



ENCOUNTER KEYS

November-December, 2020

Inside this Edition	Page
Admission Source Age Changes	1
Begin Date Changes Category of Service	2
Coverage Code Code Changes	3
Codes	4-6
Follow Up Days Frequency Limits	7
Medicare Indicator Procedure Daily Maximum	8
Place of Service	8-12
Provider Type	13-16
Modifiers	17-31
Reference Screen Revenue Code Sex Indicator	32

Admission Source

Effective for dates of service July 1, 2020 the Admission Source G (Transfer from a Designated Disaster Alternate Care Site) has been added to the Reference Screen 703 (Admission Source).

Age Changes

- Effective for October 1, 2020 the following ICD-10 codes have had the minimum age changed to 21 years.

Code	Description
M80.0AXA	Age-Related Osteoporosis With Current Pathological Fracture, Other Site, Initial Encounter For Fracture
M80.0AXD	Age-Related Osteoporosis With Current Pathological Fracture, Other Site, Subsequent Encounter For Fracture With Routine
M80.0AXG	Age-Related Osteoporosis With Current Pathological Fracture, Other Site, Subsequent Encounter For Fracture With Delayed Healing
M80.0AXK	Age-Related Osteoporosis With Current Pathological Fracture, Other Site, Subsequent Encounter For Fracture With Nonunion.
M80.0AXP	Age-Related Osteoporosis With Current Pathological Fracture, Other Site, Subsequent Encounter For Fracture With Malunion.
M80.0AXS	Age-Related Osteoporosis With Current Pathological Fracture, Other Site, Sequela

- The following CPT codes have had the minimum and maximum age changed.

Code	Description	Minimum Age	Maximum Age
90649	Vaccine for Human Papilloma Virus (3 Dose Schedule) Injection Into Muscle	009 Y	045 Y
90650	Vaccine For Human Papilloma Virus (3 Dose Schedule) Injection Into Muscle	009 Y	045 Y
90651	Vaccine For Human Papilloma Virus (3 Dose Schedule) Injection Into Muscle	009 Y	045 Y
90674	Vaccine for Influenza for Administration into Muscle,	004 Y	999 Y
90734	Vaccine for Meningococcus for Administration into Muscle	000 Y	055 Y



Begin Date Changed

- The Effective Begin Date for the HCPCS code J2350 (Injection, Ocrelizumab, 1 mg) POS 12 (Home) has been changed to September 1, 2020.
- Provider type NT (NEMT-TNC Transportation Network Company) has had the effective begin date for the HCPCS code S0215 (Non-Emergency Transportation; Mileage, Per Mile) and the modifier TN (Rural/Outside Providers' Customary Services) changed to April 1, 2019 on RF618.

Category of Service

- Effective for dates of service on or after January 1, 2020 the COS has been changed for the HCPCS code G0159 (Services Performed by a Qualified Physical Therapist, in the Home Health Setting) from 02 (Surgery) to 06 (Physical Therapy).
- Effective for dates of service on or after January 1, 2020 the COS has been changed for the HCPCS code G0161 (Services Performed by a Qualified Speech-Language Pathologist, in the Home Health Setting) from 13 (Radiology) to 07 (Speech/Hearing Therapy).
- Effective for dates of service January 1, 2020 the Category of Service 01 (Medicine) has been added to the following codes.

Code	Description	Code	Description
G2065	Comprehensive Care Management For A Single High-Risk Disease Services	G2073	Medication Assisted Treatment, Naltrexone; Weekly Bundle Including Dispensing and/or Administration
G2066	Interrogation Device Evaluation(s), (Remote) Up To 30 Days;	G2074	Medication Assisted Treatment, Weekly Bundle Not Including The Drug,
G2067	Medication Assisted Treatment, Methadone; Weekly Bundle	G2075	Medication Assisted Treatment, Medication Not Otherwise Specified; Weekly Bundle Including Dispensing and/or Administration,
G2068	Medication Assisted Treatment, Buprenorphine (Oral); Weekly Bundle	G2076	Intake Activities, Including Initial Medical Examination That Is A Complete,
G2069	Medication Assisted Treatment, Buprenorphine (Injectable); Weekly Bundle	G2077	Periodic Assessment; Assessing Periodically By Qualified Personnel
G2070	Medication Assisted Treatment, Buprenorphine (Implant Insertion);	G2078	Take-Home Supply Of Methadone; Up To 7 Additional Day Supply
G2071	Medication Assisted Treatment, Buprenorphine (Implant Removal);	G2079	Take-Home Supply Of Buprenorphine (Oral); Up To 7 Additional Day
G2072	Medication Assisted Treatment, Buprenorphine (Implant Insertion And Removal	G2080	Each Additional 30 Minutes Of Counseling In A Week Of Medication Assisted Treatment

Coverage Code

The AHCCCS Coverage Code for the following codes has been changed for the following codes.

Code	Description	Current Coverage Code	Previous Coverage Code	Effective Begin Date
81413	Test for Detecting Genes Associated with Heart Disease	01		10/23/2020
81414	Test for Detecting Genes Associated with Heart Disease	01		10/23/2020
81439	Test for Detecting Genes Associated with Inherited Disease of Heart Muscle	01		10/23/2020
C9041	Injection, Coagulation Factor Xa (Recombinant),	04	01	7/1/2020
C9053	Injection, Crizanlizumab-Tmca, 1 Mg	04	01	7/1/2020
C9054	Injection, Lefamulin (Xenleta), 1 Mg	04	01	7/1/2020
C9055	Injection, Brexanolone, 1mg	04	05	9/30/2020
C9056	Injection, Givosiran, 0.5 Mg	04	01	7/1/2020
C9057	Injection, Cetirizine Hydrochloride, 1 Mg	04	01	7/1/2020
C9058	Injection, Pegfilgrastim-Bmez, Biosimilar, (Ziextenzo)	04	01	7/1/2020
C9059	Injection, Meloxicam, 1 mg	04	05	9/30/2020
C9061	Injection, Teprotumumab-trbw, 10 mg	04	05	9/30/2020
C9063	Injection, Eptinezumab-jjmr, 1 mg	04	05	9/30/2020
C9754	Creation of Arteriovenous Fistula, Percutaneous;	04	01	7/1/2020
C9755	Creation of Arteriovenous Fistula, Percutaneous	04	01	7/1/2020
J9199	Injection, Gemcitabine Hydrochloride (Infugem), 200 Mg	04	01	7/1/2020

- 01 Covered Service/Code Available
- 04 Not Covered Service/Code Not Available
- 05 Outpatient Hospital Services

Code Changes

Effective for December 4, 2020 the modifiers listed on the Reference Screens and Place of Service for the following HCPCS codes have been end dated.

- G0088 – Individual Psychotherapy, Insight Oriented,
- G0089 – Individual Psychotherapy, Interactive, In an Inpatient
- G0090 - Individual Psychotherapy, Interactive, In an Inpatient

Codes

- Effective for dates of service October 1, 2020 the following codes have been added to the system. For further information regarding these codes refer to the specific reference screens.

0015M	Adrenal Cortical Tumor, Biochemical Assay Of 25 Steroid Markers, Utilizing 24-Hour Urine Specimen And Clinical Parameters, Prognostic Algorithm Reported As A Clinical Risk And Integrated Clinical Steroid Risk For Adrenal Cortical Carcinoma, Adenoma, Or Other Adrenal Malignancy
0016M	Oncology (Bladder), MRNA, Microarray Gene Expression Profiling Of 209 Genes, Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Molecular Subtype (Luminal, Luminal Infiltrated, Basal, Basal Claudin-Low, Neuroendocrine-Like)
0203U	Autoimmune (Inflammatory Bowel Disease), MRNA, Gene Expression Profiling By Quantitative RT-PCR, 17 Genes (15 Target And 2 Reference Genes), Whole Blood, Reported As A Continuous Risk Score And Classification Of Inflammatory Bowel Disease Aggressiveness
0204U	Oncology (Thyroid), Mrna, Gene Expression Analysis Of 593 Genes (Including Braf, Ras, Ret, Pax8, And Ntrk) For Sequence Variants And Rearrangements, Utilizing Fine Needle Aspirate, Reported As Detected Or Not Detected
0205U	Ophthalmology (Age-Related Macular Degeneration), Analysis Of 3 Gene Variants (2 Cfh Gene, 1 Arms2 Gene), Using Pcr And Maldi-Tof, Buccal Swab, Reported As Positive Or Negative For Neovascular Age-Related Macular-Degeneration Risk Associated With Zinc Supplements
0206U	Neurology (Alzheimer Disease); Cell Aggregation Using Morphometric Imaging And Protein Kinase C-Epsilon (PKCE) Concentration In Response To Amylospheroid Treatment By Elisa, Cultured Skin Fibroblasts, Each Reported As Positive Or Negative For Alzheimer Disease
0207U	Neurology (Alzheimer Disease); Quantitative Imaging Of Phosphorylated Erk1 And Erk2 In Response To Bradykinin Treatment By In Situ Immunofluorescence, Using Cultured Skin Fibroblasts, Reported As A Probability Index For Alzheimer Disease (List Separately In Addition To Code For Primary Procedure)
0208U	Oncology (Medullary Thyroid Carcinoma), MRNA, Gene Expression Analysis Of 108 Genes, Utilizing Fine Needle Aspirate, Algorithm Reported As Positive Or Negative For Medullary Thyroid Carcinoma
0209U	Cytogenomic Constitutional (Genome-Wide) Analysis, Interrogation Of Genomic Regions For Copy Number, Structural Changes And Areas Of Homozygosity For Chromosomal Abnormalities
0210U	Syphilis Test, Non-Treponemal Antibody, Immunoassay, Quantitative (RPR)
0211U	Oncology (Pan-Tumor), DNA And RNA By Next-Generation Sequencing, Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Interpretative Report For Single Nucleotide Variants, Copy Number Alterations, Tumor Mutational Burden, And Microsatellite Instability, With Therapy Association
0212U	Rare Diseases (Constitutional/Heritable Disorders), Whole Genome And Mitochondrial Dna Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Categorization Of Genetic Variants, Proband
0213U	Rare Diseases (Constitutional/Heritable Disorders), Whole Genome And Mitochondrial Dna Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Categorization Of Genetic Variants, Each Comparator Genome (e.g., Parent, Sibling)
0214U	Rare Diseases (Constitutional/Heritable Disorders), Whole Exome And Mitochondrial DNA Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Categorization Of Genetic Variants, Proband
0215U	Rare Diseases (Constitutional/Heritable Disorders), Whole Exome And Mitochondrial Dna Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Categorization Of Genetic Variants, Each Comparator Exome (e.g., Parent, Sibling)

