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Code End Dated

Code	Description	End Date
J2470	Injection, pantoprazole sodium, 40 mg	06/30/2024

Coverage Code

Code	Description	Coverage Code	Effective Begin Date
0008U	Test For Detecting Helicobacter Pylori Genes Associated with Antibiotic Resistance in Tissue Sample	04 - Not Covered Service/Code Not Available	11/01/2023
A4575	Topical Hyperbaric Oxygen Chamber, Disposable	04 - Not Covered Service/Code Not Available	05/01/2024
G0512	Rural Health Clinic or Federally Qualified Health Center (RHC/FQHC) Only	09 - Medicare Only	06/01/2023
Q5129	Injection, Bevacizumab-ADCD (VEGZELMA), Biosimilar, 10 mg	3 - PA REQ'D For Both Acute and LTC	04/01/2024

Code Description Changes

Code	Long Description
80321	Alcohol Biomarkers; 1 or 2
80322	Alcohol Biomarkers; 3 or More
80324	Amphetamines; 1 Or 2
80325	Amphetamines; 3 Or 4
80326	Amphetamines; 5 Or More
80346	Benzodiazepines; 1-12
99213	Established patient office or other outpatient visit with low level of decision making, if using time, 20 minutes or more
E2298	Complex Rehabilitative Power Wheelchair Accessory, Power Seat Elevation System, Any Type
J0134	Injection, Acetaminophen (Fresenius Kabi), not therapeutically equivalent to J0131, 10 mg
J0136	Injection, Acetaminophen (B Braun), not therapeutically equivalent to J0131, 10 mg
J0137	Injection, acetaminophen (HIKMA), not therapeutically equivalent to J0131, 10 mg
J0173	Injection, Epinephrine (Belcher), not therapeutically equivalent to J0171, 0.1 mg
J0401	Injection, Aripiprazole (Abilify Maintena), 1 mg
J0651	Injection, Levothyroxine Sodium (Fresenius Kabi), not therapeutically equivalent to J0650,
J0652	Injection, Levothyroxine Sodium (Hikma), not therapeutically equivalent to J0650
J0873	Injection, Daptomycin (Xellia), not therapeutically equivalent to J0878 or J0872, 1 mg
J0893	Injection, Decitabine (Sun Pharma), not therapeutically equivalent to J0894, 1 mg
J1574	Injection, Ganciclovir Sodium (Exela), not therapeutically equivalent to J1570, 500 mg
J1806	Injection, Esmolol Hydrochloride (WG Critical Care), not therapeutically equivalent to J1805, 10 mg
J1921	Injection, Labetalol Hydrochloride (Hikma), Not Therapeutica Lly Equivalent to J1
J2021	Injection, Linezolid (Hospira), not therapeutically equivalent to J2020, 200 mg
J2184	Injection, Meropenem (B. Braun), not therapeutically equivalent to J2185, 100 mg
J2251	Injection, Midazolam Hydrochloride (WG Critical Care), not therapeutically equivalent to J2250, per 1 mg
J2272	Injection, Morphine Sulfate (Fresenius Kabi), not therapeutically equivalent to J2270, up to 10 mg
J2281	Injection, Moxifloxacin (Fresenius Kabi), not therapeutically equivalent to J2280, 100 mg

Code	Long Description
J2599	Injection, Vasopressin (American Regent), not therapeutically equivalent to J2598, 1 unit
J9245	Injection, Melphalan Hydrochloride, Not Otherwise Specified, 50 Mg
J9371	Injection, Vincristine Sulfate Liposome, 1 mg
J9046	Injection, Bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg
J9172	Injection, Docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg
J9258	Injection, Paclitaxel Protein-Bound Particles (Teva), not therapeutically equivalent
J9259	Injection, Paclitaxel Protein-Bound Particles (American Regent), not therapeutically
J9294	Injection, Pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg
J9296	Injection, Pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg
J9314	Injection, Pemetrexed (Teva), not therapeutically equivalent to J9305, 10 mg
J9322	Injection, Pemetrexed (Bluepoint), not therapeutically equivalent to J9305, 10 mg
J9393	Injection, Fulvestrant (Teva), not therapeutically equivalent to J9395, 25 mg
Q2055	Idecabtagene Vicleucel, Up To 510 million Autologous B-Cell Maturation Antigen (BCMA)

BH SERVICE CLASSIFICATIONS

The following CPT codes have been added to the RF171 (BH Service Classifications) screen.

