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Age Changes

Code	Description	Minimum	Maximum
90677	Pneumococcal Conjugate Vaccine, 20 Valent (PCV20), For Intramuscular Use	000 M	999 M
Z13.32	Encounter For Screening for Maternal Depression	000 M	125 Y

AHC

AHC override has been added to correctly allow NCCI code pairs for the following code pairs. 95957 and 95700 and 95957 and 95709.

BH Diagnosis

The RF724 (Standard Service Set) screen has been updated to reflect the BH diagnosis list found on the AHCCCS Website, (changing the end date from 09/30/2022 to 99/99/9999).

Category of Service

Code	Description	Category of Service	Effective Begin Date
C7561	Debridement, Bone (Includes Epidermis, Dermis, Subcutaneous Tissue, Muscle and/or Fascia, If Performed); First 20 sq cm or less with Manual Preparation and Insertion of Drug-Delivery Device(s), DEEP (e.g., subfascial)	02 - Surgery	01/01/2024
E0492	Power Source and Control Electronics Unit for Oral Device/Appliance for Neuromuscular Electrical Stimulation of The Tongue Muscle, Controlled by Pho Application	40 - Medical Supplies	01/01/2024
E0493	Oral Device/Appliance for Neuromuscular Electrical Stimulation of The Tongue Muscle, Used in Conjunction with The Power Source and Control Electronics Unit, Controlled by Phone Application, 90-Day Supply	40 - Medical Supplies	01/01/2024
E1301	Whirlpool Tub, Walk-In, Portable	40 - Medical Supplies	01/01/2024
E2102	Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver	15 - DME and Appliances	04/01/2022

- The following HCPCS codes have had their COS changed.

Codes	Category of Service	Effective Date	Codes	Category of Service	Effective Date
A4541	15 - DME And Appliances	1/1/2024	E0732	15 - DME And Appliances	1/1/2024
A4542	15 - DME And Appliances	1/1/2024	E0733	15 - DME And Appliances	1/1/2024
E0530	15 - DME And Appliances	1/1/2024	E0734	15 - DME And Appliances	1/1/2024
E0678	15 - DME And Appliances	1/1/2024	E2001	15 - DME And Appliances	1/1/2024
E0679	15 - DME And Appliances	1/1/2024	E2398	15 - DME And Appliances	1/1/2024
E0680	15 - DME And Appliances	1/1/2024	E3000	15 - DME And Appliances	1/1/2024
E0681	15 - DME And Appliances	1/1/2024	K1036	40 - Medical Supplies	12/19/2023
E0682	15 - DME And Appliances	1/1/2024	L5615	15 - DME And Appliances	1/1/2024

Codes

Effective December 31, 2023, the CPT codes have been **end dated** on RFC25 (STATUS CODE B CPT-HCPCS CODES)

- 96202 Multiple-Family Group Behavior Management/Modification Training, Face-To-Face, Initial 60 Minutes
- 96203 Multiple-Family Group Behavior Management/Modification Training, Face-to-Face Each Additional 15 Minutes

Coverage Codes

Code	Description	Coverage Code	Effective Begin Date
0329U	Exome And Transcriptome Sequence Analysis of DNA And RNA From Tumor with DNA	04 - Not Covered Service/Code Not Available	08/01/2023
58580	Destruction Of Uterine Fibroid(s) Using Heat with Ultrasound Guidance and Monitoring	04 - Not Covered Service/Code Not Available	01/01/2024
90589	Chikungunya Virus Vaccine	01 - Covered Service/Code Available	01/01/2024
H2040	Coordinated Specialty Care, Team-Based, For First Episode Psychosis, Per Month	04 Not Covered Service/Code Not Available	12/01/2023

Description Change

The Procedure Modifier description has been changed to U9 ASAM CONTINUUM

Edits

The Z294 (Diabetes Self-Management Limits Exceeded) edit will begin to be Hard as of 2/1/2024 for encounters received and with DOS as of 2/1/2024.

