



ECOUNTER KEYS

Inside this issue:

Age Change Bill Type Code Descriptions	1
Code Changes	2
Coverage Code Change	3
Modifiers	3- 13
Place of Service	14
Provider Type Revenue Code	15

Age Change

The following ICD-10 Diagnosis Codes have had the minimum and maximum ages changed. The minimum age has been changed to 000 year and maximum age 999 year.

Bill Type Code Description

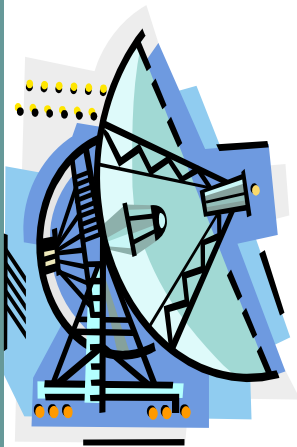
The Bill Type Code descriptions have been updated on the reference screen RF706.

NEW DESCRIPTIONS

340	Home Health Services Under a Plan Treatment
341	Home Health Services Under a Plan Treatment
342	Home Health Services Under a Plan Treatment
343	Home Health Services Under a Plan Treatment
344	Home Health Services Under a Plan Treatment
345	Home Health Services Under a Plan Treatment
347	Home Health Services Under a Plan Treatment
348	Home Health Services Under a Plan Treatment
349	Home Health Services Under a Plan Treatment

OLD DESCRIPTIONS

CODE	DESCRIPTION
340	HM HLTH FAC, Lab Services Non PT, Zero Pay
341	HHA OP Other Admit Thru Discharge
342	HHA OP Other Interim 1 ST Claim
343	HHA OP Other Interim Con't Claim
344	HHA OP Other Interim_Last Claim
345	HHA OP Other Late Charge(s) Only Claim
347	HHA OP Other Replacement of Prior Claim
348	HHA OP Other Void/Canc Prior Claim
349	HM Health Facility Lab SVCS Non PT Final HH PPS



"I think we are at the dawn of a new era in commercial space exploration."

Elon Musk

Code Changes

Effective March 1, 2018 the following codes now have an AHCCCS coverage of 04 (Not Covered Service/Code Not Available).

Code	Description
H0043	Supported Housing, Per Diem
H0046	Mental Health Services, Not Otherwise Specified
S9986	Not Medically Necessary Service (Patient Is Aware That Service Not Medically Necessary)
97127	Therapeutic Interventions that Focus on Cognitive Function
97810	Acupuncture 1 Or More Needles, First 15 Minutes
97811	Acupuncture, 1 Or More Needles
97813	Acupuncture 1 Or More Needles With Electrical Stimulation, First 15 Minutes
97814	Acupuncture 1 Or More Needles With Electrical Stimulation and Re-insertion of Needles

- Effective for dates of service on or after January 1, 2018 the HPCS code G0515 (Development of Cognitive Skills to Improve Attention) now has a coverage code of 01 (Covered Service/Code Available).



“Time is not measured by clocks but by Moments.

Coverage Code Change

Effective for dates of service on or after October 1, 2017 the following ICD-10 codes now have an AHCCCS Coverage code of 04 (Not Covered Service/Code Not Available), on RF221.

S06.1X7D	S06.337D	S06.378D
S06.1X7S	S06.337S	S06.378S
S06.1X8D	S06.338D	S06.387D
S06.1X8S	S06.338S	S06.387S
S06.2X7D	S06.347D	S06.388D
S06.2X7S	S06.347S	S06.388S
S06.2X8D	S06.348D	S06.4X7D
S06.2X8S	S06.348S	S06.4X7S
S06.307D	S06.357D	S06.4X8D
S06.307S	S06.357S	S06.4X8S
S06.308D	S06.358D	S06.5X7D
S06.308S	S06.358S	S06.5X7S
S06.317D	S06.367D	S06.5X8D
S06.317S	S06.367S	S06.5X8S
S06.318D	S06.368D	S06.6X7D
S06.318S	S06.368S	S06.6X7S
S06.327D	S06.377D	S06.6X8D
S06.327S	S06.377S	S06.6X8S
S06.328D	S63.132D	S06.817D
S06.817S	S63.132S	S63.142S
S06.818D	S63.133A	S63.143A
S06.818S	S63.133D	S63.143D
S06.827D	S63.133S	S63.143S
S06.827S	S63.134A	S63.144A
S06.828D	S63.134D	S63.144D
S06.828S	S63.134S	S63.144S
S06.897D	S63.135A	S63.145A
S06.897S	S63.135D	S63.145D
S06.898D	S63.135S	S63.145S
S06.898S	S63.136A	S63.146A
S06.9X7D	S63.136D	S63.146D
S06.9X7S	S63.136S	S63.146S
S06.9X8D	S63.141A	
S06.9X8S	S63.141D	
S63.131A	S63.141S	
S63.131D	S63.142A	
S63.131S	S63.142D	
S63.132A		
S06.328S		

