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Age Changes

The following codes have had the ages changed.

Code	Description	Minimum	Maximum
0144A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Bivalent, Preservative Free, 25 mcg/0.25 ml dosage, additional dose	006M	0143M
91314	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) Vaccine, MRNA-LNP, Spike Protein, Bivalent, Preservative Free, 25 mcg/0.25 ml Dosage, For Intramuscular use	006M	0143M
99188	Application of Topical Fluoride Varnish by a Physician	006 M	060 M

Category of Service

Effective December 31, 2022, the following HCPCS codes have been end dated with COS 15 and updated to COS 40 with an effective date of January 1, 2023.

Codes				
A4221	A4256	A4556	A4596	A7018
A4224	A4257	A4557	A4615	E1701
A4225	A4258	A4558	A4617	E1702
A4239	A4259	A4559	A4620	K0552
A4255	A4265	A4595	A6550	

Codes

- The effective begin date for J9321 (Injection, Epcoritamab-BYSP, 0.16 mg) has been changed to January 1, 2024.
- Effective April 1, 2024, Provider Type 43; Modifier SG; Revenue Code 0490; and Place of Service 24 have been added to the following codes.

Codes			
J0177	J1203	J3424	Q4306
J0577	J1323	J7165	Q4307
J0578	J2277	J7354	Q4308
J0589	J2782	J9075	Q4309
J0651	J2801	J9248	Q4310
J0652	J3055	Q4305	Q4306

Code Changes

Effective March 31, 2024, the following CPT/HCPCS codes have changed. Refer to Reference Screens for further information.

Codes	Description	Codes	Description
0354 U	Human Papillomavirus (HPV) by quantitative polymerase chain reaction (qPCR)	J1020	Injection, methylprednisolone acetate, 20 mg
0416 U	Detection of DNA of 20 organisms in urine	J1030	Injection, methylprednisolone acetate, 40 mg
C9159	Injection, prothrombin complex concentrate (human), balfaxar, per i.u. of factor ix activity	J1040	Injection, methylprednisolone acetate, 80 mg
C9160	Injection, daxibotulinumtoxina-lanm, 1 unit	J1840	Injection, kanamycin sulfate, up to 500 mg
C9161	Injection, aflibercept hd, 1 mg	J1850	Injection, kanamycin sulfate, up to 75 mg
C9162	Injection, avacincaptad pegol, 0.1 mg	J2920	Injection, methylprednisolone sodium succinate, up to 40 mg
C9163	Injection, talquetamab-tgvs, 0.25 mg	J2930	Injection, methylprednisolone sodium succinate, up to 125 mg
C9164	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	J9070	Cyclophosphamide, 100 mg
C9165	Injection, elranatamab-bcmm, 1 mg	J9250	Methotrexate sodium, 5 mg
E2300	Wheelchair accessory, power seat elevation system, any type	Q4244	Procenta, per 200 mg
J0576	Injection, buprenorphine extended-release (brixadi), 1 mg		

Code Descriptions

The following codes have had their descriptions changed.

Code	Description
0412U	Measurement of AB42/40 Ratio in Plasma to Evaluation for Brain Amyloid Pathology
A4561	Pessary, Reusable, Rubber, Any Type
A4562	Pessary, Reusable, Non-Rubber, Any Type
E2001	Suction Pump, Home Model, Portable or Stationary, Electric, Any Type, For Use Wi
J0208	Injection, Sodium Thiosulfate (Pedmark), 100 Mg
J0612	Injection, Calcium Gluconate, Not Otherwise Specified, 10 Mg
J0613	Injection, Calcium Gluconate (wg Critical Care), not therapeutically equivalent
J3380	Injection, Vedolizumab, Intravenous, 1 mg
J3425	Injection, Hydroxocobalamin, Intramuscular, 10 mcg
J7516	Injection, Cyclosporine, 250 mg
J9029	Intravesical Instillation, Nadofaragene Firadenovec-VNCG, Per Therapeutic Dose
J9260	Injection, methotrexate sodium, 50 mg

Coverage Code

Effective for dates listed the following coverage code has changed from 01 (Covered Service/Code Available) to 04 (Not Covered Service/Code Not Available).

