



# ENCOUNTER KEYS

July-August 2019

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## Age Limit

The age limit has been changed for the CPT code 77076 (X-ray Survey of Bones, Infant) to Minimum Age: = 000 Year and Maximum Age: = 001 Year.

## Encounter Processing Schedule

The Current (July - September) and Future (October - December) Encounter Processing Schedule have been updated on the AHCCCS website.

[https://www.azahcccs.gov/PlansProviders/HealthPlans/encounters.html#Encounter\\_Processing\\_Schedules](https://www.azahcccs.gov/PlansProviders/HealthPlans/encounters.html#Encounter_Processing_Schedules)

## Category of Service

Effective for dates of service on or after January 1, 2019 the Category of Service has been changed to 47 (Mental Health) on RF769 for the following codes.

Code	Description
97151	Behavior Identification Assessment By Qualified Health Care Professional, Each 15 Minutes
97152	Behavior Identification Assessment By Technician Under Direction Of Qualified Health Care Professional, Each 15 Minutes
97153	Adaptive Behavior Treatment By Protocol, Administered By Technician Under Direction Of Qualified Health Care Professional To One Patient, Each 15 Minutes
97154	Adaptive Behavior Treatment By Protocol, Administered By Technician Under Direction Of Qualified Health Care Professional To Multiple Patients, Each 15 Minutes
97155	Adaptive Behavior Treatment With Protocol Modification Administered By Qualified Health Care Professional To One Patient, Each 15 Minutes
97156	Family Adaptive Behavior Treatment Guidance By Qualified Health Care Professional (With Or Without Patient Present), Each 15 Minutes
97157	Family Adaptive Behavior Treatment Guidance By Qualified Health Care Professional Without Patient Present, Each 15 Minutes
97158	Group Adaptive Behavior Treatment With Protocol Modification Administered By Qualified Health Care Professional To Multiple Patients, Each 15 Minutes

The Category of Service has been changed to 45 (Rehab) on RF769 for the following codes.

Code	Description
97112	Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes
97116	Walking Training To 1 Or More Areas, Each 15 Minutes
97124	Therapeutic Massage To 1 Or More Areas, Each 15 Minutes
97127	One-On-One Therapeutic Interventions Focused On Thought Processing & Strategies To Manage Activities
97139	Therapeutic Procedure
97140	Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes
97150	Therapeutic Procedures In A Group Setting
97161	Evaluation of Physical Therapy, Typically 20 Minutes
97162	Evaluation of Physical Therapy, Typically 30 Minutes
97163	Evaluation of Physical Therapy, Typically 45 Minutes
97164	Re-Evaluation of Physical Therapy, Typically 20 Minutes
97165	Evaluation of Occupational Therapy, Typically 30 Minutes
97166	Evaluation of Occupational Therapy, Typically 45Minutes
97167	Evaluation of Occupational Therapy Established Plan of Care, Typically 60 Minutes
97168	Re-Evaluation of Occupational Therapy Established Plan Of Care, Typically 30 Minutes
97169	Evaluation Of Athletic Training, Typically 15 Minutes
97170	Evaluation Of Athletic Training, Typically 30 Minutes
97171	Evaluation Of Athletic Training, Typically 45 Minutes
97172	Evaluation Of Occupational Therapy, Typically 45 Minutes

### **Description Modifier Updated**

The description for the modifier SP has been updated to read “NH/SNF Visit Single Patient/Scene of Accident to Physicians Office”.

**Codes**

The following codes have been added to the PMMIS system, for further information refer to the appropriate screens.

Code	Description	Code	Description
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) e.g., drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, Polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	0074U	CYP2D6 (cytochrome P450, family 2) subfamily D, polypeptide 6)
0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6)
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 (MMP-1),	0076U	CYP2D6 (cytochrome P450, Family 2, Subfamily D, polypeptide 6) (e.g., drug metabolism)
0068U	Candida species panel (C. albicans, C. glabrata, C.parapsilosis, C. kruseii, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species	0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6)	0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification
0005U	Oncology (Prostate) Gene Expression Profile By Real-Time RT-PCR OF 3 Genes (ERG,		

**Modifiers**

Effective for dates of service on or after January 1, 2019 the following modifiers have been added to the CPT code 11103 (Tangential Biopsy of Additional Skin Lesion) on the reference screens.

