

ENCOUNTER KEYS

July-August, 2018



INSIDE THIS ISSUE

OPFS PGM Update (Three Hospitals) Encounter Pro- cessing Schedules	1	<u>OPFS PGM UPDATE - THREE HOSPITALS</u> The Level I Trauma Center multiplier for reimbursements under the AHCCCS Outpatient Hospital Fee Schedule has been added for the following hospitals effective for dates of service on and after 05/01/2018:
Category of Service	2	
New Edits	3-5	530099 Banner Desert 022214 Honor Health Deer Valley
Laboratory Indica- tor Modifier	6	529943 Banner Thunderbird
Modifiers	6-10	Questions concerning AHCCCS reimbursement rates and fee schedules may be directed to Victoria Burns at Victoria.Burns@azahcccs.gov , (602) 417-4049 or, if outside Maricopa County, (800) 654-8713 ext. 7-4049.
Procedure Daily Maxi- mum	10	
Place of Service	11-13	
New Codes	14	<u>Encounter Processing Schedules</u>
ICD codes	15-18	
Provider Type	19	The current (July – September) and Future (October – December) Encounter Processing Schedules have been posted to the web.

https://www.azahcccs.gov/PlansProviders/HealthPlans/encounters.html#Encounter_Processing_Schedules

Category of Service

Effective for dates of service April 1, 2018 the Category of Service for the HCPCS code G0297 (Low Dose CT Scan (LDCT) For Lung Cancer Screening) has changed to 13 (Radiology).

Coverage Code

- Effective for the dates listed, the coverage code for the following CPT and HCPCS codes has been changed to 02 (Not Covered Service/Code Available).

Code	Description	Effective Begin Date
97810	Acupuncture 1 Or More Needles, First 15 Minutes	01/01/2018
97811	Acupuncture 1 Or More Needles	01/01/2018
97813	Acupuncture 1 Or More Needles With Electrical Stimulation, First 15 Minutes	01/01/2018
97814	Acupuncture 1 Or More Needles With Electrical Stimulation And Re-Insertion Of Needles	01/01/2018
H0043	Supported Housing, Per Diem	10/01/2013
H0046	Mental Health Services, Not Otherwise Specified	10/01/2013
N97.0	Female Infertility Associated with Anovulation	01/01/2018
N97.1	Female Infertility of Tubal Origin	01/01/2018
N97.2	Female Infertility of Uterine Origin	01/01/2018
N97.8	Female Infertility of Other Origin	01/01/2018
S9986	Not Medically Necessary Service	01/01/2018
T1009	Child Sitting Services For Children Of The Individual Receiving Alcohol and/or Substance Abuse Services	01/01/2018
T1013	Sign Language Or Oral Interpretive Services, Per 15 Minutes	01/01/2018

- Effective for dates of service on or after October 1, 2016 the ICD-10 procedure code X2RF032 (Replacement Of Aortic Valve Using Zooplatic) has a coverage code of 01 (Covered Service/Code Available).
- Effective for dates of service on or after October 1, 2015 the ICD-10 procedure code 02RF38Z ((Replacement Of Aortic Valve Using Zooplatic) has a coverage code of 01 (Covered Service/Code Available).



New Edits

The following new edits have been added to PMMIS:

D400 DIAGNOSIS CD 1 NOT ON FILE

Begin DOS: 07/01/2018
 Receipt Date: 07/01/2018
 Mode: 1
 Form Types: C
 Set to: "S" pend
 Adj Level: 03
 Location: 91

D401 DIAGNOSIS CD 1 IN PENDED RECORD STATUS

Begin DOS: 07/01/2018
 Receipt Date: 07/01/2018
 Mode: 1
 Form Types: C
 Set to: "S" pend
 Adj Level: 03
 Location: 91

D402 DIAGNOSIS CD 1 NOT ON FILE FOR DOS

Begin DOS: 07/01/2018
 Receipt Date: 07/01/2018
 Mode: 1
 Form Types: C
 Set to: "S" pend
 Adj Level: 03
 Location: 91

D403 DIAGNOSIS CD 1 NOT AVAILABLE ON DOS

Begin DOS: 07/01/2018
 Receipt Date: 07/01/2018
 Mode: 1
 Form Types: C
 Set to: "S" pend
 Adj Level: 03
 Location: 91

D404 RECIPIENT AGE EXCEEDS DIAGNOSIS CD 1 MAX AGE

Begin DOS: 07/01/2018
 Receipt Date: 07/01/2018
 Mode: 1
 Form Types: C
 Set to: "S" pend
 Adj Level: 03
 Location: 91

