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Age Changes

Code	Description	Minimum Age	Maximum Age
0UB50ZZ	Excision Of Right Fallopian Tube, Open Approach	010 Y	999 Y
90653	Influenza Vaccine, Inactivated	065 Y	999 Y
91318	Coronavirus Vaccine 19	006 M	059 M
91319	Coronavirus Vaccine 20	005 Y	012 Y
91321	Coronavirus Vaccine 22	006 M	143 M
96380	Administration Of Respiratory Syncytial Virus, Monoclonal Antibody,	000 M	1024 M
96381	Administration Of Respiratory Syncytial Virus,	000 M	024 M
F53.0	Postpartum Depression	009 Y	054 Y
Z13.32	Encounter For Screening for Maternal Depression	000 Y	055 Y

Code	Description	Procedure Daily	Minimum Age	Maximum Age	Laboratory Limit 1	Frequency 1	Laboratory Limit 2	Frequency 2
H0001	Alcohol and/or Drug Assessment	1	011 y	999 Y	1	1 M	12	1 Y
H0002	Behavioral Health Screening to Determine Eligibility for Admission to Treatment Program	1	000 Y	999 Y	24	1 Y		
J1745	Injection, Infliximab, Excludes Biosimilar, 10 mg	150	000 Y	999 Y	150	13 D		
Q5124	Injection, Ranibizumab-Nuna, Biosimilar, (BYOOVIZ), 0.1 mg	10	000 Y	999 Y	10	28 D		
58940	Removal Of Ovaries		003 Y	130 Y				

Category of Service

- Effective December 31, 2023, the Category of Service 12 (Pathology & Laboratory) for HCPCS code G0146 (Principal Illness Navigation - Peer Support, Additional 30 Minutes Per Calendar Month (List Separately in Addition to G0140) will be **end dated**.
- Effective January 1, 2024, the Category of Service for HCPCS code G0146 (Principal Illness Navigation - Peer Support, Additional 30 Minutes Per Calendar Month (List Separately in Addition to G0140) will be **01** (Medicine).

Codes

Effective December 31, 2023, the following codes have been **end dated**.

Codes						
0014M	0465T	0775T	G2108	G9451	J9160	K1021
0404T	0501T	0809T	G2109	G9453	K1001	K1022
0424T	0502T	74710	G2110	G9454	K1002	K1023
0425T	0503T	C9152	G8506	G9596	K1003	K1024
0426T	0504T	C9153	G8818	G9612	K1005	K1025
0427T	0508T	C9154	G8825	G9613	K1006	K1026
0428T	0533T	C9155	G8852	G9614	K1009	K1028
0429T	0534T	C9156	G8883	G9697	K1013	K1029
0430T	0535T	C9157	G8884	G9715	K1014	K1031
0431T	0536T	C9158	G8885	G9725	K1015	K1032
0432T	0641T	C9770	G8941	G9852	K1016	K1033
0433T	0642T	C9771	G8963	G9853	K1017	M1156
0434T	0715T	C9788	G8964	G9854	K1018	M1157
0435T	0768T	C9803	G9192	G9927	K1019	M1158
0436T	0769T	G2066	G9229	G9995	K1020	S0166

- Effective the dates listed; the following CPT codes have been added to the system.

Code	Description	Effective Begin Date
90480	Immunization administration by intramuscular injection of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus Disease [COVID-19]) vaccine, single dose	9/11/2023
91322	Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus Disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	9/11/2023
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified healthcare professional	10/6/2023
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified healthcare professional	10/6/2023
J0750	Emtricitabine 200 mg and Tenofovir Disoproxil Fumarate 300mg, Oral, FDA Approved Prescription, Only for Use as HIV Pre-Exposure Prophylaxis (Not for Use as Treatment Of HIV).	11/8/2023
J9321	Injection, Epcoritamab-BYSP, 0.16 mg	11/8/2023

- Effective January 1, 2024, the HCPCS code J1246 (Injection, Dinutuximab, 0.1 mg) has been **end dated**.

