



ENCOUNTER KEYS

January-February, 2021

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Age

- The Maximum Age has been changed to 9999 Years for the following codes:

92607	Evaluation of Patient with Prescription of Speech-Generating and Alternative Communication Device
92608	Evaluation and Prescription of Speech-Generating and Alternative Communication Device
92609	Therapeutic Services for use of Speech-Generating Device with Programming

- The minimum age has been changed to 000 years and the maximum age is now 999 years for the HCPCS code D1355 (Caries Preventive Medicament Application - Per Tooth).

Code Descriptions Revised

Effective for the date of service listed the HCPCS code descriptions have been changed.

Code	Description	Effective Begin Date
G0179	Physician Re-Certification for Medicare-Covered Home Health Services Under a Home Health Plan of Care (Patient Not Present), Including Contacts with Home Health Agency and Review of Reports of Patient Status Required by Physicians to Affirm the Initial Implementation of the Plan of Care that Meets Patient's Needs, Per Re-Certification Period	03/01/2020
G0180	Physician Certification for Medicare-Covered Home Health Services Under A Home Health Plan of Care (Patient Not Present), Including Contacts with Home Health Agency and Review of Reports of Patient Status Required by Physicians to Affirm the Initial Implementation of the Plan of Care That Meets Patient's Needs, Per Certification Period	03/01/2020
G0181	Physician Supervision of a Patient Receiving Medicare-Covered Services Provided by a Participating Home Health Agency (Patient Not Present) Requiring Complex and Multidisciplinary Care Modalities Involving Regular Physician Development and/or Revision of Care Plans,	03/01/2020
L8701	Elbow, Wrist, Hand Device, Powered, With Single or Double Upright(s), Any Type Joint(s), Includes Microprocessor, Sensors, All Components and Accessories	10/01/2020
L8702	Elbow, Wrist, Hand, Finger Device, Powered, With Single or Double Upright (s), Any Type Joint(s), Includes Microprocessor, Sensors, All Components and Accessories	10/01/2020

Code(s)

Effective for dates of service January 1, 2021 the following CPT/HCPCS codes have been updated with the following.

Place of Service 24 - Ambulatory Surgical Center
 Modifier SG - AMB SURG CTR (ASC) FA
 Revenue Code 0490

Code	Description
27130	Replacement of Thigh Bone and Hip Joint Prosthesis
33244	Removal of Defibrillator Electrodes Through Vein
37244	Occlusion of Arterial or Venous Hemorrhage with Radiological Supervision and Interpretation, Road mapping, And Imaging Guidance
C9602	Percutaneous Transluminal Coronary Atherectomy, With Drug Eluting Intracoronary Stent, With Coronary Angioplasty When Performed; Single Major Coronary Artery or Branch
C9603	Percutaneous Transluminal Coronary Atherectomy, With Drug-Eluting Intracoronary Stent, With Coronary Angioplasty When Performed; Each Additional Branch of a Major Coronary Artery (List Separately in Addition to Code for Primary Procedure)
C9604	Percutaneous Transluminal Revascularization of or Through Coronary Artery Bypass Graft (Internal Mammary, Free Arterial, Venous), Any Combination of Drug-Eluting Intracoronary Stent, Atherectomy And Angioplasty, Including Distal Protection When Performed; Single Vessel
C9605	Percutaneous Transluminal Revascularization of or Through Coronary Artery Bypass Graft (Internal Mammary, Free Arterial, Venous), Any Combination of Drug-Eluting Intracoronary Stent, Atherectomy And Angioplasty, Including Distal Protection When Performed; Each Additional Branch Subtended by The Bypass Graft (List Separately in Addition to Code for Primary Procedure)
C9606	Percutaneous Transluminal Revascularization of Acute Total/Subtotal Occlusion During Acute Myocardial Infarction, Coronary Artery or Coronary Artery Bypass Graft, Any Combination of Drug-Eluting Intracoronary Stent, Atherectomy And Angioplasty, Including Aspiration Thrombectomy When Performed, Single Vessel
C9607	Percutaneous Transluminal Revascularization of Chronic Total Occlusion, Coronary Artery, Coronary Artery Branch, Or Coronary Artery Bypass Graft, Any Combination of Drug-Eluting Intracoronary Stent, Atherectomy And Angioplasty; Single Vessel
C9608	Percutaneous Transluminal Revascularization of Chronic Total Occlusion, Coronary Artery, Coronary Artery Branch, or Coronary Artery Bypass Graft, Any Combination of Drug-Eluting Intracoronary Stent, Atherectomy and Angioplasty; Each Additional Coronary Artery, Coronary Artery Branch, Or Bypass Graft (List Separately in Addition to Code for Primary Procedure)

- ◆ Effective for date of service listed the following codes have been added to the PMMIS system.

Code	Description	Effective Begin Date
91303	Janssen severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use.	1/19/2021
0031A	Janssen immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, single dose	1/19/2021
C9060	Fluoroestradiol F18, Diagnostic, 1 MCI	10/1/2020
C9062	Injection, Daratumumab 10 Mg And Hyaluronidase-FIHJ	10/1/2020
C9064	Mitomycin Pyelocalyceal Instillation, 1 mg	10/1/2020
C9065	Injection, Romidepsin, Non-Lypohilized (e.g. liquid), 1m	10/1/2020
C9066	Injection, Sacituzumab Govitecan-HZIY, 10 mg	10/1/2020
C9067	Gallium Ga-68, Dotatoc, Diagnostic, 0.01 MCI	10/1/2020
C9761	Cystourethroscopy, With Ureteroscopy and/or Pyeloscopy,	10/1/2020
C9769	Cystourethroscopy, With Insertion Of Temporary Prostatic	10/1/2020
J1632	Injection, Brexanolone, 1 Mg	10/1/2020
J1738	Injection, Meloxicam, 1 Mg	10/1/2020
J3032	Injection, Eptinezumab-JJMR, 1 mg	10/1/2020
J3241	Injection, Teprotumumab-Trbw, 10 mg	10/1/2020
J7351	Injection, Bimatoprost, Intracameral Implant, 1 Microgra	10/1/2020
J9227	Injection, Isatuximab-IRFC, 10 mg	10/1/2020
Q4249	Amniply, For Topical Use Only, Per Square Centimeter	10/1/2020
Q4250	Amnioamp-Mp, Per Square Centimeter	10/1/2020
Q4254	Novafix DI, Per Square Centimeter	10/1/2020
Q4255	Reguard, For Topical Use Only, Per Square Centimeter	10/1/2020
Q5113	Injection, Trastuzumab-Pkrb, Biosimilar, (Herzuma), 10 m	10/1/2020
Q5121	Injection, Infliximab-Axxq, Biosimilar, (Avsola), 10 Mg	10/1/2020
XW043F5	Introduction of Other New Technology Therapeutic Substance into Central Vein, Percutaneous Approach, New Technology Group 5	8/1/2020
XW043G5	Introduction of Sarilumab into Central Vein, Percutaneous Approach, New Technology Group 5	8/1/2020
XW043H5	Introduction of Tocilizumab into Central Vein, Percutaneous Approach, New Technology Group 5	8/1/2020
XW0DXF5	Introduction of Other New Technology Therapeutic Substance into Mouth and Pharynx, External Approach, New Technology Group 5	8/1/2020
XW13325	Transfusion of Convalescent Plasma (Nonautologous) into Peripheral Vein, Percutaneous Approach, New Technology Group 5	8/1/2020
XW14325	Transfusion of Convalescent Plasma (Nonautologous) into Central Vein, Percutaneous Approach, New Technology Group 5	8/1/2020

Coverage Code

- Effective for the dates of service listed, the following changes have been made to the AHCCCS Coverage Codes.