D405 RECIPIENT AGE LESS THAN DIAGNOSIS CD 1 MIN AGE

Begin DOS: 07/01/2018
 Receipt Date: 07/01/2018
 Mode: 1
 Form Types: C
 Set to: "S" pend
 Adj Level: 03
 Location: 91

D410 DIAGNOSIS CD 2 NOT ON FILE

Begin DOS: 07/01/2018
 Receipt Date: 07/01/2018
 Mode: 1
 Form Types: C
 Set to: "S" pend
 Adj Level: 03
 Location: 91

D411 DIAGNOSIS CD 2 IN PENDED RECORD STATUS

Begin DOS: 07/01/2018
 Receipt Date: 07/01/2018
 Mode: 1
 Form Types: C
 Set to: "S" pend
 Adj Level: 03
 Location: 91
 07/01/2018
 Mode: 1

D412 DIAGNOSIS CD 2 NOT ON FILE FOR DOS

Begin DOS: 07/01/2018
Receipt Date: 07/01/2018
Mode: 1
Form Types: C
Set to: "S" pend
Adj Level: 03
Location: 91

D413 DIAGNOSIS CD 2 NOT AVAILABLE ON DOS

Begin DOS: 07/01/2018
Receipt Date: 07/01/2018
Mode: 1
Form Types: C
Set to: "S" pend
Adj Level: 03
Location: 91

D414 RECIPIENT AGE EXCEEDS DIAGNOSIS CD 2 MAX AGE

Begin DOS: 07/01/2018
Receipt Date: 07/01/2018
Mode: 1
Form Types: C
Set to: "S" pend
Adj Level: 03
Location: 91

D415 RECIPIENT AGE LESS THAN DIAGNOSIS CD 2 MIN AGE

Begin DOS: 07/01/2018
Receipt Date: 07/01/2018
Mode: 1
Form Types: C
Set to: "S" pend
Adj Level: 03
Location: 91

D420 DIAGNOSIS CD 3 NOT ON FILE

Begin DOS: 07/01/2018
Receipt Date: 07/01/2018
Mode: 1
Form Types: C
Set to: "S" pend
Adj Level: 03
Location: 91

D421 DIAGNOSIS CD 3 IN PENDED RECORD STATUS

Begin DOS: 07/01/2018
Receipt Date: 07/01/2018
Mode: 1
Form Types: C
Set to: "S" pend
Adj Level: 03
Location: 91

D422 DIAGNOSIS CD 3 NOT ON FILE FOR DOS

Begin DOS: 07/01/2018
Receipt Date: 07/01/2018
Mode: 1
Form Types: C
Set to: "S" pend
Adj Level: 03
Location: 91

D423 DIAGNOSIS CD 3 NOT AVAILABLE ON DOS

Begin DOS: 07/01/2018
Receipt Date: 07/01/2018
Mode: 1
Form Types: C
Set to: "S" pend
Adj Level: 03
Location: 91

**D424 RECIPIENT AGE EXCEEDS DIAGNOSIS CD
3 MAX AGE**

Begin DOS: 07/01/2018
Receipt Date: 07/01/2018
Mode: 1
Form Types: C
Set to: "S" pend
Adj Level: 03
Location: 91

**D425 RECIPIENT AGE LESS THAN DIAGNOSIS
CD 3 MIN AGE**

Begin DOS: 07/01/2018
Receipt Date: 07/01/2018
Mode: 1
Form Types: C
Set to: "S" pend
Adj Level: 03
Location: 91

Reinsurance
Mode: 1, 6
Set to "Off"
All form types

Laboratory Indicator

The Laboratory Indicator C (CLIA CERTIFIED) has been added to the following CPT codes on the reference screen RF113.

Code	Description
81105	Gene Analysis (Human Platelet Antigen 1) For Common Variant
81106	Gene Analysis (Human Platelet Antigen 2) For Common Variant
81107	Gene Analysis (Human Platelet Antigen 3) For Common Variant
81108	Gene Analysis (Human Platelet Antigen 4) For Common Variant
81109	Gene Analysis (Human Platelet Antigen 5) For Common Variant
81110	Gene Analysis (Human Platelet Antigen 6) For Common Variant
81111	Gene Analysis (Human Platelet Antigen 9) For Common Variant
81112	Gene Analysis (Human Platelet Antigen 15) For Common Variant
81120	Gene Analysis (Isocitrate Dehydrogenase 1 γ NADP ⁺ , Soluble) For Common Variants
81121	Gene Analysis (Isocitrate Dehydrogenase 2 γ NADP ⁺ , Mitochondrial) For Common

