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Age Change

The following codes:

I27.840 Fontan-Associated Liver Disease [FALD]
 G35.A - Relapsing-Remitting Multiple Sclerosis
 G35.D - Multiple Sclerosis Inspecified have a Minimum Age – 000 and Maximum Age – 999 on RF223.

ASC Codes – Updates

- Effective January 1, 2026, the following information for CPT Codes has been **added** to the Reference Screens listed:
 - Procedure Place of Service (RF115)
 - FFS Valid Procedure Modifiers (RF122) and MCO Valid Procedure Modifiers (RF132)
 - Provider Type Rate Schedule (RF618 for PT 43)
 - Revenue Codes-To-Procedure Codes (Revenue Code 0490 RF773)

CPT Codes										
27458	64657	77439	1019T	C7570	C9814	J1736	J7528	Q4401	Q4409	Q4417
27713	64658	91124	1025T	C7571	C9815	J1737	J9184	Q4402	Q4410	Q4420
43889	64659	91125	C1607	C9307	C9816	J1837	J9256	Q4403	Q4411	Q4431
62330	70471	92930	C1608	C9308	C9817	J2516	J9282	Q4404	Q4412	Q4432
62331	70472	92945	C7566	C9810	G0571	J2596	J9326	Q4405	Q4413	Q4433
64654	70473	0991T	C7567	C9811	J0162	J2711	Q4398	Q4406	Q4414	Q5160
64655	77437	1003T	C7568	C9812	J0654	J3376	Q4399	Q4407	Q4415	
64656	77438	1012T	C7569	C9813	J1073	J3379	Q4400	Q4408	Q4416	

- Effective January 1, 2026, the following information for the CPT Codes have been **end dated** on the Reference Screens listed.
- Procedure Place of Service (RF115)
- FFS Valid Procedure Modifiers (RF122) and MCO Valid Procedure Modifiers (RF132)
- Provider Type Rate Schedule (RF618 for PT 43)
- (Revenue Code 0490 RF773)

CPT Code		
0988T	1006T	1016T
0990T	1007T	1017T
0996T	1008T	1018T
1004T	1009T	1020T
1005T	1011T	

H2021 Updates

Effective January 31, 2026, the following changes for H2021 (Community-Based Wrap-Around Services, per 15 minutes) have been **end dated**.

- Provider Type Rate Schedule (RF618) Provider Types 23 (Home Health Agency) and 81 (EPD HCBS)
- Procedure Prior Authorization (RF124) PA code 2 (PA REQ'D for LTC Recipients)
- Procedure Place of Service (RF115)

11 - Office	49 - Independent Clinic
50 - Federally Qualified Health Center	71 - State or Local Public Health Clinic
72 - Rural Health Clinic	99 - Other Unlisted Facility

End Date Changes

- The end date 99/99/9999 has been added to the modifier TB (Drug or Biological Acquired with 340B Dr) on RF121 for the following codes:

J0791 (Injection, CRIZANLIZUMAB-TMCA, 5 mg)

J9345 (Injection, Retifanlimab-DLWR, 1 mg)

J0185 (Injection, Aprepitant, 1 mg)

- End Date has been changed for J1572(Injection, Immune Globulin, (Flebogamma/Flebogamma Dif), Intravenous, Non-Lyophilized (e.g., liquid), 500 mg) to 99/99/9999; and the Coverage code has been changed to 01 with end date of 99/99/9999.

Excluded Services (RF606)

The following codes have been added to the Reference Screen RF606 with an effective beginning date of January 1, 2026.

0601U	0993T	1012T	55710	77436	92631	98984
0602U	0996T	1013T	55711	77437	92632	98985
0604U	0997T	1014T	55712	77439	92634	98986
0605U	0998T	1015T	55713	81354	92635	99445
0606U	0999T	1016T	55714	81524	92636	99470
0607U	1000T	1017T	55715	87183	92637	A4295
0608U	1001T	1018T	55868	87627	92638	A4296
0609U	1002T	1020T	55869	90481	92639	A4297
0610U	1004T	1025T	55877	90482	92641	G0568
0611U	1005T	27458	64567	90483	92642	G0569
0612U	1006T	43889	64654	90484	93145	G0570
0613U	1007T	52443	64655	91124	93146	J7299
0988T	1008T	52597	64656	91125	97007	
0989T	1009T	55707	64657	92288	97008	
0990T	1010T	55708	64658	92628	97009	
0992T	1011T	55709	64659	92629	98979	

MODIFIERS

Valid OPFS Procedure Modifiers (RF121)

