



ENCOUNTER KEYS

September-October, 2021

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Age Change

- The CPT code 90619 (Meningococcal Conjugate Vaccine, Serogroups A, C, W, Y, Quadrivalent, Tetanus Toxoid Carrier (Menacwy-Tt) for injection into muscle) has had the age changed to 002 to 999 years.
- The HCPCS code J1050 (Injection Medroxyprogesterone Acetate, 1 mg) has had the Procedure Daily Maximum changed to 1000 and the Frequency 1 per week.
- The ICD-10 code J63.4 (Siderosis) has had a age change to 000 minimum age and the maximum age is 999.

Age Limits

The CPT code 81528 (GENE ANALYSIS (Colorectal Cancer) has had the age changed to the following, minimum age 45 and maximum 999.

Classification Code

The classification code for M96.842 (Postprocedural Seroma of a Musculoskeletal) and M96.843 (Postprocedural Seroma of a Musculoskeletal) has been changed to M00 with an effective begin date of 10/01/2016 on RF223 screen.

Codes

- Effective for dates of service August 1, 2021 the code 0003A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, MRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose) has been added to the cyst (this will become effective upon the FDA approval).

- Effective for July 1, 2021 the Provider type 43 (Ambulatory Surgical Center) can report the following codes. For further information regarding modifiers, revenue codes, etc., refer to the appropriate

Code	Descriptions	Code	Descriptions
0644T	Transcatheter Removal or Debulking of Intracardiac	C9078	Injection, Trilaciclib, 1 mg
0647T	Insertion of Gastrostomy Tube, Percutaneous,	C9079	Injection, Evinacumab-DGNB, 5 mg
0648T	Quantitative Magnetic Resonance for Analysis of	C9080	Injection, Melphalan Flufenamide
0651T	Magnetically Controlled Capsule Endoscopy	C9778	Colpopexy, Vaginal; Minimally Inva-
0652T	Esophagogastroduodenoscopy, Flexible, Transnasal;	J0224	Injection, Lumasiran, 0.5 mg
0653T	Esophagogastroduodenoscopy, Flexible, Transnasal;	J1951	Injection, Leuprolide Acetate for De-
0654T	Esophagogastroduodenoscopy, Flexible, Transnasal;	J7168	Prothrombin Complex Concentrate (Human), Kcentra,
C1761	Catheter, Transluminal Intravascular Lithotripsy	J9348	Injection, Naxitamab-Gqgk, 1 mg
C9075	Injection, Casimersen, 10 mg	J9353	Injection, Margetuximab-Cmkb, 5 mg
C9077	Injection, Cabotegravir and Rilpivirine, 2mg/3mg	Q5123	Injection, Rituximab-Arrx, Biosimilar, (Riabni), 10 mg

- Effective for September 1, 2021 the following codes have been added to the reference screen RF724 (Standard Service Set) for EPS.

36400	90474	90685	90715	92553	99203	99393
36406	90619	90686	90716	92560	99204	99394
36410	90620	90687	90717	92567	99205	99395
36415	90621	90688	90723	92568	99211	99401
36416	90633	90690	90733	92587	99212	99402
80061	90634	90691	90734	92588	99213	99403
83655	90644	90696	90744	95930	99214	99404
85018	90647	90697	90748	96110	99215	D0145
86580	90648	90698	90756	96112	99381	D0190
90378	90651	90700	92015	96113	99382	D0191
90460	90670	90702	92081	99000	99383	
90461	90672	90707	92285	99173	99384	
90471	90674	90710	92286	99177	99385	
90472	90680	90713	92551	99188	99391	
90473	90681	90714	92552	99202	99392	

Code Description Changes

The following HPCPS codes have had their description changed.

Code	Description
J1443	Injection, Ferric Pyrophosphate Citrate Solution (Triferic), 0.1 mg of iron
J2407	Injection, Oritavancin (Orbactiv), 10 mg
K1013	Enema tube, with or without adapter, any type, replacement only, each
M0243	Intravenous infusion or subcutaneous injection, Casirivimab and Imdevimab includes infusion or
M0244	Intravenous infusion or subcutaneous injection, Casirivimab and Imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital dur

Coverage Codes

Effective for dates of service the Coverage code has been changed for the following codes.

