



ENCOUNTER KEYS

May-June, 2016

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APR-DRG Calculator Update

The APR-DRG Calculator (both 2016A and 2016B versions) has been updated to (a) add Hacienda Children's Hospital, (b) to remove Cobre Valley Family Practice, and (c) for 2016B, to add language clarifying the effective date of the new Pediatric Policy Adjustor.

The APR-DRG Calculator can be found on the AHCCCS website at this location:
<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/APRDRGrates.html>

Questions about this update may be directed to Victoria.Burns@azahcccs.gov.

Encounter File Processing Schedule

The current Encounter Processing Schedule has been placed on the website for April - June 2016 and July - September 2016.

<https://www.azahcccs.gov/PlansProviders/Downloads/Encounters/Internal Processing Schedule 0416 0916.pdf>

HOSPICE RATE CLARIFICATION

Please note that the Hospice Service Intensity Add-On is a per-15-minutes rate. The reimbursement rates in PR050 will reflect per-15-minutes, and the AHCCCS website fee schedule has been updated accordingly. The per-15-minutes SIA rates are as follows, effective for dates of service on and after 01/01/2016. Questions about these rates may be directed to Victoria.Burns@azahcccs.gov.

Description	County	Episode of Care	AHCCCS FFS Rate	Quality Data Non-Compliance Rate
Service Intensity Add-On	Maricopa/Pinal	per 15 minutes	\$10.11	\$9.91
Service Intensity Add-On	Pima	per 15 minutes	\$8.90	\$8.73
Service Intensity Add-On	Rural & Out-of-State	per 15 minutes	\$11.49	\$11.26

Date Change

The modifier GC (Teaching Physician SE) effective date has been changed to May 1, 2015 for the CPT code 43266 (Esophagogastroduodenoscopy (EGD), Flexible, Transoral;).

Coverage Code

- Effective for October 1, 2013 the coverage codes listed below have been changed back to “02” (Not Covered Service/Code Available), as these codes are covered only as State Only for which there is already specific logic in place to accommodate.

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)

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

C9137	Injection, Factor VIII (Antihemophilic Factor, Recombinant) PEGylated, 1 I.U.
C9138	Injection, Factor VIII (Antihemophilic Factor, Recombinant) (Nuwiq), 1 I.U.
C9461	Choline C 11, Diagnostic, Per Study Dose
C9470	Injection, Aripiprazole Lauroxil, 1 Mg
C9471	Hyalyronan Or Derivative, Hymovis, For Intra-Articular Injection, 1 Mg
C9472	Injection, Talimogene Laherparepvec, 1 Million Plaque Forming Units (PFU)
C9473	Injection, Mepolizumab, 1 Mg
C9474	Injection, Irinotecan Liposome, 1 Mg
C9475	Injection, Necitumumab, 1 Mg

Provider Type (PT)

- Effective for dates of service listed below the PT 10 (Podiatrist) can report the following CPT codes:

Code	Description	Effective Date
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq.cm; first 25 sq. cm or less wound surface area	04/02/2015
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq.cm; first 25 sq. cm wound surface area, or part thereof	04/02/2015
29999	Unlisted procedure, arthroscopy	04/01/2015

- Effective for dates of service on or after June 1, 2014 the following CPT and HCPCS codes have been added to the provider type 22 (Nursing Home):

Code	Description
36555	Insertion of non-tunneled centrally inserted central venous catheters catheter; younger than 5 years of age
36556	Insertion of non-tunneled centrally inserted central venous catheters catheter; age 5 years or older
36557	Insertion of tunneled centrally inserted central venous catheter; without subcutaneous port or pump; younger than 5 years of age
36558	Insertion of tunneled centrally inserted central venous catheter; without subcutaneous port or pump; age 5 years or older
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; 5 years of age or older
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36580	Replacement, complete, or a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
S5520	Home infusion therapy, all supplies (including catheter)

- Effective for dates of service October 1, 2015 the CPT code 29828 (Arthroscopy, Shoulder, Surgical; Biceps Tenodesis) has been added to the PT 19 (Registered Nurse Practitioner) with the modifier AS (PA SVCS for Assistant/At Surgery).

