

ENCOUNTER KEYS

May-June 2022



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Age Changes

- ◆ The Age on the Reference Screens has been changed for the CPT code 58661 (Removal of Ovaries and/or Tubes Using an Endoscope) to Minimum Age 006Y and maximum age 999 Y.
- ◆ The ICD_10 diagnosis code P09.8 (Other Abnormal Findings on Neonatal Screening) has had the age change to 000 y to 999y.
- ◆ The age on the reference screens has been changed for the HCPCS codes to Minimum Age 012Y and maximum age 999 Y for the following codes.
 - 0051A Administration of Coronavirus Vaccine 6, Dose 1
 - 0052A Administration of Coronavirus Vaccine 6, Dose 2
 - 0053A Administration of Coronavirus Vaccine 6, Booster
 - 0054A Administration of Coronavirus Vaccine 6, Reserved
- ◆ The age has been changed for the CPT code 90715 (Tetanus, Diphtheria toxoids and Acellular Pertussis Vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use) to minimum age 007 years.
- ◆ The HCPCS code J9027 (Injection, Clofarabine, 1 mg) has had an age change on RF127 to minimum age: 001 Y - maximum age: 021 Y.



ASC

The ASC excluded codes have been updated for 2022.

Codes										
00192	21408	29868	34111	35860	38120	43647	49405	57284	61520	64804
00670	21470	31241	34201	35879	38207	43648	49491	57285	61521	64911
0075T	21601	31292	34203	35881	38208	43651	49492	57292	61522	69725
0076T	21742	31293	34421	35883	38209	43652	50020	57330	61623	69955
00802	21743	31294	34471	35884	38210	43770	50541	57335	61626	69960
00944	22100	31587	34501	35903	38211	43772	50542	57423	61630	69970
01214	22101	31600	34510	36460	38212	43773	50543	57555	61650	C9602
01402	22222	31601	34520	36838	38213	43774	50544	58263	61720	C9603
01486	22558	31610	34530	37181	38214	43830	50945	58270	62000	C9604
0505T	23470	31660	35011	37183	38215	43831	51060	58290	62351	C9605
19307	23473	31661	35045	37191	38240	44180	51530	58291	63011	C9606
20100	24150	31785	35180	37192	38531	44186	51550	58292	63012	C9607
20101	24935	32560	35184	37193	38720	44206	51845	58294	63015	C9608
20102	25170	32561	35190	37195	38724	44207	51860	58770	63016	C9751
21049	25909	32562	35201	37213	39401	44208	51990	58920	63017	C9758
21172	27006	32601	35206	37214	39402	44213	53500	58925	63035	C9760
21175	27057	32604	35226	37244	42842	44950	54332	59030	63040	
21193	27179	32606	35231	37565	42844	44955	54411	59409	63043	
21195	27235	32607	35236	37600	43020	44970	54417	59612	63048	
21256	27477	32608	35256	37605	43280	47370	54535	60252	63057	
21261	27485	32609	35261	37606	43281	47371	55866	60260	63064	
21263	27722	33244	35266	37615	43282	47490	57106	60271	63066	
21346	28360	33272	35286	37618	43420	49185	57107	60502	63075	
21366	28805	34101	35321	37619	43510	49323	57109	60520	63741	

Code Updates

- ◆ Effective for dates of service January 1, 2022, the following CPT codes have been added to the Reference Screens with the following information.

Place of Service 24 (Ambulatory Surgical Center)
Modifier SG (AMB SURG CTR (ASC) FA)

11 (Office)
Revenue code 0490 (AMBUL SURG)

Code	Description
01938	Anesthesia For Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of Lower Back Accessed Through Skin Using Imaging Guidance
01939	Anesthesia For Nerve Destruction Procedures on Spine or Spinal Cord of Neck or Upper Back Accessed Through Skin Using Imaging Guidance
01940	Anesthesia For Nerve Destruction Procedures on Spine or Spinal Cord of Lower Back Accessed Through Skin Using Imaging Guidance
01941	Anesthesia For Nerve Modulation Procedure Spinal Cord or Repair of Bone of Spine of Neck or Upper Back Accessed Through Skin Using Imaging Guidance
01942	Anesthesia For Nerve Modulation Procedure Spinal Cord or Repair of Bone of Spine of Lower Back Accessed Through Skin Using Imaging Guidance

- ◆ Effective for January 1, 2022 the following codes have been added to the Reference Screens. For further information on the codes refer to the appropriate screens.

Code	Description	Code	Description
G0031	Palliative Care Services Given to Patient Any Time During the Measurement Period	G0043	Patients With Mechanical Prosthetic Heart Valve
G0032	Two Or More Antipsychotic Prescriptions Ordered for Patients Who Had A Diagnosis Of Schizophrenia,	G0044	Patients With Moderate or Severe Mitral Stenosis
G0033	Two Or More Benzodiazepine Prescriptions Ordered for Patients, Who Had a Diagnosis of Seizure Disorders	G0045	Clinical Follow-Up and MRS Score Assessed At 90 Days Following Endovascular Stroke Intervention
G0034	Patients Receiving Palliative Care During the Measurement Period	G0046	Clinical Follow-Up and MRS Score Not Assessed At 90 Days Following Endovascular Stroke Intervention
G0035	Patient Has Any Emergency Department Encounter During the Performance Period	G0047	Pediatric Patient with Minor Blunt Head Trauma and Pecarn Prediction Criteria Are Not Assessed
G0036	Patient Or Care Partner Decline Assessment	G0050	Patients With a Catheter That Have Limited Life Expectancy
G0037	On Date of Encounter, Patient Is Not Able to Participate In Assessment Or Screening	G0051	Patients Under Hospice Care in The Current Reporting Month
G0038	Clinician Determines Patient Does Not Require Referral	G0052	Patients On Peritoneal Dialysis for Any Portion Of The Reporting Month
G0039	Patient Not Referred, Reason Not Otherwise Specified	G0053	Advancing Rheumatology Patient Care MIPS Value Pathways
G0040	Patient Already Receiving Physical/ Occupational/Speech/Recreational Therapy	G0061	Anesthesiology MIPS Specialty Set
G0041	Patient and/or Care Partner Decline Referral	G0064	Certified Nurse Midwife MIPS Specialty Set
G0042	Referral To Physical, Occupational, Speech, Or Recreational Therapy	G0065	Chiropractic Medicine MIPS Specialty Set

- ◆ Effective for April 1, 2022 the following codes have been added to the Reference Screens.