Code	Description	Coverage Code	Effective Begin Date
90697	Vaccine For Diphtheria, Tetanus Toxoids, Acellular Pertussis (Whooping Cough), Haemophilus Influenzae Type B, Hepatitis B and Polio for injection into muscle	01 - Covered Service/Code Available	1/1/2021
0003A	Immunization Administration by Intramuscular Injection	01 - Covered Service/Code Available	8/12/2021
0139U	Measurement of 6 central carbon metabolite biomarkers for autism spectrum disorder in plasma	04 - Not Covered Service/Code Not Available	9/30/2021
0168U	DNA analysis for detection of abnormal chromosome number of fetus in maternal plasma specimen	04 - Not Covered Service/Code Not Available	9/30/2021
0239U	Targeted Genomic Sequence Analysis Panel, Solid Organ Neoplasm,	01 - Covered Service/Code Available	7/1/2021
0242U	Targeted Genomic Sequence Analysis Panel, Solid Organ	01 - Covered Service/Code Available	7/1/2021
0246U	Red Blood Cell Antigen Typing, DNA,	01 - Covered Service/Code Available	7/1/2021
0247U	Obstetrics (Preterm Birth), Insulin-Like Growth Factor-B	01 - Covered Service/Code Available	7/1/2021
0248U	Oncology (Brain), Spheroid Cell Culture in A 3d Microenv	01 - Covered Service/Code Available	7/1/2021
0249U	Oncology (Breast), Semiquantitative Analysis Of 32 Phosp	01 - Covered Service/Code Available	7/1/2021
0250U	Oncology (Solid Organ Neoplasm), Targeted Genomic Sequence	01 - Covered Service/Code Available	7/1/2021
0251U	Hepcidin-25, Enzyme-Linked Immunosorbent Assay (Elisa),	01 - Covered Service/Code Available	7/1/2021
0252U	Fetal Aneuploidy Short Tandem? Repeat Comparative Analysis	01 - Covered Service/Code Available	7/1/2021
0253U	Reproductive Medicine (Endometrial Receptivity Analysis)	01 - Covered Service/Code Available	7/1/2021
0254U	Reproductive Medicine (Preimplantation Genetic Assessment)	01 - Covered Service/Code Available	7/1/2021
3720F*	Cognitive Impairment or Dysfunction Assessed (PRKNS).	PM - Performance Measure	1/1/2021

*On Reference Screen RF769

Code	Description	Coverage Code	Effective Begin Date
C9065	Injection, Romidepsin, Non-Lyophilized (e.g., liquid), 1mg	04 - Not Covered Service/Code Not Available	7/1/2020
C9075	Injection, Casimersen, 10 mg	04 - Not Covered Service/Code Not Available	9/30/2021
C9076	Lisocabtagene Maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	04 - Not Covered Service/Code Not Available	9/30/2021
C9077	Injection, Cabotegravir and Rilpivirine, 2mg/3mg	04 - Not Covered Service/Code Not Available	9/30/2021
C9078	Injection, Trilaciclib, 1 mg	04 - Not Covered Service/Code Not Available	9/30/2021
C9079	Injection, Evinacumab-DGNB, 5 mg	04 - Not Covered Service/Code Not Available	9/30/2021
C9080	Injection, Melphalan Flufenamide Hydrochloride, 1 mg	04 - Not Covered Service/Code Not Available	9/30/2021
G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services	09 - Medicare Only	1/1/2021
J0693	Injection, Cefiderocol, 5 mg	04 - Not Covered Service/Code Not Available	9/30/2021
J7303	Contraceptive supply, hormone containing vaginal ring, each	04 - Not Covered Service/Code Not Available	9/30/2021
J9314	Injection, Romidepsin, Non-Lyophilized (e.g., liquid)	04 - Not Covered Service/Code Not Available	7/1/2021
J9315	Injection, Romidepsin, 1 mg	04 - Not Covered Service/Code Not Available	9/30/2021
M0245	Intravenous Infusion, Bamlanivimab and Etesevimab,	04 - Not Covered Service/Code Not Available	8/27/2021
Q0245	Injection, Bamlanivimab and Etesevimab, 2100 Mg	01 - Covered Service/Code Available	2/9/2021
Q4228	Bionextpatch, per square centimeter	04 - Not Covered Service/Code Not Available	7/1/2020
Q4236	Carepatch, per square centimeter	04 - Not Covered Service/Code Not Available	7/1/2020

End Date

- Effective for September 30, 2021 the modifiers HB (Adult Program, Non-Geriatric) and HC (Adult Program, Geriatric) will be end dated.

