“I think we are at the dawn of a new era in commercial space exploration.”  
Elon Musk

**Age Change**

The following ICD-10 Diagnosis Codes have had the minimum and maximum ages changed. The minimum age has been changed to 000 year and maximum age 999 year.

**Bill Type Code Description**

The Bill Type Code descriptions have been updated on the reference screen RF706.

### NEW DESCRIPTIONS

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<tr>
<th>CODE</th>
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### OLD DESCRIPTIONS

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<th>CODE</th>
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<tbody>
<tr>
<td>340</td>
<td>HM HLTH FAC, Lab Services Non PT, Zero Pay</td>
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<tr>
<td>341</td>
<td>HHA OP Other Admit Thru Discharge</td>
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<tr>
<td>342</td>
<td>HHA OP Other Interim 1st Claim</td>
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<td>HHA OP Other Interim Con’t Claim</td>
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<td>HHA OP Other Interim_Last Claim</td>
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<td>HHA OP Other Late Charge(s) Only Claim</td>
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<td>HHA OP Other Replacement of Prior Claim</td>
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<td>HHA OP Other Void/Canc Prior Claim</td>
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<td>HM Health Facility Lab SVCS Non PT Final HH PPS</td>
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**Code Changes**

Effective March 1, 2018 the following codes now have an AHCCCS coverage of 04 (Not Covered Service/Code Not Available).

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<td>H0046</td>
<td>Mental Health Services, Not Otherwise Specified</td>
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<td>S9986</td>
<td>Not Medically Necessary Service (Patient Is Aware That Service Not Medically Necessary)</td>
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<td>97127</td>
<td>Therapeutic Interventions that Focus on Cognitive Function</td>
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<td>97810</td>
<td>Acupuncture 1 Or More Needles, First 15 Minutes</td>
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<td>97811</td>
<td>Acupuncture, 1 Or More Needles</td>
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<tr>
<td>97813</td>
<td>Acupuncture 1 Or More Needles With Electrical Stimulation, First 15 Minutes</td>
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<tr>
<td>97814</td>
<td>Acupuncture 1 Or More Needles With Electrical Stimulation and Re-insertion of Needles</td>
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- Effective for dates of service on or after January 1, 2018 the HPCS code G0515 (Development of Cognitive Skills to Improve Attention) now has a coverage code of 01 (Covered Service/Code Available).

"Time is not measured by clocks but by Moments."
**Coverage Code Change**

Effective for dates of service on or after October 1, 2017 the following ICD-10 codes now have an AHCCCS Coverage code of 04 (Not Covered Service/Code Not Available), on RF221.

| S06.1X7D | S06.337D | S06.378D |
| S06.1X7S | S06.337S | S06.378S |
| S06.1X8D | S06.338D | S06.387D |
| S06.1X8S | S06.338S | S06.387S |
| S06.2X7D | S06.347D | S06.388D |
| S06.2X7S | S06.347S | S06.388S |
| S06.2X8D | S06.348D | S06.4X7D |
| S06.2X8S | S06.348S | S06.4X7S |
| S06.307D | S06.357D | S06.4X8D |
| S06.307S | S06.357S | S06.4X8S |
| S06.308D | S06.358D | S06.5X7D |
| S06.308S | S06.358S | S06.5X7S |
| S06.317D | S06.367D | S06.5X8D |
| S06.317S | S06.367S | S06.5X8S |
| S06.318D | S06.368D | S06.6X7D |
| S06.318S | S06.368S | S06.6X7S |
| S06.327D | S06.377D | S06.6X8D |
| S06.327S | S06.377S | S06.6X8S |
| S06.328D | S63.132D | S63.817D |
| S06.817S | S63.132S | S63.142S |
| S06.818D | S63.133A | S63.143A |
| S06.818S | S63.133D | S63.143D |
| S06.827D | S63.133S | S63.143S |
| S06.827S | S63.134A | S63.144A |
| S06.828D | S63.134D | S63.144D |
| S06.828S | S63.134S | S63.144S |
| S06.897D | S63.135A | S63.145A |
| S06.897S | S63.135D | S63.145D |
| S06.898D | S63.135S | S63.145S |
| S06.898S | S63.136A | S63.146A |
| S06.9X7D | S63.136D | S63.146D |
| S06.9X7S | S63.136S | S63.146S |
| S06.9X8D | S63.141A |       |
| S06.9X8S | S63.141D |       |
| S63.131A | S63.141S |       |
| S63.131D | S63.142A |       |
| S63.131S | S63.142D |       |

