



# ENCOUNTER KEYS

September-October, 2020

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## Age Changes

The following changes have been made in regards to age.

Code	Description	Age
90378	Respiratory Syncytial Virus Antibody For Injection Into Tissue Or Muscle	000M - 024M
90620	Vaccine For Meningococcus For Injection Into Muscle	010Y - 025Y
90632	Vaccine For Hepatitis A Injection Into Muscle, Adult Dosage	019Y - 999Y
90633	Vaccine For Hepatitis A (2 Dose Schedule) Injection Into Muscle,	001Y - 020Y
90634	Vaccine For Hepatitis A (3 Dose Schedule) Injection Into Muscle,	001Y - 020Y
90658	Vaccine For Influenza For Administration Into Muscle, 0.5 Ml Dosage	005Y - 999Y
90672	Vaccine For Influenza For Nasal Administration	005Y - 049Y
90674	Vaccine For Influenza For Administration Into Muscle, 0.5 ml Dosage	004Y - 049Y
90707	Vaccine For Measles, Mumps, And Rubella (German Measles) Injection Beneath Skin	001Y - 049Y
90715	Vaccine For Tetanus, Diphtheria Toxoids And Acellular Pertussis	010Y - 065Y
90734	Vaccine For Meningococcus For Administration Into Muscle	001Y - 012Y
90740	Vaccine For Hepatitis B (3 Dose Schedule) For Injection Into Muscle, Dialysis Or Immunosuppressed Patient	018Y - 999Y
90744	Vaccine For Hepatitis B (3 Dose Schedule) For Injection Into Muscle, Pediatric And Adolescent Patients	000Y - 020Y

## 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

The Revenue Codes listed below have been added to U0001 (CDC 2019 Novel Coronavirus (2019 NCOV) Real-Time RT-PCR) and U0002 (CDC 2019 Novel Coronavirus (2019-NCOV) Real-Time RT-PCR).

0300 - Laboratory    0301 - Lab/Chemistry    0302 - Lab/Immunology

Note the revenue code 0306 (LAB/BACT-MICRO) was added to U0002

- Effective for dates of service on or after March 1, 2020 the HCPCS code C9803 (Hospital Outpatient Clinic Visit Specimen Collection For Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Any Specimen Source) has been added to the system.
- 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 Ml 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 (IDE) Study) has been added to the system.

## Coverage Code

Effective for dates of service September 9, 2020 the AHCCCS Coverage Code has been changed to 04 (Not Covered Service/Code Not A) for the CPT code 99072 (Additional Supplies, Materials, And Clinical Staff Time Over).

## Code Descriptions

The code descriptions have been updated for the following codes.

Code	Description	Code	Description
99000	Handling and/or Conveyance of Specimen For Transfer From Physician Office To Laboratory	99213	Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes
99211	Established Patient Office Or Other Outpatient Visit, Typically 5 Minutes	99214	Established Patient Office Or Other Outpatient, Visit Typically 25 Minutes

**New Codes**

Effective for dates of services listed the following codes have been added to the system.

<b>Code</b>	<b>Description</b>	<b>Effective Begin Date</b>
0025U	Infectious Disease (Bacterial Or Viral Respiratory Tract Infection)Pathogen-Specific DNA And RNA, 21 Targets, Including Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2), Amplified Probe Technique, Including Multiplex Reverse Transcription For RNA Targets, Each Analytes Reported As Detected Or Not Detected	8/10/2020
0226U	Surrogate Viral Neutralization Test (SVNT), Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2) (Coronavirus Disease [COVID-19]), ELISA, Plasma, Serum	8/10/2020
86408	Neutralizing Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2) (Coronavirus Disease [COVID-19]); Screen	8/10/2020
86409	Neutralizing Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2) (Coronavirus Disease [COVID-19]); Titer	8/10/2020
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	9/9/2020
99072	Additional supplies, materials, and clinical sta time over and above those usually included in an once visit or other non-facility service(s), when performed during a Public Health Emergency as denied by law, due to respiratory-transmitted infectious disease	9/9/2020

◆ Effective for dates of service July 1, 2020 the following codes have been added to the PMMIS system.