Modifiers & Descriptions	Modifiers & Descriptions
AI Principal Physician of Record	Q5 Recip Bill Arr Subs M
ET Emergency Treatment	Q6 Fee/Time Comp Subst M
EY No Phys/Other Lic Hth	RT Identifies Right Side
E1 Upper Left, Eyelid	SG Amb Surg Ctr (ASC) Facility
E2 Lower Left, Eyelid	TA Left Foot, Great Toe
E3 Upper Right, Eyelid	T1 Init Visit 1st Tri/Le
E4 Lower Right, Eyelid	T2 Init Visit 2nd Tri/Le
FA Left Hand, Thumb	T3 Init Visit 3rd Tri/Le
F1 Left Hand, Second Digit	T4 Left Foot, Fifth Digit
F2 Left Hand, Third Digit	T5 Right Foot, Great Toe
F3 Left Hand, Fourth Digit	T6 Right Foot, Second Digit
F4 Left Hand, Fifth Digit	T7 Right Foot, Third Digit
F5 Right Hand, Thumb	T8 Right Foot, Fourth Digit
F6 Right Hand, Second Digit	T9 Right Foot, Fifth Digit
F7 Right Hand, Third Digit	XE Separate Enc, A Serv
F8 Right Hand, Fourth Digit	XP Separate Practitioner
F9 Right Hand, Fifth Digit	XS Separate Structure, A
GA Req Liability Notice	XU Unusual Non-Overlapping
GC Teaching Physician Se	22 Unusual Procedural Se
GJ "Opt Out" Phys Or Pra	23 Unusual Anesthesia
GK Actual Item/Svs By Ph	47 Anesthesia By Surgeon
GR Amb Trip Hosp-Based D	52 Reduced Services
GU Waiver Of Liability S	53 Discontinued Procedure
GY Item/Svs Statutorily	58 Staged/Related Proc S
GZ Item/Svs Exp To Be De	59 Distinct Procedural S
KX Requirements Specific	76 Repeat Procedure By S
LT Identifies Left Side	77 Repeat Procedure/Anot
PT Colorectal Cancer Scr	78 Return To O.R. For Re
QJ Med Dir Emp Anes 4 Pr	79 Unrelated Proc/Svc,Sa
	99 Multiple Modifiers

Effective for dates of service listed, the following modifiers have been added to the system:

<b>Code</b>	<b>Description</b>	<b>Modifier</b>	<b>Effective Begin Date</b>
21073	Manipulation Of Temporomandibular Joint(s) (TMJ), THERA	58 - Stage/Related Proc Same Post-OP Period	03/01/18
27279	Fusion Sacroiliac Joint through the Skin or Minimally Invasive Using Image Guidance	Q5 - RECIP BILL ARR SUBS M	07/01/18
27279	Fusion Sacroiliac Joint through the Skin or Minimally Invasive Using Image Guidance	Q6 - FEE/TIME COMP SUBST M	07/01/18
36415	Collection Of Venous Blood By Venipuncture	Q0 - Invest Clinical Research	10/01/18
36415	Collection Of Venous Blood By Venipuncture	Q1 - Cert Mycosis Toenail/Routine Clinic Research	10/01/18
42810	Removal of Congenital Skin and Tissue Cyst	50 - Bilateral Procedure Pay 50%	10/01/18
50694	Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision and Interpretation	LT - Identifies Left Side Body	10/1/18
50694	Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation	RT - Identifies Right Side Body	10/01/18
59025	Fetal Non-Stress Test	Q5 - Recip Bill Arr Subs Md Or Pt	07/01/17
59025	Fetal Non-Stress Test	Q6 - Fee/Time Comp Subst Md Or Pt	07/01/17
73221	MRI Scan Of Arm Joint	Q5 Recip Bill Arr Subs MD O	07/01/17
73221	MRI Scan Of Arm Joint	Q6 Fee/Time Comp Subst MD O	07/01/17
73721	MRI Scan Of Leg Joint	Q5 Recip Bill Arr Subs MD O	07/01/17
73721	MRI Scan Of Leg Joint	Q6 Fee/Time Comp Subst MD O	07/01/17
80053	Blood Test, Comprehensive Group Of Blood Chemicals	Q0 - Invest Clinical Research	10/01/18
80053	Blood Test, Comprehensive Group Of Blood Chemicals	Q1 - Cert Mycosis Toenail/Routine Clinic Research	10/01/18
82247	Bilirubin Level	AY - Item or Service Furnished to an ESRD Patient	01/01/18
82274	Stool Analysis For Blood	AY - Item or Service Furnished to an ESRD Patient	01/01/18
82945	Glucose (Sugar) Level On Body Fluid	AY - Item or Service Furnished to an ESRD Patient	01/01/18