The Z293 (Chiropractic Services Limit Exceeded) edit will begin to be Hard as of 2/1/2024 for encounters received and with DOS as of 2/1/2024.

Edits – H140 and H141

AHCCCS continues to see a large number of pending encounters for edits H140 (Pick Up Information Missing) and H141 (Drop Off Information Missing). As a reminder this is a 'hard edit' required to gather information from NEMT providers and has been effective since 10/1/2022.

Encounter edits **H140** (Pick Up Information Missing) and **H141** (Drop Off Information Missing) will be set to 'hard' to gain compliance with gathering this information from NEMT providers.

These edits validate that the pick-up and drop-off information are included in the encounter, which is an industry standard billing practice for Non-Emergency Transportation. For NEMT Providers the information is submitted through the 837P for HCFA 1500 files loop 2310E (Pick Up)/2310F (Drop Off).

This is accomplished when the EDI 837 Professional file is loaded into the Encounter subsystem, looking at loop 2310E/2310F to ensure it contains Pickup/Dropoff address data. The proper address data needs to contain Address line 1; Address line 2 if provided; City; State; Zip Code

If the encounter does not have this information populated on the 837P, the encounter will pend for H140 and/or H141. Encounters that pend for H140 or H141 are not available for override consideration and must be corrected through a **Replacement record**.

End Date Change

The ICD-10 code F43.23 (Adjustment Disorder with Mixed Anxiety) end date has been changed to 99/99/9999 on the reference screen.

Indicators

Gender

The sex indicator M has been added to the following codes, on the Reference Screens.

0424U (Oncology (Prostate), Exosome-Based Analysis Of 53 Small Noncoding RNAs)

0433U (Oncology (Prostate), 5 DNA Regulatory Markers by Quantitative PCR, Whole Blood,)

Laboratory r

The laboratory indicator has been changed to W for 87400 (Detection Test by Immunoassay Technique for Influenza).

Medicare

- The Medicare Indicator on the reference screens has been changed to “N” for the following codes.

Code	Description
90589	Chikungunya Virus Vaccine
90623	Meningococcal Conjugate Vaccine Serogroups A, C, W, Y,
90683	Respiratory Syncytial Virus Vaccine MRNA Lipid Nanopar
97037	Low-Level Laser Therapy Application for Pain Management
A4457	Enema Tube, With or Without Adapter, Any Type,
A4468	Exsufflation Belt, Includes All Supplies and Accessories
A4540	Distal Transcutaneous Electrical Nerve Stimulator
A7023	Mechanical Allergen Particle Barrier/Inhalation Filter
J1105	Dexmedetomidine, Oral, 1 Mcg

- The Medicare indicator has been changed to “Y” for A0425 (Ground Mileage, Per Statute Mile) on the Reference Screens.

Limit & Frequency

Code	Description	Limit	Frequency
A4238	Supply Allowance for Adjunctive, Non-Implanted Continuous Glucose Monitor (CGM), Includes All Supplies and Accessories, 1 Month Supply = 1 Unit of Service	1	1 month

Modifiers

Effective January 1, 2024, the following modifiers have been added to the codes listed.

22	Unusual Procedural Services	56	Preoperative Management Only
25	Significant, Sep Ident E&M, Same Md & Day	62	Two Surgeons/Different Skills
50	Bilateral Procedure (Pay 50%)	66	Surgical Team
51	Multiple Procedures	1p	Performance Measure Excl. Medical Reason
53	Discontinued Procedure	2p	Performance Measure Excl. Pt. Choice
54	Surgical Care Only	3p	Performance Measure Excl.Mod.System Reas
55	Postoperative Management Only	8p	Pm Measure Reporting Mod Action Not Perf

CODES	MODIFIERS													
	22	25	50	51	53	54	55	56	62	66	1P	2P	3P	8P
0784T			X											
0785T			X											
0786T			X											
0787T			X											
0790T			X						X					
0813T				X										
0814T			X	X										
0816T				X										
0817T				X										
0818T				X										
0819T				X										
0823T				X						X				
0824T				X										
0825T				X										
0826T				X										

- Effective for dates listed the following modifiers have been added to the Reference Screens.

