

Age Changes

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| Code | Description | Minimum Age | Maximum Age |
|-------|--|-------------|-------------|
| 21082 | Impression and Custom Preparation of Prosthesis for Roof of Mouth Enlargement | 000 Y | 110 Y |
| 99408 | Alcohol and/or Substance Abuse Screening and Intervention, More Than 30 Minutes | 012 Y | 020 Y |
| 99409 | Alcohol and/or Substance Abuse Screening and Intervention, More Than 30 Minutes | 012 Y | 020 Y |
| 91304 | Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, Preservative Free, 5 mcg/0.5ml dosage, For Intramuscular Use | 012 Y | 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 | 012 Y | 999 Y |

Clarification CPT Code 41899

Provider type 07 and CPT code 41899 is only allowed for the DDD population when treated in an ASC or similar outpatient setting.

Coding Manager Updates

- The following COVID codes are being closed since the FDA removed the EUA. You can find this information on this notice: <https://www.ama-assn.org/system/files/clarification-may-1-coronavirus-posting.pdf>
- The FDA EUA was removed and these codes are not FDA approved.
- Effective 4/18/2023 and end date 99/99/9999 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A,, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A 91300, 91301, 91305, 91306, 91307, 91308, 91309 and 91311

- **Providers 18, and 19 Update**

AHCCCS has updated the provider types 18, 19 and AS modifier to match the CMS for those codes approved for the AS modifier.

Codes

- Effective for March 14, 2023, the code 0174A (Administration of Coronavirus Vaccine 18, Reserved) has been added to the Reference Screens.
- Effective for April 1, 2023, the following services have been added to the HCPCS codes listed:

Place of Service (POS) 24 (Ambulatory Surgical Center)
Revenue Code 0490 (Ambulatory Surgical Center)
Modifier SG (Ambulatory Surgical Center) (ASC) FA)
Provider Type 43 (Ambulatory Surgical Center)

| Codes | | | | | |
|-------|-------|-------|-------|-------|-------|
| C9146 | J0208 | J1954 | J9297 | Q4265 | Q4269 |
| C9147 | J0218 | J2403 | Q1527 | Q4266 | Q4270 |
| C9148 | J1449 | J9294 | Q5128 | Q4267 | Q4271 |
| C9149 | J1747 | J9296 | Q5130 | Q4268 | |

- Effective for March 31, 2023, the POS 24 (Ambulatory Surgical Center) has been end dated for the HCPCS code J0610 (Injection, Calcium Gluconate (FRESENIUS KABI), per 10 ml).

Correction

H0035 (Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours) now has coverage code 01 (Covered Service/Code Available) 09/01/2022 to 99/99/9999.

Code Updates

Effective April 1, 2023, the HCPCS codes have been updated.

- **Modifier SG (AMB SURG CTR (ASC) FA)**

C9145 - Injection, Aprepitant, (APONVIE), 1 mg.

J0613 Injection, Calcium Gluconate (WG Critical Care), PER 10,

J9196 Injection, Gemcitabine Hydrochloride (ACCORD),

L8678 Electrical Stimulator Supplies (External)

- Revenue Code 0490 (AMBUL SURG): C9145; J0613, J9196
- Place of Service 24 (Ambulatory Surgical Center) J0613, J9196, L8678
- Provider Type 43 (Ambulatory Surgical Center) C9145; J0613, J9196, L8678

Code Changes

- Effective April 1, 2023, the following additions have been made to the provider types, revenue codes, modifiers, place of service and coverage code for the codes listed.

98960 - Education and Training for Patient Self-Management, Each 30 Minutes

98961 - Education and Training for Patient Self-Management, 2-4 Patients,

98962 - Education and Training for Patient Self-Management, 5-8 Patients

| | | | | | |
|--------------------------------------|---|-------------------------------|--------------------------------------|----------------------------|-------------------------------|
| 02 - Hospital | 05 - Clinic | 07 - Dentist | 08 - MD Physician | 16 - Chiropractor | 18 - Physician's Assistant |
| 19 -Registered Nurse Practitioner | 31 - DO-Physician Osteopath | 39 - Habilitation Provider | 40 - Attendant Care | 41 - Dialysis Clinic | 69 - Optometrist |
| 77 - BH Outpatient Clinic | C2 - Federally Qualified Health Center (FQHC) | C5 - 638 FQHC | CN - Clinical Nurse Specialist | IC - Integrated Clinics | |

Revenue code 0942 (EDUC/Training)

Modifiers 59 (Distinct Procedural Service) HQ (Group Setting) **Note** HQ not added to 98960.

POS 03,04,05,06,07,08,11,12,13,14,19,20,22,50,53,65,71,72, 99

Coverage Code 01 - Covered Service/Code Available

- Effective for August 1, 2022, the coverage code indicator has been changed to Y on RF774 for Revenue Code 0874 (Reserved for Assign) bill type 137 (Hosp, OP, Replacement of Prior Claim).