Code	Description	Modifier	Effective Begin Date
30465	Repair Of Nasal Passage	50 - Bilateral Procedure (Pay 50%)	3/1/2025
64566	Insertion Of Lower Leg Neurostimulator Electrode	PN - Non-Excepted Service Provided at An Off-	4/1/2025
77331	Special Dosimetry (EG, TLD, Microdosimetry) (Specify),	PN - Non-Excepted Service Provided at An Off-	4/1/2025
92550	Test For Eardrum and Muscle Function	52 - Reduced Services	1/1/2025
J9038	Injection, Axatilimab-CSFR, 0.1 mg	TB - Drug or Biological Acquired With 340B DR	4/1/2025
J9038	Injection, Axatilimab-CSFR, 0.1 mg	JB - Administered Subcutaneously	4/1/2025
J9055	Injection, Cetuximab, 10 mg	TB - Drug or Biological Acquired With 340B Dr	1/1/2025
J9119	Injection, Cemiplimab-RWLC, 1 mg	TB - Drug or Biological Acquired With 340B Dr	1/1/2025
J9206	Injection, Irinotecan, 20 mg	TB - Drug or Biological Acquired With 340B Dr	1/1/2025
Q5114	Injection, Trastuzumab-DKST, Biosimilar, (OGIVRI), 10 mg	TB - Drug or Biological Acquired With 340B Dr	1/1/2025
Q5127	Injection, PEGFILGRASTIM-FPGK (Stimufend), Biosimilar	TB - Drug or Biological Acquired With 340B DR	7/1/2025
Q5130	Injection, Pegfilgrastim-PBBK (FYLNETRA), Biosimilar, 0.5 mg	TB - Drug or Biological Acquired With 340B Dr	1/1/2025

Note: J0223 and J2350 with modifier TB has had the End Date changed to 99/99/9999.

- Effective January 1, 2026, the following codes and modifier 50 (Bilateral Procedure (Pay 50%)) have been added to the Reference Screen RF121.

CODE				
27713	37265	37277	37289	64655
37254	37266	37278	37290	64656
37255	37267	37279	37291	64657
37256	37268	37280	37292	64659
37257	37269	37281	37293	64728
37258	37270	37282	37294	0091T
37259	37271	37283	37295	0996T
37260	37272	37284	37296	1003T
37261	37273	37285	37297	1021T
37262	37274	37286	37298	
37263	37275	37287	37299	
37264	37276	37288	64654	

FFS Valid Procedure Modifiers (RF122) and MCO Valid Procedure Modifiers (RF132)

- Effective October 1, 2025, modifier Q6 (FEE/TIME COMP SUBST MD OR PT) has been added to the following codes below.

98000	98003	98006	98009	98012	98015
98001	98004	98007	98010	98013	98016
98002	98005	98008	98011	98014	

Code	Description	Modifier	Effective Begin Date
96160	Administration And Interpretation of Patient-Focused Health Risk Assessment	XU - Unusual Non-Overlapping Service	04/01/2025
98000	New patient synchronous audio-video visit with straightforward medical decision making, if using time 15 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98001	New patient synchronous audio-video visit with low medical decision making, if using time 30 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98002	New patient synchronous audio-video visit with moderate medical decision making, if using time 45 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98003	New patient synchronous audio-video visit with high medical decision making, if using time 60 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025

Code	Description	Modifier	Effective Begin Date
98004	Established patient synchronous audio-video visit with straightforward medical decision making, if using time 10 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98005	Established patient synchronous audio-video visit with low medical decision if making, if using time 20 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98006	Established patient synchronous audio-video visit with moderate medical decision making, if using time 30 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98007	Established patient synchronous audio-video visit with high medical decision making, if using time 40 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98008	New patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 15 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98009	New patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98010	New patient synchronous audio-only visit with moderate medical decision making, and 10 minutes or more of medical discussion, if using time 45 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98011	New patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 60 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98012	Established patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 1 minute or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98013	Established patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 20 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98014	Established patient synchronous audio-only visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98015	Established patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 40 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025

98016	Established patient brief communication technology-based service with 5-10 minutes of medical discussion	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
J1720	Injection, Hydrocortisone Sodium Succinate, up to 100 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	04/01/2025
J1720	Injection, Hydrocortisone Sodium Succinate, up to 100 mg	JZ - Zero Drug Amount Discarded/Not Administered	04/01/2025

- Effective January 1, 2026, the following codes and modifiers have been added to the Reference Screen RF122 and RF132.

Code	RF 122	RF 132									
27458	50	50	37278	50	50	63032	82	82	0996T	50	50
27458	80	80	37279	50	50	63032	AS	AS	1002T	26	26
27458	81	81	37281	50	50	64654	50	50	1002T	TC	TC
27458	82	82	37283	50	50	64655	50	50	1003T	50	50
27458	AS	AS	37285	50	50	64656	50	50	1003T	80	80
27713	50	50	37287	50	50	64657	50	50	1003T	81	81
27713	80	80	37289	50	50	64658	50	50	1003T	82	82
27713	81	81	37291	50	50	64659	50	50	1003T	AS	AS
27713	82	82	37293	50	50	64728	50	50	1010T	26	26
27713	AS	AS	37295	50	50	70471	26	26	1010T	TC	TC
33882	80	80	37297	50	50	70471	TC	TC	1012T	50	50
33882	81	81	37299	50	50	70472	26	26	1013T	80	80
33882	82	82	55868	80	80	70472	TC	TC	1013T	81	81
33882	AS	AS	55868	81	81	70473	26	26	1013T	82	82
35602	80	80	55868	82	82	70473	TC	TC	1013T	AS	AS
35602	81	81	55868	AS	AS	75577	26	26	1014T	80	80
35602	82	82	55869	80	80	75577	TC	TC	1014T	81	81
35602	AS	AS	55869	81	81	77436	26	26	1014T	82	82
37255	50	50	55869	82	82	77436	TC	TC	1014T	AS	AS
37257	50	50	55869	AS	AS	77439	26	26	1019T	80	80
37259	50	50	62330	80	80	77439	TC	TC	1019T	81	81
37261	50	50	62330	81	81	91124	26	26	1019T	82	82
37262	50	50	62330	82	82	91124	TC	TC	1019T	AS	AS
37264	50	50	62330	AS	AS	91125	26	26	1021T	50	50
37266	50	50	62331	80	80	91125	TC	TC	1025T	26	26
37268	50	50	62331	81	81	0091T	50	50	1025T	TC	TC
37270	50	50	62331	82	82	0992T	26	26			
37272	50	50	62331	AS	AS	0992T	TC	TC			
37274	50	50	63032	80	80	0993T	26	26			
37276	50	50	63032	81	81	0993T	TC	TC			