Modifiers

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

Code	Description	Modifier	Effective date
H0004	Behavioral Health Counseling & Therapy, Per 15 Minutes	HR - Family/Couple W Client PRES	07/01/2016
H0025	Behavioral Health Prevention Education Service (Delivery Of Services With Target Population To Affect Knowledge, Attitude and/or Behavior)	HQ – Group Setting	07/01/2016
H2011	Crisis Intervention Service, Per 15 Minutes	HT - Multi-Disciplinary Team	07/01/2016
T1016	Case Management, Each 15 Minutes	Q6 - Fee/Time Comp Subst MD or PT	07/01/2017
T1016	Case Management, Each 15 Minutes	HT - Multi-Disciplinary Team	07/01/2016

- Effective for dates of service beginning January 1, 2018 the modifiers JG (Drug or Biological Acquired with 340B Drug Pricing Discount) and TB (Drug or Biological Acquired with 340B Drug Pricing Program Discount, Reported for Informational Purposes) have been added to the following codes:

Codes											
90371	J0400	J0875	J1557	J2323	J3070	J7198	J9031	J9264	Q2017		
90375	J0401	J0878	J1559	J2325	J3090	J7200	J9032	J9266	Q2040		
90376	J0470	J0881	J1560	J2353	J3095	J7201	J9033	J9268	Q2043		
90378	J0475	J0882	J1561	J2355	J3101	J7205	J9035	J9271	Q2049		
90396	J0476	J0883	J1566	J2357	J3145	J7211	J9039	J9280	Q2050		
90675	J0480	J0884	J1568	J2407	J3240	J7308	J9041	J9293	Q3027		
90676	J0485	J0885	J1569	J2425	J3243	J7311	J9042	J9299	Q9968		
90735	J0490	J0888	J1571	J2426	J3246	J7312	J9043	J9301	Q9969		
A9517	J0561	J0894	J1572	J2469	J3262	J7313	J9047	J9302	Q9979		
A9530	J0585	J0897	J1573	J2502	J3285	J7316	J9050	J9303	Q9981		
A9543	J0586	J1110	J1575	J2503	J3300	J7320	J9055	J9305	Q9986		
A9563	J0587	J1130	J1595	J2504	J3315	J7321	J9065	J9306			
A9600	J0588	J1162	J1602	J2505	J3357	J7323	J9070	J9307			
A9604	J0594	J1190	J1610	J2507	J3380	J7324	J9098	J9308			
A9606	J0596	J1212	J1640	J2515	J3385	J7325	J9120	J9310			
C9121	J0597	J1290	J1670	J2547	J3396	J7326	J9150	J9315			
C9132	J0598	J1300	J1726	J2562	J3465	J7327	J9155	J9320			
C9250	J0600	J1322	J1740	J2597	J7175	J7336	J9171	J9328			
C9257	J0606	J1327	J1742	J2724	J7178	J7340	J9179	J9330			
C9293	J0630	J1364	J1743	J2760	J7180	J7501	J9185	J9340			
C9497	J0637	J1410	J1744	J2770	J7181	J7504	J9202	J9354			
J0129	J0638	J1430	J1745	J2778	J7182	J7505	J9207	J9355			
J0135	J0641	J1438	J1750	J2783	J7183	J7511	J9211	J9357			
J0178	J0695	J1439	J1786	J2792	J7185	J7525	J9214	J9371			
J0180	J0712	J1442	J1826	J2793	J7186	J8501	J9216	J9395			
J0202	J0714	J1447	J1830	J2794	J7187	J8560	J9217	J9400			
J0207	J0716	J1451	J1833	J2796	J7188	J8655	J9218	J9600			
J0220	J0717	J1453	J1930	J2820	J7189	J8670	J9225	P9041			
J0221	J0740	J1455	J1931	J2850	J7190	J8705	J9226	P9045			
J0256	J0775	J1458	J1950	J2860	J7192	J9015	J9228	P9046			
J0257	J0795	J1459	J2265	J2941	J7193	J9017	J9230	P9047			
J0287	J0800	J1460	J2278	J2993	J7194	J9019	J9245	Q0138			
J0289	J0840	J1555	J2315	J2997	J7195	J9025	J9261	Q0139			
J0300	J0850	J1556	J2320	J3060	J7197	J9027	J9262	Q2009			

- The following modifiers have been added to the Reference Screens.