306U	Oncology (Minimal Residual Disease [MRD]),		C9507	Plasma, High Titer Covid-19 Convalescent, Each Unit
0307U	Oncology (Minimal Residual Disease [MRD]),		C9781	Arthroscopy, Shoulder, Surgical;
0308U	Cardiology (Coronary Artery Disease [CAD]),		C9782	Blinded Procedure For New York Heart Association (NYHA)
0309U	Cardiology (Cardiovascular Disease), Analysis		C9783	Blinded Procedure for Transcatheter Implantation
0310U	Pediatrics (Vasculitis, Kawasaki Disease [KD]),		E2102	Adjunctive Continuous Glucose Monitor or Receiver
0311U	Infectious Disease (Bacterial),		H2038	Skills Training and Development, Per Diem
0312U	Autoimmune Diseases		J0219	Injection, Avalglucosidase ALFA-NGPT, 4 mg
0313U	Oncology (Pancreas), DNA & MRNA		J0491	Injection, Anifrolumab-FNIA, 1 mg
0314U	Oncology (Cutaneous Melanoma),		J0879	Injection, Difelikefalin, 0.1 Microgram,
0315U	Oncology (Cutaneous Squamous Cell Carcinoma),		J9071	Injection, Cyclophosphamide, (AuromedicS), 5 mg
0316U	Borrelia Burgdorferi (Lyme Disease),		J9273	Injection, Tisotumab Vedotin-TFTV, 1 mg
0317U	Oncology (Lung Cancer),		J9359	Injection, Loncastuximab Tesirine-Lpyl, 0.075 mg
0318U	Pediatrics (Congenital Epigenetic Disorders),		K1028	Power Source and Control Electronics Unit for Oral Device
0319U	Nephrology (Renal Transplant),		K1029	Oral Device/Appliance for Neuromuscular Electrical
0320U	Nephrology (Renal Transplant),		K1030	External Recharging System for Battery (Internal)
0321U	Infectious Agent Detection by Nucleic Acid (DNA Or RNA)		K1031	Non-Pneumatic Compression Controller Without Calibrated
0322U	Neurology (autism spectrum disorder [ASD]),		K1032	Non-Pneumatic Sequential Compression Garment, Full Leg
A2011	Supra SDRM, Per Square Centimeter		K1033	Non-Pneumatic Sequential Compression Garment, Half Leg
A2012	Suprathel, Per Square Centimeter		K1034	Provision of COVID-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared, one test count
A2013	Innovamatrix Fs, Per Square Centimeter		Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P),
A4100	Skin Substitute, FDA Cleared as A Device,		Q4225	Amniobind, Per Square Centimeter
A4238	Supply Allowance for Adjunctive Continuous Glucose Monitor		Q4256	My Own Skin, Includes Harvesting and Preparation Procedure

A9291	Prescription Digital Behavioral Therapy,		Q4257	Amniocore, Per Square Centimeter
A9574	Air Polymer-Type A Intrauterine Foam, 0.1 ml		Q4258	Bionextpatch, Per Square Centimeter
C9090	Injection, Plasminogen, Human-TVMH, 1 mg		Q5124	Injection, Ranibizumab-Nuna, Biosimilar, (Byooviz), 0.1
C9091	Injection, Sirolimus Protein-Bound Particles, 1 mg		T2050	Financial Management, Self-Directed, Waiver; Per Diem
C9092	Injection, Triamcinolone Acetonide, Suprachoroidal		T2051	Supports Brokerage, Self-Directed, Waiver; Per Diem
C9093	Injection, Ranibizumab, Via Sustained Release Intravitr		V2525	Contact Lens, Hydrophilic, Dual Focus, Per Lens

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

Code	Description	Effective Begin Date
0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, MRNALNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, booster dose. Moderna	04/26/2022
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)	02/21/2022
91309	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, MRNALNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use. Moderna	03/07/2022
91310	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use. (Sanofi Pasteur)	04/26/2022
Q0221	Injection, Tixagevimab and Cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg	02/24/2022

New Code Description

Effective for July 1, 2022, the HCPCS code A2004 will have a new description.

A2004 XCELLISTEM, 1 MG

Coverage Codes

➤ Effective for April 1, 2022, the following HCPCS codes have been added to the Reference Screens, with the following

- * Modifier SG (AMB SURG CTR (ASC) FA);
- * Revenue Code 0490 (Ambulatory Surgical);
- * Provider Type 43 (Ambulatory Surgical Center) and
- * Pace of Service 24 (Ambulatory Surgical Center)

Code	Description
C9090	Injection, Plasminogen, Human-TVMH, 1 mg
C9091	Injection, Sirolimus Protein-Bound Particles, 1 mg
C9092	Injection, Triamcinolone Acetonide, Suprachoroidal
C9093	Injection, Ranibizumab, Via Sustained Release Intravitr
C9781	Arthroscopy, Shoulder, Surgical;
J0219	Injection, Avalglucosidase Alfa-Ngpt, 4 mg
J0491	Injection, Anifrolumab-Fnia, 1 mg
J9273	Injection, Tisotumab Vedotin-Tftv, 1 mg
J9359	Injection, Loncastuximab Tesirine-Lpyl, 0.075 mg

- ◆ Effective for the dates listed, the following Coverage Code has changed.