83615	Lactate Dehydrogenase (LD), (LDH);	Q0 - Invest Clinical Research	10/01/18
83615	Lactate Dehydrogenase (LD), (LDH);	Q1 - Cert Mycosis Toenail/Routine Clinic Research	10/01/18
83615	Lactate Dehydrogenase (LD), (LDH);	AY - Item or Service Furnished to an ESRD Patient	01/01/18
83735	Magnesium	Q0 - Invest Clinical Research	10/01/18
83735	Magnesium	Q1 - Cert Mycosis Toenail/Routine Clinic Research	10/01/18
84100	Phosphorus Inorganic (Phosphate);	Q1 - Cert Mycosis Toenail/Routine Clinic Research	10/01/18
84156	Total Protein Level, Urine	AY - Item or Service Furnished to an ESRD Patient	01/01/18
84436	Thyroxine (Thyroid Chemical) Measurement	AY - Item or Service Furnished to an ESRD Patient	01/01/18
84450	Liver Enzyme (SGOT), Level	AY - Item or Service Furnished to an ESRD Patient	01/01/18
84479	Thyroid Hormone Evaluation	AY - Item or Service Furnished to an ESRD Patient	01/01/18
85025	Complete Blood Cell Count (Red Cells, White Blood Cell,	Q0 - Invest Clinical Research	10/01/18
85025	Complete Blood Cell Count (Red Cells, White Blood Cell,	Q1 - Cert Mycosis Toenail/Routine Clinic Research	10/01/18
86140	Measurement C-Reactive Protein For Detection Of Infection Or Inflammation	AY - Item or Service Furnished to an ESRD Patient	01/01/18
86367	Stem Cells Count, Total	Q5 - Recip Bill Arr Subs Md Or Pt	10/01/19
86367	Stem Cells Count, Total	Q6 - Fee/Time Comp Subst Md Or Pt	10/01/19
86367	Stem Cells Count, Total	XE - Separate Enc, A Serv That Is Distinct	10/1/19
86367	Stem Cells Count, Total	XP - Separate Practitioner, A Service That Is	10/1/19
86367	Stem Cells Count, Total	XS - Separate Structure, A Service That Is Di	10/1/19
86367	Stem Cells Count, Total	XU - Unusual Non-Overlapping Service, The Use	10/1/19
86367	Stem Cells Count, Total	59 - Distinct Procedural Service	10/1/19
86367	Stem Cells Count, Total	90 - Reference (Outside) Laboratory	10/1/19
86367	Stem Cells Count, Total	91 - Rep. Lab Test/Non-Emg. 911	10/1/19

