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## Age Changes

Code	Description	Minimum Age	Maximum Age
90460	Administration Of First Vaccine or Toxoid Component with Counseling (18 years or younger)	000	018 Years

**Note from the coding unit.** Medical coding is reviewing the daily limits and updating these limits as needed per the NCCI MUE tables. This list is extensive and will be ongoing as we review each section.

## Codes

- Effective February 28, 2025, the HCPCS codes G0183 - (Destruction of Localized Lesion of Choroid and L6700 (Terminal Device, Hook, Dorrance, Or Equal, Model #3) have been **end dated**.
- Effective March 1, 2025, the HCPCS code J0139 (Injection, Adalimumab, 1 mg) has a coverage code of 04 (Not Covered Service/Code Not Available) on Reference Screen RF123.

- H2023 and H2024**

The following changes are for H2023 (Supported Employment, Per 15 Minutes) and H2024 (Supported Employment, Per Diem).

- On RF618 Provider Type 23 (Home Health Agency) end dated 02/28/2025
- On RF618 Provider Type 81 (EPD HCBS) end dated 02/28/2025
- On RF115 Place of Services 11,49,50,71,72,99 end dated 02/28/2025
- On RF121 the modifier CR end dated 02/28/2025
- On RF122/RF132 the modifier CR, Q6
- On RF124 Prior Authorization has been end dated 02/28/2025
- On RF769 Category of Service (COS) 47 has been **end dated** 02/28/2025
- On RF773 Revenue Codes have been end dated
  - o 0900,0901,0902,0903,0904,0905,0906,0907,0911,
  - o 0912,0913,0914,0915,0916,0917,0918,0919
- Effective April 1, 2025, the following CPT/HCPCS codes have been added to the Reference Screens. For information regarding modifiers, revenue codes, place of service, etc. refer to the Reference Screens.

CPT/HCPCS Code						
0531U	0546U	A6518	E1032	J2428	L6031	Q4362
0532U	0547U	A6519	E1033	J2804	L6032	Q4363
0533U	0548U	A6611	E1034	J2865	L6033	Q4364
0534U	0549U	A9154	E1832	J7521	L6037	Q4365
0535U	0550U	A9611	G0183	J9024	L6700	Q4366
0536U	0551U	C8004	G0566	J9038	L7406	Q4367
0537U	A2030	C8005	G0567	J9054	Q2057	Q5147
0538U	A2031	C9300	J0281	J9161	Q4354	Q5148
0539U	A2032	C9301	J1072	L0720	Q4355	Q5149
0540U	A2033	C9302	J1271	L1933	Q4356	Q5150
0541U	A2034	C9303	J1299	L1952	Q4357	Q5151
0542U	A2035	C9304	J1308	L5827	Q4358	Q5152
0543U	A6515	E0201	J1808	L6028	Q4359	Q9999
0544U	A6516	E1022	J1938	L6029	Q4360	S4024
0545U	A6517	E1023	J2351	L6030	Q4361	

**Code Description Changes (RF110)**

The following codes have had their descriptions changed on RF110.

Code	Description
99232	Subsequent hospital inpatient or observation care with moderate level of medical decision making, if using time, 35 minutes or more
A4453	Rectal catheter with or without balloon, for use with any type transanal irrigation system, each
A4459	Manual transanal irrigation system, including water reservoir, pump, tubing, and accessories, without catheter, any type
A6549	Gradient compression garment, not otherwise specified, for daytime use, each
A6583	Gradient compression wrap with adjustable straps, below knee, each
A6585	Gradient compression wrap with adjustable straps, above knee, each
A6586	Gradient compression wrap with adjustable straps, full leg, each
A6587	Gradient compression wrap with adjustable straps, foot, each
A6588	Gradient compression wrap with adjustable straps, arm, each
C1739	Tissue marker, probe detectable any method (implantable), with delivery system
C9793	3d Predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography and/or magnetic resonance imaging with report
E1028	Wheelchair accessory, manual swing away, retractable or removable mounting hardware, other
E1801	Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1811	Static progressive stretch/patient actualized serial stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1816	Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1818	Static progressive stretch/patient actualized serial stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories
E1841	Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
J9073	Injection, Cyclophosphamide (Dr. Reddy's), 5 mg
L1932	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1971	Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment
L6692	Upper extremity addition, silicone gel inserts or equal, with or without locking mechanism, each
L6698	Addition to upper extremity prosthesis, lock mechanism, excludes socket insert

**Coverage Code (RF124)**

Effective October 31, 2023, the coverage code 01 (Covered Service/Code Available) has been **end dated**. Effective November 1, 2023, coverage code 04 (Not Covered Service/Code Not Available) is in effect for the codes listed.

0041A	0121A	0142A	0154A	0172A
0042A	0134A	0144A	0164A	0173A
0044A	0141A	0151A	0171A	0174A

**Dental**

**Note from the Coding Manager:** Dental PA is required for all managed care and this removal of the PA is for our Fee-For-Service population. This is a temporary removal and PA will be required in the future for the Fee-For-Service population. Date of PA to be enforced still to be determined.

- The following Dental codes now have a Prior Authorization of 04 (PA Not Required for Acute Or LTC).

D0180	D3240	D5223	D7620	D7873	D8680
D0330	D3310	D5224	D7852	D7874	D9222
D2929	D3320	D5282	D7854	D7875	D9230
D2930	D3330	D5283	D7856	D7876	D9239
D2931	D4341	D7140	D7858	D7877	D9243
D2933	D4342	D7210	D7865	D8070	D9248
D2934	D5221	D7285	D7870	D8080	D9420
D3230	D5222	D7286	D7872	D8090	

**ICD-10 DIAGNOSIS CODE (RF223)**

Code	Description	Minimum Age	Maximum Age
G20.A1	Parkinson's Disease Without Dyskinesia, without mention of fluctuations	012 Years	125 Years
G20.A2	Parkinson's Disease Without Dyskinesia, with fluctuations.	012 Years	125 Years
G20.B1	Parkinson's Disease with Dyskinesia without mention of fluctuations	012 Years	125 Years
G20.B2	Parkinson's Disease with Dyskinesia, With Fluctuations	012 Years	125 Years
G20.C	Parkinsonism, Unspecified	012 Years	125 Year
M33.03	Juvenile Dermatomyositis Without Myopathy	000 Years	999 Years

**Medicare Indicator**

The Medicare Indicator has been changed to “N” for the codes below (RF113/RF127)

A9154 (Artificial Saliva, 1 ml)

S4024 (Air Polymer-Type A Intrauterine Foam, Per Study Dose)

**Modifiers (RF121)**

Code	Description	Modifier	Effective Begin Date
87634	Detection Test by Nucleic Acid for Respiratory Syncytial Virus, Amplified Probe Technique	QW - CLIA Waived Test -	10/01/2024
A9595	Piflufolastat F-18, Diagnostic, 1 Millicurie	JW - Drug Amt Discarded/Not Admin to Any Patient	10/01/2024
A9595	Piflufolastat F-18, Diagnostic, 1 Millicurie	JZ - Zero Drug Amount Discarded/Not Administered	10/01/2024
G0296	Counseling Visit to Discuss Need for Lung Cancer Screening Using Low Dose CT scan (LDCT) (service is for eligibility determination and shared decision)	PO - Services, Procedures	07/01/2024

**Modifiers (RF122/RF132)**

Code	Description	Modifier	Effective Begin Date
G0566	3D Radiodensity-Value Bone Imaging, Algorithm Derived,	TC - Technical Component	04/01/2025
G0566	3D Radiodensity-Value Bone Imaging, Algorithm Derived,	26 - Professional Component	04/01/2025

- Effective January 1, 2025, the modifier PN (Non-Excepted Service Provided at an Off) has been **added** to RF121.
- Modifier PT (Colorectal Cancer Screening Test) has been **added** to RF122/RF132.

**End Dated --Modifiers**

- Effective December 31, 2024, the modifier JG (Drug or Biological Acquired With 340B Dr) has been **end dated** for the following codes on RF122/132.