Code	Description	Classification
80159	Clozapine Level	LRMI – Laboratory; Radiology & Medical Imaging
80159	Clozapine Level	OTPR - Other Professional
99360	Extended Physician Standby Service, Each 30 Minutes	MDMG - Medical Management

Limits

Code	Description	Limit 1	Frequency
A4556	Electrodes, (e.g., Apnea Monitor), Per Pair	4	1 month
A4557	Lead Wires, (e.g., Apnea Monitor), Per Pair	1	1 year
A4630	Replacement Batteries, Medically Necessary, Transcutaneous Electrical Stimulator, Owned by Patient	1	1 month
E0745	Neuromuscular Stimulator, Electronic Shock Unit	1	1 year
E0730	Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation	1	1 year

Medical Categories of Service

Effective for July 1, 2024, the Medical Categories of Service has been changed to 60 (Housing and Health Opportunities (H2O)) for the following HCPCS codes:

Code	Description
H0043	Supported Housing, Per Diem
H0044	Supported Housing, Per Month
T2023	Targeted Case Management; Per Month
T2024	Service Assessment/Plan of Care Development, Waiver
T2028	Specialized Supply, Not Otherwise Specified, Waiver
T2029	Specialized Medical Equipment, Not Otherwise Specified, Waiver

Modifiers

Code	Description	Modifiers	Effective Begin Date
00537	Anesthesia For Procedure to Assess Heart Electrical Activity	78 - Return to O.R. for Related Proc Post-OP	10/1/2023
01740	Anesthesia For Other Procedure on Elbow	78 - Return to O.R. For Related Proc Post-OP	1/1/2024
01922	Anesthesia For X-Ray or Radiation Therapy	78 - Return to O.R. For Related Proc Post-OP	7/1/2023
22610	Fusion Of Spine in Upper Back	53 - Discontinued Procedure	7/1/2023
27416	Implantation Of Self Cartilage Cells into Knee Bone	LT - Identifies Left Side	1/1/2024
27416	Implantation Of Self Cartilage Cells into Knee Bone	RT - Identifies Right Side	1/1/2024
27768	Closed Treatment of Back Portion of Shin Bone at Ankle with Manipulation	RT - Identifies Right Side Body Procedures	7/1/2023
27768	Closed Treatment of Back Portion of Shin Bone at Ankle with Manipulation	LT - Identifies Left Side Body Procedures	7/1/2023
31647	Assessment Of Initial Lobe of Lung for Air Leak and Airway Sizing with Insertion of Bronchial Valve in Lung Airway Using an Endoscope	58 - Staged/Related Procedure Same Post-OP Period	1/1/2023
31651	Assessment Of Air Leak and Airway Sizing with Insertion of Bronchial Valve in Lung Airway Using an Endoscope, Each Additional Lobe	58 - Staged/Related Procedure Same Post-OP Period	1/1/2023
44120	Partial Removal of Small Bowel with Reconnection	53 - Discontinued Procedure	9/1/2023
60650	Removal Or Exploration of Adrenal Gland Through Abdomen Using an Endoscope	53 - Discontinued Procedure	1/1/2024
62270	Removal Of Cerebrospinal Fluid with Lower Back Spinal Tap for Diagnostic Test	53 - Discontinued Procedure	1/1/2024
77307	Complex Radiation Therapy Planning for Delivery of External Radiation	PN - Non-Excepted Service Provided at an Off-Campus Campus, Outpatient, Provider-Based Department of a Hospital	10/1/2023
77333	Design And Construction of Intermediate Radiation Treatment Device	PN - Non-Excepted Service Provided at an Off-Campus Campus, Outpatient, Provider-Based Department of a Hospital	10/1/2023

Code	Description	Modifiers	Effective Begin Date
93297	Evaluation Of Implantable Heart and Blood Vessel Monitoring System, Remote Up To 30 Days	26 - Professional Component	1/1/2024
93297	Evaluation Of Implantable Heart and Blood Vessel Monitoring System, Remote Up To 30 Days	TC - Technical Component	1/1/2024
93298	Evaluation Of Cardiac Rhythm Monitor System, Remote Up To 30 Days	26 - Professional Component	1/1/2024
93298	Evaluation Of Cardiac Rhythm Monitor System, Remote Up To 30 Days	TC - Technical Component	1/1/2024
0352U	Infectious Disease (Bacterial Vaginosis and Vaginitis),	QW - CLIA Waived Test	10/1/2023
0402U	Infectious Agent (Sexually Transmitted Infection),	QW - CLIA Waived Test	10/1/2023
A5514	For Diabetics Only, Multiple Density Insert, Made by Direct Carving with Cam	LT - Identifies Left Side Body Procedures	1/1/2023
A5514	For Diabetics Only, Multiple Density Insert, Made by Direct Carving with Cam	RT - Identifies Right Side Body Procedures	1/1/2023
B9002	Enteral Nutrition Infusion Pump, Any Type	MS - Maintenance Service-Rental For 15 Months	4/1/2024
B9004	Parenteral Nutrition Infusion Pump, Portable	MS - Maintenance Service-Rental For 15 Months	4/1/2024
B9006	Parenteral Nutrition Infusion Pump, Stationary	MS - Maintenance Service-Rental For 15 Months	4/1/2024
E0776	IV Pole	KE - Bid Under Round One of The DMEPOS Comp B	4/1/2024
H0037	Community Psychiatric Supportive Treatment Program, Per Diem	TF - Intermediate Level of Care	7/1/2024
J0896	Injection, Luspatercept-Aamt, 0.25 mg	KP - First Drug of a Multiple Drug Unit Dose	10/1/2023
J0896	Injection, Luspatercept-Aamt, 0.25 mg	KQ - Second or Subsequent Drug of a Mult Dose	10/1/2023
J2506	Injection, Pegfilgrastim, Excludes Biosimilar, 0.5 mg	TB - Drug or Biological Acquired With 340B Dr	1/1/2024
Q5123	Injection, Rituximab-ARRX, Biosimilar, (RIABNI), 10 mg	TB - Drug or Biological Acquired with 340B Dr	5/1/2023
Q5127	Injection, Pegfilgrastim-FPGK (STIMUFEND), Biosimilar, 0.5 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	7/1/2023
S5140	Foster Care, Adult; Per Diem	TF - Intermediate Level of Care	1/1/2024
S5140	Foster Care, Adult; Per Diem	TG - Complex/High Tech Lev	1/1/2024