- Effective for dates of service on or after January 1, 2015 the PT 77 (BH Outpatient Clinic) can report the HCPCS codes S9484 (Crisis Intervention Mental Health Services, Per Hour) and S9485 (Crisis Intervention Mental Health Services, Per Diem).
- The HCPCS code T1015 (Clinic Visit/Encounter, All-Inclusive) has been added to PT IC (Integrated Clinics) with an effective date of 03/01/2012.
- Effective for dates of service on or after January 1, 2015 the PT09 (Certified Nurse-Midwife) can report the CPT code 96365 (Intravenous Infusion, for Therapy, Prophylaxis, or Dia).
- Effective for dates of service on or after January 1, 2016 the PT 19 (Registered Nurse Practitioner) can report the CPT code 24640 (Closed Treatment Of Dislocated Forearm Bone Of Elbow, Child) with the modifier AS (PA SVCS For Assistant/At Surgery).

Revenue Codes

Effective for dates of service on or after January 1, 2015 the CPT code 97608 (Negative Pressure Wound Therapy Surface Area Greater Than 50 Square Centimeters) can be reported with the following revenue codes:

Code	Description	Code	Description
0360	OR Services	0439	Other Occupational Therapy
0361	OR/Minor	0450	Emergency Room
0420	Physical Therapy	0510	Clinic
0421	Physical Therapy/Visit	0515	PEDS Clinic
0422	Physical Therapy/Hour	0516	Urgent Clinic
0423	Physical Therapy/Group	0517	Family Clinic
0429	Other Physical Therapy	0519	Other Clinic
0430	Occupational Therapy	0520	Freestand Clinic
0431	Occupational Therapy/Visit	0529	Other Fr/Std Clinic
0432	Occupational Therapy/Hour	0761	Treatment Room
0433	Occupational Therapy/Group	0940	Other RX SVS

- Effective for dates of service on or after January 1, 2016 the revenue code 0651 (Hospice/RTN Home) has been added to the HCPCS code G0299 (Direct Skilled Nursing Services of a Registered Nurse (RN) in the Home Health or Hospice Setting, Each 15 Minutes).

Codes

- Effective for dates of service on or after January 1, 2016 the following codes have been added to the PMMIS system. For Coverage Codes; Place of Service, Modifiers and all other information, refer to the appropriate reference screens:

Code	Description
0423T	Secretory type II phospholipase A2 (sPLA2-IIA)
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea
99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient evaluation and management service)
99416	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for outpatient evaluation and management service)
A4337	Incontinence supply, rectal insert, any type, each
C9458	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries
C9459	Flutemetamol f18, diagnostic, per study dose, up to 5 millicuries
C9460	Injection, cangrelor, 1 mg
D0251	Extra-oral posterior dental radiographic image
D0423	Genetic test for susceptibility to diseases - specimen analysis
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
J1833	Injection, isavuconazonium, 1 mg
J2407	Injection, oritavancin, 10 mg
J2502	Injection, pasireotide long acting, 1 mg
J2547	Injection, peramivir, 1 mg

Code	Description
J2860	Injection, siltuximab, 10 mg
J3090	Injection, tedizolid phosphate, 1 mg
J3380	Injection, vedolizumab, 1 mg
J7205	Injection, factor viii fc fusion (recombinant), per iu
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg
J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg
J8655	Netupitant 300 mg and palonosetron 0.5 mg
J9032	Injection, belinostat, 10 mg
J9271	Injection, pembrolizumab, 1 mg
J9299	Injection, nivolumab, 1 mg
P9071	Plasma (single donor), pathogen reduced, frozen, each unit
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml
Q9980	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg

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

C9137	Injection, Factor VIII (Antihemophilic Factor, Recombinant) PEGylated, 1 I.U.
C9138	Injection, Factor VIII (Antihemophilic Factor, Recombinant) (Nuwiq), 1 I.U.
C9461	Choline C 11, Diagnostic, Per Study Dose
C9470	Injection, Aripiprazole Lauroxil, 1 Mg
C9471	Hyaluronan Or Derivative, Hymovis, For Intra-Articular Injection, 1 Mg
C9472	Injection, Talimogene Laherparepvec, 1 Million Plaque Forming Units (PFU)
C9473	Injection, Mepolizumab, 1 Mg
C9474	Injection, Irinotecan Liposome, 1 Mg
C9475	Injection, Necitumumab, 1 Mg