J1439	J1555	J1572	J1743	J1931	J2407	J2724	J2860	J3243	J3385	J7185	J7197
J1442	J1556	J1573	J1744	J1950	J2425	J2760	J2941	J3245	J3396	J7186	J7198
J1447	J1557	J1575	J1745	J2062	J2426	J2770	J2993	J3246	J3465	J7187	J7200
J1451	J1559	J1602	J1746	J2265	J2469	J2778	J2997	J3262	J7175	J7188	J7201
J1453	J1560	J1610	J1750	J2278	J2502	J2783	J3060	J3285	J7177	J7189	J7203
J1454	J1561	J1640	J1786	J2315	J2507	J2792	J3090	J3300	J7178	J7190	J7205
J1455	J1566	J1670	J1826	J2323	J2515	J2793	J3095	J3304	J7180	J7192	J7211
J1458	J1568	J1726	J1830	J2353	J2547	J2794	J3101	J3315	J7181	J7193	J7214
J1459	J1569	J1740	J1833	J2355	J2562	J2820	J3145	J3357	J7182	J7194	J7308
J1460	J1571	J1742	J1930	J2357	J2597	J2850	J3240	J3380	J7183	J7195	J7311
J7312	J7329	J8670	J9039	J9065	J9207	J9261	J9301	J9340	P9046	Q5101	Q9968
J7313	J7336	J9015	J9041	J9120	J9211	J9264	J9302	J9354	P9047	Q5105	Q9991
J7318	J7340	J9017	J9042	J9145	J9214	J9266	J9303	J9355	Q0138	Q5106	Q9992
J7320	J7501	J9019	J9043	J9150	J9216	J9268	J9305	J9357	Q0139	Q5108	S0215
J7321	J7504	J9023	J9047	J9155	J9217	J9271	J9306	J9359	Q2009	Q5110	
J7323	J7511	J9025	J9050	J9171	J9218	J9273	J9307	J9395	Q2017	Q5115	
J7324	J7525	J9027	J9051	J9179	J9225	J9280	J9308	J9400	Q2041	Q5124	
J7325	J8501	J9032	J9052	J9185	J9226	J9293	J9311	J9600	Q2042	Q5128	
J7326	J8560	J9033	J9055	J9202	J9228	J9294	J9297	J9312	P9041	Q2043	
J7327	J8655	J9035	J9057	J9203	J9245	J9296	J9299	J9330	P9045	Q3027	

- Effective December 31, 2024, the following codes have had the modifiers **end dated**.

Code	Description	Modifier
20552	Injection Of Trigger Points, 1-2 Muscles	LT - Identifies Left Side Body Procedures
20552	Injection Of Trigger Points, 1-2 Muscles	RT - Identifies Right-Side Body Procedures
20553	Injection Of Trigger Points, 3 Or More Muscles	LT - Identifies Left Side Body Procedures
20553	Injection Of Trigger Points, 3 Or More Muscles	RT - Identifies Right-Side Body Procedures T
Q2009	Injection, Fosphenytoin, 50 mg Phenytoin Equivalent	JZ - Zero Drug Amount Discarded/Not Administered

- Modifier PO (Services, Procedures and/or Surgeries) has been **end dated** (RF122/RF132)

44388	44402	45386
44389	44403	45389
44390	44404	45390
44391	44405	45391
44392	44406	45392
44394	44407	45393
44401	44408	

- Effective January 1, 2025, the modifier PN (Non-Excepted Service Provided at an Off-) has been added to the codes listed. Modifier PO (Services, Procedures and/or Surgeries) has been **end dated** as of 02/28/2025.

Code	Modifier added (RF121)	Modifier End Dated (RF122/RF132)	Code	Modifier added (RF121)	Modifier End Dated (RF122/RF132)
45378	PN	PO	45382	PN	PO
45379	PN	PO	45384	PN	PO
45380	PN	PO	45385	PN	PO
45381	PN	PO	45388	PN	PO

**Modifiers (RF122/RF132)**

Code	Description	Modifier	Effective Begin Date
27057	Incision Of Tissue on Side of Pelvic Muscle Compartment	51 - Multiple Procedures	01/01/2025
69706	Dilation Of Canal Between Middle Ear and Throat (Eustachian Tube) on both sides of body, using endoscope inserted through nose	GC - Teaching Physician Service	01/01/2025
98000	New Patient Synchronous Audio-Video Visit with Straightforward Medical Decision Making, if using time 15 minutes or more	GC - Teaching Physician Service	01/01/2025
98001	New Patient Synchronous Audio-Video Visit with Low Medical Decision Making, if using time 30 minutes or more	GC - Teaching Physician Service	01/01/2025
98002	New Patient Synchronous Audio-Video Visit with Moderate Medical Decision Making, if using time 45 minutes or more	GC - Teaching Physician Service	01/01/2025
98004	Established Patient Synchronous Audio-Video Visit with Straightforward Medical Decision Making, if using time 10 minutes or more	GC - Teaching Physician Service	01/01/2025
98005	Established Patient Synchronous Audio-Video Visit with Low Medical Decision Making, if using time 20 minutes or more	GC - Teaching Physician Service	01/01/2025
98006	Established Patient Synchronous Audio-Video Visit with Moderate Medical Decision Making, if using time 30 minutes or more	GC - Teaching Physician Service	01/01/2025
J2802	Injection, Romiplostim, 1 microgram	JW - Drug Amt Discarded/Not Admin to Any Patient	01/01/2025
T1021	Home Health Aide or Certified Nurse Assistant, Per Visit	UF - CO-Occurring BH-PH Cond/Services Morning	04/01/2024
T1021	Home Health Aide or Certified Nurse Assistant, Per Visit	UG - CO-Occurring BH Cognitive/Services Afternoon	04/01/2024
T1021	Home Health Aide or Certified Nurse Assistant, Per Visit	Uh – Primary-psychoticcond/Services Evening	04/01/2024
T1021	Home Health Aide or Certified Nurse Assistant, Per Visit	UJ - Services Provided, Night	04/01/2024



**Modifiers (RF122/RF132)**

Code	Description	Modifier	Effective Begin Date	End Date
J9000	Injection, Doxorubicin Hydrochloride, 10 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	01/01/2025	
J9000	Injection, Doxorubicin Hydrochloride, 10 mg	JZ - Zero Drug Amount Discarded/Not Administered		12/31/2024
64568	Insertion of Cranial Nerve Neurostimulator Electrode and Generator	AS -Pa Services for Assistant		12/31/2024

- The modifier SS (Home infusion services provided in the infusion suite of the IV therapy provider) has been **added** to the Reverence Screens **RF122/RF132** for the following codes. (**Note:** this is specific to the Banner Health Plan guidance for these codes and modifier requests.

A4221	B4187	B4199
A4222	B4189	B4216
A4223	B4193	B4220
B4185	B4197	B4224

- The following modifiers have been **end dated** on 12/31/2024 on **RF122/RF132** for CPT code 99300 (Subsequent Intensive Care, Per Day, for the Evaluation).

AQ	CR	ET	GA
GC	GJ	GR	GY
GZ	KX	QJ	Q6
XE	XP	XU	24
51	57	59	99

- The modifiers GA (Req Liability Notice Per Payer Pol) and 25 (Significant, Sep Ident E&M, Same Md&Day) have been **end dated** on RF121 for CPT code 99300.

- The following modifiers have been **end dated** on 12/31/2024 on **RF122/RF132** for CPT code 99201 (New Patient Office or Other Outpatient Visit, typically 10 minutes).

AQ	CR	CS	ET	FP	GA
GC	GE	GJ	GR	GT	GW
GY	GZ	KX	PO	QB	QJ
QU	Q5	Q6	TH	TJ	UB
U7	U8	XE	XP	XS	XU
22	24	27	33	51	52
57	59	76	77	95	99

- The following modifiers have been **end dated** 12/31/2024 on RF121 for 99201 (Patient Office Or Other Outpatient Visit, typically 10 minutes)

CR	CS	GA	GC
GE	GT	PO	U7
U8	XE	XP	XS
XU	25	33	52
57	59	76	77
95			

- Modifier 22 (Increased Procedural) has been **end dated** on 12/31/2024 on **RF122/RF132** for CPT code 01922 (Anesthesia for X-Ray or Radiation Therapy).
- Modifier 22 (Increased Procedural) has been **end dated** December 31, 2024, for the following codes.

