



ENCOUNTER KEYS

July-August, 2020

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Category of Service

The Category of Service for the HCPCS code G0296 (Counseling Visit To Discuss Need For Lung Cancer Screening Using Low Dose Ct Scan (LDCT) (Service Is For Eligibility Determination And Shared Decision Making)) has been changed to 01 (Medicine) with an effective date of January 1, 2016.

Codes

Effective for the dates listed the Category of Service 01 has been added to the CPT codes on the reference screen RF769.

Code	Description	Effective Begin Date
01933	Anesthesia For X-Ray Procedure On Brain Vein	01/01/2019
01935	Anesthesia For Diagnostic X-Ray Procedure (Accessed Through The Skin) On Spine and Spinal Cord	01/01/2019
01936	Anesthesia for X-Ray Procedure (Accessed Through the Skin) On Spine And Spinal Cord	06/01/2019

Coverage Code

The following AHCCCS Coverage codes listed have had their coverage changed to 06 (Not Covered Service/Header Record) with an effective begin date of 10/01/2019.

D81.3	Adenosine Deaminase [ADA] Deficiency	Q66.4	Congenital Talipes Calcaneovalgus
I48.1	Persistent Atrial Fibrillation	Q66.7	Congenital Pes Cavus
Q66.0	Congenital Talipes Equinovarus	Q66.9	Congenital Deformity Of Feet, Unspecified
Q66.1	Congenital Talipes Calcaneovarus	Q79.6	Ehlers-Danlos Syndrome
Q66.21	Congenital Metatarsus Primus Varus	Q87.1	Congenital Malform Syndromes Predom Assoc W S
Q66.22	Congenital Metatarsus Adductus	R82.8	Abnormal Findings On Cytolog And Histolog Examination
Q66.3	Other Congenital Varus Deformities Of Feet		

Coverage Code Changes

- ◆ The AHCCCS Coverage Code has been changed for the following codes:

Code	Description	AHCCCS Coverage Code	Effective Begin Date
3051F	Most Recent Hemoglobin A1C (HBA1C) Level Greater Than Or Equal To 7.0% And Less Than 8.0% (DM)	10 - Non Pay Category 2 Codes	01/01/2020
3052F	Most Recent Hemoglobin A1c (HBA1C) Level Greater Than Or Equal To 8.0% And Less Than Or Equal To 9.0% (DM)	10 - Non Pay Category 2 Codes	01/01/2020
90694	Influenza Virus Vaccine, Quadrivalent (AIV4), Inactivated, Adjuvanted, Preservative Free, For Injection into Muscle, 0.5 MI <i>Dosage</i>	01 - Covered Service/Code Available	05/01/2020
G2066	Interrogation Device Evaluation(s), (Remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	09 - Medicare Only	01/01/2020
G2168	Services Performed By A Physical Therapist Assistant	09 - Medicare Only	01/01/2020
G2169	Services Performed By An Occupational Therapist Assistant	09 - Medicare Only	01/01/2020

- ◆ Effective for dates of service May 1, 2020 the CPT code 90694 (Influenza Virus Vaccine, Quadrivalent (AIV4), Inactivated, Adjuvanted, Preservative Free, For Injection Into Muscle, 0.5 MI Dosage) has been added to the reference screen RF769.
- ◆ Effective for dates of service January 1, 2020 the HCPCS code C9758 (Blinded Procedure For NYHA Class III/IV Heart Failure; Transcatheter Implantation Of Interatrial Shunt Or Placebo Control, Including Right Heart Catheterization, Trans-Esophageal Echocardiography (Tee)/Intracardiac Echocardiography (Ice), And All Imaging With Or Without Guidance (E.G., Ultrasound, Fluoroscopy), Performed In An Approved Investigational Device Exemption
- ◆ The description for the HCPCS code J1095 has been changed to read Injection, Dexamethasone 9%, Intraocular, 1 mcg.
- ◆ The description for CPT code 43210 has been changed to read: Esophagogastroduodenoscopy, Flexible, Transoral; With Esophagogastric Fundoplasty, Partial or Complete, Includes Duodenoscopy When Performed.
- ◆ The Effective Begin Date for the codes U0003 and U0004 has been changed to March 18, 2020.
- ◆ Effective for dates of service on or after July 1, 2020 the following changes are for HPCS code H0030 (Behavioral Health Hotline Service).
 - Coverage code is now 01 (Covered Service/Code Available)
 - The modifiers 22 (Unusual Procedural Services); 52 (Reduced Services); 76 (Repeat Procedure By Same MD); and 77 (Repeat Procedure/Another Physician)) have been end dated as of 06/24/2020
 - The modifiers HN, HO and ET have been added with an effective date of 07/01/2020
 - The procedure daily max is 48
 - Note: AHCCCS is using this code as a 15 minute timed code.

- Effective for dates of service the following codes have been added to the system.

Code	Description	Effective Begin Date
C1890	No Implantable/Insertable Device Used With Device-Intensive Procedures	01/01/2019
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	06/25/2020
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	06/25/2020
86328	8 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	04/10/2020
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	04/10/2020
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])	06/25/2020

Effective Begin Date Changes

Code	Description	Place of Service	Effective Begin Date
A5500	For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of Off-The-Shelf Depth-Inlay Shoe Manufactured To Accommodate Multi-Density Insert(s), Per Shoe	11 – Office	10/1/2019
A5512	For Diabetics Only, Multiple Density Insert, Direct Formed, Molded To Foot	11 – Office	10/1/2019
H0015	Alcohol and/or Drug Services; Intensive Outpatient (Treatment Program)	99 - Other Un-listed Facility	1/1/2020
99441	Physician Telephone Patient Service, 5-10 Minutes of Medical Discussion	12 – Home	1/1/2020
99442	Physician Telephone Patient Service, 11-20 Minutes of Medical Discussion	12 – Home	1/1/2020
99443	Physician Telephone Patient Service, 21-30 Minutes of Medical Discussion	12 – Home	1/1/2020

Age Limits

The age limits have been changed for the following codes:

Code	Description	Age Limits
D0270	Bitewing - Single Radiographic Image	000-999Y
D0272	Bitewings - Two Radiographic Images	000-999Y
D0273	Bitewings - Three Radiographic Images	000-999Y
D0274	Bitewings - Four Radiographic Images	000-999Y
J2182	Injection, Mepolizumab, 1 mg	006-999Y

Limits

Code	Description	Procedure Daily Maximum	Limit	Frequency
D0120	Periodic Oral Evaluation - Established Patient		2	1 Y
D0270	Bitewing - Single Radiographic Image		2	1 Y
D0272	Bitewings - Two Radiographic Images		2	1 Y
D0273	Bitewings - Three Radiographic Images		2	1 Y
D0274	Bitewings - Four Radiographic Images		2	1 Y
D1110	Prophylaxis-Adult		2	1 Y
D1120	Prophylaxis-Child		2	1 Y
D1206	Topical Application Of Fluoride Varnish	1	4	1 Y
D2940	Protective Restoration	3		
D2941	Interim Therapeutic Restoration - Primary Dentition	3		

- ◆ The procedure daily limit on the reference screens RF113 and RF127 has been changed to 300 for the HCPCS code J2350 (Injection, Ocrelizumab, 1 mg). The Frequency is now 180 days and the Limit 1 is 600.

