



# ENCOUNTER KEYS

## Sanction Update

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AHCCCS will remove the following encounter edits errors from the quarterly aged pended encounter sanctions **waived list** effective March 31, 2016:

- P353 - Provider Type Not Eligible For Service Billed
- P595 - Pod Provider Type Not Covered For Adults
- S385 - Service Units Exceed Maximum Allowed
- S445 - Procedure Modifier Invalid for Procedure on Date of Service
- Z295 - Allowed Number of Phys Therapy Visits Exceeded

If you have any questions please contact Gina Aker, Encounter Manager at 602-417-4016

## Age Change

Effective for October 1, 2015 the Minimum and Maximum ages for the “P” P000 thru P969 codes have been changed to Minimum age 000 Year and Maximum age 999. For a complete list (distributed January 28, 2015) refer to the communication e-mail, and will appear on the next twice annual ICD10 Reference Extract.

## Coverage Codes

- Effective for January 1, 2016 the Coverage code of 09 (Medicare Only) has been changed to 01 (Covered Service/ Code Available) for G0424 (Pulmonary Rehabilitation, Including Exercise).
- Effective for dates of service on or after December 1, 2015 the coverage code has been changed to 01 (Covered Service/Code Available) for the CPT code 11970 (Replacement of Tissue Expander with Permanent Prosthesis).

## New Codes

Effective for January 1, 2016 the following CPT codes have been added to the PMMIS system:

Code	Description
77770	Remote after loading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2 to 12 channels
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
J9032	Injection, belinostat, 10 mg
J9271	Injection, pembrolizumab, 1 mg
J9299	Injection, nivolumab, 1 mg
J9308	Injection, ramucirumab, 5 mg
J9262	Injection, omacetaxine mepesuccinate 0.01 mg

**Codes**

Effective for January 1, 2016 the following codes have been added to the PMMIS system with an AHCCCS Coverage Code of 09 (Medicare Only). For other information regarding modifiers, POS and/or Coverage codes please refer to the appropriate screens:

Code	Descriptions
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
G0478	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
G0479	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service
G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed
G0481	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed
G0482	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed
G0483	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed

- Effective for dates of service on or after January 1, 2016 the following codes now have AHCCCS Coverage Code 01 (Covered Service/Code Available):

<b>Code</b>	<b>Description</b>	<b>Code</b>	<b>Description</b>
80101	Drug Screen, Qualitative; Single Drug Class Method	80349	Cannabinoids, Natural
80320	Alcohols	80350	Cannabinoids, Synthetic; 1-3
80321	Alcohol Biomarkers; 1 Or 2	80351	Cannabinoids, Synthetic; 4-6
80322	Alcohol Biomarkers; 3 Or More	80352	Cannabinoids, Synthetic; 7 Or More
80323	Alkaloids, Not Otherwise Specified	80353	Cocaine
80324	Amphetamines; 1 Or 2	80354	Fentanyl
80325	Amphetamines; 3 Or 4	80355	Gabapentin, Non-Blood
80326	Amphetamines; 5 Or More	80356	Heroin Metabolite
80327	Anabolic Steroids; 1 Or 2	80357	Ketamine And Norketamine
80328	Anabolic Steroids; 3 Or More	80358	Methadone
80329	Analgesics, Non-Opioid; 1 Or 2	80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)
80330	Analgesics, Non-Opioid; 3-5	80360	Methylphenidate
80331	Analgesics, Non-Opioid; 6 Or More	80361	Opiates, 1 Or More
80332	Antidepressants, Serotonergic Class; 1 Or 2	80362	Opioids And Opiate Analogs; 1 Or 2
80333	Antidepressants, Serotonergic Class; 3-5	80363	Opioids And Opiate Analogs; 3 Or 4
80334	Antidepressants, Serotonergic Class; 6 Or More	80364	Opioids And Opiate Analogs; 5 Or More
80335	Antidepressants, Tricyclic And Other Cycli-	80365	Oxycodone
80336	Antidepressants, Tricyclic And Other Cycli-	80366	Pregabalin
80337	Antidepressants, Tricyclic And Other Cycli-	80367	Propoxyphene
80338	Antidepressants, Not Otherwise Specified	80368	Sedative Hypnotics (Non-Benzodiazepines)
80339	Antiepileptics, Not Otherwise Specified; 1-3	80369	Skeletal Muscle Relaxants; 1 Or 2
80340	Antiepileptics, Not Otherwise Specified; 4-6	80370	Skeletal Muscle Relaxants; 3 Or More
80341	Antiepileptics, Not Otherwise Specified; 7 Or	80371	Stimulants, Synthetic
80342	Antipsychotics, Not Otherwise Specified; 1-3	80372	Tapentadol
80343	Antipsychotics, Not Otherwise Specified; 4-6	80373	Tramadol
80344	Antipsychotics, Not Otherwise Specified; 7 Or	80374	Stereoisomer (Enantiomer) Analysis, Single Drug
80345	Barbiturates	80375	Drug(s) Or Substance(s), Definitive, Qualitative Or
80346	Benzodiazepines; 1-12	80376	Drug(s) Or Substance(s), Definitive, Qualitative Or
80347	Benzodiazepines; 13 Or More	80377	Drug(s) Or Substance(s), Definitive, Qualitative Or Quan