Code	Description	Current Coverage Code	Effective Begin Date
0015M	Adrenal Cortical Tumor, Biochemical Assay Of 25 Steroid Markers	01	10/01/2020
0016M	Oncology (Bladder), MRNA, Microarray Gene Expression Profiling Of 209 Genes	01	10/01/2020
0224U	Antibody, Severe Acute Respiratory Syndrome Coronavirus	09	06/25/2020
0226U	Surrogate Viral Neutralization Test (SVNT), Severe Acute	09	08/01/2020
87450	Immunologic Analysis for Detection of Organism by Immunoassay Technique, Single Step Method	04	10/06/2020
T2035	Utility Services to Support Medical Equipment and Assistive Technology/Devices, Waiver	02	01/01/2021
U0005	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) (Coronavirus Disease)	09	01/01/2021
G0511	Rural Health Clinic or Federally Qualified Health Center	09	01/01/2021

- The following codes have been end dated.

Code	Description
G2061	Qualified Nonphysician Healthcare Professional Online Assessment and Management Service, for an Established Patient, For Up to Seven Days, Cumulative Time During The 7 Days; 5-10 Minutes
G2062	Qualified Nonphysician Healthcare Professional Online Assessment and Management Service, for an Established Patient, For Up to Seven Days, Cumulative Time During The 7 Days; 11-20 Minutes
G2063	Qualified Nonphysician Healthcare Professional Online Assessment and Management Service, for an Established Patient, For Up to Seven Days, Cumulative Time During The 7 Days; 21 or More Minutes
D7993	Implant-Facial Bones (Homologous, Heterologous)
D7994	Implant-Other Than Facial Bones

Codes Added

The HCPCS code C1825 (Generator, Neurostimulator (Implantable), Non-Rechargeable) has been added to the Reference Screen (RF769) with an effective date of January 1, 2021.

Effective for January 1, 2021 the following codes have been added to RF769 with a Category of Service PM (Performance Measures).

M1145 - Most Favored Nation (MFN) Model Drug Add-On Amount, Per Dose,
 M1146 - Ongoing Care Not Clinically Indicated Because the Patient Needed
 M1147 - Ongoing Care Not Medically Possible Because the Patient Was Disc
 M1148 - Ongoing Care Not Possible Because the Patient Self-Discharged Ear
 M1149 - Patient Unable to Complete the Neck Fs Prom At Initial Evaluation

Date Change

The HCPCS code G2025 (Payment for a Telehealth Distant Site Service Furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) has had the Effective Begin Date revised to January 27, 2020.

ICD-10 Codes

Effective for dates of service January 1, 2021 the following codes have been added to the system.

Code	Description
Z11.52	Encounter for screening for COVID-19
Z20.822	Contact with and (suspected) exposure to COVID-19
Z86.16	Personal history of COVID-19
M35.81	Multisystem inflammatory syndrome (MIS)
M35.89	Other specified systemic involvement of connective tissue
J12.82	Pneumonia due to coronavirus disease 2019

Frequency

The Frequency has been changed to 1 year for the HCPCS code D1355 (Caries Preventive Medicament Application - Per Tooth).

The Frequency for the CPT code 54520 (Removal of Testicle) has been changed to 1 Lifetime and under Laboratory the limit is 2.

J Codes Updated

The following J codes have had the procedure daily limits updated along with the Frequency.

J1729 Procedure Daily Limit is 28 and Frequency is 1W
J0256 Procedure Daily Limit is 900 and Frequency is 1W

Limits

The CPT/HCPCS codes have had the limits changed as follows.

Code	Description	Procedure Daily Maximum
92608	Evaluation and Prescription of Speech-Generating and Alternative Communication Device	4
D1355	Caries Preventive Medicament Application - Per Tooth).	5
J1726	Injection, Hydroxyprogesterone Caproate, (Makena), 10 mg	4
K0553	Supply Allowance for Therapeutic Continuous Glucose Monitor (CGM); includes all supplies and Accessories, 1 month supply = 1 unit of service	1
K0554	Receiver (Monitor), dedicated, for use with therapeutic glucose continuous Monitor System	1

Modifier(s)

- ◆ Effective for dates of service January 1, 2021 the following modifiers have been added to the reference screens.

Code	Description	Modifiers	
		TC - Technical Component	26 - Professional Component
92229	Imaging of Retina for Detection or Monitoring of Disease	x	
94619	Exercise Test for Bronchospasm	x	x
0633T	Computed Tomography, Breast, Including 3D Rendering	x	x
0634T	CT of One Breast with Contrast And 3D Rendering	x	x
0635T	CT of One Breast Before and After Contrast with 3D Rendering	x	x
0636T	CT of Both Breasts with 3D Rendering	x	x
0637T	CT of Both Breasts with Contrast And 3D Rendering	x	x
0638T	CT of Both Breasts Before and After Contrast With 3D Rendering	x	x

- Effective for June 30, 2020 the modifier CB (ESRD Beneficiary Part A (SNF) Separate) has been end dated.

Modifier

- ◆ Effective for dates of service December 4, 2020 the modifiers for the HCPCS codes D7993 (Implant-Facial Bones (Homologous, Heterologous) and D7994 (Implant-Other Than Facial Bones) have been end dated.
- ◆ 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 June 30, 2020 the modifier CB (ESRD Beneficiary Part A (SNF) Separate) has been end dated on Reference Screen RF114.

Modifier end date

Effective for the dates listed the following modifiers have been end dated.

Code	Description	Modifier	End Date
90837	Psychotherapy, 60 Minutes	GQ - VUA Asynchronous Telecommunications Systems	1/1/2020
99213	Established Patient Office or Other Outpatient Visit, Typically 15 Minutes	GQ - VUA Asynchronous Telecommunications Systems	1/1/2020
99214	Established Patient Office or Other Outpatient, Visit Typically 25 Minutes	GQ - VUA Asynchronous Telecommunications Systems	1/1/2020
99441	Physician Telephone Patient Service, 5-10 Minutes of Medical Discussion	UD - Telehealth/MCD LVL Care 13	1/1/2021
99442	Physician Telephone Patient Service, 11-20 Minutes of Medical Discussion	UD - Telehealth/MCD LVL Care 13	1/1/2021
99443	Physician Telephone Patient Service, 21-30 Minutes of Medical Discussion	UD - Telehealth/MCD LVL Care 13	1/1/2021
H0004	Behavioral Health Counseling and Therapy, Per 15 Minutes	GQ - VUA Asynchronous Telecommunications Systems	1/1/2020

- ◆ Effective for the dates of service listed the following modifiers have been either added or end dated in the system.

