



ENCOUNTER KEYS

November–December 2022

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Age Changes

- ◆ The following Diagnosis codes have had the age changes made to 18 years – 999 years.

F01.511	F01.518	F01.52	F01.53	F01.54
F01.A0	F01.A11	F01.A18	F01.A2	F01.A3
F01.A4	F01.B0	F01.B11	F01.B11	F01.B18
F01.B2	F01.B3	F01.B4	F01.C0	F01.C11
F01.C18	F01.C2	F01.C3	F01.C4	F03.911
F03.918	F03.92	F03.93	F03.94	F03.A0
F03.A11	F03.A18	F03.A2	F03.A3	F03.A4
F03.B0	F03.B11	F03.B18	F03.B2	F03.B3
F03.B4	F03.C0	F03.C11	F03.C18	F03.C2
F03.C3	F03.C4	I25.112	I25.702	I25.712
I25.722	I25.732	I25.752	I25.762	I25.792

- ◆ The following codes have had the age changed.

Codes	Description	Age Change
91313	Severe Acute Respiratory Syndrome	012y -999y
0134A	Targeted MRNA Sequence Analysis Of 18 Genes Associated with Hereditary Pan Cancer	012y -999y
O09.511	Supervision Of Elderly Primigravida, First Trimester	034y - 064y
O09.512	Supervision Of Elderly Primigravida, Second Tri- mester	034y - 064y
O09.513	Supervision Of Elderly Primigravida, Third Trimester	034y - 064y
O09.519	Supervision Of Elderly Primigravida, Unspecified	034y - 064y
O09.521	Supervision Of Elderly Multigravida, First Trimester	034y - 064y
O09.522	Supervision Of Elderly Multigravida, Second Tri- mester	034y - 064y
O09.523	Supervision Of Elderly Multigravida, Third Trimester	034y - 064y
O09.529	Supervision Of Elderly Multigravida, Unspecified	034y - 064y
P04.40	Newborn Affected by Maternal Use of Unspecified	000y -999y
P04.89	Newborn Affected by Other Maternal Noxious Sub- stances	000y -999y



Codes

- ◆ Effective for October 1, 2022, the following codes have been added to the Reference System.

Codes					
A2014	C1834	G0315	T1033	0340U	0349U
A2015	C9101	J1302	0332U	0341U	0350U
A2016	C9142	J1932	0333U	0342U	0351U
A2017	E0183	J2777	0334U	0343U	0352U
A2018	G0310	J9274	0335U	0344U	0353U
A4596	G0311	J9298	0336U	0345U	0354U
A9602	G0312	Q2056	0337U	0346U	
A9607	G0313	Q5125	0338U	0347U	
A9800	G0314	T1032	0339U	0348U	

- ◆ The following codes have been added to the Reference Screens.

Code	Description	Effective Begin Date
91312	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, trissucrose formulation, for intramuscular use	8/31/2022
91313	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	8/31/2022
91314	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	8/31/2022
91315	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	8/31/2022
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose	8/31/2022
0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose	8/31/2022
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (coronavirus disease [COVID-19]) vaccine, MRNLNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage,	8/31/2022
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent	8/31/2022

Code	Description	Effective Begin Date
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	10/1/2022
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for Medicaid billing purposes)	10/1/2022
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for Medicaid billing purposes)	10/1/2022
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time	10/1/2022
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time	10/1/2022
G0314	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time	10/1/2022
G0315	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time	10/1/2022
0044A	Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use. Booster.	10/01/2022

◆ Effective for January 1, 2021, the following information has been added to the codes listed.

- Revenue Code 0490 (Ambulatory Surgical Center)
- Place Of Service 24 (Ambulatory Surgical Center) has been changed to 99/99/9999
- Provider Type 43 (Ambulatory Surgical Center)
- Modifier SG (AMB SURG CTR (ASC) FA)

Codes	Description
88172	Evaluation Of Fine Needle Aspirate
88173	Evaluation Of Fine Needle Aspirate with Interpretation and Report
88177	Pap Test, Evaluation of Fine Needle Aspirate, Immediate, Each Additional Evaluation Episode
88333	Pathology Cytologic Examination of Specimen During Surgery, Initial Site
88341	Special Stained Specimen Slides to Examine Tissue, Each Additional Procedure
88344	Special Stained Specimen Slides to Examine Tissue, Each Multiplex
88361	Microscopic Genetic Analysis of Tumor, Using Computer-Assisted Technology
88377	Microscopic Genetic Analysis of Tissue, Manual, Each Additional Multiplex Stain Procedure

Coverage Codes

- ◆ Effective for the dates of service listed, the following CPT/HCPCS codes have changes in the Coverage Code.