Code	Description	Modifier	Effective Begin Date
XX400	Anesthesia For Other Procedure on Skin of Arms, Legs, And Front Body	78 - Return to O.R. for Related Proc Post-OP	7/1/2023
22552	Fusion Of Upper Spine Bone with Removal of Disc and Release of Spinal Cord or Nerve, Each Additional Disc	59 - Distinct Procedural Service	4/1/2023
22552	Fusion Of Upper Spine Bone with Removal of Disc and Release of Spinal Cord or Nerve, Each Additional Disc	XE - Separate Enc, A Serv That Is Distinct Be	4/1/2023
22552	Fusion Of Upper Spine Bone with Removal of Disc and Release of Spinal Cord or Nerve, Each Additional Disc	XP - Separate Practitioner, A Service	4/1/2023
22552	Fusion Of Upper Spine Bone with Removal of Disc and Release of Spinal Cord or Nerve, Each Additional Disc	XS - Separate Structure, A Service That Is Di	4/1/2023
22552	Fusion Of Upper Spine Bone with Removal of Disc and Release of Spinal Cord or Nerve, Each Additional Disc	XU - Unusual Non-Overlapping Service	4/1/2023
27768	Closed Treatment of Back Portion of Shin Bone at Ankle with Manipulation	LT - Identifies Left Side	7/1/2023
27768	Closed Treatment of Back Portion of Shin Bone at Ankle with Manipulation	RT -Identifies Right Side	7/1/2023
38129	Other Procedure on Spleen Using an Endoscope	51 - Multiple Procedures	12/2/2022
43659	Other Procedure on Stomach Using an Endoscope	81 - Minimum Assistant Surgeon	7/1/2023
43659	Other Procedure on Stomach Using an Endoscope	82 - Assist Surg/Qual Resident Surg Not Avail	7/1/2023
45381	Injection Beneath Lining of Large Bowel Using a Flexible Endoscope	33 - Preventive Services	1/1/2023
46285	Second Stage Repair of Abnormal Anal Drainage Tract	58 - Staged/Related Proc Same Post-Op Period	1/1/2023
84165	Protein Measurement, Serum	26 - Professional Component	1/1/2023
87400	Detection Test by Immunoassay Technique for Influenza).	QW - CLIA Waived Test	11/30/2023
90380	Respiratory Syncytial Virus Antibody, 0.5 ml Dosage for Injection into Muscle	SL - State Supplied Vaccine	6/30/2023
90381	Respiratory Syncytial Virus Antibody, 1.0 ml Dosage for Injection into Muscle	SL - State Supplied Vaccine	6/30/2023
93005	Routine Electrocardiogram (ECG) Using At Least 12 Leads with Tracing	GZ - Item/Svs Exp to Be Denied as Not Reasonable	1/1/2023
A0425	Ground Mileage, Per Statute Mile	SD – Services Provided by Reg Nurse with Spec High Tec	1/1/2023
A4541	Monthly Supplies for Use of Device Coded at E0733	NU - NU New Equipment;	1/1/2024
A4541	Monthly Supplies for Use of Device Coded at E0733	RR - Rental/DME	1/1/2024

