

# ENCOUNTER KEYS

September-October 2022



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## Age Changes

The following ages have been changed for the codes listed.

Code	Description	Age Change
90660	Influenza Vaccine, Trivalent For Nasal Administration	Minimum: 005 Y - Maximum:049 Y
91304	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant	Minimum: 012 Y - Maximum: 999 Y
91309	Coronavirus Vaccine 10	Minimum: 006 Y - Maximum: 017 Y
91311	Severe Acute Respiratory Syndrome Coronavirus 2	Minimum: 006 M - Maximum: 071 M
0004A	Immunization Administration by Intramuscular Injection Of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease "Covid-19") Vaccine, MRNA-LNP, Spike Protein, Preservative Free, 30 mcg/0.3 ml Dosage, Diluent Reconstituted; Booster Dose	Minimum: 012 Y - Maximum: 999 Y
0041A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, Preservative Free, 5 Mcg/0.5ml Dosage; First Dose	Minimum: 012 Y - Maximum: 999 Y
0042A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, Preservative Free, 5 Mcg/0.5ml Dosage; Second Dose	Minimum: 012 Y - Maximum: 999 Y

Code	Description	Age Change
0091A	Administration Of Coronavirus Vaccine 10, Dose 1	Minimum: 006 Y - Maximum: 017 Y
0092A	Administration Of Coronavirus Vaccine 10, Dose 2	Minimum: 006 Y - Maximum: 017 Y
0093A	Administration Of Coronavirus Vaccine 10, Boost-	Minimum: 006 Y - Maximum: 017 Y
0111A	Immunization Administration by Intramuscular	Minimum: 006 M - Maximum: 071 M
0112A	Immunization Administration by Intramuscular	Minimum: 006 M - Maximum: 071 M
M0201	COVID-19 Vaccine Administration Inside a Pa-	000 minimum to 999y

### Codes

- Effective for dates of service July 26, 2022, the following codes have been added to the Reference Screens.

Code	Description
87593	Infectious Agent Detection by Nucleic Acid (DNA Or RNA); Orthopoxvirus (e.g., Monkeypox Virus, Cowpox Virus, Vaccinia Virus), Amplified Probe Technique, Each
90611	Smallpox And Monkeypox Vaccine, Attenuated Vaccinia Virus, Live, Non-Replicating, Preservative Free, 0.5 ml Dosage, Suspension, For Subcutaneous Use
90622	Vaccinia (Smallpox) Virus Vaccine, Live, Lyophilized, 0.3 ml Dosage, For Percutaneous Use

- Effective for September 1, 2022, the HCPCS code H0035 (Mental Health partial hospitalization, treatment, less than 24 hours) has an **updated** description.
- Effective for October 1, 2022, the following CPT/HCPCS codes have been added to the Reference Screens.

CPT/HCPCS Code				
A2014	C9101	J1932	0334U	0344U
A2015	C9142	J2777	0335U	0345U
A2016	E0183	J9274	0336U	0346U
A2017	G0310	J9298	0337U	0347U
A2018	G0311	Q2056	0338U	0348U
A4596	G0312	Q5125	0339U	0349U
A9602	G0313	T1032	0340U	0350U
A9607	G0314	T1033	0341U	0351U
A9800	G0315	0332U	0342U	0352U
C1834	J1302	0333U	0343U	0353U
				0354U

**Coverage Codes**

The following Coverage Codes have been updated on the Reference Screen.

Code	Description	COS	Effective Begin Date
90759	Vaccine For Hepatitis B (3 Dose Schedule) For Injection into Muscle, 10 mcg Dosage	01 - Covered Service/ Code Available	7/1/2022
0031A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, DNA, Spike Protein, Adenovirus Type 26 (Ad26) Vector, Preservative Free, 5x10 <sup>10</sup> Viral Particles/0.5ml Dosage, Single Dose	01 -Covered Service/Code Available	2/27/2021
0041A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, Preservative Free, 5 mcg/0.5ml Dosage; First Dose	01 -Covered Service/Code Available	7/13/2022
0042A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, Preservative Free, 5 mcg/0.5ml Dosage; Second Dose	01 -Covered Service/Code Available	7/13/2022
0091A	Administration Of Coronavirus Vaccine 10, Dose 1	01 - Covered Service/ Code Available	6/17/2022
0092A	Administration Of Coronavirus Vaccine 10, Dose 2	01 - Covered Service/ Code Available	6/17/2022
0093A	Administration Of Coronavirus Vaccine 10, Booster	01 - Covered Service/ Code Available	6/17/2022

**Diagnosis Codes**

The following diagnosis codes have been added to the Reference Screen RF260 (Special Population Diagnosis) with an effective begin date of October 1, 2021.

