

Update Encounter Technical Documents

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AHCCCS has updated two Encounter documents (**Encounter Override Request and Request for PMMIS Reference Table Update**) these documents can be found on the website:

<http://www.azahcccs.gov/commercial/ContractorResources/encounters/encounters.aspx>

Encounter Override Request Spreadsheet Template

This revision includes an instruction tab, and separate information requirements by form type. All Contractors should utilize this template moving forward when submitting override requests.

Request for PMMIS Reference Table Update

This is a new document that Contractors should complete and submit with PMMIS Reference Table Updates requests. This will ensure all the required information is included with the initial request.

If you have any questions, please contact Gina Aker @602-417-4016.

New HCPCS "C" Codes

Effective for April 1, 2015 the following HCPCS codes have been added to the PMMIS system. For specific details on coverage code, modifiers, place of service, etc. please check the appropriate tables.

Code	Description
C2623	Catheter, Transluminal Angioplasty, Drug-Coated, Non-Las
C9445	Injection, C-1 Esterase Inhibitor (Recombinant), Rucones
C9448	Netupitant 300mg And Palonosetron 0.5 mg, Oral
C9449	Injection, Blinatumomab, 1 mcg
C9450	Injection, Fluocinolone Acetonide Intravitreal Implant,
C9451	Injection, Peramivir, 1 mg
C9452	Injection, Ceftolozane 50 mg And Tazobactam 25 mg

Coverage Code

- Effective for dates of service on or after January 1, 2015 the coverage code for the following codes are now **01 (Covered Service/Code Available)**:

Code	Description
77385	Radiation therapy delivery
77386	Intensity modulated radiation treatment delivery (IMRT)
77387	Guidance for localization of target volume for delivery
T1015	Clinic Visit/Encounter, All-Inclusive

- Effective for dates of service on or after April 1, 2015 the following CPT codes now have coverage code **04 (Not Covered Service/Code Not Available)**.

Code	Description
77061	Digital Tomography of one Breast
77062	Digital Tomography of Both Breast
77063*	Screening Digital Tomography of Both Breasts
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch -Maxillary
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch -Mandibular
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch -Maxillary
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular

Note:* Effective date is March 1, 2015

- Effective for dates of service on or after February 1, 2015 the coverage code for the CPT code 90620 (Meningococcal Recombinant Protein And Outer Membrane) and 90621 has been changed to 04 (Not Covered Service/Code Not Available).
- Effective for April 1, 2015 the AHCCCS coverage codes on the following codes have been changed to 04 (Not Covered Service/Code Not Available):

Code	Description
77061	Digital Breast Tomosynthesis; Unilateral
77062	Digital Breast Tomosynthesis; Bilateral
77063	Screening Digital Breast Tomosynthesis, Bilateral

Dental Code(s) Update

- On January 1, 2015, the following Dental Codes were updated in the PMMIS System with an AHCCCS Coverage Code of 01 (Covered Service/Code Available). Upon further review, the coverage for the codes below will be changed to **04 (Not Covered Service/Code Not Available)** effective **April 1, 2015**.

Code	Description
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch -Maxillary
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular

- Effective for dates of service beginning February 1, 2015 the AHCCCS coverage code has been changed to **04 (Not Covered Service/Code Not Available)** for the CPT code **90620** (Influenza Virus Vaccine, Quadrivalent (IIV4),).

ICD-9 Diagnosis Codes

V20.31 (Health Supervision For Newborn Under 8 Days)

Minimum Age: 000 D Day

Maximum Age: 008 D Day

V20.32 (Health Supervision For Newborn 8 To 28 Days Old)

Minimum Age: 008 D Day

Maximum Age: 028 D Day

Modifier(s)

- Effective for dates of service on or after January 1, 2014 the modifier 51 (Multiple Procedures) has been added to the CPT code 93531 (Insertion of Catheter Into Right And Left Heart Chambers For Evaluation of Congenital Abnormalities).
- Effective for dates of service on or after January 1, 2014 the modifier 52 (Reduced Services) has been added to the following CPT codes:

Code	Description
92521	Evaluation of Speech Fluency
92522	Evaluation of Speech Sound Production
92524	Behavioral and Qualitative Analysis of Voice and Resonance

- Effective for dates of service on or after January 1, 2015 the following modifiers can be reported on the CPT codes below:

Modifier	Description
XE	Separate Encounter, A Service That Is Distinct Because It Occurred During A Separate Encounter
XS	Separate Structure, A Service That Is Distinct Because It Was Performed On A Separate Organ/ Structure
XP	Separate Practitioner, A Service That Is Distinct Because It Was Performed By A Different Practitioner
XU	Unusual Non-Overlapping Service, The Use Of A Service That Is Distinct Because It Does Not Overlap Usual Components Of The Main Service

Code	Description
81003	Automated Urinalysis Test
87040	Bacterial Blood Culture
96372	Injection Beneath the Skin or into Muscle for Therapy, Diagnosis, or Prevention
97110	Therapeutic Exercise to Develop Strength, Endurance, Range of Motion, & Flexibility, Each 15 Minutes

- Effective for dates of service on or after January 1, 2014 the modifier GC (Teaching Physician Service) can now be reported on the following CPT codes:

Code	Description
37238	Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin With Radiological Supervision And Interpretation
37243	Occlusion Of Tumors Or Obstructed Blood Vessel With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance
43276	Replacement Of Stent Pancreatic Or Bile Duct Using An Endoscope
64616	Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin

- Effective for dates of service on or after January 1, 2015 the modifier QW (CLIA Waived Test) has added to the following CPT codes:

Code	Description
87389	Detection Test For Hiv-1 And Hiv-2
86780	Analysis For Antibody, Treponema Pallidum

- Effective for dates of service on or after January 1, 2014 the modifier JW (Drug Amount Discarded/Not Admin To Any Patient) has been added to the HCPCS code J9055(Injection, Cetuximab, 10 mg).
- Effective for dates of service on or after January 1, 2014 the modifier 50 (Bilateral Procedure Pay 50%) has been added to the CPT code 27216 (Percutaneous Skeletal Fixation Of Posterior Pelvic Bone).
- Effective for dates of service on or after January 1, 2014 the modifier 58 (Staged/Related Procedure Same Post-OP Period) has been added to the CPT code 52356 (Crushing Of Stone In Urinary Duct (Ureter) With Stent Using An Endoscope).
- Effective for dates of service on or after January 1, 2014 the modifier 91 (Rep. Lab Test/Non-Emergency. 911) has been added to the CPT code 84999 (Unlisted Chemistry Procedure).
- Effective for dates of service on or after January 1, 2014 the modifier 59 (Distinct Procedural Service) has been added to the CPT codes 86355 (Total cell count for B cells (white blood cells) and 86357 (Total cell count for natural killer cells (white blood cell)).
- Effective for dates of service on or after January 1, 2014 the modifier 51 (Multiple Procedures) has been added to the CPT code 93531 (Insertion Of Catheter Into Right And Left Heart Chambers For Evaluation Of Congenital Abnormalities).
- Effective for dates of service on or after January 1, 2014 the modifier 52 (Reduced Services) has been added to the following CPT codes:

Code	Description
92521	Evaluation Of Speech Fluency
92522	Evaluation Of Speech Sound Production
92524	Behavioral And Qualitative Analysis Of Voice And Resonance

Place of Service

- Effective for dates of service on or after January 1, 2014 the following codes have been added to the respective POS.

Code	Description	Place of Service			
		49 (Independent Clinic)	50 (Federally Qualified Health Center)	71 (State or Local Public Health Clinic)	72 (Rural Health Clinic)
64650	Chemodenervation Of Eccrine Glands; Both Axillae	x	x	x	x
64653	Chemodenervation Of Eccrine Glands; Other Area(s)	x	x	x	x

- Effective for dates of service listed below the following codes have been added to the POS 11 (Office):

Code	Description	January 1, 2015	January 1, 2014	January 1, 2013
37236	Insertion of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation		X	
52287	Examination With Injections Of Chemical for Destruction of Bladder Using An Endoscope		X	
80300	Drug Screen	X		
92627	Evaluation of Hearing Rehabilitation			X
A4220	Refill Kit for Implantable Infusion Pump		X	
A4648	Tissue Marker, Implantable, Any Type, Each			X