CODE					
00120	00520	00792	00928	01404	01758
00124	00522	00794	00930	01420	01760
00126	00524	00796	00932	01430	01770
00140	00528	00797	00934	01432	01772
00142	00529	00800	00936	01440	01780
00144	00530	00802	00938	01442	01782
00145	00532	00811	00940	01444	01810
00147	00534	00812	00942	01462	01820
00148	00537	00813	00944	01464	01829
00160	00539	00820	00948	01470	01830
00162	00540	00830	00950	01472	01832
00164	00541	00832	00952	01474	01840
00170	00542	00834	01112	01480	01842
00172	00546	00836	01120	01482	01844
00174	00548	00840	01130	01484	01850
00176	00550	00844	01140	01486	01852

00190	00560	00846	01150	01490	01860
00192	00561	00848	01160	01500	01916
00210	00562	00851	01170	01502	01920
00211	00563	00860	01173	01520	01922
00212	00566	00862	01200	01522	01924
00214	00567	00864	01202	01610	01925
00215	00580	00865	01210	01620	01926
00216	00600	00866	01212	01622	01930
00218	00604	00868	01214	01630	01931
00220	00620	00870	01215	01634	01932
00222	00625	00872	01220	01636	01933
00300	00626	00873	01230	01638	01961
00320	00630	00880	01232	01650	01962
00322	00632	00882	01234	01652	01963
00326	00635	00902	01250	01654	01965
00350	00640	00904	01260	01656	01966
00352	00670	00906	01270	01670	01967
00400	00700	00908	01272	01680	01968
00402	00702	00910	01274	01710	01969
00404	00730	00912	01320	01712	01990
00406	00731	00914	01340	01714	01991
00410	00732	00916	01360	01716	01992
00450	00750				

- Effective January 1, 2025, modifiers listed have been **added and/or end dated** on February 28, 2025.

Code	Add RF121	Add RF122/RF132	End Date	Code	Add RF121	Add RF122/RF132	End Date
E0983	GA, PN, PO	KX		K0842	CR, PN, GA	KH,KX,TW,UE	PO
E0984	GA, PN,PO	KX		K0843	CR, PN, GA	KH,KX,TW,UE	PO
E0986	GA, PN, PO	KX		K0848	CR, PN, GA	KH,KX,TW,UE	PO
K0013	PN, PO	GA, KH, KX, RR, TW, UE		K0849	CR, PN, GA	KH,KX,TW,UE	PO
K0800	PN, GA	KH, KX, TW, UE	PO	K0850	CR, PN, GA	KH,KX,TW,UE	PO
K0801	CR, PN, GA	KH, KX, TW, UE	PO	K0851	CR, PN, GA	KH,KX,TW,UE	PO
K0802	CR, PN, GA	KH, KX, TW, UE	PO	K0852	CR, PN, GA	KH,KX,TW,UE	PO
K0806	CR, PN, GA	KH, KX, TW, UE	PO	K0853	CR, PN, GA	KH,KX,TW,UE	PO
K0807	GA and PN	KH, KX, TW, UE	PO	K0854	CR, PN, GA	KH,KX,TW,UE	PO
K0808	CR, PN, GA	KH, KX, TW, UE	PO	K0855	CR, PN, GA	KH,KX,TW,UE	PO
K0812	CR, PN, GA	GA, LL, KH, KX, RR, TW, UE	PO	K0856	CR, PN, GA	KH,KX,TW,UE	PO
K0813	CR, PN, GA	KH, KX, TW, UE	PO	K0857	CR, PN, GA	KH,KX,TW,UE	PO
K0814	CR, PN, GA	KH, KX, TW, UE	PO	K0858	CR, PN, GA	KH,KX,TW,UE	PO
K0815	CR, PN, GA	KH, KX, TW,UE	PO	K0859	CR, PN, GA	KH,KX,TW,UE	PO
K0816	CR, PN, GA	KH,KX,TW,UE	PO	K0860	CR, PN, GA	KH,KX,TW,UE	PO
K0820	CR, PN, GA	KH,KX,TW,UE	PO	K0861	CR, PN, GA	KH,KX,TW,UE	PO
K0821	CR, PN, GA	KH,KX,TW,UE	PO	K0862	CR, PN, GA	KH,KX,TW,UE	PO
K0822	CR, PN, GA	KH,KX,TW,UE	PO	K0863	CR, PN, GA	KH,KX,TW,UE	PO
K0823	CR, PN, GA	KX,TW,UE	PO	K0864	CR, PN, GA	KH,KX,TW,UE	PO
K0824	CR, PN, GA	KH,KX,TW,UE	PO	K0868	CR, PN, GA	GA,LL,KH,KX,TW,UE	PO
K0825	CR, PN, GA	KH,KX,TW,UE	PO	K0869	CR, PN, GA	GA,LL,KH,KX,TW,UE	PO
K0826	CR, PN, GA	KH,KX,TW,UE	PO	K0870	CR, PN, GA	GA,LL,KH,KX,TW,UE	PO
K0827	CR, PN, GA	KH,KX,TW,UE	PO	K0871	CR, PN, GA	GA,LL,KH,KX,TW,UE	PO
K0828	CR, PN, GA	KH,KX,TW,UE	PO	K0877	CR, PN, GA	GA,LL,KH,KX,TW,UE	PO
K0829	CR, PN, GA	KH,KX,TW,UE	PO	K0878	CR, PN, GA	GA,LL,KH,KX,TW,UE	PO
K0830	CR, PN, GA	GA,LL,KH,KX,RR,TW,UE	PO	K0879	CR, PN, GA	GA,LL,KH,KX,TW,UE	PO
K0831	CR, PN, GA	GA,LL,KH,KX,RR, TW, UE	PO	K0880	CR, PN, GA	GA,LL,KH,KX,TW,UE	PO
K0835	CR, PN, GA	KH,KX,TW,UE	PO	K0884	CR, PN, GA	GA,LL,KH,KX,TW,UE	PO
K0836	CR, PN, GA	KH,KX,TW,UE	PO	K0885	CR, PN, GA	GA, LL, KH, KX, TW, UE	PO
K0837	CR, PN, GA	KH,KX,TW,UE	PO	K0886	CR, PN, GA	GA, LL, KH, KX, TW, UE	PO
K0838	CR, PN, GA	KH,KX,TW,UE	PO	K0890	CR, PN, GA	GA, LL, KH, KX, TW, UE	PO
K0839	CR, PN, GA	KH,KX,TW,UE	PO	K0891	CR, PN, GA	GA, LL, KH, KX, TW, UE	PO
K0840	CR, PN, GA	KH,KX,TW,UE	PO	K0898	CR, PN, GA	GA, LL, KH, KX, TW, UE	PO
K0841	CR, PN, GA	KH,KX,TW,UE	PO	K0899	GA and PN	GA, LL, KH, KX,TW,UE	PO

- Effective January 1, 2025, the following modifiers have been **added** to the codes listed on RF122/RF132).

	GK	GZ	KH	KX	LT	MS	NR	RA	RB	RT	TW
A5507	X	X		X			X				
A5508					X			X	X	X	
A5510								X	X		
A5512	X		X			X	X	X	X		X
A5513	X		X			X	X	X	X		X
A5514								X	X		

Modifier	Description	Modifier	Description	Modifier	Description	Modifier	Description
GK	Actual Item/Svs by Phys with GA/GZ Modifier	NR	New When Rented/Amb SNF to Residence	GZ	Item/Svs Exp to Be Denied as Not Reason	RA	Replacement DME/Orthotic/Prosthetic
KH	DMEPOS ITEM, INIT CLM, PURCH/1ST MO RENT	RB	Replace part of DME/Orthotic/Prosthetic	KX	Requirements Specified in The Medical Po	RT	Identifies Right Side Body Procedures
LT	Identifies Left Side Body Procedures	TW	Back-Up Equipment	MS	Maintenance Serv-Rental For 15 Months		

- Effective for the dates listed the modifiers have been **added** to the codes.