Code	Description	Modifier	Effective Begin Date	Effective End Date
26037	Incision of tissues of hand	50 - Bilateral Procedure (Pay 50%)	09/01/2020	
H0006	Alcohol and/or Drug Services; Case Management	22 – Unusual Procedural Services		01/01/2021
H0006	Alcohol and/or Drug Services; Case Management	52 – Reduced Services		01/01/2021
H0006	Alcohol and/or Drug Services; Case Management	77 – Repeat Procedure/ Another Physician		01/01/2021
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification	22 – Unusual Procedural Services		01/01/2021
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification	52 – Reduced Services		01/01/2021
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification	77 – Repeat Procedure/ Another Physician		01/01/2021
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification	HF - Substance Abuse Program	02/01/2021	
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification	SE - State/Federally-Funded Program/Services	02/01/2021	
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification	U7 - Agency with Choice/ (BH) SABG Funded	02/01/2021	
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification	U8 – Governor’s Office Subst Use Disorder Fund	02/01/2021	
H0006	Alcohol and/or Drug Services; Case Management	HF - Substance Abuse Program	02/01/2021	
H0006	Alcohol and/or Drug Services; Case Management	SE - State/Federally-Funded Program/Services	02/01/2021	
H0006	Alcohol and/or Drug Services; Case Management	U7 - Agency with Choice/ (BH) SABG Funded	02/01/2021	
H0006	Alcohol and/or Drug Services; Case Management	U8 – Governor’s Office Subst Use Disorder Fund	02/01/2021	

- ◆ Effective for dates of service January 1, 2020 the following modifiers have been added to the system.

Code	Description	Modifiers		
		HN	HP	JW
97151	Behavior Identification Assessment by Qualified Health Care Professional	X	X	
97152	Behavior Identification-Supporting Assessment		X	
97153	Adaptive Behavior Treatment by Protocol		X	
97154	Group Adaptive Behavior Treatment by Protocol		X	
97155	Adaptive Behavior Treatment with Protocol Modification		X	
97156	Family Adaptive Behavior Treatment Guidance		X	
97157	Multiple-Family Group Adaptive Behavior Treatment Guidance		X	
97158	Group Adaptive Behavior Treatment with Protocol Modification		X	
J1602	Injection, Golimumab, 1 mg, For Intravenous Use			X

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

Code	Description	Modifier	Effective Begin Date
11005	Removal of Infected Skin, Tissue or Muscle of Abdomen	82 - Assist Surg/Qual Resident Surg Not Available	10/1/2020
28035	Release of Nerve Between Tissue and Bone of Foot	50 - Bilateral Procedure (Pay 50%)	1/1/2019
28035	Release, Tarsal Tunnel	50 - Bilateral Procedure (Pay 50%)	6/1/2020
29882	Repair of Knee Joint Using an Endoscope	AS - PA SVCS For Assistant	1/1/2019
31259	Removal of Tissue from Sphenoid Sinus Using an Endoscope	51 - Multiple Procedures	1/1/2020
31575	Diagnostic Examination of Voice Box Using Flexible Endoscope	PN - Non-Excepted Service	6/1/2019
33228	Removal of Replacement of Dual Lead Permanent Pacemaker Pulse	SC - Medically Necessary Service or Supply	6/1/2019
36416	Puncture of Skin for Collection of Blood Sample	PN - Non-Excepted Service	6/1/2019
36556	Insertion of Central Venous Catheter for Infusion, Patient 5 Years or Older	51 - Multiple Procedures	1/1/2019
36591	Collection of Blood Specimen from A Completely Implantable Venous Access Device	PP - Phys. Office to Phys. Office/Clinic	6/1/2019
36591	Collection of Blood Specimen from A Completely Implantable Venous Access Device	Q0 - Invest Clinical Research	6/1/2019
36591	Collection of Blood Specimen from A Completely Implantable Venous Access Device	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
43278	Destruction of Tissue Abnormalities, Tumors, or Polyps	51 - Multiple Procedures	6/1/2020
45390	Removal of Large Bowel Tissue Using a Flexible Endoscope	51 - Multiple Procedures	6/1/2020
45990	Diagnostic Examination of Anus and Rectum Under Anesthesia	82 - Assist Surg/Qual Resident Surg Not Avail	1/1/2020
49418	Insertion of Tunneled Intraperitoneal Catheter	63 - Neonates/Infants	10/1/2020
51798	Ultrasound Measurement of Bladder Capacity After Voiding	PN - Non-Excepted Service	6/1/2019
54670	Suture or Repair of Testicular Injury	82 - Assist Surg/Qual Resi	9/1/2020
55040	Removal of Fluid Accumulation in One Testicle of Sperm Reservoir	LT - Identifies Left Side Body Procedures	6/1/2019
55040	Removal of Fluid Accumulation in One Testicle of Sperm Reservoir	RT - Identifies Right Side Body Procedures	6/1/2019
58670	Destruction of Ovaries Using an Endoscope	50 - Bilateral Procedure (Pay 50%)	6/1/2019
58670	Destruction of Ovaries Using an Endoscope	LT - Identifies Left Side Body Procedures	6/1/2019
58670	Destruction of Ovaries Using an Endoscope	RT - Identifies Right Side Body Procedures	6/1/2019
60500	Removal or Exploration of Parathyroid Glands	LT - Identifies Left Side Body Procedures	6/1/2019
60500	Removal or Exploration of Parathyroid Glands	RT - Identifies Right Side Body Procedures	6/1/2019
77386	Radiation Therapy Delivery	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
80053	Blood Test, Comprehensive Group of Blood Chemicals	AY - Item or Serv Furnished to An ESRD Patient	6/1/2019