A4541	Monthly Supplies for Use of Device Coded at E0733	UE - Used Durable Medical	1/1/2024
E0491	Oral Device/Appliance for Neuromuscular Electrical Stimulation of The Tongue Muscle	NU - New Equipment	10/1/2023
E0491	Oral Device/Appliance for Neuromuscular Electrical Stimulation of The Tongue Muscle	RR - Rental/DME	10/1/2023
E0491	Oral Device/Appliance for Neuromuscular Electrical Stimulation of The Tongue Muscle	UE - Used Durable Medical Equipment	10/1/2023
E0491	Oral Device/Appliance for Neuromuscular Electrical Stimulation of The Tongue Muscle	MS - Maintenance Serv-Rental For 15 Months	10/1/2023
E0491	Oral Device/Appliance for Neuromuscular Electrical Stimulation of The Tongue Muscle	RA - Replacement DME/Orthotic/Prosthetic	10/1/2023
E0491	Oral Device/Appliance for Neuromuscular Electrical Stimulation of The Tongue Muscle	TW - Back-Up Equipment	10/1/2023
E0530	Electronic Positional Obstructive Sleep Apnea Treatment, with Sensor	NU - NU New Equipment	1/1/2024
E0530	Electronic Positional Obstructive Sleep Apnea Treatment, with Sensor	RR - Rental/DME	1/1/2024
E0530	Electronic Positional Obstructive Sleep Apnea Treatment, with Sensor	UE - Used Durable Medical	1/1/2024
E0732	Cranial Electrotherapy Stimulation (CES) System	NU - NU New Equipment	1/1/2024
E0732	Cranial Electrotherapy Stimulation (CES) System	RR - Rental/DME	1/1/2024
E0732	Cranial Electrotherapy Stimulation (CES) System	UE - Used Durable Medical	1/1/2024
E0733	Transcutaneous Electrical Nerve Stimulator for Electric	NU - NU New Equipment	1/1/2024
E0733	Transcutaneous Electrical Nerve Stimulator for Electric	RR - Rental/DME	1/1/2024
E0733	Transcutaneous Electrical Nerve Stimulator for Electric	UE - Used Durable Medical	1/1/2024
E0734	External Upper Limb Tremor Stimulator of the Peripheral Nerves of The Wrist	NU - NU New Equipment;	1/1/2024
E0734	External Upper Limb Tremor Stimulator of the Peripheral Nerves of The Wrist	RR - Rental/DME	1/1/2024
E0734	External Upper Limb Tremor Stimulator of the Peripheral Nerves of The Wrist	UE - Used Durable Medical	1/1/2024
E0735	Non-Invasive Vagus Nerve Stimulator	NU - NU New Equipment;	1/1/2024
E0735	Non-Invasive Vagus Nerve Stimulator	RR - Rental/DME	1/1/2024
E0735	Non-Invasive Vagus Nerve Stimulator	UE - Used Durable Medical	1/1/2024
E1905	Virtual Reality Cognitive Behavioral Therapy Device (CBT),	NU - New Equipment	6/1/2023
E1905	Virtual Reality Cognitive Behavioral Therapy Device (CBT),	RR - Rental/DME	6/1/2023
E1905	Virtual Reality Cognitive Behavioral Therapy Device (CBT),	UE - Used Durable Medical Equipment	6/1/2023
E1905	Virtual Reality Cognitive Behavioral Therapy Device (CBT),	MS - Maintenance Serv-Rental For 15 Months	6/1/2023

