Age Limits

The following age Minimum and Maximum ages have been changed.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Age Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>F0DZ6EZ</td>
<td>Dynamic Orthosis Device Fitting Using Orthosis</td>
<td>Minimum Age 10 – Maximum Age 20</td>
</tr>
<tr>
<td>F0DZ6FZ</td>
<td>Dynamic Orthosis Device Fitting Using Assist</td>
<td>Minimum Age 10 – Maximum Age 20</td>
</tr>
<tr>
<td>F0DZ6UZ</td>
<td>Dynamic Orthosis Device Fitting Using Prosthesis</td>
<td>Minimum Age 10 – Maximum Age 20</td>
</tr>
<tr>
<td>F0DZ6ZZ</td>
<td>Dynamic Orthosis Device Fitting</td>
<td>Minimum Age 10 – Maximum Age 20</td>
</tr>
<tr>
<td>F0DZ7UZ</td>
<td>Static Orthosis Device Fitting Using Prosthesis</td>
<td>Minimum Age 10 – Maximum Age 20</td>
</tr>
<tr>
<td>F0DZZ7Z</td>
<td>Tinnitus Masker Device Fitting</td>
<td>Minimum Age 10 – Maximum Age 20</td>
</tr>
<tr>
<td>L2006</td>
<td>Knee Ankle Foot Device, Any Material, Single Or Double</td>
<td>Minimum Age 000 Y – Maximum Age 20</td>
</tr>
<tr>
<td>L5859</td>
<td>Addition To Lower Extremity Prosthesis, Endoskeletal</td>
<td>Minimum Age 000 Y – Maximum Age 20</td>
</tr>
<tr>
<td>L5969</td>
<td>Addition, Endoskeletal Ankle-Foot Or Ankle System</td>
<td>Minimum Age 000 Y – Maximum Age 20</td>
</tr>
</tbody>
</table>

Codes

The EPSDT indicator (Y) has been added to the following codes.

- G0438 (Annual Wellness Visit; Includes A Personalized Prevention Plan of Service (PPS), Initial Visit)
- G0439 (Annual Wellness Visit, Includes A Personalized Prevention Plan of Service (PPS), Subsequent Visit)
- G0468 (Federally Qualified Health Center (FQHC) Visit, IPPE (Initial Preventive Physical Examination) or AWV (Annual Wellness Visit); A FQHC Visit That Includes an Initial Preventive Physical Examination (IPPE) or Annual Wellness Visit (AWV) and Includes A Typical Bundle of Medicare-Covered Services That Would Be Furnished Per Diem To A Patient Receiving An IPPE or AWV)
Effective for dates of service on or after January 1, 2020 the following codes have been added to the system with a Coverage Code 09 (Medicare Only).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2065</td>
<td>Comprehensive Care Management For A Single High-Risk Disease Services, e.g. Principal Care Management, At Least 30 Minutes Of Clinical Staff Time Directed By A Physician Or Other Qualified Health Care Professional</td>
</tr>
<tr>
<td>G2066</td>
<td>Interrogation Device Evaluation(s), (Remote) Up To 30 Days; Implantable Cardiovascular Physiologic Monitor System, Implantable Loop Recorder System, Or Subcutaneous Cardiac Rhythm Monitor System, Remote Data Acquisition(s), Receipt Of Transmissions And Technician Review, Technical Support And Distribution Of Results</td>
</tr>
<tr>
<td>G2067</td>
<td>Medication Assisted Treatment, Methadone; Weekly Bundle Including Dispensing and/or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing, If Performed (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program)</td>
</tr>
<tr>
<td>G2071</td>
<td>Medication Assisted Treatment, Buprenorphine (Implant Removal); Weekly Bundle Including Dispensing and/or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program)</td>
</tr>
<tr>
<td>G2072</td>
<td>Medication Assisted Treatment, Buprenorphine (Implant Insertion And Removal); Weekly Bundle Including Dispensing and/or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program)</td>
</tr>
<tr>
<td>G2073</td>
<td>Medication Assisted Treatment, Naltrexone; Weekly Bundle Including Dispensing and/or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program)</td>
</tr>
<tr>
<td>G2074</td>
<td>Medication Assisted Treatment, Weekly Bundle Not Including The Drug, Including Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program)</td>
</tr>
<tr>
<td>G2075</td>
<td>Medication Assisted Treatment, Medication Not Otherwise Specified; Weekly Bundle Including Dispensing and/or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing, If Performed (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program)</td>
</tr>
<tr>
<td>G2076</td>
<td>Intake Activities, Including Initial Medical Examination That Is A Complete, Fully Documented Physical Evaluation And Initial Assessment By A Program Physician Or A Primary Care Physician, or An Authorized Healthcare Professional</td>
</tr>
<tr>
<td>G2077</td>
<td>Periodic Assessment; Assessing Periodically By Qualified Personnel To Determine The Most Appropriate Combination Of Services And Treatment</td>
</tr>
<tr>
<td>G2078</td>
<td>Take-Home Supply Of Methadone; Up To 7 Additional Day Supply</td>
</tr>
<tr>
<td>G2079</td>
<td>Take-Home Supply Of Buprenorphine (Oral); Up To 7 Additional Day Supply</td>
</tr>
<tr>
<td>G2080</td>
<td>Each Additional 30 Minutes Of Counseling In A Week Of Medication Assisted Treatment,</td>
</tr>
</tbody>
</table>
Coverage Code Change