End Date – ASC Rates

Effective for September 30, 2021 the following CPT/HCPCS codes will be end dated on RFC23 (ASC Rate Schedule).

0205T	33011	78206	C9039	C9055
0206T	35761	78320	C9040	C9056
0249T	64402	78607	C9041	C9057
0341T	64410	78647	C9044	C9058
0357T	64413	78710	C9045	C9407
0377T	74241	78805	C9048	C9447
0380T	74245	78806	C9049	C9754
0399T	74247	78807	C9050	C9755
0482T	74249	C9035	C9051	G0365
19304	74260	C9036	C9052	J1942
20926	76930	C9037	C9053	J2325
33010	78205	C9038	C9054	J2797

End Date

Effective for August 31, 2021 the following CPT/HCPCS codes have been end dated along for the following: Modifier SG; Place of service 24; Revenue code 0490 for the provider type 43 (Ambulatory Surgical Center).

0205T	0377T	33010	64413	74260	C9053	C9755	C9754
0206T	0380T	33011	74241	76930	C9054	G0365	C9755
0249T	0399T	35761	74245	78206	C9055	C9754	G0365
0341T	19304	64402	74247	78807	C9056	C9058	J1942
0357T	20926	64410	74249	C9041	C9057	C9407	

New Codes

- ◆ Effective for the dates listed, the following codes have been added to the Reference screens.

Codes	Description	Begin Date
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, MRNA-LNP, spike protein, preservative free, 100 mcg/0.5 ml dosage; third dose	8/12/2021
M0240	Intravenous infusion or subcutaneous injection, Casirivimab and Imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	7/30/2021
M0241	Intravenous infusion or subcutaneous injection, Casirivimab and Imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the Covid-19 public health emergency, subsequent repeat doses	7/30/2021
M0247	Intravenous infusion, Sotrovimab, includes infusion and post administration monitoring	5/26/2021
M0248	Intravenous infusion, Sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	5/26/2021
Q0240	Injection, Casirivimab and Imdevimab, 600 mg	7/30/2021
Q0244	Injection, Casirivimab and Imdevimab, 1200 mg	6/3/2021
Q0247	Injection, Sotrovimab, 500 mg	5/26/2021

- ◆ Effective for October 1, 2021 the following codes have been added to the Reference Screens.

Code	Code	Code
A4453	J9318	0269U
C1831	J9319	0270U
C9081	K1021	0271U
C9082	K1022	0272U
C9083	K1023	0273U
C9084	K1024	0274U
C9779	K1025	0275U
C9780	K1026	0276U
J0699	K1027	0277U
J0741	M0249	0278U
J1305	M0250	0279U
J1426	P9025	0280U
J1445	P9026	0281U
J1448	Q0244	0282U
J2406	Q0249	0283U
J7294	Q2054	0284U
J7295	Q4251	
J9247	Q4252	

Note: Q0244 effective date is 06/03/2021
Q0249, M0249 and M0250 effective dates is 06/24/2021

Date Changes

U0003 and U0004

Due to changes in CMS specifications U0003 (Infectious Agent Detection By Nucleic Acid (DNA or RNA); and U0004 (2019-NCOV Coronavirus, SARS-COV-2/2019-NCOV (COVID-19)) has been revised to reflect the new effective date of 4/14/2020. The system has been updated for all screens to reflect this date.

- The following dates have been changed on the reference screens for the HCPCS codes, on RF110.