Code	Description	Coverage Code	Effective Begin Date
81313	Test For Detecting Genes Associated with Prostate Cancer	01 - Covered Service/Code Available	10/1/2022
81327	Gene Analysis (SEPTIN9) For Promoter Methylation	01 - Covered Service/Code Available	10/1/2022
81435	Test For Detecting Genes Associated with Colon Cancer, Genomic Sequence Analysis Panel, at least 10 Genes	01 - Covered Service/Code Available	10/1/2022
81490	Test For Detecting Genes Associated with Rheumatoid Arthritis Using Immunoassay Technique	01 - Covered Service/Code Available	10/1/2022
0113A	Immunization Administration by Intramuscular Injection	01 - Covered Service/Code Available	6/17/2022
A9574	Air Polymer-Type A Intrauterine Foam, 0.1 ml	04 - Not Covered Service/Code Not Available	4/1/2022
G0108	Diabetes Outpatient Self-Management Training Services, Individual, Per 30 Minutes	01 - Covered Service/Code Available	10/1/2022
G0109	Diabetes Outpatient Self-Management Training Services, Group Session (2 Or More), Per 30 Minutes	01 - Covered Service/Code Available	10/1/2022
G0506	Comprehensive Assessment of And Care Planning for Patients Requiring Chronic Care Management Services	09 - Medicare Only	1/1/2022
G2211	Visit Complexity Inherent to Evaluation and Management Associated with Medical Care Services That Serve As The Continuing Focal Point For All Needed Health Care Services and/or With Medical Care Services That Are Part Of Ongoing Care Related To A Patient's Single, Serious Condition Or A Complex Condition.	09 - Medicare Only	1/1/2022
T1032	Services Performed by A Doula Birth Worker, Per 15 Minutes	04 - Not Covered Service/Code Not Available	10/1/2022
T1033	Services Performed by A Doula Birth Worker, Per Diem	04 - Not Covered Service/Code Not Available	10/1/2022

- ◆ On the Reference Screen RF769 the **end date** for E1800 (Dynamic Adjustable Elbow Extension/Flexion Device, Includes Soft Interface Material) has been changed to 99/99/9999.
- ◆ The code D9920 (Behavior Management) has been opened but not allowed for reporting for all of our providers except for the few that see our adult DD population in an in-office setting. ***This code has been closed on all provider type tables.***

Date Change for Edits Z941 and Z942

AHCCCS will begin to enforce the Electronic Visit Verification edits of Z941 (EVV Response: No Visit Found) and Z942 (EVV Response: Unmatched Units) effective 01/1/2023, for dates of service on and after 01/01/2023.

Encounter Cycle Schedule

The Current (October-December) and Future (January-March) Encounter Processing Schedules have been updated on the AHCCCS website <https://www.azahcccs.gov/PlansProviders/HealthPlans/>

Indicators

- ◆ The following indicators have been added to the CPT codes below.

Code	Description	Indicators
0339U	Oncology (Prostate), MRNA Expression Profiling Of HOXC	Male
0343U	Oncology (Prostate), EXOSOME-Based Analysis Of 442 SMA	Male
0352U	Infectious Disease (Bacterial Vaginosis and Vaginitis	Female

- ◆ The TPL indicator has been changed to “N” No for the HCPCS code T2040 (Financial Management, Self-Directed, Waiver; Per 15 Mi).

Limits and Frequencies

- ◆ The Limits and Frequencies have been removed from the following HCPCS codes.

J7296 Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 mg
 J7297 Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 mg
 J7298 Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 mg

- ◆ A4332 (Lubricant, Individual Sterile Packet, Each) changes include:
 - ∅ Procedure Daily Maximum 200
 - ∅ Laboratory Limit 1: 200
 - ∅ Frequency 1 m
- ◆ J0558 (Injection Penicillin G Benzathine & Penicillin G PR)
 - ∅ Procedure Daily Maximum 400
 - ∅ Laboratory Limit 1: 200
 - ∅ Frequency 12 w
- ◆ J9332 (Injection, Efgartigimod ALFA-FCAB, 2mg) changes include:
 - ∅ Procedure Daily Maximum 600
 - ∅ Laboratory Limit 1: 1
 - ∅ Frequency 7 D
- ◆ L8001 (Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Unilateral, Any Size, Any Type) changes include;
 - ∅ Procedure Daily Maximum 1
 - ∅ Laboratory Limit 1: 6
 - ∅ Frequency 1 y

Medical Categories of Service

- ◆ The following changes are for the Category of service.

Code	Description	Category of Service	Effective Begin Date	Effective End Date
E0203	Therapeutic Lightbox, Minimum 10,000 Lux, Tabletop Model	15 – DME & Appliances		05/30/2022
E0203	Therapeutic Lightbox, Minimum 10,000 Lux, Tabletop Model	40 – Medical Supplies	06/01/2022	

- ◆ Effective for June 1, 2022, the Category of Service has been changed to 40 (Medical Supplies) from 15 (DME And Appliances) for the following codes.

