



# ENCOUNTER KEYS

July-August, 2021

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### Age

The Minimum age is now 000 and the Maximum age 004 has been changed for the CPT code 90697 (Vaccine For Diphtheria, Tetanus Toxoids, Acellular Pertussis (Whooping Cough), Haemophilus Influenzae Type B, Hepatitis B and Polio for injection into muscle).

### Category of Service

Effective for dates of service listed the following CPT/HCPCS codes have been changed on RF769 (Medical Categories of Service) screen.

Code	Description	Category of Service	Effective Begin Date	End Date
00404	Anesthesia for removal of breast	01 - Medicine	01/01/2020	99/99/9999
M0201	COVID-19 vaccine administration inside a patient's home	01 – Medicine	06/08/2021	99/99/9999

### Code

- Effective March 15, 2021 the HCPCS Code D0606 (Molecular testing for a public health related pathogen, including Coronavirus) has been added to the system.
- Effective July 1, 2021 the HCPCS Code G0327 (Colorectal cancer screening; blood-based biomarker) is a recycled code and is now covered. All screens have been updated to match the current code and description.

### Code Description Change

CPT code 25270 new description – Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle.

### COVID-19

This is for dental providers only: COVID Vaccines using the CDT or CPT codes are not allowed per state statute, these codes will be closed in our system for the dental providers (PT07).

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**Coverage Code & Procedure Prior Authorization**

- Effective for dates of service July 1, 2021 the following codes have been updated on the Coverage Code screen RF123 of 01 (Covered Service/Code Available) and on Procedure Prior Authorization RF124 screen with 04 (PA Not Req'd For Acute or LTC).

CODES	CODES	CODES	CODES
0002U	0058U	0098U	0147U
0007U	0059U	0099U	0148U
0008U	0061U	0100U	0149U
0010U	0062U	0106U	0150U
0011U	0063U	0107U	0152U
0014U	0064U	0109U	0162U
0023U	0065U	0110U	0163U
0024U	0066U	0112U	0166U
0025U	0068U	0115U	0174U
0036U	0069U	0116U	0202U
0038U	0077U	0121U	0210U
0039U	0080U	0122U	0212U
0041U	0082U	0123U	0223U
0042U	0086U	0140U	0224U
0043U	0087U	0141U	0225U
0044U	0091U	0142U	0226U
0051U	0093U	0143U	0227U
0052U	0094U	0144U	0240U
0054U	0096U	0145U	0241U
0055U	0097U	0146U	

**ICD-10 Code**

Effective for dates of service on or after January 1, 2021 the ICD-10 code XW033F6 (Introduction of Bamlanivimab Monoclonal Antibody into Peripheral Vein, Percutaneous Approach, New Technology Group 6. Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products) has been added to the reference screen RF161.

**Coverage Code**

Effective for dates of service the following Coverage codes have been changed.

<b>Code</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Effective Begin Date</b>
90697	Vaccine for Diphtheria, Tetanus Toxoids, Acellular Pertussis	01 - Covered Service/Code Available	1/1/2021
99446	Telephone or internet assessment and management service provided by Consultative physician with verbal and written report, 5-10 minutes consultative discussion and review	01 - Covered Service/Code Available	7/1/2021
99447	Telephone or internet assessment and management service provided by Consultative physician with verbal and written report, 11-20 minutes of medical Consultative discussion and review	01 - Covered Service/Code Available	7/1/2021
99448	Telephone or internet assessment and management service provided by Consultative physician with verbal and written report, 21-30 minutes of medical Consultative discussion and review	01 - Covered Service/Code Available	7/1/2021
99449	Telephone or internet assessment and management service provided by Consultative physician,	01 - Covered Service/Code Available	7/1/2021
99451	Telephone or internet assessment and management service provided by Consultative physician with written report, 5 minutes or more of medical Consultative discussion and review	01 - Covered Service/Code Available	7/1/2021
99452	Telephone or internet referral service, 30 minutes	01 - Covered Service/Code Available	7/1/2021
C9065	Injection, Romidepsin, non-lyophilized (e.g., liquid), 1mg	04 - Not covered service/Code Note Available	7/1/2021
C9074	Injection, Lumasiran, 0.5 mg	04 - Not covered service/Code Note Available	7/1/2021
C9132	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	04 - Not covered service/Code Note Available	7/1/2021
G2215	Take-home supply of Nasal Naloxone	09 – Medicare Only	1/1/2021
G2216	Take-home supply of injectable naloxone	09 – Medicare Only	1/1/2021
M0239	Intravenous infusion Bamlanivimab-xxxx, includes infusion and post administration monitoring	04 - Not covered service/Code Note Available	7/1/2021
Q0239	Injection, Bamlanivimab-xxxx, 700 mg	04 - Not covered service/Code Note Available	7/1/2021

- Effective for dates of service July 1, 2021 the following codes have been updated to 01 (Covered Service/Code Available).