E1905	Virtual Reality Cognitive Behavioral Therapy Device (CBT),	RA - Replacement DME/Orthotic/Prosthetic	6/1/2023
E1905	Virtual Reality Cognitive Behavioral Therapy Device (CBT),	TW - Back-Up Equipment	6/1/2023
E2102	Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver	KF - Item Designated by FDA as Class III DEV.	1/1/2023
E2102	Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver	RR - Rental/DME	1/1/2023
E2102	Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver	UE - Used Durable Medical Equipment	1/1/2023
E2398	Wheelchair Accessory, Dynamic Positioning Hardware for Back	NU - NU New Equipment;	1/1/2024
E2398	Wheelchair Accessory, Dynamic Positioning Hardware for Back	RR - Rental/DME	1/1/2024
E2398	Wheelchair Accessory, Dynamic Positioning Hardware for Back	UE - Used Durable Medical	1/1/2024
H0046	Mental Health Services, Not Otherwise Specified	UB - Monthly Serv Per Member/ (BH) MHBG Funded	1/18/2024
J2182*	Injection, Mepolizumab, 1 mg	JZ - Zero Drug Amount Discarded/Not Administered	1/1/2023
J2357*	Injection, Omalizumab, 5 mg	JZ - Zero Drug Amount Discarded/Not Administered	1/1/2023
J7999	Compounded Drug, Not Otherwise Classified	KD - Drug or Biological Infused Through DME	6/7/2023
J9035*	Injection, Bevacizumab, 10 mg	JZ - Zero Drug Amount Discarded/Not Administered	1/1/2023
J9050*	Injection, Carmustine, 100 mg	JZ - Zero Drug Amount Discarded/Not Administered	1/1/2023
J9271*	Injection, Pembrolizumab, 1 mg	JZ - Zero Drug Amount Discarded/Not Administered	1/1/2023
L5615	Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage or Multiaxial, Fluid Swing and Stance Phase Control	NU - NU New Equipment;	1/1/2024
L5615	Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage or Multiaxial, Fluid Swing and Stance Phase Control	RR - Rental/DME	1/1/2024
L5615	Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage or Multiaxial, Fluid Swing and Stance Phase Control	UE - Used Durable Medical	1/1/2024
Q5106	Injection, Epoetin Alfa-EPBX, Biosimilar, (Retacrit) (For Non-ESRD Use), 1000 units	JB - Administered Subcutaneously	1/1/2023
Q5110	Injection, Filgrastim-Aafi, Biosimilar, (Nivestym), 1 Microgram	JB - Administered Subcutaneously	1/1/2023
Q5117*	Injection, Trastuzumab-Anns, Biosimilar, (Kanjinti), 10 mg	JZ - Zero Drug Amount Discarded/Not Administered	1/1/2023
Q5127	Injection, Pegfilgrastim-Fpgk (Stimufend), Biosimilar, 0.5 mg	JZ - Zero Drug Amount Discarded/Not Administered	1/1/2023

NOTE*: The Begin Date for these services applies to Reference Screen RF121 Only.

- Effective January 1, 2024, the following modifiers have been added to the CPT/HCPCS codes below.

Code	Description	Modifiers				
97552	Group Caregiver Training in Strategies and Techniques to Facilitate the Patient's Functional Performance in The Home or Community			GN	GO	GP
98966	Telephone Medical Discussion Provided by Nonphysician Professional, 5-10 Minute	CO	CQ	GN	GO	GP
98968	Telephone Medical Discussion Provided by Nonphysician Professional, 21-30 Minutes	CO	CQ	GN	GO	GP
98970	Online Digital Evaluation and Management Service Provided by Nonphysician Professional for Up To 7 Days, Total Time 5-10 Minutes	CO	CQ	GN	GO	GP
98971	Online Digital Evaluation and Management Service Provided by Nonphysician Professional for Up To 7 Days, Total Time 11-20 Minutes	CO	CQ	GN	GO	GP
98972	Online Digital Evaluation and Management Service Provided by Nonphysician Professional for Up To 7 Days, Total Time 21 Minutes or More	CO	CQ	GN	GO	GP
98975	Set-Up And Patient Education for Remote Monitoring of Therapy	CO	CQ			
98977	Device Supply with Scheduled Recording and Transmission for Remote Monitoring of Musculoskeletal System, Per 30 Days	CO	CQ			
98980	Remote Therapeutic Monitoring Treatment Management Services by Physician or Other Qualified Health Care Professional, first 20 Minutes Per Calendar Month	CO	CQ			
98981	Remote Therapeutic Monitoring Treatment Management Services by Physician or Other Qualified Healthcare Professional, Each Additional 20 Minutes Per Calendar Month	CO	CQ			
G0451	Development Testing, With Interpretation and Report, Per Standardized Instrument Form			GN	GO	GP
G2012	Brief Communication Technology-Based Service, E.G. Virtual Check-In	CO	CQ			
G2010	Remote Evaluation of Recorded Video and/or Images Submitted by An Established Patient	CO	CQ			
G2250	Remote Assessment of Recorded Video and/or Images Submitted by An Established Patient			GN	GO	GP
G2251	Brief Communication Technology-Based Service, E.G. Virtual Check-In			GN	GO	GP

- Effective January 1, 2023, the modifier PN (Non-Excepted Service Provided at An Off-) has been **added** to the following CPT/HCPCS codes on the Reference Screen 121 (Valid OPFS Procedure Modifiers).