Code	Description	Begin Date
0345U	Psychiatry (e.g., Depression, Anxiety, Attention Deficit)	03/01/2024
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	10/4/2023
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,	10/4/2023
0044A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, Preservative Free, 5 mcg/0.5 ml dosage; booster dose	10/4/2023
0121A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Bivalent Spike Protein, Preservative Free, 30 mcg/0.3 ml dosage, Tris-Sucrose Formulation, single dose	9/12/2023
0124A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Bivalent Spike Protein, Preservative Free, 30 mcg/0.3 ml dosage, tris-sucrose formulation, additional dose	9/12/2023
0134A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Bivalent, Preservative Free, 50 mcg/0.5 ml dosage, additional dose	9/12/2023
0141A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Bivalent, Preservative Free, 25 mcg/0.25 ml dosage, first dose	9/12/2023
0142A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Bivalent, Preservative Free, 25 mcg/0.25 ml dosage, second dose	9/12/2023
0144A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Bivalent, Preservative Free, 25 Mcg/0.25 ml dosage, additional dose	9/12/2023
0151A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Bivalent Spike Protein, Preservative Free, 10 Mcg/0.2 ml Dosage, Diluent Reconstituted, Tris-Sucrose Formulation, Single Dose	9/12/2023
0154A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Bivalent Spike Protein, Preservative Free, 10 mcg/0.2 ml dosage, diluent reconstituted, Tris-Sucrose Formulation, additional dose	9/12/2023
0164A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein, Bivalent, Preservative Free, 10 mcg/0.2 ml dosage, additional dose	9/12/2023

Code	Description	Begin Date
0171A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Bivalent Spike Protein, Preservative Free, 3 mcg/0.2 ml dosage, diluent reconstituted, Tris-Sucrose formulation, first dose	9/12/2023
0172A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Bivalent Spike Protein, Preservative Free, 3 mcg/0.2 ml dosage, diluent reconstituted, Tris-Sucrose formulation, second dose	9/12/2023
0173A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Bivalent Spike Protein, Preservative Free, 3 mcg/0.2 ml dosage, diluent reconstituted, Tris-Sucrose formulation, third dose	9/12/2023
0174A	Intramuscular Administration of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Bivalent Spike Protein, Preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, Tris-Sucrose formulation, additional dose	9/12/2023

Code	Description	Coverage Code	Effective End Date
E0152*	Walker, battery powered, wheeled, folding, adjustable or fixed height	04 - Not Covered Service/Code Not Available	02/29/2024
J0650*	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	04 - Not Covered Service/Code Not Available	02/29/2024
J1010*	Injection, methylprednisolone acetate, 1 mg	04 - Not Covered Service/Code Not Available	02/29/2024

Note: codes have different descriptions.

Indicators

Code	Description	Third Party Liability
61635	Insertion Of Stent in Blood Vessel of Head	Y
97010	Application Of Hot or Cold Packs	Y

Modifiers

Effective April 1, 2024, the modifiers JW (Drug Amt Discarded/Not Admin to Any Patient) and JZ (Zero Drug Amount Discarded/Not Administered) have been added to the following HCPCS codes.

Code	Description
C9166	Injection, Secukinumab, Intravenous, 1 mg
C9167	Injection, Apadamtase Alfa, 10 units
C9168	Injection, Mirikizumab-Mrkz, 1 mg
J0577	Injection, Buprenorphine Extended-Release (BRIXADI)
J0578	Injection, Buprenorphine Extended-Release (BRIXADI)
J0589	Injection, Daxibotulinumtoxina-Lanm, 1 Unit
J0651	Injection, Levothyroxine Sodium (Fresenius Kabi)
J0562	Injection, Levothyroxine Sodium (Hikma)
J1203	Injection, Cipaglucoisidase Alfa-Atga, 5 Mg
J1323	Injection, Elranatamab-Bcmm, 1 Mg
J2277	Injection, Motixafortide, 0.25 Mg
J2782	Injection, Avacincapted Pegol, 0.1 Mg
J2801	Injection, Risperidone (Rykindo), 0.5 Mg
J3055	Injection, Talquetamab-TGVS, 0.25 Mg
J3424	Injection, Hydroxocobalamin, Intravenous, 25 Mg
J7165	Injection, Prothrombin Complex Concentrate, Human-Lans,
J7354	Cantharidin For Topical Administration, 0.7%, Single Unit
J9075	Injection, Cyclophosphamide, Not Otherwise Specified
J9248	Injection, Melphalan (Hepzato), 1 Mg

- Effective January 1, 2023, the modifier PN (Non-Excepted Service Provided at an Off-Campus) has been added to the following codes.