<b>Code</b>	<b>Code</b>	<b>Code</b>	<b>Code</b>	<b>Code</b>	<b>Code</b>
0172U	C1849	0191U	J0742	0602T	Q4232
0173U	C9059	0192U	J0791	0603T	Q4233
0174U	C9061	0193U	J0896	0604T	Q4234
0175U	C9063	0194U	J1201	0605T	Q4235
0176U	C9122	0195U	J1429	0606T	Q4236
0177U	C9759	0196U	J1558	0607T	Q4237
0178U	C9760	0197U	J3399	0608T	Q4238
0179U	C9762	0198U	J7169	0609T	Q4239
0180U	C9763	0199U	J7204	0610T	Q4240
0181U	C9764	0200U	J7333	0611T	Q4241
0182U	C9765	0201U	J9177	0612T	Q4242
0183U	C9766	0202U	J9198	0613T	Q4244
0184U	C9767	0594T	J9246	0614T	Q4245
0185U	G2025	0596T	J9358	0615T	Q4246
0186U	G2170	0597T	Q4227	0616T	Q4247
0187U	G2171	0598T	Q4228	0617T	Q4248
0188U	J0223	0599T	Q4229	0618T	Q5119
0189U	J0591	0600T	Q4230	0619T	Q5120
0190U	J0691	0601T	Q4231	C1748	Q5121

## Limits

The Procedure Daily Maximum limits have been changed to for the following CPT/HCPCS codes.

Code	Description	Procedure Daily Limits	Previous Limits
90371	Hepatitis B Immune Globulin For Injection Into Muscle	10	999
90913	Biofeedback Training For Bowel Or Bladder Control, Additional 15 Minutes	3	999
97130	Therapeutic Interventions That Focus On Cognitive Function	7	999
99292	Critical Care Delivery Critically Ill Or Injured Patient	8	999
J9022	Injection, Atezolizumab, 10 mg	168	999

## Medicare Coverage

The Medicare Coverage has been updated to “Y” (Yes) for the following HCPCS codes on the reference screen RF113.

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



**Modifiers**

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

Code	Description	Modifier	Effective Begin Date
29826	Shaving of Shoulder Bone Using an Endoscope	51 - Multiple Procedures	1/1/2020
31653	Examination Of Lung Airways Using An Endoscope With Imaging Guidance And Ultrasound	51 - Multiple Procedures	1/1/2020
36415	Insertion Of Needle Into Vein For Collection Of Blood Sample	91 - Rep. Lab Test/Non-Emg	1/1/2020
36415	Insertion Of Needle Into Vein For Collection Of Blood Sample	CS - CS Costshare Spec Covid-19 Test Order/A	3/18/2020
36560	Insertion Of Central Venous Catheter And Implanted Device For Infusion Beneath The Skin, Patient Younger Than 5 Years	82 - Assist Surg/Qual Resi	1/1/2020
49904	Harvest Of Abdominal Cavity Lining For Grafting	80 – Assistant Surgeon	1/1/2020
54640	Repositioning And Fixation Of Misplaced Testicle	82 - Assist Surg/Qual Resident Surg Not Available	1/1/2020
80305	Testing For Presence Of Drug	ET – Emergency Treatment	1/1/2020
80305	Testing for Presence of Drug	H9—Court Ordered	03/01/2019
82272	Stool Analysis For Blood	QW - CLIA Waived Test	1/1/2020
87426	Infectious Agent Antigen Detection By Immunoassay Techn	QW - CLIA Waived Test	6/25/2020
87635	Infectious Agent Detection By Nucleic Acid (DNA or RNA)	90 - Reference (Outside) Laboratory	3/13/2020
87635	Infectious Agent Detection By Nucleic Acid (DNA or RNA)	91 - Rep. Lab Test/Non-Emg	3/13/2020
90460	Administration Of First Vaccine Or Toxoid Component Through 18 Years Of Age With Counseling	SY - Contact W/High-Risk Population	9/1/2020
90461	Administration Of Vaccine Or Toxoid Component Through 18 Years Of Age With Counseling	SY - Contact W/High-Risk Population	9/1/2020
90471	Administration Of 1 Vaccine	SY - Contact W/High-Risk Population	9/1/2020
90472	Administration Of Vaccine	SY - Contact W/High-Risk Population	9/1/2020
90473	Administration Of 1 Nasal Or Oral Vaccine	SY - Contact W/High-Risk Population	9/1/2020
90474	Administration Of Nasal Or Oral Vaccine	SY - Contact W/High-Risk Population	9/1/2020
92522	Evaluation Of Speech Sound Production	UD - Telephonic Telehealth	3/17/2020
93799	Heart And Blood Vessel Procedure	80 - Assistant Surgeon	1/1/2020

Effective for dates of service on or after January 1, 2020 the modifier GQ (VUA Asynchronous Telecommunications System) has been added to the following codes