Note: 28035 modifier on RF121 begins 06/01/2020

Code	Description	Modifier	Effective Begin Date
80307	Testing for Presence of Drug, by Chemistry Analyzers	CR - Catastrophe/Disaster Re	10/1/2020
81003	Automated Urinalysis Test	PN - Non-Excepted Service	6/1/2019
81268	Chimerism Analysis Post Transplantation	92 - Alternative Laboratory Platform Testing	6/1/2019
82947	Blood Glucose (Sugar) Level	92 - Alternative Laboratory Platform Testing	6/1/2019
82947	Blood Glucose (Sugar) Level	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
85025	Complete Blood Cell Count (Red Cells, White Blood Cell, Platelets)	AY - Item or Serv Furnished to An ESRD Patient	6/1/2019
85610	Blood Test, Clotting Time	PN - Non-Excepted Service	6/1/2019
85610	Blood Test, Clotting Time	Q0 - Invest Clinical Research	6/1/2019
85610	Blood Test, Clotting Time	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
90653	Vaccine for Influenza for Injection into Muscle	SL - State Supplied Vaccine	9/1/2020
90660	Vaccine for Influenza for Nasal Administration	SL - State Supplied Vaccine	9/1/2020
90662	Vaccine for Influenza for Injection into Muscle	SL - State Supplied Vaccine	9/1/2020
90673	Vaccine for Influenza Administered into Muscle, Preservative and Antibiotic Free	SL - State Supplied Vaccine	9/1/2020
90682	Vaccine for Influenza for Injection into Muscle	SL - State Supplied Vaccine	9/1/2020
90875	Individual Psychophysiological Therapy Incorporating Biofeedback	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
92523	Evaluation of Speech Sound Production with Evaluation of Language Comprehension and Expression	UD - Telehealth/MCD LVL CA	3/17/2020
92524	Behavioral and Qualitative Analysis of Voice and Resonance	UD - Telehealth/MCD LVL CA	3/17/2020
93005	Routine Electrocardiogram (EKG) With Tracing Using At Least 12 Leads	91 - Rep. Lab Test/Non-Emg. 911	6/1/2019
93005	Routine Electrocardiogram (EKG) With Tracing Using At Least 12 Leads	GE - Tch Phys Exemption/Amb Hosp Based to ECF	6/1/2019
93005	Routine Electrocardiogram (EKG) With Tracing Using At Least 12 Leads	PN - Non-Excepted Service	6/1/2019
93017	Exercise or Drug-Induced Heart of Blood Vessel Stress Test With EKG Tracing & Monitoring	PN - Non-Excepted Service	6/1/2020
93241	Heart Rhythm Recording, Analysis, Report, Review, and Interpretation	GQ - VUA Asynchronous Telecommunications SYS	1/12/2021
93242	Heart Rhythm Recording Continuous External EKG Over More than 48 Hours Up to 7 Days	GQ - VUA Asynchronous Telecommunications SYS	1/12/2021
93243	Heart Rhythm Analysis and Report of Continuous External EKG Over More Than 48 Hours Up to 7 Days	GQ - VUA Asynchronous Telecommunications SYS	1/12/2021
93244	Heart Rhythm Analysis and Interpretation of Continuous External EKG Over More Than 48 Hours Up to 7 Days	GQ - VUA Asynchronous Telecommunications SYS	1/12/2021

Code	Description	Modifier	Effective Begin Date
93245	Heart Rhythm Recording, Analysis, Interpretation and Report of Continuous External EKG Over More Than 1 Week Up to 1 Weeks	GQ - VUA Asynchronous Telecommunications SYS	1/12/2021
93246	Heart Rhythm Recording of Continuous External EKG Over 8-15 Days	GQ - VUA Asynchronous Telecommunications SYS	1/12/2021
93247	Heart Rhythm Analysis and Report of Continuous External EKG Over 8-15 Days	GQ - VUA Asynchronous Telecommunications SYS	1/12/2021
93248	Heart Rhythm Review and Interpretation of Continuous External EKG Over 8-15 Days	GQ - VUA Asynchronous Telecommunications SYS	1/12/2021
93284	Evaluation, Testing of Programming Adjustment of Defibrillator	PN - Non-Excepted Service	6/1/2019
93452	Insertion of Catheter into Left Heart Including Imaging Interpretation and Supervision and Injection	63 - Neonates/Infants Up to the 4-Kg Cut Off	7/1/2020
93531	Insertion of Catheter into Right and Left Heart Chambers for Evaluation of Congenital Abnormalities	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2020
93532	Insertion of Catheter into Right and Left Heart Chambers Through	63 - Neonates/Infants Up to the 4-Kg Cut Off	10/1/2020
93613	Insertion of Catheters For 3d Mapping of Electrical Impulses to Heart Muscles	80 – Assistant Surgeon	12/1/2020
93616	Insertion of Probe into Esophagus for Recording and Pacing Upper or Lower Heart Rhythm	80 – Assistant Surgeon	12/1/2020
94004	Ventilation Assistance and Management, Nursing Facility Per Day	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
94005	Evaluation of Home Ventilator Management Care Plan, 30 Minutes or More	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
94664	Demonstration and/or Evaluation of Patient Use of Aerosol Generator, Nebulizer, Metered Dose Inhaler or Intermittent Positive Pressure Breathing (IPPB) Device	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
96116	Neurobehavioral Status Examination by Qualified Health Care Professional with Interpretation and Report, First 60 Minutes	UD - Telehealth/MCD LVL CA	3/17/2020
96361	Hydration Infusion Into A Vein	91 - Rep. Lab Test/Non-Emg. 911	6/1/2019
96361	Hydration Infusion Into A Vein	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	58 - Staged/Related Proc Same Post-OP Period	6/1/2020
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	59 - Distinct Procedural Service	6/1/2019
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	91 - Rep. Lab Test/Non-Emg. 911	6/1/2019
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	KX - Requirements Specified	6/1/2019
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2020
96366	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019

Code	Description	Modifier	Effective Begin Date
96367	Infusion Into A Vein For Therapy Prevention Or Diagnosis Addition	Q0 - Invest Clinical Research	6/1/2019
96367	Infusion Into A Vein For Therapy Prevention Or Diagnosis Addition	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
96368	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion	58 - Staged/Related Proc Same Post-OP Period	6/1/2020
96368	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion	Q0 - Invest Clinical Research	6/1/2019
96368	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
96372	Injection Beneath The Skin or Into Muscle For Therapy, Diagnosis, or Prevention	58 - Staged/Related Proc Same Post-OP Period	6/1/2019
96372	Injection Beneath The Skin or Into Muscle For Therapy, Diagnosis, or Prevention	PN - Non-Excepted Service	6/1/2020
96374	Injection of Drug or Substance Into A Vein For Therapy, Diagnosis,	58 - Staged/Related Proc Same Post-OP Period	6/1/2019
96374	Injection of Drug or Substance Into A Vein For Therapy, Diagnosis,	91 - Rep. Lab Test/Non-Emg. 911	6/1/2019
96374	Injection of Drug or Substance Into A Vein For Therapy, Diagnosis,	Q0 - Invest Clinical Research	6/1/2019
96374	Injection of Drug or Substance Into A Vein For Therapy, Diagnosis,	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2020
96375	Injection of Different Drug or Substance into A Vein For Therapy, Diagnosis, or Prevention	59 - Distinct Procedural Service	7/1/2019
96375	Injection of Different Drug or Substance into A Vein For Therapy, Diagnosis, or Prevention	59 - Distinct Procedural Service	7/1/2019
96375	Injection of Different Drug or Substance Into A Vein For Therapy	91 - Rep. Lab Test/Non-Emg. 911	6/1/2019
96375	Injection of Different Drug or Substance Into A Vein For Therapy	KX - Requirements Specified	6/1/2019
96375	Injection of Different Drug or Substance Into A Vein For Therapy	Q0 - Invest Clinical Research	6/1/2019
96375	Injection of Different Drug or Substance Into A Vein For Therapy	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
96413	Infusion of Chemotherapy Into A Vein Up To 1 Hour	Q0 - Invest Clinical Research	6/1/2019
96413	Infusion Of Chemotherapy Into A Vein Up To 1 Hour	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
97157	Family Adaptive Behavior Treatment Guidance by Qualified Health Care Professional Without Patient Present, Each 15 Minutes	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
99214	Established Patient Office or Other Outpatient, Visit Typically 25 Minutes	CG - Innovator Drug Disp/Policy Criteria Appl	6/1/2019

