



ENCOUNTER KEYS

November-December 2019

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Age Change

The ICD-10 Diagnosis codes listed below have had the minimum and maximum age changed.

Codes	Description	Minimum Age	Maximum Age
P74.22	Hyponatremia Of Newborn	000 Year	999 Year
T74.12XS	Child Physical Abuse, Confirmed, Sequela	000 Year	018 Year
T76.02XA	Child Neglect Or Abandonment, Suspected,	000 Year	018 Year
90739	Vaccine for Hepatitis B Adult Dosage (2 Dose Schedule) Injection into Muscle	000 Year	018 Year

Category of Service

Effective For Dates Of Service On Or After January 1, 2017 The Category Of Service 12 (Pathology & Laboratory) has been added to the HCPCS Codes:

- G0475 (HIV Antigen/Antibody, Combination Assay, Screening) And
- G0476 (Infectious Agent Detection By Nucleic Acid (DNA or RNA); Human Papillomavirus (HPV), High-Risk Types (E.G., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) For Cervical Cancer Screening, Must Be Performed In Addition to PAP Test).
- The COS 01 (Medicine) has been added to the CPT code 01230 (Anesthesia for Open Procedure on Upper Two-Thirds of Thigh Bone) (Pathology & Laboratory), on RF769 screen.

Code Update

The CPT code 64400 (Injection of Anesthetic Agent, Trigeminal Nerve) has been backdated to May 13, 2018 for provider type 19 (Registered Nurse Practitioner).

Diagnosis Indicators

The ICD-10 Diagnosis Indicator for "Sex" has been removed for the code R97.1 (Elevated Cancer Antigen 125 [CA 125]).

Encounter Edit Status List

The updated Encounter Edit Status List has been placed on the website.

<https://www.azahcccs.gov/PlansProviders/HealthPlans/encounteradjudicationresources.html>



G2004	Comprehensive (60 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times).	04/01/19
G2005	Extensive (75 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times).	04/01/19
G2006	Brief (20 minutes) in home for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times)	04/01/19
G2007	Limited (30 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times)	04/01/19
G2008	Moderate (45 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times)	04/01/19
G2009	Comprehensive (60 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times)	04/01/19
G2013	Extensive (75 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times)	04/01/19
G2014	Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times)	04/01/19
G2015	Comprehensive (60 minutes) home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times)	04/01/19

Frequency

The "Frequency" on RF113 and RF127 have been changed to one (1) L for the CPT code 58180 Supracervical Abdominal Hysterectomy.

Effective for the dates of service July 1, 2018 the modifier JW (Drug Amount Discarded/Not Admin to Any Patient) has been added to the appropriate screens in PMMIS (refer to either RF121, RF122 or RF132) for further information.

Code	Description
J0129	Injection, Abatacept, 10 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self administered)
J0178	Injection, Aflibercept, 1 mg
J0561	Injection, Penicillin G Benzathine, 100,000 Units
J0878	Injection, Daptomycin, 1 mg
J0881	Injection, Darbepoetin Alfa, 1 Microgram (Non-ESRD Use)
J0897	Injection, Denosumab, 1 mg
J1439	Injection, Ferric Carboxymaltose, 1 mg
J2469	Injection, Palonosetron Hcl, 25 mcg
J2997	Injection, Alteplase Recombinant, 1 mg
J2505	Injection, Pegfilgrastim, 6 mg
J3380	Injection, Vedolizumab, 1 mg
J7321	Hyaluronan or Derivative, Hyalgan, Supartz or Visco-3, For Intra-Articular Injection, Per Dose
J7323	Hyaluronan Or Derivative, Euflexxa, For Intra-Articular Injection, Per Dose
J9035	Injection, Bevacizumab, 10 mg
J9217	Leuprolide Acetate (For Depot Suspension), 7.5 mg
J9306	Injection, Pertuzumab, 1 mg
J9395	Injection, Fulvestrant, 25 mg