- Effective for dates of service on or after April 1, 2016 the following codes have a coverage code of 10 (Non Pay Category 2 Codes):

G9481	<p>Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires these 3 key components:</p> <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. <p>Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.</p>
G9482	<p>Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires these 3 key components:</p> <ul style="list-style-type: none"> • An expanded problem focused history; • An expanded problem focused examination; • Straightforward medical decision making, furnished in real time using interactive audio and video technology. <p>Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.</p>
G9483	<p>Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires these 3 key components:</p> <ul style="list-style-type: none"> • A detailed history; • A detailed examination; • Medical decision making of low complexity, <p>furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.</p>
G9484	<p>Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires these 3 key components:</p> <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; • Medical decision making of moderate complexity, <p>furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.</p>
G9485	<p>Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires these 3 key components:</p> <ul style="list-style-type: none"> • A comprehensive history • A comprehensive examination; • Medical decision making of high complexity, furnished in real time using interactive audio and video technology. <p>Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.</p>

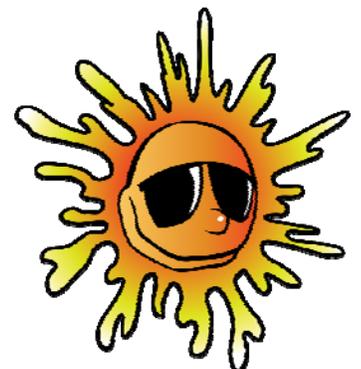
G9486	<p>Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires at least 2 of the following 3 key components:</p> <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; • Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.
G9487	<p>Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires at least 2 of the following 3 key components:</p> <ul style="list-style-type: none"> • An expanded problem focused history; • An expanded problem focused examination; • Medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.
G9488	<p>Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires at least 2 of the following 3 key components:</p> <ul style="list-style-type: none"> • A detailed history; • A detailed examination; • Medical decision making of moderate complexity, <p>furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.</p>
G9489	<p>Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires at least 2 of the following 3 key components:</p> <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; • Medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.
G9490	<p>Comprehensive Care for Joint Replacement model, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services. (for use only in the Medicare-approved Comprehensive Care for Joint Replacement model); may not be billed for a 30 day period covered by a transitional care management code.</p>
G9678	<p>Oncology Care Model (OCM) Monthly Enhanced Oncology Oncology Services (MEOS) payment for enhanced care management services for OCM beneficiaries. MEOS covers care management services for Medicare beneficiaries in a 6-month OCM Episode of Care triggered by the administration of chemotherapy. Enhanced care management services include services driven by the OCM practice requirements, including: 24/7 clinician access, use of an ONC-certified Electronic Health Record, utilization of data for quality improvement, patient navigation, documentation of care plans, and use of clinical guidelines. (G9678 may only be billed for OCM beneficiaries by OCM practitioners)</p>

Modifiers

- Effective for dates of service on or after January 1, 2011 the modifiers LT (Identifies left side) and RT (Identifies right side) have been added to the CPT code 29914 (Arthroscopy, Hip, Surgical; With Femoroplasty).
- Effective for dates of service on or after January 1, 2015 the specific modifiers KC (REPL Special PWR WC Interface); KE (Bid under round one of the dmeps comp B); KF (Item Designated by FD) have been added to the HCPCS codes

Code	Description	Modifier	Code	Description	Modifier
A4636	Replacement, hand-grip, cane, crutch, or walker,	KE	E2377	Power wheelchair accessory, expandable controller	KE
A4637	Replacement, tip, cane, crutch, walker, each	KE	E2381	Power wheelchair accessory, pneumatic drive wheel tire	KE
A7000	Canister, disposable, used with suction pump, each	KE	E2382	Power wheelchair accessory, tube for pneumatic drive	KE
E0764	Functional neuromuscular stimulation, transcutaneous	KF	E2383	Power wheelchair accessory, insert for pneumatic drive	KE
E0950	Wheelchair accessory, tray, each	KE	E2384	Power wheelchair accessory, pneumatic caster tire,	KE
E0951	Heel loop/holder, any type, with or without ankle strap	KE	E2385	Power wheelchair accessory, tube for pneumatic caster	KE
E0952	Toe loop/holder, any type, each	KE	E2386	Power wheelchair accessory, foam filled drive wheel	KE
E0955	Wheelchair accessory, headrest, cushioned, any type	KE	E2387	Power wheelchair accessory, foam filled caster tire	KE
E0956	Wheelchair accessory, lateral trunk or hip support	KE	E2388	Power wheelchair accessory, foam drive wheel tire	KE
E0957	Wheelchair accessory, medial thigh support, any type	KE	E2389	Power wheelchair accessory, foam caster tire, any size,	KE
E0960	Wheelchair accessory, shoulder harness/straps or chest	KE	E2390	Power wheelchair accessory, solid (rubber/plastic)	KE

