AHCCCS
Arizona Health Care Cost Containment System

Encounter Keys

November-December 2015

Inside this Edition

	Page Number
Encounter Processing Schedule Updated Age Frequency Change	1
Coverage Code	2
Modifier Procedure Daily Maximum	3
Place of Service	4
Provider Type	5-7

Encounter Processing Schedule Updated

The Encounter Processing Schedule for October 2015 through March 2016 has been updated with the reason stated below and placed on the web.

http://www.azahcccs.gov/commercial/Downloads/Encounters/Internal_Processing_Schedule_1015_0316.pdf

To accommodate the 999/CRN Project conversion we need to slightly adjust the date for "Encounter Pended and Adjudicated Files Available to Health Plans by Friday at 5:00 PM" for the first cycle of March 2016 from Mon 03/14/16 to Wed 03/16/16.

Age

- The CPT code 96110 (Developmental Testing; Limited (e.g. Developmental Screening Test Ii, Early Language Milestone Screen), With Interpretation and Report)) now has a minimum age of 000 years and a maximum age limit of 008 years.
- The minimum age has been changed to 015 year and the maximum age has been changed to 124 year for the ICD-10 Diagnosis code Z91.82 (Personal History of Military Deployment).
- The age limit and frequency has been changed on RF113 and RF127 to Minimum Age: 000 Years; Maximum Age: 999 Years. The FREQUENCY has also been changed, refer to the appropriate screen for frequency data.

Code	Description
A9276	Sensor; Invasive (E.G. Subcutaneous), Disposable, For Use With Interstitial Continuous Glucose Monitoring System, One Unit = 1 Day Supply
A9277	Transmitter; External, For Use With Interstitial Continuous Glucose Monitoring System
A9278	Receiver (Monitor); External, For Use With Interstitial Continuous Glucose Monitoring System

Frequency Change

The Frequency information (RF113 and RF127) screens has been changed for the following CPT codes to one (1) month:

Code	Description
93297	Remote Evaluations Of Implantable Heart Monitoring System With Physician Analysis, Review, And Report Up To 30 Days
93298	Remote Evaluations Of Implantable Heart Recorder System Including Physician Analysis, Review, And Report Up To 30 Days
93299	Remote Evaluations Of Implantable Heart Recorder System Including Transmissions, Technician Review, Support, And Distribution Of Results Up To 30 Days

Coverage Code(s)

Effective for dates of service on or after January 1, 2015 the CPT code 81599 (Multianalyte Assay Procedure with Algorithmic Analysis) has had the AHCCCS coverage code changed to 01 (Covered Service/Code Available).

- Effective for October 1, 2014 the following HCPCS codes now have a coverage code of 09 (Medicare Only):

Code	Description
G0466	FQHC Visit, New Patient
G0467	FQHC Visit, Established Patient
G0468	FQHC Visit, IPPE or AWV
G0469	FQHC Visit, Mental Health, New Patient
G0470	FQHC Visit, Mental Health, Established Patient

- Effective for dates of service on or after September 1, 2015 the AHCCCS coverage Code has been changed to 04 (Not Covered Service/Code Not Available) for the CPT code 90865 (Injection of hypnotic drug for psychiatric diagnosis or therapy).

- Effective for dates of service on or after January 1, 2015 the coverage code 01 (Covered Service/Code Available) has been changed for the HCPCS code A7048 (Vacuum Drainage Collection Unit And Tubing Kit, Including All Supplies Needed For Collection Unit Change, For Use With Implanted Catheter, Each).

- Effective for dates of service on or after January 1, 2015 the AHCCCS coverage code has been changed for HCPCS codes S8032 (Low-Dose Computed Tomography For Lung Cancer Screening) to 01 (Covered Service/Code Available)

- Effective for dates of service on or after January 1, 2015 the AHCCCS Coverage Code of 04 (Not Covered Service/Code Not Available) has been changed to 01 (Covered Service/Code Available) for the CPT code 81599 (Unlisted Multianalyte Assay with Algorithmic Analysis).