Medicare Coverage

The Medicare Coverage has been updated to “Y” (Yes) for the following HCPCS codes on the reference screen .

G2010	Remote Evaluation Of Recorded Video and/or Images Subm
G2061	Qualified Nonphysician Healthcare Professional Online
G2063	Qualified Nonphysician Healthcare Professional Online
G2012	Brief Communication Technology-Based Service, E.G.

Modifiers

Effective for dates of service March 18, 2020 the modifier CS (CS Costshare Spec COVID-) has been added to the CPT codes:

- 99282 Emergency Department Visit, Low To Moderately Severe Problem
- 99283 Emergency Department Visit, Moderately Severe Problem
- 99284 Emergency Department Visit, Problem Of High Severity
- 99285 Emergency Department Visit, Problem With Significant Threat To Life Or Function

Effective for the dates listed the following modifiers have been added to CPT/HCPCS codes.

Code	Description	Modifier	Effective Begin Date
T1016	Case Management, Each 15 Minutes	HM - Less Than Bachelor De	10/01/2019
Q4133	Grafix Prime, Grafixpl Prime, Stravix And Stravixpl,	JC - Skin Substitute Used	07/01/2019
00731	Anesthesia For Procedure On Esophagus, Stomach, and/or Upper Small Bowel Using An Endoscope	G8 - MON ANES CARE (MAC) D	01/01/2020
00732	Anesthesia For Diagnostic Examination Of Gallbladder And Pancreatic, Liver, And Bile Ducts Using An Endoscope	G8 - MON ANES CARE (MAC) D	01/01/2020
37241	Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, and Imaging Guidance	22 - Unusual Procedural Services	01/01/2020
42815	Removal Of Congenital Cyst Or Abnormal Drainage Tract Into Mouth	50 - Bilateral Procedure (Pay 50%)	09/01/2019
61558	Removal Of Skull To Restore Shape Due To Multiple Prematurely Closed Sutures	62 - Two Surgeons/Different Skills	01/01/2020
92507	Treatment Of Speech, Language, Voice, Communication, and/or Hearing Processing Disorder	GT - Telemedicine - Via Interactive Audio/Video	03/17/2020
92507	Treatment Of Speech, Language, Voice, Communication, and/or Hearing Processing Disorder	UD - Telephonic Telehealth Services	03/17/2020
92526	Treatment Of Swallowing and/or Oral Feeding Function	GT - Telemedicine - Via Interactive Audio/Video	03/17/2020
92526	Treatment Of Swallowing and/or Oral Feeding Function	UD - Telephonic Telehealth Services	03/17/2020
96360	Hydration Infusion Into A Vein 31 Minutes To 1 Hour	XU - Unusual Non-Overlapping Service,	01/01/2019
97151	Behavior Identification Assessment By Qualified Health Care Professional, Each 15 Minutes	HM - Less Than Bachelor Degree Level	01/01/2020
97530	Therapeutic Activities To Improve Function, With One-On-One Contact Between Patient And Provider, Each 15 Minutes	GT - Telemedicine - Via Interactive Audio/Video	03/17/2020
97530	Therapeutic Activities To Improve Function, With One-On-One Contact Between Patient And Provider, Each 15 Minutes	UD - Telephonic Telehealth Services	03/17/2020
97535	Self-Care Or Home Management Training, Each 15 Minutes	UD - Telephonic Telehealth Services	03/17/2020
99100	Anesthesia For Patient Younger Than 1 Year And Older Than 70 Years Of Age	G8 - MON ANES CARE (MAC) D	01/01/2020
99116	Anesthesia Complicated By Lowering Total Body Temperature	G8 - MON ANES CARE (MAC) D	01/01/2020
99135	Anesthesia Complicated By Controlled Lower Body Temperature	G8 - MON ANES CARE (MAC) D	01/01/2020
99140	Anesthesia Complication By Emergency Condition	G8 - MON ANES CARE (MAC) D	01/01/2020
99281	Emergency Department Visit, Self Limited Or Minor Problem	CS - CS Costshare Spec COVID-	03/18/2020

Effective for January 1, 2020 the following modifiers have been added to the Reference Screens.

Modifier definitions

MA - Emer Med Cond Susp/Confirm	MB - AUC Hardship, Insuf Internet
MC - AUC Hardship, Vendor Issues	MD - AUC Hardship, Extreme Circ
MH - AUC Consult Not Provided	QQ - Ordering Professional Consulted A Qualif

Codes	Description	Modifiers
77058	MRI Scan Of One Breast With Contrast	MA,MB,MC,MD,ME,MF, MG,MH,QQ
77059	MRI Scan Of Both Breasts With Contrast	MA,MB,MC,MD,ME,MF, MG,MH,QQ
75635	CT Scan Of Abdominal Aorta And Both Leg Arteries With Contrast	MA,MB,MC,MD,ME,MF, MG,MH,QQ
78205	Nuclear Medicine Study Of Liver	MA,MB,MC,MD,ME,MF, MG,MH,QQ
78206	Nuclear Medicine Study Of Liver With Blood Flow	MA,MB,MC,MD,ME,MF, MG,MH,QQ
78270	Vitamin B-12 Absorption Study	MA,MB,MC,MD,ME,MF, MG,MH,QQ
78271	Vitamin B-12 Absorption Study With Factor Necessary For Absorption	MA,MB,MC,MD,ME,MF, MG,MH,QQ
78272	Vitamin B-12 Absorption Study Without Then With Factor Necessary For Absorption	MA,MB,MC,MD,ME,MF, MG,MH,QQ
78320	Nuclear Medicine Study Of Bone and/or Joint	MA,MB,MC,MD,ME,MF, MG,MH,QQ
G1000	Clinical Decision Support Mechanism Applied Pathways, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ
G1001	Clinical Decision Support Mechanism Evicore, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ
G1002	Clinical Decision Support Mechanism Medcurrent, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ
G1003	Clinical Decision Support Mechanism Medicalis, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ
G1004	Clinical Decision Support Mechanism National Decision Support Company, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ
G1005	Clinical Decision Support Mechanism National Imaging Associates, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ
G1006	Clinical Decision Support Mechanism Test Appropriate, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ
G1007	Clinical Decision Support Mechanism Aim Specialty Health, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ
G1008	Clinical Decision Support Mechanism Cranberry Peak, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ
G1009	Clinical Decision Support Mechanism Sage Health Management Solutions, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ
G1010	Clinical Decision Support Mechanism Stanson, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ
G1011	Clinical Decision Support Mechanism, Qualified Tool Not Otherwise Specified, As Defined By The Medicare Appropriate Use Criteria Program	MA,MB,MC,MD,MH,QQ

Effective for dates of service on or after March 17, 2020 the modifier UD (Telephonic Telehealth) has been added to the CPT/HCPCS codes listed below.