- Effective December 31, 2023, the following codes have been **end dated**.

Codes						
0014M	0465T	0775T	G2108	G9451	J9160	K1021
0404T	0501T	0809T	G2109	G9453	K1001	K1022
0424T	0502T	74710	G2110	G9454	K1002	K1023
0425T	0503T	C9152	G8506	G9596	K1003	K1024
0426T	0504T	C9153	G8818	G9612	K1005	K1025
0427T	0508T	C9154	G8825	G9613	K1006	K1026
0428T	0533T	C9155	G8852	G9614	K1009	K1028
0429T	0534T	C9156	G8883	G9697	K1013	K1029
0430T	0535T	C9157	G8884	G9715	K1014	K1031
0431T	0536T	C9158	G8885	G9725	K1015	K1032
0432T	0641T	C9770	G8941	G9852	K1016	K1033
0433T	0642T	C9771	G8963	G9853	K1017	M1156
0434T	0715T	C9788	G8964	G9854	K1018	M1157
0435T	0768T	C9803	G9192	G9927	K1019	M1158
0436T	0769T	G2066	G9229	G9995	K1020	S0166

Coverage Codes

Effective for dates listed, the CPT/HCPCS codes have been updated.

Code	Description	Coverage Code	Effective Begin Date
91304	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant	01 - Covered Service/Code Available	9/11/2023
91318	Coronavirus Vaccine 19	01 - Covered Service/Code Available	9/11/2023
91319	Coronavirus Vaccine 20	01 - Covered Service/Code Available	9/11/2023
91320	Coronavirus Vaccine 21	01 - Covered Service/Code Available	9/11/2023
91321	Coronavirus Vaccine 22	01 - Covered Service/Code Available	9/11/2023
91322	Coronavirus Vaccine 23	01 - Covered Service/Code Available	9/11/2023
0008U	Helicobacter Pylori Detection and Antibiotic Resistance,	04 - Not Covered Service/Code Not Available	11/1/2023
0066U	Measurement of placental alpha-micro globulin-1 (PAMG-1) in cervical/vaginal fluid to evaluate risk of premature rupture of membranes	04 - Not Covered Service/Code Not Available	9/30/2023

0089U	Gene Expression Profiling of Melanoma in Superficial Sample Collected by Adhesive Patch	04 - Not Covered Service/Code Not Available	11/1/2023
0281U	Elisa Measurement Of von Willebrand Propeptide in Plasma Specimen, Diagnostic Report Of von Willebrand Factor (VWF) Propeptide Antigen Level	04 - Not Covered Service/Code Not Available	11/1/2023
0357U	Artificial intelligence (AI)-enabled evaluation of 142 pairs of glycopeptide and product fragments in plasma to determine benefit from immunotherapy agents for skin cancer	04 - Not Covered Service/Code Not Available	9/30/2023
0386U	Testing for risk of Barrett's esophagus progression to esophageal cancer	04 - Not Covered Service/Code Not Available	9/30/2023
0397U	Cell-free DNA testing in plasma evaluating of at least 109 genes in non-small cell lung cancer	04 - Not Covered Service/Code Not Available	9/30/2023
A9603	Injection, Pafolacianine, 0.1 m	01 - Covered Service/Code Available	10/1/2023
C9151	Injection, pegcetacoplan, 1 mg	04 - Not Covered Service/Code Not Available	10/1/2023
J0800	Injection, corticotropin, up to 40 units	04 - Not Covered Service/Code Not Available	10/1/2023
J9031	BCG (Intravesical) Per Instillation	04 - Not Covered Service/Code Not Available	10/1/2019
K0535	Gauze, Impregnated, Hydrogel, for direct wound contact	04 - Not Covered Service/Code Not Available	1/1/2004
K0536	Gauze, Impregnated, Hydrogel,for direct would contact, pad	04 - Not Covered Service/Code Not Available	1/1/2004
K0537	Gauze, Impregnated, Hydrogel,for direct would contact, pad	04 - Not Covered Service/Code Not Available	1/1/2004
M0220	Injection, Tixagevimab and Cilgavimab, For the Pre-Exposure Prophylaxis Only	04 - Not Covered Service/Code Not Available	1/27/2023
M0221	Injection, Tixagevimab and Cilgavimab, For the Pre-Exposure Prophylaxis Only	04 - Not Covered Service/Code Not Available	1/27/2023
Q0220	Injection, Tixagevimab and Cilgavimab, For the Pre-Exposure Prophylaxis Only	04 - Not Covered Service/Code Not Available	1/27/2023
Q0221	Injection, Tixagevimab and Cilgavimab, For the Pre-Exposure Prophylaxis Only	04 - Not Covered Service/Code Not Available	1/27/2023
Q0240	Injection, Casirivimab and Imdevimab, 600 mg	04 - Not Covered Service/Code Not Available	2/1/2022
Q0243	Injection, Casirivimab and Imdevimab, 2400 mg	04 - Not Covered Service/Code Not Available	2/1/2022
Q0244	Injection, Casirivimab and Imdevimab, 1200 mg	04 - Not Covered Service/Code Not Available	2/1/2022
Q0245	Injection, Bamlanivimab and Etesevimab, 2100 mg	04 - Not Covered Service/Code Not Available	2/1/2022