Codes			
L1499	L3206	L3213	L3221
L2006	L3207	L3214	L3222
L3201	L3208	L3215	L3230
L3202	L3209	L3216	L3250
L3203	L3211	L3217	L3251
L3204	L3212	L3219	

From Gina Aker

Encounter Processing Direction regarding Dual Non Covered Medicare Services and Provider Types for Dual Members

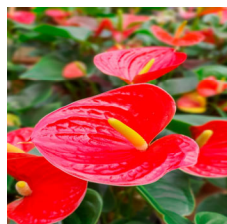
AHCCCS has received many questions from the Health Plans regarding submitting encounters with CPT codes and provider types that are non-covered by Medicare.

Background –

Historically providers and Health Plans have struggled coordination of benefits for dual members when Medicaid covered services do not qualify for Medicare and Medicare primary payment, or when a Medicaid allowable provider type is not recognized by Medicare. In these cases Medicare does not issue a denial or explanation of benefits.

To relieve significant provider noise, administrative burden, and related costs on the providers, AHCCCS is allowing the Providers to zero (0) fill the Medicare payment as non-covered for these services (indicating no payment by Medicare) on the claim, when Medicare guidelines are not met.

This will ensure the encounter does not deny for edit errors R280 – Medicare coverage indicated but not billed or/and R600 Medicare Coverage Indicated but Not Billed.



Medicare Indicator

- ◆ The Medicare Indicator has been changed to “Y” yes for the HCPCS code J7999 (Compounded Drug, Not Otherwise Classified).

Medical Coding Changes and Updates

The DFSM Medical Coding unit has recently updated all the Durable Medical Equipment (DME) Category of Service (COS) 15 and Medical Supply (COS) 40 codes to match the Center for Medicare Services list on DMEPOS. All code ranges have been re-entered into the system as single codes due to the specific COS for the specific code.

Also updated was the DME Place of Service for all DME codes to match current National Coding Standards.

Current guidance states for DME, the place of service billed must be under the POS that the member will use the DME product even if it is dispensed from the provider's office.

Update: Place of Service 11 is added back to V2020-V2799 with no lapse until 9/1/2022 to allow the health plans to work with those providers who are submitting claims incorrectly for this specific code set. V2020-V2799 is a DME product on the DME list.

Questions email: CodingPolicyQuestions@azahcccs.gov

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Modifiers

Effective for September 30, 2022, the following modifiers have been **end dated** for:

- G0108 (Diabetes Outpatient Self-Management Training Services, Individual, Per 30 Minutes) and
- G0109 (Diabetes Outpatient Self-Management Training Services, Group Session (2 Or More), Per 30 Minutes).

Modifiers			
PO - Services, Procedures	QJ - Med Dir Emp Anes 4 Pr	U7 - Agency with Choice/(BH) SABG Funded	22 - Unusual Procedural Services
52 - Reduced Services	53 - Discontinued Procedure	58 - Staged/Related Proc Same Post-OP Period	73 - Discont O/P HOSP/ASC Prior To Adm Anesth
74 - Discount O/P HOSP/ASC After Admin Anesthe	76 - Repeat Procedure by Same MD	77 - Repeat Procedure/Another Physician	78 - Return to O.R. For Related Proc Post-Op
79 - Unrelated Proc/Svc, Same Md Post-OP			

- ◆ Effective for **January 1, 2023**, the following modifiers have been added to the Reference Screens (RF114 and 119).

Modifier	Definition
AB	Audiology Service Furnished Personally by An Audiologist Without A Physician/NPP Order For Non-Acute Hearing Assessment Unrelated To Disequilibrium, Or Hearing Aids, Or Examinations For The Purpose Of Prescribing, Fitting, Or Changing Hearing Aids; Service May Be Performed Once Every 12 Months, Per Beneficiary
JZ	Zero Drug Amount Discarded/Not Administered to Any Patient
LU	Fractionated Payment of Car-T Therapy

- ◆ Effective for dates of service listed, the following modifiers have been added to the HCPCS codes below.

Modifier	Description	Modifier	Description
NU	New Equipment	NR	New When Rented/Amb SNF to Residence
RR	Rental/DME	RA	Replacement DME/Orthotic/Prosthetic
LL	Lease/Rental	RB	Replace Part of DME/Orthotic/Prosthetic

Code	Description	Effective Begin Dates
A4596	Cranial Electrotherapy Stimulation (CES) System Supplies	10/1/2022
K0742	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1	6/1/2022
K0743	Suction Pump, Home Model, Portable, For Use on Wounds	6/1/2022
K0903	For Diabetics Only, Multiple Density Insert, Made by Di	6/1/2022
L8605	Injectable Bulking Agent, Dextranomer/Hyaluronic Acid C	6/1/2022
T5001	Positioning Seat for Persons with Special Orthopedic Ne	6/1/2022
V2762	Polarization, Any Lens Material, Per Lens	6/1/2022

- ◆ Effective for dates of service listed, the following modifiers have been added to the codes.
- ◆ **NOTE:** Modifier TJ is for tracking EPSDT for those in Foster care who require a specific visit within a specific time to meet policy requirements. This is not to be used for any other EPSDT visit. Please visit Mercy Care Page for more information as they will be utilizing this modifier.

