

ENCOUNTER KEYS

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Category of Service (COS)

Effective for dates of service on or after January 1, 2017 the COS 02 (Surgery) has been added to the CPT code 37246 (Balloon dilation of artery, accessed through the skin or by open procedure, with imaging including radiological supervision and interpretation).

The Category of Service Code 24 (Adult Day Health Service) has been added to the reference screen RF603 (Category of Service Code).

Codes

Effective for dates of service on or after June 14, 2017 the coverage code for the CPT code 59072 (Fetal Umbilical Cord Occlusion, Including Ultrasound Guidance) has been changed to 01 (Covered Service/Code Available); also on RF124 (Procedure Prior Authorization) screen the code has been changed to 3 (PA Required for both acute and LTC).

Gender

The gender indicator has been removed from the following ICD-10 codes

Z64.1	Problems Related to Multiparity
N99.840	Postprocedural Hematoma of a Genitourinary System
N99.841	Postprocedural Hematoma of a Genitourinary System



Coverage Code(s)

Effective for the dates of service listed the following codes have an AHCCCS coverage code listed.

Code	Description	Coverage Code	Effective Date Of Service
89310	Semen analysis; Motility and Count	04 - Not Covered Service/Code Not Available	1/1/2004
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	01 – Covered Service/Code Available	7/1/2017
96125	Standardized thought processing testing, interpretation	01 - Covered Service/Code Available	1/1/2017
96160	Administration of patient-focused health risk assessment	01 - Covered Service/Code Available	1/1/2017
96161	Administration of caregiver-focused health risk assessment	01 - Covered Service/Code Available	1/1/2017
02RG3JH	Replacement of mitral valve with synthetic substitute, transapical, percutaneous approach	01 – Covered Service/Code Available	10/1/2015
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	01 – Covered Service/Code Available	7/1/2017
0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report: first lesion	04 - Not Covered Service/Code Not Available	7/1/2017
0471T	Optical coherence tomography (OCT) for microstructural	04 - Not Covered Service/Code Not Available	7/1/2017
0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (e.g., retinal prosthesis),	04 - Not Covered Service/Code Not Available	7/1/2017
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (e.g., retinal prosthesis),	01 – Covered Service/Code Available	7/1/2017
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	01 – Covered Service/Code Available	7/1/2017
0475T	Recording of fetal magnetic cardiac signal using at least 3 channels;	01 – Covered Service/Code Available	7/1/2017
0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage	01 – Covered Service/Code Available	7/1/2017
0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result	01 – Covered Service/Code Available	7/1/2017
0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional	01 – Covered Service/Code Available	7/1/2017

04V03E6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach	01 - Covered Service/ Code Available	10/1/2016
04VC3EZ	Restriction of Right Common Iliac Artery with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach	01 - Covered Service/ Code Available	10/1/2016
C9489	Injection, Nusinersen, 0.1 mg	01 - Covered Service/ Code Available	7/1/2017
C9490	Injection, Bezlotoxumab, 10 mg	01 - Covered Service/ Code Available	7/1/2017
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	01 - Covered Service/ Code Available	7/1/2017
C9746	Transperineal Implantation Of Permanent Adjustable Balloon Continence Device, With Cystourethroscopy When Performed and/or Fluoroscopy, When Performed	01 - Covered Service/ Code Available	7/1/2017
C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (hifu), including imaging guidance	01 - Covered Service/ Code Available	7/1/2017
G97.63	Postprocedural seroma of a nervous system organ or structure following a nervous system procedure	01 - Covered Service/ Code Available	10/1/2016
G97.64	Postprocedural seroma of a nervous system organ or structure following other procedure	01 - Covered Service/ Code Available	10/1/2016
G9862	Documentation of Medical Reason(s) for Not Recommending	10 - Non Pay Category 2 Codes.	1/1/2017
HZ34ZZZ	Indiv Counsel for Substance Abuse Treatment	01 - Covered Service/ Code Available	10/1/2015
J3357	Ustekinumab, For Subcutaneous Injection, 1 mg	01 - Covered Service/ Code Available	1/1/2011
J95.862	Postprocedural Seroma of a Respiratory System	01 - Covered Service/ Code Available	10/1/2016
K0553	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	01 - Covered Service/ Code Available	7/1/2017
K0554	Receiver (monitor) Dedicated For Use With Therapeutic Glucose Continuous Monitor System	01 - Covered Service/ Code Available	7/1/2017
N94.11	Superficial (introital) dyspareunia	01 - Covered Service/ Code Available	10/1/2016
Q9984	Levonorgestrel-Releasing Intrauterine Contraceptive System (Kyleena), 19.5mg	01 - Covered Service/ Code Available	7/1/2017
Q9985	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	01 - Covered Service/ Code Available	7/1/2017
Q9986	Injection, hydroxyprogesterone caproate (makena), 10 mg	01 - Covered Service/ Code Available	7/1/2017
Q9987	Pathogen(s) Test For Platelets	01 - Covered Service/ Code Available	7/1/2017
Q9988	Platelets, pathogen reduced, each unit	01 - Covered Service/ Code Available	7/1/2017