Code	Description	Effective Date Change
M0201	Covid-19 Vaccine Administration inside a patient's home	04/01/2021
M0247	Intravenous Infusion, Sotrovimab, Includes Infusion	04/01/2021
M0248	Intravenous Infusion, Sotrovimab, Includes Infusion	04/01/2021
M0249	Intravenous Infusion, Tocilizumab, For Hospitalized	04/01/2021
M0250	Intravenous Infusion, Tocilizumab, For Hospitalized	04/01/2021
Q0244	Injection, Casirivimab and Imdevimab, 1200 Mg	04/01/2021
Q0247	Injection, Sotrovimab, 500 Mg	04/01/2021
Q0249	Injection, Tocilizumab, for hospitalized adults and pediatric patients (2 Years)	04/01/2021
M0240	Intravenous Infusion Or Subcutaneous Injection, Casirivimab and Imdevimab Included	07/01/2021
M0241	Intravenous Infusion or Subcutaneous Injection, Casirivimab and Imdevimab Included	07/01/2021
Q0240	Injection, Casirivimab and Imdevimab, 600 Mg	07/01/2021

Limits

The Procedure Daily Maximum has been changed to ten (10) for the HCPCS code C1776 (Joint Device (Implantable)).

Limits Increased

The following HCPCS codes have had limits changed to the following.

Code	Description	New Limits
J0714	Injection, Ceftazidime and Avibactam, 0.5 g/0.125 g	12
J2540	Injection, Penicillin G Potassium, up to 600,000 units	100
J3370	Injection, Vancomycin HCL, 500 mg	18

New Edits

- Effective for September 1, 2021 the following edits have been added to the system. Note these edits are currently set to S (soft).

H140 PICKUP INFORMATION MISSING

H141 DROPOFF INFORMATION MISSING

- Effective for August 20, 2020 the following edit has been added to the system
- P603 - School POS Must include Valid School Id.

AHCCCS implemented as of 8/20/2020, the new billing requirements related to services provided to members in a school based setting (POS 03). These billing requirements will necessitate a new Encounters edit to require inclusion of a school identifier when POS 03 is billed on Professional and Dental Encounters only. This was completed under SSR 2020-0110

The Reporting of School Site edit P603-School POS Must Include Valid School ID was set as a soft edit and will be set to a hard edit for dates of service effective 1/1/2022.

Modifiers

- The modifier QW (CLIA waived test) date has been changed to 07/01/2021 for the codes 0240U and 0241U.
- Effective for dates of service listed the following modifiers have been added and/or end dated on their respective

Code	Description	Modifier	Effective Begin Date	End Date
33741	Incision of partition between upper chambers of heart to allow blood flow for congenital heart defects, via catheter using imaging guidance	GC - Teaching Physician Services	5/1/2021	
33999	Unlisted procedure, Cardiac Surgery	82 - Assist Surg/Qual Resident Surg Not Available	1/1/2021	
69706	Nasopharyngoscopy, Surgical, with Dilation of Eustachia	50 - Bilateral Procedure (Pay 50%)		6/1/2021
77263	Management of Radiation Therapy, Complex	Q1 - Routine Clin Research/Cert Mycosis Toenail	7/1/2020	
77321	Radiation Therapy total body port plan	PN - Non-Excepted Service Pro	7/1/2020	
77336	Radiation therapy consultation per week	Q1 - Routine Clin Research/Cert Mycosis Toenail	7/1/2020	
77386	Intensity modulated radiation therapy delivery, complex	Q1 - Routine Clin Research/Cert Mycosis Toenail	7/01/2020	
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment	RR – Rental/DME	7/01/2020	
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment	RR – Rental/DME	7/01/2020	
H0004	Behavioral health counseling and therapy, per 15 minutes	GT - Telemedicine - Via Interactive Audio/Video	1/1/2020	
H0004	Behavioral health counseling and therapy, per 15 minutes	UD - Telehealth/MCD LVL Care 13	3/17/2020	
H0025	Behavioral Health Prevention Education Service	UD - Telehealth/MCD LVL Care 13		10/1/2020
H0031	Mental Health Assessment, by Non-Physician	GT - Telemedicine - Via Interactive Audio/Video	1/1/2020	
H0031	Mental Health Assessment, by Non-Physician	UD - Telehealth/MCD LVL Care 13	3/17/2020	
H0034	Medication Training and Support, Per 15 Minutes	GT - Telemedicine - Via Interactive Audio/Video	1/1/2020	
H2025	Ongoing support to maintain employment, per 15 minutes	UD - Telehealth/MCD LVL Care 13	10/1/2020	
H2027	Psychoeducational Service, Per 15 Minutes	GT - Telemedicine - Via Interactive Audio/Video	1/1/2020	
H2027	Psychoeducational Service, Per 15 Minutes	UD - Telehealth/MCD LVL Care 13	3/17/2020	