Code	Description	Modifiers	Effective Begin Date
36225	Insertion Of Tube into Chest Artery for Diagnosis or Treatment with Review By Radiologist	22 - Unusual Procedural Service	7/1/2022
37241	Occlusion Of Vein with Review by Radiologist	52 - Reduced Services	7/1/2022
38999	Other Procedure on Lymphatic System	LT - Identifies Left Side	1/1/2022
38999	Other Procedure on Lymphatic System	RT - Identifies Right Side	1/1/2022
43191	Diagnostic Exam of Esophagus Using an Endoscope	63 - Neonates/Infants Up to the 4-Kg Cut Off	6/1/2022
91302	Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, each (E.G., Gel Cell, Absorbed Glassmat)	NU - New Equipment	1/1/2022
99201	New Patient Office or Other Outpatient Visit, typically 10 Minutes	TJ - Program Group, Child/Adolescent	10/1/2022
99202	New Patient Outpatient Visit, Total Time 15-29 Minutes	TJ - Program Group, Child/Adolescent	10/1/2022
99203	New Patient Office or Other Outpatient Visit, 30-44 Minutes	TJ - Program Group, Child/Adolescent	10/1/2022
99204	New Patient Office or Other Outpatient Visit, 45-59 Minutes	TJ - Program Group, Child/Adolescent	10/1/2022
99205	New Patient Office or Other Outpatient Visit, 60-74 Minutes	TJ - Program Group, Child/Adolescent	10/1/2022
99211	Office Or Other Outpatient Visit for The Evaluation And Management Of Established Patient That May Not Require Presence Of Healthcare Professional	TJ - Program Group, Child/Adolescent	10/1/2022
99212	Established Patient Office Or Other Outpatient Visit, 10-19 Minutes	TJ - Program Group, Child/Adolescent	10/1/2022
99213	Established Patient Office Or Other Outpatient Visit, 20-29 Minutes	TJ - Program Group, Child/Adolescent	10/1/2022
99214	Established Patient Office Or Other Outpatient Visit, 30-39 Minutes	TJ - Program Group, Child/Adolescent	10/1/2022
99215	Established Patient Office Or Other Outpatient Visit, 40-54 Minutes	TJ - Program Group, Child/Adolescent	10/1/2022
99381	Initial New Patient Preventive Medicine Evaluation (Younger Than 1 Year)	TJ - Program Group, Child/Adolescent	10/1/2022
99382	Initial New Patient Preventive Medicine Evaluation (1-4 Years)	TJ - Program Group, Child/Adolescent	10/1/2022
99383	Initial New Patient Preventive Medicine Evaluation (5-11 Years)	TJ - Program Group, Child/Adolescent	10/1/2022
99384	Initial New Patient Preventive Medicine Evaluation (12-17 Years)	TJ - Program Group, Child/Adolescent	10/1/2022

Code	Description	Modifiers	Effective Begin Date
99385	Initial New Patient Preventive Medicine Evaluation (18-39 Years)	TJ - Program Group, Child/Adolescent	10/1/2022
99391	Established Patient Periodic Preventive Medicine Examination (Younger Than 1 Year)	TJ - Program Group, Child/Adolescent	10/1/2022
99392	Established Patient Periodic Preventive Medicine Examination (1-4 Years)	TJ - Program Group, Child/Adolescent	10/1/2022
99393	Established Patient Periodic Preventive Medicine Examination (5-1 Years)	TJ - Program Group, Child/Adolescent	10/1/2022
99394	Established Patient Periodic Preventive Medicine Examination (12- 17 Years)	TJ - Program Group, Child/Adolescent	10/1/2022
99395	Established Patient Periodic Preventive Medicine Examination (18-39 Years)	TJ - Program Group, Child/Adolescent	10/1/2022
A4216	Sterile Water, Saline and/or Dextrose, Diluent/Flush, 10 ml	NU - New Equipment	1/1/2022
A4216	Sterile Water, Saline and/or Dextrose, Diluent/Flush, 10 ml	RR - Rental/DME	1/1/2022
A4224	Supplies For Maintenance of Insulin Infusion Catheter,	NU - New Equipment	1/1/2022
A4225	Supplies For External Insulin Infusion Pump, Syringe Type Cartridge, Sterile, Each	NU - New Equipment	1/1/2022
A4257	Replacement Lens Shield Cartridge for Use with Laser Skin Piercing Device, Each	NU - New Equipment	1/1/2022
A4258	Spring-Powered Device for Lancet, Each	NU - New Equipment	1/1/2022
A4336	Incontinence Supply, Urethral Insert, Any Type, Each	NU - New Equipment	1/1/2022
A4360	Disposable External Urethral Clamp or Compression Device, With Pad and/or Pouch, Each	NU - New Equipment	1/1/2022
A4436	Irrigation Supply; Sleeve, Reusable, Per Month	NU - New Equipment	1/1/2022
A4437	Irrigation Supply; Sleeve, Disposable, Per Month	NU - New Equipment	1/1/2022
A4456	Adhesive Remover, Wipes, Any Type, Each	NU - New Equipment	1/1/2022
C9602	Percutaneous Transluminal Coronary Atherectomy, With Drug Eluting Intracoronary Stent,	LM - Left Main Coronary Artery	1/1/2022
C9602	Percutaneous Transluminal Coronary Atherectomy, With Drug Eluting Intracoronary Stent,	RI - Res to Site of Trans/Ramus Interim Corn A	1/1/2022
J1448	Injection, Immune Globulin (ASCENIV), 500 mg	JW - Drug Amount Discarded/Not Admin to Any	10/1/2021
J1448	Injection, Trilaciclib, 1mg	JG - Drug 340B Price Dsct Pro	1/1/2022