Code	Description	Modifiers	Effective Begin Date
S9470	Nutritional Counseling, Dietitian Visit	GT - Telemedicine - Via Interactive Audio/Video	5/1/2024
T1009	Child Sitting Services for Children of The Individual Receiving Alcohol and/or Substance Abuse Services	UB - Monthly Serv Per Member/ (BH) MHBG Funded	10/1/2023
T1009	Child Sitting Services for Children of The Individual Receiving Alcohol and/or Substance Abuse Services	H9 - Court-Ordered	10/1/2023
T2031	Assisted Living; Waiver, Per Diem	TF - Intermediate Level of Care	1/1/2024
T2031	Assisted Living; Waiver, Per Diem	TG - Complex/High Tech Lev	1/1/2024

- Modifier QU (Physician Providing Services in Urban HPSA) has been end dated on the Reference Screen (RF114) 12/31/2005.

Modifiers

Effective January 1, 2024, the modifier TB (Drug or Biological Acquired With 340B Dr) or JG (Drug or Biological Acquired With 340B Dr) have been added to the following codes.

Code	Modifier		Code	Modifier		Code	Modifier
J0129	TB		J1453	TB		J3240	TB
J0178	TB		J1459	TB		J3262	TB
J0256	TB		J1561	TB		J3300	TB
J0475	TB		J1566	TB		J3357	TB
J0485	TB		J1568	TB		J7194	TB
J0490	TB		J1610	TB		J7321	TB
J0517	JG		J1738	TB		J7323	TB
J0565	TB		J1930	TB		J7325	TB
J0585	TB		J1950	TB		J9037	JG
J0630	TB		J2182	TB		J9145	TB
J0650	TB		J2323	TB		J9203	TB
J0740	TB		J2353	TB		J9229	TB
J0850	TB		J2357	TB		J9295	TB
J0881	TB		J2407	TB		J9298	JG
J0885	TB		J2469	TB		J9309	TB
J0894	TB		J2506	TB		J9316	TB
J0897	TB		J2562	TB		J9352	TB
J1010	TB		J2597	TB		Q2042	TB
J1300	TB		J2724	TB		Q5101	TB
J1327	TB		J2796	TB		Q5111	JG
J1439	TB		J2997	TB		Q5117	TB
J1442	TB		J3032	TB			