ICD-10 Diagnosis Codes

- The Sex Indicator has been eliminated for F53.0 (Postpartum Depression) and Z13.32 (Encounter for Screening for Maternal Depression).
- Effective for September 30, 2022, the diagnosis code F20.81 (Schizophreniform Disorder) has been **end dated** on reference screen RF260 (Special Population Diagnosis).

Medicare Indicator

- The Medicare Indicator on RF113 has been changed to “N” for the following codes:

A0382	A3098	L2861
A0384	A4467	L3891
A0392	A4553	L7900
A0394	A4611	L7902
A0396	A4612	L8680
A0420	A4613	L8685
A0422	A9286	L8686
A0424	E0457	L8687
A0425	E0459	L8688
A0426	E0787	L8692
A0428	K1021	V2525

- The Medicare Indicator has been changed to “Y” on the HCPCS code J3490 (Unclassified Drugs).

Modifiers

Effective for dates listed the following HCPCS codes have been updated.

Code	Description	Modifier	Effective Begin Date	End Date
01920	Anesthesia For X-Ray on Heart Vessels and Chambers	78 - Return To O.R. For Related Proc Post-Op	1/1/2023	
00214	Anesthesia For Procedure to Create Holes in Skull Including X-Ray Imaging	78 - Return to O.R. For Related Proc Post-Op	1/1/2023	
21450	Closed Treatment of Broken Lower Jawbone	CG - Innovator Drug Disp/Poli	4/1/2023	
37242	Occlusion Of Artery with Review by Radiologist	53 - Discontinued Procedure	4/1/2023	
38129	Other Procedure on Spleen Using an Endoscope	51 - Multiple Procedures	1/1/2023	
49591	Initial Repair of Sliding Hernia of Abdomen, Less Than 3 cm In Length	51 - Multiple Procedures	1/1/2023	
85610	Blood Test, Clotting Time	GZ - Item/Svs Exp to Be Denied as Not Reason	4/1/2023	
87420	Detection Test by Immunoassay Technique for Respiratory Syncytial Virus (RSV)	QW - CLIA Waived Test	8/1/2023	
87530	Detection Test by Nucleic Acid for Herpes Simplex Virus	GZ - Item/Svs Exp to Be Denied as Not Reason	4/1/2023	
90480	Immunization Administration by Intramuscular Injection	SL - State Supplied Vaccine	11/1/2023	
90653	Influenza Vaccine, Inactivated	SL - State Supplied Vaccine		10/25/2023
91304	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, Preservative Free, 5 mcg/0.5ml Dosage, For Intramuscular Use	SL - State Supplied Vaccine	9/11/2023	
99417	Prolonged Outpatient Service, each 15 Minutes of Total Time Beyond Required Time of Primary Service	57 - Decision for Surgery	7/1/2023	

