



**Age Change**

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- Effective for dates of service on or after October 1, 2015 the age limit for the following ICD-10 Diagnosis codes has been changed to minimum age 000 and maximum age 020 years:

- Z68 . 51 - BMI pediatric, less than 5th percentile
- Z68 . 52 - BMI pediatric, 5th percentile to less than 85
- Z68 . 53 - BMI pediatric, 85% to less than 95th percentile
- Z68 . 54 - BMI pediatric, greater than or equal to 95%

- The age restriction has been removed for HCPCS code G0268 (Removal Of Impacted Cerumen (One Or Both Ears) By Physician).

- Effective for dates of service on or after January 1, 2016 the age limits have been changed to 000Y to 999Y for the following ICD-10 Diagnosis Codes:

Code	Description
F93.0	Separation Anxiety Disorder Of Childhood
F93.8	Other Childhood Emotional Disorders
F93.9	Childhood Emotional Disorder, Unspecified
F94.1	Reactive Attachment Disorder Of Childhood
F94.2	Disinhibited Attachment Disorder Of Childhood
F94.8	Other Childhood Disorders Of Social Function
F94.9	Childhood Disorder Of Social Functioning,
F98.21	Rumination Disorder Of Infancy
F98.29	Other Feeding Disorders Of Infancy And Early
F98.3	Pica Of Infancy And Childhood
F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F98.9	Unspecified Behavioral And Emotional Disorders With Onset Usually Occurring In Childhood And Adolescence

**Coverage Code(s)**

- Effective for dates of service on or after January 1, 2016 the following codes have been added to the AHCCCS system with a coverage code of 01 (Covered Service/Code Available):

Code	Description
49185	Sclerotherapy of a Fluid Collection
0394T	High dose rate electronic brachytherapy, skin surface
0395T	High dose rate electronic brachytherapy, interstitial
G0297	Low Dose CT Scan (LDCT) for Lung Cancer Screening
G0299	Direct skilled nursing services of a registered nurse
G0300	Direct skilled nursing services of a license practical nurse

- Effective for dates of service on or after January 1, 2016 the following codes have changed the coverage code to 08 (Covered Service/Code Replaced):

Code	Description	Replace-ment code	Description
C9026	Injection Vedolizumab, 1 Mg	J3380	Injection Vedolizumab, 1 Mg
C9136	Injection, Factor VIII, Fc Fusion Protein, (Recombinant)	Q9975	Injection, Factor VIII, Fc Fusion Protein, (Recombinant)
C9452	Injection, Ceftolozane 50 mg And Tazobactam 25 mg	J0695	Injection, Ceftolozane 50 mg And Tazobactam 25 mg
C9455	Injection, Siltuximab, 10 mg	J2860	Injection, Siltuximab, 10 mg
C9457	Injection, Sulfur Hexafluoride Lipid Microspheres,	Q9950	Injection, Sulfur Hexafluoride Lipid Microspheres,
Q9975	Injection, Factor VIII Fc Fusion Proteim (Recombinant),	J7205	Injection, Factor VIII Fc Fusion Proteim (Recombinant),
Q9978	Netupitant 300 mg and Palonosetron 0.5 mg Oral	J8655	Netupitant 300 mg and Palonosetron 0.5 mg Oral

- Effective for dates of service on or after December 31, 2015 the following HCPCS codes now have a coverage code of **04 (Not Covered Service/Code Not Available)**.

D0260	Extraoral - Each Additional Radiographic Image
D2970	Temporary Crown (Fractured Tooth
D9220	Deep Sedation/General Anesthesia-First 30 Minutes
D9221	Deep Sedation/General Anesthesia-Each Additional 15 Minutes
D9241	Intravenous Moderate (Conscious) Sedation/Analgesia
D9242	Intravenous Moderate (Conscious) Sedation/Analgesia

- 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).