Modifiers

26	Professional Component	50	Bilateral Procedure (Pay 50%)
80	Assistant Surgeon	81	Minimum Assistant Surgeon
82	Assist Surg/Qual Resident Surg Not AvailAS	PA	Services for Assistant/At Surgery
TC	Technical Component		

- The following codes have been **added to RF132** screen. **Note** end dates vary.



Code	Modifier								
A4406	BP	J9269	CS	Q4211	CS	0112U	CS	0134U	CS
A6520	CT	J9313	CS	Q4212	CS	0113U	CS	0135U	CS
E1355	RR	L0642	AV	Q4213	CS	0114U	CS	0136U	CS
G9360	G9	L1902	CC	Q4214	CS	0115U	CS	0137U	CS
J0121	CS	L2010	CC	Q4215	CS	0116U	CS	0138U	CS
J0122	CS	L2240	CC	Q4216	CS	0117U	CS	0312T	Q5
J0291	CS	L2785	CC	Q4217	CS	0118U	CS	0312T	Q5
J0593	CS	L2795	CC	Q4218	CS	0119U	CS	0312T	Q6
J0642	CS	L2800	CC	Q4219	CS	0120U	CS	0312T	Q6
J1096	CS	L2810	CC	Q4220	CS	0121U	CS	0471T	50
J1097	CS	L2810	GC	Q4221	CS	0122U	CS	0812T	77
J1943	CS	L2820	CC	Q4222	CS	0123U	CS	0857T	TC
J1944	CS	L2830	CC	Q4226	CS	0124U	CS	0866T	59
J2788	CS	Q4103	JW	Q5116	CS	0125U	CS	0866T	79
J3111	CS	Q4103	JZ	Q5117	CS	0126U	CS	49561	RT
J7314	CS	Q4158	JW	0105U	CS	0127U	CS	49652	QJ
J7331	CS	Q4158	JZ	0106U	CS	0128U	CS	49654	PC
J7332	CS	Q4205	CS	0107U	CS	0129U	CS	49656	AS
J7669	PO	Q4206	CS	0108U	CS	0130U	CS	97113	PO
J9118	CS	Q4208	CS	0109U	CS	0131U	CS	99217	24
J9119	CS	Q4209	CS	0110U	CS	0132U	CS		
J9210	CS	Q4210	CS	0111U	CS	0133U	CS		

- Effective October 1, 2025, modifier Q6 (FEE/TIME COMP SUBST MD OR PT) has been added to the following codes below to RF122 and RF132.

98000	98003	98006	98009	98012	98015
98001	98004	98007	98010	98013	98016
98002	98005	98008	98011	98014	

Code	Description	Modifier	Effective Begin Date
30300	Removal Foreign Body, Intranasal; Office Type Procedure	50 - Bilateral Procedure (Pay 50%)	7/1/2025
43235	Diagnostic Exam of Esophagus, Stomach, and/or Upper Small Bowel Using a Flexible Endoscope	53 - Discontinued Procedure	1/1/2025
62223	Creation Of Brain Fluid Drainage Shunt, Ventriculo-Peritoneal, Pleural, Other Terminus	62 - Two Surgeons/Different Skills	3/1/2025
73030	X-RAY Of Shoulder, Minimum Of 2 Views	50 - Bilateral Procedure (Pay 50%)	4/1/2025
90382	Respiratory Syncytial Virus, Monoclonal Antibody,	SL - State Supplied Vaccine	9/1/2025
90624	Meningococcal Pentavalent Vaccine, Men B-4c Recombinant	SL - State Supplied Vaccine	9/1/2025
90660	Influenza Vaccine, Trivalent for Nasal Administration	SL - State Supplied Vaccine	9/1/2025
J2060	Injection, Lorazepam, 2 mg	JW - Drug Amt Discarded /No	10/1/2025
J9370	Vincristine Sulfate, 1 mg	JW - Drug Amt Discarded/No	7/1/2025
J9370	Vincristine Sulfate, 1 mg	JZ - Zero Drug Amount Disc	7/1/2025
Q4103	Oasis Burn Matrix, Per Square Centimeter	JW - Drug Amt Discarded/Not Admin to Any Pati	10/1/2025
Q4103	Oasis Burn Matrix, Per Square Centimeter	JZ - Zero Drug Amount Discarded/Not Administered	10/1/2025
Q4158	Kerecis Omega3, Per Square Centimeter	JW - Drug Amt Discarded/Not Admin to Any Pati	10/1/2025
Q4158	Kerecis Omega3, Per Square Centimeter	JZ- Zero Drug Amount Discarded/Not Administered	10/1/2025
Q5127	Injection, PEGFILGRASTIM-FPGK (Stimufend), Biosimilar	TB - Drug or Biological Acquired With 340B DR	7/1/2025

Code	Description	Modifier	End Date
90657	Influenza Vaccine, Trivalent, 0.25 ml Dosage	SL - State Supplied Vaccine	08/31/2025
90658	Influenza Vaccine, Trivalent, 0.5 ml Dosage	SL - State Supplied Vaccine	08/31/2025
91318	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP,	SL - State Supplied Vaccine	08/31/2025

Note: Modifier50 (Bilateral Procedure (Pay 50%)) **end date** has been changed to 99/9999 for the code 73562 (X-Ray of Knee, 3 Views) on RF122/RF132.