A4238	Supply Allowance for Adjunctive, Non-Implanted Continuous Glucose Monitor (CGM), Includes All Supplies and Accessories, 1 Month Supply = 1 Unit of Service	CG - Innovator Drug Disp/	4/1/2022	
E0766	Electrical Stimulation Device Used for Cancer Treatment	KF - Item Designated by FDA as Class III DEV	1/1/2022	
E0766	Electrical Stimulation Device Used for Cancer Treatment	KF - Item Designated by FDA As Class III Dev.	1/1/2022	
E2102	Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver	CG - Innovator Drug Disp/	4/1/2022	
J0885	Injection, Epoetin Alfa, (For Non-ESRD Use), 1000 Units	JB - Administered Subcutaneously	4/1/2023	
J0887	Injection, Epoetin Beta, 1 Microgram, (for ESRD on Dialysis)	JA - Administered Intravenous	1/1/2023	
J0894	Injection, Decitabine, 1 mg	JZ - Zero Drug Amount Disc	1/1/2023	
J2795	Injection, Ropivacaine Hydrochloride, 1 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	1/1/2023	
J3101	Injection, Tenecteplase, 1 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	12/1/2022	
J3299*	Injection, Triamcinolone Acetonide (XIPERE), 1 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	4/1/2023	
J3300	Injection, Triamcinolone Acetonide, Preservative Free,	JZ - Zero Drug Amount Disc	1/1/2023	
J7295	Ethinyl Estradiol and Etonogestrel 0.015mg, 0.12mg per	JW - Drug Amt Discarded/Not Admin to Any Pati	4/1/2023	
J9025	Injection, Azacitidine, 1 mg	JZ - Zero Drug Amount Disc	1/1/2023	
J9263	Injection, Oxaliplatin, 0.5 mg	JZ - Zero Drug Amount Disc	1/1/2023	
J9319	Injection, Romidepsin, Lyophilized, 0.1 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	4/1/2023	
K0553	Supply Allowance for Therapeutic Continuous Glucose Monitor (CGM)	CG - Innovator Drug Disp/		12/31/2022

K0554	Receiver (Monitor), Dedicated, For Use with Therapeutic Glucose Continuous Monitor System	CG - Innovator Drug Disp/		12/31/2022
Q0138	Injection, Ferumoxytol, For Treatment of Iron Deficiency	JW - Drug Amt Discarded/Not Admin to Any Pati	4/1/2023	
Q2034	Influenza Virus Vaccine, Split Virus, For Intramuscular	SL - State Supplied Vaccine		11/1/2023
Q5110	Injection, Filgrastim-AAFI, Biosimilar, (NIVESTYM), 1 microgram	JB - Administered Subcutaneous	4/1/2023	
Q5110	Injection, Filgrastim-AAFI, Biosimilar, (NIVESTYM), 1 microgram	JW - Drug Amt Discarded/Not Admin to Any Pati	4/1/2023	
Q5110	Injection, Filgrastim-AAFI, Biosimilar, (NIVESTYM), 1 microgram	JG - Drug or Biological Acqui	4/1/2023	
Q5110	Injection, Filgrastim-AAFI, Biosimilar, (NIVESTYM), 1 microgram	TB - Drug or Biological Acquired with 349B Dr	4/1/2023	
Q5118	Injection, Bevacizumab-BVZr, Biosimilar, (Zirabev), 10 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	4/1/2023	

Note: J3299 Begin date has been changed to 7/1/2022.

- Effective January 1, 2023, the modifiers JW (Drug Amt Discarded/Not Admin to Any Pati) and JZ (Zero Drug Amount Disc) have been added to the HCPCS codes:

J0202	J1245	J2795	J7315
J0515	J2403	J3430	J9178

The following modifiers have been **added** to the CPT/HCPCS codes.