Code	Descriptions	Code	Descriptions
92523	Evaluation Of Speech Sound Production With Evaluation Of Language	G0108	Diabetes Outpatient Self-Management Training Services, Individual, Per 30 Minutes
92524	Behavioral And Qualitative Analysis Of Voice And Resonance	G0296	Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb)
96116	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes	G0397	Alcohol and/or Substance (Other Than Tobacco) Abuse Structured Assessment (E.G., Audit, DAST), And Intervention, Greater Than 30 Minutes
96121	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, Additional 60 Minutes	G0406	Follow-Up Inpatient Consultation, Limited, Physicians Typically Spend 15 Minutes Communicating With The Patient Via Telehealth
96160	Administration And Interpretation Of Patient-Focused Health Risk	G0408	Follow-Up Inpatient Consultation, Complex, Physicians Typically Spend 35 Minutes Communicating With The Patient Via Telehealth
96161	Administration And Interpretation Of Caregiver-Focused Health Risk	G0421	Face-To-Face Educational Services Related To The Care Of Chronic Kidney Disease; Group, Per Session, Per One Hour
99354	Prolonged Office Or Other Outpatient Service First Hour	G0426	Telehealth Consultation, Emergency Department Or Initial Inpatient, Typically 50 Minutes Communicating With The Patient Via Telehealth
99355	Prolonged Office Or Other Outpatient Service Each 30 Minutes Beyond	G0438	Annual Wellness Visit; Includes A Personalized Prevention Plan Of Service (PPS), Initial Visit
99356	Prolonged Inpatient Or Observation Hospital Service First Hour	G0442	Annual Alcohol Misuse Screening, 15 Minutes
99357	Prolonged Inpatient Or Observation Hospital Service Each 30 Minutes	G0443	Brief Face-To-Face Behavioral Counseling For Alcohol Misuse, 15 Minutes
99406	Smoking And Tobacco Use Intermediate Counseling, Greater Than 3 Minutes Up To 10 Minutes	G0445	Annual Depression Screening, 15 Minutes
99441	Physician Telephone Patient Service, 5 -10 Minutes Of Medical Discussion	G0447	High Intensity Behavioral Counseling To Prevent Sexually Transmit
99442	Physician Telephone Patient Service, 11-20 Minutes Of Medical Discussion	G0513	Prolonged Preventive Service(S) (Beyond The Typical Service Time
99497	Advance Care Planning By The Physician Or Other Qualified Health	G2086	Office-Based Treatment For Opioid Use Disorder, Including Development Of The Treatment Plan, Care Coordination, Individual Therapy And Group Therapy And Counseling; At Least 70 Minutes In The First Calendar Month
		G2088	Office-Based Treatment For Opioid Use Disorder, Including Care Coordination,

Place of Service (POS)

Effective for the dates of service listed, the following POS have been added to the CPT/HCPCS codes.

Code	Description	Place of Service	Effective Begin Date
11000	Removal Of Inflamed Or Infected Skin, Up To 10% Of Body Surface	13 - Assisted Living Facility	01/01/20
23473	Revision Of Total Shoulder Repair	19 - Off Campus-Outpatient Hospital	10/01/18
23473	Revision Of Total Shoulder Repair	22 - Outpatient Hospital	10/01/18
25111	Removal Of Cyst At Wrist	11 - Office	01/01/20
26236	Partial Removal Of Finger Bone	11 - Office	07/01/19
28010	Repair Of Toe Tendon, Accessed Through The Skin	11 - Office	10/01/18
45381	Injections Of Large Bowel Using An Endoscope	11 - Office	10/01/18
49441	Percutaneous Insertion Of Small Bowel Tube (Accessed Through The Skin) Using Fluoroscopic Guidance With Contrast	23 -Emergency Room - Hospital	01/01/20
51741	Electronic Assessment Of Bladder Emptying	12 - Home	01/01/20
54600	Repair Of Twisted Testicle	23 -Emergency Room - Hospital	01/01/20
62321	Injection Of Substance Into Spinal Canal Of Upper Or Middle Back Using Imaging Guidance	72 - Rural Health Clinic	02/01/19
62323	Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum Using Imaging Guidance	72 - Rural Health Clinic	12/01/18
64490	Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance	72 - Rural Health Clinic	04/01/19
64491	Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance	72 - Rural Health Clinic	04/01/19
64492	Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance	72 - Rural Health Clinic	04/01/19
64493	Injections Of Lower Or Sacral Spine Facet Joint Using Imaging Guidance	72 - Rural Health Clinic	11/01/18
64494	Injections Of Lower Or Sacral Spine Facet Joint Using Imaging Guidance	72 - Rural Health Clinic	11/01/18
64635	Destruction Of Lower Or Sacral Spinal Facet Joint Nerves Using Imaging Guidance	72 - Rural Health Clinic	03/01/19
64636	Destruction Of Lower Or Sacral Spinal Facet Joint Nerves With Imaging Guidance	72 - Rural Health Clinic	03/01/19
71275	Computed Tomographic Angiography, Chest (Noncoronary),	61 - Comprehensive Inpatient Rehab Facility	01/01/20
74177	CT Scan Of Abdomen And Pelvis With Contrast	61 - Comprehensive Inpatient Rehab Facility	01/01/20
77770	High Dose Brachytherapy , 1 Channel	19 - Off Campus-Outpatient Hospital	01/01/20