- Effective for dates of service on or after December 1, 2015 the AHCCCS Coverage Code of 01 (Covered Service/Code Available) has been **changed to 09** (Medicare Only) for the following CPT/HCPCS codes

Code	Description
G0464	Colorectal Cancer Screening; Stool-Based DNA and Fecal
90839	Psychotherapy For Crisis; First 60 Minutes
90840	Psychotherapy For Crisis; Each Additional 30 Minutes

- Effective for dates of service on or after December 1, 2015 the AHCCCS coverage code has been changed for CPT code 11970 (Replacement of Tissue Expander with Permanent Prosthesis)) to 01 (Covered Service/Code Available).

Modifier

- Effective for dates of service on or after April 1, 2015 the modifier KX (Requirements Specified) has been added to the HCPCS code E0471 (Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)).

- Effective for dates of service on or after January 1, 2015 the modifier QW (CLIA Waived Test) has been added to the CPT code 87651 (Infectious Agent Detection by Nucleic Acid (DNA or RNA).

- Effective for dates of service on or after November 1, 2015 the modifier SG (AMB SURG CTR (ASC) Facility) has been added to the CPT code 27170 (Bone Graft Of Upper Thigh Bone And Hip Joint).

- Effective for dates of service on or after October 1, 2014 modifiers RT (Identifies Right Side) and LT (Identifies Left Side) have been added to the CPT code 59151 (Removal Of Ovarian Or Tubal Pregnancy Including Removal Of The Ovary and/or Tube Using An Endoscope).

- Effective for dates of service on or after October 1, 2014 modifier GY (Item or service statutorily excluded or does not meet the definition of any Medicare benefit) has been added to the HCPCS code A0998 (Ambulance Response And Treatment, No Transport).

- Effective for January 1, 2015 the Procedure Modifier for the modifier QL has been changed to read Patient Pronounced Dead after Ambulance.

Procedure Daily Maximum

The Procedure Daily Maximum has been changed to 20 for the CPT code 95165 (Preparation and Provision of Single or Multiple Antigens For Allergen Immunotherapy).

Place of Service

- Effective for dates of service on or after January 1, 2015 the POS 11 (Office) can be reported with the CPT code 36830 (Connection of Tube Graft to Vein and Artery for Dialysis).

- Effective for dates of service on or after January 1, 2015 the POS 23 (Emergency Room – Hospital) can be reported with the CPT code 50387 (Removal & Replacement of Stent in Kidney and Urinary Duct (Ureter) Using Fluoroscopic Guidance Including Radiological Supervision and Interpretation).

- · Effective for dates of service on or after January 1, 2015 the POS 11 (Office) has been added to the CPT codes 87502 (Detection Test For Multiple Types Influenza Virus) and 87651 (Infectious Agent Detection by Nucleic Acid (DNA or RNA).

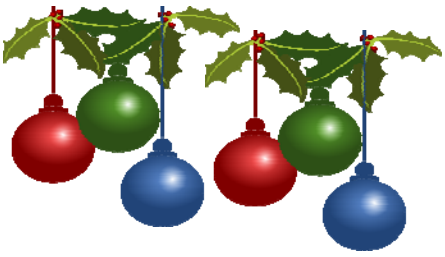
- Effective for dates of service on or after January 1, 2015 the POS 13 (Assisted Living Facility) can report the CPT code 90658 (Vaccine for Influenza for Injection Into Muscle, Patient Age 3 Years And Older).

- Effective for November 1, 2015 the POS 22 (Outpatient Hospital) and 24 (Ambulatory Surgical Center) can be reported with the CPT code 27170 (Bone Graft of Upper Thigh Bone and Hip Joint).

- Effective for dates of service on or after January 1, 2014 the POS 11 (Office) can be reported with the CPT code 37238 (Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin With Radiological Supervision And Interpretation).

- Effective for dates of service on or after January 1, 2014 the POS 22 (Outpatient Hospital) has been added to the HCPCS code J7324 (Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose).