Code	Modifier									
	22	52	59	76	77	78	79	CC	CR	Q6
21011	x	x	x	x	x	x	x		x	
33782	x	x	x	x	x	x	x		x	
33783	x	x	x	x	x	x	x		x	
93750	x	x	x	x	x			x	x	
A4360									x	x
A7020		x		x	x					x
E1036		x	x	x	x				x	x
J9210		x	x	x	x				x	x
L8627		x	x	x	x				x	x
L8628		x	x	x	x				x	x
L8629		x	x	x	x				x	x
Q0138		x	x	x	x				x	
Q0139		x		x	x				x	

- Effective January 1, 2023, the modifier JW (Drug Amt Discarded/Not Admin to Any Pati) has been added to the HCPCS codes:

J0222	J3396	J9273
J0224	J7194	J9274
J0883	J7342	J9281
J1305	J9021	J9318
J1455	J9032	J9319
J2425	J9037	J9331
J2779	J9153	J9332
J2786	J9203	J9359
J2792	J9262	J9371

Modifier End Date

- The following modifier SL (State Supplied Vaccine) for the CPT codes has been end dated as of October 31, 2023, on the Reference Screens.

90371	90649	90657	90673	90758
90626	90650	90658	90682	90862
90627	90653	90660	90685	
90630	90655	90662	90689	
90644	90656	90670	90702	

Note 90653 has an end date of 10/25/2023.

- Effective April 1, 2023, the modifier JZ (Zero Drug Amount Discarded/Not Administered) has been **end dated**.

A9513	A9592	A9604	C9101
A9517	A9593	A9606	C9248
A9530	A9594	A9607	C9250
A9543	A9595	A9800	C9257
A9563	A9596	C9047	C9460
A9590	A9600	C9067	C9482
A9591	A9602	C9088	C9488

Modifier Removed

- The modifier TC (Technical Component) has been removed from the HCPCS code D0605 (Antibody Testing for a Public Health Related Pathogen).

Place of Service

- The **end date** has been changed to 99/99/9999 for Q3001 (Radioelements for Brachytherapy, Any Type, Each) for Place of Services 05, 07, 11, 49, 50, 71, 72, and 99.
- The following Place of Service has been added to the codes listed.

Code	Description	Place of Service	Effective Begin Date
15853	Removal Of Sutures or Staples	20 - Urgent Care Facility	6/1/2023
33900	Placement Of Stent in Pulmonary Artery with Normal Anatomical Connections, On One Side of Body	22 - Outpatient Hospital	6/1/2023
93797	Outpatient Heart Rehabilitation, Qualified Healthcare Professional Services	12 - Home	1/1/2023
96164	Treatment Of Behavior Impacting Health in Group Setting, Initial 30 Minutes	27 - Outreach Site/Street	10/1/2023
96165	Treatment Of Behavior Impacting Health in Group Setting, Each Additional 30 Minutes	27 - Outreach Site/Street	10/1/2023
96168	Treatment Of Behavior Impacting Health with Family And Patient, Each Additional 30 Minutes	27 - Outreach Site/Street	10/1/2023
99202	New Patient Outpatient Visit, Total Time 15-29 Minutes	27 - Outreach Site/Street	10/1/2023
99203	New Patient Office or Other Outpatient Visit, 30-44 Minutes	27 - Outreach Site/Street	10/1/2023
99204	New Patient Office or Other Outpatient Visit, 45-59 Minutes	27 - Outreach Site/Street	10/1/2023
99212	Established Patient Office or Other Outpatient Visit, 10-19 Minutes	27 - Outreach Site/Street	10/1/2023
99213	Established Patient Office or Other Outpatient Visit, 20-29 Minutes	27 - Outreach Site/Street	10/1/2023
99214	Established Patient Office or Other Outpatient Visit, 30-39 Minutes	27 - Outreach Site/Street	10/1/2023
A9800	Gallium Ga-68 Gozetotide, Diagnostic, (Locametz), 1 millicurie	11 – Office	10/1/2022
D1353	Sealant RepairPer Tooth	03 - School	01/01/2023
D1353	Sealant RepairPer Tooth	13 - Assisted Living Facility	01/01/2023
D1353	Sealant RepairPer Tooth	14 - Group Home	01/01/2023
D1353	Sealant RepairPer Tooth	15 - Mobile Unit	01/01/2023
D1353	Sealant RepairPer Tooth	31 - Skilled Nursing Facility	01/01/2023
D1353	Sealant RepairPer Tooth	32 - Nursing Facility	01/01/2023
H0001	Alcohol and/or Drug Assessment	27 - Outreach Site/Street	10/1/2023