Code	Description	Place of Service	Effective Begin Date
80197	Tacrolimus Level	11 – Office	07/01/19
82306	Vitamin D-3 Level	11 - Office	01/01/19
82607	Cyanocobalamin (Vitamin B-12) Level	11 - Office	01/01/19
82608	Cyanocobalamin (Vitamin B-12) Level	11 - Office	01/01/19
82670	Estradiol (Hormone) Level	11 - Office	04/01/19
82728	Ferritin (Blood Protein) Level	11 - Office	01/01/19
83540	Iron Level	11 - Office	01/01/19
86077	Blood Bank Physician Services For Cross Match and/or Evaluation	11 – Office	06/01/19
90688	Vaccine For Influenza For Administration Into Muscle, 0.5 MI Dosage	33 - Custodial Care Facility	10/01/18
90707	Vaccine For Measles, Mumps, And Rubella (German Measles)	15 - Mobile Unit	05/01/19
90716	Varicella Virus Vaccine, Live, For Subcutaneous Use	15 - Mobile Unit	05/01/19
90792	Psychiatric Diagnostic Evaluation With Medical Services	14 - Group Home	01/01/20
93005	Routine Electrocardiogram (EKG) With Tracing Using At Least 12 Leads	15 - Mobile Unit	12/01/19
93922	Ultrasound Study Of Arteries Of Both Arms And Legs	32 - Nursing Facility	01/01/19
99201	New Patient Office Or Other Outpatient Visit, Typically 10 Minutes	99 - Other Unlisted Facility	03/17/20
99201	New Patient Office Or Other Outpatient Visit, Typically 10 Minutes	55 - Residential Substance Abuse Treatment	05/01/19
99202	New Patient Office Or Other Outpatient Visit, Typically 20 Minutes	99 - Other Unlisted Facility	03/17/20
99202	New Patient Office Or Other Outpatient Visit, Typically 20 Minutes	55 - Residential Substance Abuse Treatment	05/01/19
99203	New Patient Office Or Other Outpatient Visit, Typically 30 Minutes	99 - Other Unlisted Facility	03/17/20
99203	New Patient Office Or Other Outpatient Visit, Typically 30 Minutes	55 - Residential Substance Abuse Treatment	05/01/19
99204	New Patient Office Or Other Outpatient Visit, Typically 45 Minutes	99 - Other Unlisted Facility	03/17/20
99204	New Patient Office Or Other Outpatient Visit, Typically 45 Minutes	55 - Residential Substance Abuse Treatment	05/01/19
99205	New Patient Office Or Other Outpatient Visit, Typically 60 Minutes	99 - Other Unlisted Facility	03/17/20
99205	New Patient Office Or Other Outpatient Visit, Typically 60 Minutes	55 - Residential Substance Abuse Treatment	05/01/19
99212	Established Patient Office Or Other Outpatient Visit, Typically 10 Minutes	99 - Other Unlisted Facility	03/17/20
99212	Established Patient Office Or Other Outpatient Visit, Typically 10 Minutes	55 - Residential Substance Abuse Treatment	05/01/19
99213	Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes	99 - Other Unlisted Facility	03/17/20
99213	Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes	55 - Residential Substance Abuse Treatment	05/01/19

Code	Description	Place of Service	Effective Begin Date
99214	Established Patient Office Or Other Outpatient, Visit Typically 25	99 - Other Unlisted Facility	03/17/20
99214	Established Patient Office Or Other Outpatient, Visit Typically 25 Minutes	55 - Residential Substance Abuse Treatment	05/01/19
99215	Established Patient Office Or Other Outpatient Visit, Typically 40 Minutes	99 - Other Unlisted Facility	03/17/20
99215	Established Patient Office Or Other Outpatient, Visit Typically 40 Minutes	55 - Residential Substance Abuse Treatment	05/01/19
99233	Subsequent Hospital Inpatient Care, Typically 35 Minutes Per Day	34 - Hospice	12/01/18
99238	Hospital Discharge Day Management, 30 Minutes Or Less	34 - Hospice	12/01/18
99288	Physician Direction Of Emergency Advanced Life Support Paramedic Services	02 - Services Provided/	03/17/20
99381	Initial New Patient Preventive Medicine Evaluation Infant Younger Than 1 Year	99 - Other Unlisted Facility	03/17/20
99382	Initial New Patient Preventive Medicine Evaluation, Age 1 Through 4 Years	99 - Other Unlisted Facility	03/17/20
99383	Initial New Patient Preventive Medicine Evaluation, Age 5 Through 11 Years	99 - Other Unlisted Facility	03/17/20
99384	Initial New Patient Preventive Medicine Evaluation, Age 12 Through 17 Years	99 - Other Unlisted Facility	03/17/20
99385	Initial New Patient Preventive Medicine Evaluation Age 18-39 Years	99 - Other Unlisted Facility	03/17/20
99386	Initial New Patient Preventive Medicine Evaluation Age 40-64 Year	99 - Other Unlisted Facility	03/17/20
99387	Initial New Patient Preventive Medicine Evaluation, Age 65 Years And Older	99 - Other Unlisted Facility	03/17/20
99391	Established Patient Periodic Preventive Medicine Examination Infant Younger Than 1 Year	99 - Other Unlisted Facility	03/17/20
99392	Established Patient Periodic Preventive Medicine Examination, Age 1 Through 4 Years	99 - Other Unlisted Facility	03/17/20
99393	Established Patient Periodic Preventive Medicine Examination, Age 5 Through 11 Years	99 - Other Unlisted Facility	03/17/20
99394	Established Patient Periodic Preventive Medicine Examination, Age 12 Through 17 Years	99 - Other Unlisted Facility	03/17/20
99395	Established Patient Periodic Preventive Medicine Examination Age 18-39 Years	99 - Other Unlisted Facility	03/17/20
99396	Established Patient Periodic Preventive Medicine Examination Age 40-64 Years	99 - Other Unlisted Facility	03/17/20
99397	Established Patient Periodic Preventive Medicine Examination, Age 65 Years and Older	99 - Other Unlisted Facility	03/17/20
99402	Preventive Medicine Counseling, Approximately 30 Minutes	12 - Home	03/17/20
99403	Preventive Medicine Counseling, Approximately 45 Minutes	12 - Home	03/17/20
99404	Preventive Medicine Counseling, Approximately 60 Minutes	12 - Home	03/17/20

