

# Inside this Edition

Age Change	1
Edit Change	
Coverage Codes	
End Date	2
Edit Change	
FFS Rates for New Am- bulance Provider	
Outpatient Hospital Cost -to-Charge Ratios for 10/01/2016	
Modifier(s)	3
Place of Service	4-6
Provider Type	7
Revenue Code	8

# **ENCOUNTER KEYS**

## Age Change

The Minimum 000 Year and maximum age 999 has been changed for the ICD-10 Procedure Code 3E0134Z (Introduction of Serum/Tox/ Vaccine Into Subc,).

# Edit Change

## Edit P595 - POD PROVIDER TYPE NOT COV FOR ADULTS

Please note that this edit has been updated to a status of **off/N** effective for dates of service 10/1/2016 forward, per the legislative direction. Any questions please contact Lori Petre.



# **Coverage Codes**

- Effective for dates of service on or after June 16, 2016 the HCPCS codes D0190 (Screening of a Patient) and D0191 (Assessment of a Patient) has had their coverage code changed to 01 (Covered Service/Code Available.
- Effective for dates of service on or after December 1, 2015 the coverage code of 02 (Not Covered Service/Code Available) 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 09 (Medicare Only) has been changed to 01 (Covered Service/Code Available) for the HCPCS code G0424 (Pulmonary Rehabilitation, Including Exercise).
- Effective for dates of service on or after October 1, 2015 the coverage code has been changed to 01 (Covered Service/Code Available) for diagnosis procedure code 02RF38Z (Replacement of Aortic Valve with Zooplastic).

#### End Date

Effective for April 30, 2015 the modifier 80 (Assistant Surgeon) has been end dated for the following codes for Provider Type 19 (Registered Nurse Practitioner):

Code	Description
22845	Insertion Of Anterior Spinal Instrumentation For Spinal Stabilization, 2
	To 3 Vertebral Segments
22851	Insertion Of Spinal Instrumentation For Spinal Stabilization

#### FFS Rates for New Ambulance Provider

AHCCCS has established FFS reimbursement rates for Timber Mesa Fire and Medical, provider #093135. The rates for this provider are 68.59% of the rates established by the Department of Health Services, Bureau of Emergency Medical Services, and are effective for dates of service on and after 11/23/2015. Questions concerning AHCCCS reimbursement rates for emergency ground ambulance providers may be directed to Victoria.Burns@azahcccs.gov or Bala.Angrish@azahcccs.gov.

## **OUTPATIENT HOSPITAL COST-TO-CHARGE RATIOS FOR 10/01/2016**

It has been brought to our attention that the Outpatient Hospital Cost-to-Charge Ratios for 10/01/2016 were omitted from the provider extract files. The omission is being corrected. The Outpatient Hospital Cost-to-Charge Ratios for 10/01/2016 are:

Statewide Urban: 0.162

Statewide Rural: 0.234

Questions about this update may be directed to <u>Victoria.Burns@azahcccs.gov</u>.

# **Modifier(s)**

• Effective for the dates of service listed below, the following modifiers have been added to HCPCS and/or CPT codes:

Code	Description	Modifier	Effective Date
A0382	BLS Routine Disposable Sup-	HS - Family/Couple Without	09/01/2014
	plies		
V2784	Lens, Polycarbonate Or Equal,	KK - Inhale SOL CMPD FDA/D	11/01/2014
	Any Index, Per Lens		
J9305	Injection, Pemetrexed, 10 mg	59 – Distinct Procedural Service	01/01/2015
G0434	Drug screen, other than chro-	90 - Reference (Outside) Laboratory	01/01/2015
	matographic; any number of		
	drug classes, by CLIA waived		
	test or moderate complexity		
	test, per patient encounter.		
A5512	For Diabetics Only, Multiple	KX – Requirements Specified	01/01/2015
	Density Insert,		
G0283	Electrical Stimulation	SZ – Habilitative Services	01/01/2015
	(Unattended), To One or More		
	Areas		
Q4031	Cast Supplies, Long Leg Cast,	50 – Bilateral Procedure	10/13/2015
	Pediatric (0-10 Years)		
25111	Excision Of Ganglion, Wrist	AS - PA SVCS for Assistant	01/01/2015
	(Dorsal Or Volar); Primary		
37765	Stab Phlebotomy of Varicose	AS - PA SVCS for Assistant	01/01/2015
	Veins, One Extremity; 10-2		
47147	Preparation Of Donor Liver	51 – Multiple Procedures	01/01/2016
	For Transplantation		
80301	Drug Screen	59 – Distinct Procedural Services	01/01/2016
80302	Drug Screen	59 – Distinct Procedural Services	01/01/2016
80320	Alcohols Levels	59 – Distinct Procedural Services	01/01/2016
80329	Analgesics Levels	59 – Distinct Procedural Services	01/01/2016
81025	Urine Pregnancy Test, By Vis- ual Color Comparison Method	AS – PA SVCS for Assistant	01/01/2016