Modifier

Effective for dates of service on or after January 1, 2018 the modifier FY (X-Ray Taken Using Computer) has been added to the specific screens for the CPT codes listed.

RF121	RF122	RF132
70030	70010	70010
70100	70015	70015
70110	70030	70030
70120	70100	70100
70130	70110	70110
70134	70120	70120
70140	70130	70130
70150	70134	70134
70160	70140	70140
70170	70150	70150
70190	70160	70160
70200	70170	70170
70210	70190	70190
70220	70200	70200
70240	70210	70210
70250	70220	70220
70260	70240	70240
70300	70250	70250
70310	70260	70260
70320	70300	70300
70328	70310	70310
70330	70320	70320
70350	70328	70328
70355	70330	70330
70360	70332	70332
70370	70350	70350
70380	70355	70355
71045	70360	70360
71046	70370	70370
71047	70380	70380
71048	70390	70390
71100	71045	71045
71101	71046	71046
71110	71047	71047
71111	71048	71048
71120	71100	71100
71130	71101	71101
72020	71110	71110
72040	71111	71111
72050	71120	71120

RF121	RF122	RF132
72052	71130	71130
72070	72020	72020
72072	72040	72040
72074	72050	72050
72080	72052	72052
72081	72070	72070
72082	72072	72072
72083	72074	72074
72084	72080	72080
72100	72081	72081
72110	72082	72082
72114	72083	72083
72120	72084	72084
72170	72100	72100
72190	72110	72110
72200	72114	72114
72202	72120	72120
72220	72170	72170
72295	72190	72190
73000	72200	72200
73010	72202	72202
73020	72220	72220
73030	72275	72275
73050	72285	72285
73060	72295	72295
73070	73000	73000
73080	73010	73010
73090	73020	73020
73092	73030	73030
73100	73040	73040
73110	73050	73050
73120	73060	73060
73130	73070	73070
73140	73080	73080
73501	73085	73085
73502	73090	73090
73503	73092	73092
73521	73100	73100
73522	73110	73110
73523	73115	73115
73551	73120	73120

RF121	RF122	RF132
73552	73130	73130
73560	73140	73140
73562	73501	73501
73564	73502	73502
73565	73503	73503
73590	73521	73521
73592	73522	73522
73600	73523	73523
73610	73525	73525
73620	73551	73551
73630	73552	73552
73650	73560	73560
73660	73562	73562
74018	73564	73564
74019	73565	73565
74021	73580	73580
74022	73590	73590
74190	73592	73592
74210	73600	73600
74220	73610	73610
74240	73615	73615
74241	73620	73620
74245	73630	73630
74246	73650	73650
74247	73660	73660
74249	74018	74018
74250	74019	74019
74251	74021	74021
74260	74022	74022
74270	74190	74190
74280	74210	74210
74283	74220	74220
74290	74230	74230
74300	74240	74240
74301	74241	74241
74400	74245	74245
74410	74246	74246
74415	74247	74247
74420	74249	74249
74425	74250	74250
74430	74251	74251