- Effective October 1, 2025, modifier Q6 (FEE/TIME COMP SUBST MD OR PT) has been added to the following codes below on RF122 and RF132.

98000	98003	98006	98009	98012	98015
98001	98004	98007	98010	98013	98016
98002	98005	98008	98011	98014	

Code	Description	Modifier	Effective Begin Date
96160	Administration And Interpretation of Patient-Focused Health Risk Assessment	XU - Unusual Non-Overlapping Service	04/01/2025
98000	New patient synchronous audio-video visit with straightforward medical decision making, if using time 15 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98001	New patient synchronous audio-video visit with low medical decision making, if using time 30 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98002	New patient synchronous audio-video visit with moderate medical decision making, if using time 45 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98003	New patient synchronous audio-video visit with high medical decision making, if using time 60 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98004	Established patient synchronous audio-video visit with straightforward medical decision making, if using time 10 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98005	Established patient synchronous audio-video visit with low medical decision if making, if using time 20 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98006	Established patient synchronous audio-video visit with moderate medical decision making, if using time 30 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025

Code	Description	Modifier	Effective Begin Date
98007	Established patient synchronous audio-video visit with high medical decision making, if using time 40 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98008	New patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 15 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98009	New patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98010	New patient synchronous audio-only visit with moderate medical decision making, and 10 minutes or more of medical discussion, if using time 45 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98011	New patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 60 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98012	Established patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 1 minute or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98013	Established patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 20 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98014	Established patient synchronous audio-only visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98015	Established patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 40 minutes or more	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
98016	Established patient brief communication technology-based service with 5-10 minutes of medical discussion	Q6 - Fee/Time Comp Subst MD OR PT	10/01/2025
J1720	Injection, Hydrocortisone Sodium Succinate, up to 100 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	04/01/2025
J1720	Injection, Hydrocortisone Sodium Succinate, up to 100 mg	JZ - Zero Drug Amount Discarded/Not Administered	04/01/2025

PROCEDURE CODES AND DESCRIPTIONS (RF110)

The code 0601U (Infectious Disease (Periprosthetic Joint Infection), Analysis Of 11 Biomarkers (Alpha Defensins 1-3, Creactive Protein, Microbial Antigens For Staphylococcus [Spa, Spb], Enterococcus, Candida, And C. Acnes, Total Nucleated Cell Count, Percent Neutrophils, RBC count, and absorbance at 280 nm) using immunoassays, hematology, clinical chemistry, synovial fluid, and diagnostic algorithm reported as a probability score) has had the description changed on Reference Screen RF110.

Procedure Place of Service (RF115)

Code	Description	Place of Service	Effective Begin Date
23470	Partial Replacement of Shoulder Joint	24 - Ambulatory Surgical Center	4/1/2025
33018	Drainage Of Heart Sac Using Tube and Imaging Guidance (5 years or younger or any age with congenital heart defect)	23 - Emergency Room - Hospital	10/1/2025
44050	Repair Of Twisted or Herniated Small Bowel	19 - Off Campus- Outpatient Hospital	1/1/2026
44180	Release Of Small Bowel Scar Tissue Using an Endoscope	23 - Emergency Room - Hospital	10/1/2025
64644	Injection Of Chemical for Paralysis of Nerve Muscles on Arm or Leg, 5 or more muscles, first extremity	23 - Emergency Room - Hospital	10/1/2025
64645	Injection Of Chemical for Paralysis of Nerve Muscles on Arm or Leg, 5 or more muscles, each additional extremity	23 - Emergency Room - Hospital	10/1/2025
87625	Detection Test by Nucleic Acid for Human Papillomavirus	11 - Office	10/1/2025
90481	Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19 Vaccine by Intramuscular Injection, Each Additional Component Administered	55 - Residential Substance Abuse Treat	1/1/2026
90481	Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19 Vaccine by Intramuscular Injection, each additional component administered	56 - Psychiatric Residential Treatment	1/1/2026

Code	Description	Place of Service	Effective Begin Date
90481	Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19 Vaccine by Intramuscular Injection, Each Additional Component Administered	57 - Non-Residential Substance Abuse Treatment	1/1/2026
90481	Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19 Vaccine by Intramuscular Injection, Each Additional Component Administered	58 - Non-Residential Opioid Treatment Facility	1/1/2026
90481	Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19 Vaccine by Intramuscular Injection, Each Additional Component Administered	60 - Mass Immunization Center	1/1/2026
90481	Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19 Vaccine by Intramuscular Injection, Each Additional Component Administered	61- - Comprehensive Inpatient Rehab Facility	1/1/2026
90481	Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19 Vaccine by Intramuscular Injection, Each Additional Component Administered	62 - Comprehensive Outpatient Rehab Facility	1/1/2026
90481	Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19 Vaccine by Intramuscular Injection, Each Additional Component Administered	65 - ESRD Treatment Facility	1/1/2026
90481	Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19 Vaccine by Intramuscular Injection, Each Additional Component Administered	71 - State Or Local Public Health Clinic	1/1/2026
90481	Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19 Vaccine by Intramuscular Injection, Each Additional Component Administered	92 - Other Unlisted Facility	1/1/2026