Code	Description	Coverage Code	Effective Begin Date
33274	Insertion Of Permanent Leadless Pacemaker Using Imaging Guidance	01 - Covered Service/Code Available	7/1/2021
33275	Removal Of Permanent Leadless Pacemaker Using Imaging Guidance	01 - Covered Service/Code Available	7/1/2021
91309	Coronavirus Vaccine 10	03 - Covered Service/Use Other Code	3/29/2022
0094A	Administration Of Coronavirus Vaccine 10, Reserved	01 - Covered Service/Code Available	3/29/2022
0097U	Test For Detection of Gastrointestinal Disease-Causing Organism Using Amplified Probe	04 - Not Covered Service/Code Not Available	4/1/2022
0151U	Test For Detection of Respiratory Disease-Causing Oganms in Sputum or Respiratory Tract Specimen, 33 Target Organismal and Antibiotic Resistance Gene	04 - Not Covered Service/Code Not Available	4/1/2022
C9084	Injection, Loncastuximab Tesirine-LPYL, 0.1 mg	04 - Not Covered Service/Code Not Available	4/1/2022
C9085	Injection, Avalglucosidase ALFA-NGPT, 4 mg	04 - Not Covered Service/Code Not Available	4/1/2022
C9086	Injection, Anifrolumab-FNIA, 1 mg	04 - Not Covered Service/Code Not Available	4/1/2022
C9087	Injection, Cyclophosphamide, (Auromedics), 10 mg	04 - Not Covered Service/Code Not Available	4/1/2022
G0235	Pet Imaging, Any Site, Not Otherwise Specified	09 - Medicare Only	1/1/2021
G0465	Autologous Platelet Rich Plasma (PRP) For Diabetic Chronic Wounds/Ulcers	09 - Medicare Only	1/1/2022
G1009	Clinical Decision Support Mechanism Sage Health Management	04 - Not Covered Service/Code Not Available	4/1/2022
J0890	Injection, Peginesatide, 0.1 mg (For ESRD On Dialysis)	04 - Not Covered Service/Code Not Available	4/1/2022
J2503	Injection, Pegaptanib Sodium, 0.3 mg	04 - Not Covered Service/Code Not Available	4/1/2022
J9285	Injection, Olaratumab, 10 mg	04 - Not Covered Service/Code Not Available	4/1/2022
M0247	Intravenous Infusion, Sotrovimab, Includes Infusion and Post Administration Monitoring	04 - Not Covered Service/Code Not Available	4/5/2022
M0248	Intravenous Infusion, Sotrovimab, Includes Infusion and Post Administration Monitoring in The Home Or Residence;	04 - Not Covered Service/Code Not Available	4/5/2022
M1145	Most Favored Nation (MFN) Model Drug Add-On Amount,	04 - Not Covered Service/Code Not Available	2/28/2022
Q0247	Injection, Sotrovimab, 500 mg	04 - Not Covered Service/Code Not Available	4/5/2022
S5109	Home Care Training to Home Care Client, Per Session	04 - Not Covered Service/Code Not Available	4/1/2022

Date Change

Effective July 1, 2021, the HCPCS code Q5105 (Injection, Epoetin Alfa-EPBX, Biosimilar, (Retacrit) (For ESRD On Dialysis 100 units), has a new begin date for the modifier JG (Drug 340B Price Dsct Pro).

ICD-10

The following ICD-10 codes have either been **added or end dated** refer to the Reference Screen RF260 (Special Population Diagnosis).

Code	Description
F32.A	Depression, Unspecified
F78	Other Intellectual Disabilities

Medicare Indicator

The Medicare Indicator has been changed from Y (Yes) to N (No) for the following CPT/HCPCS codes.

Codes		
G8560	3340F	4130F
G8562	3341F	4400F
G8564	3342F	44705
T2050	3343F	6045F
T2051	3344F	77061
1006F	3345F	77062
1111F	3350F	77385
2027F	4010F	77386
3016F	4040F	77402
3023F	4090F	77407
3160F	4100F	77412

Modifiers

- ◆ Effective for dates of service listed, the following modifiers have been added to the Reference Screens.

Code	Description	Modifier	Effective Begin Date
01937	Anesthesia For Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of Neck or Upper Back Accessed Through Skin Using Imaging Guidance	SG - AMB Surg Ctr (ASC) Facility	01/01/2022
32652	Removal Of Chest Cavity Lining and Lung Lining Using an Endoscope	50 - Bilateral Procedure	08/01/2021
45499	Other Procedure on Rectum Using an Endoscope	51 - Multiple Procedures	08/01/2021
47579	Other Procedure on Bile Duct Using an Endoscope	82 - Assist Surg/Qual Resident Surg Not Available	04/01/2021
84450	Liver Enzyme (SGOT), Level	Q1 - Routine Clin Research/Cert	07/01/2021
92997	Balloon Dilation of Pulmonary Artery, Single Vessel	63 - Neonates/Infants Up to the 4-Kg Cut Off	02/01/2022
92998	Balloon Dilation of Pulmonary Artery, Each Additional Vessel	63 - Neonates/Infants Up to the 4-Kg Cut Off	02/01/2022
Q2050	Injection, Doxorubicin Hydrochloride, Liposomal	JW - Drug Amt Discarded/Not A	07/01/2021
Q5116	Injection, Trastuzumab-QYYP, Biosimilar, (Trazimera), 10 mg	CR - Catastrophe/Disaster Related	04/01/2021
Q5116	Injection, Trastuzumab-QYYP, Biosimilar, (Trazimera), 10 mg	GA - Req Liability Notice Per	04/01/2021
Q5116	Injection, Trastuzumab-QYYP, Biosimilar, (Trazimera), 10 mg	GX - SVS Not Cov by Med/Volun	04/01/2021
Q5116	Injection, Trastuzumab-QYYP, Biosimilar, (Trazimera), 10 mg	GY - Item/Svs Statutorily Exc	04/01/2021
Q5116	Injection, Trastuzumab-QYYP, Biosimilar, (Trazimera), 10 mg	JG - Drug 340b Price Dsct Pro	04/01/2021
Q5116	Injection, Trastuzumab-QYYP, Biosimilar, (Trazimera), 10 mg	JW - Drug Amt Discarded/Not A	04/01/2021
Q5116	Injection, Trastuzumab-QYYP, Biosimilar, (Trazimera), 10 mg	PN - Non-Excepted Service Pro	04/01/2021
Q5116	Injection, Trastuzumab-QYYP, Biosimilar, (Trazimera), 10 mg	PO - Services, Procedures And	04/01/2021
Q5116	Injection, Trastuzumab-QYYP, Biosimilar, (Trazimera), 10 mg	TB - Drug or Biological Acqui	04/01/2021

- ◆ Effective for January 1, 2022 the modifier FS (Split (Or Shared) Evaluation and Management) has been added to the following CPT codes.