H0002	Behavioral Health Screening to Determine Eligibility for Admission to Treatment Program	27 - Outreach Site/Street	10/1/2023
H0006	Alcohol and/or Drug Services; Case Management	27 - Outreach Site/Street	10/1/2023
H0018	Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program)	56 - Psychiatric Residential Treatment	12/1/2023
H0025	Behavioral Health Prevention Education Service	27 - Outreach Site/Street	10/1/2023
H0038	Self-Help/Peer Services, Per 15 Minutes	27 - Outreach Site/Street	10/1/2023
H2011	Crisis Intervention Service, Per 15 Minutes	27 - Outreach Site/Street	10/1/2023
J9273	Injection, Tisotumab Vedotin-TFTV, 1 mg	11 - Office	4/1/2023
Q4159	Affinity, Per Square Centimeter	11 - Office	1/1/2023
T1002	RN Services, Up To 15 Minutes	27 - Outreach Site/Street	10/1/2023
T1003	LPN/LVN Services, Up To 15 Minutes	27 - Outreach Site/Street	10/1/2023
T1015	Clinic Visit/Encounter, All-Inclusive	24 - Ambulatory Surgical Center	1/1/2023
T1015	Clinic Visit/Encounter, All-Inclusive	27 - Outreach Site/Street	10/1/2023
T1016	Case Management, Each 15 Minutes	27 - Outreach Site/Street	10/1/2023

- Effective October 31, 2023, H0018 was **end dated** for the POS 99 (Other Unlisted Facility).

Prior Authorization

Codes	Description	Prior Authorization	Effective Begin Date
J1745	Injection, Infliximab, Excludes Biosimilar, 10 mg	3 - Pa Req'd for Both Acute and LTC	11/01/2023
Q5103	Injection, Infliximab-DYYB, Biosimilar, (Inflectra), 10 mg	3 - Pa Req'd for Both Acute and LTC	11/01/2023
Q5104	Injection, Infliximab-ABDA, Biosimilar, (Renflexis), 10 mg	3 - Pa Req'd for Both Acute and LTC	11/01/2023
Q5121	Injection, Infliximab-AXXQ, Biosimilar, (Avsola), 10 mg	3 - Pa Req'd for Both Acute and LTC	11/01/2023

Procedure Code Indicators And Values

- The HCPCS code J1745 (Injection, Infliximab, Excludes Biosimilar, 10 mg) Procedure Daily Maximum is now 110.
- The HCPCS code L5620 (Addition to Lower Extremity, Test Socket, Below Knee) Limit 1: changed to 4 and the Frequency 1: changed to 1month.

- The HCPCS code 0403U (Oncology (Prostate), MRNA, Gene Expression Profiling) has had the Sex indicator (M) added to the code.
- The HCPCS code 19300 (Removal of Extra Breast Tissue In Male) has had the Sex indicator removed.

Provider Type

- Effective September 30, 2023, the HCPCS code T2038 (Community Transition, Waiver; Per Service) has been **end dated** for the following providers.

05 – Clinic	25 - Group Home (Developmentally Disabled)	29 - Community/Rural Health Center	46 - Independent RN
81 - EPD HCBS	C2 - Federally Qualified Health Center (FQHC)	C4 - Specialty Per Diem Hospitals	C5 - 638 FQHC
ED - Freestanding ED	H2 - One Time Only Out of State Hospital	IC – Integrated Clinics	

- Effective for the dates listed the following providers can report the codes listed.