0216U	Neurology (Inherited Ataxias), Genomic DNA Sequence Analysis Of 12 Common Genes Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Categorization Of Genetic Variants
0217U	Neurology (Inherited Ataxias), Genomic DNA Sequence Analysis Of 51 Genes Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Categorization Of Genetic Variants
0218U	Neurology (Muscular Dystrophy), DMD Gene Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Characterization Of Genetic Variants
0219U	Infectious Agent (Human Immunodeficiency Virus), Targeted Viral Next-Generation Sequence Analysis (IE, Protease [PR], Reverse Transcriptase [RT], Integrase [INT]), Algorithm Reported As Prediction Of Antiviral Drug Susceptibility
0220U	Oncology (Breast Cancer), Image Analysis With Artificial Intelligence Assessment Of 12 Histologic And Immunohistochemical Features, Reported As A Recurrence Score
0221U	Red cell antigen (abo blood group) genotyping (abo), gene analysis, next-generation sequencing, abo (abo, alpha 1-3-n-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, rh proximal promoter, exons 1-10, portions of introns 2-3
C9060	Fluoroestradiol f18, diagnostic, 1 mci
C9062	Injection, daratumumab 10 mg and hyaluronidase-FIHJ
C9064	Mitomycin pyelocalyceal instillation, 1 mg
C9065	Injection, Romidepsin, Non-Lypophilized (E.G. Liquid), 1mg
C9066	Injection, Sacituzumab Govitecan-Hziy, 10 Mg
C9067	Gallium Ga-68, Dotatoc, Diagnostic, 0.01 MCI
C9761	Cystourethroscopy, With Ureterscopy And/Or Pyeloscopy, With Lithotripsy (Ureteral Catheterization Is Included) And Vacuum Aspiration Of The Kidney, Collecting System And Urethra If Applicable
C9768	Endoscopic Ultrasound-Guided Direct Measurement Of Hepatic Portosystemic Pressure Gradient By Any Method (List Separately In Addition To Code For Primary Procedure)
C9769	Cystourethroscopy, With Insertion Of Temporary Prostatic Implant/Stent With Fixation/Anchor And Incisional Struts
G1020	Clinical Decision Support Mechanism Curbside Clinical Augmented Workflow, As Defined By The Medicare Appropriate Use Criteria Program
G1021	Clinical Decision Support Mechanism Ehealthline Clinical Decision Support Mechanism, As Defined By The Medicare Appropriate Use Criteria Program
G1022	Clinical Decision Support Mechanism Intermountain Clinical Decision Support Mechanism, As Defined By The Medicare Appropriate Use Criteria Program
G1023	Clinical Decision Support Mechanism Persivia Clinical Decision Support, As Defined By The Medicare Appropriate Use Criteria Program
J1437	Injection, Ferric Derisomaltose, 10 Mg
J1632	Injection, Brexanolone, 1 Mg
J1738	Injection, Meloxicam, 1 Mg
J3032	Injection, Eptinezumab-Jjmr, 1 Mg
J3241	Injection, Teprotumumab-Trbw, 10 mg
J7351	Injection, Bimatoprost, Intracameral Implant, 1 Microgram
J9227	Injection, Isatuximab-IRFC, 10 Mg
J9304	Injection, Pemetrexed (Pemfexy), 10 Mg Pending FDA

K1006	Suction Pump, Home Model, Portable Or Stationary, Electric, Any Type, For Use With External Urine Management System
K1007	Bilateral Hip, Knee, Ankle, Foot Device, Powered, Includes Pelvic Component, Single Or Double Upright(s), Knee Joints Any Type, With Or Without Ankle Joints Any Type, Includes All Components And Accessories, Motors, Microprocessors, Sensors
K1009	Speech Volume Modulation System, Any Type, Including All Components And Accessories
K1010	Indwelling Intraurethral Drainage Device With Valve, Patient Inserted, Replacement Only, Each
K1011	Activation Device For Intraurethral Drainage Device With Valve, Replacement Only, Each
K1012	Charger And Base Station For Intraurethral Activation Device, Replacement Only
Q4249	Amnioly, For Topical Use Only, Per Square Centimeter
Q4250	Amnioamp-Mp, Per Square Centimeter
Q4254	Novafix DI, Per Square Centimeter
Q4255	Reguard, For Topical Use Only, Per Square Centimeter
Q9001	Assessment By Department Of Veterans Affairs Chaplain Services
Q9002	Counseling, Individual, By Department Of Veterans Affairs Chaplain Services
Q9003	Counseling, Group, By Department Of Veterans Affairs Chaplain Services
T2047	Habilitation, Prevocational, Waiver; Per 15 Minutes
V2524	Contact Lens, Hydrophilic, Spherical, Photochromic Additive, Per Lens

- The following codes have been added to the PMMIS system with an Effective Begin Date of October 1, 2020, for further information refer to the appropriate screens.

CODE	DESCRIPTION	CODE	DESCRIPTION
3170F	Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)	G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes
E0880	Traction stand, free standing, extremity traction	J9305	Injection, pemetrexed, not otherwise specified, 10 mg
G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	L8701	Elbow, wrist, hand device, powered, with single or double upright(s), any type joint (s), includes microprocessor, sensors, all components and accessories
G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	L8702	Elbow, wrist, hand, finger device, powered, with single or double upright(s), any type joint(s), includes microprocessor, sensors, all components and accessories

ICD-10 Codes

Effective for dates of service October 1, 2020 the following ICD-10 Diagnosis codes have been added to the reference screen RF724 for BHS and MHS.

F10.130	Alcohol Abuse With Withdrawal, Uncomplicated	F10.132	Alcohol Abuse With Withdrawal With Perceptual
F10.131	Alcohol Abuse With Withdrawal Delirium	F10.139	Alcohol Abuse With Withdrawal, Unspecified

Follow Up Days

- The following CPT codes have had the Follow Up Days changed to 90 days on RF113.

21602	Removal of Tumor from Chest Wall Including Ribs with Plastic Reconstruction
21603	Removal of Tumor from Chest Wall Including Ribs with Plastic Reconstruction and Removal of Lymph Nodes from Chest Cavity
33274	Insertion or Replacement of Permanent Leadless Pacemaker into Lower Right Chamber of Heart Via Catheter Using Imaging Guidance
33275	Removal of Permanent Leadless Pacemaker from Lower Right Chamber of Heart Via Catheter Using Imaging Guidance
33440	Replacement of Aortic Valve by Translocation of Pulmonary Valve
33858	Repair of Ascending Aorta with Graft on Heart-Lung Machine, For Separation of Wall of Aorta (Dissection)
33859	Repair of Ascending Aorta with Graft on Heart-Lung Machine, For Disease Other Than Separation of Wall of Aorta (Dissection)
33871	Repair of Transverse Arch of Aorta with Graft on Heart-Lung Machine
34718	Repair of Groin Artery on One Side with Graft Inserted Through Artery, Performed at Same Time as Repair of Aorta
35702	Exploration of Artery of Arm
35703	Exploration of Artery of Leg
38531	Open Biopsy or Excision of Lymph Nodes in Groin
43653	Creation of Stomach Feeding Tube Using an Endoscope
46948	Tying of Arteries to Internal Hemorrhoid
53854	Destruction of Prostate Tissue Accessed Through Urethra Using Radiofrequency Generated Water Vapor Heat Therapy
66987	Complex Removal of Cataract with Insertion of Lens and Laser Treatment to Decrease Fluid Production in Eye
66988	Removal of Cataract with Insertion of Lens and Laser Treatment to Decrease Fluid Production in Eye

- The following CPT codes have had the Follow Up Days changed to 10 days on RF113.

64624 - Destruction of Genicular Nerve Branches of Knee by Injection Using Imaging Guidance

64625 - Radiofrequency Destruction of Nerves Supplying Joint Between Spine and Pelvis Using Imaging Guidance

Frequency and Limits

- The Frequency and Limit has been changed for the HCPCS code V2020 (Frames, Purchases) to the following:
Limit to 2 Frequency 1 year
- The Procedure Daily Maximum for the HCPCS code J2260 (Injection, Milrinone Lactate, 5 mg) has been changed to 252 on the reference screen RF113.

Limits

The Procedure Daily Maximum for the HCPCS code J2260 (Injection, Milrinone Lactate, 5 mg) has been changed to 252 on the reference screen RF113.



Medicare Indicator

The Medicare indicator has been changed from Y (Yes) to N (No) for the HCPCS codes J9304 (Injection, Pemetrexed (Pemfexy), 10 Mg Pending FDA) and J1437 (Injection, Ferric Derisomaltose, 10 mg) on the reference screens.

Procedure Daily Maximum

- The Procedure Daily Maximum: has been changed from 28 to 35 for the HCPCS code J9039 (Injection, Blinatumomab, 1 Microgram).
- The procedure daily maximum has been changed from 999 to 1 (one) for the HCPCS code S9131 (Physical Therapy; In the Home, Per Diem).
- The procedure daily maximum limit has been changed from 2 to 8 for the CPT code 26951 (Amputation of Finger or Thumb).
- The procedure daily maximum has been changed to 3 for the CPT code 99498 (Advance Care Planning by the Physician or Other Qualified Health Care Professional).

Place of Service

- Effective for dates of service February 2, 2020 the POS 02 (Svcs Provided/Received, Through Telecomm) have been added to the following CPT codes.