Code	Description	Modifier	Effective Date
90460	Immunization Administration	EP - EPSDT SVS/AMB TRIP EC	03/01/2015
90620	Meningococcal Recombinant Protein & Other Outer Mem-	SL – State Supplied Vaccine	02/01/2015
99213	Established Patient Office or Other Outpatient Visit, Typi-	GT – VIA Interactive Audio	01/01/2015
99285	Emergency Department Visit, Problem with Significant	AG – Primary Physician	01/01/2016
99396	Established Patient Periodic Preventive Medicine Examina-	EP - EPSDT SVS/AMB TRIP EC	03/01/2015

#### **Place of Service (POS)**

- Effective for dates of service on or after January 1, 2016 the POS 11 (Office) can be reported with the CPT codes 01924 (Anesthesia for Therapeutic Interventional Radiologic Procedure) and 22899 (Spine Procedure).
- Effective for dates of service on or after November 1, 2015 the CPT codes listed below can now be reported at the following facilities:

Code	Description	Place of Service
27170	Bone Graft Of Upper Thigh Bone And Hip Joint	22 – Outpatient Hospital
		24 – Ambulatory Surgical Center

- Effective for dates of service on or after October 1, 2015 the POS 19 (Off Campus-Outpatient Hospital); 22 (Outpatient Hospital) and 24 (Ambulatory Surgical Center) can be reported with the CPT code 63267 (Removal of Lower Spine Bone and Growth).
- Effective for dates of service on or after January 1, 2015 the following codes have been added with their respective POS:

• Effective for dates of service on or after January 1, 2015 the POS 53 (Community Mental Health Center) has been added to the following CPT codes:

Code	Description	
90832	Psychotherapy, 30 Minutes With Patient and/or Family Member	
90833	Psychotherapy, 30 Minutes With Patient and/or Family Member	
90834	Psychotherapy, 45minutes With Patient and/or Family Member	
90836	Psychotherapy, 45 Minutes With Patient and/or Family Member	
90837	Psychotherapy, 60 Minutes With Patient and/or Family Member	
90838	Psychotherapy, 60 Minutes With Patient and/or Family Member	

- Effective for dates of service on or after January 1, 2015 the POS 11 (Office) has been added to the CPT code 80050 (General Health Panel).
- Effective for dates of service on or after January 1, 2016 the following POS have been added to the CPT code 81162 (Gene analysis (Breast Cancer 1 and 2).

POS	Description
19	Off Campus-Outpatient Hospital
21	Inpatient Hospital
22	Outpatient Hospital
81	Independent Laboratory
99	Other Unlisted Facility

- Effective for dates of service on or after January 1, 2016 the POS 11 (Office) has been added to the CPT code 26113 (Excision, Tumor, Soft Tissue, or Vascular Malformation) and 26116 (Excision, Tumor, Soft Tissue, or Vascular Malformation).
- Effective for dates of service on or after January 1, 2015 the POS 13 (Assisted Living Facility) has been added to the HCPCS code E2323 (Power Wheelchair Accessory, Specialty Joystick Handle).
- Effective for dates of service on or after August 1, 2015 the POS 23 (Emergency Room Hospital) has been added to the CPT code 99053 (Services Provided Between 10:00 PM and 8:00 AM at a 24-hour facility).
- Effective for dates of service on or after January 1, 2016 the POS 14 (Group Home) has been added to the CPT code 90471 (Immunization Administration (Includes Percutaneous) and 90472 (Immunization Administration) (Includes Percutaneous,).