Coverage Codes

The following HCPCS codes have had the AHCCCS Coverage Code **end dated** 05/11/2023 for 01 (Covered Service/Code Available) and 04 (Not Covered Service/Code Not Available) **added** with an effective date of 05/12/2023.

G2023 G2024 U0003 U0004 U0005

The following Coverage Codes have been changed.

| Code | Description | Coverage Code | Effective Begin Date |
|-------|---|--|----------------------|
| 0012U | Gene Analysis for Germline Disorder | 04 - Not Covered Service/Code Not Available | 9/30/2022 |
| 0013U | Gene Analysis of Solid Organ Tumor Tissue | 04 - Not Covered Service/Code Not Available | 9/30/2022 |
| 0014U | DNA Test for Detecting Gene Abnormality Associated with Blood and Lymphatic System Cancer in Blood or Bone Marrow | 04 - Not Covered Service/Code Not Available | 9/30/2022 |
| 0056U | Whole genome sequencing in blood or bone marrow for acute myelogenous leukemia | 04 - Not Covered Service/Code Not Available | 9/30/2022 |
| 0324U | Oncology (Ovarian), Spheroid Cell Culture, 4-Drug Panel | 04 - Not Covered Service/Code Not Available | 3/31/2023 |
| 0325U | Oncology (Ovarian), Spheroid Cell Culture, Poly (ADP-RI | 04 - Not Covered Service/Code Not Available | 3/31/2023 |
| A4341 | Indwelling Catheter, Foley Type, Two-way, Teflon | 01 - Covered Service/Code Available | 04/01/2023 |
| A4342 | Indwelling Catheter, Foley Type, Two-way, Latex | 01 - Covered Service/Code Available | 04/01/2023 |
| A4560 | Neuromuscular Electrical Stimulator (NMES), Disposable | 01 - Covered Service/Code Available | 04/01/2023 |
| A6590 | External Urinary Catheters; Disposable, | 01 - Covered Service/Code Available | 04/01/2023 |
| A6591 | External Urinary Catheter; Non-Disposable, | 01 - Covered Service/Code Available | 04/01/2023 |
| A7049 | Expiratory Positive Airway Pressure Intranasal | 01 - Covered Service/Code Available | 04/01/2023 |
| C1834 | Pressure Sensor System, Includes All Components | 04 - Not Covered Service/Code Not Available | 3/31/2023 |
| 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 | 4/1/2022 |

| | | | |
|-------|---|--|------------|
| | | Service/Code Not Available | |
| C9086 | Injection, Anifrolumab-FNIA, 1mg | 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 |
| C9090 | Injection, Plasminogen, Human-TVMH, 1 mg | 04 - Not Covered Service/Code Not Available | 7/1/2022 |
| C9091 | Injection, Sirolimus Protein-Bound Particles, 1 mg | 04 - Not Covered Service/Code Not Available | 7/1/2022 |
| C9092 | Injection, Triamcinolone Acetonide, Suprachoroidal (XIPERE), 1 mg | 04 - Not Covered Service/Code Not Available | 7/1/2022 |
| C9093 | Injection, Ranibizumab, Via Sustained Release Intravitreal Implant (SUSVIMO), 0.1 mg | 04 - Not Covered Service/Code Not Available | 7/1/2022 |
| C9094 | Inj, Sutimlimab-Jome, 10 mg | 04 - Not Covered Service/Code Not Available | 9/30/2022 |
| C9095 | Inj, Tebentafusp-Tebn, 1 mcg | 04 - Not Covered Service/Code Not Available | 9/30/2022 |
| C9096 | Injection, Filgrastim-Ayow, Biosimilar, (Releuko), 1 microgram | 04 - Not Covered Service/Code Not Available | 9/30/2022 |
| C9097 | Inj, faricimab-svoa, 0.1 mg | 04 - Not Covered Service/Code Not Available | 9/30/2022 |
| C9098 | Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (BCMA) | 04 - Not Covered Service/Code Not Available | 9/30/2022 |
| G1009 | Clinical Decision Support Mechanism Sage Health Management | 04 - Not Covered Service/Code Not Available | 4/1/2022 |
| G1009 | Clinical Decision Support Mechanism Sage Health Management | 04 - Not Covered Service/Code Not Available | 04/01/2022 |
| G2023 | Specimen Collection for Severe Acute Respiratory Syndrome | 04 - Not Covered Service/Code Not Available | 5/11/2023 |
| G2024 | Specimen Collection for Severe Acute Respiratory Syndrome | 04 - Not Covered Service/Code Not Available | 5/11/2023 |
| G9678 | Oncology care model (OCM) monthly enhanced oncology services (MEOS) payment for OCM enhanced services | 04 - Not Covered Service/Code Not Available | 7/1/2022 |
| H0035 | Mental Health Partial Hospitalization, Treatment, Less Than 24 | 01 - Covered Service/Code Available | 9/1/2022 |
| J0610 | Injection, Calcium Gluconate (FRESENIUS KABI), Per 10 m | 04 - Not Covered Service/Code Not Available | 3/31/2023 |
| J0611 | Injection, Calcium Gluconate (WG Critical Care), Per 10 | 04 - Not Covered | 3/31/2023 |