Code	Code	Code	Code	Code
F20.81	F43.0	F44.4	F50.2	F90.1
F20.89	F43.20	F44.5	F50.9	F90.2
F23	F43.21	F44.6	F60.2	F90.8
F24	F43.22	F44.7	F63.1	F90.9
F30.4	F43.23	F45.1	F63.3	F91.3
F30.8	F43.24	F45.21	F63.81	F91.8
F30.9	F43.25	F45.22	F68.10	F91.9
F32.81	F43.8	F45.8	F68.A	F95.1
F33.8	F43.9	F48.1	F69	F95.2
F34.81	F44.0	F50.01	F84.0	F98.4
F34.9	F44.1	F50.02	F90.0	

**Edits Z941 and Z942**

AHCCCS will begin to enforce the Electronic Visit Verification edits of Z941-No Visit Found and Z942-Unmatched Units effective 01/01/2023, for dates of service on and after 01/01/2023.

**Medicare Indicators**

The Medicare Indicator on the Reference Screens has been changed to "N" no for the following codes

Codes								
0469T	A4223	A4335	A4455	A5102	A6212	A6241	A6404	D8698
0664T	A4253	A4338	A4465	A5112	A6213	A6242	D1708	D8701
0665T	A4256	A4340	A4470	A5113	A6214	A6243	D1709	D8702
0666T	A4258	A4344	A4480	A5114	A6215	A6244	D1710	D8703
0667T	A4259	A4346	A4556	A5121	A6216	A6245	D1711	D8704
90587	A4265	A4351	A4557	A5122	A6217	A6246	D1712	D9943
90619	A4301	A4352	A4558	A5126	A6218	A6247	D1713	D9944
90626	A4305	A4354	A4649	A5131	A6219	A6248	D1714	D9945
90627	A4306	A4355	A5051	A6154	A6221	A6251	D6097	D9946
90758	A4310	A4356	A5052	A6196	A6222	A6252	D6098	G1009
93895	A4311	A4357	A5053	A6197	A6223	A6253	D6099	J0739
96170	A4312	A4358	A5054	A6198	A6224	A6254	D6120	M1145
96171	A4313	A4361	A5055	A6199	A6228	A6255	D6121	T4545
97169	A4314	A4362	A5061	A6203	A6229	A6256	D6122	
97170	A4315	A4364	A5062	A6204	A6230	A6257	D6123	
97171	A4316	A4367	A5063	A6205	A6234	A6259	D6195	
97172	A4320	A4399	A5071	A6206	A6235	A6260	D6243	
99177	A4322	A4400	A5072	A6207	A6236	A6261	D6753	
99188	A4326	A4402	A5073	A6208	A6237	A6262	D6784	
A4211	A4327	A4404	A5081	A6209	A6238	A6266	D7881	
A4212	A4328	A4436	A5082	A6210	A6239	A6402	D8696	
A4220	A4330	A4437	A5093	A6211	A6240	A6403	D8697	

### Prior Authorization

- ◆ Effective for June 1, 2022 the PA 04 (Not Required for Acute Or LTC) has been changed to CPT code 77063 (Screening 3d Breast Mammography).
- ◆ Effective for July 1, 2022, the PA 3 (PA REQ'D For Both Acute And LTC) has been added to the CPT code 63650 (Percutaneous Implantation of Neurostimulator Electrode Array, Epidural).

### Procedure Daily Maximum

Code	Description	Procedure Daily Maximum
97152	Behavior Identification Assessment by Technician, Each 15 Minutes	16
J0585	Injection, Onabotulinumtoxin, 1 Unit	600

### Modifiers

- ◆ Effective for October 1, 2019, the following modifiers have been added to the HCPCS code Q5118.