Code	Description	Modifier	Effective Begin Date
10120	Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple	F1 - Left Hand, Second Digit	5/1/2024
10120	Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple	F2 - Left Hand, Third Digit	5/1/2024
10120	Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple	F3 - Left Hand, Fourth Digit	5/1/2024
10120	Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple	F4 - Left Hand, Fifth Digit	5/1/2024
10120	Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple	F5 - Right Hand, Thumb	5/1/2024
10120	Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple	F6 - Right Hand, Second Digit	5/1/2024
10120	Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple	F7 - Right Hand, Third Digit	5/1/2024
10120	Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple	F8 - Right Hand, Fourth Digit	5/1/2024
10120	Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple	F9 - Right Hand, Fifth Digit	5/1/2024
10120	Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple	FA - Left Hand, Thumb	5/1/2024
43270	Destruction Of Polyp or Growth of Esophagus, Stomach, and/or upper small bowel using a flexible endoscope	51 - Multiple Procedures	6/1/2024
64625	Destruction Of Nerves Supplying Joint Between Spine and Pelvis Using Imaging Guidance	LT - Identifies Left Side Body Procedures	5/1/2024
64625	Destruction Of Nerves Supplying Joint Between Spine and Pelvis Using Imaging Guidance	RT - Identifies Right-Side Body Procedures	5/1/2024
76376	3D Radiographic Procedure	GA - Req Liability Notice Per Payer Pol	1/1/2025
76376	3D Radiographic Procedure	KX - Requirements Specified in The Medical Po	1/1/2025
76377	3d Radiographic Procedure with Computerized Image Postprocessing	GA - Req Liability Notice Per Payer Pol	1/1/2025
76377	3d Radiographic Procedure with Computerized Image Postprocessing	KX - Requirements Specified in The Medical Po	1/1/2025

Code	Description	Modifier	Effective Begin Date
90656	Influenza Vaccine, Trivalent, Split Virus, Preservative-Free, 0.5 ml dosage	SY - Contact W/High-Risk Pop	10/1/2024
A9700	Supply Of Injectable Contrast Material for Use in Echocardiograph	GA - Req Liability Notice Per Payer Pol	1/1/2025
C8921	Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by With Contrast, For Congenital Cardiac Anomalies; Complete	GA - Req Liability Notice Per Payer Pol	1/1/2025
C8921	Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by With Contrast, For Congenital Cardiac Anomalies; Complete	KX - Requirements Specified in The Medical Po	1/1/2025
C8922	Transthoracic Echocardiography with Contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study	GA - Req Liability Notice Per Payer Pol	1/1/2025
C8922	Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by With Contrast, for congenital cardiac anomalies; follow-up or limited study	KX - Requirements Specified in The Medical Po	1/1/2025
C8923	Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by with Contrast, Real-Time with Image Documentation (2D), Includes M-Mode Recording, when performed, complete, without spectral or color doppler echocardiography	GA - Req Liability Notice Per Payer Pol	1/1/2025
C8923	Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by with Contrast, Real-Time with Image Documentation (2D), Includes M-Mode Recording, When Performed, complete, without spectral or color doppler echocardiography	KX - Requirements Specified in The Medical Po	1/1/2025
C8924	Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by With Contrast, Real-Time with Image Documentation (2D), includes M-Mode Recording, when performed, follow-up or limited study	GA - Req Liability Notice Per Payer Pol	1/1/2025

Code	Description	Modifier	Effective Begin Date
C8924	Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by With Contrast, Real-Time with Image Documentation (2D), includes M-Mode Recording, When Performed, follow-up or limited study	KX - Requirements Specified in The Medical Po	1/1/2025
C8929	Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by with Contrast, Real-Time with Image Documentation (2d), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, and with color flow doppler echocardiography	GA - Req Liability Notice Per Payer Pol	1/1/2025
C8929	Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by with Contrast, Real-Time with Image Documentation (2d), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And with Color Flow Doppler Echocardiography	KX - Requirements Specified in The Medical Po	1/1/2025
C8930	Transthoracic Echocardiography, With Contrast, Or Without Contrast Followed by With Contrast, Real-Time with Image Documentation (2d)	GA - Req Liability Notice Per Payer Pol	1/1/2025
C8930	Transthoracic Echocardiography, With Contrast, Or Without Contrast Followed by With Contrast, Real-Time with Image Documentation (2d),	KX - Requirements Specified in The Medical Po	1/1/2025
C9399	Unclassified Drugs or Biologicals	GA - Req Liability Notice Per Payer Pol	1/1/2025
C9399	Unclassified Drugs or Biologicals	KX - Requirements Specified in The Medical Po	1/1/2025
J1010	Injection, Methylprednisolone Acetate, 1 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	4/1/2024
J1010	Injection, Methylprednisolone Acetate, 1 mg	JZ - Zero Drug Amount Discard	4/1/2024
J2358	Injection, Olanzapine, Long Acting, 1 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	7/1/2024
J2358	Injection, Olanzapine, Long Acting, 1 mg	JZ - Zero Drug Amount Discard	7/1/2024



Code	Description	Modifier	Effective Begin Date
J3490	Unclassified Drugs	GA - Req Liability Notice Per Payer Pol	1/1/2025
J3490	Unclassified Drugs	KX - Requirements Specified in The Medical Po	1/1/2025
J9034	Injection, Bendamustine HCL (BENDEKA), 1 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	10/1/2024

- Effective December 31, 2024, the modifier TW (Back-Up Equipment) has been **end dated** for the following codes.

E1037	E1232	E1237	K0004
E1038	E1233	E1238	K0005
E1039	E1234	K0001	K0006
E1161	E1235	K0002	K0007
E1231	E1236	K0003	K0009

- Effective May 12, 2023, the modifier GE (TCH PHYS EXEMPTION/AM) has been **end dated** on RF 132 only for 99214 (Established Patient Office or Other Outpatient Visit with Moderate Level of Decision Making, If Using Time, 30 Minutes or More).
- Effective January 1, 2025, the modifier GU (Waiver of Liability Statement Issued) has been **added** to the following codes.

E1037	E1232	E1237	K0004
E1038	E1233	E1238	K0005
E1039	E1234	K0001	K0006
E1161	E1235	K0002	K0007
E1231	E1236	K0003	K0009

- Effective January 1, 2025, the following modifiers have been **added** to the listed codes.

Code	Description	Modifiers							
		GA	GK	GU	GZ	KH	KX	MS	NU
E1039	Transport Chair, Adult Size, Heavy Duty, Patient Weight Capacity		X		X		X		
E1229	Wheelchair, Pediatric Size, Not Otherwise Specified	X	X	X		X	X	X	X
K0008	Custom Manual Wheelchair/Base	X	X	X	X	X	X	X	
<b>Modifiers</b>									
GA - REQ Liability Notice					KH - DMEPOS ITEM, INIT CLM				
GK - Actual Item/SVS BY PH					KX - Requirements Specified				
GU - Waiver of Liability Statement Issued)					MS - Maintenance Serv-Rent				
GZ - Item/SVS EXP TO BE DE					NR - New When Rented/Amb S				

- Effective January 1, 2025, modifier 62 (Two Surgeons/Different Skills) has been **added** to the codes listed below.

Codes			
0483T	34841	34847	58575
0484T	34842	34848	58674
0646T	34843	37187	62380
33274	34844	38573	93591
33340	34845	57155	
34716	34846	57423	

- Effective for the dates listed, the HCPCS codes listed have been **added** to the Reference Screens RF121, RF122 and RF132.