| | | | |
|--------|---|--|------------|
| | | Service/Code Not Available | |
| M1145 | Most Favored Nation (MFN) Model Drug Add-On Amount, | 04 - Not Covered Service/Code Not Available | 2/28/2022 |
| Q5115 | Injection, Rituximab-Abbs, Biosimilar, 10 mg | 01 - Covered Service/Code Available | 06/01/2022 |
| U0003 | Infectious Agent Detection by Nucleic Acid (DNA or RNA) | 04 - Not Covered Service/Code Not Available | 5/12/2023 |
| U0004 | 2019-NCOV Coronavirus, Sars-Cov-2/2019-Ncov (COVID-19), | 04 - Not Covered Service/Code Not Available | 5/12/2023 |
| U0005 | Infectious Agent Detection by Nucleic Acid (DNA or RNA) | 04 - Not Covered Service/Code Not Available | 5/12/2023 |
| Y07.01 | Husband, Perpetrator of Maltreatment and Neglect | 04 - Not Covered Service/Code Not Available | 04/01/2023 |
| Y07.02 | Wife, Perpetrator of Maltreatment and Neglect | 04 - Not Covered Service/Code Not Available | 04/01/2023 |
| Y07.03 | Male Partner, Perpetrator of Maltreatment And | 04 - Not Covered Service/Code Not Available | 04/01/2023 |
| Y07.4 | Female Partner, Perpetrator of Maltreatment And | 04 - Not Covered Service/Code Not Available | 04/01/2023 |
| Z59.1 | Inadequate Housing | 04 - Not Covered Service/Code Not Available | 04/01/2023 |
| Z91.14 | Patient's Other Noncompliance with Medication | 04 - Not Covered Service/Code Not Available | 04/01/2023 |
| Z91.15 | Patient's Noncompliance with Renal Dialysis | 04 - Not Covered Service/Code Not Available | 04/01/2023 |
| 99408 | Alcohol and/or Substance Abuse Screening and Intervention, 15-30 Minutes | 01 - Covered Service/Code Available | 10/1/2023 |
| 99409 | Alcohol and/or Substance Abuse Screening and Intervention, More Than 30 Minutes | 01 - Covered Service/Code Available | 10/1/2023 |

Effective for dates listed the following HCPCS codes have Coverage Code of 04 (Not Covered Service/Code Not Available).

| Code | Description | Effective Begin Date |
|-------|---|----------------------|
| C9146 | Injection, Mirvetuximab Soravtansine-Gynx, 1 mg | 07/01/2023 |

| | | |
|-------|---|------------|
| C9147 | Injection, Tremelimumab-ACTL, 1 mg | 07/01/2023 |
| C9148 | Injection, Teclistamab-CQYV, 0.5 mg | 07/01/2023 |
| G2023 | Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Any Specimen Source | 05/12/2023 |
| G2024 | Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) From an Individual In A SNF Or By A Laboratory On Behalf Of A HHA, Any Specimen Source | 05/12/2023 |
| J2370 | Injection, Phenylephrine HCL, Up To 1 ml | 07/01/2023 |
| S0020 | Injection, Bupivacaine Hydrochloride, 30 ml | 07/01/2023 |
| S0030 | Injection, Metronidazole, 500 mg | 07/01/2023 |
| S0073 | Injection, Aztreonam, 500 mg | 07/01/2023 |
| S0077 | Injection, Clindamycin Phosphate, 300 mg | 07/01/2023 |
| U0003 | Infectious Agent Detection by Nucleic Acid (DNA Or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Amplified Probe Technique, Making Use Of High Throughput Technologies As Described By CMS-2020-01-R | 05/12/2023 |
| U0004 | 2019-Ncov Coronavirus, Sars-Cov-2/2019-Ncov (Covid-19), Any Technique, Multiple Types or Subtypes (Includes All Targets), Non-CDC, Making Use of High Throughput Technologies as Described by Cms-2020-01-R | 05/12/2023 |
| U0005 | Infectious Agent Detection by Nucleic Acid (DNA Or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Amplified Probe Technique, CDC Or Non-CDC, Making Use of High Throughput Technologies, Completed Within 2 Calendar Days from Date of Specimen Collection (List Separately In Addition To Either HCPCS Code U0003 Or U0004) As Described By Cms-2020-01-R2 | 05/12/2023 |
| 0053U | Fish Analysis Of 4 Genes in Prostate Needle Biopsy Specimen | 07/01/2023 |
| 0143U | Measurement Of 120 Or More Drugs or Metabolites in Urine Specimen | 07/01/2023 |

| | | |
|-------|---|------------|
| 0144U | Measurement Of 160 Or More Drugs or Metabolites in Urine Specimen | 07/01/2023 |
| 0145U | Measurement Of 65 Or More Drugs or Metabolites in Urine Specimen | 07/01/2023 |
| 0146U | Measurement Of 80 Or More Drugs or Metabolites in Urine Specimen | 07/01/2023 |
| 0147U | Measurement Of 85 Or More Drugs or Metabolites in Urine Specimen | 07/01/2023 |
| 0148U | Measurement Of 100 Or More Drugs or Metabolites in Urine Specimen | 07/01/2023 |
| 0149U | Measurement Of 60 or More Drugs or Metabolites in Urine Specimen | 07/01/2023 |
| 0150U | Measurement Of 120 or More Drugs or Metabolites in Urine Specimen | 07/01/2023 |

Effective June 30, 2023, the HCPCS code C9149 (Injection, Teplizumab-MZWM mcg) will be **end dated**.