RF121	RF122	RF132	RF121	RF122	RF132	RF121	RF122	RF132
74440	74260	74260		75710	75710		76100	76100
74445	74270	74270		75716	75716		76101	76101
74450	74280	74280		75726	75726		76102	76102
74455	74283	74283		75731	75731		76120	76120
74470	74290	74290		75733	75733		76125	76125
74485	74300	74300		75736	75736		76140	76140
74710	74301	74301		75741	75741		77053	77053
74740	74328	74328		75743	75743		77054	77054
74742	74329	74329		75746	75746		77071	77071
74775	74330	74330		75756	75756		77072	77072
75984	74340	74340		75774	75774		77073	77073
75989	74355	74355		75801	75801		77074	77074
76010	74360	74360		75803	75803		77075	77075
76080	74363	74363		75805	75805		77076	77076
76098	74400	74400		75807	75807		77077	77077
76100	74410	74410		75809	75809		0348T	0348T
77071	74415	74415		75810	75810		0349T	0349T
77072	74420	74420		75820	75820		0350T	0350T
77073	74425	74425		75822	75822			
77074	74430	74430		75825	75825			
77075	74440	74440		75827	75827			
77076	74445	74445		75831	75831			
77077	74450	74450		75833	75833			
	74455	74455		75840	75840			
	74470	74470		75842	75842			
	74485	74485		75860	75860			
	74710	74710		75870	75870			
	74740	74740		75872	75872			
	74742	74742		75880	75880			
	74775	74775		75885	75885			
	75600	75600		75887	75887			
	75605	75605		75889	75889			
	75625	75625		75891	75891			
	75630	75630		75893	75893			
	75705	75705		75894	75894			
				75956	75956			
				75957	75957			
				75958	75958			
				75959	75959			
				75984	75984			
				75989	75989			
				76010	76010			
				76080	76080			
				76098	76098			

Effective for dates of service listed the modifiers have been added to them.

Code	Description	Modifier	Effective	Screens
J9041	Injection, Bortezomib, 0.1 mg	JW - Drug Amount Discarded/	06/01/2017	RF121
J9025	Injection, Azacitidine, 1mg	JW - Drug Amt Discarded/ Not A	01/01/2016	RF121, RF122, RF132
21470	Open Treatment for Broken Jaw Bone with Insertion of Hardware and/or Oral Splin	50 – Bilateral Procedure (Pay 50%)	10/01/2017	RF121, RF122, RF132
21813	Open Treatment Of Broken Ribs With Insertion Of Hardware	80 - Assistant Surgeon	01/01/2017	RF122; RF132
21813	Open Treatment Of Broken Ribs With Insertion Of Hardware	81 - Minimum Assistant Surgeon	01/01/2017	RF122; RF132
21813	Open Treatment Of Broken Ribs With Insertion Of Hardware	82 - Assist Surg/Qual Resident Surg Not Avail	01/01/2017	RF122; RF132
21813	Open Treatment Of Broken Ribs With Insertion Of Hardware	AI – Principal Physician of Record	01/01/2017	RF122; RF132
21813	Open Treatment Of Broken Ribs With Insertion Of Hardware	Q5 - RECIP BILL ARR SUBS MD OR PT	07/01/2017	RF122; RF132
21813	Open Treatment Of Broken Ribs With Insertion Of Hardware	Q6 - FEE/TIME COMP SUBST MD OR PT	07/01/2017	RF122; RF132
25447	Removal of Bone Joints Between Wrist and Fingers	F5 - Right Hand, Thumb	01/01/2017	RF122; RF132
31253	Nasal/Sinus Endoscopy, Surgical With Ethmoidectomy	51 – Multiple Procedures	01/01/2018	RF122; RF132
33207	Insertion of New or Replacement of Permanent Pacemaker	KX – Requirements Specified	06/01/2017	RF121
49418	Insertion of Tunneled Intraperitoneal Catheter	SG - Ambulatory Surgical Center	01/01/2017	RF122; RF132
71046	X-Ray Of Chest, 2 Views	FY – X Ray Taken Using Computer	01/01/2018	RF121; RF122; RF132
72170	X-Ray Of Pelvis, 1 Or 2 Views	FY – X Ray Taken Using Computer	01/01/2018	RF121; RF122; RF132
77075	X-Ray Survey Of Forearm Or Wrist Bone Density	FY – X Ray Taken Using Computer	01/01/2018	RF121; RF122; RF132
93571	Intravascular Doppler Velocity and/or Pressure Derived	LD – Left Anterior Descend	06/01/2017	RF121; RF122; RF132
93926	Ultrasound Study Of Arteries And Arterial Grafts Of One Leg Or Limited	LT - Identifies Left Side	01/01/2018	RF122; RF132
93926	Ultrasound Study Of Arteries And Arterial Grafts Of One Leg Or Limited	RT - Identifies Right Side	01/01/2018	RF122; RF132
96372	Therapeutic, Prophylactic, Or Diagnostic Injection	59 - Distinct Procedural Service	06/01/2017	RF121

- Effective for March 31,2018 the modifiers listed have been end dated on RF114 and RF119.