## Codes

0001U	0026U	0046U	0078U	0105U	0158U	0135U	0186U	0204U	0196U	0214U
0003U	0027U	0047U	0079U	0108U	0159U	0136U	0167U	0205U	0197U	0215U
0005U	0029U	0048U	0083U	0111U	0160U	0137U	0168U	0206U	0198U	0216U
0009U	0030U	0049U	0084U	0113U	0161U	0154U	0169U	0207U	0199U	0217U
0012U	0031U	0050U	0088U	0114U	0164U	0178U	0170U	0208U	0200U	0218U
0013U	0032U	0053U	0089U	0117U	0165U	0179U	0171U	0209U	0201U	0219U
0016U	0033U	0056U	0090U	0118U	0129U	0180U	0172U	0211U	0229U	0220U
0017U	0034U	0060U	0092U	0119U	0130U	0181U	0173U	0213U	0230U	0221U
0018U	0035U	0067U	0095U	0120U	0131U	0182U	0175U	0187U	0231U	0222U
0019U	0037U	0074U	0101U	0155U	0132U	0183U	0176U	0188U	0232U	0228U
0021U	0040U	0075U	0102U	0156U	0133U	0184U	0177U	0189U	0233U	
0022U	0045U	0076U	0103U	0157U	0134U	0185U	0203U	0195U	0234U	

### New Codes

- ◆ Effective for May 26, 2021 the code Q0247 (Injection, sotrovimab, 500 mg (not to be given if the patient is hospitalized) has been added to the system. For additional information refer to appropriate screens.
- ◆ Effective for July 1, 2021 the following codes have been added to the system. For additional information refer to appropriate screens.

Code	Code	Code	Code
0248U	0649T	0665T	C9077
0249U	0650T	0666T	C9078
0250U	0651T	0667T	C9079
0251U	0652T	0668T	C9080
0252U	0653T	0669T	C9778
0253U	0654T	0670T	G0327
0254U	0655T	90626	J0224
0640T	0656T	90627	J1951
0641T	0657T	90671	J7168
0642T	0658T	90677	J9314
0643T	0659T	90758	J9348
0644T	0660T	A9593	J9353
0645T	0661T	A9594	M0244
0646T	0662T	C1761	M0246
0647T	0663T	C9075	Q5123
0648T	0664T	C9076	

### Dental Codes

Effective for dates of service July 1, 2021 the following codes have been added to provider type 07 (Dentist).

D1701	Pfizer-Biontech COVID-19 Vaccine Administration - First	D1705	AstraZeneca Covid-19 vaccine administration - first dose; SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM dose 1
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose; SARSCOV2 COVID-19 VAC MRNA 30mcg/0.3mL IM dose 2	D1706	AstraZeneca Covid-19 vaccine administration - second dose; SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM dose 2
D1703	Moderna Covid-19 vaccine administration - first dose; SARSCOV2 COVID-19 VAC MRNA 100mcg/0.5mL IM dose 1	D1707	Janssen Covid-19 vaccine administration; SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM single dose
D1704	Moderna Covid-19 vaccine administration - second dose; SARSCOV2 COVID-19 VAC MRNA 100mcg/0.5mL IM dose 2		

### **Lab Indicator**

The laboratory indicator “C” (CLIA Certified) on the reference screen RF113 has been added to the following codes.