Code	Description	Place of Service	Effective Begin Date
98966	Telephone Discussion Provided to an established patient	12 - Home	1/1/2026
98966	Telephone Discussion Provided to an established patient	99 - Other Unlisted Facility	1/1/2026
98967	Telephone Discussion Provided to an established patient by nonphysician professional, 11-20 minutes	12 - Home	1/1/2026
98968	Telephone Discussion Provided to an Established Patient by nonphysician professional, 21-30 minutes	12 - Home	1/1/2026
E0986	Manual Wheelchair Accessory, Power Assist System	13 - Assisted Living Facility	1/1/2026
J0736	Injection, Clindamycin Phosphate, 300 mg	12 - Home	1/1/2025
K0669	Wheelchair Accessory, Wheelchair Seat or Back Cushion,	13 - Assisted Living Facility	1/1/2025
Q2009	Injection, Fosphenytoin, 50 mg Phenytoin Equivalent	12 - Home	1/1/2025

- Effective for December 31, 2025, the codes 92015 (Test to Determine If Prescription Eye Wear Is Needed) and 92018 (Complete Exam of Visual System Under General Anesthesia) have been **ended** for the Place of service 24 (Ambulatory Surgical Center).

Procedure AHCCCS Coverage (RF123)

Code	Description	Coverage Code	Effective Begin Date
A9292	Prescription Digital Visual Therapy, Software-Only,	04 - Not Covered Service/Code Not Available	01/01/2026
S0189	Testosterone Pellet, 75 mg	04 - Not Covered Service/Code Not Available	01/01/2026

Procedure Prior Authorization (RF124)

Code	Description	Prior Authorization	Effective Begin Date
96380	Administration Of Seasonal Dose by Intramuscular Injection, with counseling by physician or other qualified health care professional	04 -PA Not Required for Acute or LTC	10/6/2023
D9244	In-Office Administration of Minimal Sedation - single drug - enteral	04 - PA Not Required for Acute or LTC	1/1/2026
D9245	Administration Of Moderate Sedation - Enteral	04 - PA Not Required for Acute or LTC	1/1/2026
D9246	Administration Of Moderate Sedation - Non-Intravenous Parenteral - first 15-minute increment, or any portion thereof	04 - PA Not Required for Acute or LTC	1/1/2026

Procedure Code Indicators and Values (RF113)

The indicator “N” for the section Ordering/Referring Providers has been added to the following codes below on RF113

Code	Description
27458	Incision Of Thigh Bone and Insertion of Bone-Lengthening Device in Marrow Cavity
27713	Incision Of Lower Leg Bone and Insertion of Bone-Lengthening Device in Marrow Cavity
37282	Balloon Dilation of Artery in Lower Leg, Complex Lesion in Initial Vessel
37284	Stent Placement in Artery in Lower Leg, Straightforward Lesion in Initial Vessel
37286	Stent Placement in Artery in Lower Leg, Complex Lesion in Initial Vessel
37288	Removal Of Plaque with Balloon Dilation in Artery in Lower Leg, Straightforward Lesion in Initial Vessel
37290	Removal Of Plaque with Balloon Dilation in Artery in Lower Leg, Complex Lesion in Initial Vessel
37292	Stent Placement in Artery in Lower Leg with Removal of Plaque, straightforward lesion in initial vessel
37294	Stent Placement in Artery in Lower Leg with Removal of Plaque, straightforward lesion in initial vessel
37296	Balloon Dilation of Artery in Ankle, straightforward lesion in initial artery
37298	Balloon Dilation of Artery in Ankle, complex lesion in initial artery
43889	Reduction Of Size of Stomach Using an Endoscope

- The following changes are for RF113 and RF127

Code	Description	Procedure Daily Maximum	Minimum	Maximum
86904	Screening Test for Compatible Blood Unit, using patient serum	000008		
S5140	Foster Care, Adult; Per Diem		018 Y	999 Y
90707	Measles, Mumps, and Rubella Vaccine		000 Y	999 Y

- The following codes with Limit 1 have been added to the Reference Screen RF127.