Code	Descriptions	Code	Descriptions
92507	Treatment of Speech, Language, Voice, Communication	97116	Walking Training To 1 Or More Areas, Each 15 Minutes
92523	Evaluation of Speech Sound Production with Evaluation Of Language	97140	Manual (Physical) Therapy Techniques To 1 Or More Regions
92526	Treatment of Swallowing and/or Oral Feeding Function	97161	Evaluation of Physical Therapy, Typically 20 Minutes
96156	Health Behavior Assessment, or Re-Assessment	97165	Evaluation of Occupational Therapy, Typically 30 Minutes
96158	Health Behavior Intervention, Individual, Face-To-Face;	97166	Evaluation of Occupational Therapy, Typically 45 Minutes
96167	Health Behavior Intervention, Family (With the Patient Present),	97168	Re-Evaluation of Occupational Therapy Established Plan of Care,
97110	Therapeutic Exercise to Develop Strength, Endurance, Range of Motion	97530	Therapeutic Activities to Improve Function, With One-On-One Contact Between Patient and Provider, Each 15 Minutes
97112	Therapeutic Procedure to Re-Educate Brain -To-Nerve-To-Muscle Function	97535	Self-Care or Home Management Training, Each 15 Minutes

Note: these codes for POS 02 are only allowed for cross over claims where AHCCCS is not the primary payor.

- Effective for the dates of service listed the following Place of Service 50 (Federally Qualified Health Center) has been removed from the following codes.

Code	Descriptions	Date	Code	Descriptions	Date
0202U	Nfct Ds 22 Trgt Sars-Cov-2	4/1/2020	0217U	Neuro Inh Ataxia Dna 51 Gene	10/1/2020
0203U	Ai Ibd Mrna Xprsn Prfl 17	10/1/2020	0218U	Neuro Musc Dys Dmd Seq Alys	10/1/2020
0204U	Onc Thyr Mrna Xprsn Alys 593	10/1/2020	0219U	Nfct Agt Hiv Gnrj Seq Alys	10/1/2020
0205U	Oph Amd Alys 3 Gene Variants	10/1/2020	0220U	Onc Brst Ca Ai Assmt 12 Feat	10/1/2020
0206U	Neuro Alzheimer Cell Aggregi	10/1/2020	0221U	Abo Gnotyp Next Gnrj Seq Abo	10/1/2020
0207U	Neuro Alzheimer Quan Imag-ing	10/1/2020	0222U	Rhd&Rhce Gntyp Next Gnrj Seq	10/1/2020
0208U	Onc Mtc Mrna Xprsn Alys 108	10/1/2020	0223U	Nfct Ds 22 Trgt Sars-Cov-2	4/1/2020
0209U	Cytog Const Alys Interrog	10/1/2020	0224U	Antibody Sars-Cov-2 Titer(s)	4/1/2020
0210U	Syphilis Tst Antb Ia Quan	10/1/2020	0225U	Nfct Ds Dna&Rna 21 Sarscov2	7/1/2020
0211U	Onc Pan-Tum DNA&RNA Gnrj Seq	10/1/2020	0226U	Svnt Sarscov2 Elisa Plsm Srm	7/1/2020
0212U	Rare Ds Gen DNA Alys Pro-band	10/1/2020	86408	Neutrlzg Antb Sarscov2 Scr	7/1/2020
0213U	Rare Ds Gen DNA Alys Ea Comp	10/1/2020	86409	Neutrlzg Antb Sarscov2 Titer	7/1/2020
0214U	Rare Ds Xom DNA Alys Pro-band	10/1/2020	86413	Sars-Cov-2 Antb Quantitative	7/1/2020
0215U	Rare Ds Xom DNA Alys Ea Comp	10/1/2020	87426	Coronavirus Ag Ia	4/1/2020
0216U	Neuro Inh Ataxia DNA 12 Com	10/1/2020			

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

Code	Description	Place of Service										Effective Begin Date	
		3	11	12	13	14	19	22	31	32			
84436	Thyroxine (Thyroid Chemical) Measurement		x										1/1/2020
84439	Thyroxine (Thyroid Chemical) Measurement		x										1/1/2020
84466	Transferrin (Iron Binding Protein) Level		x										1/1/2020
D1206	Topical Application of Fluoride Varnish				x								1/1/2020
D1208	Topical Application of Fluoride - Excluding Varnish	x			x					x			1/1/2020
D1354	Interim Caries Arresting Medicament Application - Per Tooth	x											1/1/2020
D4910	Periodontal Maintenance				x					x			1/1/2020
D5110	Complete Denture - Maxillary				x								1/1/2020
D5140	Immediate Denture - Mandibular				x								1/1/2020
D5211	Maxillary Partial Denture - Resin Base				x					x			1/1/2020
D5212	Mandibular Partial Denture - Resin Base									x			1/1/2020
D5730	Reline Complete Maxillary Denture (Chairside)				x								1/1/2020
D5731	Reline Lower Complete Mandibular Denture (Chairside)				x								1/1/2020
G0068	Professional Services for The Administration of Anti-Infective, Pain Management									x	x		10/1/2020
G0069	Professional Services for The Administration of Subcutaneous Immunotherapy									x	x		10/1/2020
G0070	Professional Services for The Administration of Chemotherapy for Each									x	x		10/1/2020
H0025	Behavioral Health Prevention Education Service							x					1/1/2020
H0031	Mental Health Assessment, By Non-Physician				x	x							7/1/2020
J3262	Injection, Tocilizumab, 1 mg			x									1/1/2020
J7351	Injection, Bimatoprost, Intracameral Implant, 1 Microgra									x			10/1/2020
J9227	Injection, Isatuximab-Irfc, 10 mg									x			10/1/2020
Q5119	Injection, Rituximab-PVVR, Biosimilar, (Ruxience), 10 mg		x										7/1/2020

Place of Service

11 - Office	19 - Off Campus-Outpatient Hospital
12 - Home	22 - Outpatient Hospital
13 - Assisted Living Facility	31 - Skilled Nursing Facility
14 - Group Home	32 - Nursing Facility

- Effective for October 1, 2020 the Place of Service 19 (Off Campus-Outpatient Hospital) and 22 (Outpatient Hospital) has been added to the following HCPCS/CPT codes.

Code	Description	Code	Description
0014M	Liver Disease, Analysis Of 3 Biomarkers	0213U	Rare Diseases (Constitutional/Heritable Disorders),
0202U	Infectious Disease (Bacterial or Viral Respiratory Tract)	0214U	Rare Diseases (Constitutional/Heritable Disorders)
0203U	Autoimmune (Inflammatory Bowel Disease), MRNA,	0215U	Rare Diseases (Constitutional/Heritable Disorders)
0204U	Oncology (Thyroid), MRNA, Gene Expression Analysis of 59	0216U	Neurology (Inherited Ataxias), Genomic DNA Sequence Analysis
0205U	Ophthalmology (Age-Related Macular Degeneration), Analysis	0217U	Neurology (Inherited Ataxias), Genomic DNA Sequence Analysis
0206U	Neurology (Alzheimer Disease); Cell Aggregation Using Mo	0218U	Neurology (Muscular Dystrophy), DMD Gene Sequence Analysis
0207U	Neurology (Alzheimer Disease); Quantitative Imaging Of P	0219U	Infectious Agent (Human Immunodeficiency Virus),
0208U	Oncology (Medullary Thyroid Carcinoma), MRNA, Gene Expre	0220U	Oncology (Breast Cancer), Image Analysis
0209U	Cytogenomic Constitutional (Genome-Wide) Analysis,	0221U	Red Cell Antigen (ABO Blood Group) Genotyping (ABO)
0210U	Syphilis Test, Non-Treponemal Antibody, Immunoassay,	0222U	Red Cell Antigen (RH Blood Group) Genotyping (RHD & RH)
0211U	Oncology (Pan-Tumor), DNA and RNA By Next-Generation Seq	U0001	CDC 2019 Novel Coronavirus (2019-Ncov) Real-Time Rt-Pcr
0212U	Rare Diseases (Constitutional/Heritable Disorders),	U0002	CDC 2019 Novel Coronavirus (2019-Ncov) Real-Time Rt-Pcr

- Effective for dates of service February 02, 2020 the POS 02 (Svcs Provided/Received, Through Telecomm) have been added to the following codes:

Code	Descriptions	Code	Descriptions
92507	Treatment of Speech, Language, Voice, Communication	97116	Walking Training To 1 Or More Areas, Each 15 Minutes
92523	Evaluation of Speech Sound Production with Evaluation Of Language	97140	Manual (Physical) Therapy Techniques To 1 Or More Regions
92526	Treatment of Swallowing and/or Oral Feeding Function	97161	Evaluation of Physical Therapy, Typically 20 Minutes
96156	Health Behavior Assessment, or Re-Assessment	97165	Evaluation of Occupational Therapy, Typically 30 Minutes
96158	Health Behavior Intervention, Individual, Face-To-Face;	97166	Evaluation of Occupational Therapy, Typically 45 Minutes
96167	Health Behavior Intervention, Family (With the Patient Present),	97168	Re-Evaluation of Occupational Therapy Established Plan of Care,
97110	Therapeutic Exercise to Develop Strength, Endurance, Range of Motion	97530	Therapeutic Activities to Improve Function, With One-On-One Contact Between Patient and Provider, Each 15 Minutes
97112	Therapeutic Procedure to Re-Educate Brain -To-Nerve-To-Muscle Function	97535	Self-Care or Home Management Training, Each 15 Minutes