**Modifier(s)**

Effective for dates of service on or after October 1, 2014 following modifiers have been **removed** from the reference screen RF121 (Valid OPFS Procedure Modifiers) for the codes listed below:

<b>Modifier</b>	<b>Description</b>		
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

  

<b>Code</b>	<b>Description</b>		
90760	Intravenous Infusion, Hydration; Initial, 31 Minutes	96367	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagn
90761	Intravenous Infusion, Hydration; Each Additional Hour	96368	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagn
90772	Therapeutic, Prophylactic Or Diagnostic Injection	96369	Subcutaneous Infusion For Therapy Or Prophylaxis
90773	Therapeutic, Prophylactic Or Diagnostic Injection	96370	Subcutaneous Infusion For Therapy Or Prophylaxis
90774	Therapeutic, Prophylactic Or Diagnostic Injection	96371	Subcutaneous Infusion For Therapy Or Prophylaxis
90775	Therapeutic, Prophylactic Or Diagnostic Injection	96372	Therapeutic, Prophylactic, Or Diagnostic Injection
90776	Therapeutic, Prophylactic Or Diagnostic Injection	96373	Therapeutic, Prophylactic, Or Diagnostic Injection
90779	Unlisted Therapeutic, Prophylactic Or Diagnostic Intra	96374	Therapeutic, Prophylactic, Or Diagnostic Injection
96360	Intravenous Infusion, Hydration; Initial 31 Minutes To 1	96375	Injection Of Different Drug Or Substance Into A Vein
96361	Intravenous Infusion, Hydration; Each Additional Hour		
96365	Intravenous Infusion, For Therapy, Prophylaxis		
96366	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagn		

<b>Code</b>	<b>Description</b>
96376	Injection Of Drug Or Substance Into A Vein For Therapy
96379	Unlisted Therapeutic, Prophylactic, Or Diagnostic Intrav
96401	Chemotherapy Administration, Subcutaneous Or Intramuscul
96402	Chemotherapy Administration, Subcutaneous Or Intramuscul
96405	Chemotherapy Administration; Intralesional
96406	Chemotherapy Administration; Intralesional
96409	Chemotherapy Administration; Intravenous, Push Technique
96411	Chemotherapy Administration; Intravenous, Push Technique
96413	Chemotherapy Administration, Intravenous Infusion Technique
96415	Chemotherapy Administration, Intravenous Infusion Technique
96416	Chemotherapy Administration, Intravenous Infusion Technique

<b>Code</b>	<b>Description</b>
96417	Chemotherapy Administration, Intravenous Infusion Technique
96420	Chemotherapy Administration, Intra-Arterial; Push Technique
96422	Chemotherapy Administration, Intra-Arterial; Infusion Technique
96423	Chemotherapy Administration, Intra-Arterial; Infusion Technique
96425	Chemotherapy Administration, Intra-Arterial; Infusion Technique
96440	Chemotherapy Administration Into Pleural Cavity,
96445	Chemotherapy Administration Into Peritoneal Cavity,
96450	Chemotherapy Administration, Into Cns (e.g., Intrathecal),
96523	Irrigation Of Implanted Venous Access Device For Drug

