Separately In Addition To Code For Primary Procedure)
37235	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery, Unilateral, Each Additional Vessel; With Transluminal Stent Placement(s) And Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed (List Separately In Addition To Code For Primary Procedure)

- Effective for dates of service on or after January 1, 2010 the POS 22 (Outpatient Hospital) can report the CPT codes:

27177 (Open Treatment of Slipped Femoral Epiphysis; Single or Multiple Pinning or Bone Graft (Includes Obtaining Graft))

27178 (Open Treatment of Slipped Femoral Epiphysis; Closed Manipulation with Single or Multiple Pinning)

- Effective for dates of service on or after January 1, 2011 the POS 24 (Ambulatory Surgical Center) can report the CPT codes:

58541 (Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G or Less;)

58543 (Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than 250 G)

58570 (Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G or Less;)

58572 (Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250 G;)

- Effective for dates of service on or after January 1, 2011 the POS 11 (Office) has been added to the CPT code 21556 (Excision, Tumor, Soft Tissue of Neck or Anterior Thorax, Subfascial (e.g., Intramuscular); Less Than 5 cm)).
- Effective for dates of service on or after January 1, 2011 the HCPCS code J1786 (Injection, Imiglucerase, 10 Units) can be reported at the following POS's:

12 (Home)

21 (Inpatient Hospital)

24 (Ambulatory Surgical Center)

- Effective for dates of service on or after October 1, 2010 the POS 11 (Office) has been added to the CPT code 13160 (Secondary Closure of Surgical Wound or Dehiscence, Extensive Or Complicated).
- Effective for the dates of service on or after January 1, 2011 the POS 12 (Home) can be reported with the HCPCS codes L6704 (Terminal Device, Sport/Recreational/Work Attachment, Any Material, Any Size) and L6624 (Upper Extremity Addition, Flexion/Extension And Rotation Wrist Unit).
- Effective for the dates of service on or after January 1, 2011 the POS 24 (Ambulatory Surgical Center) can report the CPT code 95867 (Needle Electromyography; Cranial Nerve Supplied Muscle).
- Effective for dates of service on or after January 1, 2011 the HCPCS code J0598 (Injection, C-1 Esterase Inhibitor (Human), Cinryze, 10 Units) can be reported with the following POS:

POS	Description	POS	Description
11	Office	50	Federally Qualified Health Center
12	Home	71	State or Local Public Health Clinic
13	Assisted Living Facility	72	Rural Health Clinic
49	Independent Clinic		

- Effective for dates of service on or after January 1, 2011 the CPT code 92136 (Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation) can be reported by POS 24 (Ambulatory Surgical Center).
- Effective for dates of service on or after September 1, 2010 the HCPCS codes Q0111 (Wet Mounts, Including Preparations, Vaginal, Cervical or Skin Specimens) and Q0114 (Fern Test) can be reported by POS 23 (Emergency Room – Hospital).
- Effective for dates of service on or after January 1, 2010 the POS 11 (Office) has been added to CPT codes 49324 (Laparoscopy, Surgical; With Insertion of Tunneled Intraperitoneal Catheter) and 82948 (Glucose; Blood, Reagent Strip).



[In the bleak midwinter Frosty wind made moan, Earth stood hard as iron, Water like a stone; Snow had fallen, snow on snow, Snow on snow. In the bleak midwinter, Long ago.](#)

- Effective for dates of service on or after January 1, 2010 the POS 24 (Ambulatory Surgical Center) can be reported with the CPT code 95920 (Intraoperative Neurophysiology Testing, Per Hour (List Separately In Addition To Code For Primary Procedure)).
- Effective for dates of service on or after January 1, 2010 the POS 11 (Office) can be reported with the CPT code 49324 (Laparoscopy, Surgical; With Insertion of Tunneled Intraperitoneal Catheter).
- Effective for dates of service on or after January 1, 2011 the POS 11 (Office) can be reported with the CPT code 31295 (Nasal/Sinus Endoscopy, Surgical; With Dilatation of Maxillary Sinus Ostium (e.g. Balloon Dilatation), Transnasal or Via Canine Fossa))
- Effective for dates of service on or after January 1, 2011 the POS 11 (Office) can be reported with the CPT code 36516 (Therapeutic Apheresis; With Extracorporeal Selective Adsorption or Selective Filtration and Plasma Reinfusion).
- Effective for dates of service on or after January 1, 2011 the POS 12 (Home) can be reported with the HCPCS code J2248 (Injection, Micafungin Sodium, 1 mg).

### Date Change(s)

- Effective for the dates of service January 1, 2010 the modifier AS (PA SVCS for Assistant) can be reported for the CPT code.

15002 (Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Wounds, Burn Eschar, Or Scar (Including Subcutaneous Tissues), Or Incisional Release Of Scar Contracture, Trunk, Arms, Legs; First 100 Sq Cm Or 1% Of Body Area Of Infants And Children)

- The end date has been changed for the modifier AS (PA SVCS for Assistant) and now reads 99/99/9999.

15003 Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Wounds, Burn Eschar, Or Scar (Including Subcutaneous Tissues), Or Incisional Release Of Scar Contracture, Trunk, Arms, Legs; Each Additional 100 Sq Cm, Or Part Thereof, Or Each Additional 1% Of Body Area Of Infants And Children (List Separately In Addition To Code For Primary Procedure)).

- The end date has been changed for the modifier QW (CLIA Waived Test) and now reads 99/99/9999 for the CPT codes:

84075 Phosphatase, Alkaline;

84155 Protein, Total, Except By Refractometry; Serum, Plasma



**Provider Type (PT)**

- Effective for dates of service on or after January 1, 2011 the Provider Type 43 (Ambulatory Surgical Center) can report the following codes:
  - 58541 (Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G or Less;)
  - 58543 (Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than 250 G)
  - 58570 (Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G or Less;)
  - 58572 (Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250 G;)
  
- Effective for the dates of service on or after January 1, 2010 the CPT code 92504 (Binocular Microscopy (Separate Diagnostic Procedure)) has been added to PT62 (Audiologist).
  
- Effective for the dates of service on or after January 1, 2011 the CPT code 97532 (Development Of Cognitive Skills To Improve Attention, Memory, Problem Solving (Includes Compensatory Training), Direct (One-On-One) Patient Contact By The Provider, Each 15 Minutes) has been added to PT 19 (Registered Nurse Practitioner).
  
- Effective for dates of service on or after January 1, 2011 the PT 43 (Ambulatory Surgical Center) can report the HCPCS code J1786 (Injection, Imiglucerase, 10 Units).
  
- Effective for dates of service on or after January 1, 2010 the PT 62 (Audiologist) can report the CPT code 92504 (Binocular Microscopy (Separate Diagnostic Procedure)).