Code	Description	Modifier	Effective Begin Date
99324	New Patient Assisted Living Visit, Typically 20 Minutes	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
99325	New Patient Assisted Living Visit, Typically 30 Minutes	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
99326	New Patient Assisted Living Visit, Typically 45 Minutes	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
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
99417	Prolonged Office or Other Outpatient Service by Clinical Staff, Each 15 Minutes of Total Time	UD - Telehealth/MCD LVL Care 13	1/12/2021
99441	Physician Telephone Patient Service, 5-10 Minutes of Medical Discussion	GC - Teaching Physician Services	3/17/2020
99442	Physician Telephone Patient Service, 11-20 Minutes of Medical Discussion	GC - Teaching Physician Services	3/17/2020
99442	Physician Telephone Patient Service, 11-20 Minutes of Medical Discussion	UD - Telehealth/MCD LVL CA	3/17/2020
99443	Physician Telephone Patient Service, 21-30 Minutes of Medical Discussion	GC - Teaching Physician Services	3/17/2020
99443	Physician Telephone Patient Service, 21-30 Minutes of Medical Discussion	UD - Telehealth/MCD LVL CA	3/17/2020
99497	Advance Care Planning by The Physician or Other Qualified Health Care Professional	UD - Telehealth/MCD LVL CA	3/17/2020
0362T*	Behavior Identification Supporting Assessment for Patient Exhibiting Destructive Behavior, Each 15 Minutes of Technicians' Face-To-Face Time	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
0363T*	Adaptive Behavior Treatment with Protocol Modification for Patient Exhibiting Destructive Behavior, Each 15 Minutes of Technicians' Face-To-Face Time	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
A6457	Tubular Dressing with or Without Elastic, Any Width, Per Linear Yard	A2 - Dressing for Two Wounds	1/1/2020
A6457	Tubular Dressing with or Without Elastic, Any Width, Per Linear Yard	A3 - Dressing for Three Wounds	1/1/2020
A6457	Tubular Dressing with or Without Elastic, Any Width, Per Linear Yard	A4 - Dressing for Four Wounds	1/1/2020
A6457	Tubular Dressing with or Without Elastic, Any Width, Per Linear Yard	A5 - Dressing for Five Wounds	1/1/2020
A6457	Tubular Dressing with or Without Elastic, Any Width, Per Linear Yard	A6 - Dressing for Six Wounds	1/1/2020
A6457	Tubular Dressing with or Without Elastic, Any Width, Per Linear Yard	A7 - Dressing for Seven Wounds	1/1/2020
A6457	Tubular Dressing with or Without Elastic, Any Width, Per Linear Yard	A8 - Dressing for Eight Wounds	1/1/2020

Note: 0362T and 0363T code end date is 10/1/2020

Code	Description	Modifier	Effective Begin Date
C2616	Brachytherapy Source, Non-Strofed, Yttrium-90, Per Source	59 - Distinct Procedural Service	6/1/2019
C2616	Brachytherapy Source, Non-Strofed, Yttrium-90, Per Source	96 - Habilitative Services: When A Service Or	6/1/2019
G0379	Direct Admission of Patient for Hospital Observation	25 - Significant, Sep Ident	6/1/2019
G0406	Follow-Up Inpatient Consultation, Limited, Physicians Typically Spend 15 Minutes Communicating with The Patient Via Telehealth	UD - Telehealth/MCD LVL CA	3/17/2020
G0407	Follow-Up Inpatient Consultation, Intermediate, Physicians Typically Spend 25 Minutes Communicating with The Patient Via Telehealth	UD - Telehealth/MCD LVL CA	3/17/2020
G0410	Group Psychotherapy Other Than of a Multiple-Family Group,	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
G0443	Brief Face-To-Face Behavioral Counseling for Alcohol Misuse, 15 Minutes	UD - Telehealth/MCD LVL CA	3/17/2020
G0444	Annual Depression Screening, 15 Minutes	UD - Telehealth/MCD LVL CA	3/17/2020
G0463	Removal of Permanent Pacemaker Pulse Generator	25 - Significant, Sep Ident	6/1/2019
G0463	Hospital Outpatient Clinic Visit for Assessment of Management of a Patient	GC - Teaching Physician Services	6/1/2019
G0513	Prolonged Preventive Service(s)	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
G0514	Prolonged Preventive Service(s)	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
G2023	Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2)	90 - Reference (Outside) Laboratory	4/1/2020
G2023	Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2)	91 - Rep. Lab Test/Non-Emg	4/1/2020
G2023	Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2)	CR - Catastrophe/Disaster	6/1/2020
G2024	Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2)	90 - Reference (Outside) Laboratory	4/1/2020
G2024	Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2)	91 - Rep. Lab Test/Non-Emg	4/1/2020
G2024	Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2)	CR - Catastrophe/Disaster	6/1/2020
G9685	Physician Service or Other Qualified Health Care Professional	CR - Telemedicine - Via Interactive Audio/Video	3/17/2020
G9685	Physician Service or Other Qualified Health Care Professional for the Evaluation and Management	GT - Telemedicine - Via Interactive Audio/Video	3/17/2020
J0129	Injection, Abatacept, 10 mg	KX - Requirements Specified	6/1/2019
J0256	Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	6/1/2019