- Effective for dates of service on or after January 1, 2016 the coverage code to 01 (Covered Service/Code Available) for CPT codes:

<b>Code</b>	<b>Description</b>
80300	Drug Screen, Any Number Of Drug Classes From Drug Class
80301	Drug Screen, Any Number Of Drug Classes From Drug Class
80302	Drug Screen, Presumptive, Single Drug Class From Drug Class
80303	Drug Screen, Any Number Of Drug Classes, Presumptive
80304	Drug Screen, Any Number Of Drug Classes, Presumptive

- Effective for dates of service on or after October 1, 2015 the ICD-10 code XW03351 (Introduction of Blinatumomab Antineoplastic IM) has the coverage code changed to 01 (Covered Service/Code Available) on RF163.
- Effective for dates of service on or after January 1, 2016 the HCPCS codes 0394T (High Dose Rate Electronic Brachytherapy) and 0395T (High Dose Rate Electronic Brachytherapy) along with CPT code 49185 (Injection of Abnormal Fluid Accumulation Using Imaging Guidance with Radiological Supervision and Interpretation) have been added to the PMMIS system.
- Effective for dates of service on or after January 1, 2015 the coverage code has been changed to 09 (Medicare Only) for the CPT code 99490 (Chronic Care Management Services, at Least 20 Minutes Per Calendar Month).
- The coverage code 02 (Not Covered Service/Code Available) has been applied to the following HCPCS codes with an effective date of October 1, 2013:

<b>Code</b>	<b>Description</b>
H0043	Supported Housing, Per Diem
H0046	Mental Health Services, not Otherwise Specified
S9986	Not Medically Necessary Service

- Effective for dates of service on or after December 31, 2015 the coverage code for the following HCPCS codes is now **04 (Not Covered Service/Code Not Available)**:

<b>Code</b>	<b>Description</b>	<b>Code</b>	<b>Description</b>
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
G6044	Cocaine or metabolite	G6058	Drug confirmation, each procedure

### **Category of Service**

Effective for dates of service on or after January 1, 2016 the Category of Service has been changed for the HCPCS codes G0299 (Direct Skilled Nursing Services Of A Registered Nurse (Rn) In The Home Health Or Hospice Setting, Each 15 Minutes) and G0300 (Direct Skilled Nursing Services Of A License Practical Nurse (LPN) In The Home Health Or Hospice Setting, Each 15 Minutes) to 30 (Home Health Nurse Service) on RF769.

### **Correction**

Effective for dates of service on or after January 1, 2015 the AHCCCS coverage code CPT 80101 (Drug screen, qualitative; single drug class method) has been changed to 04 (Not Covered Service/Code Not Available).

**Modifier(s)**

- Effective for dates of service on or after October 13, 2015 the modifier 50 (Bilateral Procedure) has been added to the HCPCS code Q4031 (Cast Supplies, Long Leg Cast, Pediatric (0-10 Years)).
- Effective for the dates of service listed below the following modifiers have been added to the HCPCS and CPT codes:

<b>Code</b>	<b>Description</b>	<b>Modifier</b>	<b>Effective Date</b>
0191T	Insertion Of Anterior Segment Aqueous Drainage Device,	79 - Unrelated Proc/Svc,Sa	01/01/2015
25111	Excision Of Ganglion, Wrist (Dorsal Or Volar); Primary	AS - PA SVCS for Assistant	01/01/2015
27524	Open Treatment of Knee Cap Fracture with Insertion of Hardware and/or Removal of Knee Cap	SG – AMB SURG CTR (ASC) FA	01/01/2015
37765	Stab Phlebectomy of Varicose Veins, One Extremity; 10-2	AS - PA SVCS for Assistant	01/01/2015
90460	Immunization Administration Through 18 Years Of Age Via	EP - EPSDT SVS/AMB TRIP EC	03/01/2015
99396	Established Patient Periodic Preventive Medicine Examination	EP - EPSDT SVS/AMB TRIP EC	03/01/2015
A0382	BLS Routine Disposable Supplies	HS - Family/Couple Without	09/01/2014
V2784	Lens, Polycarbonate Or Equal, Any Index,	KK - Inhale SOL CMPD FDA/D	11/01/2014

- Effective for January 1, 2016 the modifiers listed below have been added to the PMMIS Reference Screen RF114:

<b>Code</b>	<b>Description</b>
CP	Adjunctive Service Related To A Procedure
CT	Computed Tomography Services Furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association
ZA	Novartis/Sandoz

- Effective for dates of service on or after January 1, 2015 the modifier 59 (Distinct Procedural Service) has been added to the HCPCS code J9305 (Injection, Pemetrexed, 10 mg).
- Effective for dates of service on or after January 1, 2015 the modifier 90 (Reference (Outside) Laboratory) has been added to G0434 (Drug Screen, Other Than Chromatographic; Any Number of Drug Classes, By CLIA Waived Test or Moderate Complexity Test, Per Patient Encounter).
- Effective for dates of service on or after January 1, 2015 the modifier QW (CLIA Waived Test) has been added to the CPT code 87651 (Infectious Agent Detection by Nucleic Acid (DNA or RNA)).
- Effective for dates of service on or after October 1, 2014 the modifiers RT and LT have been added to the CPT code 59151 (Laparoscopic Treatment of Ectopic Pregnancy).
- Effective for dates of service on or after October 1, 2014 the modifier GY (Item or service statutorily excluded or does not meet the definition of any Medicare benefit) to HCPCS code A0998 (Ambulance Response and Treatment, No Transport).