CODE	CODE	CODE	CODE	CODE
99217	99232	99255	99307	99468
99218	99233	99281	99308	99469
99219	99234	99282	99309	99471
99220	99235	99283	99310	99472
99221	99236	99284	99315	99475
99222	99238	99285	99316	99476
99223	99239	99291	99318	99477
99224	99251	99292	99354	99478
99225	99252	99304	99355	99479
99226	99253	99305	99356	99480
99231	99254	99306	99357	

- ◆ Effective for January 1, 2022 the modifiers have been added to the Reference Screens.

Code	Description	Modifiers
99291	Critical Care, First 30-74 Minutes	FT - Unrelated Evaluation & Management
99292	Critical Care, Each Additional 30 Minutes	FT - Unrelated Evaluation & Management
99468	Initial Inpatient Hospital Critical Care of Newborn Per Day (28 days or younger)	FT - Unrelated Evaluation & Management
99469	Follow-Up Inpatient Hospital Critical Care of Newborn Per Day (28 days or younger)	FT - Unrelated Evaluation & Management
99471	Initial Inpatient Hospital Critical Care of Infant or Young Child Per Day (29 days to 2 years)	FT - Unrelated Evaluation & Management
99472	Follow-Up Inpatient Hospital Critical Care of Infant or Young Child Per Day (29 days to 2 years)	FT - Unrelated Evaluation & Management
99475	Initial Inpatient Hospital Critical Care Of Infant Or Young Child Per Day (2-5 years)	FT - Unrelated Evaluation & Management
99476	Follow-Up Inpatient Hospital Critical Care of Infant or Young Child Per Day (2-5 Years)	FT - Unrelated Evaluation & Management
10120	Incision and removal of foreign body, subcutaneous tissues; simple	FA - Left hand, thumb
10120	Incision and removal of foreign body, subcutaneous tissues; simple	F1 - Left hand, second digit
10120	Incision and removal of foreign body, subcutaneous tissues; simple	F2 - Left hand, third digit
10120	Incision and removal of foreign body, subcutaneous tissues; simple	F3 - Left hand, fourth digit
10120	Incision and removal of foreign body, subcutaneous tissues; simple	F4 - Left hand, fifth digit
10120	Incision and removal of foreign body, subcutaneous tissues; simple	F5 - Right hand, thumb

10120	Incision and removal of foreign body, subcutaneous tissues; simple	F6 - Right hand, second digit
10120	Incision and removal of foreign body, subcutaneous tissues; simple	F7 - Right hand, third digit
10120	Incision and removal of foreign body, subcutaneous tissues; simple	F8 - Right hand, fourth digit
10120	Incision and removal of foreign body, subcutaneous tissues; simple	F9 - Right hand, fifth digit

- ◆ Effective for the dates listed the modifiers have been added to the Reference Screens

Code	Description	Modifier	Effective Begin Date
67218	Destruction Of Growth of Retina by Implantation of Radiation Source	58 - Staged/Related Proc Same Post-Op Period	1/1/2022
77014	CT Guidance for Insertion of Radiation Therapy Fields	Q1 - Routine Clin Research/Cert Mycosis Toenail	7/1/2021
77061	3D Breast Mammography Of 1 Breast	LT - Identifies Left Side Body	1/1/2022
77061	3D Breast Mammography Of 1 Breast	RT - Identifies Right Side Body	1/1/2022
77370	Special Medical Radiation Therapy Consultation	PN - Non-Excepted Service Provided at An Off-	4/1/2021
A9999	Miscellaneous DME Supply or Accessory, Not Otherwise Specified	GK - Actual Item/SVS By PH	7/1/2021
A9999	Miscellaneous DME Supply or Accessory, Not Otherwise Specified	KX - Requirements Specified	7/1/2021
A9999	Miscellaneous DME Supply or Accessory, Not Otherwise Specified	NU - New Equipment	7/1/2021
E1399	Durable Medical Equipment, Miscellaneous	GK - Actual Item/SVS By PH	7/1/2021
E1399	Durable Medical Equipment, Miscellaneous	KX - Requirements Specified	7/1/2021
E1399	Durable Medical Equipment, Miscellaneous	RR - Rental/DME	7/1/2021
J0791	Injection, Crizanlizumab-TMCA, 5 mg	JG - Drug 340B Price Dsct Pro	7/1/2021
J0791	Injection, Crizanlizumab-TMCA, 5 mg	TB - Drug or Biological Acquired with 340B Dri	7/1/2021
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	22 - Unusual Procedural Services	1/1/2022
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	CG - Innovator Drug Dispense/Policy Criteria Applied	1/1/2022
T2016	Habilitation, Residential, Waiver; Per Diem	TD- RN	1/1/2022
T2017	Habilitation, Residential, Waiver; 15 Minutes	HA - Child/Adolescent Program	1/1/2022
T2017	Habilitation, Residential, Waiver; 15 Minutes	TG - Complex/High Tech Level of	1/1/2022
T2019	Habilitation, Supported Employment, Waiver; Per 15 Minutes	TG - Complex/High Tech Level of Care	1/1/2022
T2021	Day Habilitation, Waiver; Per 15 Minutes	UN - Two Patients Served	1/1/2022

- ◆ Effective for the dates of service listed, the following modifiers have been added to the Reference Screen (RF 121).

Code	Description	Modifier	Effective Begin Date
Q5119	Injection, Rituximab-PVVR, Biosimilar, (Ruxience), 10 mg	JG - Drug 340B Price Dsct Pro	07/01/2021
Q5119	Injection, Rituximab-PVVR, Biosimilar, (Ruxience), 10 mg	JW - Drug Amt Discarded/Not A	07/01/2021
Q5119	Injection, Rituximab-PVVR, Biosimilar, (Ruxience), 10 mg	TB - Drug or Biological Acqui	07/01/2021
Q5120	Injection, Pegfilgrastim-BMEZ, Biosimilar, (Ziextenzo), 0.5 mg	JG - Drug 340B Price Dsct Pro	07/01/2021
Q5120	Injection, Pegfilgrastim-BMEZ, Biosimilar, (Ziextenzo), 0.5 mg	JW - Drug Amt Discarded/Not A	07/01/2021
Q5120	Injection, Pegfilgrastim-BMEZ, Biosimilar, (Ziextenzo), 0.5 mg	TB - Drug or Biological Acqui	07/01/2021

- ◆ Effective for January 1, 2022 the modifiers have been added to the Reference Screens.

