



## ENCOUNTER KEYS

March-April 2017

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### Encounter File Processing Schedule

The Current Encounter Processing Schedule has been placed on the AHCCCS website for April - June 2017 and July - September 2017.

<https://www.azahcccs.gov/PlansProviders/Downloads/Encounters/>

### Code Updates

Effective for dates of service on or after October 1, 2016 the gender indicator has been changed to F (female) for the ICD-10 Diagnosis code N94.11 (superficial (Introital) Dyspareunia).

- Effective for dates of service on or after October 1, 2016 the ICD-10 code K91.872 (Postprocedural Seroma of a Digestive System) has been added to the PMMIS system, with the coverage code of 01 (Covered Service/Code Available) and with a minimum age of 000 Y and maximum age of 999 Y
- Effective for dates of service on or after October 1, 2016 the following ICD-10 code has been added to the system M96.842 Postprocedural seroma of a musculoskeletal structure following a musculoskeletal system procedure and M96.843 (Postprocedural Seroma of a Musculoskeletal).
- Effective for dates of service on or after October 1, 2015 the ICD-10 code F06ZDZZ (Swallowing Dysfunction Treatment) has the age limits changed to 000 year – 999 years.
- The minimum and maximum ages have been changed for the ICD-10 Diagnosis code R62.50 (Unspecified lack of expected normal physiological development in childhood) to minimum age 000 year and maximum age 999 years.

The AHCCCS Coverage Code has been changed to 04 (Not Covered Service/Code Not Available) with an effective date of December 31, 2016 for the following codes:

Code	Description
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

- Effective for dates of service on or after October 1, 2016 the ICD-10 Procedure Code 04V03EZ (Restriction Of Abdominal Aorta With Branched) has been added to the PMMIS system.
- Effective for dates of service on or after January 5, 2017 the HCPCS code S9110 (Telemonitoring Of Patient In Their Home, Including All Necessary Equipment; Computer System, Connections, And Software; Maintenance; Patient Education and Support; Per Month) has had its coverage code changed to 01 (Covered Service/Code Available).
- Effective for dates of service on or after January 1, 2017 the coverage code for the CPT codes 96125 (Standardized Thought Processing Testing, Interpretation) 96160 (Administration of Patient-Focused Health Risk Assessment) and 96161 (Administration of Caregiver-Focused Health Risk Assessment) have been changed to 01 (Covered Service/Code Available).
- Effective for dates of service on or after October 1, 2015 the coverage code for the ICD-10 code HZ34ZZZ (Indiv Counsel for Substance Abuse Treatment, Inter) now has a coverage code of 01 (Covered Service/Code Available).

- Effective for dates of service listed 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:

Codes	Description	Effective Begin Date
C1842	Retinal prosthesis, includes all internal and external components	01/01/2017
G0659	(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), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes)	01/01/2017
C9484	Injection, eteplirsen, 10 mg	04/01/2017
C9485	Injection, olaratumab, 10 mg	04/01/2017
C9486	Injection, granisetron extended release, 0.1 mg	04/01/2017
C9487	Ustekinumab, for intravenous injection, 1 mg	04/01/2017
C9488	Injection, conivaptan hydrochloride, 1 mg	04/01/2017
K0400	Continuous positive airway pressure (CPAP) device bundle, includes CPAP device and all accessories, subject to DMEPOS competitive bidding program in specified competitive bidding areas	04/01/2017
J95.862	Postprocedural Seroma of a Respiratory System	10/01/2016

**Modifier(s)**

- Effective for dates of service on or after January 1, 2016 the modifier JW (Drug Amount Discarded/Not Administered to Any Patient) has been added to the system.

<b>Code</b>	<b>Description</b>
J0490	Injection, Belimumab, 10 mg
J0583	Injection, Bivalirudin, 1 mg
J0894	Injection, Decitabine, 1 mg
J1640	Injection, Hemin, 1 mg
J1745	Injection, Infliximab, Excludes Biosimilar, 10 mg
J9070	Cyclophosphamide, 100 mg
J9299	Injection, Nivolumab, 1 mg
Q9968	Injection, Non-Radioactive, Non-Contrast, Visualization

- The modifier GT (Telemedicine) and GQ (VUA Asynchronous Telecommunications System) have been removed from the HCPCS code H2014 (Skills Training and Development, Per 15 minutes and H0038 (Self-Help/Peer Services, Per 15 Minutes).