87106	Fungal Culture, Yeast	AY - Item or Service Furnished to an ESRD Patient	01/01/18
87147	Identification Of Organisms By Immunologic Analysis	AY - Item or Service Furnished to an ESRD Patient	01/01/18
87186	Evaluation Of Antimicrobial Drug (Antibiotic, Antifungal, Antiviral)	AY - Item or Service Furnished to an ESRD Patient	01/01/18
87205	Special Stain For Microorganism	AY - Item or Service Furnished to an ESRD Patient	01/01/18
89051	Body Fluid Cell Count With Cell Identification	AY - Item or Service Furnished to an ESRD Patient	01/01/18
90791	Psychiatric Diagnostic Evaluation	ET - Emergency Treatment	10/01/18
90792	Psychiatric Diagnostic Evaluation With Medical Services	ET - Emergency Treatment	10/01/18
93005	Electrocardiogram, Routine ECG With At Least 12 Leads;	Q0 - Invest Clinical Research	10/01/18
93005	Electrocardiogram, Routine ECG With At Least 12 Leads;	Q1 - Cert Mycosis Toenail/Routine Clinic Research	10/01/18
93571	Ultrasound Evaluation of Heart Blood Vessel During Diagnosis or Treatment	LC - Left Circumflex Coronary	10/01/18
99281	Emergency Department Visit, Self-Limited or Minor Problem	ET - Emergency Treatment	10/01/18
99282	Emergency Department Visit, Low To Moderately Severe Problem	ET - Emergency Treatment	10/01/18
99283	Emergency Department Visit, Moderately Severe Problem	ET - Emergency Treatment	10/01/18
99284	Emergency Department Visit, Problem Of High Severity	ET - Emergency Treatment	10/01/18
99285	Emergency Department Visit, Problem With Significant Threat To Life or Function	ET - Emergency Treatment	10/01/18
99497	Advance Care Planning by the Physician or Other Qualified Health Care Professional	33 - Preventive Services	01/01/19
A0425	Ground Mileage, Per Statute Mile	SP - NH/SNF Visitsinglept/Sceneacc To Physof 1	12/01/18
A0429	Ambulance Service, Basic Life Support, Emergency Transport (BLS-Emergency)	QL - Patient Pronounced Dead After Ambulance Called	01/01/15
H0018	Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program), Without Room And Board, Per Diem)	TF - Intermediate Level Of Care	10/01/19
H0020	Alcohol and/or Drug Services; Methadone Administration	SC - Medically Necessary Services or Supply	07/01/19
H0038	Self-Help/Peer Services, Per 15 Minutes	ET - Emergency Treatment	10/01/18
H2010	Comprehensive Medication Services, Per 15 Minutes	SC - Medically Necessary Services or Supply	07/01/19
H2011	Crisis Intervention Service, Per 15 Minutes	ET - Emergency Treatment	10/01/18

H2019	Therapeutic Behavioral Services, Per 15 Minutes	HM – Less Than Bachelor Degree	06/01/18
H2019	Therapeutic Behavioral Services, Per 15 Minutes	HN – Bachelor Degree Level/Amb HS	06/01/18
H2019	Therapeutic Behavioral Services, Per 15 Minutes	HO – Master’s Degree Level	06/01/18
J2704	Injection, Propofol, 10 mg	JW - Drug Amt Discarded/No	10/01/18
J2997	Injection, Alteplase Recombinant, 1 mg	SG - AMB SURG CTR (ASC) Facility	01/01/19
J2997	Injection, Alteplase Recombinant, 1 mg	JW - Drug Amt Discarded/No	10/01/18
Q2009	Injection, Fosphenytoin, 50 mg Phenytoin Equivalent	JW - Drug Amt Discarded/No	10/01/18
S9484	Crisis Intervention Mental Health Services, Per Hour	ET - Emergency Treatment	10/01/18
S9485	Crisis Intervention Mental Health Services, Per Day	ET - Emergency Treatment	10/01/18
T1002	RN Services, Up To 15 Minutes	ET - Emergency Treatment	10/01/18
T1016	Case Management, Each 15 Minutes	ET - Emergency Treatment	10/01/18
T1016	Case Management, Each 15 Minutes	H9 - Court-Ordered	03/01/18

Effective for dates of service on or after January 1, 2019 the following modifiers have been added to the reference screens RF114 and RF119.