## Place of Service

Effective for dates of service on or after January 1, 2015 the following codes have been added to the respective POS:

Code	Description	Place of Service
11004	Removal of infected skin, tissue or muscle of genitals	24 – Ambulatory Surgical Center
25690	Closed treatment of dislocated wrist bone with manipulation	21 – Inpatient Hospital
27524	Open treatment of knee cap fracture with insertion of hardware and/or removal of knee cap	24 - Ambulatory Surgical Center
27536	Open treatment of broken skin bone	22 – Outpatient Hospital
4048F	Documentation that administration of prophylactic parent	24 - Ambulatory Surgical Center
4250F	Active warming used intraoperatively for the purpose of	24 - Ambulatory Surgical Center
4255F	Duration of general or neuraxial anesthesia 60 minutes or	24 - Ambulatory Surgical Center
95970	Electronic analysis of implanted brain spinal cord or pe-	21 – Inpatient Hospital

- Effective for dates of service January 1, 2014 to **December 31, 2014** the codes listed below can report the POS 11 (Office).

80160	Desipramine
80174	Imipramine

- Effective for dates of service on or after January 1, 2015 the POS 11 (Office) has been added to the CPT code 37242 (Injection, Nelarabine, 50 mg).
- Effective for dates of service on or after January 1, 2016 the POS 11 (Office) can be reported with the CPT code 01924 (Anesthesia for Therapeutic Interventional Radiologic Procedure).
- Effective for dates of service on or after January 1, 2015 the POS 11 (Office) has been added to the CPT codes 87502 (Detection Test For Multiple Types Influenza Virus) and 87651 (Infectious Agent Detection by Nucleic Acid (DNA or RNA)).
- Effective for dates of service on or after October 1, 2015 the CPT codes 52441 (Cystourethroscopy, With Insertion of Permanent Adjustable) and 52442 (Cystourethroscopy, With Insertion of Permanent Adjustable) can now report services with the POS 11 (Office).

- Effective for dates of service December 1, 2015 the POS 21 (Inpatient Hospital) has been added to the following HCPCS codes:
- Effective for dates of service on or after January 1, 2014 the following codes can be reported with the following POS:

<b>Code</b>	<b>Description</b>	<b>Place of Service</b>
15002	Preparation of graft site at trunk, arms, or legs (first 100 sq. cm or 1% body area infants and children)	23 Emergency Room Hospital
15004	Preparation of graft site of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq. cm. or 1% body area of infants and children)	23 Emergency Room Hospital
23071	Removal (3 centimeters or greater) tissue growth beneath the skin of shoulder area	11 Office
23076	Removal (less than 5 centimeters) muscle growth of shoulder area	11 Office
24076	Removal (less than 5 centimeters) muscle growth of upper arm or elbow	11 Office
27043	Removal (3 centimeters or greater) tissue growth beneath the skin of pelvis or hip	11 Office
27552	Closed Treatment Of Knee Dislocation Under Anesthesia	23 Emergency Room Hospital
27702	Arthroplasty, Ankle; with Implant (Total Ankle)	22 Outpatient Hospital
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	11 Office
37244	Occlusion Of Arterial Or Venous Hemorrhage With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	11 Office
52287	Examination with injections of chemical for destruction of bladder using an endoscope	11 Office
58145	Vaginal removal of fibroid tumors (250 grams or less) of uterus	11 Office
60512	Excision and reimplantation of parathyroid tissue	24 Ambulatory Surgical Center
62140	Reshaping of (up to 5 centimeter diameter) skull bone defect	22 Outpatient Hospital
62141	Reshaping of (larger than 5 centimeter in diameter) skull bone defect	22 Outpatient Hospital
63076	Removal of upper spine disc and release of spinal cord and/or nerves	22 Outpatient Hospital
95868	Needle measurement and recording of electrical activity of cranial nerve-supplied muscles on both sides of body	24 Ambulatory Surgical Center
95873	Electrical stimulation for guidance with injection of chemical for destruction of muscles	21 Inpatient Hospital
A4220	Refill kit for implantable infusion pump	11 Office
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	11 Office