95705	Measurement Of Brain Wave Activity (EEG), 2-12 Hours, Unmonitored	95720	Continuous Measurement Of Brain Wave Activity With Video (VEEG), 12-26 Hours, With Health Care Professional Analysis, Interpretation And Report
95708	Measurement Of Brain Wave Activity (EEG), 12-26 Hours, Unmonitored	95721	Continuous Measurement Of Brain Wave Activity (EEG), 37-60 Hours, With Health Care Professional Analysis, Interpretation And Report
95711	Measurement Of Brain Wave Activity With Video (VEEG), 2-12 Hours, Unmonitored	95722	Continuous Measurement Of Brain Wave Activity With Video (VEEG), 37-60 Hours, With Health Care Professional Analysis, Interpretation And Report
95714	Measurement Of Brain Wave Activity With Video (VEEG), 12-26 Hours, Unmonitored	95723	Continuous Measurement Of Brain Wave Activity (EEG), 61-84 Hours, With Health Care Professional Analysis, Interpretation And Report
95717	Continuous Measurement Of Brain Wave Activity (EEG), 2-12 Hours, With Health Care Professional Analysis, Interpretation And Report	95724	Continuous Measurement Of Brain Wave Activity With Video (VEEG), 61-84 Hours, With Health Care Professional Analysis, Interpretation And Report
95718	Continuous Measurement Of Brain Wave Activity With Video (VEEG), 2-12 Hours, With Health Care Professional Analysis, Interpretation And Report	95725	Continuous Measurement Of Brain Wave Activity With (EEG), More Than 84 Hours, With Health Care Professional Analysis, Interpretation And Report
95719	Continuous Measurement Of Brain Wave Activity With Video (VEEG), 12-26 Hours, With Health Care Professional Analysis, Interpretation And Report	95726	Continuous Measurement Of Brain Wave Activity With Video (VEEG), More Than 84 Hours, With Health Care Professional Analysis, Interpretation And Report

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

Code	Definitions	Modifier	Effective Begin Date
36560	Insertion Of Central Venous Catheter And Implanted Device For Infusion Beneath The Skin, Patient Younger Than 5 Years	82 - Assist Surg/Qual Resi	1/1/2020
37248	Balloon Dilation Of First Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation	LT - Identifies Left Side	1/1/2019
37248	Balloon Dilation Of First Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation	RT - Identifies Right Side	1/1/2019
90460	Administration Of First Vaccine Or Toxoid Component Through 18 Years Of Age With Counseling	SY - Contact W/High-Risk Population	9/1/2020
90461	Administration Of Vaccine Or Toxoid Component Through 18 Years Of Age With Counseling	SY - Contact W/High-Risk Population	9/1/2020
90471	Administration Of 1 Vaccine	SY - Contact W/High-Risk Population	9/1/2020
90472	Administration Of Vaccine	SY - Contact W/High-Risk Population	9/1/2020
90473	Administration Of 1 Nasal Or Oral Vaccine	SY - Contact W/High-Risk Population	9/1/2020
90474	Administration Of Nasal Or Oral Vaccine	SY - Contact W/High-Risk Population	9/1/2020
93799	Heart And Blood Vessel Procedure	80 - Assistant Surgeon	1/1/2020
96374	Injection of Drug or substance Into a Vein for Therapy	XU - Unusual Non Overlapping Service	07/01/2019
96375	Injection of Different Drug or Substance Into a Vein for therapy	59 - Distinct Procedural Service	07/01/2019
99358	Prolonged Patient Service Without Direct Patient Contact First Hour	25 - Significant, Sep Ident E&M, Same MD&Day	1/1/2020
G0008	Administration Of Influenza Virus Vaccine	SY - Contact W/High-Risk Population	9/1/2020
G0299	Direct Skilled Nursing Services Of A Registered Nurse (RN) In The Home Health Or Hospice Setting, Each 15 Minutes	TM - Individualized Education Program (IEP)	9/1/2020
G0300	Direct Skilled Nursing Services Of A Licensed Practical Nurse (LPN) In The Home Health Or Hospice Setting, Each 15 Minutes	TM - Individualized Education Program (IEP)	9/1/2020
G2023	Specimen Collection For Severe Acute Respiratory Syndrome	91 - Rep. Lab Test/Non-Emg. 911	4/1/2020
G2023	Specimen Collection For Severe Acute Respiratory Syndrome	90 - Reference (Outside) Laboratory	4/1/2020
G2024	Specimen Collection For Severe Acute Respiratory Syndrome	90 - Reference (Outside) Laboratory	4/1/2020
G2024	Specimen Collection For Severe Acute Respiratory Syndrome	91 - Rep. Lab Test/Non-Emg. 911	4/1/2020

S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	TD - RN	10/1/2020
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	TE - LP/LVN	10/1/2020
S5151	Unskilled Respite Care, Not Hospice; Per Diem	TD - RN	10/1/2020
S5151	Unskilled Respite Care, Not Hospice; Per Diem	TE - LP/LVN	10/1/2020
S9123	Nursing Care, In The Home; By Registered Nurse, Per Hour	TM - Individualized Education Program (IEP)	9/1/2020
S9124	Nursing Care, In The Home; By Licensed Practical Nurse, Per Hour	TM - Individualized Education Program (IEP)	9/1/2020
S9125	Respite Care, In The Home, Per Diem	TM - Individualized Education Program (IEP)	9/1/2020

- Effective for dates of service March 1, 2019 the modifier 32 (Mandated Services) has been added to the following HCPCS/CPT codes.