Code	Description	Modifier	Effective Begin Date
A9611	Flurpiridaz F 18, Diagnostic, 1 millicurie	JW - Drug Amt Discarded/Not A	04/01/2025
A9611	Flurpiridaz F 18, Diagnostic, 1 millicurie	JZ - Zero Drug Amount Discard	04/01/2025
C9301	Obecabtagene Autoleucel, Up To 410 million Cd19 Car-Pos	JW - Drug Amt Discarded/Not A	04/01/2025
C9301	Obecabtagene Autoleucel, Up To 410 million Cd19 Car-Pos	JZ - Zero Drug Amount Discard	04/01/2025
C9302	Injection, Zanidatamab-HRII, 2 mg	JW - Drug Amt Discarded/Not A	04/01/2025
C9302	Injection, Zanidatamab-HRII, 2 mg	JZ - Zero Drug Amount Discard	04/01/2025
C9303	Injection, Zolbetuximab-CLZB, 1 mg	JW - Drug Amt Discarded/Not A	04/01/2025
C9303	Injection, Zolbetuximab-CLZB, 1 mg	JZ - Zero Drug Amount Discard	04/01/2025
C9304	Injection, Marstacimab-HNCQ, 0.5 mg	JW - Drug Amt Discarded/Not A	04/01/2025
C9304	Injection, Marstacimab-HNCQ, 0.5 mg	JZ - Zero Drug Amount Discard	04/01/2025

Code	Description	Modifier	Effective Begin Date
J1072	Injection, Testosterone Cypionate (Azmiro), 1 mg	JW - Drug Amt Discarded/Not A	04/01/2025
J1072	Injection, Testosterone Cypionate (Azmiro), 1 mg	JZ - Zero Drug Amount Discard	04/01/2025
J1299	Injection, Eculizumab, 2 mg	JW - Drug Amt Discarded/Not A	04/01/2025
J1299	Injection, Eculizumab, 2 mg	JZ - Zero Drug Amount Discard	04/01/2025
J2428	Injection, Paliperidone Palmitate Extended Release	JW - Drug Amt Discarded/Not A	04/01/2025
J2428	Injection, Paliperidone Palmitate Extended Release	JZ - Zero Drug Amount Discard	04/01/2025
J9024	Injection, Atezolizumab, 5 mg and Hyaluronidase-TQJS	JW - Drug Amt Discarded/Not A	04/01/2025
J9024	Injection, Atezolizumab, 5 mg and Hyaluronidase-TQJS	JZ - Zero Drug Amount Discard	04/01/2025
J9054	Injection, Bortezomib (Boruzu), 0.1 mg	JW - Drug Amt Discarded/Not A	04/01/2025
J9054	Injection, Bortezomib (Boruzu), 0.1 mg	JZ - Zero Drug Amount Discard	04/01/2025
Q2057	Afamitresgene Autoleucel, Including Leukapheresis	JW - Drug Amt Discarded/Not A	04/01/2025
Q2057	Afamitresgene Autoleucel, Including Leukapheresis	JZ - Zero Drug Amount Discard	04/01/2025
Q5147	Injection, Aflibercept-Ayyh (Pavblu), Biosimilar, 1 m	JW - Drug Amt Discarded/Not A	04/01/2025
Q5147	Injection, Aflibercept-Ayyh (Pavblu), Biosimilar, 1 mg	JZ - Zero Drug Amount Discard	04/01/2025
Q5148	Injection, Filgrastim-Txid (Nypozi), Biosimilar, 1 micr	JW - Drug Amt Discarded/Not A	04/01/2025
Q5148	Injection, Filgrastim-Txid (Nypozi), Biosimilar, 1 micr	JZ - Zero Drug Amount Discard	04/01/2025
90375	Rabies Immune Globulin for Injection	JW - Drug Amt Discarded/Not A	09/01/2024

**Note 90375 has a begin date change.**

- Effective January 1, 2025, modifier CR (Catastrophe/Disaster Related) has been **added** to the CPT code 95700 on RF122/RF132.
- Effective January 1, 2025, modifier ER (Res-Dom Fac-Res/Itms-Svs Prvbsd Offcmpd) has been **added** to the CPT codes listed (RF121).

95700	95707	95710	95713	95716	95719	95722	95725
95705	95708	95711	95714	95717	95720	95723	95726
95706	95709	95712	95715	95718	95721	95724	95957

- Effective January 1, 2025, the modifier JW (Drug Amt Discarded/Not Admin to Any Patient) has been **added** to the following codes on RF121.

90371	A9592	J0218	J0716	J1412	J1747	J2502	J3245	J7194	J7353	J9245	Q0139
90375	A9593	J0219	J0717	J1413	J1786	J2507	J3285	J7195	J7402	J9246	Q2026
90376	A9594	J0221	J0739	J1414	J1811	J2508	J3304	J7197	J7501	J9261	Q2028
90377	A9596	J0222	J0740	J1430	J1826	J2510	J3315	J7198	J7504	J9262	Q2041
90378	A9600	J0224	J0741	J1434	J1833	J2547	J3316	J7201	J7511	J9266	Q2043
90396	A9601	J0225	J0742	J1438	J1931	J2561	J3357	J7202	J7525	J9268	Q2049
90611	A9602	J0248	J0750	J1440	J1932	J2597	J3358	J7203	J8510	J9274	Q2053
90622	A9604	J0256	J0751	J1449	J1939	J2679	J3385	J7204	J8522	J9280	Q2054
90675	A9606	J0257	J0775	J1460	J1950	J2690	J3396	J7205	J8655	J9281	Q3027
90676	A9607	J0287	J0840	J1552	J1951	J2724	J3398	J7207	J8670	J9286	Q5111
A9506	A9608	J0349	J0841	J1554	J1952	J2760	J3399	J7209	J9015	J9293	Q5121
A9513	A9615	J0391	J0850	J1555	J1954	J2770	J3401	J7210	J9022	J9295	Q5122
A9515	A9697	J0401	J0875	J1557	J1961	J2777	J3425	J7211	J9029	J9298	Q5124
A9517	A9800	J0402	J0879	J1558	J2002	J2778	J7168	J7213	J9032	J9302	Q5125
A9521	C9067	J0480	J0882	J1560	J2183	J2779	J7169	J7214	J9036	J9314	Q5126
A9530	C9088	J0491	J0883	J1568	J2186	J2781	J7170	J7308	J9046	J9318	Q5128
A9542	C9089	J0517	J0888	J1569	J2265	J2783	J7175	J7311	J9048	J9321	Q5129
A9543	C9101	J0558	J0891	J1571	J2278	J2786	J7177	J7312	J9050	J9323	Q9969
A9547	C9144	J0584	J0898	J1572	J2315	J2794	J7178	J7313	J9056	J9325	Q9982
A9548	C9145	J0586	J1096	J1573	J2323	J2798	J7179	J7318	J9063	J9328	Q9983
A9557	C9173	J0587	J1097	J1595	J2326	J2799	J7180	J7320	J9071	J9329	Q9991
A9563	C9248	J0594	J1105	J1596	J2327	J2820	J7181	J7322	J9120	J9330	Q9992
A9568	C9250	J0596	J1162	J1598	J2329	J2840	J7182	J7324	J9150	J9331	
A9569	C9257	J0597	J1171	J1610	J2350	J2860	J7183	J7325	J9155	J9333	
A9570	C9460	J0598	J1201	J1611	J2353	J2941	J7185	J7326	J9173	J9334	
A9572	C9482	J0600	J1212	J1627	J2356	J2993	J7186	J7327	J9185	J9340	
A9582	J0184	J0630	J1300	J1628	J2373	J2998	J7187	J7329	J9198	J9348	
A9584	J0185	J0638	J1301	J1670	J2403	J3032	J7188	J7332	J9200	J9381	
A9586	J0202	J0688	J1302	J1726	J2407	J3060	J7189	J7336	J9202	J9393	
A9587	J0206	J0699	J1306	J1742	J2425	J3090	J7190	J7340	J9203	J9600	
A9588	J0208	J0712	J1410	J1743	J2426	J3095	J7192	J7345	J9207	P9046	
A9591	J0217	J0714	J1411	J1744	J2427	J3145	J7193	J7352	J9226	Q0138	

- Effective January 1, 2025, the modifiers GN (AMB HSP 2SNF/OP Speech Language Pathology), GO (OP Occupational Therapy Services), GP (SVS Delivered Under OP Phys Therapy) have been added to RF122/RF132. The provider types 13 (Occupational Therapist) and 14 (Physical Therapist) have been added to the codes below.