- Effective for dates of service on or after January 1, 2014 the CPT code 50060 (Nephrolithotomy; Removal of Calculus) can be reported with the POS 22 (Outpatient Hospital)
- Effective for dates of service on or after January 1, 2013 the POS 23 (Emergency Room - Hospital) has been added to the CPT code 32560 (Catheter Instillation of Agent onto Lung Surface).
- Effective for dates of service on or after January 1, 2013 the POS 23 (Emergency Room - Hospital) has been added to the CPT code 32560 (Catheter Instillation of Agent onto Lung Surface).

Procedure Daily Limit(s)

- The Procedure Daily Maximum has been increased to 99 For The HCPCS Code B4161 (Enteral Formula, For Pediatrics, Hydrolyzed/Amino Acids And Peptide Chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit) and B4162 (Enteral Formula, For Pediatrics, Special Metabolic Needs For Inherited Disease Of Metabolism, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit).
- The procedure daily maximum has been increased to 180 for the HCPCS code for J1568 (Injection, Immune Globulin, (Octagam), Intravenous, Non-Lyophilized (e.g. liquid), 500 mg).
- The procedure daily maximum has been increased to three (3) for the CPT codes 84146 (Prolactin (milk producing hormone level)) and 86677 (Analysis for antibody to Helicobacter pylori (gastrointestinal bacteria)).
- The procedure daily maximum has been increased to three (3) for the CPT code 87798 (Infectious Agent Detection by Nucleic Acid (DNA or RNA)).
- The procedure daily maximum has been increased to three (3) for HCPCS code J1030 (Injection, Methylprednisolone Acetate, 40 mg).
- The procedure daily limit has been increased to three (3) for the HCPCS Code T1015 (Clinic Visit/Encounter, All-Inclusive).

The procedure daily limit has been changed to 3 (three) for the CPT code 87798 (Infectious Agent Detection By Nucleic Acid (DNA OR RNA)). The procedure daily limit has been increased to 000999 for the following codes:

Code	Description
Q9958	High Osmolar Contrast Material, Up To 149 mg/ml Iodine Concentration, Per ml
Q9959	High Osmolar Contrast Material, 150-199 mg/ml Iodine Concentration, Per ml
Q9960	High Osmolar Contrast Material, 200-249 mg/ml Iodine Concentration, Per ml
Q9961	High Osmolar Contrast Material, 250-299 mg/ml Iodine Concentration, Per ml
Q9962	High Osmolar Contrast Material, 300-349 mg/ml Iodine Concentration, Per ml
Q9963	High Osmolar Contrast Material, 350-399 mg/ml Iodine Concentration, Per ml
Q9964	High Osmolar Contrast Material, 400 Or Greater mg/ml Iodine Concentration, Per ml
Q9965	Low Osmolar Contrast Material, 100-199 mg/ml Iodine Concentration, Per ml
Q9966	Low Osmolar Contrast Material, 200-299 mg/ml Iodine Concentration, Per ml
Q9967	Low Osmolar Contrast Material, 300-399 mg/ml Iodine Concentration, Per ml
Q9968	Injection, Non-Radioactive, Non-Contrast, Visualization Adjunct (e.g., Methylene Blue, Isosulfan Blue), 1 mg

- The procedure daily maximum has been changed to 99. The laboratory and frequency limits have been removed for the following HCPCS codes:

Code	Description
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit

- The procedure daily maximum has been changed to 000010 for HCPCS codes B4102 (Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit) and B4103 (Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit).

Modifier 80 (Assistant Surgeon)

Effective May 1, 2015 the following provider types:

Provider Type	Description
09	Certified Nurse Midwife
18	Physician's Assistant
19	Registered Nurse Practitioner
82	Surgical First Assistant

must begin using the modifier AS (PA SVCS for Assistant/At Surgery) for services that were previously billed with the modifier 80 (Assistant Surgeon). Just as a reminder modifier 80 will be end dated as of April 30, 2015.