Codes					
36415		85027	96417	J2270	J9045
36430		85303	C9803	J2323	J9047
80053		86304	J0185	J2357	J9202
81002		86850	J0780	J2405	J9267
81050		86900	J0897	J2724	J9271
82784		86923	J1100	J2796	J9299
83540		96360	J1200	J2997	J9306
83550		96361	J1459	J3420	J9317
83735		96367	J1561	J3475	J9355
84156		96372	J1642	J3489	J9358
84439		96374	J1745	J3490	J9395
84443		96376	J1750	J7120	Q5107
85007		96401	J1940	J9022	Q5117
85025		96415	J2182	J9035	Q5120

Code	Description	Modifier	Effective Begin Date
00537	Anesthesia For Procedure to Assess Heart Electrical Activity	78 - Return To O.R. For Related Proc Post-OP	1/1/2024
00770	Anesthesia For Procedure on Large Blood Vessels in Abdomen	78 - Return to O.R. For Related Proc Post-OP	9/1/2023
10005	Fine Needle Aspiration Biopsy Using Ultrasound Guidance, First Growth	XS - Separate Structure, A Service	7/1/2023
17999	Other Procedure on Skin, Mucous Membrane, And Tissue	58 - Staged/Related Procedure Same Post-OP Period	10/1/2023
28705	Fusion Of All Bones of Ankle and Hindfoot	50 - Bilateral Procedure (Pay 50%)	05/01/2023
31575	Diagnostic Exam of Voice Box Using a Flexible Endoscope	PN - Non-Excepted Service Provided at an Off-Campus, Outpatient, Provider-Based Department of a Hospital	10/1/2023
33228	Removal and replacement of dual lead permanent pacemaker	SC - Medically Necessary Services or Supply	4/1/2023
36591	Collection of blood sample from Implanted Device	Q1 - Routine Clin Research/Cert Mycosis Toenail	4/1/2023
43276	Replacement Of Stent in Pancreatic or Bile Duct Using A Flexible Endoscope	51 - Multiple Procedures	01/01/2023
77387*	Imaging Guidance for Localization of Radiation Treatment	26 - Professional Component	7/1/2023
83014	Helicobacter Pylori; Drug Administration	PO - Services, Procedures and/or Surgeries	4/1/2023
85027	Complete Blood Cell Count (Red Cells, White Blood Cell, Platelets), automated test	Q1 - Routine Clin Research/Cert Mycosis Toenail	4/1/2023
86304	Immunologic Analysis for detection of tumor Antigen, Quantitative; Ca 125	Q1 - Routine Clin Research/Cert Mycosis Toenail	4/1/2023
90675	Rabies Vaccine for Injection into Muscle	JZ - Zero Drug Amount Discarded/Not Administered	7/1/2023
93569	Injection for selective imaging of pulmonary artery during heart catheterization, on one side of body	GC - Teaching Physician Services	1/1/2023
93569	Injection for selective imaging of pulmonary artery during heart catheterization, on one side of body	63 - Neonates/Infants Up to the 4-KG cut off	1/1/2023
96365	Infusion into a vein for therapy, prevention, or diagnosis, 1 hour or less	PN - Non-Excepted Service Provided at an Off-Campus	4/1/2023
96365	Infusion into a vein for therapy, prevention, or diagnosis, 1 hour or less	Q1 - Routine Clin Research/Cert Mycosis Toenail	4/1/2023
96366	Infusion into a vein for therapy, prevention, or diagnosis, each additional hour	PN - Non-Excepted Service Provided at an Off-Campus	4/1/2023
96367	Infusion into a vein for therapy, prevention, or diagnosis, additional Sequential infusion, 1 hour or less	Q1 - Routine Clin Research/Cert Mycosis Toenail	4/1/2023