G0541	Caregiver Training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes
G0542	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (use g0542 in conjunction With G0541)
G0543	Group Caregiver Training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers

- Effective January 1, 2025 the modifiers 59 (Distinct Procedural Service), XE (Separate ENC, A Serv That Is Distinct BE); XP (Separate Practitioner, A Service That Is) and XU (Unusual Non-Overlapping Service) have been **added** to the following CPT codes on screen RF122/RF132.

97550	Caregiver Training in Strategies and Techniques to Facilitate the Patient's functional performance in the home or community, initial 30 minutes
97551	Caregiver Training in Strategies and Techniques to Facilitate the Patient's functional performance in the home or community, each additional 15 minutes
97552	Group Caregiver Training in Strategies and Techniques to Facilitate the Patient's functional performance in the home

**Place of Service**

- Effective October 1, 2024, the Place of Service 23 (Emergency Room - Hospital) has been added to RF115.

D0140	D3120	D7510	D7530	D8680	D9996
D1556	D6105	D7511	D7910	D9110	
D1557	D6197	D7520	D7911	D9420	
D1558	D7140	D7521	D7912	D9995	

- Effective for dates listed the following Place of Services have been added to the codes.

Code	Description	Place of Service	Effective Begin Date
27615	Extensive Removal of Growth of Leg or Ankle, less than 5.0 cm	19 - Off Campus-Outpatient Hospital	10/1/2024
27615	Extensive Removal of Growth of Leg or Ankle, less than 5.0 cm	22 - Outpatient Hospital	10/1/2024
87634	Detection Test by Nucleic Acid for Respiratory Syncytial Virus, Amplified Probetechneque	20 - Urgent Care Facility	10/1/2024
90460	Administration Of First Vaccine or Toxoid Component with Counseling (18 years or younger)	12 - Home	10/1/2024
90460	Administration Of First Vaccine or Toxoid Component with Counseling (18 years or younger)	13 - Assisted Living Facility	10/1/2024
90901	Biofeedback Training by Any Modality	02 - Telehealth Provided other than in patient's home	4/1/2025
90901	Biofeedback Training by Any Modality	10 - Telehealth Services Provided in a patient's home	4/1/2025
92551	Test For Screening Hearing	15 - Mobile Unit	4/1/2024
92610	Evaluation of Oral and Pharyngeal Swallowing Function	02 - Telehealth Provided other than in patient's home	4/1/2025
92610	Evaluation of Oral and Pharyngeal Swallowing Function	10 - Telehealth Services Provided in a patient's home	4/1/2025
96372	Injection of Drug or Substance Under Skin or Into Muscle	15 - Mobile Unit	4/1/2024

Code	Description	Place of Service	Effective Begin Date
97550	Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community, an initial 30 minutes	02 - Telehealth Provided other than in patient's home	4/1/2025
97550	Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community, an initial 30 minutes	10 - Telehealth Services Provided in a patient's home	4/1/2025
97551	Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community, each additional 15 minutes	02 - Telehealth Provided other than in patient's home	4/1/2025
97551	Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community, each additional 15 minutes	10 - Telehealth Services Provided in a patient's home	4/1/2025
97552	Group Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community	02 - Telehealth Provided other than in patient's home	4/1/2025
97552	Group Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community	10 - Telehealth Services Provided in a patient's home	4/1/2025
99381	Initial New Patient Preventive Medicine Evaluation (younger than 1 year)	13 - Assisted Living Facility	10/1/2024
99382	Initial New Patient Preventive Medicine Evaluation (1-4 years)	13 - Assisted Living Facility	10/1/2024
99383	Initial New Patient Preventive Medicine Evaluation (5-11 years)	13 - Assisted Living Facility	10/1/2024
99384	Initial New Patient Preventive Medicine Evaluation (12-17 Years)	13 - Assisted Living Facility	10/1/2024
99385	Initial New Patient Preventive Medicine Evaluation (18-39 Years)	13 - Assisted Living Facility	10/1/2024
99391	Established Patient Periodic Preventive Medicine Examination (younger than 1 year)	13 - Assisted Living Facility	10/1/2024

Code	Description	Place of Service	Effective Begin Date
99392	Established Patient Periodic Preventive Medicine Examination (1 - 4 years)	13 - Assisted Living Facility	10/1/2024
99393	Established Patient Periodic Preventive Medicine Examination (5 -11 years)	13 - Assisted Living Facility	10/1/2024
99394	Established Patient Periodic Preventive Medicine Examination (12 - 17 years)	13 - Assisted Living Facility	10/1/2024
99395	Established Patient Periodic Preventive Medicine Examination (18 – 39 years)	13 - Assisted Living Facility	10/1/2024
J2919	Injection, Methylprednisolone Sodium Succinate, 5 mg	12 - Home	10/1/2024
S9470	Nutritional Counseling, Dietitian Visit	02 - Telehealth Provided other than in patient's home	4/1/2025
S9470	Nutritional Counseling, Dietitian Visit	10 - Telehealth Services Provided in a patient's home	4/1/2025

- The **end date has been changed** to 99/9999 for POS 24 (Ambulatory Surgical Center) for code 01940 (Anesthesia for Nerve Destruction Procedures on Spine or Spinal Cord of Lower Back Accessed Through Skin Using Imaging Guidance).
- The Place of Service (RF115) (02-10-11-12-49-50-71-72) for codes listed have been **end dated** as of February 28, 2025, for the following codes.

95700	95711	95712
95713	95714	95715
95716	95718	95720

- Effective October 1, 2024, the following HCPCS codes can be reported with POS 12 (Home)

Codes	Descriptions	Codes	Descriptions
J0172	Injection, Aducanumab-AVWA, 2 mg	J2506	Injection, Pegfilgrastim, Excludes Biosimilar, 0.5 mg
J0218	Injection, Olipudase Alfa-RPCP, 1 mg	J9334*	Injection, Efgartigimod Alfa, 2 mg and Hyaluronidase-QVFC
J0219	Injection, Avalglucosidase Alfa-NGPt, 4 mg	Q0138	Injection, Ferumoxytol, For Treatment of Iron Deficiency
J0739	Injection, Cabotegravir, 1 mg	Q2023	Injection, Factor VIII (Antihemophilic Factor, Recombina
J1306	Injection, Inclisiran, 1 mg	Q5101	Injection, Filgrastim-SNDZ, Biosimilar, (ZARXIO), 1 microgram



J1551	Injection, Immune Globulin (Cutaquig), 100 mg	Q5111	Injection, Pegfilgrastim-CBQV (UDENYCA), Biosimilar, 0.5 mg
J1554	Injection, Immune Globulin (Asceniv), 500 mg	Q5120	Injection, Pegfilgrastim-BMEZ (ZIEXTENZO), Biosimilar, 0.5 mg
J2329	Injection, Ublituximab-XIIY, 1mg	Q5122	Injection, Infliximab-AXXQ, Biosimilar, (AVSOLA), 10 mg

**Note\*:** J9334 has a begin date for POS 12 of July 1, 2024.

- **The end date for the codes below has been changed to 99/99/9999 for the POS 24 (Ambulatory Surgical Center).**

01937	Anesthesia For Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of neck or upper back accessed through skin using imaging guidance
01939	Anesthesia For Nerve Destruction Procedures on Spine or Spinal Cord of Neck or upper back accessed through skin using imaging guidance
01941	Anesthesia For Nerve Modulation Procedure Spinal Cord or Repair of Bone of spine of neck or upper back accessed through skin using imaging guidance

The beginning date of service for the following Place of Services has been changed to February 28, 2025.

Code	Place of Service							
	02	10	11	12	49	50	71	72
95700				x			x	x
95711	x	x	x	x	x	x	x	x
95712	x	x	x	x	x	x	x	x
95713	x	x		x	x	x	x	x
95714	x	x		x	x	x	x	x
95715	x	x		x	x	x	x	x
95716	x	x		x	x	x	x	x
95718	x	x			x	x	x	x
95720	x	x			x	x	x	x
95722	x	x			x	x	x	x
95724	x	x			x	x	x	x
95726	x	x			x	x	x	x

**Prior Authorization (RF124)**

Code	Description	Prior Authorization	Effective Begin Date
81416	Test For Detecting Exome, Sequence Analysis, Each Comparator Exome	3 - PA Required for Both Acute & LTC	01/01/2025

- Effective October 1, 2024, the following codes now have Coverage Code 03 (PA Required for Both Acute and LTC) on RF124.