J1448	Injection, Trilaciclib, 1mg	TB - Drug or Biological or Biological Acquired With 340B Dr	1/1/2022
J9217	Leuprolide Acetate (For Depot Suspension), 7.5 mg	PN - Non-Excepted Service Provided at An Off-	11/1/2021
J9358	Injection, Fam-Trastuzumab Deruxtecán-NXKI, 1 mg	TB - Drug or Biological Acquired with 340B Drug	10/1/2021
Q0480	Driver For Use with Pneumatic Ventricular Assist Device	RR – Rental/DME	1/1/2022

➤ The **end dates** for the Category II codes (0001F – 9007F) for the modifiers 1P, 2P, 3P have been changed to 99/99/9999.

➤ Effective for September 30, 2022, the following modifiers have been **end dated** for the HCPCS codes G0108 (Diabetes Outpatient Self-Management Training Services, Individual, Per 30 Minutes) and G0109 (Diabetes Outpatient Self-Management Training Services, Group Session (2 Or More), Per 30 Minutes):

PO	QJ	U7	22
52	53	58	73
74	76	77	78
79			

➤ The modifier RR (Rental/DME) has had the end date changed to 99/99/9999 for HCPCS code S5161 (Emergency Response System; Service Fee, Per Month).

Place of Service

- ◆ A9595 has been **back dated**.
- ◆ Effective September 30, 2022 the HCPCS code G0108 (Diabetes Outpatient Self-Management Training Services, Individual, Per 30 Minutes) has been **end dated** for the POS 21 (Inpatient Hospital)
- ◆ Effective for September 30, 2022, the POS 21 (Inpatient Hospital) has been **end dated** for the HCPCS code G0108 (Diabetes Outpatient Self-Management Training Services, Individual, Per 30 Minutes).
- ◆ The following CPT/HCPCS codes have been added to the Reference Screen.

Code	Description	Place of Service	Effective Begin Date
00630	Anesthesia For Other Procedure on Lower Spine	11 - Office	1/1/2022
01112	Anesthesia For Bone Marrow Aspiration and/or Bi-opsy at Pelvic Bone	24 - Ambulatory Surgical Center	44562
01250	Anesthesia For Procedure on Nerves, Muscles, Tendons, And Tissue	11 - Office	1/1/2022
11750	Permanent Removal Fingernail or Toenail	12 - Home	1/1/2022
22856	Insertion Of Artificial Upper Spine Disc, Anterior Approach	24 - Ambulatory Surgical Center	11/1/2020
33286	Removal Of Heart Rhythm Monitor from Under the Skin	11 - Office	7/1/2022
77048	MRI Scan Of 1 Breast	11 - Office	6/1/2022
81313	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19) Vaccine,	15 - Mobile Unit	7/1/2022
86593	Syphilis Test, Non-Treponemal Antibody; Quantitative	71 - State or Local Public Health Clinic	1/1/2022
87205	Special Gram or Giemsa Stain for Microorganism	71 - State or Local Public Health Clinic	1/1/2022
87255	Virus Isolation	71 - State or Local Public Health Clinic	1/1/2022
87389	Detection Test by Immunoassay Technique For HIV-1 Antigen And HIV-1 and HIV-2 Antibodies	71 - State or Local Public Health Clinic	1/1/2022
87624	Detection Test by Nucleic Acid for Human Papillomavirus (HPV), High-Risk Types	71 - State or Local Public Health Clinic	1/1/2022
92521	Evaluation Of Speech Continuity, Smoothness, Rate, And Effort	14 - Group Home	1/1/2022
92521	Evaluation Of Speech Continuity, Smoothness, Rate, And Effort	31 - Skilled Nursing Facility	1/1/2022
92607	Evaluation With Prescription of Speech-Generating and Alternative	31 - Skilled Nursing Facility	1/1/2022
92608	Evaluation With Prescription of Speech-Generating and Alternative	31 - Skilled Nursing Facility	1/1/2022
92609	Therapy Service for Use of Speech-Generating Device with Programming	31 - Skilled Nursing Facility	1/1/2022