This update will ensure that AHCCCS is in compliance with coding standards and guidelines

Provider Type (PT)

- Effective for dates of service on or after January 1, 2013 the PT 19 (Registered Nurse Practitioner can report the CPT code 28122 (Partial Removal of Foot or Heel Bone) with the modifier AS (PA SVCS For Assistant/At Surgery).
- Effective for dates of service on or after January 1, 2013 the PT 15 (Speech/Hearing Therapist) can report the CPT codes 92626 (Evaluation of Hearing Rehabilitation First Hour) and 92627 (Evaluation of Hearing Rehabilitation).
- Effective for dates of services on or after January 1, 2014 the PT 14 (Physical Therapist) can now report the CPT code 95992 (Repositioning maneuvers for treatment of vertigo, per day).
- Effective for dates of service on or after January 1, 2015 the PT 08 (MD-Physician) and 31 (DO-Physician Osteopath) can report the HCPCS code J0153 (Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)).
- Effective for dates of service on or after January 1, 2015 the PT 08 (MD-Physician) 18 (Physicians Assistant) and PT 19 (Registered Nurse Practitioner) can report the HCPCS code J1071 (Injection, testosterone cypionate, 1mg).
- Effective for dates of service on or after January 1, 2015 the PT 08 (MD-Physician); 18 (Physicians Assistant), 19 (Registered Nurse Practitioner); and 31 (DO-Physician Osteopath) can report the HCPCS code J3121 (Injection, testosterone enanthate, 1mg).
- Effective for dates of service on or after January 1, 2015 the following codes have been added to the PT 04 (Laboratory) on RF618:

Code	Description	Code	Description
G0464	Colorectal Cancer Screening; Stool-Based DNA And Fecal Occult Hemoglobin (e.g., kras, ndrg4 and bmp3)	G6044	Cocaine or metabolite
G6030	Amitriptyline	G6045	Dihydrocodeinone
G6031	Benzodiazepines	G6046	Dihydromorphinone
G6032	Desipramine	G6047	Dihydrotestosterone
G6034	Doxepin	G6048	Dimethadione
G6035	Gold	G6049	Epiandrosterone
G6036	Assay of imipramine	G6050	Ethchlorvynol
G6037	Nortriptyline	G6051	Flurazepam
G6038	Salicylate	G6052	Meprobamate
G6039	Acetaminophen	G6053	Methadone
G6040	Alcohol (ethanol); any specimen except breath	G6054	Methsuximide
G6041	Alkaloids, urine, quantitative	G6055	Nicotine
G6042	Amphetamine or methamphetamine	G6056	Opiate(s), drug and metabolites, each procedure
G6043	Barbiturates, not elsewhere specified	G6057	Phenothiazine
		G6058	Drug confirmation, each procedure

Laboratory Indicator

The laboratory indicator QW (CLIA Waived Test) has been removed from the following codes:

Code	Description
86780	Analysis for antibody, Treponema pallidum
87389	Detection test for HIV-1 and HIV-2
87502	Detection test for multiple types influenza virus

Revenue Code

- Effective for dates of service on or after January 1, 2014 the revenue code 0750 (GASTR-INTS SVS) has been added to the CPT code 43275 (Removal of Foreign Body Or Stent From Pancreatic Or Bile Duct Using An Endoscope).

Reminder regarding Error Code N027 - DRUG NOT ELIGIBLE FOR MEDICAID COVERAGE

Just a reminder some time ago the following paragraph was sent out in regards to the coverage of barbiturates and benzodiazepines.

AHCCCS' Dual Eligible Pharmacy Benefit Changes

Effective January 1, 2013, Medicare will begin coverage of barbiturates used for the treatment of epilepsy, cancer or chronic mental health conditions and benzodiazepines for any condition.

Therefore, beginning January 1, 2013 AHCCCS and its Contractors, shall not reimburse prescription claims for barbiturates used for the treatment of epilepsy, cancer or chronic mental health conditions or benzodiazepines prescribed for any condition for dual eligibles.

[Final Contractor Memo for Dual Eligible Coverage of Benzodiazepines and Barbiturates 7/31/2012 \[22KB\]](#)

[Federal Register Rules and Regulations 4/12/2012 \[680KB\]](#)