| S63.132A | S06.328S |       |
Modifier

Effective for dates of service on or after January 1, 2018 the modifier FY (X-Ray Taken Using Computer) has been added to the specific screens for the CPT codes listed.

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Effective for dates of service listed the modifiers have been added to them.

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<td>Nasal/Sinus Endoscopy, Surgical With Ethmoidectomy</td>
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Effective for March 31, 2018 the modifiers listed have been end dated on RF114 and RF119.

ZA       NOVARTIS/SANDOZ
ZB       PFIZER/HOSPIRA
ZC       MERCK/SAMSUNG BIOEPIS

Effective for dates of service on or after January 1, 2018 the modifiers JG (DRUG 340B PRICE DSCT) and TB (DRUG OR BIOLOGICAL AC ) has been added to the reference screen (RF121).

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Effective for dates of service on or after January 1, 2018 the modifier JG (Drug 340B Price Dsct Pro) and TB (Drug or Biological Acqui) have been added to the following HCPCS codes on RF121 screen.

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<td>INJECTION, PERTUZUMAB, 1 MG</td>
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<td>J9031</td>
<td>BCG (INTRAVESICAL) PER INSTILLATION</td>
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<td>INJECTION, PRALATREXATE, 1 MG</td>
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<td>INJECTION, RAMUCIRUMAB, 5 MG</td>
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<td>INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG</td>
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<td>INJECTION, BLINATUMOMAB, 1 MICROGRAM</td>
<td>J9320</td>
<td>INJECTION, STREPTOZOCIN, 1 GRAM</td>
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<td>J9041</td>
<td>INJECTION, BORTEZOMIB, 0.1 MG</td>
<td>J9328</td>
<td>INJECTION, TEMOZOLOMIDE, 1 MG</td>
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<td>INJECTION, BRENTUXIMAB VEDOTIN, 1 MG</td>
<td>J9330</td>
<td>INJECTION, TEMSIROLIMUS, 1 MG</td>
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<td>INJECTION, CABAZITAXEL, 1 MG</td>
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<td>J9047</td>
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<td>INJECTION, CARMUSTINE, 100 MG</td>
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<td>J9055</td>
<td>INJECTION, CETUXIMAB, 10 MG</td>
<td>J9357</td>
<td>INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG</td>
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<td>J9065</td>
<td>INJECTION, CLADRIBINE, PER 1 MG</td>
<td>J9371</td>
<td>INJECTION, VINCRISE SULFATE LIPO-SOME, 1 MG</td>
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<td>INJECTION, CYTARABINE LIPO-SOME, 10 MG</td>
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<td>INJECTION, ZIV-AFLIBERCEPT, 1 MG</td>
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<td>J9120</td>
<td>INJECTION, DACTINOMYCIN, 0.5 MG</td>
<td>J9600</td>
<td>INJECTION, PORFIMER SODIUM, 75 MG</td>
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<td>INJECTION, DAUNORUBICIN, 10 MG</td>
<td>P9041</td>
<td>INFUSION, ALBUMIN (HUMAN), 5%, 50 ML</td>
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<td>J9155</td>
<td>INJECTION, DEGARELIX, 1 MG</td>
<td>P9045</td>
<td>INFUSION, ALBUMIN (HUMAN), 5%, 250 ML</td>
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<td>J9171</td>
<td>INJECTION, DOCETAXEL, 1 MG</td>
<td>P9046</td>
<td>INFUSION, ALBUMIN (HUMAN), 25%, 20 ML</td>
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<td>J9179</td>
<td>INJECTION, ERIBULIN MESYLATE, 0.1 MG</td>