Code	Description	Modifier	Effective Begin Date	End Date
J9060	Injection, Cisplatin, powder or solution, 10 mg	Q1 - Routine Clin Research/ Cert Mycosis Toenail	7/1/2020	
J9223	Injection, Lurbinectedin, 0.1 mg	JW - Drug Amt Discarded/ Not Admin to Any Pati	1/1/2021	
T1002	RN services, up to 15 minutes	UD - Telehealth/MCD LVL Care 13	3/17/2020	
T2049	Non-Emergency Transportation; Stretcher Van, Mileage	TV - Special Payment Rates, Holidays/Weekends	6/1/2020	

Code	Description	Modifier	Effective Begin Date
61650	Infusion of chemical agent into the artery of brain with insertion of catheter and imaging, initial territory	51 - Multiple Procedures	01/01/2021
96127	Brief emotional or behavioral assessment	GT - Telemedicine - Via Interactive Audio/Video	01/01/2021
A0426*	Ambulance Service, Advanced Life Support, non-emergency transport, level 1 (ALS 1)	CG - Innovator Drug Dispense/Policy Criteria Appl	10/01/2021
A0428*	Ambulance Service, Basic Life Support, Non-Emergency transport, (BLS)	CG - Innovator Drug Dispense/Policy Criteria Appl	10/01/2021
A0998*	Ambulance Response and Treatment, No Transport	CG - Innovator Drug Dispense/Policy Criteria Appl	10/01/2021
C9069	Injection, Belantamab Mafodotin -BLMF, 0.5 mg	TB - Drug or Biological Acquired with 340B Dr	01/01/2021
J9037	Injection, Blinatumomab, 1 mg	TB - Drug or Biological Acquired with 340B Dr	04/01/2021
J9223	Injection, Lurbinectedin, 0.1 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	01/01/2021

Note:* This code modifier combination is for the Emergency Triage, Treat and Transport (also known as ET3) providers. For more information refer to the AHCCCS website: ET3 Emergency Triage, Treat and Transport (ET3) <https://www.azahcccs.gov/AHCCCS/Initiatives/ET3/>

- The HCPCS code K0462 (Temporary replacement for patient owned equipment being repaired, any type) end date has been changed to 99/99/9999.
- Effective for dates of service January1, 2021 the CPT code 90636 (Vaccine for Hepatitis A and Hepatitis B Injection) the modifier SL has been added to the reference screen RF729 (VFC Procedure Codes) with indicator (T) toxoid.

- Effective for the dates of service listed, the following modifiers have been added to the Reference Screen.

Code	Description	Modifiers	Effective Begin Date
28740	Fusion Of Foot in the Midfoot Region	50 - Bilateral Procedure (Pay 50%)	08/01/2020
44799	Small Bowel Procedure	58 - Staged/Related Proc Same Post-OP Period	01/01/2021
57156	Insertion of Radiation Therapy Devices in Vagina for Radiation Therapy	PN - Non-Excepted Service Provided at an Off-	01/01/2021
<u>57423</u>	Vaginal Defect Repair using an endoscope	80 - Assistant Surgeon	10/04/2020
57423	Vaginal Defect Repair Using an endoscope	81 - Minimum Assistant Surgeon	10/04/2020
57423	Vaginal Defect Repair using an endoscope	82 - Assist Surg/Qual Resident Surgeon Not Available	10/04/2020
76942	Ultrasonic guidance imaging supervision and interpretation for insertion of needle	SG - AMB Surg CTR (ASC) Facility service	01/01/2021
92986	Catheter Based Repair of Left Lower Heart (Aortic) Valve, accessed through the skin	63 - Neonates/Infants Up to the 4-Kg Cut Off	01/01/2021
C9062	Injection, Daratumumab 10 mg and Hyaluronidase-FIHJ	TB - Drug or Biological Acquired with 340B DR	10/01/2020
C9066	Injection, Sacituzumab Govitecan-HZIY, 2.5 mg	TB - Drug or Biological Acquired with 340B DR	10/01/2020
C9070	Injection, Tafasitamab-CXIX, 2 mg	TB - Drug or Biological Acquired with 340B DR	01/01/2021
J0896	Injection, Luspatercept-AAMT, 0.25 mg	TB - Drug or Biological Acquired with 340B DR	08/01/2020
J0896	Injection, Luspatercept-AAMT, 0.25 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	08/01/2020
J9223	Injection, Lurbinectedin, 0.1 mg	TB - Drug or Biological Acquired with 340B DR	01/01/2021
J9317	Injection, Sacituzumab Govitecan-HZIY, 2.5 mg	TB - Drug or Biological Acquired with 340B DR	01/01/2021