Code	Description	Procedure Daily Maximum	Limit 1: 1	Minimum Age	Maximum Age
90481	Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine by intramuscular injection, each additional component administered	1		021Y	999 Y
98979	Remote Therapeutic Monitoring Treatment Management Services by Physician or Other Qualified Health Care Professional, first 10 minutes per calendar month	1	1		
98984	Device Supply for Data Access or Data Transmissions to Support Monitoring of Respiratory System, 2-15 days in a 30-day period	1	1		
98985	Device Supply for Data Access or Data Transmissions to Support Monitoring of Musculoskeletal System, 2-15 Days in A 30-Day Period		1		
98986	Device Supply for Data Access or Data Transmissions to Support Monitoring of Cognitive Behavioral Therapy, 2-15 Days in A 30-Day Period		1		
99445	Remote Monitoring of Physiologic Parameters, Initial Supply of Devices with Daily Recordings or Programmed Alerts Transmission, monitoring of 2-15 days in a 30-day period		1		
99470	Management Using the Results of Remote Physiologic Monitoring during the calendar month, first 10 minutes		1		

A4295	Intermittent urinary catheter; straight tip, hydrophilic coating, each		200		
A4296	Intermittent urinary catheter; Coude (curved) tip, hydrophilic coating, each		200		
A4297	Intermittent urinary catheter; hydrophilic coating, with insertion supplies		200		
D9936	Cleaning And Inspection of Occlusal Guard - per appliance	1	1		
G0568	Initial Psychiatric Collaborative Care Management, in the first calendar month	1	1		

Code	Description	Procedure Daily Maximum	Limit 1: 1	Minimum Age	Maximum Age
G0569	Subsequent Psychiatric Collaborative Care Management, in a subsequent month	1	1		
G0570	Care Management Services for Behavioral Health Conditions, Directed by a Physician or Other Qualified Health Care Professional, Per Calendar Month,	1	1		
J0013	Esketamine, Nasal Spray, 1 mg		168		
J1073	Testosterone Pellet, Implant, 75 mg		1		
J1736	Injection, Meloxicam (DELOVA), 1 mg		30		
J1737	Injection, Meloxicam (AZURITY), 1 mg		30		
J3387	Injection, Elivaldogene Autotemcel, per treatment		1		
J9282	Mitomycin, Intravesical Instillation, 1 mg		75		
J9326	Injection, Telisotuzumab Vedotin-TLLV, 1 mg		190		
Q5160	Injection, BEVACIZUMAB-NWGD (JOBVNE), Biosimilar, 10		190		

PROVIDER TYPE RATE SCHEDULE (RF618)

Code	Description	Provider Type	Effective Begin Date
64640	Destruction of Peripheral Nerve or Branch	19 - Registered Nurse Practitioner	1/1/2025
64644	Injection Of Chemical for Paralysis of Nerve Muscles on Arm or Leg, 5 or more muscles, first extremity	18 - Physician's Assistant	10/1/2025
64645	Injection Of Chemical for Paralysis of Nerve Muscles on Arm or Leg, 5 or more muscles, each additional extremity	18 - Physician's Assistant	10/1/2025
64999	Other Procedure on Nervous System	19 - Registered Nurse Practitioner	6/1/2025
93242	Heart Rhythm Recording Continuous External EKG over more than 48 hours up to 7 days	18 - Physician's Assistant	4/1/2025
93243	Heart Rhythm Analysis and Report of Continuous External EKG over more than 48 hours up to 7 days	18 - Physician's Assistant	4/1/2025
93245	Heart Rhythm Recording for More Than 7 Days Up To 15 Days by Continuous Rhythm Recording and Storage, with review and interpretation	18 - Physician's Assistant	4/1/2025
93247	Heart Rhythm Analysis and Report of Continuous External EKG over 8-15 days	18 - Physician's Assistant	4/1/2025
99284	Emergency Department Visit with Moderate Level of medical decision making	09 - Certified Nurse-Midwife	10/1/2025
99459	Pelvic Exam	CN - Clinical Nurse Specialist	1/1/2025
1220F	Patient Screened for Depression (SUD)	A4 - LIC Indep Addiction Couns (Former LISAC)	10/1/2025
3051F	Most Recent Hemoglobin A1C (HBA1C) Level Greater Than or Equal To 7.0% and less than 8.0% (DM)	85 - Licensed Clinical Social Worker (LCSW)	10/1/2025
G0277	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval	18 - Physician's Assistant	1/1/2025

Code	Description	Provider Type	Effective Begin Date
G0277	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval	19 - Registered Nurse Practitioner	1/1/2025
J1628	Injection, Guselkumab, 1 mg	18 - Physician's Assistant	10/1/2025
J1628	Injection, Guselkumab, 1 mg	19 - Registered Nurse Practitioner	10/1/2025
J1628	Injection, Guselkumab, 1 mg	CN - Clinical Nurse Specialist	10/1/2025
J2329	Injection, UBLITUXIMAB-XIYY, 1mg	03 - Pharmacy	1/1/2026

- Effective January 1, 2026, the modifier AS (PA SVCS For Assistant/At Surgery) has been added or previously attached to the following codes for CN (Clinical Nurse Specialist)

15832	35602	55869	58976	0656T	0790T	0968T
22860	35631	58345	59866	0657T	0810T	0969T
27134	43647	58672	61630	0668T	0894T	1003T
27457	43881	58673	62331	0669T	0956T	1013T
27458	49659	58750	63032	0670T	0957T	1014T
27685	54405	58752	0483T	0719T	0958T	1019T
27713	55400	58760	0544T	0735T	0959T	62330
27756	55867	58770	0583T	0739T	0960T	G0415
33882	55868	58974	0646T	0744T	0967T	

- Effective January 1, 2026, the modifier AS (PA SVCS For Assistant/At Surgery) has been added or previously attached to the following codes for Provider Type 18 (Physician's Assistant).