Code	Description	GN	GO	GP	96	97
97545	Evaluation For Work Hardening or Conditioning, Initial 2 Hours	X	X		X	X
97546	Evaluation For Work Hardening or Conditioning, Each Additional Hour	X	X	X	X	X
97607	Therapy Procedure Using a Special Bandage, Vacuum Pump and Disposable Medical Equipment, Surface Area 50.0 sq cm or less		X	X	X	X
97608	Therapy Procedure Using a Special Bandage, Vacuum Pump and Disposable Medical Equipment, Surface Area More Than 50.0 sq cm		X	X	X	X

- ◆ Effective for dates of service January 1, 2022, the modifier FQ (The Service was Furnished Using Audio-On) has been added to the following CPT/HCPCS codes.

Code	Definition
90833	Psychotherapy With Evaluation and Management Visit, 30 Minutes
90834	Psychotherapy, 45 Minutes
90836	Psychotherapy With Evaluation and Management Visit, 45 Minutes
90838	Psychotherapy With Evaluation and Management Visit, 1 Hour
90839	Psychotherapy For Crisis, First Hour
90840	Psychotherapy For Crisis, Each Additional 30 Minutes
90845	Psychoanalysis
90853	Group Psychotherapy
92507	Treatment Of Speech, Language, Voice, Communication, and/or Hearing Processing Disorder
92508	Treatment Of Speech, Language, Voice, Communication, and/or Hearing Processing Disorder in A Group Setting
92521	Evaluation Of Speech Continuity, Smoothness, Rate, And Effort
92522	Evaluation Of Speech Sound Production
92523	Evaluation Of Speech Sound Production with Evaluation Of Language
92524	Analysis Of Voice and Resonance Production
96116	Exam Of Neurobehavioral Status, First Hour
96121	Exam Of Neurobehavioral Status, Each Additional Hour
96127	Assessment Of Emotional or Behavioral Problems
96130	Evaluation Of Psychological Test, First Hour
96131	Evaluation Of Psychological Test, Each Additional Hour
96132	Evaluation Of Neuropsychological Test, First Hour
96133	Evaluation Of Neuropsychological Test, Each Additional Hour
96136	Administration Of Psychological or Neuropsychological Test, First
96137	Administration Of Psychological or Neuropsychological Test, Each
96138	Administration Of Psychological or Neuropsychological Test by Tec
96139	Administration Of Psychological or Neuropsychological Test by Tec
96156	Assessment Of Health Behavior
96158	Treatment Of Behavior Impacting Health, Initial 30 Minutes
96159	Treatment Of Behavior Impacting Health, Each Additional 15 Minutes
96160	Administration And Interpretation of Patient-Focused Health Risk
96161	Administration And Interpretation of Caregiver-Focused Health Risk
96164	Treatment Of Behavior Impacting Health in Group Setting, Initial
96165	Treatment Of Behavior Impacting Health in Group Setting, Each Add
96167	Treatment Of Behavior Impacting Health with Family and Patient,
96168	Treatment Of Behavior Impacting Health with Family and Patient,
97129	Therapy Procedure for A Range of Mental Processes, Initial 15 Minutes
97130	Therapy Procedure for A Range of Mental Processes, Each Additional 15 Minutes
97535	Therapy Procedure for Nutrition Management, Each 15 Minutes

97802	Therapy Procedure for Nutrition Management, Each 15 Minutes
97803	Therapy Procedure Reassessment for Nutrition Management, Each 15
97804	Therapy Procedure for Nutrition Management with Group, Each 30 Minutes
99497	Advance Care Planning, first 30 Minutes
99498	Advance Care Planning, Each Additional 30 Minutes
G0270	Medical Nutrition Therapy; Reassessment and Subsequent Intervention(s)
G0296	Counseling Visit to Discuss Need for Lung Cancer Screening Using Low Dose Ct Scan
H0001	Alcohol and/or Drug Assessment
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
H2027	Psychoeducational Service, Per 15 Minutes
H2033	Multisystemic Therapy for Juveniles, Per 15 Minutes
T1002	RN Services, up to 15 Minutes
T1003	LPN/LVN Services, Up To 15 Minutes
T1015	Clinic Visit/Encounter, All-Inclusive

- ◆ Effective for dates of service listed, the modifiers have been added to the Reference Screens

Code	Description	Modifier	Effective Begin Date
A0422	Ambulance (Als or Bls) Oxygen and Oxygen Supplies, Life Sustaining Situation	DH - Ambulance. Trip From Di-ag/Thera. Site To Hosp	7/01/2021
J0129	Injection, Abatacept, 10 mg	JA - Administered Intravenous	04/01/2021
S5125	Attendant Care Services; Per 15 Minutes	TN - Rural/Outside Provider	01/01/2022
S5130	Homemaker Service, Nos; Per 15 Minutes	TN - Rural/Outside Provider	01/01/2022
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	TN - Rural/Outside Provider	01/01/2022
S5151	Unskilled Respite Care, Not Hospice; Per Diem	TN - Rural/Outside Provider	01/01/2022
T1021	Home Health Aide or Certified Nurse Assistant, Per Visit	TN - Rural/Outside Provider	01/01/2022
T2016	Habilitation, Residential, Waiver; Per Diem	TN - Rural/Outside Provider	01/01/2022
T2017	Habilitation, Residential, Waiver; 15 Minutes	TN - Rural/Outside Provider	01/01/2022
T2019	Habilitation, Supported Employment, Waiver; Per 15 Minutes	TN - Rural/Outside Provider	01/01/2022
T2021	Day Habilitation, Waiver; Per 15 Minutes	TN - Rural/Outside Provider	01/01/2022
49204	Removal Or Destruction of Cysts or Growths of Abdominal Cavity, 5.1 To 10.0 cm	81 - Minimum Assistant Surgeon	01/01/2022
49204	Removal Or Destruction of Cysts or Growths of Abdominal Cavity, 5.1 To 10.0 cm	82 - Assist Surg/Qual Resident Surg Not Available	01/01/2022
97153	Adaptive Behavior Treatment by Technician Using An Established Plan, Each 15 Minutes	TN - Rural/Outside Provider	01/01/2022

V2 Modifier

Effective for January 1, 2022 the modifier V2 (Demonstration Modifier 2) has been added to the following CPT/HCPCS codes.