Code	Description	Place of Service	Effective Begin Date
15773	Grafting of Patient Fat, Harvested by Liposuction to Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, and/or Feet; 25 Cc or Less Injectate	19 - Off Campus-Outpatient Hospital	1/1/2020
15773	Grafting of Patient Fat, Harvested by Liposuction to Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, and/or Feet; 25 Cc or Less Injectate	22 - Outpatient Hospital	1/1/2020
15774	Grafting of Patient Fat, Harvested by Liposuction to Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, and/or Feet; Each Additional 25 CC or Less Injectate	19 - Off Campus-Outpatient Hospital	1/1/2020
15774	Grafting of Patient Fat, Harvested by Liposuction to Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, and/or Feet; Each Additional 25 Cc or Less Injectate	22 - Outpatient Hospital	1/1/2020
27447	Repair of Knee Joint	24 - Ambulatory Surgical Center	1/1/2020
29540	Strapping; Ankle and/or Foot	12 - Home	1/1/2020
29540	Assisted Living Facility	13 - Assisted Living Facility	1/1/2020
80076	Liver Function Blood Test Panel	11 - Office	1/1/2020
88364	IN SITU Hybridization (e.g., fish), Per Specimen;	11 - Office	9/1/2019
88365	IN SITU Hybridization (e.g., fish), Each Probe	11 - Office	9/1/2019
90945	Dialysis Procedure Including One Evaluation	23 - Emergency Room - Hospital	7/1/2020
92522	Evaluation of Speech Sound Production	31 - Skilled Nursing Facility	6/1/2020
92607	Evaluation of Patient with Prescription of Speech-Generating and Alternative Communication Device	14 – Group Home	1/1/2021
92607	Evaluation of Patient with Prescription of Speech-Generating and Alternative Communication Device	53 - Community Mental Health Center	1/1/2021
92608	Evaluation and Prescription of Speech-Generating and Alternative Communication Device	03 - School	1/1/2021
92608	Evaluation and Prescription of Speech-Generating and Alternative Communication Device	14 – Group Home	1/1/2021
92608	Evaluation and Prescription of Speech-Generating and Alternative Communication Device	53 - Community Mental Health Center	1/1/2021
92609	Therapeutic Services for the Use of Speech-Generating Devices	14 – Group Home	1/1/2021
92609	Therapeutic Services for the Use of Speech-Generating Devices	53 - Community Mental Health Center	1/1/2021
A9901	DME Delivery, Set Up, and/or Dispensing Service Component of Another HCPCS Code	03 - School	1/1/2021
A9901	DME Delivery, Set Up, and/or Dispensing Service Component of Another HCPCS Code	14 -Group Home	1/1/2021
A9901	DME Delivery, Set Up, and/or Dispensing Service Component of Another HCPCS Code	53 - Community Mental Health Center	1/1/2021
J0129	Injection, Abatacept, 10 mg	12 – Home	12/1/2019

Provider Type

- Effective for the dates of service listed the following Provider Type's have been added to the system.

Code	Description	Provider Type	Effective Begin Date
12044	Repair of Wound (7.6 To 12.5 Centimeters) of Neck, Hands, Feet, and/or Genitals	19 - Registered Nurse Practitioner	1/1/2020
22585	Fusion of Spine Bones with Removal of Disc, Anterior App	19 - Off Campus-Outpatient Hospital	1/1/2020
22585	Fusion of Spine Bones with Removal of Disc, Anterior App	22 - Outpatient Hospital	1/1/2020
32560	Catheter Instillation of Agent Onto Lung Surface	19 - Registered Nurse Practitioner	6/1/2019
32561	Catheter Instillations Of Agent Onto Lung Lining To Break Up Scar	19 - Registered Nurse Practitioner	6/1/2019
32562	Catheter Instillations Of Agent Onto Lung Lining To Break Up Scar	19 - Registered Nurse Practitioner	6/1/2019
32666	Partial Removal Of Tissue Of One Lung Using An Endoscope	18 - Physician's Assistant	12/1/2019
38242	Transplantation of Donor Stem Cells from Bone Marrow or Blood with Infusion of Donor White Blood Cells	19 - Registered Nurse Practitioner	1/1/2020
58558	Biopsy and/or Removal of Polyp of the Uterus Using An Endoscope	19 - Registered Nurse Practitioner	10/1/2019
62264	Injection Or Mechanical Removal Of Spinal Canal Scar Tissue,	12 -Certified Registered Nurse Anesthetist	8/1/2019
62272	Spinal Tap With Drainage Of Spinal Fluid	12 -Certified Registered Nurse Anesthetist	8/1/2019
62280	Injection Of Substance Into Spinal Canal To Destroy Nerve Tissue	12 -Certified Registered Nurse Anesthetist	8/1/2019
62281	Injection Of Spinal Canal To Destroy Nerve	12 -Certified Registered Nurse Anesthetist	8/1/2019
62282	Injection Of Spinal Canal To Destroy Nerve	12 -Certified Registered Nurse Anesthetist	8/1/2019

Effective for the dates of service listed the provider types have been added to the system.

Code	Description	Provider Type	Effective Begin Date
62320	Injection Of Substance Into Spinal Canal Of Upper Or Middle Back	12 -Certified Registered Nurse Anesthetist	8/1/2019
62321	Injection Of Substance Into Spinal Canal Of Upper Or Middle Back	12 -Certified Registered Nurse Anesthetist	8/1/2019
62323	Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum Using Imaging Guidance	12 -Certified Registered Nurse Anesthetist	8/1/2019
62324	Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Upper Or Middle Back	12 -Certified Registered Nurse Anesthetist	8/1/2019
62325	Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Upper Or Middle Back Using Imaging Guidance	12 -Certified Registered Nurse Anesthetist	8/1/2019
62328	Diagnostic Spinal Tap Of Lower Spine Using Imaging Guidance	12 -Certified Registered Nurse Anesthetist	8/1/2019
62329	Therapeutic Spinal Tap Of Lower Spine Using Imaging Guidance	12 -Certified Registered Nurse Anesthetist	8/1/2019
64461	Injection Of Anesthetic Agent, Thoracic Vertebra	12 -Certified Registered Nurse Anesthetist	8/1/2019
64505	Injection Of Anesthetic Agent, Trigeminal Nerve Bundle	12 -Certified Registered Nurse Anesthetist	8/1/2019
64999	Unlisted Procedure, Nervous System	24 - Ambulatory Surgical Center	10/1/2019
67700	Incision And Drainage Of Eyelid Abscess	19 - Registered Nurse Practitioner	1/1/2020
80076	Liver Function Blood Test Panel	11 - Office	1/1/2020
86328	Immunologic Analysis Technique	18 - Physician's Assistant	1/1/2020
86328	Immunologic Analysis Technique	19 - Registered Nurse Practitioner	1/1/2020
86780	Analysis For Antibody, Treponema Pallidum	18 - Physician's Assistant	9/1/2019
86780	Analysis For Antibody, Treponema Pallidum	19 - Registered Nurse Practitioner	9/1/2019
88364	IN SITU Hybridization (e.g., fish), Per Specimen;	11 - Office	9/1/2019
88365	IN SITU Hybridization (e.g., fish), Each Probe	11 - Office	9/1/2019
90694	Influenza Virus Vaccine, Quadrivalent (AiiV4), Inactivated, Adjuvanted, Preservative Free, For Injection Into Muscle, 0.5 Ml Dosage	C2 - Federally Qualified Health Center	9/1/2020
90792	Psychiatric Diagnostic Evaluation with Medical Services	77 - BH Outpatient Clinic	1/1/2020
90832	Psychotherapy, 30 Minutes	77 - BH Outpatient Clinic	7/1/2020
90833	Psychotherapy, 30 Minutes	77 - BH Outpatient Clinic	7/1/2020

Code	Description	Provider Type	Effective Begin Date
90911	Biofeedback Training, Perineal Muscles, Anorectal or Urethral Sphincter	19 - Registered Nurse Practitioner	1/1/2019
94060	Measurement And Graphic Recording Of The Amount And Speed Of Breathed Air, Before And Following Medication Administration	IC - Integrated Clinics	1/1/2020
96127	Brief Emotional or Behavioral Assessment	77 - BH Outpatient Clinic	8/1/2020
96127	Brief Emotional or Behavioral Assessment	85 - Licensed Clinical Social Worker (LCSW)	8/1/2020
96127	Brief Emotional or Behavioral Assessment	86 - Licensed Marriage & Family Therapist (LMFT)	8/1/2020
96127	Brief Emotional or Behavioral Assessment	87 - Licensed Professional Counselor (LPC)	8/1/2020
96160	Administration and Interpretation of Patient-Focused Health Risk	19 - Off Campus-Outpatient Hospital	1/1/2020
96161	Administration and Interpretation of Caregiver-Focused Health Risk	19 - Off Campus-Outpatient Hospital	1/1/2020
99203	New Patient Office or Other Outpatient Visit, Typical 30 Minutes	62—Audiologist	1/1/2020
99441	Physician Telephone Patient Service, 5-10 Minutes Of Medical Discussion	IC - Integrated Clinics	3/27/2020
99442	Physician Telephone Patient Service, 11-20 Minutes Of Medical Discussion	IC - Integrated Clinics	3/27/2020
99443	Physician Telephone Patient Service, 21-30 Minutes Of Medical Discussion	IC - Integrated Clinics	3/27/2020
99494	Initial Or Subsequent Psychiatric Collaborative Care Management, Additional 3 Minutes In The First Calendar Month	18 - Physician's Assistant	10/1/2019
4065F	Antipsychotic Pharmacotherapy Prescribed (MDD)	19 - Registered Nurse Practitioner	10/1/2019
G2067	Medication Assisted Treatment, Methadone; Weekly Bundle Including Dispensing and/or Administration, Substance Use Counseling, Individual And Group Therapy,	IC Integrated Clinics	1/1/2020
G2078	Take-Home Supply Of Methadone; Up To 7 Additional Day Supply	IC Integrated Clinics	1/1/2020
G2080	Each Additional 30 Minutes Of Counseling In A Week Of Medication Assisted Treatment	IC Integrated Clinics	1/1/2020
G9691	Patient Had Hospice Services Any Time During The Measurement Period	19 - Registered Nurse Practitioner	1/1/2019
G9744	Patient Not Eligible Due To Active Diagnosis Of Hypertension	19 - Registered Nurse Practitioner	1/1/2019
Q0162	Ondansetron 1 Mg, Oral, FDA Approved Prescription	18 - Physician's Assistant	1/1/2020
S9433	Medical Food Nutritionally Complete, Administered Oral	30 - DME Supplier	10/1/2019
T2031	Assisted Living; Waiver, Per Diem	49 - Assisted Living Center	1/1/2019

Note * 32666 -and T2031*Need to report modifier AS

Note - 90911 has been end dated for PT 19 as of 12/01/2019

- Effective for September 1, 2020 the provider type 06 (Emergency Ground Transportation); and 97 (Air Transportation) can report the following HCPCS/CPT codes.