Code	Description	Modifier	Effective Begin Date
J0585	Injection, OnabotulinumtoxinA, 1 Unit	PN - Non-Excepted Service	6/1/2019
J0897	Injection, Denosumab, 1 mg	GC - Teaching Physician Services	6/1/2019
J1100	Injection, Dexamethasone Sodium Phosphate, 1 mg	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
J1453	Injection, Fosaprepitant, 1 mg	Q0 - Invest Clinical Research	6/1/2019
J1453	Injection, Fosaprepitant, 1 mg	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
J1555	Injection, Immune Globulin (CUVITRU), 100 mg	JB - Administered Subcutaneously	1/1/2021
J1558	Injection, Immune Globulin (CUVITRU), 100 mg	JB - Administered Subcutaneously	1/1/2021
J1559	Injection, Immune Globulin (HIZENTRA), 100 mg	JB - Administered Subcutaneously	1/1/2021
J1561	Injection, Immune Globulin, (GAMUNEX-C/ GAMMAKED	JB - Administered Subcutaneously	1/1/2021
J1561	Injection, Immune Globulin, (Gamunex-C/ Gammaked), Non-Lyophilized	JW - Drug Amt Discarded/Not Admin to Any Patient	6/1/2019
J1562	Injection, Immune Globulin (VIVAGLOBIN), 100 mg	JB - Administered Subcutaneously	1/1/2021
J1566	Injection, Immune Globulin, Intravenous, Lyophi- lized (e.g., Powder), Not Otherwise Specified, 500 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	6/1/2019
J1568	Injection, Immune Globulin, (Octagam), Intrave- nous, Non-Lyophilized (e.g., Liquid), 500 Mg,	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
J1569	Injection, Immune Globulin, (GAMMAGARD Liq- uid)	JB - Administered Subcutaneously	1/1/2021
J1575	Injection, Immune Globulin/Hyaluronidase, (HYQVIA)	JB - Administered Subcutaneously	1/1/2021
J1644	Injection, Heparin Sodium, Per 1000 Units	AY - Item or Serv Furnished to An ESRD Patient	6/1/2019
J1644	Injection, Heparin Sodium, Per 1000 Units	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
J2405	Injection, Ondansetron Hydrochloride, Per 1 Mg	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019
J2469	Injection, Palonosetron HCL, 25 MCG	Q0 - Invest Clinical Research	6/1/2019
J2597	Injection, Desmopressin Acetate, Per 1 mcg	JW - Drug Amt Discarded/Not Admin to Any Patient	6/1/2019
J2997	Injection, Alteplase Recombinant, 1 mg	AY - Item or Serv Furnished to An ESRD Patient	6/1/2019
J7799	NOC Drugs, Other Than Inhalation Drugs,	JB - Administered Subcutaneously	1/1/2021
J9176	Injection, Elotuzumab, 1 mg	76 - Repeat Procedure by Same MD	9/1/2020
J9303	Injection, Panitumumab, 10 mg	76 - Repeat Procedure by Same MD	9/1/2020
J9308	Injection, Ramucirumab, 5 mg	76 - Repeat Procedure by Same MD	9/1/2020
L5679	Addition to Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated,	K3 - Lower Extremity Prosthesis	1/1/2020
P9047	Infusion, Albumin (Human), 25%, 50 ml	JW - Drug Amt Discarded/Not Admin to Any Patient	6/1/2019
Q2034	Influenza Virus Vaccine, Split Virus, For Intramus- cular Use (Agriflu)	SL - State Supplied Vaccine	9/1/2020

Code	Description	Modifier	Effective Begin Date
Q5101	Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram	PN - Non-Excepted Service	6/1/2019
Q5101	Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram	TB - Drug or Biological Acquired With 340B DR	6/1/2019
Q5105	Injection, Epoetin Alfa-Epbx, Biosimilar, (Retacrit) (For ESRD On Dialysis), 100 Units	TB - drug or biological acquired with 340B DR	6/1/2019
Q5107	Injection, Bevacizumab-AWWB, Biosimilar, (MVASI), 10 mg	JG - Drug 340B Price Dset Pro	1/1/2020
Q5107	Injection, Bevacizumab-AWWB, Biosimilar, (MVASI), 10 mg	JW - Drug Amt Discarded/Not A	1/1/2020
Q5107	Injection, Bevacizumab-AWWB, Biosimilar, (MVASI), 10 mg	TB - Drug or Biological Acqui	1/1/2020
Q5119	Injection, Rituximab-PVVR, Biosimilar, (Ruxience), 10 mg	76 - Repeat Procedure by Same MD	9/1/2020
Q9967	Low Osmolar Contrast Material, 300-399 Mg/Ml Iodine Concentration	91 - Rep. Lab Test/Non-Emg. 911	6/1/2019
Q9967	Low Osmolar Contrast Material, 300-399 Mg/Ml Iodine Concentration	PN - Non-Excepted Service	6/1/2019
Q9967	Low Osmolar Contrast Material, 300-399 Mg/Ml Iodine Concentration	Q1 - Cert Mycosis Toenail/Routine Clinic Research	6/1/2019



Provider Type

- For provider type A6 (Rural Substance Abuse Transitional Agency) the following codes have been **end dated** as of January 31, 2021.

T1019 Personal Care Services, Per 15 Minutes, Not for an Inpatient
T1020 Personal Care Services, Per Diem, Not for an Inpatient

This change is for PT A6 only for further information refer to the Medical Coding Resources page found on the AHCCCS website.

- Effective for February 1, 2021 the provider type A6 (Rural Substance Abuse Transitional Agency) can report the following codes.

H0006 Alcohol and/or Drug Services; Case Management
H0014 Alcohol and/or Drug Services; Ambulatory Detoxification

- Effective for December 31, 2020 the CPT codes listed have been **end dated** for the provider type 18 (Physician's Assistant) and 19 (Registered Nurse Practitioner).

Code	Description
15271	Application of Skin Substitute (wound surface up to 100 sq cm) to Trunk, Arms, Or Legs (First 25 sq cm or less)
15272	Application of Skin Substitute (wound surface up to 100 sq cm) to Trunk, Arms, Or Legs
15273	Application of Skin Substitute (wound surface greater or equal to 100 sq cm) to Trunk, Arms, or Legs (first 100 sq cm or 1% body area of infants and children)
15274	Application of Skin Substitute (wound surface greater or equal to 100 sq cm) to Trunk, Arms, or Legs
15275	Application of Skin Substitute (wound surface up to 100 sq cm) to Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, and/or Multiple Fingers or Toes (first 25 sq cm or less)

The following CPT/HCPCS codes have been added to the provider types listed.

Code	Description	Provider Type	Effective Begin Date
27280*	Fusion of Sacroiliac Joint Obtaining Bone Graft Open Procedure	18 – Physicians' Assistant	3/1/2020
27280*	Fusion of Sacroiliac Joint Obtaining Bone Graft Open Procedure	19 - Registered Nurse Practitioner	3/1/2020
27447	Repair of Knee Joint	43 - Ambulatory Surgical Center	1/1/2020
32505*	Opening in Chest with Partial Removal of Lung Tissue	18 – Physicians' Assistant	3/1/2020
32505*	Opening in Chest with Partial Removal of Lung Tissue	19 - Registered Nurse Practitioner	3/1/2020
32506*	Opening in Chest with Partial Removal of Lung Tissue, Additional Resection	18 – Physicians' Assistant	3/1/2020
32506*	Opening in Chest with Partial Removal of Lung Tissue, Additional Resection	19 - Registered Nurse Practitioner	3/1/2020

Note * AS modifier required.