Code	Description	Place of Service	Effective Begin Date
92610	Evaluation Of Oral and Pharyngeal Swallowing Function	12 - Home	1/1/2022
92610	Evaluation Of Oral and Pharyngeal Swallowing Function	14 – Group Home	1/1/2022
92630	Therapy Service for Use of Nonspeech-Generating Device with Programming	11 - Office	1/1/2022
92630	Therapy Service for Use of Nonspeech-Generating Device with Programming	14 - Group Home	1/1/2022
92630	Therapy Service for Use of Nonspeech-Generating Device with Programming	31 - Skilled Nursing Facility	1/1/2022
0031A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19) Vaccine,	15 - Mobile Unit	7/1/2021
1125F	Pain Severity Quantified; Pain Present (COA) (ONC)	02 - Telehealth Provided Other Than in Patient Home	7/1/2021
1126F	Pain Severity Quantified; No Pain Present (COA) (ONC)	02 - Telehealth Provided Other Than in Patient Home	7/1/2021
1159F	Medication List Documented in Medical Record (COA)	02 - Telehealth Provided Other Than in Patient Home	7/1/2021
1160F	Review Of All Medications by A Prescribing Practitioner or Clinic	02 - Telehealth Provided Other Than in Patient Home	7/1/2021
2023F	Dilated Retinal Eye Exam with Interpretation by An Ophthalmologist or Optometrist Documented and Reviewed; Without Evidence of Retinopathy (DM)	12 - Home	7/1/2021
3008F	Body Mass Index (BMI), Documented (PV)	15 - Mobile Unit	6/1/2021
3016F	Patient Screened for Unhealthy Alcohol Use Using A Systematic Screening Method (PV) (DSP)	02 - Telehealth Provided Other Than in Patient Home	7/1/2021
4010F	Angiotensin Converting Enzyme (Ace) Inhibitor or Angiotensin Receptor Blocker (ARB)	12 - Home	7/1/2021
4010F	Angiotensin Converting Enzyme (Ace) Inhibitor or Angiotensin Receptor Blocker (ARB)	02 - Telehealth Provided Other Than in Patient Home	7/1/2021
A9595	Piflufolastat F-18, Diagnostic, 1 Millicurie	11 – Office	1/1/2022
G8427	Eligible Clinician Attests to Documenting in The Medical Record They Obtained, Updated, Or Reviewed the Patient's Current Medications	12 - Home	7/1/2021
G8427	Eligible Clinician Attests to Documenting in The Medical Record They Obtained, Updated, Or Reviewed the Patient's Current Medications	02 - Telehealth Provided Other Than in Patient Home	7/1/2021
G8427	Eligible Clinician Attests to Documenting in The Medical Record They Obtained, Updated, Or Reviewed the Patient's Current Medications	31 - Skilled Nursing Facility	7/1/2022
G8431	Screening For Depression Is Documented as Being Positive and A Follow-Up Plan Is Documented	02 - Telehealth Provided Other Than in Patient Home	7/1/2021

Code	Description	Place of Service	Effective Begin Date
G8433	Screening For Depression Not Completed, Documented Patient or Medical Reason	12 - Home	7/1/2021
G8482	Influenza Immunization Administered or Previously Received	31 - Skilled Nursing Facility	7/1/2022
G8510	Screening For Depression Is Documented as Negative, A Follow-Up Plan Is Not Required	02 - Telehealth Provided Other Than in Patient Home	7/1/2021
G9991	Pneumococcal Vaccine Administered on Or After Patient's 60th Birthday and Before the End Of The Measurement Period	31 - Skilled Nursing Facility	7/1/2022
J0491	Injection, Anifrolumab-FNIA, 1 mg	11 - Office	4/1/2022
J0741	Injection, Cabotegravir and Rilpivirine, 2mg/3mg	12 - Home	10/1/2022
J9332	Injection, Efgartigimod ALFA-FCAB, 2mg	12 - Home	7/1/2022
Q5119	Injection, Rituximab-PVVR, Biosimilar, (Ruxience), 10 mg	12 - Home	7/1/2022
V5181	Hearing Aid, Contralateral Routing Device, Monaural, Behind the Ear (BTE)	12 - Home	1/1/2022
V5257	Hearing Aid, Digital, Monaural, BTE	12 - Home	1/1/2022

- ◆ Effective for January 1, 2022, the POS 14 (Group Home) has been added to the following CPT codes.