Effective for dates of service on or after March 31, 2020 the AHCCCS Coverage Code has been changed for the HCPCS code G1000 (Clinical Decision Support Mechanism Applied Pathways) the new coverage code is now 04 (Not Covered Service/Code Not Available).

Code Description

The HCPCS code J2787 description has been changed to read as follows: “Riboflavin 5’ phosphate, ophthalmic solution, up to 3 ml.

Revenue Code

Effective for dates of service on or after January 1, 2019 the revenue code 0636 (Drugs/Detail) has been added to the HCPCS code Q5111 (Injection, Pegfilgrastim-CBQV, Biosimilar, (Udenyca), 0.5 mg) on RF773.

Limits & Maximum

The following changes have been made to the Reference screen RF113.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Procedure Daily Maximum</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>81267</td>
<td>Chimerism (Engraftment) Analysis, Post Transplantation</td>
<td></td>
<td>Remove 1 per lifetime</td>
</tr>
<tr>
<td>J7318</td>
<td>Hyaluronan or Derivative, Durolane, For Intra-articular injection</td>
<td>120</td>
<td>2</td>
</tr>
</tbody>
</table>
Effective for December 31, 2019 the following codes POS’s have been end dated.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Place of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0425</td>
<td>Telehealth Consultation, Emergency Department Or Initial Inpatient, Typically 30 Minutes Communicating With The Patient Via Telehealth</td>
<td>08 - Tribal 638 Provider-Based Facility, 31 - Skilled Nursing Facility, 32 - Nursing Facility, 99 - Other Unlisted Facility</td>
</tr>
<tr>
<td>G0426</td>
<td>Telehealth Consultation, Emergency Department Or Initial Inpatient, Typically 50 Minutes Communicating With The Patient Via Telehealth</td>
<td>X, X, X, X</td>
</tr>
<tr>
<td>G0427</td>
<td>Telehealth Consultation, Emergency Department Or Initial Inpatient, Typically 70 Minutes Or More Communicating With The Patient Via Telehealth</td>
<td>X, X, X, X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Place of Service</th>
<th>Effective Begin Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20931</td>
<td>Donor Bone Graft For Spine Surgery</td>
<td>22 - Outpatient Hospital</td>
<td>12/1/2019</td>
</tr>
<tr>
<td>22612</td>
<td>Fusion Of Lower Spine Bones, Posterior Or Posterolateral Approach</td>
<td>24 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>22853</td>
<td>Insertion Of Device Into Intervertebral Disc Space Of Spine And Fusion Of Vertebrae</td>
<td>24 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>22854</td>
<td>Insertion Of Device Into Gap Left By Removal Of Part Of Vertebra And Fusion Of Vertebrae</td>
<td>19 - Off Campus-Outpatient Hospital</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>22854</td>
<td>Insertion Of Device Into Gap Left By Removal Of Part Of Vertebra And Fusion Of Vertebrae</td>
<td>22 – Outpatient Hospital</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>44204</td>
<td>Partial Removal Of Large Bowel Using An Endoscope</td>
<td>23 - Emergency Room - Hospital</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>49496</td>
<td>Repair Of Trapped Groin Hernia Full Term Infant Younger Than Age 6 Months Or Preterm Infant Older Than 50 Weeks Postconception Age And Younger Than Age 6 Months At Time Of Surgery</td>
<td>23 - Emergency Room - Hospital</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>58573</td>
<td>Abdominal Removal Of Uterus (Greater Than 250 Grams), Tubes, and/or Ovaries Using An Endoscope</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>58674</td>
<td>Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Place of Service</td>
<td>Effective Begin Date</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>63020</td>
<td>Partial Removal Of Bone With Release Of Spinal Cord Or Spinal Nerves Of 1 Interspace In Upper Spine</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>63045</td>
<td>Partial Removal Of Upper Spine Bone With Release Of Spinal Cord and/or Nerves</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>63046</td>
<td>Partial Removal Of Middle Spine Bone With Release Of Spinal Cord and/or Nerves</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>63055</td>
<td>Release Of Middle Spinal Cord and/or Nerves</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>64650</td>
<td>Injection Of Chemical For Destruction Of Underarm Sweat Glands</td>
<td>19 - Off Campus-Outpatient Hospital</td>
<td>7/1/2019</td>
</tr>
<tr>
<td>64650</td>
<td>Injection Of Chemical For Destruction Of Underarm Sweat Glands</td>
<td>22 – Outpatient Hospital</td>
<td>7/1/2019</td>
</tr>
<tr>
<td>64911</td>
<td>Repair Of Nerve Using Vein Graft</td>
<td>24 - Ambulatory Surgical Center</td>
<td>7/1/2019</td>
</tr>
<tr>
<td>92508</td>
<td>Group Treatment Of Speech, Language, Voice, Communication, and/or Hearing Processing Disorder</td>
<td>12 – Home</td>
<td>3/17/2020</td>
</tr>
<tr>
<td>92920</td>
<td>Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin)</td>
<td>24 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>92921</td>
<td>Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin)</td>