36593	82105	82607	82728	82746
87086	96377	96416	J1453	J1720
J9171	J9190	J9263	J9303	J9394

- Effective January 1, 2024, the following modifiers have been added to the codes listed.

22	Unusual Procedural Services	56	Preoperative Management Only
25	Significant, Sep Ident E&M, Same Md & Day	62	Two Surgeons/Different Skills
50	Bilateral Procedure (Pay 50%)	66	Surgical Team
51	Multiple Procedures	1p	Performance Measure Excl. Medical Reason
53	Discontinued Procedure	2p	Performance Measure Excl. Pt. Choice
54	Surgical Care Only	3p	Performance Measure Excl. Mod. System Reas
55	Postoperative Management Only	8p	Pm Measure Reporting Mod Action Not Perf

CODES	MODIFIERS													
	22	25	50	51	53	54	55	56	62	66	1P	2P	3P	8P
0784T			X											
0785T			X											
0786T			X											
0787T			X											
0790T			X						X					
0813T				X										
0814T			X	X										
0816T				X										
0817T				X										
0818T				X										
0819T				X										
0823T				X						X				
0824T				X										
0825T				X										
0826T				X								X		
0857T														

Modifiers Removed

Effective January 1, 2024, the modifiers JW (Drug Amt Discarded/Not Admin to Any Pati) and JZ (Zero Drug Amount Discarded/Not Administered) have been removed from the following HCPCS codes.

Code	Description	Code	Description
C9156	Flotufolastat F 18, Diagnostic, 1 millicurie	C9165	Injection, Elranatamab-BCMM, 1 mg
C9160	Injection, Daxibotulinumtoxina-Lanm, 1 unit	J0873	Injection, Daptomycin (XELLIA)
C9161	Injection, Aflibercept HD, 1 mg	J9258	Injection, Paclitaxel Protein-Bound Particles (TEVA) Not Therapeutically Equivalent to J9264, 1 mg
C9162	Injection, Avacincaptad PEGOL, 0.1 mg	Q5132	Injection, Paclitaxel Protein-Bound Particles (TEVA) Biosimilar, 10 mg
C9163	Injection, Talquetamab-TGVS, 0.25 mg		

Place of Service (POS)

- Effective December 31, 2023, the following CPT/HCPCS codes for the POS 12 (Home) have been **end dated**.

97171	97154	97157	H0036
97152	97155	97158	H2020
97153	97156	H0004	T1016

- Effective For January 1, 2024, the POS listed below have been **end dated** for the following codes.

05 - Indian Health Service Free-Standing	06 - Indian Health Service Provider-Bas
07 - Tribal 638 Free-Standing Facility	08 - Tribal 638 Provider-Based Facility
49 - Independent Clinic	50 - Federally Qualified Health Center
71 - State Or Local Public Health Clinic	72 - Rural Health Clinic

0827T	0828T	0829 T	0830T	0831T
0832T	0833T	0834T	0835T	0836T
0837T	0838T	0839T	0840T	0841T
0842T	0843T	0844T	0845T	0846T
0847T	0848T	0849T	0850T	0851T
0852T	0853T	0854T	0855T	0856T

- Effective For January 1, 2024, the POS 81 (Independent Laboratory) has been **added** to the following codes.

0827T	0828T	0829T	0830T	0831T
0832T	0833T	0834T	0835T	0836T
0837T	0838T	0839T	0840T	0841T
0842T	0843T	0844T	0845T	0846T
0847T	0848T	0849T	0850T	0851T
0852T	0853T	0854T	0855T	0856T

- Effective January 1, 2024, the POS listed below has been **end dated** for code 61889 (Insertion of Skull-Mounted Cranial Neurostimulator Pulse Generator or Receiver).