Modifier	Description
CO	Outpatient occupational therapy services furnished by an occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
ER	Items and services furnished by a provider-based, off-campus emergency department
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

- The modifiers AS (PA SVCS for Assistant/At Surgery) and 80 (Assistant Surgeon) have been end dated for the CPT code 62368 (Electronic Analysis & Reprogramming of Spinal Canal Drug Infusion Pump) on RF618 for provider type 19 (Registered Nurse Practitioner).
- Effective for dates of service on or after January 1, 2015 the modifier QL (Patient Pronounced Dead after Ambulance Called) has had the definition updated.
- The modifiers Q5/Q6 have been added to the range of codes 70010-79999 to update all those codes that were end dated inappropriately. The Medical Coding unit is actively working on each code set.
- Effective for dates of service July 1, 2017 the modifiers Q5 Recip Bill Arr Subs Md Or Pt and Q6 Fee/Time Comp Subst Md Or Pt have been added to the CPT code range of 60000 to 69990.
- Effective for dates of service July 1, 2017 the modifiers Q5 Recip Bill Arr Subs Md Or Pt and Q6 Fee/Time Comp Subst Md Or Pt have been added to the CPT code range of 80047 to 89330.
- Effective for May 31, 2019 the modifier PD (DR OFC TO DX/TX SITE/ DX/NON DX ITM/SVC) has been **end dated** for the CPT code 86367 (Stem Cells Count, Total).

The following HCPCS/CPT codes have had their effective begin dates of service changed to October 1, 2018 for the modifier ET (Emergency Treatment) on RF121.

Code	Description
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Evaluation With Medical Services
99281	Emergency Department Visit, Self-Limited or Minor Problem
99282	Emergency Department Visit, Low To Moderately Severe Problem
99283	Emergency Department Visit, Moderately Severe Problem
99284	Emergency Department Visit, Problem Of High Severity
99285	Emergency Department Visit, Problem With Significant Threat To Life or Function
H0038	Self-Help/Peer Services, Per 15 Minutes
H2011	Crisis Intervention Service, Per 15 Minutes
S9484	Crisis Intervention Mental Health Services, Per Hour
S9485	Crisis Intervention Mental Health Services, Per Die
T1002	Rn Services, Up To 15 Minutes
T1016	Case Management, Each 15 Minutes

Effective for dates of service June 1, 2018, the following modifiers have been added to the CPT code 64910 (Repair of Nerve with Graft).

Modifier	Modifier
F1 Left Hand, Second Digit	T1 Initial Visit 1st Tri/Left Foot 2nd Digit
F2 Left Hand, Third Digit	T2 Initial Visit 2nd Tri/Left Foot 3rd Digit
F3 Left Hand, Fourth Digit	T3 Initial Visit 3rd Tri/Left Foot 4th Digit
F4 Left Hand, Fifth Digit	T4 Left Foot, Fifth Digit
F5 Right Hand, Thumb	T5 Right Foot, Great Toe
F6 Right Hand, Second Digit	T6 Right Foot, Second Digit
F7 Right Hand, Third Digit	T7 Right Foot, Third Digit
F8 Right Hand, Fourth Digit	T8 Right Foot, Fourth Digit
F9 Right Hand, Fifth Digit	T9 Right Foot, Fifth Digit
Fa Left Hand, Thumb	TA Left Foot, Great Toe