<td>24 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>92928</td>
<td>Catheter Insertion Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin</td>
<td>24 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>92929</td>
<td>Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin</td>
<td>24 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>93462</td>
<td>Insertion Of Catheter Into Left Heart For Diagnosis</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>93566</td>
<td>Injection For X-Ray Imaging Of Right Upper Or Lower Heart</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>93567</td>
<td>Injection For X-Ray Imaging Of Aorta Above Heart Valve</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>93568</td>
<td>Injection For X-Ray Imaging Of Pulmonary (Lung) Artery From Heart</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>93571</td>
<td>Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis Or Treatment</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>93572</td>
<td>Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis Or Treatment</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>97804</td>
<td>Medical Nutrition Therapy Performed In A Group Setting, Each 30 Minutes</td>
<td>12 – Home</td>
<td>3/17/2020</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Location</td>
<td>Date</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>97804</td>
<td>Medical Nutrition Therapy Performed In A Group Setting, Each 30 Minutes</td>
<td>12 – Home</td>
<td>3/17/2020</td>
</tr>
<tr>
<td>98966</td>
<td>Telephone Assessment and Management Service, 5-10 Minutes of Medical Discussion</td>
<td>02-Services Provided/Received through Telecommunication</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>98967</td>
<td>Telephone Assessment and Management Service, 11-20 Minutes of Medical Discussion</td>
<td>02-Services Provided/Received through Telecommunication</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>98968</td>
<td>Telephone Assessment and Management Service, 21-30 Minutes of Medical Discussion</td>
<td>02-Services Provided/Received through Telecommunication</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>99358</td>
<td>Prolonged Patient Service Without Direct Patient Contact First Hour</td>
<td>12 – Home</td>
<td>3/17/2020</td>
</tr>
<tr>
<td>99359</td>
<td>Prolonged Patient Service Without Direct Patient Contact Each 30 Minutes Beyond First Hour</td>
<td>12 – Home</td>
<td>3/17/2020</td>
</tr>
<tr>
<td>99394</td>
<td>Established Patient Periodic Preventive Medicine Examination, Age 12 Through 17 Years</td>
<td>15-Mobile Unit</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>99401</td>
<td>Preventive Medicine Counseling, Approximately 15 Minutes</td>
<td>14-Group Home</td>
<td>1/22/2020</td>
</tr>
<tr>
<td>99411</td>
<td>Group Preventive Medicine Counseling, Approximately 30 Minutes</td>
<td>12 – Home</td>
<td>3/17/2020</td>
</tr>
<tr>
<td>99412</td>
<td>Group Preventive Medicine Counseling, Approximately 60 Minutes</td>
<td>12 – Home</td>
<td>3/17/2020</td>
</tr>
<tr>
<td>C9600</td>
<td>Percutaneous Transcatheter Placement Of Drug Eluting Intracoronary Stent(s), With Coronary Angioplasty When Performed; Single Major Coronary Artery Or Branch</td>
<td>24-Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>C9601</td>
<td>Percutaneous Transcatheter Placement Of Drug-Eluting Intracoronary Stent(s), With Coronary Angioplasty When Performed; Each Additional Branch Of A Major Coronary Artery (List Separately In Addition To Code For Primary Procedure)</td>
<td>24-Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>H0015</td>
<td>Alcohol and/or Drug Services; Intensive Outpatient</td>
<td>12 – Home</td>
<td>3/17/2020</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Place of Service</td>
<td>Effective Begin Date</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>92921</td>
<td>Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin)</td>
<td>24 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>92928</td>
<td>Catheter Insertion Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin</td>
<td>24 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>92929</td>
<td>Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin</td>
<td>24 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>93462</td>
<td>Insertion Of Catheter Into Left Heart For Diagnosis</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>93566</td>
<td>Injection For X-Ray Imaging Of Right Upper Or Lower Heart</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>93567</td>
<td>Injection For X-Ray Imaging Of Aorta Above Heart Valve</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>93568</td>
<td>Injection For X-Ray Imaging Of Pulmonary (Lung) Artery From Heart</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>93571</td>
<td>Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis Or Treatment</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
<tr>
<td>93572</td>
<td>Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis Or Treatment</td>
<td>24 - Ambulatory Surgical Center</td>
<td>10/1/2019</td>
</tr>
</tbody>
</table>
**Provider Type**