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<td>INFUSION, ALBUMIN (HUMAN), 25%, 50 ML</td>
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<tr>
<td>J9185</td>
<td>INJECTION, FLUDARABINE PHOSPHATE, 50 MG</td>
<td>Q0138</td>
<td>INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY anemia, 1 mg (NON-ESRD USE)</td>
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<tr>
<td>J9202</td>
<td>GOSERELIN ACETATE IMPLANT, PER 3.6 MG</td>
<td>Q0139</td>
<td>INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)</td>
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<tr>
<td>J9207</td>
<td>INJECTION, IXABEPILONE, 1 MG</td>
<td>Q2009</td>
<td>INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT</td>
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<tr>
<td>J9211</td>
<td>INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG</td>
<td>Q2017</td>
<td>INJECTION, TENIPOSIDE, 50 MG</td>
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<tr>
<td>J9214</td>
<td>INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION</td>
<td>Q2040</td>
<td>TISAGENLECLEUCEL, UP TO 250 MILLION CAR-POSITIVE VIALBLE T CELLS, INCLUDING LEUKAPHHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION</td>
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<tr>
<td>J9216</td>
<td>INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS</td>
<td>Q2043</td>
<td>SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION</td>
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<td>J9217</td>
<td>LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG</td>
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<td>INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG</td>
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<td>J9218</td>
<td>LEUPROLIDE ACETATE, PER 1 MG</td>
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<td>INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG</td>
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<td>J9225</td>
<td>HISTRELIN IMPLANT (VANTAS), 50 MG</td>
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<td>INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE</td>
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<td>Code</td>
<td>Description</td>
<td>Add-On Code</td>
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<td>J9226</td>
<td>HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG</td>
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<td>J9228</td>
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<td>INJECTION, MECHLORETHAMINE HYDROCHLORIDE</td>
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<td>J9245</td>
<td>INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG</td>
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<td>J9261</td>
<td>INJECTION, NELARABINE, 50 MG</td>
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<td>J9262</td>
<td>INJECTION, OMACETAXINE MEPESUCCINATE 0.01 MG</td>
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**Add-On Codes:**
- **Q9968** INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE BLUE, ISOSULFAN BLUE), 1 MG
- **Q9969** TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER STUDY DOSE
- **Q9979** INJECTION, ALEMTUZUMAB, 1 MG
- **Q9981** ROLAPITANT, ORAL, 1 MG
- **Q9986** INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG
Effective for dates of service on or after January 1, 2017 the modifiers GQ (VUA ASYNCHRONOUS TELECOM) and GT (TELEMEDICINE - VIA INTER) have been added to the PMMIS screens.

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Place of Service (POS)

Effective for dates of service on or after January 1, 2017 the following codes can be reported with the POS 12 (Home):