Code	Description	Modifier	Effective Begin Date	Reference Screens
21470	Open Treatment for Broken Jaw Bone with Insertion of Hardware and/or Oral Splin	50 - Bilateral Procedure (Pay 50%)	10/1/2017	RF121; RF122; RF132
25447	Removal of Bone Joints Between Wrist and Fingers	F5 - Right Hand, Thumb	1/1/2017	RF122; RF132
26587	Removal Of Extra Finger	50 - Bilateral Procedure (Pay 50%)	6/1/2017	RF121
31253	Nasal/Sinus Endoscopy, Surgical With Ethmoidectomy	51 - Multiple Procedures	1/1/2018	RF122; RF132
31253	Complete Examination Of Nose And Sinuses Using An Endoscope	SG - AMB SURG CTR (ASC) FA	1/1/2018	RF122; RF132
31259	Removal Of Tissue From Sphenoid Sinus Using An Endoscope	SG - AMB SURG CTR (ASC) FA	1/1/2018	RF122; RF132
33207	Insertion of New or Replacement of Permanent Pacemaker	KX - Requirements Specified	6/1/2017	RF121
49418	Insertion of Tunneled Intraperitoneal Catheter	SG - Ambulatory Surgical Center	1/1/2011	RF121
50432	Placement of Nephrostomy Catheter, Percutaneous	50 - Bilateral Procedure (Pay 50%)	1/1/2016	RF122, RF132
50695	Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation	LT - Identifies Left Side	6/1/2017	RF121
50695	Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation	RT - Identifies Right Side	6/1/2017	RF121
59409	Vaginal Delivery	Q5 -Recip Bill Arr Subs Md Or Pt	7/1/2017	RF121; RF122; RF132
59409	Vaginal Delivery	Q6 - Fee/Time Comp Subst Md Or Pt	7/1/2017	RF121; RF122;
64561	Percutaneous Implantation Of Neurostimulator Electrode	50 - Bilateral Procedure (Pay 50%)	10/1/2016	RF121; RF122; RF132
64702	Release of Nerve of Finger	50 - Bilateral Procedure (Pay 50%)	6/1/2017	RF121
70220	X-Ray Of Paranasal Sinus, Complete, Minimum Of 3 Views	Q5 -Recip Bill Arr Subs Md Or Pt	7/1/2017	RF121; RF122;
70220	X-Ray Of Paranasal Sinus, Complete, Minimum Of 3 Views	Q6 - Fee/Time Comp Subst Md Or Pt	7/1/2017	RF121; RF122;

71046	X-Ray Of Chest, 2 Views	FY - X Ray Taken Using Computer	1/1/2018	RF121; RF122; RF132
71275	Computed Tomographic Angiography, Chest (Noncoronary)	Q5 - Recip Bill Arr Subs Md Or Pt	1/1/2018	RF122; RF132
71275	Computed Tomographic Angiography, Chest (Noncoronary)	Q6 - Fee/Time Comp Subst Md Or Pt	1/1/2018	RF122; RF132
72052	X-Ray Of Upper Spine, 6 Or More Views	Q5 -Recip Bill Arr Subs Md Or Pt	7/1/2017	RF121; RF122;
72052	X-Ray Of Upper Spine, 6 Or More Views	Q6 - Fee/Time Comp Subst Md Or Pt	7/1/2017	RF121; RF122;
72170	X-Ray Of Pelvis, 1 Or 2 Views	FY - X Ray Taken Using Computer	1/1/2018	RF121; RF122;
76817	Vaginal Ultrasound Of Pregnant Uterus	Q5 -Recip Bill Arr Subs Md Or Pt	7/1/2017	RF121, RF122,
76817	Vaginal Ultrasound Of Pregnant Uterus	Q6 - Fee/Time Comp Subst Md Or Pt	7/1/2017	RF121, RF122,
77075	X-Ray Survey Of Forearm Or Wrist Bone Density	FY - X Ray Taken Using Computer	1/1/2018	RF121, RF122, RF132
93571	Intravascular Doppler Velocity and/or Pressure Derived	LD - Left Anterior Descend	6/1/2017	RF121, RF122, RF132
93971	Ultrasound Scan Of Veins Of One Arm Or Leg Or Limited Including Assessment Of Compression And Functional Maneuvers	Q5 -Recip Bill Arr Subs Md Or Pt	7/1/2017	RF121, RF122, RF132
93971	Ultrasound Scan Of Veins Of One Arm Or Leg Or Limited Including Assessment Of Compression And Functional Maneuvers	Q6 - Fee/Time Comp Subst Md Or Pt	7/1/2017	RF121, RF122, RF132
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up to 1 Hour	XE - Separate Enc, A Service That is Distinct	1/1/2018	RF121
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up to 1 Hour	XS - Separate Structure, A Service that is	1/1/2018	RF121
96374	Injection Of Drug Or Substance Into a Vein For Therapy, Diagnosis, Or Prevention	59 – Distinct Procedural Service	4/1/2018	RF121
99222	Initial Hospital Inpatient Care, Typically 50 Minutes Per Day	Q5 -Recip Bill Arr Subs Md Or Pt	7/1/2017	RF121; RF122;
99222	Initial Hospital Inpatient Care, Typically 50 Minutes Per Day	Q6 - Fee/Time Comp Subst Md Or Pt	7/1/2017	RF121; RF122;
99281	Emergency Department Visit, Self Limited Or Minor Problem	Q5 -Recip Bill Arr Subs Md Or Pt	7/1/2017	RF121, RF122,
99281	Emergency Department Visit, Self Limited Or Minor Problem	Q6 - Fee/Time Comp Subst Md Or Pt	7/1/2017	RF121, RF122,