- Effective for November 1, 2014 the CPT code 37243 (Occlusion of Tumors or Obstructed Blood Vessel With Radiological Supervision And Interpretation, Roadmapping, And Imaging) has been added to the POS 11 (Office).



Provider Type

- Effective for the dates of service on or after October 1, 2014 the PT 62 (Audiologist) can report the following codes:

Code	Description	Need Modifier 26
95907	Nerve transmission studies, 1-2 studies	**X**
95908	Nerve transmission studies, 3-4 studies	**X**
95909	Nerve transmission studies, 5-6 studies	**X**
95927	Insertion of needles and skin electrodes for measurement and recoding of stimulated sites on the trunk or head	**X**
95937	Testing with stimulation for assessment of function at muscle-nerve junction	**X**
99201	New patient office or other outpatient visit, typically 10 minutes	
99211	Established patient office or other outpatient visit, typically 5 minutes	
99212	Established patient office or other outpatient visit, typically 10 minutes	
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	

- Effective for dates of service on or after January 1, 2015 the PT 19 (Registered Nurse Practitioner) can report the CPT code 15271 (Application Of Skin Substitute (Wound Surface Up To 100 sq. cm.) To Trunk, Arms, Or Legs (First 25 sq. cm Or Less)), with the modifier AS (PA SVCS For Assistant/at Surgery).

- Effective for dates of service on or after December 1, 2014 the PT 19 (Registered Nurse Practitioner) can report the CPT code 29581 (Application Of Vein Wound Compression System Lower Leg. Below Knee Including Ankle and Foot).

- Effective for dates of service on or after January 1, 2015 the PT 19 (Registered Nurse Practitioner) can report the CPT code 45172 (Removal of Rectal Muscle Growth) with the modifier AS (PA SVCS For Assistant/At Surgery).

- Effective for dates of service on or after January 1, 2015 the PT08 (MD-Physician) and 31 (DO-Physician Osteo-path) can report the CPT code 87502 (Detection Test for Multiple Types Influenza Virus).

- Effective for dates of service on or after January 1, 2015 the PT 18 (Physician's Assistant) and PT 19 (Registered Nurse Practitioner) can report the HCPCS code G0431 (Drug Screen, Qualitative; Multiple Drug Classes by High Complexity Test Method (e.g., Immunoassay, Enzyme Assay), Per Patient Encounter).

- Effective for dates of service on or after December 1, 2014 the PT 09 (Certified Nurse-Midwife) can report the CPT code 76857 (Ultrasound of Pelvis).

- Effective for dates of service on or after January 1, 2015 the PT 62 (Audiologist) can report the CPT code 92625 (Hearing Assessment of Abnormal Sounds).

- Effective for dates of service on or after January 1, 2014 the PT C4 (Speciality Per Diem Hospitals) can now report the following CPT codes:

		Provider Types	
Code	**Description**	**02 – Hospital**	**C4 – Speciality Per Diem Hospitals**
97001	Physical Therapy Evaluation	X	X
97002	Physical Therapy Re-Evaluation	X	X
97003	Occupational Therapy Evaluation		X
97004	Occupational Therapy Re-Evaluation	X	X
97005	Athletic Training Evaluation	X	X
97006	Athletic Training Re-Evaluation	X	X
97010	Application Of Hot Or Cold Packs To 1 Or More Areas	X	X
97012	Application of Modality To One or More Areas		X
97014	Application Of Electrical Stimulation To 1 Or More Areas, Unattended By Physical Therapist	X	X
97016	Application Of Blood Vessel Compression Or Decompression Device To 1 Or More Areas	X	X
97018	Application of Hot Wax Bath to 1 or More Areas	X	X
97022	Application Of Whirlpool Therapy To 1 Or More Areas	X	X
97024	Application Of Heat Wave Therapy To 1 Or More Areas	X	X
97026	Application Of Low Energy Heat (Infrared) To 1 Or More Areas	X	X
97028	Application Of Ultraviolet Light To 1 Or More Areas	X	X
97032	Application Of Electrical Stimulation To 1 Or More Areas, Each 15 Minutes	X	X
97033	Application Of Medication Through Skin Using Electrical Current, Each 15 Minutes	X	X
97034	Therapeutic Hot And Cold Baths To 1 Or More Areas, Each 15 Minutes	X	X
97035	Application Of Ultrasound To 1 Or More Areas, Each 15 Minutes	X	X
97036	Physical Therapy Treatment To 1 Or More Areas, Hubbard Tank, Each 15 Minutes	X	X
97039	Physical Medicine Service Or Procedure	X	X
97110	Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes	X	X
97112	Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes	X	X
97113	Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas	X	X
97116	Walking Training To 1 Or More Areas, Each 15 Minutes	X	X
97124	Therapeutic Massage To 1 Or More Areas, Each 15 Minutes	X	X
97139	Therapeutic Procedure	X	X
97140	Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes	X	X
97150	Therapeutic Procedures In A Group Setting	X	X
97530	Therapeutic Activities To Improve Function, With One-On-One Contact Between Patient And Provider, Each 15 Minutes	X	X
97532	Development Of Cognitive Skills To Improve Attention, Memory, Or Problem Solving, Each 15 Minutes	X	X
97533	Sensory Technique To Enhance Processing And Adaptation To Environmental Demands, Each 15 Minutes	X	X

		Provider Types	
Code	**Description**	**02 – Hospital**	**C4 – Speciality Per Diem Hospitals**
97535	Self-Care Or Home Management Training, Each 15 Minutes	X	X
97537	Community Or Work Reintegration Training, Each 15 Minutes	X	X
97542	Wheelchair Management, Each 15 Minutes	X	X
97545	Work Hardening Or Conditioning, First 2 Hours	X	X
97546	Work Hardening Or Conditioning	X	X

- Effective for dates of service on or after January 1, 2015 the CPT codes 64488 (Injections of local anesthetic for pain control and abdominal wall analgesia on both sides) and 64489 (Continuous infusions of local anesthetic for pain control and abdominal wall analgesia on both sides) can be reported by provider type 12 (Certified Registered Nurse Anesthetist).

- Effective for dates of service on or after December 1, 2014 the HCPCS code S9131 (Physical Therapy; In The Home, Per Diem) has been added to the PT 08 (MD-Physician).

- Effective for dates of service on or after April 1, 2015 the HCPCS code S9131 (Physical Therapy; In The Home, Per Diem) has been added to the PT 31 (DO-Physician Osteopath).

- On the RF618 screen the modifier 80 (Assistant Surgeon) end date has been changed to 99/99/9999 for the CPT code 58356 (Endometrial Cryoablation with Ultrasonic Guidance,) for PT 19 (Registered Nurse Practitioner).

- Effective for dates of service on or after January 1, 2015 the PT 19 (Registered Nurse Practitioner) can report the CPT codes below with the modifier AS (PA Services for Assistant/At Surgery).

  27334 (Removal of Knee Joint Covering)
  45172 (Removal of Rectal Muscle Growth)

- Effective for dates of service on or after November 1, 2015 the PT 43 (Ambulatory Surgical Center) can report the CPT code 27170 (Bone Graft of Upper Thigh Bone and Hip Joint).

- Effective for dates of service on or after January 1, 2015 the PT 19 (Registered Nurse Practitioner) can report the CPT code 46221 (Removal Of Hemorrhoid By Rubber Banding).

- Effective for dates of service on or after January 1, 2015 the CPT codes 64488 (Injections of local anesthetic for pain control and abdominal wall analgesia on both sides) and 64489 (Continuous infusions of local anesthetic for pain control and abdominal wall analgesia on both sides) can be reported by provider type 12 (Certified Registered Nurse Anesthetist).

Revenue Code

Effective for dates of service on or after November 1, 2015 the revenue code 0490 (Ambulatory Surgical Center) can report the CPT code 27170 (Bone Graft of Upper Thigh Bone And Hip Joint).