- **Place of Service (POS)**

- Effective for dates of service on or after January 1, 2015 the POS 21 (Inpatient Hospital) has been added to the CPT code 55530 (Excision of Varicocele or Ligation of Spermatic Veins).
- Effective for dates of service on or after July 1, 2015 the following POS have been added to the CPT codes:

Code	Description	Place Of Service	
11450	Excision Of Skin And Subcutaneous Tissue For Hidradeniti	11 - Office	
25073	Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Are	11 - Office	
27045	Excision, Tumor, Soft Tissue Of Pelvis And Hip Area	11 - Office	
27048	Excision, Tumor, Soft Tissue Of Pelvis And Hip Area,	11 - Office	
27337	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area,	11 - Office	
45541	Proctopexy For Prolapse; Perineal Approach	19 - Off Campus-Outpatient Hospital	22 - Outpatient Hospital

- Effective for dates of service on or after October 1, 2014 the CPT code 20950 (Insertion of device to monitor muscle compartment fluid pressure) can be reported with the POS 11 (Office).
- Effective for dates of service on or after January 1, 2014 the CPT code 25109 (Removal of tendon of forearm and/or wrist) can be reported with the POS 21 (Inpatient Hospital).
- Effective for dates of service on or after February 1, 2015 the following codes can be reported with the following POS:

Code	Description	Place of Service
50780	Connection Of Lower Portion Of Urinary Duct (Ureter) To Bladder	22 Outpatient Hospital 24 Ambulatory Surgical Center
50783	Connection Of Lower Portion Of Urinary Duct (Ureter) To Bladder	24 Ambulatory Surgical Center

- Effective for dates of service on or after January 1, 2015 the CPT code 80300 (Drug Screen) can be reported with the POS 11 (Office)



- Effective for dates of service on or after October 1, 2015 the POS 11 (Office) has been added to the CPT code 52441 (Cystourethroscopy, With Insertion of Permanent Adjustable) and 52442 (Cystourethroscopy, With Insertion Of Permanent Adjustable).
- Effective for dates of service on or after January 1, 2015 the POS 14 (Group Home) has been added to the following codes:

<b>Code</b>	<b>Description</b>	<b>Code</b>	<b>Description</b>
E0184	Dry Pressure Mattress	E2219	Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each
E0189	Lambswool Sheepskin Pad, Any Size	E2226	Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each
E0240	Bath/Shower Chair, With Or Without Wheels, Any Size	E2231	Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware
E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	E2310	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware
E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat	E2311	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware
E0637	Combination Sit To Stand Frame/Table System, Any Size	E2313	Power Wheelchair Accessory, Harness For Upgrade To Expandable Controller, Including All Fasteners, Connectors And Mounting Hardware, Each
E0776	IV Pole	E2325	Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swingaway Mounting Hardware
E0950	Wheelchair Accessory, Tray, Each	E2328	Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting Hardware
E0951	Heel Loop/Holder, Any Type, With Or Without Ankle Strap,	E2331	Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware
E0955	Wheelchair Accessory, Headrest, Cushioned, Any Type	E2359	Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat)

E0956	Wheelchair Accessory, Lateral Trunk Or Hip Support	E2361	Power Wheelchair Accessory, 22nf Sealed Lead Acid Battery, Each, (E.G., Gel Cell, Absorbed Glassmat)
E0957	Wheelchair Accessory, Medial Thigh Support, Any Type	E2363	Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat)
E0958	Manual Wheelchair Accessory, One-Arm Drive Attachment	E2365	Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G., Gel Cell Absorbed Glassmat)
E0960	Wheelchair Accessory, Shoulder Harness/ Straps Or Chest	E2366	Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each
E0961	Manual Wheelchair Accessory, Wheel Lock Brake Extension	E2374	Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related Electronics And Fixed Mounting Hardware, Replacement Only
E0971	Manual Wheelchair Accessory, Anti-Tipping Device	E2375	Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only
E0973	Wheelchair Accessory, Adjustable Height, Detachable Armrest	E2377	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue
E0978	Wheelchair Accessory, Positioning Belt/ Safety Belt/Pelvic Strap,	E2384	Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each
E0981	Wheelchair Accessory, Seat Upholstery, Replacement Only, Each	E2386	Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each
E0982	Wheelchair Accessory, Back Upholstery, Replacement Only, Each	E2392	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each
E0990	Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each	E2394	Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only, Each
E0995	Wheelchair Accessory, Calf Rest/Pad, Each	E2395	Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each
E1002	Wheelchair Accessory, Power Seating System, Tilt Only	E2621	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware
E1007	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction	K0004	High Strength, Lightweight Wheelchair