Description Changes

Effective April 1, 2023, the HCPCS codes and modifiers have their description changed.

| Code/ Modifier | Long Description |
|---------------------------|---|
| LU | Fractionated Payment |
| 3022F | Left Ventricular Ejection Fraction (LVEF) Greater Than or Equal To 40% Or Documentation as Normal or Mildly Depressed Left Ventricular Systolic Function (CAD, HF) |
| A4628 | Oral and/or Oropharyngeal Suction Catheter, Each |
| J1954 | Injection, Leuprolide Acetate for Depot Suspension (Cipla), 7.5 mg |
| K1019 | Supplies and Accessories for External Upper Limb Tremor Stimulator of The Peripheral Nerves of The Wrist |
| M1209 | At Least Two Orders for High-Risk Medications from The Same Drug Class, (Table 4), Without Appropriate Diagnoses |
| Q5108 | Injection, Pegfilgrastim-JMDB (Fulphila), Biosimilar, 0.5 mg |
| Q5111 | Injection, Pegfilgrastim-CBQV (Udenyca), Biosimilar, 0.5 mg |
| Q5120 | Injection, Pegfilgrastim-BMEZ (Ziextenzo), Biosimilar, 0.5 mg |
| Q5122 | Injection, Pegfilgrastim-APGF (Nyvepria), Biosimilar, 0.5 mg |
| S9562 | Home Injectable Therapy, Palivizumab or Other Monoclonal Antibody For RSV, Including Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies and Equipment (Drugs And Nursing Visits Coded Separately), Per Diem |

ICD-10 Codes

Effective October 1, 2022, the following ICD-10 codes have been added to the Reference Screen RF724.

F10.90 - Alcohol Use, Unspecified, Uncomplicated

F1091 - Alcohol Use, Unspecified, In Remission

Indicator and Age Changes

| Code | Description | Indicator | Age Changes |
|-------------|--|------------------|--------------------|
| 0021A | Immunization Administration by Intramuscular Injection | | 018y – 999y |
| 0022A | Immunization Administration by Intramuscular Injection | | 018y – 999y |
| 0375U | Oncology (Ovarian), Biochemical Assays Of 7 Proteins | F = Female | |
| 0376U | Oncology (Prostate Cancer), Image Analysis Of At Least | M = Male | |
| 91300 | Severe Acute Respiratory Syndrome Coronavirus 2 | | 018y – 999y |

Indicator

The Confidential Services Indicator has been changed to “N” for 0345U (Genomic Analysis Panel Of 15 Genes for Detection of Abnormalities Associated with Mental Health Disorders) on the Reference Screens.

Modifiers

Effective January 1, 2023, the modifier HQ (Group Setting) has been added to the HCPCS code H2017 (Psychosocial Rehabilitation Services, per 15 minutes)

Effective January 1, 2023, the modifier ER (Res-Dom Fac-Res/Itms-Svs Prvbsd Offcmped) has been **added** to the following codes on RF121.

| | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 99281 | 99282 | 99283 | 99284 | 99285 | 36415 | 88484 | J1179 | J2405 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|

Effective the modifier ER (RES-DOM FAC-RES/ITMS-) has been **end dated** on the reference screens RF122/RF132.

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| 99281 | 99282 | 99283 | 99284 | 99285 | 36415 |
|-------|-------|-------|-------|-------|-------|

Effective for the dates listed the following modifiers have been added to the reference screens.

| Code | Description | Modifiers | Begin Date |
|-------|---|---|------------|
| 36415 | Insertion Of Needle into Vein for Collection of Blood Sample | ER - RES-DOM FAC-RES/ITMS-SVS | 1/1/2023 |
| 43214 | Balloon Dilation of Esophagus Using a Flexible Endoscope, 3.0 cm | 58 - Staged/Related Procedure Same Post-OP Period | 1/1/2023 |
| 61556 | Removal Of Skull Bone for Incision of Prematurely Closed Skull Suture | 62 - Two Surgeons/Different Skills | 5/1/2022 |
| 61557 | Removal Of Frontal Skull Bone for Incision of Prematurely Closed | 62 - Two Surgeons/Different Skills | 5/1/2022 |
| 84484 | Troponin (Protein) Analysis, Quantitative | ER - RES-DOM FAC-RES/ITMS-SVS | 1/1/2023 |