**Modifier(s)**

Effective for the dates of service the following modifiers have been added an/or deleted to the system:

Code	Description	Modifier(s)	Begin Date
Q5101	Injection, Filgrastim (G-CSF) Biosimilar, 1 Microgram	ZA Novartis/Sando	01/01/2016
J0583	Injection, Bivalirudin, 1 mg	JW Drug Amount Discarded/No	01/01/2016
22551	Arthrodesis, Anterior Interbody, Including Disc Space	XE Separate ENC, A Serv That is Distinct XP Separate Practitioner XS Separate Structure, XU Unusual Non-Overlapping 59 Distinct Procedural Service	01/01/2016 –RF121 01/01/2015 on RF122 and RF132
80305	Drug Test(s) Presumptive, Any Number of Drug Classes	XE Separate Encounter, A Service That is Distinct XP Separate Practitioner XS Separate Structure, XU Unusual Non-Overlapping 59 Distinct Procedural Service	01/01/2017
80306	Drug Test(s) Presumptive, Any Number of Drug Classes	XE Separate ENC, A Serv That is Distinct XP Separate Practitioner XS Separate Structure, XU Unusual Non-Overlapping 59 Distinct Procedural Service	01/01/2017
80307	Drug Test(s) Presumptive, Any Number of Drug Classes	XE Separate ENC, A Serv That is Distinct XP Separate Practitioner XS Separate Structure, XU Unusual Non-Overlapping 59 Distinct Procedural Service	01/01/2017

**Place of Service (POS)**

Effective for dates of service on or after January 1, 2016 the following codes can be reported with the following POS:

<b>Code</b>	<b>Description</b>	<b>Place of Service</b>	<b>Effective Begin Date</b>
22552	Arthrodesis, Anterior Interbody, Including Disc Space	24 Ambulatory Surgical Center	01/01/2015
22585	Arthrodesis, Anterior Interbody Technique,	24 Ambulatory Surgical Center	01/01/2015
22840	Posterior Non-Segmental Instrumentation	24 Ambulatory Surgical Center	01/01/2015
22845	Anterior Instrumentation; 2 To 3 Vertebral Segments	24 Ambulatory Surgical Center	01/01/2015
36901	Insertion Of Needle And/Or Catheter Into Dialysis Circuit, With Imaging Including Radiological Supervision And Interpretation	11 - Office	01/01/2017
36902	Insertion Of Needle And/Or Catheter Into Dialysis Circuit And Balloon Dilation Of Dialysis Segment, With Imaging Including Radiological Supervision And Interpretation	11 - Office	01/01/2017
36903	Insertion Of Needle And/Or Catheter Into Dialysis Circuit And Insertion Of Stent In Dialysis Segment, With Imaging Including Radiological Supervision And Interpretation	11 - Office	01/01/2017
36904	Excision Of Blood Clot And/Or Infusion To Dissolve Blood Clot In Dialysis Circuit And Balloon Dilation Of Dialysis Segment, Accessed Through The Skin, With Imaging Including Radiological Supervision And Interpretation	11 - Office	01/01/2017
36905	Excision Of Blood Clot And/Or Infusion To Dissolve Blood Clot In Dialysis Circuit And Balloon Dilation Of Dialysis Segment, Accessed Through The Skin, With Imaging Including Radiological Supervision And Interpretation	11 - Office	01/01/2017
36906	Excision Of Blood Clot And/Or Infusion To Dissolve Blood Clot And Balloon Dilation Of Dialysis Segment, Accessed Through The Skin, With Imaging Including Radiological Supervision And Interpretation	11 - Office	01/01/2017
36907	Balloon Dilation Of Dialysis Segment, Accessed Through The Skin, With Imaging Including Radiological Supervision And Interpretation	11 - Office	01/01/2017
36908	Insertion Of Stent In Dialysis Segment, With Imaging Including Radiological Supervision And Interpretation	11 - Office	01/01/2017
36909	Permanent Blockage Of Dialysis Circuit, With Imaging Including Radiological Supervision And Interpretation	11 - Office	01/01/2017
46083	Incision of Thrombosed Hemorrhoid, External	21-Inpatient Hospital	01/01/2017
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve	24 Ambulatory Surgical Center	01/01/2015
63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve	24 Ambulatory Surgical Center	01/01/2015
96118	Neuropsychological Testing, Interpretation and Report B	31 - Skilled Nursing Facility	01/01/2016
99152	Moderate Sedation Services By Physician Also Performing A Procedure, Patient 5 Years Of Age Or Older, First 15 Minutes	11 - Office	01/01/2017