Q9989	Ustekinumab, For Intravenous Injection, 1 mg	01 - Covered Service/ Code Available	7/1/2017
S02.80XB	Description-fracture of other specified skull	01 - Covered Service/ Code Available	10/1/2016
XNS0032	Reposition of lumbar vertebra using magnetical	01 - Covered Service/ Code Available	10/1/2016
XNS4032	Reposition of lumbar vertebra using magnetically controlled growth rod(s), percutaneous endoscopic approach, new technology group 2	01 - Covered Service/ Code Available	10/1/2016

Edit:

The edit has been updated with the following changes:

Receipt Date: 10/01/2017

R535 ALTCS EPD NOT ALLOWED FOR HCPCS T1016

Mode 1: HIPAA ENC

Begin DOS: 10/01/2017

Receipt Date: 10/01/2017

Form Type: "A"

Set to: "Y" Pend

Adj lvl: 80

Loc: 91

Form Types: I/P, O/P, Drug, Dental set to "N" off for this edit.

Mode 2 & 6 edit is set to "N" off for this edit.

Reinsurance mode 1, 2, 6:

Form Type: all form types

Set to: "N" Off

Reminder Regarding Timeliness of Encounter Submissions

As previously communicated:

- Beginning with dates of service 10/1/17 forward AHCCCS will initiate enforcement of the current 240 day Contract Language for the submission of Encounters;
- This enforcement will necessitate the development of a New Edit R805 as outlined below;
- Unique to this new edit, it will be applied upon initial submission of Encounters and once failed and logged will not persist when the Encounter is next edited or recycled;
- Failure of this edit will result in the generation of specific monthly reports which will be reviewed with each MCO and will be subject to sanctions once finalized for each month.

- Beginning with dates of service 10/1/18 forward AHCCCS intends to change the current 240 day Contract Language for the submission of Encounters to 210 days;
- This enforcement of this timeframe distinctly from the timeframe for Encounters with dates of service 10/1/17 through 9/30/18, will necessitate the development of a New Edit R806 as outlined below;
- Again, unique to this new edit, it will be applied upon initial submission of Encounters and once failed and logged will not persist when the Encounter is next edited or recycled;
- Failure of this edit will result in the generation of specific monthly reports which will be reviewed with each MCO and will be subject to sanctions once finalized for each month.

Edits

The following new edits have been added to PMMIS:

R805 ENCOUNTER SUBMISSION GREATER THAN 240 DAYS

Begin DOS: 10/01/2017	Receipt Date: 10/01/2017
Mode: 1	
Form Types: A, C, D, I, L, O	Set to: "Y" pend
Adj Level: 03	Location: 91

R806 ENCOUNTER SUBMISSION GREATER THAN 210 DAYS

Begin DOS: 10/01/2018	Receipt Date: 10/01/2018
Mode: 1	
Form Types: A, C, D, I, L, O	Set to: "Y" pend
Adj Level: 03	Location: 91

Reinsurance

Mode: 1, 2, 6

Set to "N"

All form types

Further information will be discussed at the next Technical Consortium.

