

ENCOUNTER KEYS

March-April 2019



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Age Change

The minimum and maximum age limits have been revised for the code D1575 (Distal Shoe Space Maintainer - Fixed - Unilateral) to minimum age 000 and maximum age 014.

The minimum and maximum age limits have been revised for the code D9610 (Therapeutic Parenteral Drug, Single Administration) to minimum age 000 and maximum age 020.

The minimum and maximum age has been changed for the ICD-10 code 0UT64ZZ (Resection of Left Fallopian Tube, Percutaneous Endoscopic Approach) to:

Minimum Age: 012 Year

Maximum Age: 999 Year

Code Changes

Effective for dates of service on or after January 1, 2019 the code J2787 (Injection, Rolapitant, 0.5 mg) has been added to the system. For coverage code, modifiers etc. refer to the specific screens.

Coverage Code

Effective for dates of service listed the following codes have been updated.

Code	Description	Coverage Code	Effective Beginning Date
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant	01 – Covered Service/Code Available	01/01/2019
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant	01 – Covered Service/Code Available	01/01/2019
D9130	Temporomandibular Joint Dysfunction - Non-Invasive Physical Therapies	04- Not Covered Service/Code Not Available	01/01/2019
D9613	Infiltration Of Sustained Release Therapeutic Drug - Single Or Multiple Sites	04 – Not Covered Service/Code Not Available	01/01/2019
D9990	Certified Translation Or Sign-Language Services - Per Visit	04 – Not Covered Service/Code Not Available	01/01/2019
Q2041*	Axicabtagene Ciloleucel, Up to 200 Million Autologous	01 – Covered Service/Code Available	04/01/2018

Note: Q2041 has a new description.



Frequency Limits

The following CPT codes have had the “Frequency Limit” changed to 4 times in 1 year.

Code	Description
D9932	Cleaning & Inspection of Removable Complete Denture, Maxillary
D9933	Cleaning & Inspection of Removable Complete Denture, Mandibular
D9934	Cleaning & Inspection of Removable Partial Denture, Maxillary
D9935	Cleaning & Inspection of Removable Partial Denture, Mandibular

Modifiers

Effective for January 1, 2019 the following modifiers have been added to the CPT code 11103 (Tangential Biopsy of Additional Skin Lesion) for screen RF121.

AQ Physician Service HPSA	XU Unusual Non-Overlapping
AR Physician Scarcity Area	58 Staged/Related Proc Same
PT Colorectal Cancer Screen	59 Distinct Procedural Serv
XE Separate Enc, A Serv Tha	76 Repeat Procedure By Same
XP Separate Practitioner, A	77 Repeat Procedure/Another
XS Separate Structure, A Se	78 Return To O.R. For Relat
	79 Unrelated Proc/Svc,Same

- Effective for dates of service on or after January 1, 2018 the modifier 51 (Multiple Procedures) can be reported on the CPT code 31257 (Complete Examination of Nose and Sinuses and Removal of Nasal Sinus Using an Endoscope).
- Effective for dates of service on or after July 1, 2018 the modifier 52 (Reduced Services) for the CPT code 37244 (Occlusion of Arterial or Venous Hemorrhage with Radiological Supervision and Interpretation, Roadmapping, and Imaging Guidance).
- Effective for dates of service on or after July 1, 2017 the modifiers Q5 (Recip Bill Arr Subs Md Or Pt) and Q6 (Fee/ Time Comp Subst Md Or Pt) have been added to the following CPT codes:

Code	Description
99211	Established Patient Office Or Other Outpatient Visit, Typically 5 Minutes
99218	Hospital Observation Care, Typically 30 Minutes
99224	Subsequent Observation Care, Typically 15 Minutes Per Day
99241	Patient Office Consultation, Typically 15 Minutes
99244	Patient Office Consultation, Typically 60 Minutes
99245	Patient Office Consultation, Typically 80 Minutes
99251	Inpatient Hospital Consultation, Typically 20 Minutes
99252	Inpatient Hospital Consultation, Typically 40 Minutes
99255	Inpatient Hospital Consultation, Typically 110 Minutes
99288	Physician Direction Of Emergency Advanced Life Support Paramedic Services

The modifiers listed have been added to the system. For effective begin dates and screens associated refer to the appropriate screens.