Code	Description
80305	Testing For Presence of Drug
81005	Analysis Of Urine
82075	Breath Alcohol Level
86580	Skin Test For Tuberculosis
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Evaluation With Medical Services
93000	Routine EKG Using At Least 12 Leads Including Interpretation And Report
99211	Established Patient Office Or Other Outpatient Visit, Typically 5 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 25 Minutes
99215	Established Patient Office Or Other Outpatient Visit, Typically 40 Minutes
99221	Initial Hospital Inpatient Care, Typically 30 Minutes Per Day
99222	Initial Hospital Inpatient Care, Typically 50 Minutes Per Day
99223	Initial Hospital Inpatient Care, Typically 70 Minutes Per Day
99233	Subsequent Hospital Inpatient Care, Typically 35 Minutes Per Day
99234	Hospital Observation Or Inpatient Care Low Severity, 40 Minutes Per Day

Code	Description
99235	Hospital Observation Or Inpatient Care Moderate Severity, 50 Minutes Per Day
99236	Hospital Observation Or Inpatient Care High Severity, 55 Minutes Per Day
99238	Hospital Discharge Day Management, 30 Minutes Or Less
99239	Hospital Discharge Day Management, More Than 30 Minutes
H0002	Behavioral Health Screening To Determine Eligibility For Admission To Treatment Program
H0004	Behavioral Health Counseling And Therapy, Per 15 Minutes
H0031	Mental Health Assessment, By Non-Physician
H0034	Medication Training And Support, Per 15 Minutes
H0038	Self-Help/Peer Services, Per 15 Minutes
J0131	Injection, Acetaminophen, 10 mg
J0456	Injection, Azithromycin, 500 mg
S9484	Crisis Intervention Mental Health Services, Per Hour
S9485	Crisis Intervention Mental Health Services, Per Diem
T1002	RN Services, Up To 15 Minutes
T1003	LPN/LVN Services, Up To 15 Minutes
T1016	Case Management, Each 15 Minutes



**Place of Service**

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

<b>Code</b>	<b>Description</b>	<b>Place of Service</b>	<b>Effective Begin Date</b>
11000	Removal Of Inflamed Or Infected Skin, Up To 10% Of Body Surface	14 - Group Home	06/01/2019
11042	Removal Of Skin And Tissue First 20 square cm Or Less	14 - Group Home	06/01/2019
11057	Removal Of More Than 4 Thickened Skin Growths	14 - Group Home	06/01/2019
26440	Tenolysis, Flexor Tendon; Palm Or Finger, Each Tendon	11 - Office	01/01/2020
42300	Drainage Of Abscess Of Salivary Gland	21 - Inpatient Hospital	01/01/2020
43180	Removal Of Esophagus Tissue Using An Endoscope	19 - Off Campus- Outpatient Hospital	12/01/2019
43180	Removal Of Esophagus Tissue Using An Endoscope	22 - Outpatient Hospital	12/01/2019
61796	Stereotactic Treatment Of Brain Growth	11 - Office	08/01/2019
61797	Stereotactic Treatment Of Brain Growth	11 - Office	08/01/2019
61798	Stereotactic Treatment Of Brain Growth	11 - Office	08/01/2019
80202	Vancomycin	11 - Office	01/01/2020
82248	Bilirubin; Direct	11 - Office	01/01/2020
82375	Carboxyhemoglobin; Quantitative	11 - Office	01/01/2020
82803	Gases, Blood, Any Combination Of PH, PCO2, PO2, CO2, HCO	11 - Office	01/01/2020
83550	Iron Binding Capacity	11 - Office	01/01/2020
84153	Prostate Specific Antigen (PSA); Total	11 - Office	01/01/2020
85004	Blood Count; Automated Differential WBC Count	11 - Office	01/01/2020
85007	Microscopic Examination For White Blood Cells With Manual Cell Count	11 - Office	01/01/2020
85009	Manual White Blood Cell Count And Evaluation	11 - Office	01/01/2020
85027	Complete Blood Cell Count (Red Cells, White Blood Cell, Platelets)	11 - Office	01/01/2020
85045	Red Blood Count, Automated Test	11 - Office	01/01/2020
85060	Blood Smear Interpretation By Physician With Written Report	11 - Office	01/01/2020
86850	Screening Test For Red Blood Cell Antibodies	11 - Office	01/01/2020
86900	Blood Group Typing (ABO)	11 - Office	01/01/2020
86901	Blood Typing For Rh (D) Antigen	11 - Office	01/01/2020
87040	Bacterial Blood Culture	11 - Office	01/01/2020
87186	Evaluation Of Antimicrobial Drug (Antibiotic, Antifungal, Antiviral)	11 - Office	01/01/2020
87493	Detection Test For Clostridium Difficile	11 - Office	01/01/2020
88325	Comprehensive Surgical Pathology Consultation And Report	11 - Office	01/01/2020
90834	Psychotherapy, 45 Minutes	57 - Non-Residential Substance Abuse Treatment	12/01/2019