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99153	Moderate Sedation Services By Physician Also Performing A Procedure, Additional 15 Minutes	11 - Office	01/01/2017
99325	New Patient Assisted Living Visit, Typically 30 Minutes	12 - Home	01/01/2016
99326	New Patient Assisted Living Visit, Typically 45 Minutes	12 - Home	01/01/2016
99334	Established Patient Assisted Living Visit, Typically 15 Minutes	12 - Home	01/01/2016
99335	Established Patient Assisted Living Visit, Typically 25 Minutes	12 - Home	01/01/2016
A4520	Incontinence Garment, Any Type, (E.G., Brief, Diaper), Each	13 - Assisted Living Facility	01/01/2016



**Provider Type**

Effective for dates of service on or after February 1, 2017 the following codes may be reported by provider type 10 (Podiatrist):

CODE	DESCRIPTION	CODE	DESCRIPTION
Q4100	Skin substitute, not otherwise specified	Q4138	Biodfence dryflex, per square centimeter
Q4101	Apligraf, per square centimeter	Q4139	Amniomatrix or biodmatrix, injectable, 1 cc
Q4102	Oasis wound matrix, per square centimeter	Q4140	Biodfence, per square centimeter
Q4103	Oasis burn matrix, per square centimeter	Q4141	Alloskin ac, per square centimeter
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	Q4142	Xcm biologic tissue matrix, per square centimeter
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter	Q4143	Repriza, per square centimeter
Q4106	Dermagraft, per square centimeter	Q4145	Epifix, injectable, 1 mg
Q4107	Graftjacket, per square centimeter	Q4146	Tensix, per square centimeter
Q4108	Integra matrix, per square centimeter	Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter
Q4110	Primatrix, per square centimeter	Q4148	Neox 1k, per square centimeter
Q4111	Gammagraft, per square centimeter	Q4149	Excellagen, 0.1 cc
Q4112	Cymetra, injectable, 1 cc	Q4150	Allowrap ds or dry, per square centimeter
Q4113	Graftjacket xpress, injectable, 1 cc	Q4151	Amnioband or guardian, per square centimeter
Q4114	Integra flowable wound matrix, injectable, 1 cc	Q4152	Dermapure, per square centimeter
Q4115	Alloskin, per square centimeter	Q4153	Dermavest and plurivest, per square centimeter
Q4116	Alloderm, per square centimeter	Q4154	Biovance, per square centimeter
Q4117	Hyalomatrix, per square centimeter	Q4155	Neoxflo or clarixflo, 1 mg
Q4118	Matristem micromatrix, 1 mg	Q4156	Neox 100, per square centimeter
Q4119	Matristem wound matrix, per square centimeter	Q4157	Revitalon, per square centimeter
Q4120	Matristem burn matrix, per square centimeter	Q4158	Marigen, per square centimeter
Q4121	Theraskin, per square centimeter	Q4159	Affinity, per square centimeter
Q4122	Dermacell, per square centimeter	Q4160	Nushield, per square centimeter
Q4123	Alloskin rt, per square centimeter	Q4161	Bio-connekt wound matrix, per square centimeter
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	Q4162	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogena, amniogen-c, 0.5 cc