ZA NOVARTIS/SANDOZ
 ZB PFIZER/HOSPIRA
 ZC MERCK/SAMSUNG BIOEPIS

Effective for dates of service on or after January 1, 2018 the modifiers JG (DRUG 340B PRICE DSCT) and TB (DRUG OR BIOLOGICAL AC) has been added to the reference screen (RF121).

HCPCS Code	RF121 OPFS	HCPCS Code	RF121 OPFS	HCPCS Code	
J8501	ADD JG & TB	J9207	ADD JG & TB	J9330	ADD JG & TB
J8560	ADD JG & TB	J9211	ADD JG & TB	J9340	ADD JG & TB
J8655	ADD JG & TB	J9214	ADD JG & TB	J9354	ADD JG & TB
J8670	ADD JG & TB	J9216	ADD JG & TB	J9355	ADD JG & TB
J8705	ADD JG & TB	J9217	ADD JG & TB	J9357	ADD JG & TB
J9015	ADD JG & TB	J9218	ADD JG & TB	J9371	ADD JG & TB
J9017	ADD JG & TB	J9225	ADD JG & TB	J9395	ADD JG & TB
J9019	ADD JG & TB	J9226	ADD JG & TB	J9400	ADD JG & TB
J9025	ADD JG & TB	J9228	ADD JG & TB	J9600	ADD JG & TB
J9027	ADD JG & TB	J9230	ADD JG & TB	P9041	ADD JG & TB
J9031	ADD JG & TB	J9245	ADD JG & TB	P9045	ADD JG & TB
J9032	ADD JG & TB	J9261	ADD JG & TB	P9046	ADD JG & TB
J9033	ADD JG & TB	J9262	ADD JG & TB	P9047	ADD JG & TB
J9035	ADD JG & TB	J9264	ADD JG & TB	Q0138	ADD JG & TB
J9039	ADD JG & TB	J9266	ADD JG & TB	Q0139	ADD JG & TB
J9041	ADD JG & TB	J9268	ADD JG & TB	Q2009	ADD JG & TB
J9042	ADD JG & TB	J9271	ADD JG & TB	Q2017	ADD JG & TB
J9043	ADD JG & TB	J9280	ADD JG & TB	Q2040	ADD JG & TB
J9047	ADD JG & TB	J9293	ADD JG & TB	Q2043	ADD JG & TB
J9050	ADD JG & TB	J9299	ADD JG & TB	Q2049	ADD JG & TB
J9055	ADD JG & TB	J9301	ADD JG & TB	Q2050	ADD JG & TB
J9065	ADD JG & TB	J9302	ADD JG & TB	Q3027	ADD JG & TB
J9070	ADD JG & TB	J9303	ADD JG & TB	Q9968	ADD JG & TB
J9098	ADD JG & TB	J9305	ADD JG & TB	Q9969	ADD JG & TB
J9120	ADD JG & TB	J9306	ADD JG & TB	Q9979	ADD JG & TB
J9150	ADD JG & TB	J9307	ADD JG & TB	Q9981	ADD JG & TB
J9155	ADD JG & TB	J9308	ADD JG & TB	Q9986	ADD JG & TB
J9171	ADD JG & TB	J9310	ADD JG & TB	J0202	ADD JG & TB
J9179	ADD JG & TB	J9315	ADD JG & TB	J8670	ADD JG & TB
J9185	ADD JG & TB	J9320	ADD JG & TB	J1726	ADD JG & TB
J9202	ADD JG & TB	J9328	ADD JG & TB		

Modifier	Description	Modifier	Description	Modifier	Description
DD	Powdered Enteral Supplies	DR	Diagnostic Or Therapeutic Site Other	JD	Skin Substitute Not Used As A Graft
DE	Diagnostic Or Therapeutic Site	DX	Diagnostic Or Therapeutic Site Other	ND	Amb Trip Snf To Dx/Tx Site Not "P Or "F"
DG	Diagnostic Or Therapeutic Site Other	ET	Emergency Treatment	PG	Phys. Office To Hosp Based Esrd Facility
DH	Amb. Trip From Diag/Thera. Site To Hospital	GD	Unit Of Service > Mue Value	PS	Positron Emission_Subsequent Treatment
DI	Diagnostic Or Therapeutic Site Other	GP	Svs Delivered Under Op Phys Therapy	RD	Drug Admin Not Incident -To
DJ	Diagnostic Or Therapeutic Site Other	HE	Amb Hsp 2 Ecf/Mental Hth Program	SD	Svs Prov By Reg Nurse With Spec High Tec
DN	Diagnostic Or Therapeutic Site Other	HS	Family/Couple Without Client Present	SP	NH/SNF Visit Single Pt (Use 90300-90470)
DP	Diagnostic Or Therapeutic Site Other	ID	Site Of Transfer (E.G., Airport, Ferry,		