Code	Description	Place of Service	Effective Begin Date
99441	Physician Telephone Patient Service, 5-10 Minutes Of Medical Discussion	12 - Home	03/17/20
99442	Physician Telephone Patient Service, 11-20 Minutes Of Medical Discussion	12 - Home	03/17/20
99443	Physician Telephone Patient Service, 21-30 Minutes Of Medical Discussion	12 - Home	03/17/20
99493	Subsequent Psychiatric Collaborative Care Management, First 60 Minutes In Subsequent Month Of Behavioral Health Care Management Activities	13 - Assisted Living Facility	03/17/20
99494	Initial Or Subsequent Psychiatric Collaborative Care Management, Additional 30 Minutes In The First Calendar Month	13 - Assisted Living Facility	03/17/20
99494	Initial Or Subsequent Psychiatric Collaborative Care Management, Additional 30 Minutes In The First Calendar Month	14 - Group Home	03/17/20
0014M	Liver Disease, Analysis Of 3 Biomarkers (Hyaluronic)	81 - Independent Laboratory	04/01/20
00914	Anesthesia for Removal of Prostate Including Use of an Endo-	11 - Office	06/01/19
00921	Anesthesia For Procedures On Male Genitalia	11 - Office	05/01/19
A0420	Ambulance Waiting Time (ALS or BLS), One Half (1/2) Hour	42 - Ambulance - Air Or Water	01/01/20
A0998	Ambulance Response And Treatment, No Transport	12 - Home	03/17/20
C9053	Injection, Crizanlizumab-Tmca, 1 mg	24 - Ambulatory Surgical Center	04/01/20
G2066	Interrogation Device Evaluation(s), (Remote) Up To 30 Days; Implantable Cardiovascular Physiologic Monitor System, Implantable Loop Recorder System,	11 - Office	01/01/20
H0001	Alcohol and/or Drug Assessment	53 - Community Mental Health Center	01/01/20
H0030	Behavioral Health Hotline Service	02 - Hospital	07/01/20
Q3027	Injection, Interferon Beta-1a, 1 Mcg For Intramuscular Use	12 - Home	12/01/19
T1015	Clinic Visit/Encounter, All-Inclusive	99 - Other Unlisted Facility	03/17/20

Effective for dates of service May 1, 2019 the following POS have been added to the system.

Code	Description	PLACE OF SERVICE		
		51 - Inpatient Psychiatric Facility	53 - Community Mental Health Center	55 - Residential Substance Abuse Treatment
11042	Removal Of Skin And Tissue First 20 Sq. Cm Or Less	x	x	x
11043	Removal Of Skin and/or Muscle First 20 Sq Cm Or Less	x	x	x
11044	Removal Of Skin And Bone First 20 Sq. Cm Or Less	x	x	x
11045	Removal Of Skin And Tissue	x	x	x
11046	Removal Of Skin and/or Muscle	x	x	x
11047	Removal of Skin and Bone	x	x	x
15342	Application Of Bilaminare Skin Substitute/ Neodermis;	x	x	x
15343	Application Of Bilaminare Skin Substitute/ Neodermis;	x	x	x
15350	Application Of Allograft, Skin; 100 Sq. Cm Or Less	x	x	x
15351	Application Of Allograft, Skin; Each Additional 100 sq.	x	x	x
15400	Xenograft, Skin (Dermal), For Temporary Wound Closure;	x	x	x
15401	Xenograft, Skin (Dermal), For Temporary Wound Closure; E	x	x	x
15757	Free Skin Flap With Microvascular Anastomosis	x	x	x
15842	Graft For Facial Nerve Paralysis; Free Muscle Flap	x	x	x
97597	Removal Of Tissue From Wounds Per Session	x	x	x
97598	Removal Of Tissue From Wounds Per Session	x	x	x
97605	Negative Pressure Wound Therapy, Surface Area Less Than Or Equal To 50 Square Centimeters, Per Session	x	x	x
97606	Negative Pressure Wound Therapy, Surface Area Greater Than 50 Square Centimeters, Per Session	x	x	x
99183	Management And Supervision Of Oxygen Chamber Therapy Per Session	x	x	x

Code	Description	PLACE OF SERVICE		
		51 - Inpatient Psychiatric Facility	53 - Community Mental Health Center	55 - Residential Substance Abuse Treatment
A6550	Wound Care Set, For Negative Pressure Wound Therapy Electrical Pump, Includes All Supplies And Accessories	x	x	x
A7000	Canister, Disposable, Used With Suction Pump, Each	x	x	x
C1300	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute	x	x	x
E2402	Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portable	x	x	x
G0277	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval	x	x	x

Code	Description	Place of Service	Effective Begin Date
25111	Removal Of Cyst At Wrist	11 - Office	1/1/2020
26236	Partial Removal Of Finger Bone	11 - Office	7/1/2019
49441	Percutaneous Insertion Of Small Bowel Tube (Accessed Through The Skin) Using Fluoroscopic Guidance With Contrast	23 -Emergency Room - Hospital	1/1/2020
54600	Repair Of Twisted Testicle	23 -Emergency Room - Hospital	1/1/2020
71275	Computed Tomographic Angiography, Chest (Noncoronary),	61 - Comprehensive Inpatient Rehab Facility	1/1/2020
74177	CT Scan Of Abdomen And Pelvis With Contrast	61 - Comprehensive Inpatient Rehab Facility	1/1/2020
83615	Lactate Dehydrogenase (LD), (LDH);	11 - Office	1/1/2019
83735	Magnesium	11 - Office	1/1/2019
83970	Glutamine (Amino Acid By Product) Level	11 - Office	1/1/2019
84100	Phosphorus Inorganic (Phosphate);	11 - Office	2/1/2019
86077	Blood Bank Physician Services For Cross Match and/or Evaluation	11 - Office	6/1/2019
86140	Measurement C-Reactive Protein For Detection Of Infection Or Inflammation	11 - Office	1/1/2019
86706	Hepatitis B Surface Antibody (HBSAB)	11 - Office	7/1/2019
87491	Detection Test For Chlamydia	50 - Federally Qualified Health Center	1/1/2019
88142	Pap Test (Pap Smear)	50 - Federally Qualified Health Center	1/1/2019
88184	Flow Cytometry Technique For DNA or Cell Analysis	11 - Office	10/1/2019
88189	Flow Cytometry Technique For DNA or Cell Analysis	11 - Office	10/1/2019
99201	New Patient Office Or Other Outpatient Visit, Typically 10 Minutes	99 - Other Unlisted Facility	3/17/2020
99202	New Patient Office Or Other Outpatient Visit, Typically 20 Minutes	99 - Other Unlisted Facility	3/17/2020