| | | | |
|-------|--|---|------------|
| 99281 | Emergency Department Visit for Problem That May Not Require Health Care Professional | ER - RES-DOM FAC-RES/ITMS-SVS | 1/1/2023 |
| 99282 | Emergency Department Visit with Straightforward Medical Decision Making | ER - RES-DOM FAC-RES/ITMS-SVS | 1/1/2023 |
| 99283 | Emergency Department Visit with Low Level of Medical Decision Making | ER - RES-DOM FAC-RES/ITMS-SVS | 1/1/2023 |
| 99284 | Emergency Department Visit with Moderate Level of Medical Decision Making | ER - RES-DOM FAC-RES/ITMS-SVS | 1/1/2023 |
| 99285 | Emergency Department Visit with High Level of Medical Decision Making | ER - RES-DOM FAC-RES/ITMS-SVS | 1/1/2023 |
| A7036 | Chinstrap Used with Positive Airway Pressure Device | N3 - Group 3 Oxygen Coverage Criteria Met | 1/1/2023 |
| H2017 | Psychosocial Rehabilitation Services, Per 15 Minutes | HQ - Group Setting | 01/01/2022 |
| J0878 | Injection, Daptomycin, 1 mg | TB - Drug or Biological Acquired with 340B Drug | 10/1/2022 |
| J1170 | Injection, Hydromorphone, Up To 4 mg | ER - RES-DOM FAC-RES/ITMS-SVS | 1/1/2023 |
| J2405 | Injection, Ondansetron Hydrochloride, Per 1 mg | ER - RES-DOM FAC-RES/ITMS-SVS | 1/1/2023 |

***H2017 – HQ Begin date has changed**

Note: Effective for April 1, 2023, the modifier ER has been **end dated** on RF122/132 for 99281 – 99285

- Effective for April 1, 2023, the modifiers below have been end dated for 99408 (Alcohol and/or Substance Abuse Screening and Intervention, 15-30 Minutes) and 99409 (Alcohol and/or Substance Abuse Screening and Intervention, More Than 30 Minutes).

GB - Claim Resubmitted GQ - VUA Asynchronous Telecom
 PO - Services, Procedures 95 - Synchronous Telemedicine

- Effective for dates listed the following modifiers have been added to the reference screens.

| Code | Description | Modifiers | Begin Date |
|-------|--|---|------------|
| 49616 | Repair Of Recurrent Entrapped Hernia of Abdomen, 3-10 cm | 22 - Outpatient Hospital | 01/01/2023 |
| 0001A | Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Preservative Free, 30 Mcg/0.3ml Dosage, Diluent Reconstituted; First Dose | XU - Unusual Non-Overlapping Service, | 10/01/2022 |
| 0002A | Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Preservative Free, 30 mcg/0.3ml Dosage, Diluent Reconstituted; Second Dose | XU - Unusual Non-Overlapping Service, | 10/01/2022 |
| J9035 | Injection, Bevacizumab, 10 mg | KP - First Drug of a Multiple Drug Unit Dose | 06/01/2022 |
| J9035 | Injection, Bevacizumab, 10 mg | KQ - Second or Subsequent Drug of a Multiple Dose | 06/01/2022 |

Modifier End Date

Effective May 11, 2023 the Modifier GE (TCH Phys Exemption/Amb Hosp Based to ECF) has been **end dated** for the CPT code 99214 (Established Patient Office or Other Outpatient Visit, 30-39 Minutes) and 99215 (Established Patient Office or Other Outpatient Visit, 40-54 Minutes).

Effective January 1, 2023, the following modifiers have been added to the codes listed below:

| | | |
|----------------------------------|--|------------------------------------|
| 22 - Unusual Procedural Services | 23 - Unusual Anesthesia | 47 - Anesthesia by Surgeon |
| 53 - Discontinued Procedure | 58 - Staged/Related Proc Same Post-OP Period | 62 - Two Surgeons/Different Skills |

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 49591 | 49592 | 49593 | 49594 | 49595 | 49596 | 49613 |
| 49614 | 49615 | 49616 | 49617 | 49618 | 49621 | 49622 |
| 49623 | | | | | | |

Prior Authorization Changes

| Code | Description | Coverage Code | Begin Date |
|-------------|--|---|-------------------|
| 0171A | Administration Of Coronavirus Vaccine 18, Reserved | PA 4 - PA Not Required for Acute or LTC | 04/18/2023 |
| 0172A | Administration Of Coronavirus Vaccine 18, Reserved | PA 4 - PA Not Required for Acute or LTC | 04/18/2023 |
| 0174A | Administration Of Coronavirus Vaccine 18, Reserved | PA 4 - PA Not Required for Acute or LTC | 03/14/2023 |
| A4560 | Neuromuscular Electrical Stimulator (Nmes), Disposable | 3 - PA REQ'D For Both Acute & LTC | 04/01/2023 |
| J0178 | Injection, Aflibercept, 1 mg | 3 - PA REQ'D For Both Acute & LTC | 06/01/2023 |
| J2278 | Injection, Ziconotide, 1 microgram | 3 - PA REQ'D For Both Acute & LTC | 06/01/2023 |
| Q5128 | Injection, Ranibizumab-Eqrn (Cimerli), Biosimilar, 0.1 m | 3 - PA Required for Both Acute & LTC | 04/01/2023 |

Provider Type

Effective January 1, 2023, the Provider Type 03 (Pharmacy) can report the HCPCS code Q5123 (Injection, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 mg).