0014M	Liver disease, analysis of 3 biomarkers	0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine,
0228U	Oncology (prostate), multianalyte molecular profile by photometric	0229U	BCAT1 (Branched Chain Amino Acid Transaminase 1)
0230U	AR (Androgen Receptor) (e.g., Spinal and Bulbar Muscular Atrophy,	0231U	CACNA1A (Calcium Voltage-Gated Channel Subunit Alpha 1a)
0232U	CSTB (Cystatin B) (e.g., Progressive Myoclonic Epilepsy Type 1A,	0233U	FXN (Frataxin) (e.g., Friedreich Ataxia), Gene Analysis,
0234U	MECP2 (Methyl CPG Binding Protein 2) (e.g., Rett Syndrome),	0235U	PTEN (Phosphatase and Tensin Homolog)
0236U	SMN1 (Survival of Motor Neuron 1, Telomeric) and SMN2	0237U	Cardiac Ion Channelopathies
0238U	Oncology (Lynch Syndrome), Genomic DNA Sequence Analysis of MLH1,	0239U	Targeted Genomic Sequence Analysis Panel, Solid Organ Neoplasm

### **Frequency**

The Frequency has been changed to 6 years for the HCPCS Code J7297 (Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 mg on the reference screens.

### **Medicare Indicator**

- The Medicare Indicator on the Reference screens has been changed to N (No) for the HCPCS code T4544 (Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each).
- The Medicare Indicator located on RF113 and RF127 screens has been changed to “N” no for the HCPCS code S0311 (Comprehensive management and care coordination for advanced illness, per calendar month).

### **Gender Indicator**

The “Sex” indicator F (Female) has been added to the code 0243U (Obstetrics (Preeclampsia), biochemical assay of placenta).

### **Procedure Daily Maximum**

The HCPCS code J9325 (Injection, Talimogene Laherparepvec, per 1 million plaque forming) has new units added to the Procedure Daily Maximum 400.

**Modifier**

- The modifier QW (CLIA waived test) has been changed to 07/01/2021 for the codes 0240U and 0241U.
- Effective for dates of service listed the following modifiers have been added and/or end dated on their respective screens.

<b>Code</b>	<b>Description</b>	<b>Modifier</b>	<b>Effective Begin Date</b>	<b>End Date</b>
69706	Nasopharyngoscopy, Surgical, With Dilation of Eustachia	50 - Bilateral Procedure (Pay 50%)		06/01/2021
77321	Radiation Therapy total body port plan	PN - Non-Excepted Service Pro	07/01/2020	
77336	Radiation therapy consultation per week	Q1 - Routine Clin Research/ Cert Mycosis Toenail	07/01/2020	
77386	Intensity modulated radiation therapy delivery, complex	Q1 - Routine Clin Research/ Cert Mycosis Toenail	07/01/2020	
H0004	Behavioral health counseling and therapy, per 15 minutes	GT - Telemedicine - Via Interactive Audio/Video	01/01/2020	
H0004	Behavioral health counseling and therapy, per 15 minutes	UD - Telehealth/MCD LVL Care 13	03/17/2020	
H0025	Behavioral Health Prevention Education Service	UD - Telehealth/MCD LVL Care 13		10/01/2020
H0031	Mental Health Assessment, by Non-Physician	GT - Telemedicine - Via Interactive Audio/Video	01/01/2020	
H0031	Mental Health Assessment, by Non-Physician	UD - Telehealth/MCD LVL Care 13	03/17/2020	
H0034	Medication Training and Support, Per 15 Minutes	GT - Telemedicine - Via Interactive Audio/Video	01/01/2020	
H2025	Ongoing support to maintain employment, per 15 minutes	UD - Telehealth/MCD LVL Care 13		10/01/2020
H2027	Psychoeducational Service, Per 15 Minutes	GT - Telemedicine - Via Interactive Audio/Video	01/01/2020	
H2027	Psychoeducational Service, Per 15 Minutes	UD - Telehealth/MCD LVL Care 13	03/17/2020	
J9060	Injection, Cisplatin, powder or solution, 10 mg	Q1 - Routine Clin Research/ Cert Mycosis Toenail	07/01/2020	
J9223	Injection, Lurbinectedin, 0.1 mg	JW - Drug Amt Discarded/ Not Admin to Any Pati	01/01/2021	
T1002	RN services, up to 15 minutes	UD - Telehealth/MCD LVL Care 13	03/17/2020	
T2049	Non-Emergency Transportation; Stretcher Van, Mileage	TV - Special Payment Rates, Holidays/Weekends	06/01/2020	

**Modifiers (End Dated)**

Effective for dates of service June 30, 2021 the modifier NU (New Equipment); UE (Used Durable Medical Equipment) and RR (Rental/DME) have been end dated for the codes , refer to the shared reference files uploaded to the shared SFTP site.

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**Provider Type**

- The following codes have been end dated for the specific provider types.