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

99215	Established Patient Office Or Other Outpatient, Visit Typically 40 Minutes	99 - Other Unlisted Facility	03/17/2020
G0466	FQHC Visit, New Patient	11 - Office	10/01/2019
G0468	FQHC Visit, IPPE OR AWW	11 - Office	10/01/2019
G0469	FQHC Visit, Mental Health, New Patient	11 - Office	10/01/2019
G0470	FQHC Visit, Mental Health, Established Patient	11 - Office	10/01/2019
G2064	Non-Residential Opioid Treatment Facility	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2064	Non-Residential Opioid Treatment Facility	99 - Other Unlisted Facility	01/01/2020
G2065	Comprehensive Care Management For A Single High-Risk Disease Services	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2065	Comprehensive Care Management For A Single High-Risk Disease Services	99 - Other Unlisted Facility	01/01/2020
G2066	Interrogation Device Evaluation(s), (Remote) Up To 30 Days;	11 - Office	01/01/2020
G2066	Interrogation Device Evaluation(s), (Remote) Up To 30 Days;	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2066	Interrogation Device Evaluation(s), (Remote) Up To 30 Days;	99 - Other Unlisted Facility	01/01/2020
G2067	Medication Assisted Treatment, Methadone; Weekly Bundle	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2067	Medication Assisted Treatment, Methadone; Weekly Bundle	99 - Other Unlisted Facility	01/01/2020
G2068	Medication Assisted Treatment, Buprenorphine (Oral); Weekly Bundle	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2068	Medication Assisted Treatment, Buprenorphine (Oral); Weekly Bundle	99 - Other Unlisted Facility	01/01/2020
G2069	Medication Assisted Treatment, Buprenorphine (Injectable); Weekly	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2069	Medication Assisted Treatment, Buprenorphine (Injectable); Weekly	99 - Other Unlisted Facility	01/01/2020
G2070	Medication Assisted Treatment, Buprenorphine (Implant Insertion)	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2070	Medication Assisted Treatment, Buprenorphine (Implant Insertion)	99 - Other Unlisted Facility	01/01/2020
G2071	Medication Assisted Treatment, Buprenorphine (Implant Removal);	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2071	Medication Assisted Treatment, Buprenorphine (Implant Removal);	99 - Other Unlisted Facility	01/01/2020
G2072	Medication Assisted Treatment, Buprenorphine (Implant Insertion And Removal)	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2072	Medication Assisted Treatment, Buprenorphine (Implant Insertion And Removal)	99 - Other Unlisted Facility	01/01/2020
G2073	Medication Assisted Treatment, Naltrexone; Weekly Bundle	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2073	Medication Assisted Treatment, Naltrexone; Weekly Bundle	99 - Other Unlisted Facility	01/01/2020
G2074	Medication Assisted Treatment, Weekly Bundle Not Including The Drug,	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2074	Medication Assisted Treatment, Weekly Bundle Not Including The Drug,	99 - Other Unlisted Facility	01/01/2020

G2075	Medication Assisted Treatment, Medication Not Otherwise Specified	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2075	Medication Assisted Treatment, Medication Not Otherwise Specified	99 - Other Unlisted Facility	01/01/2020
G2076	Intake Activities, Including Initial Medical Examination	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2076	Intake Activities, Including Initial Medical Examination	99 - Other Unlisted Facility	01/01/2020
G2077	Periodic Assessment; Assessing Periodically By Qualified Personnel	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2077	Periodic Assessment; Assessing Periodically By Qualified Personnel	99 - Other Unlisted Facility	01/01/2020
G2078	Take-Home Supply Of Methadone; Up To 7 Additional Day Supply	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2078	Take-Home Supply Of Methadone; Up To 7 Additional Day Supply	99 - Other Unlisted Facility	01/01/2020
G2079	Take-Home Supply Of Buprenorphine (Oral); Up To 7 Additional Day	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2079	Take-Home Supply Of Buprenorphine (Oral); Up To 7 Additional Day	99 - Other Unlisted Facility	01/01/2020
G2080	Each Additional 30 Minutes Of Counseling In A Week Of Medication Assisted Treatment	58 -Non-Residential Opioid Treatment Facility	01/01/2020
G2080	Each Additional 30 Minutes Of Counseling In A Week Of Medication Assisted Treatment	99 - Other Unlisted Facility	01/01/2020
H0001	Alcohol and/or Drug Assessment	57 - Non-Residential Substance Abuse Treatment	09/01/2019
H0002	Behavioral Health Screening To Determine Eligibility For Admission To Treatment Program	57 - Non-Residential Substance Abuse Treatment	09/01/2019
H0004	Behavioral Health Counseling And Therapy, Per 15 Minutes	57 - Non-Residential Substance Abuse Treatment	09/01/2019
H0016	Alcohol and/or Drug Services; Medical/Somatic	99 - Other Unlisted Facility	01/01/2001
H0030	Behavioral Health Hotline Service	53 - Community Mental Health Center	07/01/2020
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	53 - Community Mental Health Center	07/01/2020
T1016	Case Management, Each 15 Minutes	57 - Non-Residential Substance Abuse Treatment	05/01/2020