Code	Description	Code	Description
A0021	Ambulance Service, Outside State Per Mile, Transport (Medicaid Only)	A0392	ALS Specialized Service Disposable Supplies; Defibrillation (To Be Used Only In Jurisdictions Where Defibrillation Cannot Be Performed In BLS Ambulances)
A0080	Non-Emergency Transportation, Per Mile - Vehicle Provided By Volunteer (Individual Or Organization), With No Vested Interest	A0394	ALS Specialized Service Disposable Supplies; Iv Drug Therapy
A0090	Non-Emergency Transportation, Per Mile - Vehicle Provided By Individual (Family Member, Self, Neighbor) With Vested Interest	A0396	ALS Specialized Service Disposable Supplies; Esophageal Intubation
A0100	Non-Emergency Transportation; Taxi	A0398	ALS Routine Disposable Supplies
A0110	Non-Emergency Transportation And Bus, Intra Or Inter State Carrier	A0420	Ambulance Waiting Time (ALS Or BLS), One Half (1/2) Hour Increment
A0120	Non-Emergency Transportation: Mini-Bus, Mountain Area Transports,	A0422	Ambulance (ALS Or BLS) Oxygen And Oxygen Supplies, Life Sustaining Situation
A0130	Non-Emergency Transportation: Wheelchair Van	A0424	Extra Ambulance Attendant, Ground (ALS Or BLS) Or Air (Fixed Or Rotary Winged); (Requires Medical Review)
A0140	Non-Emergency Transportation And Air Travel (Private Or Commercial)	A0426	Ambulance Service, Advanced Life Support, Non-Emergency Transport, Level 1

A0160	Non-Emergency Transportation: Per Mile - Case Worker Or Social Worker	A0427	Ambulance Service, Advanced Life Support, Emergency Transport, Level 1 (ALS)
A0170	Transportation Ancillary: Parking Fees, Tolls, Other	A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport, (BLS)
A0180	Non-Emergency Transportation: Ancillary: Lodging-Recipient	A0429	Ambulance Service, Basic Life Support, Emergency Transport (BLS-Emergency)
A0190	Non-Emergency Transportation: Ancillary: Meals-Recipient	A0430	Ambulance Service, Conventional Air Services, Transport, One Way (Fixed Wing)
A0200	Non-Emergency Transportation: Ancillary: Lodging Escort	A0431	Ambulance Service, Conventional Air Services, Transport, One Way
A0210	Non-Emergency Transportation: Ancillary: Meals-Escort	A0432	Paramedic Intercept (PI), Rural Area, Transport Furnished By A Volunteer Ambulance Company Which Is Prohibited By State Law From Billing Third Party Payers
A0225	Ambulance Service, Neonatal Transport, Base Rate, Emergency Transport, One Way	A0433	Advanced Life Support, Level 2 (ALS 2)
A0380	BLS Mileage (Per Mile)	A0434	Specialty Care Transport (SCT)
A0382	BLS Routine Disposable Supplies	A0435	Fixed Wing Air Mileage, Per Statute Mile
A0384	BLS Specialized Service Disposable Supplies; Defibrillation (Used By ALS Ambulances And BLS Ambulances In Jurisdictions Where Defibrillation Is Permitted In BLS Ambulances)	A0436	Rotary Wing Air Mileage, Per Statute Mile
A0390	ALS Mileage (Per Mile)	A0888	Non-covered Ambulance Mileage, Per Mile (e.g., for Miles Traveled Beyond Closest Appropriate Facility)
		A0998	Ambulance Response And Treatment, No Transport

Modifiers

Effective for dates of service on or after January 1, 2018 the modifier JG (Drug 340B Price Dsct Pro) and TB (Drug or Biological Acqui) have been added to the following HCPCS codes on RF121 screen.