Code	Description	Provider Type	End Date
99600	Unlisted Home Visit Service or Procedure	06 - Emergency Ground Transportation	6/30/2021
S5109	Home care training to home care client, per session	A5 - Behavioral Health Therapeutic Home	4/1/2021

- Effective dates of service listed the following CPT/HCPCS codes have been added and/or deleted for the respective provider profiles.

Code	Description	Provider Type	Effective Begin Date
27470*	Repair air of non-healed fracture of thigh bone	18 – Physician’s Assistant	6/1/2020
27506*	Open treatment of broken thigh bone, with implant	18 – Physician’s Assistant	7/1/2020
27634*	Removal (5 centimeters or greater) muscle growth of leg or ankle	18 – Physician’s Assistant	1/1/2021
27634*	Removal (5 centimeters or greater) muscle growth of leg or ankle	19 - Registered Nurse Practitioner	1/1/2021
92517	VEMP testing of lower branch of inner ear nerve with interpretation and report	62 - Audiologist	1/1/2021
92519	VEMP testing of upper and lower branches of inner ear nerve with interpretation and report	62 - Audiologist	1/1/2021
92650	Screening evaluation of brain response to sound with automated analysis	62 - Audiologist	1/1/2021
92651	Evaluation of brain response to sound for determination of hearing status with interpretation and report	62 - Audiologist	1/1/2021
92652	Evaluation of brain response to sound for determination of hearing threshold with interpretation and report	62 - Audiologist	1/1/2021
92653	Evaluation of brain response to sound for diagnosis of nervous system disorders with interpretation and report	62 - Audiologist	1/1/2021
97533	Sensory Technique to enhance processing and adaptation to environmental demands, each 15 minutes	15 - Speech/Hearing Therapist	1/1/2021
M0201	Intravenous Infusion, Bamlanivimab-XXXX, Includes Infusion and Post Administration Monitoring	06 - Emergency Ground Transportation	6/8/2021

**Note:** Codes 27470; 27634 and 27506 require the modifier AS (PA Services for assistant/at surgery)



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**Place of Service**

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

<b>Code</b>	<b>Description</b>	<b>POS</b>	<b>Effective Begin Date</b>
33016	Drainage of Heart Sac	19 – Off Campus - Outpatient Hospital	6/1/2021
33016	Drainage of Heart Sac	22 - Outpatient Hospital	6/1/2021
45330	Diagnostic examination of the lower portion of the large bowel using an Endoscope	23 – Emergency Room - Hospital	1/1/2021
51726	Complex measurement of pressure of urine flow in Bladder (Cystometrogram)	12 – Home	1/1/2021
87635	Amplified DNA or RNA Probe Detection of Severe Acute Resp	20 - Urgent Care Facility	3/20/2020
90833	Psychotherapy performed with evaluation & management visit, 30 minutes	14 - Group Home	1/1/2020
90834	Psychotherapy, 45 Minutes	14 - Group Home	1/1/2020
90836	Psychotherapy With Evaluation and Management Visit, 45 Minutes	14 - Group Home	1/1/2020
90837	Psychotherapy, 60 Minutes	14 - Group Home	1/1/2020
90838	Psychotherapy With Evaluation and Management Visit, 60 Minutes	14 - Group Home	1/1/2020
94010	Measurement and graphic recording of total and timed exhaled air capacity	15 – Mobile Unit	1/1/2021
94060	Measurement and graphic recording of the amount and speed of breathed air, before and following medication administration	15 – Mobile Unit	7/1/2020
95012	Nitric Oxide expired gas determination	15 – Mobile Unit	7/1/2020
96156	Health Behavior Assessment, or Re-Assessment	13 - Assisted Living Facility	1/1/2020
96156	Health Behavior Assessment, or Re-Assessment	14 - Group Home	1/1/2020
97533	Sensory Technique to enhance processing and adaptation to environmental demands, each 15 minutes	03 - School	1/1/2021
99381	Initial New Patient Preventive Medicine Evaluation Infant Younger Than 1 Year	15 - Mobile Unit	4/1/2021
99382	Initial New Patient Preventive Medicine Evaluation, Age 1 Through 4 Years	99 - Other Unlisted Facility	3/17/2020
99383	Initial New Patient Preventive Medicine Evaluation, Age 5 Through 11 Years	15 - Mobile Unit	4/1/2021