A1	Dressing For One Wound	LT	Identifies Left Side
CC	Procedure Code Change	QJ	Med Dir Emp Anes 4 Pr
CR	Catastrophe/Disaster	Q5	Recip Bill Arr Subs M
CS	Item Or Service Related	Q6	Fee/Time Comp Subst M
EJ	Subsequent EPO INJ/AMB ECF TO DILYS Facility	RT	Identifies Right Side
ET	Emergency Treatment	SG	Amb Surg Ctr (ASC) Facility
EY	No Phys/Other LIC Health Care Prov Ordered	XE	Separate Enc, A Service
GA	Req Liability Notice	XP	Separate Practitioner
GC	Teaching Physician Se	XS	Separate Structure, A
GJ	OPT Out Phys or Pra	XU	Unusual Non-Overlapping
GK	Actual Item/Services By Ph	52	Reduced Services
GR	Amb Trip Hosp-Based D	58	Staged/Related Proc Service
GU	Waiver Of Liability S	59	Distinct Procedural Service
GY	Item/Services Statutorily	76	Repeat Procedure by Service
GZ	Item/Services Exp to Be De	77	Repeat Procedure/Another
JA	Administered Intravenously	78	Return To O.R. For Re
JW	Drug Amt Discarded/No	79	Unrelated Proc/Services, Same MD-Post OP
KX	Requirements Specified	99	Multiple Modifiers

**Note:** Modifier CS has an **end date** of 03/17/2020



- ◆ Effective for dates of service January 1, 2022, the following modifiers have been added to the Reference

Code	Description	XE	XS	XP	XU
96361	Infusion Into a Vein for Hydration, Each Additional Hour			X	X
96365	Infusion Into a Vein for Therapy, Prevention, Or Diagnosis, 1 Hour			X	X
96366	Infusion Into a Vein for Therapy, Prevention, Or Diagnosis, Each Additional Hour	X	X	X	X
96367	Infusion Into a Vein for Therapy, Prevention, Or Diagnosis, Additional Sequential Infusion, 1 Hour or Less	X	X	X	X
96368	Infusion Into a Vein for Therapy, Prevention, Or Diagnosis Concurrent with Another Infusion	X	X	X	X
96369	Infusion Into Tissue for Therapy or Prevention, 1 Hour or Less	X	X	X	X
96370	Infusion Into Tissue for Therapy or Prevention, Each Additional H	X	X	X	X
96371	Establishment Of New Infusion Site into Tissue with Pump Set Up	X	X	X	X
96373	Injection Of Drug or Substance into Artery	X	X	X	X
96374	Injection Of Drug or Substance into Vein	X	X	X	
96375	Injection Of Additional New Drug or Substance into Vein	X	X	X	X

**Note:** Modifier CS has an **end date** of 03/17/2020

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

Code	Description	Modifier	Effective Begin Date
27217	Treatment Of Broken and/or Dislocated Front of Pelvis	LT - Identifies Left Side	8/17/2020
27217	Treatment Of Broken and/or Dislocated Front of Pelvis	RT - Identifies Right Side	8/17/2020
33897	Balloon Dilation of Native or Recurrent Narrowing of Heart Blood Vessel	63 - Neonates/Infants Up to the 4-KG Cut Off	1/1/2022
81025	Urine Pregnancy Test	KX - Requirements Specified in The Medical Po	10/1/2021
J9201	Injection, Gemcitabine Hydrochloride, Not Otherwise Specified, 200 mg	JW - -Drug Amount Discarded/No	6/1/2022
J9264	Injection, Paclitaxel Protein-Bound Particles, 1 mg	76 - Repeat Procedure by Same MD	1/1/2022
J9301	Injection, Obinutuzumab, 10 mg	JW - Drug Amount Discarded/Not Admin to Any Patient	9/1/2021
Q2042	Tisagenlecleucel, Up To 600 million Car-Positive Viable T Cells, Including Leukapheresis and Dose Preparation Procedures, Per Therapeutic Dose	JG - Drug 340B Price DSCT PRO	9/1/2021
Q2042	Tisagenlecleucel, Up To 600 million Car-Positive Viable T Cells, Including Leukapheresis and Dose Preparation Procedures, Per Therapeutic Dose	JW - Drug Amount Discarded/Not Admin to Any Patient	9/1/2021