99201	New Patient Office Or Other Outpatient Visit, Typically 10 Minutes	99 - Other Unlisted Facility	3/17/2020
99202	New Patient Office Or Other Outpatient Visit, Typically 20 Minutes	99 - Other Unlisted Facility	3/17/2020
99203	New Patient Office Or Other Outpatient Visit, Typically 30 Minute s	99 - Other Unlisted Facility	3/17/2020
99204	New Patient Office Or Other Outpatient Visit, Typically 45 Minutes	99 - Other Unlisted Facility	3/17/2020
99205	New Patient Office Or Other Outpatient Visit, Typically 60 Minutes	99 - Other Unlisted Facility	3/17/2020
99212	Established Patient Office Or Other Outpatient Visit, Typically 10 Minutes	99 - Other Unlisted Facility	3/17/2020
99213	Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes	99 - Other Unlisted Facility	3/17/2020
99214	Established Patient Office Or Other Outpatient, Visit Typically 25	99 - Other Unlisted Facility	3/17/2020
99215	Established Patient Office Or Other Outpatient Visit, Typically 40 Minutes	99 - Other Unlisted Facility	3/17/2020
99381	Initial New Patient Preventive Medicine Evaluation Infant Younger Than 1 Year	99 - Other Unlisted Facility	3/17/2020
99382	Initial New Patient Preventive Medicine Evaluation, Age 1 Through 4 Years	99 - Other Unlisted Facility	3/17/2020
99383	Initial New Patient Preventive Medicine Evaluation, Age 5 Through 11 Years	99 - Other Unlisted Facility	3/17/2020
99384	Initial New Patient Preventive Medicine Evaluation, Age 12 Through 17 Years	99 - Other Unlisted Facility	3/17/2020
99385	Initial New Patient Preventive Medicine Evaluation Age 18-39 Years	99 - Other Unlisted Facility	3/17/2020
99386	Initial New Patient Preventive Medicine Evaluation Age 40-64 Year	99 - Other Unlisted Facility	3/17/2020
99387	Initial New Patient Preventive Medicine Evaluation, Age 65 Years And Older	99 - Other Unlisted Facility	3/17/2020
99391	Established Patient Periodic Preventive Medicine Examination Infant Younger Than 1 Year	99 - Other Unlisted Facility	3/17/2020
99392	Established Patient Periodic Preventive Medicine Examination, Age 1 Through 4 Years	99 - Other Unlisted Facility	3/17/2020
99393	Established Patient Periodic Preventive Medicine Examination, Age 5 Through 11 Years	99 - Other Unlisted Facility	3/17/2020
99394	Established Patient Periodic Preventive Medicine Examination, Age 12 Through 17 Years	99 - Other Unlisted Facility	3/17/2020
99395	Established Patient Periodic Preventive Medicine Examination Age 18-39 Years	99 - Other Unlisted Facility	3/17/2020
99396	Established Patient Periodic Preventive Medicine Examination Age 40-64 Years	99 - Other Unlisted Facility	3/17/2020
99397	Established Patient Periodic Preventive Medicine Examination, Age 65 Years and Older	99 - Other Unlisted Facility	3/17/2020
00914	Anesthesia For Removal Of Prostate Including Use Of An Endoscope	11 – Office	6/1/2019
A0420	Ambulance Waiting Time (ALS OR BLS), One Half (1/2) Hour	42 - Ambulance - Air Or Water	1/1/2020

00914	Anesthesia For Removal Of Prostate Including Use Of An Endoscope	11 – Office	6/1/2019
A0420	Ambulance Waiting Time (ALS OR BLS), One Half (1/2) Hour	42 - Ambulance - Air Or Water	1/1/2020
C9056	Injection, Givosiran, 0.5 Mg	24 - Ambulatory Surgical Center	4/1/2020
C9057	Injection, Cetirizine Hydrochloride, 1 Mg	24 - Ambulatory Surgical Center	4/1/2020
C9058	Injection, Pegfilgrastim-Bmez, Biosimilar, (Ziextenzo)	24 - Ambulatory Surgical Center	4/1/2020
D0140	Limited Oral Evaluation - Problem Focused	12 – Home	3/25/2020
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	12 – Home	3/25/2020
D0220	Intraoral - Periapical First Radiographic Image	12 – Home	3/25/2020
D0230	Intraoral - Periapical Each Additional Radiographic Image	12 – Home	3/25/2020
D0240	Intraoral - Occlusal Radiographic Image	12 – Home	3/25/2020
D0270	Bitewing - Single Radiographic Image	12 – Home	3/25/2020
D0272	Bitewings - Two Radiographic Images	12 – Home	3/25/2020
D0273	Bitewings - Three Radiographic Images	12 – Home	3/25/2020
D0274	Bitewings - Four Radiographic Images	12 – Home	3/25/2020
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	12 – Home	3/25/2020
D0330	Panoramic Radiographic Image	12 – Home	3/25/2020
D9995	Teledentistry - Synchronous; Real-Time Encounter	12 – Home	3/25/2020
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist For Subsequent Review	12 – Home	3/25/2020
G2012	Brief Communication Technology-Based Service, E.G. Virtual Check-In, By A Physician Or Other Qualified Health Care Professional	12 - Home	3/17/2020
G2066	Interrogation Device Evaluation(S), (Remote) Up To 30 Days; Implantable Cardiovascular Physiologic Monitor System, Implantable Loop Recorder System,	11 – Office	1/1/2020
H0001	Alcohol and/or Drug Assessment	53 - Community Mental Health Center	1/1/2020
H0018	Behavioral Health; Short-Term Residential (Non-Hospital)	55 - Residential Substance Abuse Treatment	1/1/2020
H0020	Alcohol and/or Drug Services; Methadone Administration and/or Service (Provision Of The Drug By A Licensed Program)	12 - Home	1/1/2019
H0030	Behavioral Health Hotline Service	02 - SVCS Provided/ Received Through Telecom-	7/1/2020
J0875	Injection, Dalbavancin, 5 mg	12 - Home	1/1/2020
Q3027	Injection, Interferon Beta-1a, 1 Mcg For Intramuscular Use	12 – Home	12/1/2019
S9480	Intensive Outpatient Psychiatric Services, Per Diem	53 - Community Mental Health Center	1/1/2020
T1015	Clinic Visit/Encounter, All-Inclusive	99 – Other Unlisted Facility	3/17/2020
T1016	Case Management, Each 15 Minutes	15 - Mobile Unit	11/1/2018