Modifier

Effective for dates of service listed below the modifiers can now be reported on the following codes

Code	Description	Modifier	Effective Date of Service
97165	Occupational Therapy Evaluation; Low Complexity Required	GO - OP Occupational Therapy	01/01/2017
97168	Re-Evaluation of Occupational Therapy Established Plan	GO - OP Occupational Therapy	01/01/2017
A9575	Injection, Gadoterate Meglumine, 0.1 ml	JW - Drug Amt Discarded/ Not Administered to Any Patient	01/01/2014
H0038	Self-Help/Peer Services, Per 15 Minutes	GT – Telemedicine – Via Interactive Audio/Video	10/01/2016
H0038	Self-Help/Peer Services, Per 15 Minutes	HQ - Via Asynchronous Telecommunications System	10/01/2016
H2014	Skills Training And Development, Per 15 Minutes	GT – Telemedicine – Via Interactive Audio/Video	01/01/2017
J1640	Injection, Hemin, 1 mg	JW - Drug Amt Discarded/Not Administered to Any Patient	01/01/2016
J1745	Injection, Infliximab, Excludes Biosimilar, 10 mg	JW - Drug Amt Discarded/Not Administered to Any Patient	01/01/2016
S5110	Home Care Training, Family; Per 15 Minutes	GT – Telemedicine – Via Interactive Audio/Video	10/01/2016

Place of Service (POS)

Effective for dates of service on or after January 1, 2017 the following POS have been added to the HCPCS codes listed below:

	CODES					
	A4224 - Supplies for Maintenance of Insulin Infusion Catheter	A4225 - Supplies for External Insulin Infusion Pump,	A4467 - Belt, Strap, Sleeve, Garment, or Covering, Any Type	A4453 - Non-Disposable Underpads, All Sizes	A9285 - Inversion/Eversion Correction Device	A9286 - Hygienic Item or Device, Disposable or Non-Disposable
Place of Service						
05 - Indian Health Service Free-Standing	x	x	x	x	x	x
06 - Indian Health Service	x	x	x		x	x
07 - Tribal 638 Free-Standing Facility	x	x	x	x	x	x
08 - Tribal 638 Provider-Based Facility	x	x	x		x	x
11 - Office	x	x	x	x	x	x
12 - Home	x	x	x	x	x	x
19 - Off Campus-Outpatient Hospital	x	x	x		x	x
20 - Urgent Care Facility			x	x		
21 - Inpatient Hospital			x			
22 Outpatient Hospital	x	x	x		x	x
23 - Emergency Room - Hospital			x			
24 - Ambulatory Surgical Center			x			
25 - Birthing Center			x			
31 - Skilled Nursing Facility	x	x	x	x		
32 - Nursing Facility	x	x	x	x		
33 - Custodial Care Facility	x	x	x	x		
34 - Hospice	x	x	x			
41 - Ambulance - Land			x			
42 - Ambulance - Air or Water			x			
49 - Independent Clinic			x	x	x	x
50 - Federally Qualified Health Center	x	x	x	x	x	x

	CODES					
	A4224 - Supplies for Maintenance of Insulin In- fusion Catheter	A4225 - Supplies for Exter- nal Insu- lin Infu- sion Pump,	A4467 - Belt, Strap, Sleeve, Garment, or Cover- ing, Any Type	A4453 - Non- Disposa- ble Un- derpads, All Sizes	A9285 - In- version/ Eversion Correction Device	A9286 - Hygien- ic Item or De- vice, Dispos- able or Non- Dispos- able
Place of Service						
55 - Residential Substance Abuse Treatment Center	x	x				
61 - Comprehensive Inpatient Rehab Facility			x			
62 - Comprehensive Outpatient Rehab Facility	x	x	x		x	x
71 - State or Local Public Health Clinic	x	x	x	x		
72 - Rural Health Clinic	x	x	x	x	x	x
99 - Other Unlisted Facility	x	x	x	x	x	x

Provider Type (PT)

Effective for the dates of service listed below the following codes can be reported by the provider types:

Code	Description	Provider Type	Effective Begin Date
14301*	Tissue Transfer Repair Of Wound (30.1 To 60.0 sq centimeters)	18 – Physician’s Assistant	1/1/2016
23455*	Reattachment Of Shoulder Joint Capsule And Cartilage	19 - Registered Nurse Practitioner	1/1/2016
23930	Drainage of Abscess or Blood Accumulation at Upper Arm or Elbow	19 – Registered Nurse Practitioner	1/1/2016
25240*	Partial Removal Of Forearm Bone	19 - Registered Nurse Practitioner	1/1/2016
25275*	Repair Of Forearm and/or Wrist Tendon Covering With Graft	19 - Registered Nurse Practitioner	1/1/2016
26111*	Removal (1.5 Centimeters or Greater) Tissue Beneath the Skin Growth of Hand or Finger	19 - Registered Nurse Practitioner	1/1/2016
26113*	Removal (1.5 Centimeters or Greater) Muscle Growth of Hand or Finger	19 - Registered Nurse Practitioner	1/1/2016
26536*	Repair of Finger Joint	19 - Registered Nurse Practitioner	1/1/2016
27514*	Open Treatment of Broken Thigh Bone	19 - Registered Nurse Practitioner	1/1/2016
27705*	Incision of Shin Bone	19 - Registered Nurse Practitioner	1/1/2016
27822*	Open Treatment of Broken Ankle	19 - Registered Nurse Practitioner	1/1/2016
28298*	Correction of Bunion	19 - Registered Nurse Practitioner	1/1/2016
29838*	Removal Of Elbow Tissue Or Frayed Cartilage From All Joint Compartments Using An Endoscope	19 - Registered Nurse Practitioner	1/1/2016
29846*	Removal Or Repair Of Wrist Joint Lining Using An Endoscope	19 - Registered Nurse Practitioner	1/1/2016
31231	Diagnostic Examination Of Nasal Passages Using An Endoscope	19 – Registered Nurse Practitioner	3/1/2017
31525*	Diagnostic Examination Of Voice Box Using An Endoscope	19 – Registered Nurse Practitioner	3/1/2017
31575	Diagnostic Examination Of Voice Box Using Flexible Endoscope	19 – Registered Nurse Practitioner	3/1/2017
50431	Injection Procedure For X-Ray Imaging Of Kidney And Urinary Duct (Ureter)	18 - Physician’s Assistant	4/1/2016

Note: *Modifier AS (PA SVCS for Assistant/at surgery) required.

Code	Description	Provider Type	Effective Begin Date
50432	Placement Of Catheter Of Kidney, Accessed Through The Skin Using Imaging Guidance With Radiological Supervision And Interpretation	18 - Physician's Assistant	4/1/2016
50435	Replacement Of Kidney Drainage Catheter Accessed Through The Skin With Imaging And Radiological Supervision And Interpretation	18 - Physician's Assistant	4/1/2016
92609	Therapeutic Services For Use Of Speech-Generating Device With Programming	13 – Occupational Therapist	3/1/2017
95910	Nerve Transmission Studies, 7-8 Studies	62 Audiologist	1/1/2016
95911	Nerve Transmission Studies, 9-10 Studies	62 Audiologist	1/1/2016
95912	Nerve Transmission Studies, 11-12 Studies	62 Audiologist	1/1/2016
95913	Nerve Transmission Studies, 13 Or More Studies	62 Audiologist	1/1/2016
95940	Continuous Monitoring Of Nervous System During Operation, Each 15 Minutes	62 Audiologist	1/1/2016
95941	Continuous Monitoring Of Nervous System During Operation, Per Hour	62 Audiologist	1/1/2016
96160	Administration And Interpretation Of Patient-Focused Health Risk Assessment	19 – Registered Nurse Practitioner	1/1/2017
96160	Administration And Interpretation Of Patient-Focused Health Risk Assessment	18 – Physician's Assistant	1/1/2017
96161	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment	19 – Registered Nurse Practitioner	1/1/2017
96161	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment	18 – Physician's Assistant	1/1/2017
G0299	Direct Skilled Nursing Services Of A Registered Nurse	03 - Pharmacy	5/23/2017
H2014	Skills Training And Development, Per 15 Minutes	95 – Non-Medicare Certified Home HTH Agencies	5/1/2017
T1020	Personal Care Services, Per Diem, Not For An Inpatient Or Resident Of A Hospital,	95 – Non-Medicare Certified Home HTH Agencies	5/1/2017