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

Code	Description	26	51	TC
0714T	Transperineal Laser Ablation of Benign Prostatic Hyper		X	
0716T	Cardiac Acoustic Waveform Recording with Automated		X	
0717T	Autologous Adipose-Derived Regenerative Cell (ADRC)		X	
0718T	Autologous Adipose-Derived Regenerative Cell (ADRC)		X	
0719T	Posterior Vertebral Joint Replacement,		X	
0721T	Quantitative Computed Tomography (CT) Tissue Character	X	X	X
0722T	Quantitative Computed Tomography (CT) Tissue Character	X	X	X
0723T	Quantitative Magnetic Resonance Cholangiopancreatograp	X	X	X
0724T	Quantitative Magnetic Resonance Cholangiopancreatograp	X		X
0725T	Vestibular Device Implantation, Unilateral (69930)		X	
0726T	Removal Of Implanted Vestibular Device, Unilateral		X	
0727T	Removal And Replacement of Implanted Vestibular Device		X	
0730T	Trabeculotomy By Laser, Including Optical Coherence		X	
0737T	Xenograft Implantation into The Articular Surface		X	
G0308	Creation Of Subcutaneous Pocket with Insertion Of 180		X	
G0309	Removal Of Implantable Interstitial Glucose Sensor		X	

Modifiers - 26 - Professional Component    51 - Multiple Procedures    TC - Technical Component

- ◆ Effective for July 1, 2022, the modifiers listed below have been added to the provider types 18 (Physician's Assistant) and 19 (Registered Nurse Practitioner) to the codes 0719T (Posterior Vertebral Joint Replacement,) and 0735T (Preparation of Tumor Cavity).

AS - PA SVCS For Assistant/At Surgery

81 - Minimum Assistant Surgeon

80 - Assistant Surgeon

82 - Assist Surg/Qual Resident Surg Not Available

- ◆ Effective for 07/01/2022 the following have been added to the CPT/HCPCS codes.

Modifier SG (AMB SURG CTR (ASC) FA)  
Revenue Code 0490 (Ambulatory Surgical Center)

Place of Service 24 (Ambulatory Surgical Center)  
Provider Type 43 (Ambulatory Surgical Center)

Code	Definition
90739	Hepatitis B Vaccine, Adult Dosage
A9596	Gallium GA-68 Gozetotide, Diagnostic, (Illuccix), 1 mil
0714T	Transperineal Laser Ablation of Benign Prostatic Hyperp
A2001	Innovamatrix Ac, Per Square Centimeter
A2002	Mirragen Advanced Wound Matrix, Per Square Centimeter
A9601	Flortaucipir F 18 Injection, Diagnostic, 1 Millicurie
C9094	Inj, Sutimlimab-Jome, 10 mg
C9095	Inj, Tebentafusp-Tebn, 1 microgram.
C9096	Injection, Filgrastim-Ayow, Biosimilar, (Releuko), 1 Mi
C9097	Inj, Faricimab-Svoa, 0.1 m
J0739	Injection, Cabotegravir, 1 mg
J1437	Injection, Ferric Derisomaltose, 10 mg

Code	Definition
J1437	Injection, Ferric Derisomaltose, 10 mg
J1551	Injection, Immune Globulin (Cutaquig), 100 mg
J2356	Injection, Tezepelumab-Ekko, 1 mg
J2779	Injection, Ranibizumab, Via Intravitreal Implant
J2998	Injection, Plasminogen, Human-Tvmh, 1 mg
J3299	Injection, Triamcinolone Acetonide (Xipere), 1 mg
J9331	Injection, Sirolimus Protein-Bound Particles, 1 mg
J9332	Injection, Efgartigimod Alfa-Fcab, 2mg
Q4258	Enverse, Per Square Centimeter
Q4259	Celera Dual Layer or Celera Dual Membrane,
Q4260	Signature Apatch, Per Square Centimeter
Q4261	Tag, Per Square Centimeter



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

Code	Description	Modifiers	Effective Begin Date
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	AS - PA SVCS For Assistant	01/01/2022
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	AS - PA SVCS For Assistant	01/01/2022
J1448	Injection, Trilaciclib, 1mg	JW - Drug Amt Discarded/ Not Admin to Any Pati	10/01/2021
A4221	Supplies For Maintenance Of Non-Insulin Drug Infusion Catheter, Per Week (List Drugs Separately)	NU -New Equipment	

**Note:** A4221 end date is 99/99/9999.

- ◆ Effective for August 1, 2022, the modifier 25 (Significant, Sep Ident E&M, Same MD&DAY) has been **end dated** for the CPT code 17110 (Destruction of Skin Growth, 1-14 Growths)
- ◆ Effective for dates of service January 1, 2022, the following modifiers have been added to the CPT/HCPCS codes.