Code	Description	Modifiers						
		AX - Item Furn/Conjunction With Dialysis Serv	PN - Non - Excepted Service Provided At An Off-	SG - Amb Surg Ctr (ASC) Facility Service	Q5 - Recip Bill Arr Subs MD or Pt	Q6 - FEE/ TIME COMP SUBST MD OR PT	JW - Drug Amt Discarded/Not A	50 - Bilateral Procedure
29540	Strapping of Ankle							X
63048	Partial Removal Of Spine Bone With Release Of Spinal Cord and/or Nerves			X				
73706	Computed Tomographic Angiography, Lower Extremity							X
77385	Radiation Therapy Delivery		X					
78452	Myocardial perfusion imaging, tomographic (SPECT)				X	X		
88302	Pathology Examination of Tissue Using a Microscope				X	X		
88304	Pathology Examination of Tissue Using a Microscope, Moderately Low Complexity				X	X		
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch				X	X		
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction,				X	X		

Code	Description	Modifiers						50 – Bi-lateral Procedure
		AX - Item Furn/Conjunction With Dialysis Serv	PN - Non-Excepted Service Provided At An Off-	SG - Amb Surg Ctr (ASC) Facility Service	Q5 - Recip Bill Arr Subs MD or Pt	Q6 - FEE/TIME COMP SUBST MD OR PT	JW - Drug Amt Dis-carde d/Not A	
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision,				X	X		
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report				X	X		
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without							
93283	Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report		X					
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography				X	X		

Code	Description	Modifiers						50 – Bi-lateral Procedure
		AX - Item Furn/Conjunction With Dialysis Serv	PN - Non - Excepted Service Provided At An Off-	SG - Amb Surg Ctr (ASC) Facility Service	Q5 - Recip Bill Arr Subs MD or Pt	Q6 - FEE/ TIME COMP SUBST MD OR PT	JW - Drug Amt Discarded/ Not A	
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study				X	X		
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete				X	X		
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)				X	X		
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;				X	X		
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization				X	X		
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;				X	X		

Code	Description	Modifiers						
		AX - Item Furn/ Conjunction With Dialysis Serv	PN - Non - Excepted Service Provided At An	SG - Amb Surg Ctr (ASC) Facility	Q5 - Reci p Bill Arr Subs MD	Q6 - FEE/ TIME COMP SUBST MD OR PT	JW - Drug Amt Dis- carde d/Not	50 - Bi- lateral Proce- dure
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography,				X	X		
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement				X	X		
94618	Test For Exercise-Induced Lung Stress		X					
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components				X	X		
99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:				X	X		
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:				X	X		
A9500	Technetium tc-99m sestamibi, diagnostic, per study dose				X	X		
J0289	Injection, Amphotericin B Liposome, 10 Mg						X	
J0604	Cinacalcet, Oral, 1 Mg, (For ESRD On Dialysis)	X						
J0606	Injection, Etelcalcetide, 0.1 Mg	X						
J2785	Injection, Regadenoson, 0.1 mg				X	X		
J3262	Injection, Tocilizumab, 1 Mg						X	

- Effective for the dates of service listed below the following modifiers have been added to the CPT/HCPCS codes. See appropriate reference screens.