U0001	CDC 2019 Novel Coronavirus (2019-Ncov) Real-Time RT-PCR	71 - State Or Local Public Health	2/4/2020
U0001	CDC 2019 Novel Coronavirus (2019-Ncov) Real-Time RT-PCR	81 - Independent Laboratory	2/4/2020
U0002	CDC 2019 Novel Coronavirus (2019-Ncov) Real-Time RT-PCR	71 - State Or Local Public Health	2/4/2020
U0002	CDC 2019 Novel Coronavirus (2019-Ncov) Real-Time RT-PCR	81 - Independent Laboratory	2/4/2020
U0003	Infectious Agent Detection By Nucleic Acid (DNA Or RNA);	19 - Off Campus-Outpatient Hospital	3/18/2020
U0003	Infectious Agent Detection By Nucleic Acid (DNA Or RNA);	21 - Inpatient Hospital	3/18/2020
U0003	Infectious Agent Detection By Nucleic Acid (DNA Or RNA);	22 - Outpatient Hospital -	3/18/2020
U0003	Infectious Agent Detection By Nucleic Acid (DNA Or RNA);	81 - Independent Laboratory	3/18/2020
U0004	2019-Ncov Coronavirus, Sars-Cov-2/2019-Ncov (Covid-19),	19 - Off Campus-Outpatient Hospital	3/18/2020
U0004	2019-Ncov Coronavirus, Sars-Cov-2/2019-Ncov (Covid-19),	21 - Inpatient Hospital	3/18/2020
U0004	2019-Ncov Coronavirus, Sars-Cov-2/2019-Ncov (Covid-19),	22 - Outpatient Hospital	3/18/2020
U0004	2019-Ncov Coronavirus, Sars-Cov-2/2019-Ncov (Covid-19),	81 - Independent Laboratory	3/18/2020



Provider Type

- The modifier AS (PA Services/ For Assistant/At Surgery) has been end dated for the CPT code 20550 (Injections Of Tendon Sheath, Ligament, Or Muscle Membrane) and 20551 (Injections Of Tendon Attachment To Bone) for provider types 18 (Physician's Assistant) and 19 (Registered Nurse Practitioner).
- Effective for dates of service listed, the following provider types can report the CPT/HCPCS codes.

Code	Description	Provider Type	Effective Begin Date
90378	Respiratory Syncytial Virus Antibody For Injection Into Tissue Or Muscle	03 – Pharmacy	10/1/2019
Q5103	Injection, Infliximab-DYYB, Biosimilar, (Inflectra), 10 mg	03 – Pharmacy	5/1/2019
G2066	Interrogation Device Evaluation(s), (Remote) Up To 30 Days; Implantable Cardiovascular Physiologic Monitor System,	08 – MD Physician	1/1/2020
77077	Imaging Of 2 Or More Joints, Single View	10 - Podiatrist	1/1/2020
77002	Fluoroscopic Guidance for Needle Placement (e.g., biopsy, aspiration, injection, localization device)	10 – Podiatrist	1/1/2020
1160F	Review of All Medications By A Prescribing Practitioner or Clinical Pharmacist	18 - Physicians Assistant	11/1/2018
19316*	Enlargement Of Breast	18 - Physicians Assistant	1/1/2020
G9664	Patients Who Are Currently Statin Therapy Users Or Received An Order (Prescription) For Statin Therapy	18 - Physicians Assistant	1/1/2019
1000F	Tobacco Use Assessed (CAD, CAP, COPD, PV) (DM)	19 - Registered Nurse Practitioner	1/1/2019
10030	Fluid Collection Drainage By Catheter Using Imaging Guidance, Accessed Through The Skin	19 - Registered Nurse Practitioner	3/1/2020
1038F	Persistent Asthma (Mild, Moderate or Severe) (Asthma)	19 - Registered Nurse Practitioner	1/1/2020
1159F	Medication List Documented In Medical Record (COA)	19 - Registered Nurse Practitioner	1/1/2019
12053	Repair Of Wound (5.1 To 7.5 Centimeters) Of Face, Ears, Eyelids,	19 - Registered Nurse Practitioner	11/1/2019
2014F	Mental Status Assessed (CAP) (EM)	19 - Registered Nurse Practitioner	1/1/2019
2028F	Foot Examination Performed	19 - Registered Nurse Practitioner	1/1/2019
20551	Injections Of Tendon Attachment To Bone	19 - Registered Nurse Practitioner	10/1/2019
3011F	Lipid Panel Results Documented And Reviewed	19 - Registered Nurse Practitioner	1/1/2019
3016F	Patient Screened For Unhealthy Alcohol Use Using A Systematic Screening Method (PV) (DSP)	19 - Registered Nurse Practitioner	1/1/2020
3044F	Most Recent Hemoglobin A1c (Hba1c) Level Less Than 7.0% (DM)	19 - Registered Nurse Practitioner	1/1/2019
3048F	Most Recent LDL-C Less Than 100 mg/DL (CAD) (DM)	19 - Registered Nurse Practitioner	8/1/2019

Code	Description	Provider Type	Effective Begin Date
3049F	Most Recent LDL-C 100-129 mg/Dl (CAD) (DM)	19 - Registered Nurse Practitioner	1/1/2020
3050F	Most Recent LDL-C Greater Than Or Equal To 130 mg/Dl (CAD) (DM)	19 - Registered Nurse Practitioner	1/1/2019
3060F	Positive Microalbuminuria Test Result Documented And Reviewed	19 - Registered Nurse Practitioner	1/1/2019
3061F	Negative Microalbuminuria Test Result Documented And Reviewed (DM)	19 - Registered Nurse Practitioner	1/1/2019
3062F	Positive Macroalbuminuria Test Result Documented And Reviewed (DM)	19 - Registered Nurse Practitioner	1/1/2019
3088F	Major Depressive Disorder, Mild (MDD)	19 - Registered Nurse Practitioner	1/1/2019
3090F	Major Depressive Disorder, Severe Without Psychotic Features (MDD)	19 - Registered Nurse Practitioner	10/1/2019
3120F	12-Lead ECG Performed (EM)	19 - Registered Nurse Practitioner	1/1/2019
3210F	Group A Strep Test Performed (PHAR)	19 - Registered Nurse Practitioner	1/1/2019
32666*	Partial Removal Of Tissue Of One Lung Using An Endoscope	19 - Registered Nurse Practitioner	1/1/2020
4000F	Tobacco Use Cessation Intervention, Counseling (COPD, CAP, CAD, Asthma) (DM) (PV)	19 - Registered Nurse Practitioner	1/1/2019
4025F	Inhaled Bronchodilator Prescribed (COPD)	19 - Registered Nurse Practitioner	1/1/2019
4065F	Antipsychotic Pharmacotherapy Prescribed (MDD)	19 - Registered Nurse Practitioner	1/1/2020
4120F	Antibiotic Prescribed or Dispensed (Uri, Phar), (A-Bronch)	19 - Registered Nurse Practitioner	1/1/2020
G9664	Patients Who Are Currently Statin Therapy Users Or Received An Order (Prescription) For Statin Therapy	19 - Registered Nurse Practitioner	1/1/2019
C9053	Injection, Crizanlizumab-Tmca, 1 mg	43 - Ambulatory Surgical Center	4/1/2020
C9056	Injection, Givosiran, 0.5 mg	43 - Ambulatory Surgical Center	4/1/2020
C9057	Injection, Cetirizine Hydrochloride, 1 mg	43 - Ambulatory Surgical Center	4/1/2020
C9058	Injection, Pegfilgrastim-Bmez, Biosimilar, (Ziextenzo)	43 - Ambulatory Surgical Center	4/1/2020
S9480	Intensive Outpatient Psychiatric Services, Per Diem	77 - BH Outpatient Clinic	11/1/2019
S9480	Intensive Outpatient Psychiatric Services, Per Diem	BC - Board Certified Behavior Analyst	1/1/2020
94375	Diagnostic Testing In A Pulmonary Function Lab	E1 - Independent Testing Facilities	1/1/2020
90833	Psychotherapy, 30 Minutes	IC - Integrated Clinics	1/1/2020