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

<b>Code</b>	<b>Description</b>	<b>Place of Service</b>	<b>Effective Begin Date</b>
11000	Removal Of Inflamed Or Infected Skin, Up To 10% Of Body Surface	14 - Group Home	06/01/2019
11042	Removal Of Skin And Tissue First 20 square cm Or Less	14 - Group Home	06/01/2019
11057	Removal Of More Than 4 Thickened Skin Growths	14 - Group Home	06/01/2019
26440	Tenolysis, Flexor Tendon; Palm Or Finger, Each Tendon	11 - Office	01/01/2020
42300	Drainage Of Abscess Of Salivary Gland	21 - Inpatient Hospital	01/01/2020
43180	Removal Of Esophagus Tissue Using An Endoscope	19 - Off Campus-Outpatient Hospital	12/01/2019
43180	Removal Of Esophagus Tissue Using An Endoscope	22 - Outpatient Hospital	12/01/2019
61796	Stereotactic Treatment Of Brain Growth	11 - Office	08/01/2019
61797	Stereotactic Treatment Of Brain Growth	11 - Office	08/01/2019
61798	Stereotactic Treatment Of Brain Growth	11 - Office	08/01/2019
80202	Vancomycin	11 - Office	01/01/2020
82248	Bilirubin; Direct	11 - Office	01/01/2020
82375	Carboxyhemoglobin; Quantitative	11 - Office	01/01/2020
82803	Gases, Blood, Any Combination Of PH, PCO2, PO2, CO2, HCO	11 - Office	01/01/2020
83550	Iron Binding Capacity	11 - Office	01/01/2020
84153	Prostate Specific Antigen (PSA); Total	11 - Office	01/01/2020
85004	Blood Count; Automated Differential WBC Count	11 - Office	01/01/2020
85007	Microscopic Examination For White Blood Cells With Manual Cell Count	11 - Office	01/01/2020
85009	Manual White Blood Cell Count And Evaluation	11 - Office	01/01/2020
85027	Complete Blood Cell Count (Red Cells, White Blood Cell, Platelets)	11 - Office	01/01/2020
85045	Red Blood Count, Automated Test	11 - Office	01/01/2020
85060	Blood Smear Interpretation By Physician With Written Report	11 - Office	01/01/2020
86850	Screening Test For Red Blood Cell Antibodies	11 - Office	01/01/2020
86900	Blood Group Typing (ABO)	11 - Office	01/01/2020
86901	Blood Typing For Rh (D) Antigen	11 - Office	01/01/2020
87040	Bacterial Blood Culture	11 - Office	01/01/2020
87186	Evaluation Of Antimicrobial Drug (Antibiotic, Antifungal, Antiviral)	11 - Office	01/01/2020
87493	Detection Test For Clostridium Difficile	11 - Office	01/01/2020
88325	Comprehensive Surgical Pathology Consultation And Report	11 - Office	01/01/2020

Effective for the date of service October 1, 2019 the POS 24 (Ambulatory Surgical Center) has been added to the following codes.