<b>Code</b>	<b>Description</b>	<b>POS</b>	<b>Effective Begin Date</b>
99384	Initial New Patient Preventive Medicine Evaluation, Age 12 Through 17 Years	15 - Mobile Unit	2/1/2021
99385	Initial New Patient Preventive Medicine Evaluation, Age 18 Through 39 Years	15 - Mobile Unit	4/1/2021
99391	Established patient periodic preventive medicine examination infant younger than 1 year	15 - Mobile Unit	4/1/2021
99392	Established patient periodic preventive medicine examination, age 1 through 4 years	15 - Mobile Unit	4/1/2021
99393	Established patient periodic preventive medicine examination, age 5 through 11 years	15 - Mobile Unit	4/1/2021
99394	Established patient periodic preventive medicine examination, age 12 through 17 years	99 - Other Unlisted Facility	3/17/2020
99395	Established patient periodic preventive medicine examination, age 18 through 39 years	15 - Mobile Unit	4/1/2021
99401	Preventive medicine counseling, approximately 15 minutes	13 - Assisted Living Facility	3/1/2021
H2014	Skills training and development, per 15 minutes	14 - Group Home	8/1/2021
J0223	Injection, Givosiran, 0.5 mg	11 - Office	1/1/2021
Q5121	Injection, Infliximab-AXXQ, Biosimilar, (AVSOLA), 10 mg	11 - Office	1/1/2021
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD,	14 - Group Home	8/1/2021
U0002	CDC 2019 Novel Coronavirus (2019-Ncov) Real-Time Rt-Pcr	20 - Urgent Care Facility	3/20/2020
V2511	Contact Lens, Gas Permeable, Toric, Prism Ballast, Per Lens	19 - Off Campus-Outpatient Hospital	1/1/2021
V2511	Contact Lens, Gas Permeable, Toric, Prism Ballast, Per Lens	22 - Outpatient Hospital	1/1/2021
V2512	Contact Lens, Gas Permeable, Bifocal, Per Lens	19 - Off Campus-Outpatient Hospital	1/1/2021
V2512	Contact Lens, Gas Permeable, Bifocal, Per Lens	22 - Outpatient Hospital	1/1/2021

Code	Description	POS	Effective Begin Date
V2513	Contact Lens, Gas Permeable, Extended Wear, Per Lens	19 - Off Campus-Outpatient Hospital	1/1/2021
V2513	Contact Lens, Gas Permeable, Extended Wear, Per Lens	22 - Outpatient Hospital	1/1/2021
V2520	Contact Lens, Hydrophilic, Spherical, Per Lens	19 - Off Campus-Outpatient Hospital	1/1/2021
V2520	Contact Lens, Hydrophilic, Spherical, Per Lens	22 - Outpatient Hospital	1/1/2021
V2521	Contact Lens, Hydrophilic, Toric, Or Prism Ballast, Per Lens	19 - Off Campus-Outpatient Hospital	1/1/2021
V2521	Contact Lens, Hydrophilic, Toric, Or Prism Ballast, Per Lens	22 - Outpatient Hospital	1/1/2021
V2522	Contact Lens, Hydrophilic, Bifocal, Per Lens	19 - Off Campus-Outpatient Hospital	1/1/2021
V2522	Contact Lens, Hydrophilic, Bifocal, Per Lens	22 - Outpatient Hospital	1/1/2021
V2523	Contact Lens, Hydrophilic, Extended Wear, Per Lens	19 - Off Campus-Outpatient Hospital	1/1/2021
V2523	Contact Lens, Hydrophilic, Extended Wear, Per Lens	22 - Outpatient Hospital	1/1/2021
V2599	Contact Lens, Other Type	19 - Off Campus-Outpatient Hospital	1/1/2021
V2599	Contact Lens, Other Type	22 - Outpatient Hospital	1/1/2021

### **RF729 VFC Procedure Codes**

- The CPT code 90697 (Vaccine For Diphtheria, Tetanus Toxoids, Acellular Pertussis (Whooping Cough), Haemophilus Influenzae Type B, Hepatitis B and Polio for injection into muscle) has been added to the RF729 screen.
- The CPT code 90750 (Vaccine for Shingles for injection into muscle) has been **end dated** on this reference screen effective May 31, 2021.

### **RF724**

The code O24.42 (Gestational Diabetes Mellitus in Childbirth) has been added to the RF724 screen (Standard Service Set).