A2027	E0721	L1821	Q4338
A2028	E0737	L8720	Q4339
A2029	E0743	L8721	Q4340
A9610	E0767	P9027	Q4341
C8000	E2513	Q4334	Q4342
E0469	E3200	Q4335	Q4343
E0683	L1006	Q4336	Q4344

- The following codes have PA 04 (PA Not REQ'D For Acute Or LTC).

D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	D1527	Space Maintainer - Removable - Bilateral, Mandibular
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**PROCEDURE CODE INDICATORS AND VALUES (RF113/127)**

Code	Description	Procedure Daily Maximum	Limit 1	Frequency 1
95708	Measurement Of Brain Wave Activity (EEG), 12-26 Hrs.	4		
95709	Measurement Of Brain Wave Activity (EEG), 12-26 Hrs.	4		
95710	Measurement Of Brain Wave Activity (EEG), 12-26 Hrs.	4		
95714	Measurement Of Brain Wave Activity with Video (VEEG),	4		
95715	Measurement Of Brain Wave Activity with Video (VEEG)	4		
95716	Measurement Of Brain Wave Activity with Video (VEEG)	4		
0623T	Preparation, Transmission and Computerized Analysis of CT Angiography Data on Plaque in Heart Arteries, with review, interpretation, and report	1		
0624T	Preparation And Transmission of CT Angiography data on plaque in heart arteries	1		
0625T	Computerized Analysis of CT Angiography Data on plaque in heart arteries	1		
0626T	Review Of Computerized Analysis of CT Angiography data on plaque	1		
D1354	Application of Caries Arresting Medicament - Per Tooth	4		
D1355	Caries Preventive Medicament Application - Per Tooth	4		

**Procedure Code Indicators and Values (RF113/127)**

The following changes include **end date** for modifiers beginning February 28, 2025, and the addition of Daily Limits effective for January 1, 2025.

Code	Daily Limit (RF113)	Daily Limit (RF127)	Modifier end dated (RF122/RF132)	Modifier added (RF121)
20526	1	1		PN
20527	2	2		PN
20550	5	5		PN
20551	5	5		PN
20612	2	2		PN
26341	2	2		PN
J0153			PO	
J0395			PO	PN
J1245			PO	PN
J1250			PO	PN
J3490			PO	
93015	1	1	PO	PN
93016	1		PO	PN
93017	1	1		
93018	1	1	PO	PN
93320			PO	
93321			PO	
93325			PO	
93350			PO	PN
93351	1	1	PO	PN
93352	1	1	PO	PN

**Procedure Daily Limits**

<b>Codes</b>	<b>Description</b>	<b>Procedure Daily Maximum</b>	<b>Limit 1</b>	<b>Frequency 1</b>
95708	Measurement Of Brain Wave Activity (EEG), 12-26 Hours	4		
95709	Measurement Of Brain Wave Activity (EEG), 12-26 Hours	4		
95710	Measurement Of Brain Wave Activity (EEG), 12-26 Hours	4		
95714	Measurement Of Brain Wave Activity with Video (VEEG),	4		
95715	Measurement Of Brain Wave Activity with Video (VEEG)	4		
95716	Measurement Of Brain Wave Activity with Video (VEEG)	4		
95870	Needle Measurement of Electrical Activity in Arm, Leg, Trunk or Head Muscles, Limited Study	4		
95872	Needle Measurement of Electrical Activity in Muscle, Including Jitter, Blocking and/or Fiber Density	4		
95874	Needle Measurement of Electrical Activity in muscle with injection of chemical for paralysis of nerve muscle	1		
95937	Testing Of Nerve-Muscle Junction	4		
96160	Administration Of Patient-Focused Health Risk Assessment	4		
99494	Psychiatric Collaborative Care Management Per Calendar Month, Each Additional 30 Minutes	4	4	1M
0623T	Preparation, Transmission and Computerized Analysis of CT Angiography Data on Plaque in Heart Arteries, with review, interpretation, and report	1		
0624T	Preparation And Transmission of CT Angiography data on plaque in heart arteries	1		
0625T	Computerized Analysis of CT Angiography Data on plaque in heart arteries	1		
0626T	Review Of Computerized Analysis of CT Angiography data on plaque	1		

Codes	Description	Procedure Daily Maximum	Limit 1	Frequency 1
A5503	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe		2	1Y
A5504	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe or Custom-Molded Shoe with Wedge(s), Per Shoe		2	1Y
A5505	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe or Custom-Molded Shoe with Metatarsal Bar, Per Shoe		2	1Y
A5506	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe or Custom-Molded Shoe with Off-Set Heel(s), Per Shoe		2	1Y
A5507	For Diabetics Only, Not Otherwise Specified Modification (Including Fitting) of Off-The-Shelf Depth-Inlay Shoe or Custom-Molded Shoe, Per Shoe		2	1Y
C9399	Unclassified Drugs or Biologicals	1		
D1354	Application of Caries Arresting Medicament - Per Tooth	4		
D1355	Caries Preventive Medicament Application - Per Tooth	4		
E1037	Transport Chair, Pediatric Size	1	1	3Y
E1038	Transport Chair, Adult Size, Patient Weight Capacity	1	1	3Y
E1039	Transport Chair, Adult Size, Heavy Duty, Patient Weight	1	1	3Y
E1161	Manual Adult Size Wheelchair, Includes Tilt in Space	1	1	3Y
E1229	Wheelchair, Pediatric Size, Not Otherwise Specified	1	1	3Y
E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Rigid, Adjustable, With Seating System	1	1	3Y
E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System	1	1	3Y
E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System	1	1	3Y

Codes	Description	Procedure Daily Maximum	Limit 1	Frequency 1
E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System	1	1	3Y
E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System	1	1	3Y
E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System	1	1	3Y
E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System	1	1	3Y
E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System	1	1	3Y
H0044	Supported Housing, Per Month	1	6	6M
J0153	Injection, Adenosine, 1 Mg (not to be used to report any adenosine phosphate compounds)	180	180	1D
J0280*	Injection, Aminophyllin, Up To 250 mg	7	7	1D
J0280**	Injection, Aminophyllin, Up To 250 mg	10	10	1D
K0001	Standard Hemi (Low Seat) Wheelchair	1	1	3Y
K0002	Standard Hemi (Low Seat) Wheelchair	1	1	3Y
K0003	Lightweight Wheelchair	1	1	3Y
K0004	High Strength, Lightweight Wheelchair	1	1	3Y
K0005	Ultralightweight Wheelchair	1	1	3Y
K0006	Heavy Duty Wheelchair	1	1	3Y
K0007	Extra Heavy-Duty Wheelchair	1	1	3Y
K0008	Custom Manual Wheelchair/Base	1	1	3Y
K0009	Other Manual Wheelchair/Base	1	1	3Y
Q9957	Injection, Perflutren Lipid Microspheres, Per ml	3		

\*For screen RF113

\*\*For screen RF127

**Note:** 95874 - Ordering/Referring provider has changed to "N"

**Procedure Daily Maximum**

Code	Daily Max	Limit 1	Frequency 1	Code	Daily Max	Limit 1	Frequency 1	Code	Daily Max	Limit 1	Frequency 1
0688T	1	1	1 M	A9269	1	1	1 M	K1036	1	1	1 M
0706T	1	1	1 M	E0441	1	1	1 M	L8678	1	1	1 M
94005	1	1	1 M	E0442	1	1	1 M	M0010	1	1	1 M
99339	1	1	1 M	E0443	1	1	1 M	M1269	1	1	1 M
99340	1	1	1 M	E0444	1	1	1 M	M1270	1	1	1 M
99374	1	1	1 M	G0019	1	1	1 M	M1272	1	1	1 M
99375	1	1	1 M	G0022	3	3	1 M	Q0510	1	1	1 M
99377	1	1	1 M	G0023	1	1	1 M	S0311	1	1	1 M
99379	1	1	1 M	G0024	1	1	1 M	S0320	1	1	1 M
99380	1	1	1 M	G0140	1	1	1 M	S5141	1	1	1 M
99425	2	2	1 M	G0146	1	1	1 M	S5146	1	1	1 M
99437	2	2	1 M	G0182	1	1	1 M	S5185	1	1	1 M
99439	2	2	1 M	G0556	1	1	1 M	T2022	1	1	1 M
99490	1	1	1 M	G0557	1	1	1 M	T2023	1	1	1 M
99491	1	1	1 M	G0558	1	1	1 M	T2030	1	1	1 M
99494	2	2	1 M	G2069	1	1	1 M	T2032	1	1	1 M
A4541	1	1	1 M	G2214	1	1	1 M				
A4596	1										