Q4125	Arthroflex, per square centimeter	Q4163	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	Q4164	Helicoll, per square centimeter
Q4127	Talymed, per square centimeter	Q4165	Keramatrix, per square centimeter
Q4128	Flex hd, allopatch hd, or matrix hd, per square centimeter	Q4166	Cytal, per square centimeter
Q4129	Unite biomatrix, per square centimeter	Q4167	Truskin, per square centimeter
Q4130	Strattice tm, per square centimeter	Q4168	Amnioband, 1 mg
Q4131	Epifix or epicord, per square centimeter	Q4169	Artacent wound, per square centimeter
Q4132	Grafix core, per square centimeter	Q4170	Cygnus, per square centimeter
Q4133	Grafix prime, per square centimeter	Q4171	Interfyl, 1 mg
Q4134	Hmatrix, per square centimeter	Q4172	Puraply or puraply am, per square centimeter
Q4135	Mediskin, per square centimeter	Q4173	Palingen or palingen xplus, per square centimeter
Q4136	Ez-derm, per square centimeter	Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc
Q4137	Amnioexcel or biodexcel, per square centimeter	Q4175	Miroderm, per square centimeter

Effective for dates of service listed the following providers can now report the CPT codes:

<b>Code</b>	<b>Description</b>	<b>ProviderType</b>	<b>Effective Beginning Date</b>
23930	Drainage of Abscess or Blood Accumulation at Upper Arm or Elbow	19 - Registered Nurse Practitioner	1/1/2016
31231	Diagnostic Examination Of Nasal Passages 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) using Imaging guidance including radiological supervision and interpretation	18 - Physician's Assistant	4/1/2016
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
72081	X-Ray Of Spine, 1 View	IC - Integrated Clinics	10/1/2016
72082	X-Ray Of Spine, 2 Or 3 Views	IC - Integrated Clinics	10/1/2016
73502	X-Ray Of Hip With Pelvis, 2-3 Views	IC - Integrated Clinics	10/1/2016
73521	X-Ray Of Both Hips With Pelvis, 2 Views	IC - Integrated Clinics	10/1/2016
73552	X-Ray Of Femur, Minimum 2 Views	IC - Integrated Clinics	10/1/2016
90460	Administration Of First Vaccine Or Toxoid Component Through 18 Years Of Age With Counseling	IC - Integrated Clinics	10/1/2016
90461	Administration Of Vaccine Or Toxoid Component Through 18 Years Of Age With Counseling	IC - Integrated Clinics	10/1/2016
90651	Vaccine For Human Papilloma Virus (3 Dose Schedule) Injection Into Muscle	IC - Integrated Clinics	10/1/2016
90688	Vaccine For Influenza For Administration Into Muscle, 0.5 ml Dosage	IC - Integrated Clinics	10/1/2016
90791	Psychiatric Diagnostic Evaluation	IC - Integrated Clinics	10/1/2016
90792	Psychiatric Diagnostic Evaluation with Medical Services	IC - Integrated Clinics	10/1/2016
92609	Therapeutic Services For Use Of Speech-Generating Device With Programming	13 - Occupational Therapist	3/1/2017
96372	Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention	IC - Integrated Clinics	10/1/2016

**Revenue Code**

Effective for dates of service listed the following Revenue Codes have been added to the procedure codes:

<b>Revenue Code</b>	<b>Procedure Code</b>	<b>Description</b>	<b>Effective Begin Date</b>
0424 - Physical Therapy/ Evaluation	97161	Evaluation Of Physical Therapy, Typically 20 Minutes	01/01/2017
0424 - Physical Therapy/ Evaluation	97162	Evaluation Of Physical Therapy, Typically 30 Minutes	01/01/2017
0424 - Physical Therapy/ Evaluation	97163	Evaluation Of Physical Therapy, Typically 45 Minutes	01/01/2017
0424 - Physical Therapy/ Evaluation	97164	Re-Evaluation Of Physical Therapy, Typically 20 Minutes	01/01/2017
0434 – Occupational Ther- apy/Evaluation	97165	Evaluation Of Occupational Therapy, Typically 30 Minutes	01/01/2017
0434 – Occupational Ther- apy/Evaluation	97166	Evaluation Of Occupational Therapy, Typically 45 Minutes	01/01/2017
0434 – Occupational Ther- apy/Evaluation	97167	Evaluation Of Occupational Therapy Established Plan Of Care,	01/01/2017
0434 – Occupational Ther- apy/Evaluation	97168	Re-Evaluation Of Occupational Therapy Estab- lished Plan Of Care, Typically 30 Minutes	01/01/2017
0790 – Lithotripsy	47999	Bile Duct Procedure	01/01/2017