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<tr>
<th>Code</th>
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<td>0359T</td>
<td>Behavior Identification Assessment</td>
</tr>
<tr>
<td>0360T</td>
<td>Observational Behavioral Follow-Up Assessment First 30 Minutes</td>
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<tr>
<td>0361T</td>
<td>Observational Behavioral Follow-Up Assessment Additional 30 Minutes</td>
</tr>
<tr>
<td>0362T</td>
<td>Exposure Behavioral Follow-Up Assessment First 30 Minutes</td>
</tr>
<tr>
<td>0363T</td>
<td>Exposure Behavioral Follow-Up Assessment Each Additional 30 Minutes</td>
</tr>
<tr>
<td>0364T</td>
<td>Behavior Treatment By Protocol Administered By Technician First 30 Minutes</td>
</tr>
<tr>
<td>0365T</td>
<td>Behavior Treatment By Protocol Administered By Technician Each Additional 30 Minutes</td>
</tr>
<tr>
<td>0366T</td>
<td>Group Behavior Treatment By Protocol Administered By Technician First 30 Minutes</td>
</tr>
<tr>
<td>0367T</td>
<td>Group Behavior Treatment By Protocol Administered By Technician Each Additional 30 Minutes</td>
</tr>
<tr>
<td>0368T</td>
<td>Behavior Treatment With Protocol Modification Administered By Physician Or Other Qualified Health Care Professional First 30 Minutes</td>
</tr>
<tr>
<td>0369T</td>
<td>Behavior Treatment With Protocol Modification Administered By Physician Or Other Qualified Health Care Professional Each Additional 30 Minutes</td>
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<tr>
<td>0370T</td>
<td>Family Behavior Treatment Guidance Administered By Physician</td>
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<tr>
<td>0371T</td>
<td>Multiple-Family Group Behavior Treatment Guidance Administered By Physician Or Other Qualified Health Care Professional</td>
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<tr>
<td>0372T</td>
<td>Behavior Treatment Social Skills Group Administered By Physician</td>
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<td>0373T</td>
<td>Behavior Treatment With Protocol Modification First 60 Minutes</td>
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<tr>
<td>0374T</td>
<td>Behavior Treatment With Protocol Modification Additional 30 Minutes</td>
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</tbody>
</table>

“If you spend too much time thinking about a thin, you’ll never get it done.”

Bruce Lee
**Provider Type**

- Effective for dates of service on or after January 1, 2017 the Provider Type 11 (Psychologist) can now report the following CPT codes:

<table>
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<th>Code</th>
<th>Description</th>
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<td>99201</td>
<td>New Patient Office Or Other Outpatient Visit, Typically 10 Minutes</td>
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<tr>
<td>99202</td>
<td>New Patient Office Or Other Outpatient Visit, Typically 20 Minutes</td>
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<tr>
<td>99203</td>
<td>New Patient Office Or Other Outpatient Visit, Typically 30 Minutes</td>
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<tr>
<td>99204</td>
<td>New Patient Office Or Other Outpatient Visit, Typically 45 Minutes</td>
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<tr>
<td>99205</td>
<td>New Patient Office Or Other Outpatient Visit, Typically 60 Minutes</td>
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<tr>
<td>99212</td>
<td>Established Patient Office Or Other Outpatient Visit, Typically 10 Minutes</td>
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<td>99213</td>
<td>Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes</td>
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<td>99214</td>
<td>Established Patient Office Or Other Outpatient Visit, Typically 25 Minutes</td>
</tr>
<tr>
<td>99215</td>
<td>Established Patient Office Or Other Outpatient Visit, Typically 40 Minutes</td>
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</table>

- Effective for dates of service listed below, the following provider types can now report the codes listed.

<table>
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<th>Provider Type</th>
<th>Code</th>
<th>Description</th>
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<td>10 - Podiatrist</td>
<td>20900</td>
<td>Small Bone Graft Harvest</td>
<td>06/01/2017</td>
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<tr>
<td>19 - Registered Nurse Practitioner</td>
<td>31237</td>
<td>Biopsy Or Removal Of Nasal Polyp Or Tissue Using An Endoscope</td>
<td>01/01/2017</td>
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<tr>
<td>43 – Ambulatory Surgical Center</td>
<td>37246</td>
<td>Balloon Dilation Of Artery, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation</td>
<td>01/01/2017</td>
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<tr>
<td>10 – Podiatrist</td>
<td>64776</td>
<td>Removal Of Growth Of Finger Or Toe Nerve</td>
<td>06/01/2017</td>
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</table>

**Revenue Code**

Effective for dates of service on or after July 1, 2017 the revenue code 0636 (Drugs/Detail Coding) can be reported with the HCPCS code J2182 (Injection, Mepolizumab, 1 mg).