E0973	Wheelchair accessory, adjustable height, detachable arm	KE		E2391	Power wheelchair accessory, solid (rubber/plastic) cast	KE
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap	KE		E2392	Power wheelchair accessory, solid (rubber/plastic) cast	KE
E0981	Wheelchair accessory, seat upholstery, replacement only, each	KE		E2394	Power wheelchair accessory, drive wheel excludes tire,	KE
E0982	Wheelchair accessory, back upholstery, replacement only, each	KE		E2395	Power wheelchair accessory, caster wheel excludes tire,	KE
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	KE		E2396	Power wheelchair accessory, caster fork, any size	KE
E0995	Wheelchair accessory, calf rest/pad, each	KE		E2601	General use wheelchair seat cushion, width less than 22	KE
E1002	Wheelchair accessory, power seating system, tilt only	KE		E2602	General use wheelchair seat cushion, width 22 inches	KE
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	KE		E2603	Skin Protection Wheelchair Seat Cushion, width Less than 22 inches	KE



E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	KE	E2604	Skin Protection Wheelchair Seat Cushion, width 22 inches or greater	KE
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	KE	E2605	Positioning Wheelchair Seat Cushion, width less than 22 inches, any depth	KE
E1006	Wheelchair accessory, power seating system, combination tilt and recline without shear reduction	KE	E2606	Positioning Wheelchair Seat Cushion, width 22 inches or Greater, any depth	KE
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	KE	E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	KE
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	KE	E2608	Skin protection and positioning wheelchair less	KE
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	KE	E2611	General use wheelchair back cushion, width less than 22 inches or greater, any depth	KE
E1016	Shock absorber for power wheelchair, each	KE	E2612	General Use Wheelchair back cushion, width 22 inches or greater	KE
E1020	Residual limb support system for wheelchair, any type	KE	E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches	KE
E1028	Shock absorber for power wheelchair, each	KE	E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater	KE
E1029	Wheelchair accessory, ventilator tray, fixed	KE	E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches	KE
E1030	Wheelchair accessory, ventilator tray, gimbaled	KE	E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater	KE

E2208	Wheelchair accessory, cylinder tank carrier, each	KE	E2619	Replacement cover for wheelchair seat cushion or back cushion, each	KE
E2209	Accessory, arm trough, with or without hand support, each	KE	E2620	Positioning wheelchair back cushion, planar back with lateral supports, width Less than 22 inches	KE
E2210	Wheelchair accessory, bearings, any type, replacement only	KE	E2621	Positioning wheelchair back cushion, planar back with lateral supports, width	KE
E2310	Power wheelchair accessory, electronic connection between wheelchair controller	KE	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches	KE
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics,	KE	E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater	KE
E2312	Power wheelchair accessory, hand or chin control interface	KC	E2624	Skin protection & positioning wheelchair seat cushion, adjustable, width less than 22 inches	KE
E2321	Power wheelchair accessory, hand control interface, remote joystick, Non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	KE	E2625	Skin protection & positioning wheelchair seat cushion, adjustable, width 22 inches or greater	KE
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	KE	K0015	Detachable, non-adjustable height armrest, each	KE
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	KE	K0017	Detachable, adjustable height armrest, base, replacement only	KE
E2324	Power wheelchair accessory, chin cup for chin control interface	KE	K0018	Detachable, adjustable height armrest, upper portion, replacement	KE
E2325	Power wheelchair accessory, sip and puff interface, non-proportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware	KE	K0019	Arm pad, each	KE