Effective December 1, 2019, the Provider Type 03 (Pharmacy) can report HCPCS code Q5108 (Injection, PEGFILGRASTIM-JMDB (FULPHILA), BIOSIMILAR,).

Effective January 1, 2023, the Provider Type A4 (LIC INDEP SUBSTANCE ABUSE COUNS (LISAC)) can report 90853 (Group Psychotherapy).

Effective for March 1, 2023, the HCPCS code H00108 (Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program), Without Room and Board, Per Diem) for provider type 23 (Home Health Agency) has been end dated.

Effective for dates listed, the following Provider Types have had codes **end dated** on their profiles.

| Code | Description | Provider Types | End Date |
|-------|---|----------------|----------|
| 99408 | Alcohol and/or Substance Abuse Screening and Intervention, 15-30 Minutes | 09, 34, 68 | 4/1/2023 |
| 99409 | Alcohol and/or Substance Abuse Screening and Intervention, More Than 30 Minutes | 09, 34, 68 | 4/1/2023 |

Effective for the dates listed for the following codes have been added to the provider types.

| Code | Description | Provider Types | Begin Date |
|-------|--|----------------------------|------------|
| 46601 | Diagnostic Exam of Angus with Magnification and Chemical Agent Enhancement Using an Endoscope | 19 | 12/2/2022 |
| 90849 | Multiple-Family Group Psychotherapy | C2 | 06/01/2022 |
| 92610 | Evaluation Of Swallowing Function | 13 | 2/15/2023 |
| 93503 | Insertion Of Tube in Pulmonary Artery for Monitoring | 12 | 06/01/2022 |
| 95851 | Measurement Of Range of Motion in Arm, Leg or Each Spine Section | 13 | 1/1/2023 |
| 95852 | Measurement Of Range of Motion of Hand | 13 | 1/1/2023 |
| 98978 | Device Supply with Scheduled Recording and Transmission for Remote Monitoring of Cognitive Behavioral Therapy, Per 30 Days | 13 | 1/1/2023 |
| 98978 | Device Supply with Scheduled Recording and Transmission for Remote Monitoring of Cognitive Behavioral Therapy, Per 30 Days | 14 | 1/1/2023 |
| 98978 | Device Supply with Scheduled Recording and Transmission for Remote Monitoring of Cognitive Behavioral Therapy, Per 30 Days | 15 | 1/1/2023 |
| 99408 | Alcohol and/or Substance Abuse Screening and Intervention, 15-30 Minutes | 08, 31, 18, 19, IC, 05, 17 | 10/01/2023 |
| 99409 | Alcohol and/or Substance Abuse Screening and Intervention, More Than 30 Minutes | 08, 31, 18, 19, IC, 05, 17 | 10/01/2023 |
| 99484 | Care Management Services for Behavioral Health Conditions, 20 Minutes or More Clinical Staff Time Directed by Health Care Professional | C2 | 06/01/2022 |
| A4238 | Supply Allowance for Adjunctive, Non-Implanted Continuous Glucose Monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service | 30 | 04/02/2022 |
| D9243 | Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment | 8 | 01/01/2023 |
| J1097 | Phenylephrine 10.16 mg/ml and Ketorolac 2.88 mg/ml Ophthalmic Irrigation Solution, 1 ml | 43 | 10/01/2022 |
| J2356 | Injection, Tezepelumab-EKKO, 1 mg | 03 | 01/01/2023 |
| P9047 | Infusion, Albumin (Human), 25%, 50 ml | 18 | 01/01/2023 |
| Q5108 | Injection, Pegfilgrastim-JMDB, Biosimilar, (Fulphila), 0.5 mg | 3 | 04/01/2022 |
| Q5120 | Injection, PEGFILGRASTIM-BMEZ, Biosimilar, (ZIEXTENZO), 0.5 mg | 19 | 07/01/2022 |

| | | | |
|-------|---|----|------------|
| U0002 | 2019-NCOV Coronavirus, SARS-COV-2/2019-NCOV (COVID-19), Any Technique, Multiple Types or Subtypes (Includes All Targets), Non-CDC | IC | 05/01/2022 |
|-------|---|----|------------|

| | | | |
|---|-------------------------------|------------------------------------|---|
| 03 - Pharmacy | 13 - Occupational Therapist | 18 - Physician's Assistant | 43 - Ambulatory Surgical Center |
| 05 - Clinic | 14 - Physical Therapist | 19 - Registered Nurse Practitioner | C2 - Federally Qualified Health Center (FQHC) |
| 08 - MD-Physician | 15 - Speech/Hearing Therapist | 30 - DME Supplier | IC - Integrated Clinics |
| 12 - Certified Registered Nurse Anesthetist | 17 - Naturopathic Physician | 31 - DO-Physician Osteopath | |

Procedure Daily Maximum

The HCPCS code J7999 (Compounded Drug, Not Otherwise Classified) procedure daily maximum 1.