Code	Description	Provider Type	Effective Begin Date
33741	Incision of Partition Between Upper Chambers of Heart to Allow Blood Flow for Congenital Heart Defects, Via Catheter Using Imaging Guidance	19 - Registered Nurse Practitioner	1/1/2021
33741	Incision of Partition Between Upper Chambers of Heart to Allow Blood Flow for Congenital Heart Defects, Via Catheter Using Imaging Guidance	18 – Physicians’ Assistant	1/1/2021
33745	Creation of Shunt for Blood Flow Within Heart for Congenital Heart Defects, Via Catheter Using Imaging Guidance	19 - Registered Nurse Practitioner	1/1/2021
33745	Creation of Shunt for Blood Flow Within Heart for Congenital Heart Defects, Via Catheter Using Imaging Guidance	18 – Physicians’ Assistant	1/1/2021
33746	Creation of Additional Shunt for Blood Flow Within Heart for Congenital Heart Defects, Via Catheter Using Imaging Guidance	19 - Registered Nurse Practitioner	1/1/2021
33746	Creation of Additional Shunt for Blood Flow Within Heart for Congenital Heart Defects, Via Catheter Using Imaging Guidance	18 – Physicians’ Assistant	1/1/2021
33995	Insertion of Right Lower Heart Chamber Blood Flow Assist Device Via Vein Accessed Through Skin, Including Radiological Supervision and Interpretation	19 - Registered Nurse Practitioner	1/1/2021
33995	Insertion of Right Lower Heart Chamber Blood Flow Assist Device Via Vein Accessed Through Skin, Including Radiological Supervision and Interpretation	18 – Physicians’ Assistant	1/1/2021
33997	Removal of Right Lower Heart Chamber Blood Flow Assist Device, Accessed Through Skin	19 - Registered Nurse Practitioner	1/1/2021
33997	Removal of Right Lower Heart Chamber Blood Flow Assist Device, Accessed Through Skin	19 - Registered Nurse Practitioner	1/1/2020
63661	Removal or Revision of Spinal Neurostimulator Electrodes, Accessed Through the Skin	19 - Registered Nurse Practitioner	6/1/2020
90832	Psychotherapy, 30 Minutes	77 - BH Outpatient Clinic	7/1/2020
92607	Evaluation of Patient with Prescription of Speech-Generating and Alternative Communication Device	13 - Occupational Therapist	12/1/2020
92607	Evaluation of Patient with Prescription of Speech-Generating and Alternative Communication Device	14 - Physical Therapist	12/1/2020
92608	Evaluation and Prescription of Speech-Generating and Alternative Communication Device	13 - Occupational Therapist	12/1/2020
92608	Evaluation and Prescription of Speech-Generating and Alternative Communication Device	14 - Physical Therapist	12/1/2020
92609	Therapeutic Services for use of Speech-Generating Device with Programming	14 - Physical Therapist	12/1/2020
96156	Health Behavior Assessment, or Re-Assessment	87- Licensed Professional Counselor (LPC)	1/1/2020
96156	Health Behavior Assessment, or Re-Assessment	85 - Licensed Clinical Social Worker (LCSW)	1/1/2020
96158	Health Behavior Intervention, Individual, Face-To-Face; Initial 30 Minutes	87- Licensed Professional Counselor (LPC)	1/1/2020
96158	Health Behavior Intervention, Individual, Face-To-Face; Initial 30 Minutes	85 - Licensed Clinical Social Worker (LCSW)	1/1/2020

96159	Health Behavior Intervention, Individual, Face-To-Face; Each Additional 1 Minutes	87- Licensed Professional Counselor (LPC)	1/1/2020
96159	Health Behavior Intervention, Individual, Face-To-Face; Each Additional 1 Minutes	85 - Licensed Clinical Social Worker (LCSW)	1/1/2020
96164	Health Behavior Intervention, Group, Face-To-Face; Initial 30 Minutes	87- Licensed Professional Counselor (LPC)	1/1/2020
96164	Health Behavior Intervention, Group, Face-To-Face; Initial 30 Minutes	85 - Licensed Clinical Social Worker (LCSW)	1/1/2020
96165	Health Behavior Intervention, Group, Face-To-Face; Each Additional 15 Minutes	87- Licensed Professional Counselor (LPC)	1/1/2020
96165	Health Behavior Intervention, Group, Face-To-Face; Each Additional 15 Minutes	85 - Licensed Clinical Social Worker (LCSW)	1/1/2020
96167	Health Behavior Intervention, Family (With The Patient Present), Face-To-Face; Initial 30 Minutes	87- Licensed Professional Counselor (LPC)	1/1/2020
96167	Health Behavior Intervention, Family (With The Patient Present), Face-To-Face; Initial 30 Minutes	85 - Licensed Clinical Social Worker (LCSW)	1/1/2020
96168	Health Behavior Intervention, Family (With The Patient Present), Face-To-Face; Each Additional 15 Minutes	87- Licensed Professional Counselor (LPC)	1/1/2020
96168	Health Behavior Intervention, Family (With The Patient Present), Face-To-Face; Each Additional 15 Minutes	85 - Licensed Clinical Social Worker (LCSW)	1/1/2020
96170	Health Behavior Intervention, Family (Without The Patient Present), Face-To-Face; Initial 30 Minutes	87- Licensed Professional Counselor (LPC)	1/1/2020
96170	Health Behavior Intervention, Family (Without The Patient Present), Face-To-Face; Initial 30 Minutes	85 - Licensed Clinical Social Worker (LCSW)	1/1/2020
96171	Health Behavior Intervention, Family (Without The Patient Present), Face-To-Face; Each Additional 15 Minutes	87- Licensed Professional Counselor (LPC)	1/1/2020
96171	Health Behavior Intervention, Family (Without The Patient Present), Face-To-Face; Each Additional 15 Minutes	85 - Licensed Clinical Social Worker (LCSW)	1/1/2020
99417	Prolonged Office or Other Outpatient Service by Clinical Staff, Each 15 Minutes of Total Time	11 - Psychologist	1/1/2021
99417	Prolonged Office or Other Outpatient Service by Clinical Staff, Each 15 Minutes of Total Time	18 – Physician’s Assistant	1/1/2021
99417	Prolonged Office or Other Outpatient Service by Clinical Staff, Each 15 Minutes of Total Time	19 - Registered Nurse Practitioner	1/1/2021
99417	Prolonged Office or Other Outpatient Service by Clinical Staff, Each 15 Minutes of Total Time	77 - BH Outpatient Clinic	1/1/2021
A9901	DME Delivery, Set Up, and/or Dispensing Service Component of Another HCPCS Code	14 - Physical Therapist	1/1/2021
A9901	DME Delivery, Set Up, and/or Dispensing Service Component of Another HCPCS Code	13 - Occupational Therapist	1/1/2021
Q5111	Injection, Pegfilgrastim-Cbqv, Biosimilar, (Udenyca), 0.5 mg	18 – Physicians’ Assistant	10/1/2020
Q5111	Injection, Pegfilgrastim-Cbqv, Biosimilar, (Udenyca), 0.5 mg	19 - Registered Nurse Practitioner	10/1/2020