05 (Indian Health Service Free-Standing Facility)

19 (Off Campus-Outpatient Hospital)

07 (Tribal 638 Free-Standing Facility Tribal 638 Free-Standing Facility) 22 (Outpatient Hospital)

- The **end date of service 12 (Home)** has been changed to 99/99/9999 for the following CPT/HCPCS codes.

Codes	Description
97152	Behavior Identification Assessment by Technician, Each 15 Minutes
97153	Adaptive Behavior Treatment by Technician Using an Established Plan Each 15 Minutes
97154	Adaptive Behavior Treatment by Technician with Multiple Patients Using an Established Plan, Each 15 Minutes
97155	Adaptive Behavior Treatment by Professional Using an Established Plan Each 15 Minutes
97156	Adaptive Behavior Treatment by Professional with Family Using an Established Plan, Each 15 Minutes
97157	Adaptive Behavior Treatment by Professional with Multiple Family Group Members Using an Established Plan, Each 15 Minutes
97158	Adaptive Behavior Treatment by Professional with Group Using and Using an Established Plan, Each 15 Minutes
H0036	Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes
T1016	Case Management, Each 15 Minutes

- Effective dates listed in the following POS have been added to the Reference Screen.

Code	Description	Place of Service	Effective Begin Date
01214	Anesthesia For Total Hip Replacement	24 - Ambulatory Surgical Center	1/1/2023
21141	Reconstruction Of Upper Jaw and Midface Bones	19 - Off Campus-Outpatient Hospital	1/1/2023
21141	Reconstruction Of Upper Jaw and Midface Bones	22 - Outpatient Hospital	1/1/2023
21196	Reconstruction Of Jaw Bones with Insertion of Hardware	19 - Off Campus-Outpatient Hospital	10/1/2023
21196	Reconstruction Of Jaw Bones with Insertion of Hardware	22 - Outpatient Hospital	10/1/2023
59151	Removal Of Ovarian or Tubal Pregnancy with Removal of Ovary and/or Tube Using an Endoscope	23 - Emergency Room - Hospital	7/1/2023
87400	Detection Test by Immunoassay Technique for Influenza Virus	20 - Urgent Care Facility	11/23/2023
87400	Detection Test by Immunoassay Technique for Influenza Virus	11 – Office	7/1/2023
87804	Detection Test by Immunoassay with Direct Visual Observation for Influenza Viru	15 - Mobile Unit	10/1/2023
87811	Detection Test by Immunoassay with Direct Visual Observation for Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19)	20 - Urgent Care Facility	1/1/2023
90461	Administration Of Vaccine or Toxoid Component with Counseling (18 Years or Younger), Each Additional Vaccine or Toxoid Component	15 – Mobile Unit	12/1/2023

99418	Prolonged Inpatient or Observation Service, each 15 minutes of total time beyond required time of primary service	19 - Off Campus-Outpatient Hospital	1/1/2023
99446	Telephone, Internet, Or Electronic Health Record Assessment and Management with Verbal and Written Report by Consulting Physician, 5-10 Minutes	31 - Skilled Nursing Facility	10/1/2023
99446	Telephone, Internet, Or Electronic Health Record Assessment and Management with Verbal and Written Report by Consulting Physician, 5-10 Minutes	32 - Nursing Facility	10/1/2023
99446	Telephone, Internet, Or Electronic Health Record Assessment and Management with Verbal and Written Report by Consulting Physician, 5-10 Minutes	51 - Inpatient Psychiatric Facility	10/1/2023
99447	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 11-20 Minutes	31 - Skilled Nursing Facility	10/1/2023
99447	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 11-20 Minutes	32 - Nursing Facility	10/1/2023
99447	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 11-20 Minutes	51 - Inpatient Psychiatric Facility	10/1/2023
99448	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 21-30 Minutes	31 - Skilled Nursing Facility	10/1/2023
99448	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 21-30 Minutes	32 - Nursing Facility	10/1/2023
99448	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 21-30 Minutes	51 - Inpatient Psychiatric Facility	10/1/2023
99449	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, More Than 30 Minutes	31 - Skilled Nursing Facility	10/1/2023
99449	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, More Than 30 Minutes	32 - Nursing Facility	10/1/2023
99449	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, More Than 30 Minutes	51 - Inpatient Psychiatric Facility	10/1/2023
H0002	Behavioral Health Screening to Determine Eligibility for Admission to Treatment Program	15 – Mobile Unit	1/1/2024
H0004	Behavioral Health Counseling and Therapy, Per 15 Minutes	15 – Mobile Unit	1/1/2024
H0031	Mental Health Assessment, By Non-Physician	15 – Mobile Unit	1/1/2024
H0038	Self-Help/Peer Services, Per 15 Minutes	15 – Mobile Unit	1/1/2024
H2020	Therapeutic Behavioral Services, Per Diem	02 - Telehealth Provided Other Than in Patient's Home	1/1/2024
H2020	Therapeutic Behavioral Services, Per Diem	10 - Telehealth Provided in Patient's Home	1/1/2024
J7314	Injection, Fluocinolone Acetonide, Intravitreal Implant (YUTIQ), 0.01 mg	24 - Ambulatory Surgical Center	10/1/2023
T1013	Sign Language or Oral Interpretive Services, Per 15 Minutes	72 - Rural Health Clinic	10/1/2022