Code	Modifiers		Code	Modifiers
90901	96, 97		92611	96, 97
90912	96, 97		92612	96, 97
90913	96, 97		92614	96, 97
92507	96, 97		92616	96, 97
92508	96, 97		92618	96, 97, GO, GP
92521	96, 97, GO, GP		95851	96, 97
92522	96, 97, GO, GP		95852	96, 97
92523	96, 97, GO, GP		95992	96, 97, GN, GO
92524	96, 97, GO, GP		96105	96, 97
92526	96, 97		96111	96, 97
92597	96, 97		96125	96, 97
92605	96, 97		97606	96, 97
92606	96, 97		97607	GN
92607	96, 97		97608	GN
92608	96, 97		97610	GN
92609	96, 97		G0281	96, 97
92610	96, 97		G0283	96, 97
			G0329	96, 97

Modifier	Description	Modifier	Description
96	Habilitative Services	97	Rehabilitative Service
GN	Amb Hsp 2SNF/OP Speech Lang POFC	GO	OP Occupational Therapy
GP	SVS Delivered Under OP Phys Therapy		

**Provider Type**

- ◆ Effective for December 31, 2021, the CPT code 26725 (Closed Treatment of Broken Finger or Thumb at Midportion or Part Near Hand with Manipulation) has been **end dated** for provider type 19 (Registered Nurse Practitioner).
- ◆ Effective for the date of service listed the following codes have been added to provider types.

Code	Description	Provider Type	Effective Begin Date
38241	Transplantation Of Patient-Derived Stem Cells	19 - Registered Nurse Practitioner	7/1/2021
80305	Testing For Presence of Drug, Read by Direct Observation	77 - BH Outpatient Clinic	10/1/2020
80306	Testing For Presence of Drug, Read by Instrument Assisted Observation	77 - BH Outpatient Clinic	10/1/2020
80307	Testing For Presence of Drug, By Chemistry Analyzers	77 - BH Outpatient Clinic	10/1/2020
84703	Gonadotropin (Reproductive Hormone) Analysis	09 - Certified Nurse-Midwife	10/1/2021
86580	Skin Test for Tuberculosis	77 - BH Outpatient Clinic	10/1/2021
87635	Amplified DNA or RNA Probe Detection of Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19) Antigen	77 - BH Outpatient Clinic	10/1/2020
90471	Administration Of Vaccine	77 - BH Outpatient Clinic	10/1/2021
90853	Group Psychotherapy	77 - BH Outpatient Clinic	10/1/2021
99211	Office Or Other Outpatient Visit for The Evaluation and Management of Established Patient That May Not Require Presence of Healthcare Professional	77 - BH Outpatient Clinic	10/1/2021
99422	Online Digital Evaluation and Management Service for An Established Patient for Up To 7 Days, Total Time 11-20 Minutes	29 - Community/Rural Health Center	1/1/2021
H0006	Alcohol and/or Drug Services; Case Management	77 - BH Outpatient Clinic	10/1/2021
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification	77 - BH Outpatient Clinic	10/1/2021
H0020	Alcohol and/or Drug Services; Methadone Administration and/or Service (Provision of The Drug by A Licensed Program)	IC - Integrated Clinics	1/1/2021
H0020	Alcohol and/or Drug Services; Methadone Administration and/or Service (Provision of The Drug by A Licensed Program)	IC - Integrated Clinics	1/1/2021
J0490	Injection, Belimumab, 10 mg	19 - Registered Nurse Practitioner	1/1/2022
J1602	Injection, Golimumab, 1 mg, For Intravenous Use	19 - Registered Nurse Practitioner	1/1/2022
J9325	Injection, Talimogene Laherparepvec, per 1 million Plaque Forming Units	19 - Registered Nurse Practitioner	10/1/2020
Q5121	Injection, Infliximab- AXXQ, Biosimilar, (AVSOLA), 10 mg	05 - Clinic	12/1/2021
Q5121	Injection, Infliximab- AXXQ, Biosimilar, (AVSOLA), 10 mg	19 - Registered Nurse Practitioner	1/1/2022

**Place of Service**

Medical Coding added POS 11 back with no lapse for POS 11 on V2020-V2799 even though it is a DME product POS 11 is acceptable for these specific codes. Please contact Medical Coding with any questions.