E2325	Power wheelchair accessory, sip and puff interface, non-proportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware	KE	K0019	Arm pad, each	KE
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	KE	K0020	Fixed, adjustable height armrest, pair	KE
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	KE	K0037	High mount flip-up footrest, each	KE
E2328	Power wheelchair accessory, head control or extremity control interface,	KE	K0038	Leg strap, each	KE
E2329	Power wheelchair accessory, head control interface, contact switch mechanism,	KE	K0039	Leg strap, h style, each	KE
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism,	KE	K0040	Adjustable angle footplate, each	KE
E2351	Power wheelchair accessory, electronic interface to operate speech generating	KE	K0041	Large size footplate, each	KE
E2361	Power wheelchair accessory, 22NF sealed lead acid battery,	KE	K0042	Standard size footplate, each	KE
E2363	Power wheelchair accessory, group 24 sealed lead acid battery	KE	K0043	Footrest, lower extension tube, each	KE
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	KE	K0044	Footrest, upper hanger bracket, each	KE

E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	KE	K0045	Footrest, complete assembly	KE
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	KE	K0046	Elevating leg rest, lower extension tube, each	KE
E2368	Power wheelchair component, drive wheel motor, replacement	KE	K0047	Elevating leg rest, upper hanger bracket, each	KE
E2369	Power wheelchair component, drive wheel gear box, replacement	KE	K0050	Ratchet assembly	KE
E2370	Power wheelchair component, integrated drive wheel motor	KE	K0051	Cam release assembly, footrest or leg rest, each	KE
E2371	Power wheelchair accessory, group 27 sealed lead acid	KE	K0052	Swing away, detachable footrests, each	KE
E2373	Power wheelchair accessory, hand or chin control interface	KC & KE	K0053	Elevating footrests, articulating (telescoping), each	KE
E2374	Power wheelchair accessory, hand or chin control	KE	K0098	Drive belt for power wheelchair	KE
E2375	Power wheelchair accessory, non-expandable controller	KE	K0195	Elevating leg rests, pair (for use with capped rental wheelchair)	KE
E2376	Power wheelchair accessory, expandable controller,	KE	K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery,	KE
			K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back	KF

Place of Service

- Effective for dates of service on or after January 1, 2015 the following CPT codes have additional POS added.

Code	Description	Place of Service
11004	Debridement Of Skin, Subcutaneous Tissue, Muscle	24 – Ambulatory Surgical Center
25690	Closed Treatment Of Lunate Dislocation, With Manipulation	21 – Inpatient Hospital
27524	Open Treatment of Patellar Fracture, With Internal	24 – Ambulatory Surgical Center
27536	Open Treatment Of Tibia Fracture, Proximal (Plateau)	22 – Outpatient Hospital
33270	Insertion Or Replacement Of Defibrillator With Electrode	22 – Outpatient Hospital
4048F	Documentation That Administration Of Prophylactic Pare	24 – Ambulatory Surgical Center
4250F	Active Warming Used Intraoperatively For The Purpose	24 – Ambulatory Surgical Center
4255F	Duration Of General Or Neuraxial Anesthesia 60 Minutes	24 – Ambulatory Surgical Center
43659	Unlisted Laparoscopy Procedure, Stomach	23 – Emergency Room - Hospital
80160*	Desipramine	11 - Office
80174*	Imipramine	11 - Office
95970	Electronic Analysis Of Implanted Neurostimulator Pulse	21 - Inpatient Hospital
		21 - Inpatient Hospital
		22 – Outpatient Hospital
G9363**	Duration Of Monitored Anesthesia Care (Mac) Or Peripheral Nerve Block (PNB)	24 – Ambulatory Surgical Center

Note: *Effective for 01/01/2014 to 12/31/2014.

**Effective for 01/01/2015 to 12/31/2015.

- Effective for dates of service on or after January 1, 2016 the CPT code 19328 (Removal of Mammary Implant Material) can be reported with the POS 23 Emergency Room - Hospital).
- Effective for dates of service November 1, 2014 the CPT code 26432 (Closed Treatment of Distal Extensor Tendon Insertion) can now be reported with the POS 11 (Office).