99282	Emergency Department Visit, Low To Moderately Severe Problem	Q5 -Recip Bill Arr Subs Md Or Pt	7/1/2017	RF121, RF122, RF132
99282	Emergency Department Visit, Low To Moderately Severe Problem	Q6 - Fee/Time Comp Subst Md Or Pt	7/1/2017	RF121, RF122, RF132
99283	Emergency Department Visit, Moderately Severe Problem	Q5 -Recip Bill Arr Subs Md Or Pt	7/1/2017	RF121, RF122, RF132
99283	Emergency Department Visit, Moderately Severe Problem	Q6 - Fee/Time Comp Subst Md Or Pt	7/1/2017	RF121, RF122, RF132
99284	Emergency Department Visit, Problem Of High Severity	Q5 -Recip Bill Arr Subs Md Or Pt	7/1/2017	RF121, RF122, RF132
99284	Emergency Department Visit, Problem Of High Severity	Q6 - Fee/Time Comp Subst Md Or Pt	7/1/2017	RF121, RF122, RF132
J9027	Injection, Clofarabine, 1 mg	JW - Drug Amount Discarded/ Not Admin To Any Patient	6/1/2017	RF121; FR122; RF132
J9033	Injection, Bendamustine Hcl (Treanda), 1 mg	JW - Drug Amount Discarded/ Not Admin To any Patient	1/1/2017	RF121
J9041	Injection, Bortezomib, 0.1 mg	JW - Drug Amount Discarded/ Not Admin To any Patient	6/1/2017	RF121
J9263	Injection, Oxaliplatin, 0.5 mg	JW - Drug Amount Discarded/ Not Admin To any Patient	1/1/2017	RF121
J9351	Injection, Topotecan, 0.1 mg	JW - Drug Amount Discarded/ Not Admin To any Patient	1/1/2017	RF121
J9354	Injection, Ado-Trastuzumab Emtansine, 1 mg	JW - Drug Amount Discarded/ Not Admin To any Patient	1/1/2017	RF121; RF122; RF132
J9355	Injection, Trastuzumab, 10 mg	59 – Distinct Procedural Service	1/1/2017	RF122; RF132
T1016	Case Management, Each 15 Minutes	Q5 - Recip Bill Arr Subs Md Or Pt	7/1/2017	RF122; RF132
T1016	Case Management, Each 15 Minutes	Q6 - Fee/Time Comp Subst Md Or Pt	7/1/2017	RF121; RF122; RF132

- **Procedure Daily Maximum**

- The procedure daily maximum for the CPT code 59409 (Vaginal Delivery) procedure daily maximum is now two (2).
- The procedure daily maximum has been changed to two (2) for the CPT code 73723 (MRI Scan of Leg Joint Before and after Contrast).

Place of Service

Effective for dates of service listed the following CPT/HCPCS codes have been added to the RF115 Reference Screen.

Code	Description	Place of Service	Effective Beginning Date
57522	Removal Or Destruction Of Cervix	50 – Federally Qualified Health Center	1/1/2017
77067	Mammography of Both Breasts	15 – Mobile Unit	1/1/2018
99382	Initial New Patient Preventive Medicine Evaluation, Age 1 Through 4 years	14 - Group Home	1/1/2018
99383	Initial New Patient Preventive Medicine Evaluation, Age 5 Through 11 years	15 - Group Home	1/1/2018
99384	Initial New Patient Preventive Medicine Evaluation, Age 12 Through 17 years	16 - Group Home	1/1/2018
99385	Initial New Patient Preventive Medicine Evaluation, Age 18-39 years	17 - Group Home	1/1/2018
99391	Established Patient Periodic Preventive Medicine Examination Infant Younger Than 1 Year	18 - Group Home	1/1/2018
99392	Established Patient Periodic Preventive Medicine Examination, Age 1 Through 4 Years	19 - Group Home	1/1/2018
99393	Established Patient Periodic Preventive Medicine Examination, Age 5 Through 11 Years	20 - Group Home	1/1/2018
99394	Established Patient Periodic Preventive Medicine Examination, Age 12 Through 17 Years	21 - Group Home	1/1/2018
99395	Established Patient Periodic Preventive Medicine Examination, Age 18 Through 39 Years	22 - Group Home	1/1/2018
99396	Established Patient Periodic Preventive Medicine Examination, Age 40 Through 64 Years	23 - Group Home	10/31/2017
E0952	Toe Loop/Holder, Any Type, Each	14 - Group Home	1/1/2017
E1004	Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction	13 – Assisted Living Facility	1/1/2017
G0297	Low Dose CT Scan (LDCT) For Lung Cancer Screening	11 - Office	1/1/2017
G0467	FQHC Visit, Established Patient	11 - Office	1/1/2018