Codes		
81003	99215	H2011
83036	99396	H2014
90791	A0110	H2016
90792	A0120	H2025
91301	A0160	H2027
99202	H0002	S0215
99203	H0004	S5110
99204	H0025	T1002
99205	H0031	T1013
99213	H0034	T1016
99214	H0038	T1019

Note: Per Coding Manager - The V2 modifier is used by one of our MCOs to track SAMHSA Certification Mental Health Clinics per their policy.

Place of Service

Effective for the dates of service listed, the following Place of Service has been added to the CPT/HCPCS codes.

Code	Description	Place of Service	Effective Begin Date
01937	Anesthesia For Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of Neck or Upper Back Accessed Through Skin Using Imaging Guidance	11 - Office	1/1/2022
01937	Anesthesia For Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of Neck or Upper Back Accessed Through Skin Using Imaging Guidance	24 - Ambulatory Surgical Center	1/1/2022
27495	Stabilization Of Thigh Bone with Device	21 - Inpatient Hospital	
54163	Repair Of Incomplete Removal of Foreskin	23 - Emergency Room - Hospital	9/1/2021
63052	Partial Removal of Bone of Single Segment of Spine in Lower Back with Release of Spinal Cord and/or Nerves During Fusion of Spine in Lower Back	19 - Off Campus- Outpatient Hospital	1/1/2022
63052	Partial Removal of Bone of Single Segment of Spine in Lower Back with Release of Spinal Cord and/or Nerves During Fusion of Spine in Lower Back	22 - Outpatient Hospital	1/1/2022
63053	Partial Removal of Bone of Additional Segment of Spine in Lower Back with Release of Spinal Cord and/or Nerves During Fusion of Spine in Lower Back	19 - Off Campus- Outpatient Hospital	1/1/2022
63053	Partial Removal of Bone of Additional Segment of Spine in Lower Back with Release of Spinal Cord and/or Nerves During Fusion of Spine in Lower Back	22 - Outpatient Hospital	1/1/2022
69200	Removal Of Foreign Body In Ear Canal	15 - Mobile Unit	10/1/2021
93596	Insertion Of Catheter into Right and Left Sides of Heart	19 - Off Campus- Outpatient Hospital	1/1/2022
93596	Insertion Of Catheter into Right and Left Sides of Heart	22 - Outpatient Hospital	1/1/2022
93597	Insertion Of Catheter into Right and Left Sides of Heart	22 - Outpatient Hospital	1/1/2022
97804	Therapy Procedure for Nutrition Management with Group, Each 30 Minutes	19 - Off Campus- Outpatient Hospital	10/1/2021
97804	Therapy Procedure for Nutrition Management with Group, Each 30 Minutes	22 - Outpatient Hospital	10/1/2021
99426	Principal Care Management Services for A Single High-Risk Disease, first 30 minutes of clinical staff time directed by health care professional, per calendar month	19 - Off Campus- Outpatient Hospital	1/1/2022

Note: 27495 has a new end date of 99/99/9999

Code	Description	Place of Service	Effective Begin Date
99457	Management Using the Results of Remote Vital Sign Monitoring Per Calendar Month, first 20 Minutes	19 - Off Campus-Outpatient Hospital	7/1/2021
99457	Management Using the Results of Remote Vital Sign Monitoring Per Calendar Month, first 20 Minutes	22 - Outpatient Hospital	7/1/2021
0232T	Harvest And Injections of Platelet Rich Plasma Using Imaging Guidance	19 - Off Campus-Outpatient Hospital	3/1/2022
0232T	Harvest And Injections of Platelet Rich Plasma Using Imaging Guidance	22 - Outpatient Hospital	3/1/2022
J0575	Buprenorphine/Naloxone, Oral, Greater Than 10 mg Buprenorphine	53 - Community Mental Health Center	5/1/2021
J0896	Injection, Luspatercept-AAMT, 0.25 mg	11 - Office	2/1/2021
J9304	Injection, Pemetrexed (Pemfexy), 10 mg Pending FDA	24 - Ambulatory Surgical Center	4/1/2022
Q5121	Injection, Infliximab-Axxq, Biosimilar, (Avsola), 10 mg	12 - Home	1/1/2022
S5140	Foster Care, Adult; Per Diem	14 - Group Home	1/1/2022
T1016	Case Management, Each 15 Minutes	14 - Group Home	8/1/2021
T2019	Habilitation, Supported Employment, Waiver; Per 15 Minutes	11 - Office	1/1/2022
T2021	Day Habilitation, Waiver; Per 15 Minutes	11 - Office	1/1/2022
V2623	Prosthetic Eye, Plastic, Custom	12 - Home	6/1/2021

Code	Description	Place of Service	Effective Begin Date
99426	Principal Care Management Services for A Single High-Risk Disease, first 30 minutes of clinical staff time directed by health care professional, per calendar month	22 - Outpatient Hospital	1/1/2022
99427	Principal Care Management Services for A Single High-Risk Disease, Each Additional 30 Minutes of Clinical Staff Time Directed by Health Care Professional, Per Calendar Month	19 - Off Campus-Outpatient Hospital	1/1/2022
99427	Principal Care Management Services for A Single High-Risk Disease, Each Additional 30 Minutes of Clinical Staff Time Directed by Health Care Professional, Per Calendar Month	22 - Outpatient Hospital	1/1/2022
99446	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 5-10 Minutes	19 - Off Campus-Outpatient Hospital	1/1/2022
99446	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 5-10 Minutes	22 - Outpatient Hospital	1/1/2022
99447	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 11-20 Minutes	19 - Off Campus-Outpatient Hospital	1/1/2022
99447	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 11-20 Minutes	22 - Outpatient Hospital	1/1/2022
99448	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 21-30 Minutes	19 - Off Campus-Outpatient Hospital	1/1/2022
99448	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, 21-30 Minutes	22 - Outpatient Hospital	1/1/2022
99449	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, More Than 30 Minutes	19 - Off Campus-Outpatient Hospital	1/1/2022
99449	Telephone Or Internet Assessment with Verbal and Written Report by Consulting Physician, More Than 30 Minutes	22 - Outpatient Hospital	1/1/2022
99451	Telephone Or Internet Assessment with Written Report by Consulting Physician, 5 Minutes or More	19 - Off Campus-Outpatient Hospital	1/1/2022
99451	Telephone Or Internet Assessment with Written Report by Consulting Physician, 5 Minutes or More	22 - Outpatient Hospital	1/1/2022
99452	Telephone Or Internet Referral Service, 30 Minutes	19 - Off Campus-Outpatient Hospital	1/1/2022
99452	Telephone Or Internet Referral Service, 30 Minutes	22 - Outpatient Hospital	1/1/2022