Code	Description	Code	Description
90630	Vaccine For Influenza For Injection Into Skin	90655	Vaccine For Influenza For Administration Into Muscle, 0.25 MI Dos
90656	Vaccine For Influenza For Administration Into Muscle, 0.5 MI Dosage	90657	Vaccine For Influenza For Administration Into Muscle, 0.25 MI Dosage
90658	Vaccine For Influenza For Administration Into Muscle, 0.5 MI Dosage	90660	Vaccine For Influenza For Nasal Administration
90662	Vaccine For Influenza For Injection Into Muscle	90672	Vaccine For Influenza For Nasal Administration
90673	Vaccine For Influenza Administered Into Muscle, Preservative And Antibiotic Free	90674	Vaccine For Influenza For Administration Into Muscle, 0.5 MI Dosage
90682	Vaccine For Influenza For Injection Into Muscle	90685	Vaccine For Influenza For Administration Into Muscle, 0.25 MI Dosage
90686	Vaccine For Influenza For Administration Into Muscle, 0.5 MI Dosage	90687	Vaccine For Influenza For Administration Into Muscle, 0.25 MI Dosage
90688	Vaccine For Influenza For Administration Into Muscle, 0.5 MI Dosage	90689	Inactivated Quadrivalent Influenza Vaccine For Injection Into Muscle
90694	Influenza Virus Vaccine, Quadrivalent (Aiv4), Inactivated, Adjuvanted, Preservative Free, For Injection Into Muscle, 0.5 MI Dosage	90756	Vaccine For Influenza For Injection Into Muscle
Q2034	Influenza Virus Vaccine, Split Virus, For Intramuscular Use (Agriflu)	G0008	Administration Of Influenza Virus Vaccine

- Effective for September 1, 2020 the provider type 06 (Emergency Ground Transportation); TR (Treat & Refer) and 97 (Air Transportation) can report the following HCPCS/CPT codes.

Code	Description
90653	Vaccine For Influenza For Injection Into Muscle
90471	Administration Of 1 Vaccine
90473	Administration Of 1 Nasal Or Oral Vaccine

Modifiers

- Effective for October 1, 2019 the modifier AS (Assistant Surgeon) has been end dated for the provider types 18 (Physician's Assistant) and 19 (Registered Nurse Practitioner) for the following codes.

Code	Description	Code	Description
57000	Colpotomy; With Exploration	57010	Colpotomy; With Drainage of Pelvic Abscess
57020	Colpocentesis (Separate Procedure)	57022	Incision and Drainage of Vaginal Hematoma; Obstetrical/
57023	Incision and Drainage of Vaginal Blood Accumulation		

- Effective for January 1, 2020 the following **modifiers** have been added to the HCPCS code A6457 (Tubular Dressing With Or Without Elastic, Any Width, Per Linear Yard).

A2 - Dressing For Two Wounds	A3 - Dressing For Three Wounds
A4 - Dressing For Four Wounds	A5 - Dressing For Five Wounds
A6 - Dressing For Six Wounds	A7 - Dressing For Seven Wounds
A8 - Dressing For Eight Wounds	

- Effective for dates of service October 14, 2020 the modifier GT (Telemedicine - Via Interactive Audio/Video) has been added to the following CPT/HCPCS codes.

Code	Description	Code	Description
G0422	Intensive Cardiac Rehabilitation; With or Without Continuous ECG	95970	Electronic Analysis of Implanted Brain, Spinal Cord or Peripheral Stimulation Device
G0423	Intensive Cardiac Rehabilitation; With or Without Continuous ECG	95971	Electronic Analysis of Implanted Brain, Spinal Cord or Peripheral Stimulation Device with Simple Spinal Cord or Peripheral Nerve Stimulator Programming
G0424	Pulmonary Rehabilitation, Including Exercise	95972	Electronic Analysis of Implanted Brain, Spinal Cord or Peripheral Stimulation Device with Complex Spinal Cord or Peripheral Nerve Stimulator Programming
93750	Evaluation of Lower Heart Chamber Assist Device with Physician Analysis	95983	Electronic Analysis of Implanted Brain, Spinal Cord or Peripheral Stimulation Device with Brain Stimulator Programming, First 15 Minutes Face-To-Face Time with Qualified Health Care Professional
93797	Physician Services for Outpatient Heart Cardiac Rehabilitation Per Session	95984	Electronic Analysis of Implanted Brain, Spinal Cord or Peripheral Stimulation Device with Brain Stimulator Programming, Additional 15 Minutes Face-To-Face Time with Qualified Health Care Professional
93798	Physician Services for Outpatient Heart Rehabilitation with Continuous EKG Monitoring Per Session		

- Effective for dates of service listed the following modifiers have been added to the reference screens.

Code	Description	Modifier	Effective Begin Date
21602	Removal of Tumor from Chest Wall Including Ribs with Plastic Reconstruction	22 - Unusual Procedural Services	1/1/2020
21602	Removal of Tumor from Chest Wall Including Ribs with Plastic Reconstruction	23 - Unusual Anesthesia	1/1/2020
21602	Removal of Tumor from Chest Wall Including Ribs with Plastic Reconstruction	47 - Anesthesia by Surgeon	1/1/2020
21602	Removal of Tumor from Chest Wall Including Ribs with Plastic Reconstruction	63 - Neonates/Infants Up to the 4-Kg Cut Off	1/1/2020
44799	Small Bowel Procedure	63 - Neonates/Infants Up to the 4-Kg Cut Off	1/1/2020
92990	Catheter Based Repair of Heart Valve (Pulmonary) To Lungs,	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2020
93312	Insertion of Probe in Esophagus for Heart Ultrasound Examination Including Interpretation and Report	Q1 - Cert Mycosis Toenail/Routine Clinical Research	11/1/2019
93460	Insertion of Catheter in Right and Left Heart for Imaging of Blood Vessels or Grafts and Left Lower Heart	Q1 - Cert Mycosis Toenail/Routine Clinical Research	11/1/2019
93530	Insertion of Catheter into Right Upper Heart Chamber for Evaluation of Congenital Abnormalities	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2020
97535	Self-Care or Home Management Training, each 15 Minutes	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
97542	Wheelchair Management, Each 15 Minutes	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
A0998	Ambulance Response and Treatment, No Transport	UD -Telehealth/MCD LVL CA	2/1/2020
G0491	Dialysis Procedure at A Medicare Certified ESRD Facility for Acute Kidney Injury Without ESRD	V5 - Vascular Catheter	10/1/2020

- The end date for the HCPCS code S5160 (Emergency Response System; Installation and Testing) with modifier RR (Rental/DME) has been changed to 99/99/9999

- Effective for the dates of service January 1, 2019 the following modifiers have been added to the Reference System.

Code	Description	Modifier
28035	Release, Tarsal Tunnel	50 - Bilateral Procedure
29882	Arthroscopy, Knee, Surgical; With Meniscus Repair	AS - PA SVCS For Assistant
36556	Insertion Of Central Venous Catheter For Infusion	51 - Multiple Procedures
69110	Excision External Ear; Partial, Simple Repair	50 - Bilateral Procedure
85013	Blood Count; Spun Microhematocrit	QW - CLIA Waived Test
86580	Skin Test; Tuberculosis, Intradermal	EP - EPSDT Svs/Amb Trip Ecf To Phys Off
92590	Hearing Aid Examination And Selection; Monaural	RT - Identifies Right Side Body Procedures
94640	Pressurized Or Non pressurized Inhalation Treatment	AQ - Physician Service HPSA Area
96127	Brief Emotional/Behavioral Assessment	EP - EPSDT SVS/Amb Trip ECF To Phys Off
96132	Neuropsychological Testing Evaluation Services By Physician	59 - Distinct Procedural Service
99396	Established Patient Periodic Preventive Medicine Exam	Q6 - Fee/Time Comp Subst MD OR PT
A0382	BLS Routine Disposable Supplies	QL - Patient Pronounced Dead After Ambulance
A0398	ALS Routine Disposable Supplies	QL - Patient Pronounced Dead After Ambulance
A5512	For Diabetics Only, Multiple Density Insert,	RT - Identifies Right Side Body Procedures
G0127	Trimming Of Dystrophic Nails, Any Number	Q8 - Two Class A Findings
J3490	Unclassified Drugs	KD - Drug Or Biological Infused Through DME
J3490	Unclassified Drugs	Q1 - Cert Mycosis Toenail/Routine Clinic Research
J7613	Albuterol, Inhalation Solution,	AQ - Physician Service HPSA Area
L0625	Lumbar Orthosis, Flexible, Provides Lumbar Support,	KX - Requirements Specified In The Medical PO
Q0512-	Pharmacy Supply Fee For Oral Anti-Cancer,	KX - Requirements Specified In The Medical PO
S0395	Impression Casting Of A Foot	RT - Identifies Right Side Body Procedures

- Effective for October 1, 2020 the following modifiers have been added to the HCPCS codes.

BA - Item Furnished In Connection With Pen

BO - Orally Admin Nutrition N/B Feeding Tube

EY - No Phys/Other Lic Hth Care Prov Ordere

Code	Description	Modifiers		
		BA	BO	EY
A5200	Percutaneous Catheter/Tube Anchoring Device, Adhesive Skin Attach	X	X	X
A9270	Non-Covered Item Or Service	X	X	
B4034	Enteral Feeding Supply Kit; Syringe Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape	X	X	X
B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape	X	X	X
B4036	Enteral Feeding Supply Kit; Gravity Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape	X	X	X
B4081	Nasogastric Tubing With Stylet	X	X	X
B4082	Nasogastric Tubing Without Stylet	X	X	X
B4083	Stomach Tube - Levine Type	X	X	X
B4087	Gastrostomy/Jejunostomy Tube, Standard, Any Material, Any Type,	X	X	X
B4088	Gastrostomy/Jejunostomy Tube, Low-Profile, Any Material, Any Type	X	X	X
B4100	Food Thickener, Administered Orally, Per Ounce	X	X	X
B4102	Enteral Formula, For Adults, Used To Replace Fluids And Electrolytes	X	X	X
B4103	Enteral Formula, For Pediatrics, Used To Replace Fluids And Electrolytes	X	X	X
B4104	Additive For Enteral Formula (e.g., Fiber)	X	X	X
B4105	In-Line Cartridge Containing Digestive Enzyme(s) For Enteral Feed	X	X	X
B4149	Enteral Formula, Manufactured Blenderized Natural Foods	X	X	X
B4150	Enteral Formula, Nutritionally Complete With Intact Nutrients,	X		X
B4152	Enteral Formula, Nutritionally Complete, Calorically Dense	X	X	X
B4153	Enteral Formula, Nutritionally Complete, Hydrolyzed Proteins	X		X
B4154	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs,	X		X

Code	Description	Modifiers		
		BA	BO	EY
B4155	Enteral Formula, Nutritionally Incomplete/Modular Nutrients,	X		X
B4157	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs for Inherited Disease Of Metabolism,	X	X	X
B4158	Enteral Formula, For Pediatrics, Nutritionally Complete With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals,	X	X	X
B4159	Enteral Formula, For Pediatrics, Nutritionally Complete Soy Based With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals,	X	X	X
B4160	Enteral Formula, For Pediatrics, Nutritionally Complete Calorically Dense	X	X	X
B4161	Enteral Formula, For Pediatrics, Hydrolyzed/Amino Acids And Peptide Chain	X	X	X
B4162	Enteral Formula, For Pediatrics, Special Metabolic Needs For Inherited Disease	X	X	X
B9002	Enteral Nutrition Infusion Pump, Any Type	X	X	X
B9998	NOC For Enteral Supplies	X	X	X
E0776	IV POLE		X	X

- Effective for dates of service October 1, 2020 the modifiers listed below have been added to the system.