Code	Description	5	6	7	8	11	12	13	14	19	21	22	23	24	31	32	34	50	72	81	99	Effective Beginning Date
99383	Initial New Patient Preventive Medicine Evaluation, Age 5 Through 11 years								X													1/1/2018
99384	Initial New Patient Preventive Medicine Evaluation, Age 12 Through 17 years								X													1/1/2018
99385	Initial New Patient Preventive Medicine Evaluation, Age 18-39 years								X													1/1/2018
99391	Established Patient Periodic Preventive Medicine Examination Infant Younger Than 1 Year								X													1/1/2018
99392	Established Patient Periodic Preventive Medicine Examination, Age 1 Through 4 Years								X													1/1/2018
99393	Established Patient Periodic Preventive Medicine Examination, Age 5 Through 11 Years								X													1/1/2018
99394	Established Patient Periodic Preventive Medicine Examination, Age 12 Through 17 Years								X													1/1/2018
99395	Established Patient Periodic Preventive Medicine Examination, Age 18 Through 39 Years								X													1/1/2018
99396	Established Patient Periodic Preventive Medicine Examination, Age 40 Through 64 Years								X													10/31/2017
99497	Advanced Care Planning By The Physician Or Other Qualified Health Care Professional									X		X	X									10/1/2017
99498	Advance Care Planning By The Physician Or Other Qualified Health Care Professional									X		X	X									10/1/2017
J1568	Injection, Immune Globulin, (Octagam), Intravenous						X															5/1/2017
S0257	Counseling & Discussion Regarding Advance Directives	X	X	X	X					X		X	X			X	X	X				10/1/2017
05 - Indian Health Service Free-Standing		06 - Indian Health Service Provider-Base						07 - Tribal 638 Free-Standing Facility														
08 - Tribal 638 Provider-Based Facility		11 - Office						12 - Home														
13 - Assisted Living Facility		14 - Group Home						19 - Off Campus-Outpatient Hospital														
21 - Inpatient Hospital		22 - Outpatient Hospital						23 - Emergency Room - Hospital														
24 - Ambulatory Surgical Center		31 - Skilled Nursing Facility						32 - Nursing Facility														
34 - Hospice		50 - Federally Qualified Health Center						72 - Rural Health Clinic														
81 - Independent Laboratory		99 - Other Unlisted Facility																				

New Codes

Effective for dates of service January 1, 2018 the following codes have been added to the reference screens. For specific information regarding coverage code, modifiers etc. refer to the appropriate screens.

Code	Description
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, less than 10 minutes
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 10-20 minutes
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 20 or more minutes

ICD-10 Codes

The following ICD-10 Procedure Codes have been added to the PMMIS system.

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
021708S	Bypass Left Atrium To Right Pulmonary Vein	02174ZU	Bypass Left Atrium To Pulmonary Vein Confluence	021V4ZS	Bypass Superior Vena Cava To Right Pulmonary Vein, Percutaneous Endoscopic Approach
021708T	Bypass Left Atrium To Left Pulmonary Vein	021V08S	Bypass Superior Vena Cava To Right Pulmonary Vein with Zooplastic Tissue, Open Approach	021V4ZT	Bypass Superior Vena Cava To Left Pulmonary Vein, Percutaneous Endoscopic Approach
021708U	Bypass Left Atrium To Pulmonary Vein Confluence	021V08T	Bypass Superior Vena Cava To Left Pulmonary Vein with Zooplastic Tissue, Open Approach	021V4ZU	Bypass Superior Vena Cava To Pulmonary Vein Confluence, Percutaneous Endoscopic Approach
021709S	Bypass Left Atrium To Right Pulmonary Vein With	021V08U	Bypass Superior Vena Cava To Pulmonary Vein Cava	02VW0EZ	Restriction Of Thoracic Aorta, Descending With Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach
021709T	Bypass Left Atrium To Left Pulmonary Vein With	021V09T	Bypass Superior Vena Cava To Left Pulmonary Vein with Autologous Venous Tissue, Open Approach	02VW0FZ	Restriction Of Thoracic Aorta, Descending With Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach
021709U	Bypass Left Atrium To Pulmonary Vein Confluence	021V0AS	Bypass Superior Vena Cava To Right Pulmonary Vein with Autologous Arterial Tissue, Open Approach	02VW3FZ	Restriction Of Thoracic Aorta, Descending With Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Approach
02170AS	Bypass Left Atrium To Right Pulmonary Vein Wit	021V0AT	Bypass Superior Vena Cava to Left Pulmonary Vein with Autologous Arterial Tissue, Open Approach	02VW4EZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach
02170AT	Bypass Left Atrium To Left Pulmonary Vein With	021V0AU	Bypass Superior Vena Cava To Pulmonary Vein confluence with Autologous Arterial Tissue, Open Approach	02VW4FZ	Restriction Of Thoracic Aorta, Descending With Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach

02170AU	Bypass Left Atrium To Pulmonary Vein Confluence	021V0JS	Bypass Superior Vena Cava To Right Pulmonary V	02VX0EZ	Restriction Of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach
02170JS	Bypass Left Atrium To Right Pulmonary Vein Wit	021V0JT	Bypass Superior Vena Cava To Left Pulmonary Vein with Synthetic Substitute, Open Approach	02VX0FZ	Restriction Of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach
02170JT	Bypass Left Atrium To Left Pulmonary Vein With	021V0JU	Bypass Superior Vena Cava to Pulmonary Vein Confluence with Synthetic Substitute, Open Approach	02VX3EZ	Restriction Of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach
02170JU	Bypass Left Atrium To Pulmonary Vein Confluence	021V0KS	Bypass Superior Vena Cava to Right Pulmonary Vein with Nonautologous Tissue Substitute, Open Approach	02VX3FZ	Restriction Of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Approach
02170KS	Bypass Left Atrium To Right Pulmonary Vein Wit	021V0KT	Bypass Superior Vena Cava to Left Pulmonary Vein with Nonautologous Tissue Substitute, Open Approach	02VX4EZ	Restriction Of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach
02170KT	Bypass Left Atrium To Left Pulmonary Vein With	021V0KU	Bypass Superior Vena Cava To Pulmonary Vein Confluence with Nonautologous Tissue Substitute, Open Approach	02VX4FZ	Restriction Of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach
02170KU	Bypass Left Atrium To Pulmonary Vein Confluence	021V0ZS	Bypass Superior Vena Cava To Right Pulmonary Vein, Open Approach	04V00C6	Restriction Of Abdominal Aorta, Bifurcation, W with Extraluminal Device, Open Approach
021748S	Bypass Left Atrium To Right Pulmonary Vein Wit	021V0ZT	Bypass Superior Vena Cava To Left Pulmonary Vein, Open Approach	04V00D6	Restriction Of Abdominal Aorta, Bifurcation, With Intraluminal Device, Open Approach
021748T	Bypass Left Atrium To Left Pulmonary Vein With	021V0ZU	Bypass Superior Vena Cava To Pulmonary Vein Confluence, Open Approach	04V00E6	Restriction Of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach

021748U	Bypass Left Atrium To Pulmonary Vein Confluence	021V48S	Bypass Superior Vena Cava To Right Pulmonary Vein with Zooplastic Tissue, Percutaneous Endoscopic Approach	04V00EZ	Restriction Of Abdominal Aorta With Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach
021749S	Bypass Left Atrium To Right Pulmonary Vein Wit	021V48T	Bypass Superior Vena Cava To Left Pulmonary Vein with Zooplastic Tissue, Percutaneous Endoscopic Approach	04V00F6	Restriction Of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach
021749T	Bypass Left Atrium To Left Pulmonary Vein With	021V48U	Bypass Superior Vena Cava To Pulmonary Vein Confluence with Zooplastic Tissue, Percutaneous Endoscopic Approach	04V00FZ	Restriction Of Abdominal Aorta With Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach
021749U	Bypass Left Atrium To Pulmonary Vein Confluence	021V49S	Bypass Superior Vena Cava To Right Pulmonary Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	04V00Z6	Restriction Of Abdominal Aorta, Bifurcation, Open Approach
02174AS	Bypass Left Atrium To Right Pulmonary Vein	021V49T	Bypass Superior Vena Cava To Left Pulmonary Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	04V03C6	Restriction Of Abdominal Aorta, Bifurcation, with Extraluminal Device, Percutaneous Approach
02174AT	Bypass Left Atrium To Left Pulmonary Vein	021V49U	Bypass Superior Vena Cava To Pulmonary Vein Confluence with Autologous Venous Tissue, Percutaneous Endoscopic Approach	04V03Z6	Restriction Of Abdominal Aorta, Bifurcation, Percutaneous Approach
02174AU	Bypass Left Atrium To Pulmonary Vein Confluence	021V4AS	Bypass Superior Vena Cava To Right Pulmonary Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	04V04C6	Restriction Of Abdominal Aorta, Bifurcation, with Extraluminal Device, Percutaneous Endoscopic Approach
02174JS	Bypass Left Atrium To Right Pulmonary Vein Wit	021V4AT	Bypass Superior Vena Cava To Left Pulmonary Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	04V04D6	Restriction Of Abdominal Aorta, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02174JT	Bypass Left Atrium To Left Pulmonary Vein With	021V4AU	Bypass Superior Vena Cava To Pulmonary Vein Confluence with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	04V04E6	Restriction Of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach

02174JU	Bypass Left Atrium To Pulmonary Vein Confluence	021V4JS	Bypass Superior Vena Cava To Right Pulmonary Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	04V04EZ	Restriction Of Abdominal Aorta With Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach
02174KS	Bypass Left Atrium To Right Pulmonary Vein With	021V4JT	Bypass Superior Vena Cava To Left Pulmonary Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	04V04F6	Restriction Of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach
02174KT	Bypass Left Atrium To Left Pulmonary Vein With	021V4JU	Bypass Superior Vena Cava To Pulmonary Vein Confluence with Synthetic Substitute, Percutaneous Endoscopic Approach	04V04FZ	Restriction Of Abdominal Aorta With Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach
02174KU	Bypass Left Atrium To Pulmonary Vein Confluence	021V4KS	Bypass Superior Vena Cava To Right Pulmonary Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	04V04Z6	Restriction Of Abdominal Aorta, Bifurcation, Percutaneous Endoscopic Approach
02174ZS	Bypass Left Atrium To Right Pulmonary Vein,	021V4KT	Bypass Superior Vena Cava To Left Pulmonary Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	04VC0EZ	Restriction Of Right Common Iliac Artery With Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach
02174ZT	Bypass Left Atrium To Left Pulmonary Vein,	021V4KU	Bypass Superior Vena Cava To Pulmonary Vein Confluence with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach		

Provider Type

Effective for dates of service listed, the following codes have been added to the providers profiles.

Code	Description	Provider type	Modifier (if required)	Effective Begin Date
20604	Aspiration and/or Injection Of Small Joint or Joint Capsule With Recording and Reporting Using Ultrasound Guidance	19 – Registered Nurse Practitioner		01/01/2017
20606	Aspiration and/or Injection Of Intermediate Joint or Joint Capsule With Recording and Reporting Using Ultrasound Guidance	19 – Registered Nurse Practitioner		01/01/2017
20615	Aspiration And Injection Treatment Of Bone Cyst	19 – Registered Nurse Practitioner		01/01/2017
25360	Incision to Repair Forearm Bone	43 – Ambulatory Surgical Center		10/01/2008
25390	Shortening of One of the Forearm Bones	43 – Ambulatory Surgical Center		10/01/2008
35045	Repair Of Diseased Or Bulging (Aneurysm) Artery Of Forearm	43 – Ambulatory Surgical Center		06/01/2017
38222	Diagnostic Bone Marrow; Biopsy(ies) and Aspiration(s)	18 – Physician’s Assistant	AS - PA SVCS For Assistant/At Surgery	01/01/2017
38222	Diagnostic Bone Marrow; Biopsy(ies) and Aspiration(s)	19 – Registered Nurse Practitioner	AS - PA SVCS For Assistant/At Surgery	01/01/2017
58120	D&C for Diagnosis and/or Therapy (Non-Obstetrical)	19 – Registered Nurse Practitioner		01/01/2018

- Effective for dates of service October 1, 2018 the following provider types can report the CPT codes 96160 (Administration And Interpretation Of Patient-Focused Health Risk Assessment) and 96161 (Administration And Interpretation Of Caregiver-Focused Health Risk Assessment).

Provider Type	Description
05	Clinic
11	Psychologist
77	BH Outpatient Clinic
85	Licensed Clinical Social Worker (LCSW)
86	Licensed Marriage & Familytherapistlmft
87	Licensed Professional Counselor (LPC)
IC	Integrated Clinics

- Effective for dates of service on or after January 1, 2018 the provider type 12 (Certified Registered Nurse Anesthetist) can report the CPT code 64486 (Injections Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On One Side).