Procedure Daily Maximum Limits

The Procedure Daily Maximum Limit for HCPCS code B4185 (Parenteral Nutrition Solution, Not Otherwise Specified) has been changed from 45 to 15 on the Reference Screens.

Provider Types

- Effective for January 1, 2024, changes for Provider Types 18 (Physician’s Assistant) and 19 (Registered Nurse Practitioner) regarding modifier AS (PA SVCS For Assistant/At Surgery) have been made for applicable codes, refer to Reference Screens.

- Changes for provider type 43 (Ambulatory Surgical Center) can be found on the Reference Screens. The changes include:

ASC codes
SG Modifier
Revenue code 0490

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

Code	Description	Provider Type	Effective Begin Date
0094U	Rapid Sequence Gene Testing	02 – Hospital	10/30/2023
17108	Destruction of Birthmark, More Than 50.0 sq cm	19 - Registered Nurse Practitioner	05/01/2023
76820	Ultrasound Scan of Fetal Umbilical Artery Blood Flow Rate	09 - Certified Nurse-Midwife	01/01/2023
92228	Imaging Of Retina with Remote Review by Physician	19 - Registered Nurse Practitioner	12/01/2023
92622	Analysis, Programming, And Verification of Sound Processor for Bone-Anchored Inner Ear Implant, First Hour	62 - Audiologist	01/01/2024
92623	Analysis, Programming, And Verification of Sound Processor for Bone-Anchored Inner Ear Implant, Each Additional 15 Minutes	62 - Audiologist	01/01/2024
93924	Ultrasound Of Leg Arteries at Rest and After Exercise	10 - Podiatrist	01/01/2023
93925	Ultrasound Of Leg Arteries or Artery Grafts	10 - Podiatrist	01/01/2023
93926	Ultrasound Of One Leg Arteries or Artery Grafts	10 - Podiatrist	01/01/2023
93970	Ultrasound Study of Arm or Leg Veins with Compression and Maneuvers	10 - Podiatrist	01/01/2023
93971	Ultrasound Study of One Arm or Leg Veins with Compression	10 - Podiatrist	01/01/2023
93990	Ultrasound Of Hemodialysis Access	10 - Podiatrist	01/01/2023

Prior Authorization

Effective October 1, 2023, the code 0094U (Rapid Sequence Gene Testing) has been changed to 03 (Prior Authorization Required for Both Acute and LTC) on the Reference Screen RF124.

Revenue Codes

Effective January 1, 2024, the Revenue Codes 0250 (Pharmacy) and 0490 (AMBUL SURG) have been added to the HCPCS code J1412 (Injection, Valoctocogene Roxaparvovec-RVOX, per ml, Containing Nominal 2×10^{13} Vector Genomes) on Reference Screen RF773 (Revenue Codes-To-Procedure Codes).