1003T	55869	61630	0670T	0959T
15832	58345	62330	0719T	0960T
27458	58672	62331	0735T	0967T
27713	58673	63032	0739T	0968T
33882	58750	0544T	0744T	0969T
35602	58752	0583T	0790T	1013T
43647	58760	0646T	0810T	1014T
43881	58770	0656T	0894T	1019T
54405	58974	0657T	0956T	G0342
55400	58976	0668T	0957T	G0343
55868	59866	0669T	0958T	G0415

- Effective January 1, 2026, the modifier AS (PA SVCS For Assistant/At Surgery) has been added or previously attached to the following codes for provider type 19 (Registered Nurse Practitioner).

27457	55869	59866	0668T	0956T	1014T
27458	58345	61630	0669T	0957T	1019T
27713	58672	62331	0670T	0958T	62330
33882	58673	63032	0719T	0959T	G0342
35602	58750	66174	0735T	0960T	G0343
43647	58752	0544T	0739T	0967T	G0415
43881	58760	0583T	0744T	0968T	
54405	58770	0646T	0790T	0969T	
55400	58974	0656T	0810T	1003T	
55868	58976	0657T	0894T	1013T	

- Effective December 31, 2025, the codes listed (with or without modifiers) for the Provider Type 18 (Physician's Assistant) have been end dated.

Code	Modifier								
15736		25920		26115		26416		27696	
15740		25931		26116		26476		33884	AS
15777		25999		26117		26477		33889	AS
15823		26035		26121		26478		33891	AS
21013	81	26037		26123		26992		33997	AS
21013	82	26040		26125		27000		40701	82
25270	AS	26045		26130		27003	82	0484T	
25270		26055		26135		27005	82		
25272		26060		26140		27050			
25274		26070		26145		27097	82		
25275		26075		26160		27122	82		
25280		26080		26170		27165	82		
25290		26100		26180		27185			
25295		26105		26235		27445	AS		
25445		26110	81	26236		27468	AS		
25450		26110	82	26250		27475			
25455		26111	81	26356		27477			
25900		26111	82	26415		27695			

- Effective December 31, 2025, the codes listed (with or without modifiers) for the Provider Type 19 (Registered Nurse Practitioner) have been end dated.

Code	Modifier	Code	Modifier	Code	Modifier	Code	Modifier
20936	81	27445	AS	33884	AS	63030	82
20936	82	27468	AS	33889	AS	63035	81
22633	81	27860	AS	33891	AS	63035	82
22633	82	29827	81	33997	AS	0484T	
25270	AS	29827	82	63030	81	A4604	AS

- Effective December 31, 2025, the codes listed (with or without modifiers) for the Provider Type CN (Clinical Nurse Specialist) have been end dated.

Code	Modifier	Code	Modifier	Code	Modifier
20936	81	29827	81	63042	82
20936	82	29827	82	0483T	
21013	81	33884	AS	0484T	
21013	82	33889	AS	0494T	
22633	81	33891	AS	G0412	
22633	82	49659		G0413	
22634	81	55500	AS	G0414	
22634	82	55867		0494T	
22860		63030	81		
27134		63035	81		
27445	AS	63035	82		
27468	AS	63042	81		

Note: Modifiers AS - PA SVCS For Assistant/At Surgery **81** - Minimum Assistant Surgeon **82** - Assist Surg/Qual Resident Surg Not Avail

Date Changed

The effective date for the code Q5135 (Injection, TOCILIZUMAB-AAZG (TYENNE), Biosimilar, 1 mg) has been changed to January 1, 2025, for Provider Type 31 (DO-Physician Osteopath) on RF618.

Revenue Codes-To-Procedure Codes (RF773)

Code	Description	Revenue Code	Effective Begin Date
76512	Ophthalmic Us Dx B-Scan W/Wo Non-Quan A-Scan	0450 - Emergency Room	1/1/2025
90632	Hepatitis A Vaccine Adult Dosage	0636 - Drugs/Detail Coding	1/1/2025
90707	Measles, Mumps, And Rubella Vaccine	0636 - Drugs/Detail Coding	1/1/2025
90713	Poliovirus Vaccine	0636 - Drugs/Detail Coding	1/1/2025
90714	Diphtheria And Tetanus Vaccine (7 Years or Older)	0636 - Drugs/Detail Coding	1/1/2025
95873	Electrical Stimulation for Guidance with Injection of Chemical for paralysis of nerve muscle	0922 - EMG	1/1/2025
C8937	Computer-Aided Detection, Including Computer Algorithm Analysis of Breast MRI	0610 - MRI	1/1/2025
G0447	Face-To-Face Behavioral Counseling for Obesity, 15 Minutes	0510 - Clinic	1/1/2025
J1212	Injection, DMSO, Dimethyl Sulfoxide, 50%, 50 ml	0636 - Drugs/Detail Coding	1/1/2025
J2002	Injection, Lidocaine HCL in 5% Dextrose, 1 mg	0250 - Pharmacy	1/1/2025
J2003	Injection, Lidocaine Hydrochloride, 1 mg	0250 - Pharmacy	1/1/2025
J2004	Injection, Lidocaine HCL with Epinephrine, 1 mg	0250 - Pharmacy	10/1/2025
J2004	Injection, Lidocaine HCL with Epinephrine, 1 mg	0250 - Pharmacy	10/1/2025
J2508	Injection, Pegunigalsidase Alfa-IWXJ, 1 mg	0636 - Drugs/Detail Coding	07/01/2025
J7318	Hyaluronan Or Derivative, Durolane, For Intra-Articular Injection, 1 mg	0250 - Pharmacy	10/1/2025