- Effective for dates of service on or after January 1, 2015 the HCPCS code A4602 (Replacement Battery for External Infusion Pump Owned by Patient, Lithium, 1.5 volt, each) has been added to the POS 12 (Home).
- Effective for the dates of service listed the following CPT/HCPCS codes have been added to the Place of Service 11 (Office).

Code(s)	Code Description	Effective Dates
00532	Anesthesia For Access To Central Venous Circulation	01/01/2015
01380	Anesthesia For All Closed Procedures On Knee Joint	01/01/2015
01916	Anesthesia For Diagnostic Arteriography/Venography	01/01/2015
01924	Anesthesia For Therapeutic Interventional Radiologic Procedure	01/01/2016
11450	Excision Of Skin And Subcutaneous Tissue For Hidradeniti	07/01/2015
24685	Open Treatment Of Ulnar Fracture, Proximal End	01/01/2015
25028	Incision And Drainage, Forearm and/or Wrist; Deep Abscess	01/01/2015
25071	Excision, Tumor, Soft Tissue Of Forearm and/or Wrist	01/01/2015
26115	Excision, Tumor Or Vascular Malformation, Soft Tissue	01/01/2015
27337	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area	07/01/2015
31267	Nasal/Sinus Endoscopy, Surgical, With Maxillary	01/01/2015
67015	Aspiration Or Release Of Vitreous, Subretinal Or Choroid	01/01/2015
69436	Tympanostomy (Requiring Insertion Of Ventilating Tube),	01/01/2015
69450	Tympanolysis, Transcanal	01/01/2015
78071	Parathyroid Planar Imaging (Including Subtraction	01/01/2015
83013	Helicobacter Pylori; Breath Test Analysis For Urease Act	01/01/2015
83014	Helicobacter Pylori; Drug Administration	01/01/2015
86803	Hepatitis C Antibody	01/01/2015
A4608	Transtracheal Oxygen Catheter, Each	01/01/2015
A4627	Spacer, Bag Or Reservoir, With Or Without Mask	01/01/2015
A4649	Surgical Supply; Miscellaneous	01/01/2015
E0445	Oximeter Device For Measuring Blood Oxygen Levels	01/01/2015
E0485	Oral Device/Appliance Used To Reduce Upper Airway	01/01/2015
E0600	Respiratory Suction Pump, Home Model, Portable Or Stationary	01/01/2015
E1353	Regulator	01/01/2015
E1354	Oxygen Accessory, Wheeled Cart For Portable Cylinder	01/01/2015
E1399	Durable Medical Equipment, Miscellaneous	01/01/2015
92611	Motion Fluoroscopic Evaluation Of Swallowing Function	01/01/2003
95886	Needle Electromyography, Each Extremity,	01/01/2012
95909	Nerve Transmission Studies, 5-6 Studies	01/01/2013

- Effective for January 1, 2016 the following codes) can be reported with the POS 19 (Off Campus-Outpatient Hospital).

- Effective for January 1, 2016 the following codes can be reported with the POS 19 (Off Campus-Outpatient Hospital).

Code(s)	Code Description
24685	Open Treatment Of Ulnar Fracture, Proximal End
27337	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area
31267	Nasal/Sinus Endoscopy, Surgical, With Maxillary
67015	Aspiration Or Release Of Vitreous, Subretinal Or Choroid
69436	Tympanostomy (Requiring Insertion Of Ventilating Tube),
78071	Parathyroid Planar Imaging (Including Subtraction
83013	Helicobacter Pylori; Breath Test Analysis For Urease Act
86803	Hepatitis C Antibody;
A4629	Tracheostomy Care Kit for Established Tracheostomy
A4649	Surgical Supply; Miscellaneous
E1399	Durable Medical Equipment, Miscellaneous
92611	Motion Fluoroscopic Evaluation Of Swallowing Function
95886	Needle Electromyography, Each Extremity,
95909	Nerve Transmission Studies, 5-6 Studies
95927	Short-Latency Somatosensory Evoked Potential Study
95909	Nerve Transmission Studies, 5-6 Studies
99420	Administration And Interpretation Of Health Risk Assessment
T1015	Clinic Visit/Encounter, All-Inclusive