99492	Initial Psychiatric Collaborative Care Management, First 70 Minutes In The First Calendar Month	24 - Unrelated Evaluation & Mgmt Service	1/1/2019
99492	Initial Psychiatric Collaborative Care Management, First 70 Minutes In The First Calendar Month	25 - Significant, Sep Ident E&M, Same Md & Day	1/1/2019
99492	Initial Psychiatric Collaborative Care Management, First 70 Minutes In The First Calendar Month	AI - Principal Physician Of Record	1/1/2019
99492	Initial Psychiatric Collaborative Care Management, First 70 Minutes In The First Calendar Month	Q5 - RECIP BILL ARR SUBS MD OR PT	1/1/2018
99492	Initial Psychiatric Collaborative Care Management, First 70 Minutes In The First Calendar Month	Q6 - FEE/TIME COMP SUBST MD OR PT	1/1/2018
99492	Initial Psychiatric Collaborative Care Management, First 70 Minutes In The First Calendar Month	59 - Distinct Procedural Service	1/1/2019
99492	Initial Psychiatric Collaborative Care Management, First 70 Minutes In The First Calendar Month	GC - Teaching Physician Services	1/1/2019
99493	Subsequent Psychiatric Collaborative Care Management, First 60 Minutes In Subsequent Month Of Behavioral Health Care Manager Activities	24 - Unrelated Evaluation & Mgmt Service	1/1/2019
99493	Subsequent Psychiatric Collaborative Care Management, First 60 Minutes In Subsequent Month Of Behavioral Health Care Manager Activities	25 - Significant, Sep Ident E&M, Same Md & Day	1/1/2019
99493	Subsequent Psychiatric Collaborative Care Management, First 60 Minutes In Subsequent Month Of Behavioral Health Care Manager Activities	AI - Principal Physician Of Record	1/1/2019
99493	Subsequent Psychiatric Collaborative Care Management, First 60 Minutes In Subsequent Month Of Behavioral Health Care Manager Activities	Q5 - RECIP BILL ARR SUBS MD OR PT	1/1/2018
99493	Subsequent Psychiatric Collaborative Care Management, First 60 Minutes In Subsequent Month Of Behavioral Health Care Manager Activities	Q6 - FEE/TIME COMP SUBST MD OR PT	1/1/2018

Effective for dates of service July 01, 2017 the modifiers Q5 (Recip Bill Arr Subs M) and Q6 (Fee/Time Comp Subst M) have been added to the Anesthesia set of codes (00100-01999).

Effective for dates of service listed, the following modifiers have been added.

Code	Description	Modifiers	Effective Begin Date
01630	Anesthesia For Open Or Endoscopic Procedure At Upper Arm And Shoulder Joint Including	Q5 - Recip Bill Arr Subs M	07/01/2017
01630	Anesthesia For Open Or Endoscopic Procedure At Upper Arm And Shoulder Joint Including	Q6 - Fee/Time Comp Subst M	07/01/2017
01810	Anesthesia for Procedure on Nerves, Muscles, Tendons, Fascia, and Bursae of Forearm, Wrist, and Hand	Q5 - Recip Bill Arr Subs M	07/01/2017
01810	Anesthesia for Procedure on Nerves, Muscles, Tendons, Fascia, and Bursae of Forearm, Wrist, and Hand	Q6 - Fee/Time Comp Subst M	07/01/2017
93452	Insertion Of Catheter Into Left Heart For Diagnosis	SG - Ambulatory Surgical Center	01/01/2019
93453	Insertion Of Catheter Into Right And Left Heart For Diagnosis	SG - Ambulatory Surgical Center	01/01/2019
93454	Insertion Of Catheter For Imaging Of Heart Blood Vessels Or Grafts	SG - Ambulatory Surgical Center	01/01/2019
93455	Insertion Of Catheter For Imaging Of Heart Blood Vessels Or Grafts	SG - Ambulatory Surgical Center	01/01/2019
93456	Insertion Of Catheter In Right Heart For X-Ray Imaging Of Blood Vessels Or Grafts	SG - Ambulatory Surgical Center	01/01/2019
93457	Insertion Of Catheter In Right Heart For Imaging Of Blood Vessels Or Grafts	SG - Ambulatory Surgical Center	01/01/2019
93458	Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels	SG - Ambulatory Surgical Center	01/01/2019
93459	Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels	SG - Ambulatory Surgical Center	01/01/2019
93460	Insertion Of Catheter In Right and Left Heart For Imaging of Blood Vessels or Grafts and Left Lower Heart	SG - Ambulatory Surgical Center	01/01/2019
93461	Insertion Of Catheter In Right And Left Heart For Imaging Of Blood Vessels or Grafts and Left Lower Heart	SG - Ambulatory Surgical Center	01/01/2019
97110	Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes	97 - Rehabilitative Services: When A Service-	12/01/2018
97112	Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes	97 - Rehabilitative Services: When A Service-	12/01/2018
97140	Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes	97 - Rehabilitative Services: When A Service-	12/01/2018
99214	Established Patient Office Or Other Outpatient, Visit Typically 25 Minutes	X1 - Continuous/Broad Services: For Reporting	12/01/2018
99244	Patient Office Consultation, Typically 60 Minutes	GN -Ambulance Hospital 2SNF/OP Speech Lang POFC	12/01/2018