E1028	Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory	K0005	Ultralightweight Wheelchair
E1030	Wheelchair Accessory, Ventilator Tray, Gimballed	K0019	Arm Pad, Each
E1161	Manual Adult Size Wheelchair, Includes Tilt In Space	K0038	Leg Strap, Each
E1225	Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each	K0040	Adjustable Angle Footplate, Each
E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating	K0043	Footrest, Lower Extension Tube, Each
E1399	Durable Medical Equipment, Miscellaneous	K0052	Swingaway, Detachable Footrests, Each
E2203	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches	K0070	Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each
E2208	Wheelchair Accessory, Cylinder Tank Carrier, Each	K0077	Front Caster Assembly, Complete, With Solid Tire, Each
E2209	Accessory, Arm Trough, With Or Without Hand Support, Each	K0105	IV Hanger, Each
E2210	Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each	K0108	Wheelchair Component Or Accessory, Not Otherwise Specified
E2211	Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each	K0462	Temporary Replacement For Patient Owned Equipment Being Repaired, Any Type
E2213	Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each	K0739	Repair Or Non-routine Service For Durable Medical Equipment Other Than Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes

**Provider Type (PT)**

- Effective for dates of service on or after January 1, 2015 the PT 31 (DO-Physician Osteopath) can report the following CPT codes:

<b>Code</b>	<b>Description</b>
97802	Medical Nutrition Therapy; Initial Assessment And Intervention
97803	Medical Nutrition Therapy; Re-Assessment And Intervention
97804	Medical Nutrition Therapy; Group (2 Or More Individuals)

- Effective for dates of service on or after January 1, 2016 the PT 19 (Registered Nurse Practitioner) can report the following CPT codes:

Code	Description
95907	Nerve Transmission Studies, 1-2 Studies
95908	Nerve Transmission Studies, 3-4 Studies
95909	Nerve Transmission Studies, 5-6 Studies
95910	Nerve Transmission Studies, 7-8 Studies
95911	Nerve Transmission Studies, 9-10 Studies
95912	Nerve Transmission Studies, 11-12 Studies
95913	Nerve Transmission Studies, 13 Or More Studies

- Effective for January 1, 2015 the Provider Type 19 (Registered Nurse Practitioner) can report the following codes:

Code	Description
80048	Blood Test, Basic Group Of Blood Chemicals
80074	Acute Hepatitis Panel
80076	Liver Function Blood Test Panel
82963	Glucosidase, Beta
83735	Magnesium
86592	Syphilis Test, Non-Treponemal Antibody; Qualitative
87490	Infectious Agent Detection By Nucleic Acid (DNA or RNA)
87491	Infectious Agent Detection By Nucleic Acid (DNA or RNA)
87590	Infectious Agent Detection By Nucleic Acid (DNA or RNA)
87591	Infectious Agent Detection By Nucleic Acid (DNA or RNA)
88142	Cytopathology, Cervical Or Vaginal (Any Reporting System

- Effective for dates of service on or after January 1, 2015 the PT 09 (Certified Nurse-Midwife) can report the CPT code 96365 (Intravenous Infusion, for Therapy, Prophylaxis).
- Effective for January 1, 2015 the Provider Type 08 (MD-Physician) can report the CPT code 88363 (Examination and Selection of Retrieved Archival).
- Effective for January 1, 2016 the PT 19 (Registered Nurse Practitioner) can report the following CPT and HCPCS codes:

Codes	Description
43659	Unlisted Laparoscopy Procedure, Stomach
49650	Laparoscopy, Surgical; Repair Initial Inguinal Hernia

- The following codes for the PT 19 (Registered Nurse Practitioner) have had their **effective dates changed to January 1, 2015** on the reference screen RF618.

Code	Description
J3489	Injection, Zoledronic Acid, 1 mg
26011	Drainage Of Finger Abscess; Complicated (e.g., Felon)
54065	Destruction Of Lesion(s), Penis (e.g., Condyloma, Papilloma)
84479	Thyroid Hormone (T3 or T4) Uptake or Thyroid Hormone Binding ratio (THBR)