Codes			
92507	97113	97150	97167
92508	97116	97161	97168
92522	97124	97162	97168
92523	97129	97163	97530
92526	97130	97164	97533
97110	97139	97165	97535
97112	97140	97166	

Procedure Daily Maximum

The Procedure Daily Maximum has been changed for the following CPT/HCPCS codes.

Code	Description	Daily Maximum
20205	Deep Biopsy of Muscle	3
90472	Administration Of Vaccine, Each Additional Vaccine	8
A4332	Lubricant, Individual Sterile Packet, Each	200
C9765	Revascularization, Endovascular, Open Or Percutaneous,	2
G0378	Hospital Observation Service, Per Hour	72
G2066	Interrogation Device Evaluation(s), (Remote) Up To 30 Days; Implantable	1
J0558	Injection, Penicillin G Benzathine and Penicillin G Procaine, 100,000 units	400
J1095	Injection, Dexamethasone 9 Percent, Intraocular, 1 Microgram	1034
J9021	Injection, Asparaginase, Recombinant, (Rylaze), 0.1 mg	800
J9025	Injection, Azacitidine, 1 mg	300
J9035	Injection, Bevacizumab, 10 mg	180
Q5105	Injection, Epoetin Alfa-EPBX, Biosimilar, (Retacrit)	100
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	47

- ◆ The HCPCS code L8001 (Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Unilateral, Any Size, Any Type) changes include
 - Procedure Daily Maximum to 1
 - Limit 1: 6
 - Frequency 1 Year

Prior Authorization

The following HCPCS codes have been updated for Prior Authorization.

Code	Description	Prior Authorization	Effective Begin Date
81432	Test For Detecting Genes Associated with Inherited Breast Cancer-Related Disorders	03 - PA REQ'D For Both Acute and LTC	10/1/2022
81432	Test For Detecting Genes Associated with Inherited Breast Cancer-Related Disorders	03 - PA REQ'D For Both Acute and LTC	10/1/2022
91302	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, DNA, S	04 - Pa Not Required for Acute or LTC	12/21/2022
91312	Severe Acute Respiratory Syndrome Coronavirus 2	04 - Pa Not Required for Acute or LTC	8/31/2022
91313	Severe Acute Respiratory Syndrome Coronavirus 2	04 - Pa Not Required for Acute or LTC	8/31/2022
91314	Severe Acute Respiratory Syndrome Coronavirus 2	04 - Pa Not Required for Acute or LTC	8/31/2022
91315	Severe Acute Respiratory Syndrome Coronavirus 2	04 - Pa Not Required for Acute or LTC	8/31/2022
0021A	Immunization Administration by Intramuscular Injection	04 - Pa Not Required for Acute or LTC	12/21/2020
0022A	Immunization Administration by Intramuscular Injection	04 - Pa Not Required for Acute or LTC	10/6/2020
0124A	Immunization Administration by Intramuscular Injection	04 - Pa Not Required for Acute or LTC	8/31/2022
0134A	Immunization Administration by Intramuscular Injection	04 - Pa Not Required for Acute or LTC	8/31/2022
0144A	Immunization Administration by Intramuscular Injection	04 - Pa Not Required for Acute or LTC	8/31/2022
0154A	Immunization Administration by Intramuscular Injection	04 - Pa Not Required for Acute or LTC	8/31/2022
G0108	Diabetes Outpatient Self-Management Training Services, Individual, Per 30 Minutes	04 - PA Not Req'd for Acute Or LTC	10/1/2022
G0109	Diabetes Outpatient Self-Management Training Services, Group Session	04 - PA Not Req'd for Acute Or LTC	10/1/2022
J2778	Injection, Ranibizumab, 0.1 mg	03 - PA Req'd for Both Acute And LTC	10/1/2022
J9035	Injection, Bevacizumab, 10 Mg	03 - PA Req'd for Both Acute And LTC	9/1/2022
J9312	Injection, Rituximab, 10 Mg	03 - PA Req'd for Both Acute And LTC	9/1/2022
Q5113	Injection, Trastuzumab-DKST, Biosimilar, (Ogivri), 10 mg	04 - PA Not Required for Acute or LTC	9/1/2022
Q5114	Injection, Trastuzumab-PKRB, Biosimilar, (Herzuma), 10 mg	04 - PA Not Required for Acute or LTC	9/1/2022
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	02 - PA Required for LTC Recipients	10/1/2021
S9484	Crisis Intervention Mental Health Services, Per Hour	04 - PA Not Required for Acute or LTC	8/17/2021
S9485	Crisis Intervention Mental Health Services, Per Diem	04 - PA Not Required for Acute or LTC	8/17/2021

Provider Type

- ◆ Effective for dates of service listed the codes have been added to the provider types.