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

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
<th>Provider Type</th>
<th>Effective Begin Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20902</td>
<td>Bone Graft Harvest</td>
<td>10 - Podiatrist</td>
<td>5/1/2019</td>
</tr>
<tr>
<td>26670</td>
<td>Closed Treatment Of Dislocated Hand Bone With Manipulation</td>
<td>19 - Registered Nurse Practitioner</td>
<td>3/1/2019</td>
</tr>
<tr>
<td>43499*</td>
<td>Esophagus Procedure</td>
<td>19 - Registered Nurse Practitioner</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>43761</td>
<td>Repositioning of Stomach Feeding Tube</td>
<td>IC - Integrated Clinics</td>
<td>12/1/2020</td>
</tr>
<tr>
<td>64566</td>
<td>Implantation Of Lower Leg Neurostimulator Electrode, Accessed Through The Skin</td>
<td>18 - Physicians Assistant</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>64566</td>
<td>Implantation Of Lower Leg Neurostimulator Electrode, Accessed Through The Skin</td>
<td>19 - Registered Nurse Practitioner</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>92585</td>
<td>Placement Of Scalp Electrodes For Assessment And Recording Of Responses From Several Areas Of The Nerve-Brain Hearing System</td>
<td>IC - Integrated Clinics</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>92920</td>
<td>Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin)</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>92921</td>
<td>Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin)</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>92928</td>
<td>Catheter Insertion Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>92929</td>
<td>Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>93451</td>
<td>Insertion Of Catheter For Diagnostic Evaluation Of Right Heart Structures</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>93452</td>
<td>Insertion of Catheter Into Left Heart For Diagnosis</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>93453</td>
<td>Insertion Of Catheter Into Right And Left Heart For Diagnosis</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>93454</td>
<td>Insertion Of Catheter For Imaging Of Heart Blood Vessels or Graft</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>93455</td>
<td>Insertion Of Catheter For Imaging Of Heart Blood Vessels Or Grafts</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>93456</td>
<td>Insertion Of Catheter In Right Heart For X-Ray Imaging Of Blood Vessels Or Grafts</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>93457</td>
<td>Insertion Of Catheter In Right Heart For Imaging Of Blood Vessels Or Grafts</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>93458</td>
<td>Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels Or Grafts And Left Lower Heart</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
</tbody>
</table>