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

Code	Description
80160	Desipramine
80174	Imipramine

- Effective for dates of service **beginning January 1, 2015 and ending December 31, 2015** the HCPCS Code G9363 (Duration of Monitored Anesthesia Care (MAC) or Periphera) can be reported with the POS 21 (Inpatient Hospital), 22 (Outpatient Hospital) and 24 (Ambulatory Surgical Center).
- Effective for dates of service listed below the following POS's can now be reported.

Code	Description	Place of Service	Effective Date
4048F	Documentation That Administration	24 - Ambulatory Surgical Center	01/01/2015
4250F	Active Warming Used Intraoperatively	24 - Ambulatory Surgical Center	01/01/2015
4255F	Duration Of General Or Neuraxial An-	24 - Ambulatory Surgical Center	01/01/2015
11004	Removal Of Infected Skin, Tissue Or	24 - Ambulatory Surgical Center	01/01/2015
15758	Free Fascial Flap with Microvascular Anastomosis	<ul><li>19 – Off Campus-Outpatient Hospital</li><li>22 – Outpatient Hospital</li></ul>	06/01/2015
25690	Closed Treatment Of Dislocated Wrist	21 - Inpatient Hospital	01/01/2015
27536	Open Treatment Of Broken Shin Bone	22 - Outpatient Hospital	01/01/2015
59020	Fetal Contraction Stress Test	23 – Emergency Room - Hospital	01/01/2015
66984	Extracapsular Cataract Removal with Insertion of Lens	23 – Emergency Room - Hospital	01/01/2015
80050	General Health Panel	11 - Office	01/01/2015
90471	Administration Of 1 Vaccine)	14 – Group Home	01/01/2016
90472	Administration Of Vaccine	14 – Group Home	01/01/2016
95970	Electronic Analysis Of Implanted Brain Spinal Cord Or Peripheral Neu-	21 - Inpatient Hospital	01/01/2015
99053	Services provided between 10:00 PM and 8:00 AM at a 24-Hour Facility	23 – Emergency Room - Hospital	08/01/2015

#### **Provider Type**

- Effective for January 1, 2016 the PT 09 (Certified Nurse-Midwife) can now report the CPT codes 59514 (Cesarean Delivery Only).
- Effective for January 1, 2015 the PT 09 (Certified Nurse-Midwife) can now report the CPT code 96365 (Intravenous Infusion, for Therapy, Prophylaxison, or Diagnosis).
- 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, 2015 the Provider Type 19 (Registered Nurse Practitioner) can report the following codes:

Code	Description
J3489	Injection, Zoledronic Acid, 1 mg
26011	Drainage Of Finger Abscess; Complicated (e.g., Felon)
43659	Unlisted Laparoscopy Procedure, Stomach
49650	Laparoscopy, Surgical; Repair Initial Inguinal Hernia
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 31 (DO-Physician Osteopath) can now report the following CPT codes:



## **Revenue Code**

- The rev code 0636 (Drugs/Detail Coding) has been added to the HCPCS code J1644 (Injection, Heparin Sodium, Per 1000 Units).
- Effective for dates of service on or after January 1, 2016 the HCPCS code 99150 (Moderate Sedation Services by Physician or Health Care Provider Not Performing A Procedure) can be reported with the following revenue codes:

Revenue code	Description
0370	Anesthesia
0371	Anesthesia/Incident Ra
0372	Anesthesia/Incident Od
0379	Anesthesia/Other
0963	Pro Fee/Anesthesia MD
0964	Pro Fee/Anesthesia RN

- Effective for dates of service on or after January 1, 2016 the HCPCS code C2623 (Catheter, Transluminal Angioplasty, Drug-Coated) has been added to the revenue code 0272 (Med-Sur Supplies).
- Effective for dates of service on or after January 1, 2015 the revenue code 0790 (ESWT) can be reported with the CPT code 52356 (Crushing of Stone In Urinary Duct (Ureter) With Stent Using An Endoscope).
- Effective for dates of service on or after October 1, 2015 the revenue code 0490 (Ambulatory Surgical Center) along with the CPT code 63267 (Removal of Lower Spine Bone and Growth) has been added to RF773 (Revenue Codes-To-Procedure Codes) table.