Place of Service End Date

Effective for June 8, 2021 the Place of Service listed has been end dated for the HCPCS code M0201(Covid-19 Vaccine Administration Inside A Patient's Home).

01	Pharmacy	49	Independent Clinic
04	Homeless Shelter	50	Federally Qualified Health Center
05	Indian Health Service Free-Standing	51	Inpatient Psychiatric Facility
06	Indian Health Service Provider-Bas	52	Psych Facility Partial Hospitalization
07	Tribal 638 Free-Standing Facility	53	Community Mental Health Center
08	Tribal 638 Provider-Based Facility	54	Intermediate Care Facility/Mental
11	Office	55	Residential Substance Abuse Treat
15	Mobile Unit	56	Psychiatric Residential Treatment
17	Walk-In Retail Health Clinic	57	Non-Residential Substance Abuse
18	A Location, Not Described by Any O	58	Non-Residential Opioid Treatment Facility
19	Off Campus-Outpatient Hospital	60	Mass Immunization Center
20	Urgent Care Facility	61	Comprehensive Inpatient Rehab Facility
21	Inpatient Hospital	62	Comprehensive Outpatient Rehab Fac
22	Outpatient Hospital	65	ESRD Treatment Facility
23	Emergency Room - Hospital	71	State Or Local Public Health Clinic
41	Ambulance - Land	72	Rural Health Clinic
42	Ambulance - Air or Water		

Provider Type

- ◆ Effective for dates of service March 31, 2022 the HCPCS code S5109 (Home Care Training To Home Care Client, Per Session) has been **end dated** for the following providers:

IC	Integrated Clinics	18	Physician's Assistant
05	Clinic	19	Registered Nurse Practitioner
08	MD-Physician	31	DO-Physician Osteopath

- ◆ Effective for dates of service the following have been added to the provider types.

Code	Description	Provider Type	Effective Begin Date
29425	Application of Walking Cast Covering Below Knee to Toe	14 - Physical Therapist	1/1/2022
29740	Insertion Of Wedge In Cast	IC - Integrated Clinics	7/1/2021
80204	Measurement Of Methotrexate	04 - Laboratory	1/1/2021
81191	Gene Analysis (Neurotrophic Receptor Tyrosine Kinase 1) Translocation Analysis	04 - Laboratory	1/1/2021
81192	Gene Analysis (Neurotrophic Receptor Tyrosine Kinase 2) Translocation Analysis	04 - Laboratory	1/1/2021
81193	Gene Analysis (Neurotrophic Receptor Tyrosine Kinase 3) Translocation Analysis	04 - Laboratory	1/1/2021
81194	Gene Analysis (Neurotrophic Receptor Tyrosine Kinase 1, 2, And 3) Translocation Analysis	04 - Laboratory	1/1/2021
81279	JAK2 (Janus Kinase 2) (e.g., Myeloproliferative Disorder	04 - Laboratory	1/1/2021
81338	Gene Analysis (MPL Proto-Oncogene, Thrombopoietin Receptor) For Detection of Common Variants	04 - Laboratory	1/1/2021
81339	Gene Analysis (MPL Proto-Oncogene, Thrombopoietin Receptor) Sequence Analysis of Exon 10	04 - Laboratory	1/1/2021
81351	Gene Analysis (Tumor Protein 53) Full Sequence Analysis	04 - Laboratory	1/1/2021
81419	Gene Analysis Panel for Evaluation of Genes Associated with Epilepsy	04 - Laboratory	1/1/2021
81514	Measurement of DNA of Bacteria in Vaginal Fluid Specimen	04 - Laboratory	1/1/2021
81546	MRNA Gene Analysis Of 10,196 Genes in Fine Needle Aspiration Thyroid Specimen,	04 - Laboratory	1/1/2021
82175	Arsenic	04 - Laboratory	1/1/2021
86060	Antistreptolysin O, Titer	04 - Laboratory	1/1/2021
86431	Rheumatoid Factor Level	04 - Laboratory	1/1/2020
96160	Administration And Interpretation of Patient-Focused Health Risk Assessment	A4 - LIC Indep Substance Abuse Couns (LISAC)	7/1/2021
96160	Administration And Interpretation of Patient-Focused Health Risk Assessment	C2 - Federally Qualified Health Center (FQHC)	7/1/2021
96161	Administration And Interpretation of Caregiver-Focused Health Risk Assessment	A4 - LIC Indep Substance Abuse Couns (LISAC)	7/1/2021
96161	Administration And Interpretation of Caregiver-Focused Health Risk Assessment	C2 - Federally Qualified Health Center (FQHC)	7/1/2021