*Note: modifier AS (Assistant Surgeon) required*
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>93459</td>
<td>Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels Or Grafts And Left Lower Heart</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>93460</td>
<td>Insertion Of Catheter In Right And Left Heart For Imaging Of Blood Vessels Or Grafts And Left Lower Heart</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>93461</td>
<td>Insertion Of Catheter In Right And Left Heart For Imaging Of Blood Vessels Or Grafts And Left Lower Heart</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>93461</td>
<td>Therapeutic Interventions That Focus On Cognitive Function (e.g., Attention, Memory, Reasoning, Executive Function, Problem Solving, and/or Pragmatic Functioning) And Compensatory Strategies To Manage The Performance Of An Activity (e.g., Managing Time Or Schedules, Initiating, Organizing, And Sequencing Tasks), Direct (One-On-One) Patient Contact; Initial 15 Minutes</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>97129</td>
<td>Therapeutic Interventions That Focus On Cognitive Function (e.g., Attention, Memory, Reasoning, Executive Function, Problem Solving, and/or Pragmatic Functioning) And Compensatory Strategies To Manage The Performance Of An Activity (e.g., Managing Time Or Schedules, Initiating, Organizing, And Sequencing Tasks), Direct (One-On-One) Patient Contact; Each Additional 15 Minutes</td>
<td>15 – Speech/Hearing Therapist</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>97130</td>
<td>Qualified Non-physician Health Care Professional Online Digital Evaluation And Management Service, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 5-10 Minutes</td>
<td>15 – Speech/Hearing Therapist</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>98970</td>
<td>Qualified Non-physician Health Care Professional Online Digital Evaluation And Management Service, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 11-20 Minutes</td>
<td>15 – Speech/Hearing Therapist</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>98971</td>
<td>Qualified Non-physician Health Care Professional Online Digital Evaluation And Management Service, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 21 Or More Minutes</td>
<td>15 – Speech/Hearing Therapist</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>99354</td>
<td>Prolonged Office or Other Outpatient Service First Hour</td>
<td>11- Psychologist</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>99367</td>
<td>Medical Team Conference With Physician, 30 Minutes or More</td>
<td>19 - Registered Nurse Practitioner</td>
<td>12/1/2019</td>
</tr>
<tr>
<td>C9600</td>
<td>Percutaneous Transcatheter Placement Of Drug Eluting Intracoronary Stent(s), With Coronary Angioplasty When Performed; Single Major Coronary Artery Or Branch</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Place of Service</td>
<td>Date</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------</td>
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</tr>
<tr>
<td>C9601</td>
<td>Percutaneous Transcatheter Placement Of Drug-Eluting Intracoronary Stent(s), With Coronary Angioplasty When Performed; Each Additional Branch Of A Major Coronary Artery (List Separately In Addition To Code For Primary Procedure)</td>
<td>43 - Ambulatory Surgical Center</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>G0472</td>
<td>Hepatitis C Antibody Screening, For Individual At High Risk And Other Covered Indication(s)</td>
<td>04 - Laboratory</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>J1726</td>
<td>Injection, Hydroxyprogesterone Caproate, (Makena), 10 mg</td>
<td>30 - DME Supplier</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>J1729</td>
<td>Injection, Hydroxyprogesterone Caproate, Not Otherwise Specified</td>
<td>30 - DME Supplier</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>J7328</td>
<td>Hyaluronan or Derivative, Gelsyn-3, For Intra-Articular Injection, 0.1 mg</td>
<td>19 - Registered Nurse Practitioner</td>
<td>10/1/2019</td>
</tr>
</tbody>
</table>