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

Code	Description	Effective Begin Date	Modifiers		
			HM	HN	HO
0359T	Behavior Identification Assessment	01/01/2018			X
0360T	Observational Behavioral Follow-Up Assessment First 30 Minutes	01/01/2018	X	X	X
0361T	Observational Behavioral Follow-Up Assessment Additional 30 Minutes	01/01/2018	X	X	X
0362T	Behavior Identification Supporting Assessment For Patient Exhibiting Destructive Behavior, Each 15 Minutes Of Technicians' Face-To-Face Time	01/01/2018	X	X	X
0363T	Exposure Behavioral Follow-Up Assessment Each Additional 30 Minutes	01/01/2018	X	X	X
0364T	Behavior Treatment By Protocol Administered By Technician First 30 Minutes	01/01/2018	X	X	X
0365T	Behavior Treatment By Protocol Administered By Technician Each Additional 30 Minutes	01/01/2018	X	X	X
0366T	Group Behavior Treatment by Protocol Administered by Technician First 30 Minutes	01/01/2018	X	X	X
0367T	Group Behavior Treatment by Protocol Administered by Technician Each Additional 30 Minutes	01/01/2018	X	X	X
0368T	Behavior Treatment By Protocol Modification Administered by Physician or Other Qualified Health Care Professional First 30 Minutes	01/01/2018			X
0369T	Behavior Treatment With Protocol Modification Administered by Physician or Other Qualified Health Care Professional Each Additional 30 Minutes	01/01/2018			X
0370T	Family Behavior Treatment Guidance Administered by Physician	01/01/2018			X
0371T	Multiple-Family Group Behavior Treatment Guidance Administered by Physician or Other Qualified Health Care Professional	01/01/2018			X
0372T	Behavior Treatment Social Skills Group Administered by Physician or Other Qualified Health Care Professional	01/01/2018			X
0373T	Adaptive Behavior Treatment With Protocol Modification For Patient Exhibiting Destructive Behavior, Each 15 Minutes of Technicians' Face-To-Face Time	01/01/2018	X	X	X
0374T	Behavior Treatment with Protocol Modification Additional 30 Minutes	01/01/2018	X	X	X

#### Modifier Descriptions

HM Less Than Bachelor Degree

HN Bachelor Degree Level/Amb Hsp 2 Skld Nurs Facil

HO Master's Degree Level

**Place of Service**

Effective for dates of service listed, the following POS have been added to the CPT/HCPCS codes.

<b>Place of Service</b>	<b>Code</b>	<b>Description</b>	<b>Effective Begin Date</b>
24 - Ambulatory Surgical Center	27279	Fusion Sacroiliac Joint Through the Skin or Minimally Invasive Using Image Guidance	07/01/2018
19 - Off Campus-Outpatient Hospital	37660	Typing Common Iliac Vein (Groin Vein)	01/01/2018
11 - Office	77049	MRI of Both Breasts With and Without Contrast	01/01/2019
61 - Comprehensive Inpatient Rehab Facility	90833	Psychotherapy, 30 Minutes	03/01/2018
21 -Inpatient Hospital	90836	Psychotherapy, 45 Minutes	03/01/2018
22 - Outpatient Hospital	90836	Psychotherapy, 45 Minutes	03/01/2018
61 - Comprehensive Inpatient Rehab Facility	90836	Psychotherapy, 45 Minutes	03/01/2018
19 - Off Campus-Outpatient Hospital	90838	Psychotherapy, 60 Minutes	03/01/2018
21 -Inpatient Hospital	90838	Psychotherapy, 60 Minutes	03/01/2018
22 - Outpatient Hospital	90838	Psychotherapy, 60 Minutes	03/01/2018
61 - Comprehensive Inpatient Rehab Facility	90838	Psychotherapy, 60 Minutes	03/01/2018
22 - Outpatient Hospital	90839	Psychotherapy for Crisis, First 60 Minutes	03/01/2018
61 - Comprehensive Inpatient Rehab Facility	90839	Psychotherapy for Crisis, First 60 Minutes	03/01/2018
11 - Office	95976	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Simple Cranial Nerve Stimulator Programming	01/01/2019
11 - Office	95977	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Complex Cranial Nerve Stimulator Programming)	01/01/2019

Effective for dates of service listed the following POS have been added to the system.