Code	Description	Provider Type	Effective Begin Date
96125	Test To Assess the Ability to Complete Specific Functional Tasks	15 – Speech Therapist	1/1/2022
H0015	Alcohol and/or Drug Services; Intensive Outpatient (Treatment Program That Operates At Least 3 Hours/Day And At Least 3 Days/Week and Is Based on An Individualized Treatment Plan), Including Assessment, Counseling; Crisis Intervention, And Activity Therapies or Education	71 - Psychiatric Hospital	9/1/2022
J0490	Injection, Belimumab, 10 mg	19 - Registered Nurse Practitioner	4/1/2021
J0491	Injection, Anifrolumab-FNIA, 1 Mg	03 - Pharmacy	6/1/2022
J1602	Injection, Golimumab, 1 mg, For Intravenous Use	19 - Registered Nurse Practitioner	4/1/2021
J3032	Injection, Eptinezumab-Jjmr, 1 mg	03 - Pharmacy	5/1/2021
J3241	Injection, Teprotumumab-TRBW, 10 mg	03 - Pharmacy	6/1/2022
Q5106	Injection, Epoetin Alfa-EPBX, Biosimilar, (Retacrit)	03 - Pharmacy	5/1/2022
Q5119	Injection, Rituximab-PVVR, Biosimilar, (Ruxience), 10 mg	03 - Pharmacy	8/1/2022
Q5121	Injection, Infliximab-AXXQ, Biosimilar, (Avsola), 10 Mg	03 - Pharmacy	5/1/2022
Q5121	Injection, Infliximab-AXXQ, Biosimilar, (Avsola), 10	19 - Registered Nurse Practitioner	4/1/2021
S5136	Homemaker Service, NOS; Per 15 Minutes	95 - Non-Medicare Certified Home Health Agencies	10/1/2022
S9480	Intensive Outpatient Psychiatric Services, Per Diem	71 - Psychiatric Hospital	9/1/2022

Note: The HCPCS code J3032 for provider type 03 (Pharmacy) has been backdated to 05/01/2021

- ◆ Effective for January 1, 2022, the codes listed below have been added to the Provider Type 30 (DME Supplier).

Codes						
Q4001	Q4008	Q4015	Q4022	Q4029	Q4036	Q4043
Q4002	Q4009	Q4016	Q4023	Q4030	Q4037	Q4044
Q4003	Q4010	Q4017	Q4024	Q4031	Q4038	Q4045
Q4004	Q4011	Q4018	Q4025	Q4032	Q4039	Q4046
Q4005	Q4012	Q4019	Q4026	Q4033	Q4040	Q4047
Q4006	Q4013	Q4020	Q4027	Q4034	Q4041	Q4048
Q4007	Q4014	Q4021	Q4028	Q4035	Q4042	

Revenue Codes

- ◆ Effective for the dates of service listed the following Revenue Codes have been added/or end dated.

Code	Description	Revenue Code Added	Effective Date	End dated
0520T	Removal And Replacement of Pulse Generator Components of Wireless Heart Stimulator System for Pacing of Lower Left Chamber of Heart, With Placement Of New Electrode	0841 - CAPD/ Composite		01/01/2022
0520T	Removal And Replacement of Pulse Generator Components of Wireless Heart Stimulator System for Pacing Of Lower Left Chamber Of Heart, With Placement Of New Electrode	0874 - Reserved for Assign	01/01/2022	
0540T	Administration Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell Therapy	0874 - Reserved for Assign	01/01/2022	
0540T	Administration Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell Therapy	0841 - CAPD/ Composite		01/01/2022
Q2042	Tisagenlecleucel, Up To 600 million Car-Positive Viable T Cells	0891 - Donor Bank/ Bone	01/01/2022	
Q4125	Arthroflex, Per Square Centimeter	0636 - Drugs/Detail Coding	01/01/2022	
Q4125	Arthroflex, Per Square Centimeter	0250 - Pharmacy		10/01/2022
Q4125	Arthroflex, Per Square Centimeter	0490 - Ambul Surg		10/01/2022

- ◆ The following Revenue codes have been added to the codes listed.

Revenue Code	Code	Revenue Code	Code
0272	C1052	0481	C9773
0272	C2596	0481	C9774
0278	C1761	0636	J1448
0343	A9596	0636	J9247
0361	33018	0636	J9319
0361	33995	0636	Q0220
0361	33997	0636	Q0221
0361	34705	0636	Q0222
0361	37799	0636	Q9966
0361	39499	0761	22510
0361	0614T	0761	22511
0361	G2170	0761	22512
0361	G2171	0761	64999