Code	Description	Modifier	Begin Date
21558	Removal of (5 centimeters or Greater) Growth of Neck or Front of Chest	62 – Two Surgeons/Different Skills	08/01/2018
73503	X-Ray of Hip with Pelvis, Minimum of 4 Views	LT – Identifies Left Side	10/01/2018
73503	X-Ray of Hip with Pelvis, Minimum of 4 Views	RT – Identifies Right Side	10/01/2018
93931	Ultrasound Study of Arteries & Arterial Grafts of One Arm or Limited	LT – Identifies Left Side	10/01/2018
93931	Ultrasound Study of Arteries & Arterial Grafts of One Arm or Limited	RT – Identifies Right Side	10/01/2018
93931	Ultrasound Study of Arteries & Arterial Grafts of One Arm or Limited	Q5 – Recip Bill Arr Subs MD	10/01/2018
93931	Ultrasound Study of Arteries & Arterial Grafts of One Arm or Limited	Q6 – Fee/Time Comp Subst MD	10/01/2018
93931	Ultrasound Study of Arteries & Arterial Grafts of One Arm or Limited	SC – Medically Necessary Services	10/01/2018
93931	Ultrasound Study of Arteries & Arterial Grafts of One Arm or Limited	A1 – Dressing for one Wound	10/01/2018
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine	A1 - Dressing For One Wound	10/01/2018
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine	XE - Separate Enc, A Serv	10/01/2018
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine	XP - Separate Practitioner	10/01/2018
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine	XS - Separate Structure	10/01/2018
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine	XU - Unusual Non-Overlapping	10/01/2018
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine	58 - Staged/Related Proc Same Post-OP Period	10/01/2018
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine	59 – Distinct Procedural Service	10/01/2018
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine	76 – Repeat Procedure by Same MD	10/01/2018
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine	77 - Repeat Procedure/Another Physician	10/01/2018
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine	78 - Return To O.R. For Related Proc Post-OP	10/01/2018
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine	79 - Unrelated Proc/Svc, Same Md Post-OP	10/01/2018

- Effective for the dates of service on or after October 1, 2018, the modifier 80 (Assistant Surgeon) has been added to the provider types listed.

Code	Description	Provider Type
22612	Fusion Of Lower Spine Bones, Posterior Or Posterolateral Approach	18 – Physician’s Assistant
22614	Fusion Of Spine Bones, Posterior Or Posterolateral Approach	18 – Physician’s Assistant
32655	Removal Of Air Sac Of Lung Using An Endoscope	18 – Physician’s Assistant
32656	Removal Of Lining Of Lung Using An Endoscope	18 – Physician’s Assistant
62252	Reprogramming Of Programmable Brain And Spinal Fluid Shunt	18 – Physician’s Assistant
63042	Re-Exploration Of Spine Repair With Release Of Lower Spinal Cord Or Nerves	18 – Physician’s Assistant
22612	Fusion Of Lower Spine Bones, Posterior Or Posterolateral Approach	19 – Registered Nurse Practitioner
22614	Fusion Of Spine Bones, Posterior Or Posterolateral Approach	19 – Registered Nurse Practitioner
32655	Removal Of Air Sac Of Lung Using An Endoscope	19 – Registered Nurse Practitioner
32656	Removal Of Lining Of Lung Using An Endoscope	19 – Registered Nurse Practitioner
62252	Reprogramming Of Programmable Brain And Spinal Fluid Shunt	19 – Registered Nurse Practitioner
63042	Re-Exploration Of Spine Repair With Release Of Lower Spinal Cord Or Nerves	19 – Registered Nurse Practitioner



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- Effective for dates of service on or after October 1, 2018 the modifier 80 (Assistant Surgeon) has been added to the CPT code 62252 (Reprogramming of Programmable Brain and Spinal Fluid Shunt) for the provide type 18 (Physician's Assistant).
 - Effective for dates of service on or after October 1, 2018 the modifier 80 (Assistant Surgeon) has been added to the CPT code 62252 (Reprogramming of Programmable Brain and Spinal Fluid Shunt) for the provider type 19 (Registered Nurse Practitioner).
 - Effective for dates of service on or after January 1, 2019 the HCPCS code H2019 (Therapeutic Behavioral Services, Per 15 Minutes) can report the modifiers:
 - HM – Less Than Bachelor Degree
 - HN – Bachelor Degree Level/Amb HS
 - HO – Master's Degree Level
 - Effective for date of service on or after March 1, 2018 the modifiers LT (Identifies Left Side) and RT (Identifies Right Side) can now be reported on the CPT code 29906 (Removal of Dead or Infected Foot Joint Tissue Using an Endoscope).
 - The modifier 62 (Two Surgeons/Different Skills)) has been added to the CPT code 21558 (Removal of (5 Centimeters or Greater) Growth of Neck or Front of Chest).
 - Effective for date of service on or after October 1, 2018 the following modifiers have been added to the HCPCS code A0120 (Non-Emergency Transportation: Mini-Bus, Mountain Area Transports, or other Transportation Systems) on reference screens RF122 and RF132.