Code	Description	Code	Description
0200T	Injections Of One Side Of Sacrum For Enlargement, 1 Or More Needles, Accessed Through The Skin	0400T	Digital Analysis Of Unusual Pigmented Lesions Of Skin For Detection Of Melanoma, One To Five Lesions
0201T	Injections Of Both Sides Of Sacrum For Enlargement, 2 Or More Needles, Accessed Through The Skin	0401T	Digital Analysis Of Unusual Pigmented Lesions Of Skin For Detection Of Melanoma, Six Or More Lesions
0205T	Catheter Based Evaluation Of Heart Blood Vessel Or Graft Using An Endoscope	0402T	Collagen Cross-Linking Treatment Of Disease Of Cornea
0206T	Remote Analysis Of ECG-Derived Data With Computer Assessment And Report	0424T	Insertion Or Replacement Of Complete Neurostimulator System For Treatment Of Central Sleep Apnea
0274T	Removal Of Bone From Upper Or Middle Spine For Decompression Of Nerve Tissue Using Imaging Guidance, Accessed Through The Skin	0425T	Insertion Or Replacement Of Complete Neurostimulator System For Treatment Of Central Sleep Apnea
0275T	Removal Of Bone From Lower Spine For Decompression Of Nerve Tissue Using imaging Guidance, Accessed Through The Skin	0426T	Insertion Or Replacement Of Stimulation Lead Of Neurostimulator System For Treatment Of Central Sleep Apnea
0278T	Transcutaneous Electrical Modulation Pain Reprocessing Each Treatment Session	0427T	Insertion Or Replacement Of Pulse Generator Of Neurostimulator System For Treatment Of Central Sleep Apnea
0290T	Corneal Incisions In The Recipient Cornea Created Using A Laser In Preparation For Penetrating Or Lamellar Keratoplasty	0443T	Real Time Analysis Of Prostate Tissue Using Fluorescence Spectroscopy
0313T	Revision Or Replacement Of Neurostimulator Electrodes For Vagus Nerve Blocking Therapy For Obesity Using An Endoscope	0444T	Initial Insertion Of Drug-Releasing Implant Under One Or Both Eyelids
0314T	Removal Of Neurostimulator Electrodes And Pulse Generator For Vagus Nerve Blocking Therapy For Obesity Using An Endoscope	0445T	Replacement Of Drug-Releasing Implant Under One Or Both Eyelids
0315T	Removal Of Pulse Generator For Vagus Nerve Blocking Therapy For Treatment Of Obesity	0446T	Creation Of Skin Pocket And Insertion Of Glucose Sensor, With Patient Training
0316T	Replacement Of Pulse Generator For Vagus Nerve Blocking Therapy For Treatment Of Obesity	0447T	Removal Of Glucose Sensor From Skin Pocket
0330T	Tear Film Imaging Of One Or Both Eyes	0448T	Removal Of Glucose Sensor From Skin Pocket With Creation Of New Skin Pocket And Insertion Of New Glucose Sensor
0347T	Insertion Of Devices In Bone For Visualization And Measurement Using Radiostereometric Analysis (RSA)	0523T	Measurement Fractional Flow Reserve In Arteries Of Heart With 3d Functional Mapping During Procedure

0356T	Insertion Of Drug Delivery Implant Into Tear Ducts	G0429	Dermal Filler Injection(s) For The Treatment Of Facial Lipodystrophy Syndrome
0357T	Frozen Preservation Of Mature Eggs	G0516	Insertion Of Non-Biodegradable Drug Delivery Implants, 4 Or More
0379T	Technical Component For Assessment Of Field Of Vision With Concurrent Data Analysis And Data Storage With Patient Initiated Data Transmitted To A Remote Surveillance Center For Up To 30 Days	G0517	Removal Of Non-Biodegradable Drug Delivery Implants, 4 Or More
0380T	Computer-Aided Animation And Analysis Of Retinal Images	G0518	Removal With Reinsertion, Non-Biodegradable Drug Delivery Implants, 4 Or More

Effective for the date of service listed the POS has been added to the following codes.

Code	Description	POS	Date
82248	Bilirubin; Direct	11 - Office	5/1/2019
84165	Protein Measurement, Serum	11 - Office	6/1/2019
94002	Ventilation Assistance And Management, Hospital Inpatient Or Observation	12 - Home	3/17/2020
94003	Ventilation Assistance And Management, Hospital Inpatient Or Observation	12 - Home	3/17/2020
94004	Ventilation Assistance And Management, Nursing Facility Per Day	12 - Home	3/17/2020
94005	Evaluation Of Home Ventilator Management Care Plan, 30 Minutes Or More	12 - Home	3/17/2020
99401	Preventive Medicine Counseling, Approximately 15 Minutes	12 - Home	9/1/2019
H0004	Behavioral Health Counseling And Therapy, Per 15 Minutes	57 - Non-Residential Substance Abuse Treatment	9/1/2019
H0015	Alcohol and/or Drug Services; Intensive Outpatient (Treatment)	57 - Non-Residential Substance Abuse Treatment Center	5/1/2020
H0025	Behavioral Health Prevention Education Service (Delivery Of Services With Target Population To Affect Knowledge, Attitude and/or Behavior)	57 - Non-Residential Substance Abuse Treatment	11/1/2019
J1301	Injection, Edaravone, 1 mg	12 - Home	1/1/2020

**Provider Type**

- The effective begin date for the HCPCS code T2031 (Assisted Living; Waiver, Per Diem) has been changed to January 1, 2019 for the provider type 49 (Assisted Living Center).
- Effective for the dates of service listed the following CPT and/or HCPCS codes have been added to the specific provider types.