**PROCEDURE CODE INDICATORS AND VALUES (RF113/127)**

Code	Description	Procedure Daily Maximum	Limit 1	Frequency 1
A4604	Tubing With Integrated Heating Element for use with positive airway pressure device		1	3 Month
A7028	Oral Cushion for Combination Oral/Nasal Mask, Replacement	2	2	1 Month
A7029	Nasal Pillows for Combination Oral/Nasal Mask, Replacement	2	2	1 Month
A7030	Full Face Mask Used with Positive Airway Pressure Device, Each		1	3 Month
A7031	Face Mask Interface, Replacement for Full Face Mask, each		1	1 Month
A7032	Cushion For Use on Nasal Mask Interface, Replacement Only, Each	2	2	1 Month
A7033	Pillow For Use on Nasal Cannula Type Interface, Replacement Only, Pair	2	2	1 Month
A7034	Nasal Interface (Mask or Cannula Type) Used with Positive Airway Pressure Device, with or without head strap		1	3 Month
A7035	Headgear Used with Positive Airway Pressure Device		1	6 Month
A7036	Chinstrap Used with Positive Airway Pressure Device		1	6 Month
A7037	Tubing Used with Positive Airway Pressure Device		1	3 Month
A7038	Filter, Disposable, Used with Positive Airway Pressure		2	1 Month
A7039	Filter, Non-Disposable, Used with Positive Airway Pressure Device	1	1	6 Month
A7046	Water Chamber for Humidifier, Used with Positive Airway Pressure Device, Replacement, Each		1	6 Month
E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate		1	5 Year
E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate		1	5 Year
E0601	Continuous Positive Airway Pressure (CPAP) Device		1	5 Year



**Provider Type**

- Code 41899 (Other Procedure on Teeth and Gums) has been added to PT 43 (ASC). **NOTE:** this is only for specific DDD dental related requests and should not be utilized by other providers.
- Effective January 1, 2025, the following codes have been added to the provider type CN (Clinical Nurse Specialist).

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

- Effective January 1, 2025, the Provider Type 09 (Certified Nurse-Midwife) can report the following codes.

Code	Description
98000	New Patient Synchronous Audio-Video Visit with Straightforward Medical Decision Making, if using time 15 minutes or more
98001	New Patient Synchronous Audio-Video Visit with Low Medical Decision Making, if using time 30 minutes or more
98002	New Patient Synchronous Audio-Video Visit with Moderate Medical Decision Making, if using time 45 minutes or more
98003	New Patient Synchronous Audio-Video Visit with High Medical Decision Making, If Using Time 60 Minutes or More
98004	Established Patient Synchronous Audio-Video Visit with Straightforward Medical Decision Making, if using time 10 minutes or more
98005	Established Patient Synchronous Audio-Video Visit with Low Medical Decision Making, if using time 20 minutes or more
98006	Established Patient Synchronous Audio-Video Visit with Moderate Medical Decision Making, if using time 30 minutes or more
98007	Established Patient Synchronous Audio-Video Visit with High Medical Decision Making, if using time 40 minutes or more
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
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
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
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
98012	Established Patient Synchronous Audio-Only Visit with Straightforward Medical Decision Making And 10 Minutes or More of Medical Discussion, if using time 10 minutes or more

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
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 or more
98015	Established Patient Synchronous Audio-Only Visit with High Medical Decision Making And 10 Minutes or More Medical Discussion, if using time 40 minutes or more
98016	Established Patient Brief Communication Technology-Based Service With 5-10 Minutes of Medical Discussion

- Effective for the dates listed the following codes have been **added** to the Provider Types.

Code	Description	Provider Type	Effective Begin Date
32999	Other Procedure on Lung and Lung Lining	19 - Registered Nurse Practitioner	10/01/2024
95076	Ingestion Challenge Test; Initial 120 Minutes of Testing	19 - Registered Nurse Practitioner	10/01/2024
95079	Ingestion Challenge Test; Each Additional 60 Minutes of Testing	19 - Registered Nurse Practitioner	10/01/2024
99368	Medical Team Conference with Nonphysician Health Care Professionals 30 minutes or more	85 - Licensed Clinical Social Worker (LCSW)	09/01/2024
99487	Complex Chronic Care Management Services for two or more chronic conditions,	09 - Certified Nurse-Midwife	02/28/2025
99489	Complex Chronic Care Management Services for two or more chronic conditions,	09 - Certified Nurse-Midwife	02/28/2025
99495	Transitional Care Management Services for Problem of at least moderate complexity	09 - Certified Nurse-Midwife	02/28/2025
99496	Transitional Care Management Services for problem of high complexity	09 - Certified Nurse-Midwife	02/28/2025
A4457	Enema Tube, With or Without Adapter, any type, replacement only, each	30 - DME Supplier	01/01/2024
J0741	Injection, Cabotegravir and Rilpivirine, 2mg/3mg	05 – Clinic	07/01/2024
J2781	Injection, Pegcetacoplan, Intravitreal, 1 mg	08 - MD-Physician	10/01/2023
J9393	Injection, EFGARTIGIMOD ALFA, 2 mg and Hyaluronidase-QVFC	03 – Pharmacy	10/01/2024

- Effective January 1, 2025, the following codes have been **added** to the provider type IC (Integrated Clinics) on RF618.

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

### Excluded Services

Effective October 1, 2024, the following codes have U and F added on RF606 (Excluded Services).

90624	0485U	0495U	0507U	0517U	E0715	Q4336
90684	0486U	0496U	0508U	0518U	E0716	Q4337
0476U	0487U	0497U	0509U	0519U	E0721	Q4338
0477U	0488U	0498U	0510U	0520U	E0737	Q4339
0478U	0489U	0499U	0511U	A4543	E0743	Q4340
0479U	0490U	0500U	0512U	A4544	E0767	Q4341
0481U	0491U	0501U	0513U	A4545	E2513	Q4342
0482U	0492U	0502U	0514U	A7021	E3200	Q4343
0483U	0493U	0503U	0515U	A9610	Q4334	Q4344
0484U	0494U	0506U	0516U	E0683	Q4335	Q4345

### VFC PROCEDURE CODES RF729

- Effective September 1, 2024, the code 90658 has been added to RF729 with IND “T”.
- Effective September 1, 2024, the following codes listed have been added to RF729 with the Indicator “T”.

90623	90657	90678	91320
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- Effective August 31, 2024, the following codes listed have been end dated on RF729 with IND “T”.

90672	90674	90686
90687	90688	90756

- Effective August 31, 2024, the following codes listed have had the modifier SL (State Supplied Vaccine) end dated on RF122/132.

90672	90674	90686
90687	90688	90756

- Effective September 1, 2024, the following codes listed have been added with modifier SL (State Supplied Vaccine) to RF122/132.

90657	90623	90611	90678
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### Special Population Diagnosis RF260

- Effective October 1, 2022, the diagnosis code F43.8 has been **end dated** on RF260.
- Effective January 1, 2018, the diagnosis code F30.3 has been **added** with SP IND of SED.

The diagnosis code F30.12 end date is 99/99/9999.

**Revenue Code**

Effective March 1, 2024, the Revenue Code 0278 (Supply/Implants) (RF773) has been added to the following HCPCS codes:

Codes		
Q4100	Q4101	Q4104
Q4105	Q4108	Q4128