The CPT code 90960 (Dialysis Services, 4 Or More Physician The Limit #2 and Frequency 2 information has been removed.

The CPT code 98960 () procedure daily maximum has been changed to four (4); Frequency 1: 1D and Frequency 2: 1 month; Laboratory Limit2: 60.

The CPT codes 98961 (Education & Training for Patient Self-Management, 2-4 Patients, Each 30 Minutes) and 98962, (Education & Training for Patient Self-Management, 5-8 Patients, Each 30 Minutes) have under Laboratory Limit 1: 4; Frequency 1: 1 D and Limit 2: 60; Frequency 2: 1 M).

The CPT code 26587 (Reconstruction of Polydactylous Digit, Soft Tissue) Procedure Daily Maximum has been changed to two (2).

| Code | Description | Procedure Daily Maximum | Frequency 1 | Frequency 2 | Laboratory Limit 1 | Laboratory Limit 2 |
|-------|---|-------------------------|-------------|-------------|--------------------|--------------------|
| J7999 | Compounded Drug, Not Otherwise Classified | 1 | | | | |
| 98960 | Education and Training for Patient Self-Management, each 30 Minutes | 4 | 1 D | 1 M | 4 | 60 |
| 98961 | Education & Training for Patient Self-Management, 2-4 Patients, Each 30 Minutes | | 1 D | 1 M | 4 | 60 |
| 98962 | Education & Training for Patient Self-Management, 5-8 Patients, Each 30 Minutes | | 1 D | 1 M | 4 | 60 |
| 26587 | Reconstruction of Polydactylous Digit, Soft Tissue | 2 | | | | |

Place of Service

Effective for the dates listed the POS has been added to the codes below.

| | | | |
|----|-----------------------------------|----|-----------------------------------|
| 01 | Pharmacy | 04 | Homeless Shelter |
| 09 | Prison, Jail, Detention Ctr, Work | 12 | Home |
| 13 | Assisted Living Facility | 14 | Group Home |
| 33 | Custodial Care Facility | 54 | Intermediate Care Facility/Mental |
| 56 | Psychiatric Residential Treatment | 65 | ESRD Treatment Facility |

| | | |
|-------|--|------------|
| A4238 | Supply Allowance for Adjunctive, Non-Implanted Continuous Glucose Monitor (CGM), Includes All Supplies and Accessories, 1 month supply = 1 unit of service | 06/02/2022 |
| A4239 | Supply Allowance for Non-Adjunctive, Non-Implanted Continuous Glucose Monitor | 01/01/2023 |

Effective for January 1, 2023, the Place of Service 19 (Off Campus-Outpatient Hospital) has been added to the following codes:

| Code | Description | Code | Description |
|-------|--|-------|---|
| 49591 | Initial Repair of Sliding Hernia of Abdomen, Less Than 3 Cm in Length | 49616 | Repair Of Recurrent Entrapped Hernia of Abdomen, 3-10 Cm in Length |
| 49593 | Initial Repair of Sliding Hernia of Abdomen, 3-10 Cm in Length | 49617 | Repair Of Recurrent Sliding Hernia of Abdomen, More Than 10 Cm In |
| 49594 | Initial Repair of Entrapped Hernia of Abdomen, 3-10 Cm in Length | 49618 | Repair Of Recurrent Entrapped Hernia of Abdomen, More Than 10 Cm |
| 49595 | Initial Repair of Sliding Hernia of Abdomen, More Than 10 Cm in Length | 49621 | Repair of Sliding Hernia Next to Stomach |
| 49596 | Initial Repair of Entrapped Hernia of Abdomen, More Than 10 Cm In | 49622 | Repair of Entrapped Hernia Next to Stoma |
| 49613 | Repair Of Recurrent Sliding Hernia of Abdomen, Less Than 3 Cm In | 49623 | Removal of Mesh at Same Time as Hernia Repair |
| 49614 | Repair Of Recurrent Entrapped Hernia of Abdomen, Less Than 3 Cm Length | 49592 | Initial Repair of Entrapped Hernia of Abdomen, Less Than 3 Cm in Length |
| 49615 | Repair Of Recurrent Sliding Hernia of Abdomen, 3-10 Cm in Length | | |

Effective for January 1, 2023, the Place of Service 22 (Outpatient Hospital) has been added to the following codes:

| Code | Description | Code | Description |
|-------|---|-------|---|
| 49592 | Initial Repair of Entrapped Hernia of Abdomen, Less Than 3 Cm in Length | 49622 | Repair of Entrapped Hernia Next to Stoma |
| 49591 | Initial Repair of Sliding Hernia of Abdomen, Less Than 3 Cm in Length | 49623 | Removal of Mesh at Same Time as Hernia Repair |