Place of Service

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

Code	Description	Place of Service	Effective Begin Date
10035	Placement of soft tissue localization device accessed through the skin with imaging guidance, first lesion	19 - Off Campus-Outpatient Hospital	8/1/2020
15772	Grafting of Patient Fat, Harvested by Liposuction To Trunk, Breasts, Scalp, Arms, and/or Legs; Additional 50 Cubic Centimeters or Less	24 - Ambulatory Surgical Center	1/1/2020
27447	Repair of Knee Joint, Lower or Upper Part of Joint	24 - Ambulatory Surgical Center	1/1/2020
86780	Analysis for Antibody, Treponema Pallidum	71 - State or Local Public Health Clinic	3/1/2020
87426	Elisa Detection of Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Antigen	53 - Community Mental Health Center	6/25/2020
87426	Elisa Detection of Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Antigen	99 - Other Unlisted Facility	6/25/2020
87426	Elisa Detection of Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Antigen	50 - Federally Qualified Health Center	6/25/2020
90791	Psychiatric Diagnostic Evaluation	14 – Group Home	7/1/2020
90832	Psychotherapy, 30 Minutes	14 – Group Home	7/1/2020
92607	Evaluation of Patient with Prescription of Speech-Generating and Alternative Communication Device	53 - Community Mental Health Center	1/1/2021
96158	Health Behavior Intervention, Individual, Face-To-Face; Initial 30 Minutes	13 - Assisted Living Facility	7/1/2020
96159	Health Behavior Intervention, Individual, Face-To-Face; Each Additional 15Minutes	13 - Assisted Living Facility	7/1/2020
99203	New Patient Outpatient Visit, Total Time 30-44 Minutes	13 - Assisted Living Facility	7/1/2020
99204	New Patient Outpatient Visit, Total Time 45-59 Minutes	13 - Assisted Living Facility	7/1/2020
99205	New Patient Outpatient Visit, Total Time 60-74 Minutes	13 - Assisted Living Facility	7/1/2020
99213	Established Patient Outpatient Visit, Total Time 20-29 Minutes	13 - Assisted Living Facility	7/1/2020
99214	Established Patient Outpatient Visit, Total Time 30-39 Minutes	13 - Assisted Living Facility	7/1/2020
99215	Established Patient Outpatient Visit, Total Time 40-54 Minutes	13 - Assisted Living Facility	7/1/2020
D1208	Topical Application of fluoride	13 Assisted Living Facility	1/1/2020
D1208	Topical Application of fluoride	32 - Nursing Facility	1/1/2020
D5110	Complete Denture - Maxillary	13 - Assisted Living Facility	1/1/2020
D5110	Complete Denture - Maxillary	31 – Skilled Nursing Facility	1/1/2020

Code	Description	Place of Service	Effective Begin
D5110	Complete Denture - Maxillary	31 – Skilled Nursing Facility	1/1/2020
D5120	Complete Denture- Mandibular	13 - Assisted Living Facility	1/1/2020
D5120	Complete Denture- Mandibular	31 - Skilled Nursing Facility	1/1/2020
D5731	Reline Complete Mandibular Denture	13 - Assisted Living Facility	1/1/2020
D5731	Reline Complete Mandibular Denture	31 - Skilled Nursing Facility	1/1/2020
H0004	Behavioral Health Counseling and Therapy, Per 15 Minutes	13 - Assisted Living Facility	7/1/2020
H0034	Medication Training and Support, Per 15 Minutes	13 - Assisted Living Facility	7/1/2020
J2704	Injection, Propofol, 10 mg	11 – Office	1/1/2020
J3032	Injection, Eptinezumab-Jjmr, 1 mg	12 - Home	10/1/2020
J9358	Injection, Fam-Trastuzumab Deruxtecan-Nxki, 1 mg	11 - Office	8/14/2020
J9358	Injection, Fam-Trastuzumab Deruxtecan-Nxki, 1 mg	11 – Office	7/1/2020
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion	11 – Office	11/21/2020
Q0243	Injection, Casirivimab And Imdevimab, 2400 mg	11 – Office	11/21/2020
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	11 – Office	1/1/2021
T1013	Sign Language or Oral Interpretive Services, Per 15 Minutes	03 - School	10/1/2019
T1013	Sign Language or Oral Interpretive Services, Per 15 Minutes	11 - Office	10/1/2019
T1013	Sign Language or Oral Interpretive Services, Per 15 Minutes	12 - Home	10/1/2019
T1013	Sign Language or Oral Interpretive Services, Per 15 Minutes	02 - Services Provided/Received, Through Telecomm	10/1/2019
U0005	Infectious agent detection by nucleic acid (DNA or RNA); severe acute Respiratory syndrome coronavirus 2 (SARS-COV-2)	81 - Independent Laboratory	1/1/2021

Revenue Code

- ◆ Effective for dates of service January 1, 2020 the revenue code 0490 (Ambulatory Surgical Center) has been added to the CPT code 27447 (Repair of Knee Joint, Lower or Upper Part of Joint).
- ◆ Effective for January 1, 2021 the revenue code 0341 (NUC MED/DX) has been added to the CPT codes.

Code	Description	Code	Description
78830	Spect nuclear medicine localization of tumor or inflammation or study of distribution of radioactive tracer in single area, with concurrently acquired CT transmission scan, 1 day of imaging.	78832	Spect nuclear medicine localization of tumor or inflammation or study of distribution of radioactive tracer in multiple areas, or in single area with imaging over multiple days, with concurrently acquired CT transmission scan, 1 day of imaging
78831	Spect nuclear medicine localization of tumor or inflammation or study of distribution of radioactive tracer in multiple areas, or in single area with imaging over multiple days	78835	Quantification of radioactive tracer

Reference Screen

Effective for July 1, 2020 the following changes have been made to RF7A2 screen (Admit Type/Source Codes & Linkages)

Admit Type	Type Description	Admit Source	Source Description
1	Emergency	G	Transfer Fr
2	Urgent	G	Transfer Fr
3	Elective	G	Transfer Fr
4	Newborn	G	Transfer Fr
5	Trauma Center	G	Transfer Fr

Sex Indicator

The following changes for the Sex indicator have been made on the reference screens.

81513	Infectious Disease, Bacterial Vaginosis, Quantitative	“F” female	Added
81514	Infectious Disease, Bacterial Vaginosis and Vaginitis,	“F” female	Added
57112	Vaginectomy, Complete Removal of Vaginal Wall;	“F” female	Removed
58293	Vaginal Hysterectomy, For Uterus Greater Than 250 Gram	“F” female	Removed
G8809	RH-Immunoglobulin (RHOGAM) Ordered	“F” female	Removed
G8810	RH-Immunoglobulin (RHOGAM) Not Ordered for Reasons DOC	“F” female	Removed
G8811	Documentation RH-Immunoglobulin (RHOGAM) Was Not Ordered	“F” female	Removed

TPL Indicator

The TPL indicator on the reference screens RF113 and RF127 has been changed from Y (yes) to N (no) on the codes U0003 (Infectious Agent Detection by Nucleic Acid (DNA OR RNA)) and U0004 (2019 -NCOV Coronavirus, SARS-COV-2/2019-NCOV (COVID-19)).