<b>Code</b>	<b>Descriptions</b>	<b>Provider Type</b>	<b>Effective Begin Date</b>
3350F	Mammogram Assessment Category	08 - MD-Physician	01/01/2020
M0064	Brief Office Visit For The Sole Purpose Of Monitoring Or Changing Drug Prescriptions	08 - MD-Physician	01/01/2020
M0075	Cellular Therapy	08 - MD-Physician	01/01/2020
M0076	Prolotherapy	08 - MD-Physician	01/01/2020
M0100	Intragastric Hypothermia Using Gastric Freezing	08 - MD-Physician	01/01/2020
M0300	IV Chelation Therapy (Chemical Endarterectomy)	08 - MD-Physician	01/01/2020
M0301	Fabric Wrapping Of Abdominal Aneurysm	08 - MD-Physician	01/01/2020
M0064	Brief Office Visit For The Sole Purpose Of Monitoring Or Changing Drug Prescriptions	18 - Physicians Assistant	01/01/2020
M0075	Cellular Therapy	18 - Physicians Assistant	01/01/2020
M0076	Prolotherapy	18 - Physicians Assistant	01/01/2020
4276F	Potent Antiretroviral Therapy Prescribed (HIV)	19 - Registered Nurse Practitioner	01/01/2020
M0064	Brief Office Visit For The Sole Purpose Of Monitoring Or Changing Drug Prescriptions Used In The Treatment Of Mental Psychoneurotic And Personality Disorders	19 - Registered Nurse Practitioner	01/01/2020
M0075	Cellular Therapy	19 - Registered Nurse Practitioner	01/01/2020
M0076	Prolotherapy	19 - Registered Nurse Practitioner	01/01/2020
M0100	Intragastric Hypothermia Using Gastric Freezing	19 - Registered Nurse Practitioner	01/01/2020
M0300	IV Chelation Therapy (Chemical Endarterectomy)	19 - Registered Nurse Practitioner	01/01/2020
M0301	Fabric Wrapping Of Abdominal Aneurysm	19 - Registered Nurse Practitioner	01/01/2020
3350F	Mammogram Assessment Category	31 - DO-Physician Osteopath	01/01/2020
4276F	Potent Antiretroviral Therapy Prescribed (HIV)	31 - DO-Physician Osteopath	01/01/2020
5200F	Consideration Of Referral For A Neurological Evaluation Of Appropriateness	31 - DO-Physician Osteopath	01/01/2020
M0064	Brief Office Visit For The Sole Purpose Of Monitoring Or Changing Drug Prescriptions	31 - DO-Physician Osteopath	01/01/2020
M0075	Cellular Therapy	31 - DO-Physician Osteopath	01/01/2020
M0076	Prolotherapy	31 - DO-Physician Osteopath	01/01/2020
M0100	Intragastric Hypothermia Using Gastric Freezing	31 - DO-Physician Osteopath	01/01/2020
M0300	IV Chelation Therapy (Chemical Endarterectomy)	31 - DO-Physician Osteopath	01/01/2020
M0301	Fabric Wrapping Of Abdominal Aneurysm	31 - DO-Physician Osteopath	01/01/2020



**Revenue Codes**

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

<b>Code</b>	<b>Description</b>	<b>Revenue Code</b>	<b>Effective Begin Date</b>
C9053	Injection, Crizanlizumab-Tmca, 1 mg	0490 - Ambulatory Surgical Center	04/01/2020
C9056	Injection, Givosiran, 0.5 mg	0490 - Ambulatory Surgical Center	04/01/2020
C9057	Injection, Cetirizine Hydrochloride, 1 mg	0490 - Ambulatory Surgical Center	04/01/2020
C9058	Injection, Pegfilgrastim-BMEZ, Biosimilar, (Ziextenzo)	0490 - Ambulatory Surgical Center	04/01/2020
C9803	Hospital Outpatient Clinic Visit Specimen Collection	0306 – Lab/Bact-Micro	03/01/2020
Q4100	Skin Substitute, Not Otherwise Specified	0636 - Drugs/Detail Coding	01/01/2019
Q5107	Injection, Bevacizumab-AWWB, Biosimilar, (MVASI), 10 mg	0636 - Drugs/Detail Coding	01/01/2019
U0001	CDC 2019 Novel Coronavirus (2019 Ncov) Real-Time RT-PCR	0306 – Lab/Bact-Micro	02/04/2020
U0004	2019-Ncov Coronavirus, SARS-COV 2/2019-NCOV (Covid-19)	0306 – Lab/Bact-Micro	03/18/2020