J5 - Off-The-Shelf Orthotic Subject To DMEPOS Competitive Bidding Program That Is Furnished As Part of A Physical Therapist Or Occupational Therapist Professional Service

V4 - Demonstration modifier 4

- Effective for dates of service on or after January 1, 2020 the CPT code 34716 (Exposure of One Underarm or Upper Chest Artery with Creation of Conduit) has had modifiers added on the reference screen RF132.

- Effective for dates of service on or after October 1, 2019 the modifier JW (Drug Amount Discarded/Not Admin To Any Pati) has been added to the HCPCS code J9293 (Injection Mitoxantrone Hydrochloride, Per 5 mg).
- The modifier AS (PA Services for Assistant/At Surgery) has been removed from the CPT code 38242 (Transplantation of Donor Stem Cells from Bone Marrow or Blood with Infusion of Donor White Blood Cells) on RF618 for provider type 18 (Physician's Assistant).

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

Code	Description	Modifier	Effective Begin Date
31572	Destruction of Abnormality of One Side of Voice Box Using A Flexible Endoscope	82 - Assist Surg/Qual Resi	1/1/2020
31572	Destruction of Abnormality of One Side of Voice Box Using A Flexible Endoscope	GC - Teaching Physician Services	1/1/2020
33953	Extracorporeal Membrane Oxygenation (ECMO)/Extra corpore).	63 - Neonates/Infants Up The 4-KG Cut Off	7/1/2019
37223	Insertion of Stents Into Groin Artery, Endovascular, Accessed Through The Skin or Open Procedure	LT - Identifies Left Side Body Procedures	7/1/2019
37223	Insertion of Stents Into Groin Artery, Endovascular, Accessed Through The Skin or Open Procedure	RT - Identifies Right Side Body Procedures	7/1/2019
64486	Transversus Abdominis Plane (TAP) Block	LT (Identifies Left Side)	1/1/2020
64486	Transversus Abdominis Plane (TAP) Block	RT (Identifies Right Side)	1/1/2020
90853	Group Psychotherapy	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
90853	Group Psychotherapy	UD - Telehealth/MCD LVL CARE 13	3/17/2020
93530	Insertion Of Catheter Into Right Upper Heart Chamber For Evaluation Of Congenital Abnormalities	51 - Multiple Procedures	1/1/2020
93799	Unlisted Cardiovascular Service Or Procedure	80 - Assistant Surgeon	9/1/2019
97535	Self-Care or Home Management Training, each 15 Minutes)	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
97542	Wheelchair Management, Each 15 Minutes	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
99462	Subsequent Inpatient Hospital Care Of Newborn Per Day	24 - Unrelated Eval & Mgmt	1/1/2020
G0299	Direct Skilled Nursing Services Of A Registered Nurse (RN) In The Home Health Or Hospice Setting, Each 15 Minutes	HM - Less Than Bachelor Degree Level	9/1/2020
G0300	Direct Skilled Nursing Services Of A Licensed Practical Nurse (LPN) In The Home Health Or Hospice Setting, Each 15 Minutes	HM - Less Than Bachelor Degree Level	9/1/2020
J9293	Injection, Mitoxantrone Hydrochloride, Per 5 mg	JW - Drug Amount Discarded/Not Admin To Any Pati	10/1/2019
S5125	Attendant Care Services; Per 15 Minutes	HM - Less Than Bachelor Degree Level	9/1/2020
S5125	(Attendant Care Services; Per 15 Minutes	TM - Individualized Education Program (IEP)	1/1/2020
S9123	Nursing Care, In The Home; By Registered Nurse, Per Hour	HM - Less Than Bachelor Degree Level	9/1/2020
S9124	Nursing Care, In The Home; By Licensed Practical Nurse, Per Hour	HM - Less Than Bachelor Degree Level	9/1/2020
T1002	RN Services, Up To 15 Minutes	HM - Less Than Bachelor Degree Level	9/1/2020

- Effective for dates of service October 1, 2020 the modifiers listed below have been added to the system.

J5 - Off-The-Shelf Orthotic Subject To DMEPOS Competitive Bidding Program That Is Furnished As Part of A Physical Therapist Or Occupational Therapist Professional Service

V4 - Demonstration modifier 4

- Effective for dates of service on or after January 1, 2020 the CPT code 34716 (Exposure of One Underarm or Upper Chest Artery with Creation of Conduit) has had modifiers added on the reference screen RF132.
- Effective for dates of service on or after January 1, 2020 the following modifiers have been added to the system.

Code	Description	Modifier
64486	Transversus Abdominis Plane (TAP) Block	LT (Identifies Left Side)
64486	Transversus Abdominis Plane (TAP) Block	RT (Identifies Right Side)
93530	Insertion Of Catheter Into Right Upper Heart Chamber For Evaluation Of Congenital Abnormalities	51 - Multiple Procedures
99462	Subsequent Inpatient Hospital Care Of Newborn Per Day	24 - Unrelated Eval & Mgmt

- Effective for September 1, 2020 the modifier HM (Less Than Bachelor Degree Level) has been added to the following HCPCS Codes.

Code	Description
S9123	Nursing Care, In The Home; By Registered Nurse, Per Hour
S9124	Nursing Care, In The Home; By Licensed Practical Nurse, Per Hour
S5125	Attendant Care Services; Per 15 Minutes
G0299	Direct Skilled Nursing Services Of A Registered Nurse (RN) In The Home Health Or Hospice Setting, Each 15 Minutes
G0300	Direct Skilled Nursing Services Of A Licensed Practical Nurse (LPN) In The Home Health Or Hospice Setting, Each 15 Minutes
T1002	RN Services, Up To 15 Minutes

- Effective for dates of service June 1, 2019 the following modifiers have been added to the system.

Code	Description	Modifier
G0379	Direct Admission Of Patient For Hospital Observation	25 - Significant, Sep Ident E&M, Same Md&Day
G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	25 - Significant, Sep Ident E&M, Same Md&Day
G0463	Removal Of Permanent Pacemaker Pulse Generator	25 - Significant, Sep Ident E&M, Same Md&Day
58670	Destruction Of Ovaries Using An Endoscope	50 - Bilateral Procedure (Pay 50%)
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	58 - Staged/Related Proc Same Post-OP Period
96368	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion	58 - Staged/Related Proc Same Post-Op Period
96372	Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention	58 - Staged/Related Proc Same Post-OP Period
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90, Per Source	59 - Distinct Procedural Service
93005	Routine Electrocardiogram (EKG) With Tracing Using At Least 12 Leads	59 - Distinct Procedural Service
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90, Per Source	59 - Distinct Procedural Service
93005	Routine Electrocardiogram (EKG) With Tracing Using At Least 12 Leads	91 - Rep. Lab Test/Non-Emg. 911
96361	Hydration Infusion Into A Vein	91 - Rep. Lab Test/Non-Emg. 911
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	91 - Rep. Lab Test/Non-Emg. 911
96375	Injection Of Different Drug Or Substance Into A Vein For Therapy	91 - Rep. Lab Test/Non-Emg. 911
Q9967	Low Osmolar Contrast Material, 300-399 Mg/ML Iodine Concentration	91 - Rep. Lab Test/Non-Emg. 911
81268	Chimerism Analysis Post Transplantation	92 - Alternative Laboratory Platform Testing
82947	Blood Glucose (Sugar) Level	92 - Alternative Laboratory Platform Testing
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90, Per Source	96 - Habilitative Services

Code	Description	Modifier	Effective Begin Date
96375	Injection Of Different Drug or Substance Into A Vein for Therapy, Diagnosis, or Prevention	59 - Distinct Procedural Service	7/1/2019
99336	Established Patient Assisted Living Visit, Typically 40 Minutes	95 - Synchronous Telemedicine Service Rendered	3/10/2020
99358	Prolonged Patient Service without Direct Patient Contact First Hour	25 - Significant, Sep Ident E&M, Same MD&Day	1/1/2020
G2023	Specimen Collection For Severe Acute Respiratory Syndrome	90 - Reference (Outside) Laboratory	4/1/2020
G2023	Specimen Collection For Severe Acute Respiratory Syndrome	91 - Rep. Lab Test/Non-Emg	4/1/2020
G2024	Specimen Collection For Severe Acute Respiratory Syndrome	90 - Reference (Outside) Laboratory	4/1/2020
G2024	Specimen Collection For Severe Acute Respiratory Syndrome	91 - Rep. Lab Test/Non-Emg	4/1/2020