Place of Service (POS)

Effective for the dates of service listed the following codes can be reported on the place of service.

Code	Description	POS	Effective Begin Date
A0420	Ambulance Waiting Time (ALS, or BLS), One Half (1/2) Hour	06 – Indian Health Service Provider-BAS	10/01/2018
A0420	Ambulance Waiting Time (ALS, or BLS), One Half (1/2) Hour	08 – Tribal 638 Provider-Based Facility	10/01/2018
A0425	Ground Mileage, Per Statute Mile	06 – Indian Health Service Provider-BAS	10/01/2018
A0425	Ground Mileage, Per Statute Mile	08 – Tribal 638 Provider-Based Facility	10/01/2018
A0426	Ambulance Service, Advanced Life Support, Non-Emergency	06 – Indian Health Service Provider-BAS	10/01/2018
A0426	Ambulance Service, Advanced Life Support, Non-Emergency	08 – Tribal 638 Provider-Based Facility	10/01/2018
A0427	Ambulance Service, Advanced Life Support, Emergency Transport	06 – Indian Health Service Provider-BAS	10/01/2018
A0427	Ambulance Service, Advanced Life Support, Emergency Transport	08 – Tribal 638 Provider-Based Facility	10/01/2018
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport	06 – Indian Health Service Provider-BAS	10/01/2018
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport	08 – Tribal 638 Provider-Based Facility	10/01/2018
A0429	Ambulance Service, Basic Life Support, Emergency Transport	06 – Indian Health Service Provider-BAS	10/01/2018
A0429	Ambulance Service, Basic Life Support, Emergency Transport	08 – Tribal 638 Provider-Based Facility	10/01/2018
A0433	Advanced Life Support, Level 2 (ALS 2)	06 – Indian Health Service Provider-BAS	10/01/2018
A0433	Advanced Life Support, Level 2 (ALS 2)	08 – Tribal 638 Provider-Based Facility	10/01/2018
A0434	Specialty Care Transport (SCT)	06 – Indian Health Service Provider-BAS	10/01/2018
A0434	Specialty Care Transport (SCT)	08 – Tribal 638 Provider-Based Facility	10/01/2018
A0888	Non-covered Ambulance Mileage, Per Mile (E.G., For Miles)	06 – Indian Health Service Provider-BAS	10/01/2018
A0888	Non-covered Ambulance Mileage, Per Mile (E.G., For Miles)	08 – Tribal 638 Provider-Based Facility	10/01/2018
A0998	Ambulance Response And Treatment, No Transport	06 – Indian Health Service Provider-BAS	10/01/2018
A0998	Ambulance Response And Treatment, No Transport	08 – Tribal 638 Provider-Based Facility	10/01/2018
E1029	Wheelchair Accessory, Ventilator Tray, Fixed	14 – Group Home	06/01/2018
E2300	Wheelchair Accessory, Power Seat Elevation System, Any Type	14 – Group Home	06/01/2018