Code	Description	Provider Type	Effective Begin Date
31231	Diagnostic Exam of Nasal Passages Using an Endoscope	IC - Integrated Clinics	01/01/2023
76981	Ultrasound Scan of Organ Tissue for Measuring Elasticity	18 - Physician’s Assistant	01/01/2023
76981	Ultrasound Scan of Organ Tissue for Measuring Elasticity	19 - Registered Nurse Practitioner	01/01/2023
90832	Psychotherapy, 30 Minutes	C2 - Federally Qualified Health Center (FQHC)	11/01/2023
90833	Psychotherapy With Evaluation and Management Visit, 30 Minutes	C2 - Federally Qualified Health Center (FQHC)	11/01/2023
90834	Psychotherapy, 45 Minutes	C2 - Federally Qualified Health Center (FQHC)	11/01/2023
90836	Psychotherapy With Evaluation and Management Visit, 45 Minutes	C2 - Federally Qualified Health Center (FQHC)	11/01/2023
90837	Psychotherapy, 1 Hour	C2 - Federally Qualified Health Center (FQHC)	11/01/2023
90838	Psychotherapy, 30 Minutes	C2 - Federally Qualified Health Center (FQHC)	11/01/2023
92652	Evaluation Of Brain Response to Sound for Determination of Hearing Threshold with Interpretation and Report	19 - Registered Nurse Practitioner	06/01/2023
97010	Application Of Hot or Cold Packs	16 - Chiropractor	01/01/2023
97032	Application Of Electrical Stimulation with Therapist Present, Each 15 Minutes	16 - Chiropractor	01/01/2023

97035	Application Of Ultrasound, Each 15 Minutes	16 - Chiropractor	01/01/2023
97110	Therapy Procedure Using Exercise to Develop Strength, Endurance, Range of Motion, And Flexibility, Each 15 Minutes	16 - Chiropractor	01/01/2023
D1353	Sealant Repair - Per Tooth	54 – Affiliated Dental Hygienist	01/01/2023
J1823	Injection, Inebilizumab-CDON, 1 mg	03 - Pharmacy	07/01/2023
J9332	Injection, Efgartigimod ALFA-FCAB, 2 mg	19 - Registered Nurse Practitioner	01/01/2023
S5125	Attendant Care Services; Per 15 Minutes	94 - School Based Nurse (RN/LPN)	11/01/2023

- Effective January 1, 2023, the following CPT codes have been added to the Provider Types listed.

Code	Description	Provider Types				
		08 - MD-Physician	19 - Registered Nurse Practitioner	31 - DO-Physician Osteopath	05 - Clinic	C5 - 638 FQHC
0240U	Respiratory Infectious Agent Detection by RNA For Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19),	X		X		X
0241U	Respiratory Infectious Agent Detection by RNA For Severe Acute Respiratory Syndrome Coronavirus 2 (COVID 19),	X		X		X
87637	Detection Test by Multiplex Amplified Probe Technique for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) (COVID-19),	X		X	X	
96132	Evaluation Of Neuropsychological Test, First Hour		X			
96138	Administration Of Psychological or Neuropsychological Test by Technician, first 30 minutes		X			
96139	Administration Of Psychological or Neuropsychological Test by Technician, each additional 30 minutes		X			

Reference Screens

VFC Procedure Codes

- Effective June 30, 2023, the CPT codes 90380 - Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use and 90381 - Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use) have been added to RF729 (VFC PROCEDURE CODES)
- Effective September 11, 2023, the CPT code 91320 has been **end dated** on Reference Screen (RF729).
- Effective October 1, 2023, the codes listed have been added to the VFC Reference Screen.

Code	Description
91304	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant
91318	Coronavirus Vaccine 19
91319	Coronavirus Vaccine 20
91320	Coronavirus Vaccine 21
91321	Coronavirus Vaccine 22
91322	Coronavirus Vaccine 23

- The following CPT codes have been **end dated** on the Reference Screen RF729.

90630	90644	90649	90650
90670	90685	90689	90792

Medical Categories of Service (RF769)

Effective November 1, 2023, the CPT code 92526 (Treatment of Swallowing and Feeding Disorder) has had a change in medical category of service to 05 (Occupational Therapy).