CODE					
V2020	V2201	V2302	V2500	V2626	V2780
V2025	V2202	V2303	V2501	V2627	V2781
V2100	V2203	V2304	V2502	V2628	V2782
V2101	V2204	V2305	V2503	V2629	V2783
V2102	V2205	V2306	V2510	V2630	V2784
V2103	V2206	V2307	V2511	V2631	V2785
V2104	V2207	V2308	V2512	V2632	V2786
V2105	V2208	V2309	V2513	V2700	V2787
V2106	V2209	V2310	V2520	V2702	V2788
V2107	V2210	V2311	V2521	V2710	V2790
V2108	V2211	V2312	V2522	V2715	V2797
V2109	V2212	V2313	V2523	V2718	V2799
V2110	V2213	V2314	V2524	V2730	
V2111	V2214	V2315	V2530	V2744	
V2112	V2215	V2318	V2531	V2745	
V2113	V2218	V2319	V2599	V2750	
V2114	V2219	V2320	V2600	V2755	
V2115	V2220	V2321	V2610	V2756	
V2118	V2221	V2399	V2615	V2760	
V2121	V2299	V2410	V2623	V2761	
V2199	V2300	V2430	V2624	V2762	
V2200	V2301	V2499	V2625	V2770	

➤ Effective for June 1, 2022, the POS 12 (Home) for the following HCPCS codes has been **end dated**.

V2020	V2100	V2101
V2102	V2103	V2104
V2110	V2111	V2112
V2113	V2114	V2205
V2206	V2207	V2208
V2209	V2783	

- ◆ Effective for the dates of service listed the following POS has been **end dated** on the Reference Screens.

Code	Description	POS	Effective End Date
99202	New Patient Outpatient Visit, Total Time 15-29 Minutes	24 - Ambulatory Surgical Center	08/31/2022
99203	New Patient Office or Other Outpatient Visit, 30-44 Minutes	24 - Ambulatory Surgical Center	08/31/2022
99204	New Patient Office or Other Outpatient Visit, 45-59 Minutes	24 - Ambulatory Surgical Center	08/31/2022
99205	New Patient Office Or Other Outpatient Visit, 60-74 Minutes	24 - Ambulatory Surgical Center	08/31/2022
99211	Office Or Other Outpatient Visit for The Evaluation And Management Of Established Patient That May Not Require Presence Of Healthcare Professional	24 - Ambulatory Surgical Center	08/31/2022
99212	Established Patient Office or Other Outpatient Visit, 10-19 Minutes	24 - Ambulatory Surgical Center	08/31/2022
99213	Established Patient Office or Other Outpatient Visit, 20-29 Minutes	24 - Ambulatory Surgical Center	08/31/2022
99214	Established Patient Office or Other Outpatient Visit, 30-39 Minutes	24 - Ambulatory Surgical Center	08/31/2022
99215	Established Patient Office or Other Outpatient Visit, 40-54 Minutes	24 - Ambulatory Surgical Center	08/31/2022

- ◆ The **end date has been changed to 99/99/9999** for POS 11 (Office) for the following codes.

Codes					
V5030	V5120	V5190	V5230	V5249	V5259
V5040	V5130	V5200	V5240	V5250	V5260
V5050	V5140	V5210	V5241	V5251	V5261
V5060	V5150	V5211	V5242	V5252	V5262
V5070	V5160	V5212	V5243	V5253	V5263
V5080	V5170	V5213	V5244	V5254	V5264
V5090	V5171	V5214	V5245	V5255	V5265
V5095	V5172	V5215	V5246	V5256	V5266
V5100	V5180	V5220	V5247	V5257	V5267
V5110	V5181	V5221	V5248	V5258	

- ◆ The POS for the following codes have been added to the Reference Screen.