<b>Code</b>	<b>Description</b>	<b>Place of Service</b>	<b>Effective Begin Date</b>
22513	Injection Of Bone Cement Into Body Of Middle Spine Bone Accessed Through The Skin Using Imaging Guidance	24 - Ambulatory Surgical Center	01/01/2016
55874	Injection Of Biodegradable Material Next To Prostate	11 - Office	10/01/2018
64405	Injection Of Anesthetic Agent, Greater Occipital Nerve	61 Comprehensive Inpatient Rehab Facility	07/01/2018
90674	Vaccine For Influenza For Administration Into Muscle, 0.5 ml Dosage	12 - Home	01/01/2018
90674	Vaccine For Influenza For Administration Into Muscle, 0.5 ml Dosage	13 - Assisted Living Facility	01/01/2018
90674	Vaccine For Influenza For Administration Into Muscle, 0.5 ml Dosage	31 - Skilled Nursing Facility	01/01/2018
90674	Vaccine For Influenza For Administration Into Muscle, 0.5 ml Dosage	32 - Nursing Facility	01/01/2018
90832	Psychotherapy, 30 Minutes	61 Comprehensive Inpatient Rehab Facility	06/01/2018
90834	Psychotherapy, 45 Minutes	61 Comprehensive Inpatient Rehab Facility	06/01/2018
90837	Psychotherapy, 60 Minutes	61 Comprehensive Inpatient Rehab Facility	06/01/2018
90840	Psychotherapy For Crisis; Each Additional 30 Minutes	22 Outpatient Hospital	06/01/2018
90840	Psychotherapy For Crisis; Each Additional 30 Minutes	61 Comprehensive Inpatient Rehab Facility	06/01/2018
90845	Psychoanalysis	61 Comprehensive Inpatient Rehab Facility	06/01/2018
93000	Routine EKG Using At Least 12 Leads Including Interpretation And Report	51 - Inpatient Psychiatric Facility	04/01/2019
93005	Routine Electrocardiogram (EKG) With Tracing Using At Least 12 Leads	51 - Inpatient Psychiatric Facility	04/01/2019
93010	Routine Electrocardiogram (EKG) Using At Least 12 Leads With Interpretation And Report	51 - Inpatient Psychiatric Facility	04/01/2019
93040	Tracing Of Electrical Activity Of Heart Using 1-3 Leads With Interpretation And Report	51 - Inpatient Psychiatric Facility	04/01/2019
93041	Tracing Of Electrical Activity Of The Heart Using 1-3 Leads	51 - Inpatient Psychiatric Facility	04/01/2019
93042	Interpretation And Report Of Electrical Activity Of Heart Using 1-3 Leads	51 - Inpatient Psychiatric Facility	04/01/2019

<b>Code</b>	<b>Description</b>	<b>Place of Service</b>	<b>Effective Begin Date</b>
93451	Insertion Of Catheter For Diagnostic Evaluation Of Right Heart Structures	24 - Ambulatory Surgical Center	06/01/2019
93971	Ultrasound Scan Of Veins Of One Arm Or Leg Or Limited Including Assessment Of Compression And Functional Maneuvers	61 - Comprehensive Inpatient Rehab Facility	07/01/2018
93976	Ultrasound Limited Scan Of Abdominal, Pelvic, and/or Scrotal Arterial Inflow & Venous Outflow	61 - Comprehensive Inpatient Rehab Facility	07/01/2018
99152	Moderate Sedation Services By Physician Also Performing A Procedure, Patient 5 Years of Age or Older, First 15 Minutes	61 - Comprehensive Inpatient Rehab Facility	07/01/2018
G0296	Counseling Visit To Discuss Need For Lung Cancer Screening Using Low Dose Ct Scan (LDCT)	11 - Office	07/01/2018
G8417	BMI Is Documented Above Normal Parameters And A Follow-Up Plan Is Documented	21 - Inpatient Hospital	08/01/2018
H0004	Behavioral Health Counseling And Therapy, Per 15 Minutes	55 - Residential Substance Abuse Treatment Facility	10/1/2018
H0004	Behavioral Health Counseling And Therapy, Per 15 Minutes	55 - Residential Substance Abuse Treatment Facility	10/1/2018
H2019	Therapeutic Behavioral Services, Per 15 Minutes	52 - Psych Facility Partial Hospitalization	10/1/2018
J1599	Injection, Immune Globulin, Intravenous, Non-Lyophilized (e.g., Liquid), Not Otherwise Specified, 500 mg	12 - Home	01/01/2019
Q0162	Ondansetron 1 mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	20 - Urgent Care Facility	10/01/2018