Code	Description	Provider Type	Begin Date
87426	Detection Test by Immunoassay Technique for Severe Acute Respiratory Syndrome Coronavirus	04 - Laboratory	1/1/2021
87636	Detection Test by Multiplex Amplified Probe Technique	04 - Laboratory	1/1/2021
87637	Detection Test by Multiplex Amplified Probe Technique for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Covid-19),	04 - Laboratory	10/6/2020
90832	Psychotherapy, 30 Minutes	A4 - LIC Independent Substance Abuse Counselor (LISAC)	1/1/2022
90834	Psychotherapy, 45 Minutes	A4 - LIC Independent Substance Abuse Counselor (LISAC)	1/1/2022
90837	Psychotherapy, 1 Hour	A4 - LIC Independent Substance Abuse Counselor (LISAC)	1/1/2022
90846	Family Psychotherapy Without Patient, 50 Minutes	A4 - LIC Independent Substance Abuse Counselor (LISAC)	1/1/2022
90847	Family Psychotherapy with Patient, 50 Minutes	A4 - LIC Independent Substance Abuse Counselor (LISAC)	1/1/2022
92518	Vemp Testing of Upper Branch of Inner Ear Nerve With Interpretation And Report)	62 - Audiologist	1/1/2021
98966	Telephone Medical Discussion Provided by Nonphysician Professional, 5-10 Minutes	IC – Integrated Clinics	1/1/2021
98967	Telephone Medical Discussion Provided by Nonphysician Professional, 11-20 Minutes	IC – Integrated Clinics	1/1/2021
98968	Telephone Medical Discussion Provided by Nonphysician Professional, 21-30 Minutes	IC – Integrated Clinics	1/1/2021
J0741	Injection, Cabotegravir and Rilpivirine, 2mg/3mg	03 - Pharmacy	10/1/2021

Procedure Daily Maximum, Limits, & Frequency

The following updates have been applied to the Reference Screens for the CPT/HCPCS codes listed.

Code	Description	Procedure Daily Maximum	Limit	Frequency
92938	Insertion of Stents with Balloon Dilation of Coronary Artery Or Branch, Single Artery Or Branch	5		
27495	Stabilization of Thigh Bone With Device	2		
C9090	Injection, Plasminogen, Human-Tvmh, 1 mg	1000		
C9091	Injection, Sirolimus Protein-Bound Particles, 1 mg	225		
C9092	Injection, Triamcinolone Acetonide, Suprachoroidal	8	2	180 D
C9093	Injection, Ranibizumab, Via Sustained Release Intravit	40		
C9507	Plasma, High Titer Covid-19 Convalescent, Each Unit	6		
J0219	Injection, Avalglucosidase Alfa-Ngpt, 4 mg	1500	1	14 D
J0491	Injection, Anifrolumab-Fnia, 1 mg	300	1	28 D
J0875	Injection, Dalbavancin, 5 mg	300	1	1 W
J0879	Injection, Difelikefalin, 0.1 Microgram	75		
J1100	Injection, Dexamethasone Sodium Phosphate, 1 mg	40		
J1557	Injection, Immune Globulin, (Gammaplex), Intravenous,	200		
J1559	Injection, Immune Globulin (Hizentra), 100 mg	600	600	1 M
J1569	Injection, Immune Globulin, (Gammagard Liquid),	200		
J2350	Injection, Ocrelizumab, 1 mg	600		
J3489	Injection, Zoledronic Acid, 1 mg	4	4	3 W
J7168	Prothrombin Complex Concentrate (Human), Kcentra, PER I.U. Of Factor IX Activity	5000		
J9071	Injection, Cyclophosphamide, (Auromedics), 5 mg	1500		
J9273	Injection, Tisotumab Vedotin-Tftv, 1 mg	200	1	21 D
J9359	Injection, Loncastuximab Tesirine-Lpyl, 0.075 mg	300		
Q5124	Injection, Ranibizumab-Nuna, Biosimilar, (Byooviz),	10	2	28 D

Note: For J2350 the FREQUENCY 1:is now 14 D and FREQUENCY 2:is now 165 D

Rate Change

Effective for March 29, 2022, a rate change to 1.000 for the code 0094A (Administration Of Coronavirus Vaccine 10, Reserved) for provider type 09 (Certified Nurse-Midwife).

Recycled Codes

Effective May 1, 2022, the following codes have been recycled in preparation for the July new code release.

G0308 - Creation of subcutaneous pocket with insertion of 180-day implantable interstitial glucose sensor, including system activation and patient training

G0309 - Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180-day implantable sensor, including system activation

Revenue Code

Effective for January 1, 2022 the Revenue Code 0490 (Ambul Surg) has been added to the CPT code 01937 (Anesthesia For Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of Neck or Upper Back Accessed Through Skin Using Imaging Guidance).

RF124 - PROCEDURE PRIOR AUTHORIZATION

- ◆ Effective for April 1, 2022, the following HCPCS codes have had the Coverage Code changed to 04 (PA Not Required for Acute or LTC).

J9309	J7515	J9223
J0179	J7516	J9227
J0480	J8530	J9229
J0584	J9021	J9269
J1444	J9022	J9272
J2425	J9023	J9309
J7310	J9037	J9313
J7401	J9061	J9356
J7402	J9144	97535

- ◆ Effective for April 1, 2022, the Coverage Code 04 (PA NOT REQ'D FOR ACUTE OR LTC) has been changed for H0038 (Self-Help/Peer Services, per 15 minutes) to read Effective Begin Date 04/01/2022 with an End Date of 99/99/9999.



RFC25 STATUS CODE B CPT-HCPCS CODES

- ◆ The following codes have been added to the Reference Screen RFC25 (Status Code B CPT-HCPCS Codes).

G0501	Resource-Intensive Services for Patients for Whom the Use Of Specialize Mobility-Assistive Technology
36000	Insertion Of Needle or Tube into Vein
92618	Evaluation And Prescription of Nonspeech-Generating and Alternative Communication Device, Each Additional 30 Minues
92921	Balloon Dilation of Coronary Artery or Branch
92925	Removal Of Plaque with Balloon Dilation of Coronary Artery or Branch
92929	Insertion Of Stents with Balloon Dilation of Coronary Artery or Branch, Each Additional Artery or Branch
92934	Removal Of Plaque, Insertion of Stent and Balloon Dilation of Coronary Artery or Branch, Each Additional Artery or Branch
92938	Removal Of Plaque, Insertion of Stent and/or Balloon Dilation of Coronary Vessel with Distal Protection, Each Additional Branch
92944	Removal Of Plaque, Insertion of Stent and/or Balloon Dilation, Each Additional Coronary Artery, Branch, Or Vessel

- ◆ Effective for December 31, 2021 the following codes have been end dated on RFC25.

G2010	Remote Evaluation of Recorded Video and/or Images Submitted by An Established Patient
G2012	Brief Communication Technology-Based Service, E.G. Virtual Check-In, By A Physician or Other Qualified Health Care Professional Who Can Report Evaluation Nd Management Services, Provided to An Established Patient, Not Originating