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

| Code | Description | Place of Service | Effective Begin Date |
|-------|---|---|----------------------|
| 19001 | Aspiration of Cyst of Breast, Each Additional Cyst | 21 - Inpatient Hospital | 02/27/2023 |
| 62328 | Removal of Spinal Fluid with Lower Back Spinal Tap for Diagnostic Test Using Imaging Guidance | 23 - Emergency Room – Hospital | 01/01/2023 |
| 90847 | Family Psychotherapy with Patient, 50 Minutes | 15 – Mobile Unit | 01/01/2023 |
| 99202 | New Patient Outpatient Visit, Total Time 15-29 Minutes | 56 - Psychiatric Residential Treatment Center | 01/01/2023 |
| 99203 | New Patient Office or Other Outpatient Visit, 30-44 Minutes | 56 - Psychiatric Residential Treatment Center | 01/01/2023 |
| 99204 | New Patient Office or Other Outpatient Visit, 45-59 Minutes | 56 - Psychiatric Residential Treatment Center | 01/01/2023 |
| 99205 | New Patient Office or Other Outpatient Visit, 60-74 Minutes | 56 - Psychiatric Residential Treatment Center | 01/01/2023 |
| 99212 | Established Patient Office Or Other Outpatient Visit, 10-19 Minutes | 56 - Psychiatric Residential Treatment Center | 01/01/2023 |
| 99213 | Established Patient Office or Other Outpatient Visit, 20-29 Minutes | 56 - Psychiatric Residential Treatment Center | 01/01/2023 |
| 99214 | Established Patient Office or Other Outpatient Visit, 30-39 Minutes | 56 - Psychiatric Residential Treatment Center | 01/01/2023 |
| 99215 | Established Patient Office or Other Outpatient Visit, 40-54 Minutes | 56 - Psychiatric Residential Treatment Center | 01/01/2023 |

Procedure Code and Indicators and Values

90960 (Dialysis Services, 4 Or More Physician Visits Per Month (20 Years or Older) Limit #2 and Frequency 2 information has been removed.

RF223 Updates

The following ICD-10 Diagnosis Codes have had the CONFIDENTIAL SERVICES indicator changed to “Y” on RF223 screen.

| | | | | |
|--------|--------|--------|--------|--------|
| F1011 | F1111 | F13131 | F1811 | O99313 |
| F10130 | F1113 | F13132 | F1891 | O99314 |
| F10131 | F1114 | F13139 | F1911 | O99315 |
| F10132 | F1191 | F1411 | F19130 | O99320 |
| F10139 | F1211 | F1413 | F19131 | O99321 |
| F1090 | F1213 | F1491 | F19132 | O99322 |
| F1091 | F1223 | F1493 | F19139 | O99323 |
| F10930 | F1291 | F1511 | F1991 | O99324 |
| F10931 | F1293 | F1513 | O99310 | O99325 |
| F10932 | F1311 | F1611 | O99311 | |
| F10939 | F13130 | F1691 | O99312 | |

RF724 -Standard Service Set

CPT code 64421 (Injection of Anesthetic Agent and/or Steroid into Multiple Rib Nerves for Regional Nerve Block) has been end dated on the Reference Screen RF724 (Standard Service Set) as of December 31, 2022.

RFC25 - Status Code B CPT-HCPCS Codes

The following codes have been **added** to RFC25 with a begin date of January 1, 2023

G0501 - Resource-Intensive Services For Patients For Whom The Use Of Specialized Mobility-Assistive Technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit

96202 - Multiple-Family Group Behavior Management/Modification Training, Face-To-Face Initial 60 Minutes

96203 - Multiple-Family Group Behavior Management/Modification Training, Face-To-Face, Each Additional 15 Minutes

Effective December 31, 2022, the following CPT codes have been **end dated** on Reference Screen RFC25:

15850 - Removal of Sutures

99339 - Home or Assisted Living Facility Physician Supervision of Care Per Month, 15-29 Minutes

99340 - Home or Assisted Living Facility Physician Supervision of Care Per Month, 30 Minutes or More

Revenue Code

| Code | Description | Revenue Code | Effective Begin Date | End Date |
|-------|---|-----------------------------|----------------------|------------|
| 94626 | Professional Services for Outpatient Pulmonary Rehabilitation with Continuous Monitoring of Blood Oxygen, Per Session | 0410 - Respiratory Services | 01/01/2023 | |
| 99408 | Alcohol and/or Substance Abuse Screening and Intervention, 15-30 Minutes | 0450 - Emergency Room | | 04/01/2023 |
| 99409 | Alcohol and/or Substance Abuse Screening and Intervention, More Than 30 Minutes | 0450 - Emergency Room | | 04/01/2023 |
| J1097 | Phenylephrine 10.16 mg/ml and Ketorolac 2.88 mg/ml Ophthalmic Irrigation Solution, 1 ml | 0250 - Pharmacy | 10/01/2019 | |
| J1097 | Phenylephrine 10.16 mg/ml and Ketorolac 2.88 mg/ml Ophthalmic Irrigation Solution, 1 ml | 0636 - Drugs/Detail Code | 10/01/2019 | |

Effective for January 1, 2023, the revenue codes 98975, 98976, 98977, 98980 and 98981 have revenue codes 0514, 0515, 0517, 0519 added. The revenue code 0361 has been **end dated**.