*Date change

Code	Description	Modifier	Effective Begin Date
96375	Injection of additional new drug or substance into vein	PN - Non-Excepted Service Provided at an Off-Campus	4/1/2023
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, initial 30 minutes	CO - Outpatient OT Service by OTA	1/1/2024
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, initial 30 minutes	CQ - Outpatient Pt Service by PTA	1/1/2024
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, each additional 15 minutes	CO - Outpatient OT Service by OTA	1/1/2024
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, each additional 15 minutes	CQ - Outpatient Pt Service by PTA	1/1/2024
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community	CO - Outpatient OT Service by OTA	1/1/2024
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community	CQ - Outpatient Pt Service by PTA	1/1/2024
99177	Screening Of Eye with Special Instrument Onsite Analysis	52 - Reduced Services	1/1/2024
99213	Established patient office or other outpatient visit with low level OD Decision Making, if using time, 20 minutes or more	PN - Non-Excepted Service Provided at an Off-Campus	4/1/2023
A4224	Supplies For Maintenance of Insulin Infusion Catheter, Per Week	KX - Requirements Specified	1/1/2022
C9163	Injection, Talquetamab-Tgvs, 0.25 mg	JB - Administered Subcutaneously	1/1/2024
C9163	Injection, Talquetamab-Tgvs, 0.25 mg	JG - Drug or Biological Acquired With 340B Dr	1/1/2024
C9163	Injection, Talquetamab-Tgvs, 0.25 mg	JW - Drug Amt Discarded/Not Admin to Any Pati	1/1/2024
C9163	Injection, Talquetamab-Tgvs, 0.25 mg	TB - Drug or Biological Acquired With 340B Dr	1/1/2024

Code	Description	Modifier	Effective Begin Date
E2102	Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver	KX - Requirements Specified	4/1/2022
E2102	Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver	KF - Item Designated by FDA As Class III Dev.	4/1/2022
E2102	Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver	UE - Used Durable Medical Equipment	4/1/2022
J0588	Injection, Incobotulinumtoxin A, 1 Unit	JW - Drug Amt Discarded/Not Admin to Any Patient	7/1/2023
J0881	Injection, Darbepoetin ALFA, 1 microgram (non-ESRD use)	PN - Non-Excepted Service Provided at an Off-Campus	4/1/2023
J0881	Injection, Darbepoetin ALFA, 1 microgram (non-ESRD use)	JB - Administered Subcutaneously	4/1/2023
J1439	Injection, Ferric Carboxymaltose, 1 mg	PN - Non-Excepted Service Provided at an Off-Campus	4/1/2023
J1569	Injection, Immune Globulin, (Gammagard liquid), non-lyophilized,	PN - Non-Excepted Service Provided at an Off-Campus	4/1/2023
J9179	Injection, Eribulin mesylate, 0.1 mg	PN - Non-Excepted Service Provided at an Off-Campus	04/01/2023
J9273	Injection, Tisotumab Vedotin-TFTV, 1 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	7/1/2023
J9273	Injection, Tisotumab Vedotin-TFTV, 1 mg	JG - Drug or Biological Acquired With 340B Dr	7/1/2023
J9273	Injection, Tisotumab Vedotin-TFTV, 1 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	7/1/2023
J9273	Injection, Tisotumab Vedotin-TFTV, 1 mg	JG - Drug or Biological Acquired With 340B Dr	7/1/2023

Place of Service

Code	Description	Place of Service	Effective Begin Date
00192	Anesthesia For Extensive Surgery on Face Bones or Skull	24 - Ambulatory Surgical Center	01/01/2024
J2406	Injection, Oritavancin (KIMYRSA), 10 mg	12 – Home	05/01/2023
J7314*	Injection, Fluocinolone Acetonide, Intravitreal Implant	24 - Ambulatory Surgical Center	02/01/2023
L8681	Patient programmer (external) for use with implantable programmable Neurostimulator Pulse Generator, replacement only	12 - Home	10/01/2023
82962	Blood Glucose (Sugar) Test Performed by Hand-Held Instrument	12 – Home	01/01/2024
92558	Test For Screening Hearing Using a Probe	03 - School	01/01/2024
92570	Comprehensive Hearing Test	03 - School	01/01/2024
99173	Screening For Visual Sharpness	03 - School	01/01/2024
99177	Screening of Eye with Special Instrument Onsite Analysis	03 - School	01/01/2024
99454	Remote Monitoring of Physiologic Parameters, initial supply of devices with daily recordings or programmed alerts transmission, each 30 days	19 - Off Campus-Outpatient Hospital	01/01/2024
99454	Remote Monitoring of Physiologic Parameters, initial supply of devices with daily recordings or programmed alerts transmission, each 30 days	22 - Outpatient Hospital	01/01/2024
99459	Pelvic Exam	05 - Indian Health Service Free-Standing	01/01/2024
99459	Pelvic Exam	06 - Indian Health Service Provider-Base	01/01/2024
99459	Pelvic Exam	07 - Tribal 638 Free-Standing Facility	01/01/2024
99459	Pelvic Exam	08 - Tribal 638 Provider-Based Facility	01/01/2024
99459	Pelvic Exam	11 - Office	01/01/2024
99459	Pelvic Exam	13 - Assisted Living Facility	01/01/2024
99459	Pelvic Exam	14 - Group Home	01/01/2024
99459	Pelvic Exam	19 - Off Campus-Outpatient Hospital	01/01/2024
99459	Pelvic Exam	20 - Urgent Care Facility	01/01/2024
99459	Pelvic Exam	22 - Outpatient Hospital	01/01/2024
99459	Pelvic Exam	23 - Emergency Room - Hospital	01/01/2024
99459	Pelvic Exam	49 - Independent Clinic	01/01/2024
99459	Pelvic Exam	50 - Federally Qualified Health Center	01/01/2024