- Effective for date of service June 30, 2021 the modifier 50 (Bilateral Procedure (Pay 50%)) has been **end dated** for the CPT code 69705 (Dilation of canal between middle ear and throat (Eustachian Tube) on one side of body, using endoscope inserted through nose).
- The end date for the modifier NU (New Equipment) for the HCPCS code A4217 (Sterile Water/Saline, 500 ml) has been changed to 99/99/9999

- Effective for dates of service listed the following modifiers have been added to the system.

The descriptions have been changed for the following modifiers.

Code	Description	Modifier	Effective Begin Date
81243	Gene Analysis (Fragile X Mental Retardation) Abnormal Alleles	59 - DISTINCT PROCEDURAL SERV	08/01/2020
81243	Gene Analysis (Fragile X Mental Retardation) Abnormal Alleles	XE - SEPARATE ENC, A SERV THA	08/01/2020
81243	Gene Analysis (Fragile X Mental Retardation) Abnormal Alleles	XP - SEPARATE PRACTITIONER, A	08/01/2020
81243	Gene Analysis (Fragile X Mental Retardation) Abnormal Alleles	XS - SEPARATE STRUCTURE, A SE	08/01/2020
81243	Gene Analysis (Fragile X Mental Retardation) Abnormal Alleles	XU - UNUSUAL NON- OVERLAPPING	08/01/2020
81263	GENE REARRANGEMENT ANALYSIS (IMMUNOGLOBULIN HEAVY CHAIN LOCUS), VARIABLE REGION SOMATIC MUTATION Analysis	59 - DISTINCT PROCEDURAL SERV	10/01/2020
G0452	Molecular Pathology Procedure; Physician Interpretation and Report	59 - Distinct Procedural Service	11/01/2020
H0034	Medication Training and Support, per 15 minutes	UD - Telehealth/MCD LVL Care	03/17/2020
J9229	Injection, Inotuzumab Ozogamicin, 0.1 mg	JG- Drug 340B Price Dsct Pro	10/01/2020
J9229	Injection, Inotuzumab Ozogamicin, 0.1 mg	JW - Drug Amt Discarded/Not A	10/01/2020
J9358	Injection, Fam-Trastuzumab Deruxtecan-Nxki, 1 mg	JW - Drug Amt Discarded/Not A	01/01/2021
Q5104	Injection, Infliximab-ABDA, Biosimilar, (Renflexis), 10 mg	JG - Drug 340B Price Dsct Program/Non Hosp To	01/01/2021
S5140	Foster Care, Adult; Per Diem	HB - Adult Program, Non- Geriatric	10/01/2021
S5140	Foster Care, Adult; Per Diem	HC - Adult Program, Geriatric	10/01/2021
S5145	Foster Care, Therapeutic, Child; Per Diem	UF - Services Provided, Morning	10/01/2021
S5145	Foster Care, Therapeutic, Child; Per Diem	UG - Services Provided, Afternoon	10/01/2021
S5145	Foster Care, Therapeutic, Child; Per Diem	UH - Services Provided, Evening	10/01/2021

- The descriptions have been changed for the following modifiers.

UF - CO-OCCURRING BH-PH COND/SVCS MORNING

UG - CO-OCCURRING BH COGNITIVE/SVCS AFTERNOON

UH – PRIMARY PSYCHOTICCOND/SVC EVENING

Provider Type

- ◆ The HCPCS code M0201 (COVID-19 vaccine administration inside a patient's home) for provider type 97 (Air Transportation) has been **end dated** as of June 8, 2021 on the reference screen RF618.
- ◆ Effective for September 30, 2021 the HCPCS code S5109 (Home Care Training To Home Care Client, per session) has been **end dated** for the provider type A5 (Behavioral Health Therapeutic Home).
- ◆ Effective for dates of service listed the following codes have been added to the provider types.