CODE	DESCRIPTIONS	CODE	DESCRIPTIONS
J0202	INJECTION, ALEMTUZUMAB, 1 MG	J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG
J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 M	J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL
J8501	APREPITANT, ORAL, 5 MG	J9268	INJECTION, PENTOSTATIN, 10 MG
J8560	ETOPOSIDE; ORAL, 50 MG	J9271	INJECTION, PEMBROLIZUMAB, 1 MG
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	J9280	INJECTION, MITOMYCIN, 5 MG
J8670	ROLAPITANT, ORAL, 1 MG	J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
J8705	TOPOTECAN, ORAL, 0.25 MG	J9299	INJECTION, NIVOLUMAB, 1 MG
J9015	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	J9301	INJECTION, OBINUTUZUMAB, 10 MG
J9017	INJECTION, ARSENIC TRIOXIDE, 1 MG	J9302	INJECTION, OFATUMUMAB, 10 MG
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	J9303	INJECTION, PANITUMUMAB, 10 MG
J9025	INJECTION, AZACITIDINE, 1 MG	J9305	INJECTION, PEMETREXED, 10 MG
J9027	INJECTION, CLOFARABINE, 1 MG	J9306	INJECTION, PERTUZUMAB, 1 MG
J9031	BCG (INTRAVESICAL) PER INSTILLATION	J9307	INJECTION, PRALATREXATE, 1 MG
J9032	INJECTION, BELINOSTAT, 10 MG	J9308	INJECTION, RAMUCIRUMAB, 5 MG
J9033	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	J9310	INJECTION, RITUXIMAB, 100 MG
J9035	INJECTION, BEVACIZUMAB, 10 MG	J9315	INJECTION, ROMIDEPSIN, 1 MG
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	J9320	INJECTION, STREPTOZOCIN, 1 GRAM
J9041	INJECTION, BORTEZOMIB, 0.1 MG	J9328	INJECTION, TEMOZOLOMIDE, 1 MG
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	J9330	INJECTION, TEMSIROLIMUS, 1 MG

J9043	INJECTION, CABAZITAXEL, 1 MG	J9340	INJECTION, THIOTEPA, 15 MG
J9047	INJECTION, CARFILZOMIB, 1 MG	J9354	INJECTION, ADO-TRASTUZUMAB EM-TANSINE, 1 MG
J9050	INJECTION, CARMUSTINE, 100 MG	J9355	INJECTION, TRASTUZUMAB, 10 MG
J9055	INJECTION, CETUXIMAB, 10 MG	J9357	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG
J9065	INJECTION, CLADRIBINE, PER 1 MG	J9371	INJECTION, VINCRISTINE SULFATE LIPO-SOME, 1 MG
J9070	CYCLOPHOSPHAMIDE, 100 MG	J9395	INJECTION, FULVESTRANT, 25 MG
J9098	INJECTION, CYTARABINE LIPOSOME, 10 MG	J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG
J9120	INJECTION, DACTINOMYCIN, 0.5 MG	J9600	INJECTION, PORFIMER SODIUM, 75 MG
J9150	INJECTION, DAUNORUBICIN, 10 MG	P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML
J9155	INJECTION, DEGARELIX, 1 MG	P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML
J9171	INJECTION, DOCETAXEL, 1 MG	P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML
J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY anemia, 1 mg (NON-ESRD USE)
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Q0139	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)
J9207	INJECTION, IXABEPILONE, 1 MG	Q2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT
J9211	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	Q2017	INJECTION, TENIPOSIDE, 50 MG
J9214	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION	Q2040	TISAGENLECLEUCEL, UP TO 250 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION
J9216	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG
J9218	LEUPROLIDE ACETATE, PER 1 MG	Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG	Q3027	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE

J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	Q9968	INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE BLUE, ISOSULFAN BLUE), 1 MG
J9228	INJECTION, IPILIMUMAB, 1 MG	Q9969	TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER STUDY DOSE
J9230	INJECTION, MECHLORETHAMINE HYDROCHLORIDE	Q9979	INJECTION, ALEMTUZUMAB, 1 MG
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	Q9981	ROLAPITANT, ORAL, 1 MG
J9261	INJECTION, NELARABINE, 50 MG	Q9986	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG
J9262	INJECTION, OMACETAXINE MEPESUCCINATE 0.01 MG		

Effective for dates of service on or after January 1, 2017 the modifiers GQ (VUA ASYNCHRONOUS TELECOM) and GT (TELEMEDICINE - VIA INTER) have been added to the PMMIS screens.