Provider Type

Effective for the dates of service listed, the following codes have been added to the provider types on RF618 screen.

Provider Type	Code	Description	Modifier	Effective Begin Date
08 - MD- Physician	33954	Insertion Of Tube Open Procedure For External Blood Circulation In Heart and Lungs Using A Pump Patient 6 Years and Older	80 Assistant Surgeon	1/1/2019
08 MD-Physician	50845	Connection Of The Bladder To Pouch At Junction Of Small And Large Bowel	80 Assistant Surgeon	7/1/2018
10 - Podiatrist	64788	Removal of Growth Of Skin Nerve or Nerve Lining		7/1/2019
10 - Podiatrist	L4631	Ankle Foot Orthosis, Walking Boot Type, Varus/ Valgus Correction,		1/1/2019
12 - Certified Registered Nurse Anesthetist	62322	Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum		3/1/2019
18 - Physician's Assistant	22858	Insertion Of Artificial Upper Spine Disc Anterior Approach	AS - PA SVCS for Assistant/at	1/1/2019
18 - Physician's Assistant	26755	Closed Treatment Of Broken Finger Or Thumb With Manipulation		7/1/2018
18 - Physician's Assistant	26755	Closed Treatment Of Broken Finger Or Thumb With Manipulation		7/1/2018
18 - Physician's Assistant	43280	Repair Of Muscle At Esophagus And Stomach Using An Endoscope		1/1/2018
18 - Physician's Assistant	43280	Repair Of Muscle At Esophagus And Stomach Using An Endoscope		1/1/2018
18 - Physician's Assistant	62370	Electronic Analysis Reprogramming And Refill Of Spinal Canal Drug Infusion Pump By Physician		6/1/2018
18 - Physician's Assistant	96146	Psychological or Neuropsychological Test Administration and Scoring By Single Standardized Instrument Via Electronic Platform With Automated Result		1/1/2019
18 - Physician's Assistant	63047*	Partial Removal Of Middle Spine Bone With Release Of Spinal Cord a Nerves	80 - Assistant Surgeon	1/1/2019
18 - Physician's Assistant	63048*	Partial Removal Of Spine Bone With Release Of Spinal Cord and/or Nerves	80 - Assistant Surgeon	1/1/2019
18 - Physician's Assistant	J7327	Hyaluronan Or Derivative, Monovisc, For Intra-Articular Injection, Per Dose		1/1/2017
19 - Registered Nurse Practitioner	12052	Repair Of Wound (2.6 To 5.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, and/or Mouth		10/1/2018
19 - Registered Nurse Practitioner	21012	Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face and Scalp	AS PA SVCS for Assistant/At	8/1/2018