80053	Blood Test, Comprehensive Group Of Blood Chemicals	AY - Item Or Serv Furnished To An ESRD Patient
85025	Complete Blood Cell Count (Red Cells, White Blood Cell, Platelets)	AY - Item Or Serv Furnished To An ESRD Patient
J1644	Injection, Heparin Sodium, Per 1000 Units	AY - Item Or Serv Furnished To An ESRD Patient
J2997	Injection, Alteplase Recombinant, 1 mg	AY - Item Or Serv Furnished To An ESRD Patient
99214	Established Patient Office Or Other Outpatient, Visit Typically 25 Minutes	CG - Innovator Drug Disp/Policy Criteria Appl
J0897	Injection, Denosumab, 1 Mg	GC - Teaching Physician Services
G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	GC - Teaching Physician Services
93005	Routine Electrocardiogram (EKG) With Tracing Using At Least 12 Leads	GE- Tch Phys Exemption/Amb Hosp Based To Ecf
J0256	Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg	JW - Drug Amt Discarded/Not Admin To Any Pati
J1561	Injection, Immune Globulin, (Gamunex-C/ Gammaked), Non-Lyophilized	JW - Drug Amt Discarded/Not Admin To Any Pati
J1566	Injection, Immune Globulin, Intravenous, Lyophilized (e.g., Powder), Not Otherwise Specified, 500 Mg	JW - Drug Amt Discarded/Not Admin To Any Pati
J2597	Injection, Desmopressin Acetate, Per 1 mcg	JW - Drug Amt Discarded/Not Admin To Any Pati
P9047	Infusion, Albumin (Human), 25%, 50 ml	JW - Drug Amt Discarded/Not Admin To Any Pati
J0129	Injection, Abatacept, 10 Mg	KX - Requirements Specified
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	KX - Requirements Specified In The Medical Po
96375	Injection Of Different Drug Or Substance Into A Vein For Therapy	KX - Requirements Specified In The Medical PO
J0129	Injection, Abatacept, 10 Mg	KX - Requirements Specified In The Medical PO
55040	Removal Of Fluid Accumulation In One Testicle And Sperm Reservoir	LT - Identifies Left Side Body Procedures
58670	Destruction Of Ovaries Using An Endoscope	LT - Identifies Left Side Body Procedures
60500	Removal Or Exploration Of Parathyroid Glands	LT - Identifies Left Side Body Procedures
31575	Diagnostic Examination Of Voice Box Using Flexible Endoscope	PN - Non-Excepted Service
36416	Puncture Of Skin For Collection Of Blood Sample	PN - Non-Excepted Service
51798	Ultrasound Measurement Of Bladder Capacity After Voiding	PN - Non-Excepted Service
81003	Automated Urinalysis Test	PN - Non-Excepted Service
85610	Blood Test, Clotting Time	PN - Non-Excepted Service
93005	Routine Electrocardiogram (EKG) With Tracing Using At Least 12 Leads	PN - Non-Excepted Service
93017	Exercise Or Drug-Induced Heart And Blood Vessel Stress Test With EKG Tracing & Monitoring	PN - Non-Excepted Service
93284	Evaluation, Testing And Programming Adjustment Of Defibrillator	PN - Non-Excepted Service
96372	Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention	PN - Non-Excepted Service
J0585	Injection, Onabotulinumtoxina, 1 Unit	PN - Non-Excepted Service
Q5101	Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram	PN - Non-Excepted Service
Q9967	Low Osmolar Contrast Material, 300-399 Mg/Ml Iodine Concentration	PN - Non-Excepted Service
36591	Collection Of Blood Specimen From A Completely Implantable Venous Access Device	PP - Phys. Office To Phys. Office/Clinic

36591	Collection Of Blood Specimen From A Completely Implantable Venous	Q0 - Invest Clinical Research
85610	Blood Test, Clotting Time	Q0 - Invest Clinical Research
96368	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion	Q0 - Invest Clinical Research
96375	Injection Of Different Drug Or Substance Into A Vein For Therapy	Q0 - Invest Clinical Research
96413	Infusion Of Chemotherapy Into A Vein Up To 1 Hour	Q0 - Invest Clinical Research
J1453	Injection, Fosaprepitant, 1 Mg	Q0 - Invest Clinical Research
J2469	Injection, Palonosetron HCL, 25 mcg	Q0 - Invest Clinical Research
36591	Collection Of Blood Specimen From A Completely Implantable Venous Access Device	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
77386	Radiation Therapy Delivery	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
82947	Blood Glucose (Sugar) Level	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
85610	Blood Test, Clotting Time	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
96361	Hydration Infusion Into A Vein	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
96366	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
96368	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
96375	Injection Of Different Drug Or Substance Into A Vein For Therapy	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
96413	Infusion Of Chemotherapy Into A Vein Up To 1 Hour	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
J1100	Injection, Dexamethasone Sodium Phosphate, 1 Mg	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
J1453	Injection, Fosaprepitant, 1 Mg	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
J1568	Injection, Immune Globulin, (Octagam), Intravenous, Non-Lyophilized (e.g. Liquid), 500 mg,	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
J1644	Injection, Heparin Sodium, Per 1000 Units	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
J2405	Injection, Ondansetron Hydrochloride, Per 1 Mg	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
Q9967	Low Osmolar Contrast Material, 300-399 Mg/Ml Iodine Concentration	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
55040	Removal Of Fluid Accumulation In One Testicle And Sperm Reservoir	RT - Identifies Right Side Body Procedures
58670	Destruction Of Ovaries Using An Endoscope	RT - Identifies Right Side Body Procedures
60500	Removal Or Exploration Of Parathyroid Glands	RT - Identifies Right Side Body Procedures
33228	Removal And Replacement Of Dual Lead Permanent Pacemaker Pulse	SC - Medically Necessary Service Or Supply
Q5101	Injection, Filgrastim-Sndz, Biosimilar, (ZARXIO), 1 Microgram	TB - Drug Or Biological Acquired With 340B DR
Q5105	Injection, Epoetin Alfa-Epbx, Biosimilar, (Retacrit) (For ESRD On Dialysis), 100 Units	TB - Drug Or Biological Acquired With 340B DR

- Effective for the dates of service January 1, 2019 the following modifiers have been added to the system.

Code	Description	Modifier
27217	Open Treatment of Fracture and/or Dislocation on One Side of Pelvis	50 - Bilateral Procedure
27218	Open Treatment of Fracture and/or Dislocation on One Side of Pelvis	50 - Bilateral Procedure
28035	Release, Tarsal Tunnel	50 - Bilateral Procedure
29882	Arthroscopy, Knee, Surgical; With Meniscus Repair	AS - PA SVCS For Assistant
36556	Insertion Of Central Venous Catheter For Infusion	51 - Multiple Procedures
69110	Excision External Ear; Partial, Simple Repair	50 - Bilateral Procedure
85013	Blood Count; Spun Microhematocrit	QW - CLIA Waived Test
86580	Skin Test; Tuberculosis, Intradermal	EP - EPSDT Svs/Amb Trip Ecf To Phys Off
92590	Hearing Aid Examination And Selection; Monaural	RT - Identifies Right Side Body Procedures
94640	Pressurized Or Nonpressurized Inhalation Treatment	AQ - Physician Service HPSA Area
96127	Brief Emotional/Behavioral Assessment	EP - EPSDT SVS/Amb Trip ECF To Phys Off
96132	Neuropsychological Testing Evaluation Services By Physician	59 - Distinct Procedural Service
99396	Established Patient Periodic Preventive Medicine Exam	Q6 - Fee/Time Comp Subst MD OR PT
A0382	BLS Routine Disposable Supplies	QL - Patient Pronounced Dead After Ambulance
A0398	ALS Routine Disposable Supplies	QL - Patient Pronounced Dead After Ambulance
A5512	For Diabetics Only, Multiple Density Insert,	RT - Identifies Right Side Body Procedures
G0127	Trimming Of Dystrophic Nails, Any Number	Q8 - Two Class A Findings
J3490	Unclassified Drugs	KD - Drug Or Biological Infused Through DME
J3490	Unclassified Drugs	Q1 - Cert Mycosis Toenail/ Routine Clinic Research
J7613	Albuterol, Inhalation Solution,	AQ - Physician Service HPSA Area
L0625	Lumbar Orthosis, Flexible, Provides Lumbar Support,	KX - Requirements Specified In The Medical PO
Q0512	Pharmacy Supply Fee For Oral Anti-Cancer,	KX - Requirements Specified In The Medical PO
S0395	Impression Casting Of A Foot	RT - Identifies Right Side Body Procedures

Effective for dates of service on or after March 17, 2020 the modifier UD (Telephonic Telehealth) has been added to the CPT/HCPCS codes listed below.

Code	Descriptions	Code	Descriptions
92523	Evaluation Of Speech Sound Production With Evaluation Of Language	G0108	Diabetes Outpatient Self-Management Training Services, Individual, Per 30 Minutes
92524	Behavioral And Qualitative Analysis Of Voice And Resonance	G0296	Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Or Angiotensin Receptor-Nepilysin Inhibitor (ARNI) Therapy Was Not Prescribed, Reason Not Given
96116	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes	G0397	Alcohol and/or Substance (Other Than Tobacco) Abuse Structured Assessment (E.G., Audit, DAST), And Intervention, Greater Than 30 Minutes
96121	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, Additional 60 Minutes	G0406	Follow-Up Inpatient Consultation, Limited, Physicians Typically Spend 15 Minutes Communicating With The Patient Via Telehealth
96160	Administration And Interpretation Of Patient-Focused Health Risk	G0408	Follow-Up Inpatient Consultation, Complex, Physicians Typically Spend 35 Minutes Communicating With The Patient Via Telehealth
96161	Administration And Interpretation Of Caregiver-Focused Health Risk	G0421	Face-To-Face Educational Services Related To The Care Of Chronic Kidney Disease; Group, Per Session, Per One Hour
99354	Prolonged Office Or Other Outpatient Service First Hour	G0426	Telehealth Consultation, Emergency Department Or Initial Inpatient, Typically 50 Minutes Communicating With The Patient Via Telehealth
99355	Prolonged Office Or Other Outpatient Service Each 30 Minutes Beyond	G0438	Annual Wellness Visit; Includes A Personalized Prevention Plan Of Service (PPS), Initial Visit
99356	Prolonged Inpatient Or Observation Hospital Service First Hour	G0442	Annual Alcohol Misuse Screening, 15 Minutes
99357	Prolonged Inpatient Or Observation Hospital Service Each 30 Minutes	G0443	Brief Face-To-Face Behavioral Counseling For Alcohol Misuse, 15 Minutes
99406	Smoking And Tobacco Use Intermediate Counseling, Greater Than 3 Minutes Up To 10 Minutes	G0445	Annual Depression Screening, 15 Minutes
99441	Physician Telephone Patient Service, 5-10 Minutes Of Medical Discussion	G0447	High Intensity Behavioral Counseling To Prevent Sexually Transmit
99442	Physician Telephone Patient Service, 11-20 Minutes Of Medical Discussion	G0513	Prolonged Preventive Service(s) (Beyond The Typical Service Time
99497	Advance Care Planning By The Physician Or Other Qualified Health	G2086	Office-Based Treatment For Opioid Use Disorder, Including Development Of The Treatment Plan, Care Coordination, Individual Therapy And Group Therapy And Counseling; At Least 70 Minutes In The First Calendar Month
		G2088	Office-Based Treatment For Opioid Use Disorder, Including Care Coordination,

- The date has been changed to September 1, 2019 for modifier 80 (Assistant Surgeon) for the CPT code 93799 (Unlisted Cardiovascular Service Or Procedure).
- Effective for dates of service on or after January 1, 2020 the following modifiers have been added to the appropriate screens.