Code	Description	Provider Type	Effective Begin Date
24102*	Removal of elbow joint lining	19 - Registered Nurse Practitioner	10/1/2020
24102*	Removal of elbow joint lining	CN - Clinical Nurse Specialist	10/1/2021
25025	Incision of tissue of forearm and/or wrist muscle compartment on both sides of the forearm to relieve pressure, with removal of tissue	19 - Registered Nurse Practitioner	10/1/2020
25025	Incision of tissue of forearm and/or wrist muscle compartment on both sides of the forearm to relieve pressure, with removal of tissue	CN - Clinical Nurse Specialist	10/1/2021
27187*	Preventive fixation of thigh bone	19 - Registered Nurse Practitioner	10/1/2020
27187*	Preventive fixation of thigh bone	CN - Clinical Nurse Specialist	10/1/2021
27244*	Surgical treatment of broken thigh bone with place/screw implant	19 - Registered Nurse Practitioner	10/1/2020
27244*	Surgical treatment of broken thigh bone with place/screw implant	CN - Clinical Nurse Specialist	10/1/2021
28805	Amputation of foot across instep	19 - Registered Nurse Practitioner	10/1/2020
28805	Amputation Of Foot Across Instep	CN - Clinical Nurse Specialist	10/1/2021
92608	Evaluation and prescription of speech-generating and alternative communication device	IC - Integrated Clinics	1/1/2021
99439	Chronic Care Management Services, each additional 20 minutes of clinical staff time per calendar month	19 - Registered Nurse Practitioner	1/1/2021
H2016	Comprehensive Community Support Services, Per Diem	C2 - Federally Qualified Health Center (FQHC)	1/1/2021
S5145	Foster Care, Therapeutic, Child; per Diem	A5 - Behavioral Health Therapeutic Home	4/1/2021

Note: *AS modifier required

Place of Service

Effective for dates of service listed the following POS have been added to the system.

Code	Description	Place of Service	Effective Begin Date
01810	Anesthesia for procedure on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand	11 – Office	08/01/2020
37242	Occlusion of Artery (Other Than Hemorrhage or Tumor) with Radiological Supervision and Interpretation, Roadmapping, and imaging guidance	24 – Ambulatory Surgery Center	10/01/2020
77372	Radiation Therapy Delivery, Stereotactic Radiosurgery (SRS) for cranial growths, per session, using a Linear Accelerator	11 - Office	10/01/2020
E1825	Dynamic Adjustable Finger Extension/Flexion Device, includes soft interface material	12 – Home	07/01/2021
G0452	Molecular Pathology Procedure; Physician Interpretation and Report	81 - Independent Laboratory	11/01/2020
V2624	Polishing/Resurfacing of Ocular Prosthesis	12 – Home	01/01/2020

- ◆ Effective for September 1, 2021 the following Place of Services have been **end dated** for the HPCPCS codes listed below.

11 – Office	19 – Off Campus-Outpatient Hospital
15 – Mobile Unit	22 - Outpatient Hospital

G2023 Specimen Collection For Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) (Coronavirus Disease (COVID-19)), any specimen source

G2024 Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) (Coronavirus Disease (COVID-19)) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source

- Effective for January 1, 2021 the following codes have been **end dated** on the Place of Service Reference Screen RF115.

Codes	Descriptions													
0483T	Insertion of Artificial Valve Between Left Heart Chambers, Accessed Through the Skin	05	07	11	19	20	22	23					71	72
0484T	Insertion of Artificial Valve Between Left Heart Chambers, Open Chest Procedure	05	07	11	19	20	22	23					71	72
0494T	Preparation And Storage of Donor Lung	05	07	11	19	20	22	23					71	72
0495T	Initiation And Monitoring of Circulation in Donor Lung, First Two Hours	05	07	11	19	20	22	23					71	72
0496T	Initiation And Monitoring of Circulation in Donor Lung, Each Additional Hour	05	07	11	19	20	22	23					71	72
11004	Removal of Infected Skin, Tissue or Muscle of Genitals	05	07	11	19		22	23	24		50	62		72
55605	Complicated Incision of Fluid-Producing Glands for Sperm Movement	05	07	11	19		22							
59830	Treatment of Septic Abortion	05	07	11	19		22	23					71	72
92971	Placement of External Devices to Assist Circulation	05	07	11	19		22	23		49	50		71	72