CPT HCPCS	CPT HCPCS	CPT HCPCS	CPT HCPCS
90785	97803	99409	G9489
90791	97804	99441	G9490
90792	98966	99442	G9868
90832	98967	99443	G9869
90833	98968	99444	G9870
90834	98969	99497	Q3014
90836	99201	99498	T1014
90837	99202	0188T	
90838	99203	0189T	
90839	99204	G0270	
90840	99205	G0396	
90845	99211	G0397	
90846	99212	G0406	
90847	99213	G0407	
90951	99214	G0408	
90952	99215	G0420	
90954	99231	G0421	
90955	99232	G0425	
90957	99233	G0426	
90958	99241	G0427	
90960	99242	G0438	
90961	99243	G0439	
90963	99244	G0442	
90964	99245	G0443	
90965	99251	G0444	
90966	99252	G0445	
90967	99253	G0446	
90968	99254	G0447	
90969	99255	G0459	
90970	99307	G0506	
93229	99308	G0508	
96116	99309	G0509	
96150	99310	G9481	
96151	99354	G9482	
96152	99355	G9483	
96153	99356	G9484	
96154	99357	G9485	
96160	99406	G9486	
96161	99407	G9487	
97802	99408	G9488	

Place of Service (POS)

Effective for dates of service on or after January 1, 2017 the following codes can be reported with the POS 12 (Home):

Code	Description
0359T	Behavior Identification Assessment
0360T	Observational Behavioral Follow-Up Assessment First 30 Minutes
0361T	Observational Behavioral Follow-Up Assessment Additional 30 Minutes
0362T	Exposure Behavioral Follow-Up Assessment First 30 Minutes
0363T	Exposure Behavioral Follow-Up Assessment Each Additional 30 Minutes
0364T	Behavior Treatment By Protocol Administered By Technician First 30 Minutes
0365T	Behavior Treatment By Protocol Administered By Technician Each Additional 30 Minutes
0366T	Group Behavior Treatment By Protocol Administered By Technician First 30 Minutes
0367T	Group Behavior Treatment By Protocol Administered By Technician Each Additional 30 Minutes
0368T	Behavior Treatment With Protocol Modification Administered By Physician Or Other Qualified Health Care Professional First 30 Minutes
0369T	Behavior Treatment With Protocol Modification Administered By Physician Or Other Qualified Health Care Professional Each Additional 30 Minutes
0370T	Family Behavior Treatment Guidance Administered By Physician
0371T	Multiple-Family Group Behavior Treatment Guidance Administered By Physician Or Other Qualified Health Care Professional
0372T	Behavior Treatment Social Skills Group Administered By Physician
0373T	Behavior Treatment With Protocol Modification First 60 Minutes
0374T	Behavior Treatment With Protocol Modification Additional 30 Minutes



“If you spend too much time thinking about a thin, you’ll never get it done.”

Bruce Lee

Provider Type

- Effective for dates of service on or after January 1, 2017 the Provider Type 11 (Psychologist) can now report the following CPT codes:

Code	Description
99201	New Patient Office Or Other Outpatient Visit, Typically 10 Minutes
99202	New Patient Office Or Other Outpatient Visit, Typically 20 Minutes
99203	New Patient Office Or Other Outpatient Visit, Typically 30 Minutes
99204	New Patient Office Or Other Outpatient Visit, Typically 45Minutes
99205	New Patient Office Or Other Outpatient Visit, Typically 60 Minutes
99212	Established Patient Office Or Other Outpatient Visit, Typically 10 Minutes
99213	Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes
99214	Established Patient Office Or Other Outpatient Visit, Typically 25Minutes
99215	Established Patient Office Or Other Outpatient Visit, Typically 40 Minutes

- Effective for dates of service listed below, the following provider types can now report the codes listed.

Provider Type	Code	Description	Effective Begin Date
10 - Podiatrist	20900	Small Bone Graft Harvest	06/01/2017
19 - Registered Nurse Practitioner	31237	Biopsy Or Removal Of Nasal Polyp Or Tissue Using An Endoscope	01/01/2017
43 – Ambulatory Surgical Center	37246	Balloon Dilation Of Artery, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation	01/01/2017
10 – Podiatrist	64776	Removal Of Growth Of Finger Or Toe Nerve	06/01/2017

Revenue Code

Effective for dates of service on or after July 1, 2017 the revenue code 0636 (Drugs/Detail Coding) can be reported with the HCPCS code J2182 (Injection, Mepolizumab, 1 mg).