Code	Description	Modifier
21031	Excision Of Torus Mandibularis	50 - Bilateral Procedure (Pay 50%)
32550	Insertion Of Permanent Catheter For Drainage Of Lung Fluid	LT - Identifies Left Side Body Procedures
32550	Insertion Of Permanent Catheter For Drainage Of Lung Fluid	RT - Identifies Right Side Body Procedures
32550	Insertion Of Permanent Catheter For Drainage Of Lung Fluid	50 - Bilateral Procedure (Pay 50%)
36416	Puncture Of Skin For Collection Of Blood Sample	PN - Non-Excepted Service Provided At An Off-
45388	Destruction Of Large Bowel Growths Using An Endoscope	33 - Preventive Services
50430	Injection Procedure For X-Ray Imaging Of Kidney And Urinary Duct	LT - Identifies Left Side Body Procedures
50430	Injection Procedure For X-Ray Imaging Of Kidney And Urinary Duct	RT - Identifies Right Side Body Procedures
50430	Injection Procedure For X-Ray Imaging Of Kidney And Urinary Duct	50 - Bilateral Procedure (Pay 50%)
70480	CT Scan Of Cranial Cavity	58 - Staged/Related Proc Same Post-Op Period
70480	CT Scan Of Cranial Cavity	PN - Non-Excepted Service Provided At An Off-
80053	Blood Test, Comprehensive Group Of Blood Chemicals	AY - Clinical Nurse Specialist, Team Member
80177	Levetiracetam Level	59 - Distinct Procedural Service
82947	Blood Glucose (Sugar) Level	PO - Services, Procedures and/or Surgeries PR
82947	Blood Glucose (Sugar) Level	PN - Non-Excepted Service Provided At An Off-
93005	Routine Electrocardiogram (EKG) With Tracing Using At Least 12 Leads	PN - Non-Excepted Service Provided At An Off-
93017	Exercise Or Drug-Induced Heart And Blood Vessel Stress Test	PN - Non-Excepted Service Provided At An Off-
93279	Evaluation, Testing, And Programming Adjustment Of Permanent Single Lead Pacemaker System	PN - Non-Excepted Service Provided At An Off-

Code	Description	Modifier
93284	Evaluation, Testing And Programming Adjustment Of Defibrillator	PN - Non-Excepted Service Provided At An Off-
93458	Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels	LM - Left Main Coronary Artery
93458	Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels	RC - Right Coronary Artery
93458	Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels	RI - Res To Site Of Trans/Ramus Interm Corn A
93458	Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels	PN - Non-Excepted Service Provided At An Off-
93571	Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis Or Treatment	RI - Res To Site Of Trans/Ramus Interm Corn A
93571	Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis	PN - Non-Excepted Service Provided At An Off-
96374	Injection Of Drug Or Substance Into A Vein For Therapy,	58 - Staged/Related Proc Same Post-Op Period
G0378*	Hospital Observation Service, Per Hour	CS - Item Or Serv Related In Whole Or In Part
G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	25 - Significant, Sep Ident E&M,Same MD& Day
J0885	Injection, Epoetin Alfa, (For Non-ESRD Use), 1000 Units	JG - Drug 340B Price Dsct Program/Non Hosp To
J1602	Injection, Golimumab, 1 Mg, For Intravenous Use	JG - Drug 340B Price Dsct Program/Non Hosp To
J1602	Injection, Golimumab, 1 Mg, For Intravenous Use	JW - Drug Amt Discarded/Not Admin To Any Pati
J1610	Injection, Glucagon Hydrochloride, Per 1 mg	JG - Drug 340B Price Dsct Program/Non Hosp To
J2353	Injection, Octreotide, Depot Form For Intramuscular Injection,	JG - Drug 340B Price Dsct Program/Non Hosp To
J2597	Injection, Desmopressin Acetate, Per 1 mcg	JG - Drug 340B Price Dsct Program/Non Hosp To
J3240	Injection, Thyrotropin Alpha, 0.9 Mg, Provided In 1.1 Mg Vial	JG - Drug 340B Price Dsct Program/Non Hosp To
J3262	Injection, Tocilizumab, 1 mg	JG - Drug 340b Price Dsct Program/Non Hosp To
J9352	Injection, Trabectedin, 0.1 Mg	JW - Drug Amt Discarded/Not Admin To Any Pati
J9352	Injection, Trabectedin, 0.1 Mg	JG - Drug 340b Price Dsct Program/Non Hosp To
Q5103	Injection, Infliximab-Dyyb, Biosimilar, (Inflixtra), 10 Mg	JG - Drug 340b Price Dsct Program/Non Hosp To
Q5103	Injection, Infliximab-Dyyb, Biosimilar, (Inflixtra), 10 mg	JW - Drug Amt Discarded/Not Admin To Any Pati
Q5105	Injection, Epoetin Alfa-EPBX, Biosimilar, (Retacrit)	JW - Drug Amt Discarded/Not Admin To Any Pati

Note:* Modifier description changed.

- Effective for the dates of service listed the following modifiers have been added to the reference screens.

Code	Description	Modifiers	Effective Begin Date
27447	Repair of Knee Joint	SG - AMB SURG CTR (ASC)	1/1/2020
64999	Nervous System Procedure	82 - Assist Surg/Qual Resident Surg Not Available	1/1/2020
93312	Insertion of Probe in Esophagus for Heart Ultrasound Examination	Q1 - Cert Mycosis Toenail/Routine Clin Research	11/1/2019
93460	Insertion of Catheter in Right and Left Heart for Imaging of Blood Vessels or Grafts and Left Lower Heart	Q1 - Cert Mycosis Toenail/Routine Clin Research	11/1/2019
99000	Handling and/or Conveyance of Specimen for Transfer from Physician Office to Laboratory	CS - CS Costshare Spec Covid-19 Test Order/A	3/18/2020
99211	Established Patient Office or Other Outpatient Visit, Typically 5 Minutes	CS - CS Costshare Spec Covid-19 Test Order/A	3/18/2020
99213	Established Patient Office or Other Outpatient Visit, Typically 15 Minutes	CS - CS Costshare Spec Covid-19 Test Order/A	3/18/2020
99214	Established Patient Office or Other Outpatient, Visit Typically 25 Minutes	CS - CS Costshare Spec Covid-19 Test Order/A	3/18/2020
97110	Therapeutic Exercise to Develop Strength, Endurance, Range of Motion, And Flexibility, Each 15 Minutes	CQ - Outpatient OT Service by OTA	1/1/2020
97112	Therapeutic Procedure to Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes	CQ - Outpatient OT Service by OTA	1/1/2020
97116	Walking Training To 1 Or More Areas, Each 15 Minutes	CQ - Outpatient OT Service by OTA	1/1/2020
97530	Therapeutic Activities to Improve Function, with One-On-One Contact Between Patient and Provider, Each 15 Minutes	CQ - Outpatient OT Service by OTA	1/1/2020
97535	Self-Care or Home Management Training, Each 15 Minutes	CQ - Outpatient OT Service by OTA	1/1/2020
97110	Therapeutic Exercise to Develop Strength, Endurance, Range of Motion, And Flexibility, Each 15 Minutes	CQ - Outpatient OT Service by OTA	1/1/2020
97112	Therapeutic Procedure to Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes	CQ - Outpatient OT Service by OTA	1/1/2020
97116	Walking Training To 1 Or More Areas, Each 15 Minutes	CQ - Outpatient OT Service by OTA	1/1/2020
97530	Therapeutic Activities to Improve Function, with One-On-One Contact Between Patient and Provider, Each 15 Minutes	CQ - Outpatient OT Service by OTA	1/1/2020
97535	Self-Care or Home Management Training, Each 15 Minutes	CQ - Outpatient OT Service by OTA	1/1/2020

Note: The CS modifier was added only for the Medicare claims that cross over

Reference Screen

- The Medicare indicator has been changed from Y (Yes) to N (No) for the HCPCS codes J9304 (Injection, Pemetrexed (Pemfexy), 10 Mg Pending FDA) and J1437 (Injection, Ferric Derisomaltose, 10 mg) on the reference screens.
- The HCPCS codes G2065 (Comprehensive Care Management For A Single High-Risk Disease Services,) and G2080 (Each Additional 30 Minutes Of Counseling In A Week Of Medication Assisted Treatment) have been added to the Reference Screen RF769 with an effective date of January 1, 2020 and a Category of Service of 01 (Medicine).

Revenue Code

- Effective for dates of service on or after January 1, 2020 the revenue codes 0821 (Hemo/Composite); 0841 (CAPD/Composite); and 0851 (CCPD/Composite) have been added to the HCPCS codes G0491 (Dialysis Procedure at A Medicare Certified ESRD Facility for Acute Kidney Injury Without ESRD) and G0492 (Dialysis Procedure With Single Evaluation by a Physician or Other Qualified Health Care Professional for Acute Kidney Injury Without ESRD).
- Effective for dates of service on or after January 1, 2020 the revenue code 0490 (AMBUL SURG) has been added to the CPT code 27447 (Repair of Knee Joint).
- Effective for dates of service on or after October 23, 2020 the AHCCCS the Revenue Code 0310 (Pathology Lab) has been added to the CPT code 81414 (Test for Detecting Genes Associated with Heart Disease).

Sex Indicator

Effective for dates of service on or after October 1, 2020 the Gender Indicator “M” male has been added to the HCPCS code C9769 (Cystourethroscopy, With Insertion Of Temporary Prostatic).