Code	Description	Revenue Code	Effective Begin Date
J7318	Hyaluronan Or Derivative, Durolane, For Intra-Articular Injection, 1 mg	0250 - Pharmacy	10/1/2025
J7322	Hyaluronan Or Derivative, Hymovis or Hymovis One, For Intra-Articular Injection, 1 mg	0250 - Pharmacy	10/1/2025
J7322	Hyaluronan Or Derivative, Hymovis or Hymovis One, For Intra-Articular Injection, 1 mg	0250 - Pharmacy	10/1/2025
J7328	Hyaluronan or Derivative, Gelsyn-3, For Intra-Articular Injection, 0.1 mg	0250 - Pharmacy	10/1/2025
J7328	Hyaluronan or Derivative, Gelsyn-3, For Intra-Articular Injection, 0.1 mg	0250 - Pharmacy	10/1/2025

Revenue Codes-To-Procedure Codes (RF773)

- Effective January 1, 2025, the following Revenue Codes (RF773) have been added to the codes listed.

Revenue Codes

0510	0519	0520	0521
0780	0969	0981	0982
0983	0987	0988	

Codes

98000	98001	98002	98003
98004	98005	98006	98007
98008	98009	98010	98011
98012	98013	98014	98015
98016			

- Effective January 1, 2026, the following Rev. Codes have been added to the codes listed (RF773).

Rev. Code	Code										
0350	0993T	0320	75577	0280	97009	0920	99470	0400	C7570	0961	G0570
0352	0993T	0321	75577	0335	97009	0940	99470	0402	C7570	0780	G0660
0359	0993T	0359	75577	0761	97009	0942	99470	0481	C7570	0780	G0661
0301	1020T	0400	75577	0940	97009	0960	99470	0400	C7571	0780	G0662
0309	1020T	0409	75577	0761	98979	0270	A4295	0402	C7571	0780	G0663
0310	1020T	0481	75577	0940	98979	0278	A4295	0481	C7571	0780	G0664
0361	37270	0489	75577	0942	98979	0270	A4296	0272	C9811	0780	G0665
0761	55877	0972	75577	0960	98979	0278	A4296	0279	C9811	0780	G0667
0960	55877	0982	75577	0920	98984	0270	A4297	0949	C9811	0780	G0668
0761	62331	0920	91124	0940	98984	0278	A4297	0949	C9812	0780	G9871
0369	63032	0920	91125	0942	98984	0272	C1607	0949	C9813	0942	G9871
0480	64654	0272	97007	0920	98985	0272	C1608	0949	C9814	0250	Q5160
0481	64654	0280	97007	0940	98985	0369	C7566	0272	C9815	0750	91124
0480	64655	0335	97007	0942	98985	0490	C7566	0949	C9815	0920	91124
0481	64655	0761	97007	0920	98986	0750	C7567	0272	C9816	0750	91125
0480	64657	0940	97007	0940	98986	0400	C7568	0279	C9816	0920	91125
0481	64657	0272	97008	0942	98986	0402	C7568	0949	C9816		
0480	64658	0280	97008	0278	99445	0320	C7569	0272	C9817		
0481	64658	0335	97008	0920	99445	0400	C7569	0274	C9817		
0480	64659	0761	97008	0940	99445	0402	C7569	0949	C9817		
0481	64659	0940	97008	0942	99445	0481	C7569	0961	G0568		
0320	75577	0272	97009	0960	99445	0320	C7570	0961	G0569		

- Effective January 1, 2025, the following codes have been added to the Reference Screen RF773.

Rev. Code	Code						
0361	15017	0510	96041	0513	G0556	0515	G0557
0450	15017	0519	96041	0514	G0556	0517	G0557
0510	15017	0761	96041	0515	G0556	0519	G0557
0516	15017	0780	96041	0517	G0556	0520	G0557
0517	15017	0942	96041	0519	G0556	0521	G0557
0519	15017	0272	C9806	0520	G0556	0450	G0558
0520	15017	0272	C9807	0521	G0556	0456	G0558
0761	15017	0272	C9808	0510	G0557	0459	G0558
0360	49190	0278	C9809	0512	G0557	0960	G0558
0761	60660	0510	G0556	0513	G0557	0969	G0558
0761	60661	0512	G0556	0514	G0557	0250	Q0155

VFC Procedure Codes (RF729)

Code	Description	Begin Date	End Date
90593	Chikungunya Virus Vaccine, Recombinant, For Intramuscular Use		08/31/2025
90622	Vaccinia (Smallpox) Virus Vaccine, Live, Lyophilized, 0.3 ml Dosage		08/31/2025
90624	Meningococcal Pentavalent Vaccine, Men B-4C Recombinant Proteins	09/01/2025	
90657	Influenza Vaccine, Trivalent, 0.25 ml Dosage		08/31/2025
90658	Influenza Vaccine, Trivalent, 0.5 ml Dosage		08/31/2025
90673	Influenza Vaccine, Trivalent Derived from Recombinant DNA		08/31/2025
91319	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP,		08/31/2025