19 - Registered Nurse Practitioner	G9621	Patient Identified As An Unhealthy Alcohol User		1/1/2019
19 - Registered Nurse Practitioner	G9717	Documentation Stating The Patient Has An Active Diagnosis Of Depression Or Has a Diagnosed Bipolar Disorder, Therefore Screening Or Follow-Up Not Required		12/1/2018
19 - Registered Nurse Practitioner	J7327	Hyaluronan Or Derivative, Monovisc, For Intra-Articular Injection, Per Dose		1/1/2017
19 - Registered Nurse Practitioner	J9271	Injection, Pembrolizumab, 1 mg		7/1/2018
31 - DO-Physician Osteopath	33954	Insertion Of Tube Open Procedure For External Blood Circulation In Heart and Lungs Using A Pump Patient 6 Years and Older	80 Assistant Surgeon	1/1/2019
43 - Ambulatory Surgical Center	C1823	Generator, Neurostimulator (Implantable), Non-Rechargeable, With Transvenous Sensing And Stimulation Leads		1/1/2019
43 - Ambulatory Surgical Center	C1841	Retinal Prosthesis, Includes All Internal And External Components		10/1/2019
43 - Ambulatory Surgical Center	C1842	Retinal Prosthesis, Includes All Internal And External Components		10/1/2019
49 - Assisted Living Center	T2031	Assisted Living; Waiver, Per Diem		7/1/2019
49 - Assisted Living Center	T2031	Assisted Living; Waiver, Per Diem	TF -Intermediate Level Of Care	7/1/2019
49 - Assisted Living Center	T2031	Assisted Living; Waiver, Per Diem	TG - Complex/ High Tech Level of Care	7/1/2019
49 - Assisted Living Center	T2031	Assisted Living; Waiver, Per Diem	U1 - Medic Lvl 1 Care/CFT Facilitation	7/1/2019
85 - Licensed Clinical Social Worker (LCSW)	90840	Psychotherapy For Crisis		7/1/2018
A4 - LIC Independent Substance Abuse Counselors (LISAC)	H0031	Mental Health Assessment, By Non-Physician		12/1/2018
IC - Integrated Clinics	29130	Application Of Non-Moveable, Hinged Finger Splint		7/1/2018
IC - Integrated Clinics	43762	Replacement of Stomach Stoma Tube Accessed Through Skin		1/1/2019
IC - Integrated Clinics	99397	Established Patient Periodic Preventive Medicine Examination, Age 65 Years and Older		6/1/2018

95984	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Brain Stimulator Programming, Additional 15 Minutes Face-To-Face Time With Qualified Health Care Professional	11 - Office	01/01/2019
96150	Health & Behavior Assessment Each 15 Minutes	61 - Comprehensive Inpatient Rehab Facility	03/01/2018
96153	Health and Behavior Intervention, Group Each 15 Minutes	61 - Comprehensive Inpatient Rehab Facility	03/01/2018
96155	Health and Behavior Intervention, Family Each 15 Minutes	61 - Comprehensive Inpatient Rehab Facility	03/01/2018
J1726	Injection, Hydroxyprogesterone Caproate, (Makena), 10 mg	12 - Home	09/01/2018
L3891	Addition To Upper Extremity Joint, Wrist Or Elbow, Concentric Adjustable Torsion Style Mechanism For Custom Fabricated Orthotics Only, Each	12 - Home	10/01/2018

Revenue Code

Effective for July 1, 2018 the revenue code 0610 (MRI) has been added to the CPT code 75565 (MRI of Blood Flow of Heart).

Effective for dates of service on or after April 1, 2019 the following revenue codes have been added to the system.

Codes	Description
0870	General Classification
0871	Cell Collection
0872	Modified Cell Infusion
0873	Reserved for Assignment
0874	Reserved for Assignment
0875	Reserved for Assignment
0891	Pharmacy, Generic description

Sex Indicator

The Sex Indicator on RF223 for the code Z30.8 - Encounter for Other Contraceptive Management has been removed.