- Effective for dates of service on or after January 1, 2013 the following codes can be reported with the following POS:

Code	Description	Place of Service
A4648	Tissue marker, implantable, any type, each	11 Office
32560	Cather instillation of agent onto lung surface	23 Emergency Room Hospital
43282	Repair of hernia of muscle at esophagus and stomach with implantation of mesh using an endoscope	24 Ambulatory Surgical Center
60252	Removal of thyroid and surrounding lymph nodes	24 Ambulatory Surgical Center
92627	Evaluation of hearing rehabilitation	11 Office

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

Code	Description	Place of Service
27337	Removal (3 centimeters or greater) tissue growth beneath the skin of thigh or knee)	24 Ambulatory Surgical Center

- 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:

Code	Description
E0184	Dry Pressure Mattress
E0189	Lambswool Sheepskin Pad, Any Size
E0240	Bath/Shower Chair, With Or Without Wheels, Any Size
E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon
E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat
E0637	Combination Sit To Stand Frame/Table System, Any Size
E0776	IV Pole
E0950	Wheelchair Accessory, Tray, Each
E0951	Heel Loop/Holder, Any Type, With Or Without Ankle Strap,
E0955	Wheelchair Accessory, Headrest, Cushioned, Any Type
E0956	Wheelchair Accessory, Lateral Trunk Or Hip Support
E0957	Wheelchair Accessory, Medial Thigh Support, Any Type
E0958	Manual Wheelchair Accessory, One-Arm Drive Attachment
E0960	Wheelchair Accessory, Shoulder Harness/Straps Or Chest
E0961	Manual Wheelchair Accessory, Wheel Lock Brake Extension
E0971	Manual Wheelchair Accessory, Anti-Tipping Device
E0973	Wheelchair Accessory, Adjustable Height, Detachable Armrest
E0978	Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap,
E0981	Wheelchair Accessory, Seat Upholstery, Replacement Only, Each
E0982	Wheelchair Accessory, Back Upholstery, Replacement Only, Each



E0990	Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each
E0995	Wheelchair Accessory, Calf Rest/Pad, Each
E1002	Wheelchair Accessory, Power Seating System, Tilt Only
E1007	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction
E1028	Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory
E1030	Wheelchair Accessory, Ventilator Tray, Gimbaled
E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
E1225	Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each
E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating
E1399	Durable Medical Equipment, Miscellaneous
E2203	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches
E2208	Wheelchair Accessory, Cylinder Tank Carrier, Each
E2209	Accessory, Arm Trough, With Or Without Hand Support, Each
E2210	Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each
E2211	Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each
E2213	Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each
E2219	Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each
E2226	Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each
E2231	Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware
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
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
E2313	Power Wheelchair Accessory, Harness For Upgrade To Expandable Controller, Including All Fasteners, Connectors And Mounting Hardware, Each
E2325	Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swingaway Mounting Hardware
E2328	Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting Hardware
E2331	Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware
E2359	Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glass-
E2361	Power Wheelchair Accessory, 22nf Sealed Lead Acid Battery, Each, (E.G., Gel Cell, Absorbed Glassmat)
E2363	Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glass-
E2365	Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G., Gel Cell Absorbed Glassmat)
E2366	Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each
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

E2375	Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only
E2377	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue
E2384	Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each
E2386	Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each
E2392	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each
E2394	Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only, Each
E2395	Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each
E2621	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware
K0004	High Strength, Lightweight Wheelchair
K0005	Ultralightweight Wheelchair
K0019	Arm Pad, Each
K0038	Leg Strap, Each
K0040	Adjustable Angle Footplate, Each
K0043	Footrest, Lower Extension Tube, Each
K0052	Swingaway, Detachable Footrests, Each
K0070	Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each
K0077	Front Caster Assembly, Complete, With Solid Tire, Each
K0105	IV Hanger, Each
K0108	Wheelchair Component Or Accessory, Not Otherwise Specified
K0462	Temporary Replacement For Patient Owned Equipment Being Repaired, Any Type
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**

Effective for dates of service on or after January 1, 2016 the following provider types can now report the following codes:

<b>Provider Type</b>	<b>Code</b>	<b>Description</b>
03 – Pharmacy	G0299	Direct Skilled Nursing Services Of A Registered Nurse (RN) In The Home Health Or Hospice Setting, Each 15 Minutes
03 – Pharmacy	G0300	Direct Skilled Nursing Services Of A License Practical Nurse (LPN) In The Home Health Or Hospice Setting, Each 15 Minutes
08 - MD Physician	G0299	Direct Skilled Nursing Services Of A Registered Nurse (RN) In The Home Health Or Hospice Setting, Each 15 Minutes
08 – MD Physician	J7297	Levonorgestrel-Releasing Intrauterine Contraceptive System, 52 mg, 3 Year Duration
08 – MD Physician	J7298	Levonorgestrel-Releasing Intrauterine Contraceptive System, 52 mg, 5 Year Duration
08 - MD Physician	J9271	Injection, Pembrolizumab, 1 Mg
08 - MD Physician	J9299	Injection, Nivolumab, 1 Mg
18 – Physician’s Assistant	G0299	Direct Skilled Nursing Services Of A Registered Nurse (RN) In The Home Health Or Hospice Setting, Each 15 Minutes
19 - Registered Nurse Practitioner	43659	Unlisted Laparoscopy Procedure, Stomach
19 - Registered Nurse Practitioner	95913	Nerve Transmission Studies, 13 Or More Studies
25 – Group Home (Developmentally Disabled)	G0299	Direct Skilled Nursing Services Of A Registered Nurse (RN) In The Home Health Or Hospice Setting, Each 15 Minutes
25 – Group Home (Developmentally Disabled)	G0300	Direct Skilled Nursing Services Of A License Practical Nurse (LPN) In The Home Health Or Hospice Setting, Each 15 Minutes
31 – DO-Physician Osteopath	G0299	Direct Skilled Nursing Services Of A Registered Nurse (RN) In The Home Health Or Hospice Setting, Each 15 Minutes
31 – DO Physician Osteopath	J7297	Levonorgestrel-Releasing Intrauterine Contraceptive System, 52 mg, 3 Year Duration
31 – DO Physician Osteopath	J7298	Levonorgestrel-Releasing Intrauterine Contraceptive System, 52 mg, 5 Year Duration
31 – DO-Physician Osteopath	J9032	Injection, Belinostat, 10 Mg
31 – DO-Physician Osteopath	J9271	Injection, Pembrolizumab, 1 Mg
31 – DO-Physician Osteopath	J9299	Injection, Nivolumab, 1 Mg
46 – Nurse (Private-RN/ LPN)	G0299	Direct Skilled Nursing Services Of A Registered Nurse (RN) In The Home Health Or Hospice Setting, Each 15 Minutes
46 – Nurse (Private-RN/ LPN)	G0300	Direct Skilled Nursing Services Of A License Practical Nurse (LPN) In The Home Health Or Hospice Setting, Each 15 Minutes
IC – Integrated Clinics	G0299	Direct Skilled Nursing Services Of A Registered Nurse (RN) In The Home Health Or Hospice Setting, Each 15 Minutes
IC – Integrated Clinics	G0300	Direct Skilled Nursing Services Of A License Practical Nurse (LPN) In The Home Health Or Hospice Setting, Each 15 Minutes

- Effective for dates of service on or after January 1, 2015 the PT 19 (Registered Nurse Practitioner) can report the CPT codes
  - 43775 (Stomach Reduction Procedure With Partial Removal Of Stomach Using An Endoscope).
  - 50820 (Connection of Urinary Duct (Ureter) to small bowel with creation of opening)
- Effective for dates of service on or after October 1, 2015 the provider type IC (Integrated Clinics) can report the following CPT and HCPCS codes:

Code	Description
97810	Acupuncture 1 Or More Needles, First 15 Minutes
97811	Acupuncture 1 Or More Needles
97813	Acupuncture 1 Or More Needles With Electrical Stimulation, First 15 Minutes
97814	Acupuncture 1 Or More Needles With Electrical Stimulation And Re-Insertion Of Needles
H0043	Supported Housing, Per Diem
H0046	Mental Health Services, Not Otherwise Specified
S9986	Not Medically Necessary Service (Patient is aware that service not Medically Necessary)
T1013	Sign Language or Oral Interpretive Services, Per 15 Minutes