Note: *AS modifier required to report this code

Revenue Codes

Effective for dates of service listed the following revenue codes have been added to the CPT/HCPCS codes.

Revenue Codes	Codes	Description	Effective Begin Date
0362 OR/Organ Trans	38240	Transplantation of Donor Bone Marrow or Blood-Derived Stem Cells	1/1/2020
0362 -OR/Organ Trans	38241	Transplantation of Patient's Bone Marrow or Blood-Derived Stem Cells	1/1/2020
0361 - OR/Minor	49185	Injection of Abnormal Fluid Accumulation Using Imaging Guidance With Radiological Supervision & Interpretation	1/1/2020
0350 - CT Scan	74261	Diagnostic Ct Scan of Large Bowel	1/1/2020
0350 - CT Scan	74262	Diagnostic Ct Scan of Large Bowel With Contrast Dye	1/1/2020
0350 - CT Scan	74263	Screening Ct Scan Of Large Bowel	1/1/2020
0610 - MRI	74712	Magnetic Resonance Imaging Of Fetus, Single Or First Pregnancy	1/1/2020
0310 - Pathology Lab	86328	Immunologic Analysis Technique	4/10/2020
0310 - Pathology Lab	86769	Analysis For Antibody to Shigella (Intestinal Bacteria)	4/10/2020
0310 - Pathology Lab	87635	Infectious Agent Detection By Nucleic Acid (DNA or RNA);	3/13/2020
0914 - Pstay/Indiv RX	90838	Psychotherapy, 60 Minutes	1/1/2020
0920 - Other DX SVS	90867	Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression)	1/1/2020
0920 - Other DX SVS	90868	Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Per Session	1/1/2020
0940 - Other RX SVS	90868	Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Per Session	1/1/2020
0920 - Other DX SVS	90869	Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression)	1/1/2020
0470 -Audiology	92630	Hearing Training And Therapy For Hearing Loss Prior To Learning To Speak	1/1/2020
0480 - Cardiology	93644	Evaluation Implantable Defibrillator	1/1/2020
0430 - Occupational Therapy	95992	Repositioning Maneuvers For Treatment Of Vertigo,	1/1/2020
0940 - Other RX SVS	95992	Repositioning Maneuvers For Treatment Of Vertigo,	1/1/2020

Revenue Codes	Codes	Description	Effective Begin Date
0331 - Chemother/Inj	96450	Chemotherapy Administration Into Spinal Canal Requiring Spinal Tap	1/1/2020
0761 - Treatment Room	97607	Negative Pressure Wound Therapy Surface Area Less Than Or Equal To 50 Square Centimeters Per Session	1/1/2020
0430 - Occupational Therapy	97610	Low Frequency, Non-Contact, Non-Thermal Ultrasound Wound Assessment, and Instructions For Ongoing Care, Per Day	1/1/2020
0490 - Ambulatory Surgical Center	C9053	Injection, Crizanlizumab-Tmca, 1 mg	4/1/2020
0490 - Ambulatory Surgical Center	C9056	Injection, Givosiran, 0.5 mg	4/1/2020
0490 - Ambulatory Surgical Center	C9057	Injection, Cetirizine Hydrochloride, 1 mg	4/1/2020
0490 - Ambulatory Surgical Center	C9058	Injection, Pegfilgrastim-BMEZ, Biosimilar, (Ziextenzo)	4/1/2020
0300 - Laboratory	C9803	Radiolabeled Product Provided During A Hospital Inpatient Stay	3/1/2020
0306 – Lab/Bact-Micro	C9803	Hospital Outpatient Clinic Visit Specimen Collection	3/1/2020
0770 - Preventative Care	G0296	Counseling Visit To Discuss Need For Lung Cancer Screening Using Low Dose CT Scan (LDCT)	1/1/2020
0636 - Drugs/Detail Coding	J0558	Injection, Penicillin G Benzathine And Penicillin G Procaine, 100,000 Units	1/1/2020
0636 - Drugs/Detail Coding	Q0139	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (For ESRD on Dialysis)	1/1/2020
0636 - Drugs/Detail Coding	Q4100	Skin Substitute, Not Otherwise Specified	1/1/2019
0636 - Drugs/Detail Coding	Q5107	Injection, Bevacizumab-AWWB, Biosimilar, (MVASI), 10 mg	1/1/2019
0636 - Drugs/Detail Coding	Q5111	Injection, Pegfilgrastim-Cbqv, Biosimilar, (UDENYCA), 0.5 mg	1/1/2019
0306 – Lab/Bact-Micro	U0001	CDC 2019 Novel Coronavirus (2019 Ncov) Real-Time RT-PCR	2/4/2020
0310 - Pathology Lab	U0001	CDC 2019 Novel Coronavirus (2019-NCOV) Real-Time RT-PCR	2/4/2020
0310 - Pathology Lab	U0002	CDC 2019 Novel Coronavirus (2019-NCOV) Real-Time RT-PCR	2/4/2020
0310 - Pathology Lab	U0003	Infectious Agent Detection By Nucleic Acid (DNA or RNA);	3/18/2020
0306 – Lab/Bact-Micro	U0004	2019-Ncov Coronavirus, SARS-COV 2/2019-NCOV (Covid-19)	3/18/2020
0310 - Pathology Lab	U0004	2019-NCOV Coronavirus, Sars-Cov-2/2019-NCOV (Covid-19),	3/18/2020