Code	Description	Place of Service	Effective Begin Date
3008F	Body Mass Index (BMI), Documented (PV)	12 - Home	10/1/2020
62328	Removal Of Spinal Fluid with Lower Back Spinal Tap for Diagnostic Test	11 - Office	5/1/2022
62329	Removal Of Cerebrospinal Fluid with Lower Back Spinal Tap Using Imaging Guidance	11 - Office	5/1/2022
77061	3D Breast Mammography Of 1 Breast	15 - Mobile Unit	5/1/2022
77062	3D Breast Mammography of Both Breasts	15 - Mobile Unit	5/1/2022
A9595	Piflufolastat F-18, Diagnostic, 1 Millicurie	11 - Office	5/1/2022
G8417	BMI Is Documented Above Normal Parameters and A Follow-Up Plan Is Documented	12 - Home	12/1/2020
G8431	Screening For Depression Is Documented as Being Positive and A Follow-Up Plan Is Documented	12 - Home	6/1/2021
G9754	A Finding of An Incidental Pulmonary Nodule	12 - Home	10/1/2020
H2033	Multisystemic Therapy for Juveniles, Per 15 Minutes	09 - Prison, Jail, Detention Ctr, Work	8/1/2022

- ◆ The end date for HCPCS code Q0091 (Screening Papanicolaou Smear; Obtaining, Preparing and Conveyance of Cervical or Vaginal Smear to Laboratory) has been **changed to 99/99/9999**.

Effective for January 1, 2020, the following POS have been added to the codes:

- 3051F (Most Recent Hemoglobin A1C (HBA1C) Level Greater Than or Equal To 7.0% And Less Than 8.0% (DM)
- 3052F (Most Recent Hemoglobin A1C (HBA1C) Level Greater Than or Equal To 8.0% And Less Than or Equal To 9.0% (DM).

Place of Service			
05	Indian Health Service Free-Standing	22	Outpatient Hospital
06	Indian Health Service Provider-Bas	23	Emergency Room - Hospital
07	Tribal 638 Free-Standing Facility	31	Skilled Nursing Facility
08	Tribal 638 Provider-Based Facility	32	Nursing Facility
11	Office	33	Custodial Care Facility
12	Home	49	Independent Clinic
15	Mobile Unit	50	Federally Qualified Health Center
19	Off Campus-Outpatient Hospital	71	State or Local Public Health Clinic
21	Inpatient Hospital	72	Rural Health Clinic

### End Date Change

The Place of Service 24 (Ambulatory Surgical Center) for the following codes has had the **end date changed to 99/99/9999**.

Code	Description
85060	Blood Smear Interpretation by Physician with Written Report
85097	Bone Marrow, Smear Interpretation
88184	Flow Cytometry Technique for DNA Or Cell Analysis, First Marker
88185	Flow Cytometry Technique for DNA Or Cell Analysis, Each Additional Marker
88189	Flow Cytometry Technique for DNA Or Cell Analysis, 16 Or More Markers
88364	Genetic Sequencing Localization, Each Additional Procedure
88374	Microscopic Genetic Analysis of Tissue, Computer-Assisted Technology, Initial Procedure, Each Multi-plex Procedure

**Screen Indicators**

The following CPT codes have had the listed indicators changed to “N” no

Code	Description	Confidential Services	Family Planning	Sterilization	Abortion	EPSDT
01937	Anesthesia For Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of Neck or Upper Back Accessed Through Skin Using Imaging Guidance	X	X	X	X	X
01938	Anesthesia For Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of Lower Back Accessed Through Skin Using Imaging Guidance	X	X	X	X	X
01939	Anesthesia For Nerve Destruction Procedures on Spine or Spinal Cord of Neck or Upper Back Accessed Through Skin Using Imaging Guidance	X	X	X	X	X
01940	Anesthesia For Nerve Destruction Procedures on Spine or Spinal Cord of Lower Back Accessed Through Skin Using Imaging Guidance	X	X	X	X	X
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	X	X	X	X	X
01942	Anesthesia For Nerve Modulation Procedure Spinal Cord or Repair of Bone of Spine of Lower Back Accessed Through Skin Using Imaging Guidance	X	X	X	X	X

**Revenue Codes**

Effective for January 1, 2022 the CPT code 86015 (Measurement of Actin (Smooth Muscle) Antibody) now has the following Revenue Codes added to RF773.

Revenue Code	Description
0300	Laboratory
0302	Lab/Immunology
0309	Lab/Other
0310	Pathology Lab