05	INDIAN HEALTH SERVICE FREE-STANDING	07	TRIBAL 638 FREE-STANDING FACILITY
11	OFFICE	19	OFF CAMPUS-OUTPATIENT HOSPITAL
20	URGENT CARE FACILITY	22	OUTPATIENT HOSPITAL
23	EMERGENCY ROOM - HOSPITAL	24	AMBULATORY SURGICAL CENTER
49	INDEPENDENT CLINIC	50	FEDERALLY QUALIFIED HEALTH CENTER
62	COMPREHENSIVE OUTPATIENT REHAB FAC	71	STATE OR LOCAL PUBLIC HEALTH CLINIC
72	RURAL HEALTH CLINIC		

RF724 Updates

Effective for September 30, 2021 the following diagnosis codes have been end dated on RF724 for BHS and MHS.

Code	Description
G21.0	Malignant Neuroleptic Syndrome
G24.4	Idiopathic Orofacial Dystonia
Z59.0	Homelessness
Z59.4	Lack of Adequate Food and Safe Drinking Water
Z59.8	Other Problems Related to Housing and Economic
Z91.120	Pt Intently Underdose of Meds Regimen Due
Z91128	Patient's Intently Underdose of Meds Regimen

Rate Change

Effective for August 12, 2021 the following provider types have had a rate change on RF618 to 1.00 for the code 0013A (Immunization Administration by intramuscular injection) and 0003A (Immunization Administration by intramuscular injection).

PT 09 - CERTIFIED NURSE-MIDWIFE

PT 18 - PHYSICIANS ASSISTANT

PT 19 - REGISTERED NURSE PRACTITIONER

TPL Change

The TPL flag has been changed from Y (Yes) to N (No) for the following HCPCS codes.

Code	Code	Code
H0002	H0038	H2026
H0004	H2011	H2027
H0015	H2012	H2033
H0018	H2014	S5109
H0025	H2015	S5110
H0030	H2016	S9484
H0031	H2017	S9485
H0034	H2019	T1016
H0036	H2020	
H0037	H2025	

TPL Indicator

The Third Party Liability Indicator has been changed to Y (yes) for the following codes:

74176 CT Scan of Abdomen and Pelvis

74177 CT Scan of Abdomen and Pelvis With Contrast

74178 CT Scan of Abdomen and Pelvis Before and after Contrast

Therapeutic Foster Care

AHCCCS has received many questions from the Health Plans about the 10/1/2021 update to AMPM320-W regarding therapeutic foster care for adults and children. Please see the following Q&A:

What is the CPT code to be used for Adult Therapeutic Foster Care for provider type A5 BEHAVIORAL HEALTH THERAPEUTIC HOME?Effective

10/1/2021 S5140 PROCEDURE DESCRIPTION: FOSTER CARE, ADULT; PER DIEM (PMMIS Reference Screen RF113)

Will Provider Type A5 BEHAVIORAL HEALTH THERAPEUTIC HOME be able to bill for CPT S5109?

No, for dates of services 10/1/2021 and after.

What modifiers can be billed with Adult Therapeutic Foster Care CPT Code S5140?

HB ADULT PROGRAM, NON GERIATRIC

HC ADULT PROGRAM, GERIATRIC

What is the CPT code to be used for Children Therapeutic Foster Care CPT Code and the Modifiers available for use with that code?

Starting 10/1/2021 A5 providers will need to use CPT S5145 PROCEDURE DESCRIPTION: FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM (PMMIS Reference Screen 113). CPT code S5109 will no longer be available for provider type A5.

The appropriate modifiers are:

HA CHILD/ADOLESCENT PROGRAM

UF CO-OCCURRING BH-PH COND/SVCS MORNING

UG CO-OCCURRING BH COGNITIVE/SVCS AFTERNOON

UH PRIMARY PSYCHOTIC COND/SVC EVENING

Therapeutic Foster Care for Children

AMPM 320-W

Effective 10/01/2021, the following modifiers have been added to S5145.

These modifiers in our system have a dual use definition. Regarding this policy the following modifiers for this specific code will identify:

- UF Co-occurring Behavioral-physical health conditions
- UG Co-occurring Behavioral health and cognitive conditions
- UH Primary psychotic conditions