Place of Service

Code	Description	Place of Service	Effective Begin Date
15003	Preparation Of Skin Graft Site of Trunk, Arms, Or Legs, Each Additional 100.0 Sq Cm Or 1% Body Area for Infants and Children, Or Less	11 - Office	1/1/2023
26607	Closed Treatment of Broken Hand Bone with Manipulation and Placement of External Stabilizing Device	23 - Emergency Room - Hospital	1/1/2024
27096	Injection Of Anesthetic or Steroid into Joint Between Lower Spine and Hip Bone Using Imaging Guidance	24 - Ambulatory Surgical Center	1/1/2024
31587	Repair Of Split of Voice Box	19 - Off Campus-Outpatient Hospital	1/1/2024
31587	Repair Of Split of Voice Box	22 - Outpatient Hospital	1/1/2024
43191	Diagnostic Exam of Esophagus Using an Endoscope	23 - Emergency Room - Hospital	7/1/2023
49442	Insertion of Large Bowel Tube Using Fluoroscopic Guidance with Contrast	23 - Emergency Room - Hospital	1/1/2024
82962	Blood Glucose (Sugar) Test Performed by Hand-Held Instrument	12 – Home	10/1/2023
87400	Detection Test by Immunoassay Technique for Influenza Virus	15 - Mobile Unit	10/1/2023
90837	Psychotherapy, 1 Hour	15 – Mobile Unit	1/1/2024
90837	Psychotherapy, 1 Hour	23 - Emergency Room - Hospital	6/9/2023
90832	Psychotherapy, 30 Minutes	15 – Mobile Unit	1/1/2024
90834	Psychotherapy, 45 Minutes	15 – Mobile Unit	1/1/2024
96160	Administration Of Patient-Focused Health Risk Assessment	23 - Emergency Room - Hospital	1/1/2024
J2919	Injection, Methylprednisolone Sodium Succinate, 5 mg	20 - Urgent Care Facility	4/1/2024
J9359	Injection, Loncastximab Tesirine-Lpyl, 0.075 mg	11 - Office	1/1/2024
Q4151	Amnioband Or Guardian, Per Square Centimeter	11 - Office	1/1/2023

Place of Service End Dates

Code	Description	Place of Service	End Date
H2011	Crisis Intervention Service, Per 15 Minutes	11 - Office	5/1/2024
H2011	Crisis Intervention Service, Per 15 Minutes	53 - Community Mental Health Center	5/1/2024
K1014	Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage or Multiaxial, Fluid Swing and Stance Phase Control	12 - Home	12/31/2023

Procedure Limit

Code	Description	Procedure Daily Maximum
98961	Education And Training for patient self-management, 2-4 patients, each 30 minutes	4
98962	Education and training for patient self-management, 5-8 patients, each 30 minutes	4
99152	Use Of a Drug to Induce Depression of Consciousness by physician performing a procedure (5 years or older), initial 15 minutes	2

Provider Types

Code	Description	Provider Type	Effective Begin Date
13122	Complicated Repair of Wound of Scalp, Arms, Or Legs, Each Additional 5.0 cm or less	19 --Registered Nurse Practitioner	12/01/2023
46230	Removal Of Multiple External Noncancer Growths of Anus	19 - Registered Nurse Practitioner	07/01/2023
77435	Management Of Cranial Lesion Surgery Using Radiation Over Multiple Sessions	19 - Registered Nurse Practitioner	01/01/2024
97124	Therapy Procedure Using Massage, Each 15 Minutes	16 - Chiropractor	01/01/2023
99459	Pelvic Exam	19 - Registered Nurse Practitioner	04/01/2024
S9432	Medical Foods for Non-Inborn Errors of Metabolism	03 – Pharmacy	04/01/2024
S9433	Medical Food Nutritionally Complete, Administered Orally, Providing 100% of Nutritional Intake	03 – Pharmacy	04/01/2024
S9435	Medical Foods for Inborn Errors of Metabolism	03 – Pharmacy	04/01/2024
T1009	Child Sitting Services for Children of The Individual Receiving Alcohol and/or Substance Abuse Services	77 - BH Outpatient Clinic	10/01/2023
T1009	Child Sitting Services for Children of The Individual Receiving Alcohol and/or Substance Abuse Services	B8 - Behavioral Health Residential Facility	10/01/2023

Revenue Codes

Code	Description	Revenue Codes	Effective Begin Date
Q0241	Axicabtagene Ciloleucel, Up To 200 million Autologous Anti-Cd19 Car Positive Viable T Cells, Including Leukapheresis and Dose Preparation Procedures, Per Therapeutic Dose	0891 - Pharmacy, Generic D	10/01/2023
Q2056	Ciltacabtagene Autoleucel, Up To 100 million Autologous B-Cell Maturation Antigen (BCMA) Directed Car-Positive T Cells, Including Leukapheresis and Dose Preparation Procedures, Per Therapeutic Dose	0891 - Pharmacy, Generic D	10/01/2023
Q2053	Brexucabtagene Autoleucel, Up To 200 million Autologous Anti-Cd19 Car Positive Viable T Cells, Including Leukapheresis and Dose Preparation Procedures, Per Therapeutic Dose	0891 - Pharmacy, Generic D	01/01/2024
Q2054	Lisocabtagene Maraleucel, Up To 110 million Autologous Anti-Cd19 Car-Positive Viable T Cells, Including Leukapheresis and Dose Preparation Procedures, Per Therapeutic Dose	0891 - Pharmacy, Generic D	01/01/2024
Q2055	Idecabtagene Vicleucel, Up To 460 million Autologous B-Cell Maturation Antigen (BCMA) Directed Car-Positive T Cells, Including Leukapheresis and Dose Preparation Procedures, Per Therapeutic Dose	0891 - Pharmacy, Generic D	01/01/2024