00802	Anesthesia for Removal of Excess Tissue on Lower Abdominal Wall	19 - Off Campus-Outpatient Hospital	01/01/2018
00802	Anesthesia for Removal of Excess Tissue on Lower Abdominal Wall	24 – Ambulatory Surgical Center	01/01/2018
22842	Insertion of Posterior Spinal Instrumentation for Spinal Stabilization, 3 to 6 Vertebral Segments	19 - Off Campus-Outpatient Hospital	01/01/2018
22842	Insertion of Posterior Spinal Instrumentation for Spinal Stabilization, 3 to 6 Vertebral Segments	22 – Outpatient Hospital	01/01/2018
22869	Insertion of Stabilizing or Separating Device into Lower Spine at Single Level	19 – Off Campus-Outpatient Hospital	01/01/2019
22869	Insertion of Stabilizing or Separating Device into Lower Spine at Single Level	22 – Outpatient Hospital	01/01/2019
22870	Insertion of Stabilizing or Separating Device into Lower Spine at Second Level	19 – Off Campus-Outpatient Hospital	01/01/2019
22870	Insertion of Stabilizing or Separating Device into Lower Spine at Second Level	22 – Outpatient Hospital	01/01/2019
33271	Insertion of Subcutaneous Implantable Defibrillator	24 - Ambulatory Surgical Center	01/01/2018
50706	Balloon Dilation Treatment of Stricture of Urinary Duct (Ureter) Using Imaging Guidance With Radiological Supervision and Interpretation	19 – Off Campus-Outpatient Hospital	05/01/2018
50706	Balloon Dilation Treatment of Stricture of Urinary Duct (Ureter) Using Imaging Guidance With Radiological Supervision and Interpretation	22 – Outpatient Hospital	05/01/2018
63048	Partial Removal of Spine Bone with Release of Spinal Cord and/or Nerves	24 – Ambulatory Surgical Center	01/01/2018
77065	Mammography Of One Breast	15 – Mobile Unit	01/01/2018
77080	Bone Density Measurement Using Dedicated X-Ray Machine	15 – Mobile Unit	01/01/2018
93976	Ultrasound Limited Scan Of Abdominal, Pelvic, and/or Scrotal Arterial Inflow And Venous Outflow	15 – Mobile Unit	01/01/2018
22325	Open Treatment of Broken and/or Dislocated Lower Spine	19 – Off Campus-Outpatient Hospital	01/01/2018
22325	Open Treatment of Broken and/or Dislocated Lower Spine	22 – Outpatient Hospital	01/01/2018
20939	Bone Marrow Aspiration for Bone Grafting, Spine Surgery	19 – Off Campus-Outpatient Hospital	01/01/2018
20939	Bone Marrow Aspiration for Bone Grafting, Spine Surgery	22 – Outpatient Hospital	01/01/2018

- Effective for January 1, 2019 the POS 23 (Emergency Room-Hospital) can be reported with the CPT code 26591 (Repair of Hand Muscle).
- Effective for dates of service on or after May 1, 2018 the POS 23 (Emergency Room - Hospital) has been added to the CPT code 50431 (Injection Procedure for X-Ray Imaging of Kidney and Urinary Duct (Ureter) Using Imaging Guidance Including Radiological Supervision And Interpretation).
- Effective for dates of service on or after July 1, 2018 the POS 23 (Emergency Room - Hospital) has been added to the CPT code 51710 (Change of Cystostomy Tube; Complicated).
- Effective for dates of service on or after March 1, 2018 the POS 61 (Comprehensive Inpatient Rehab Facility) has been added to the CPT code 96150 (Health & Behavior Assessment Each 15 Minutes).

Procedure Daily Limit

Effective for dates of service on or after January 1, 2019 the procedure daily limit has been changed to 5 for the HCPCS code A0130 (Non-Emergency Transportation: Wheelchair Van).

The procedure daily limits have been changed for the CPT code D7960 (Frenulectomy - Also Known As Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure) (to three (3))

Provider Type

- Effective for dates of service on or after January 1, 2019 the provider type 11 (Psychologist) can report the CPT code 99367 (Medical Team Conference with Physician, 30 Minutes or More).
- Effective for dates of service on or after July 1, 2018 the provider type 18 (Physician's Assistant) can report the CPT code 43281 (Laparoscopy, Surgical, Repair of Paraesophageal Hernia,) with the modifier 80 (Assistant Surgeon).
- Effective for dates of service on or after July 1, 2018 the provider type 19 (Registered Nurse Practitioner) can report the CPT code 43281 (Laparoscopy, Surgical, Repair of Paraesophageal Hernia,) with the modifier AS (PA SVCS For Assistant/At Surgery) and 80 (Assistant Surgeon).

99367	Medical Team Conference with Physician, 30 Minutes or More	01/01/2019	11 - Psychologist	
43281	Laparoscopy, Surgical, Repair of	07/01/2018	18 – Physician's Assistant	80 – Assistant Surgeon
43281	Laparoscopy, Surgical, Repair of Paraesophageal Hernia,	07/01/2018	19 – Registered Nurse Practitioner	80 – Assistant Surgeon AS – PA SVCS for Assistant/At Surgery

Revenue Code

Effective for dates of service on or after January 1, 2018 the revenue codes listed have been added to the CPT code 80323 (Alkaloids Levels)

0300 – Laboratory

0301 – Lab/chemistry

0309 –Lab/Other