Note: J7314 has a begin date change

Procedure Codes and Descriptions (RF110)

Effective April 1, 2024, the HCPCS codes have had their Classification changed.

Code	Description	Classification
G0138	Intravenous Infusion of CipaglucoSidase ALFA-ATGA	JA - Drugs Administered Other Than Oral Method
H0051	Traditional Healing Service	HA - Behavioral Health

Procedure Daily Maximum

Code	Description	Procedure Daily Maximum
26440	Release of Tendon of Palm or Finger	6
27686	Lengthening Or Shortening of Multiple Tendons of Leg or Ankle	3
28232	Incision To Lengthen Toe Tendon	6
88341	Special Stained Specimen Slides to Examine Tissue, Each Additional Procedure	13
J1580	Injection, Garamycin, Gentamicin, up to 80 mg	9
J3299	Injection, Triamcinolone Acetonide (Xipere), 1 mg	36
Q4118	Matristem Micromatrix, 1 mg	001000

Provider Types

- Effective February 18, 2024, the codes listed have been end dated for the following providers.
98960 (Education and Training for patient self-management, each 30 minutes)
98961 (Education and Training for patient self-management, 2-4 patients, each 30 minutes)
98962 (Education and Training for patient self-management, 5-8 patients, each 30 minutes)

Provider Type	
07 - Dentist	40 – Attendant Care
16 - Chiropractor	41 - Dialysis Clinic
17 - Naturopathic Physician	69 - Optometrist
39 - Habilitation Provider	

- Effective for provider types: 08 (MD-Physician), 12 (Certified Registered Nurse Anesthetist) and 31 (DO-Physician Osteopath) the code 0094U (Rapid Sequence Gene Testing) has a change in the begin date 07/01/2019 and an end date 06/30/2021.
- Effective March 21, 2024, the CPT code 99078 (Education Provided in A Group Setting) has been end dated for the following providers:

Provider Type	
08 - MD-Physician	46 - Independent RN
18 - Physician's Assistant	68 - Homeopathic
19 - Registered Nurse Practitioner	90 - QMB Only Provider
31 - DO-Physician Osteopath	CN - Clinical Nurse Specialist

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

Code	Description	Provider Type	Effective Begin Date
1159F	Medication List Documented in Medical Record (COA)	09 - Certified Nurse-Midwife	1/1/2024
1170F	Functional Status Assessed (COA) (RA)	47 - Registered Dietician	1/1/2023
1170F	Functional Status Assessed (COA) (RA)	87 - Licensed Professional Counselor (LPC)	1/1/2023
1170F	Functional Status Assessed (COA) (RA)	85 - Licensed Clinical Social Worker (LCSW)	1/1/2023
2023F	Dilated Retinal Eye Exam with Interpretation by An Ophthalmologist or Optometrist Documented and Reviewed; Without Evidence of Retinopathy (DM)	09 - Certified Nurse-Midwife	1/1/2023
2023F	Dilated Retinal Eye Exam with Interpretation by An Ophthalmologist or Optometrist Documented and Reviewed; Without Evidence of Retinopathy (DM)	47 - Registered Dietician	1/1/2023
2023F	Dilated Retinal Eye Exam with Interpretation by An Ophthalmologist or Optometrist Documented and Reviewed; Without Evidence of Retinopathy (DM)	85 - Licensed Clinical Social Worker (LCSW)	1/1/2023
2023F	Dilated Retinal Eye Exam with Interpretation by An Ophthalmologist or Optometrist Documented and Reviewed; Without Evidence of Retinopathy (DM)	87 - Licensed Professional Counselor (LPC)	1/1/2023
3060F	Positive Microalbuminuria Test Result Documented and Reviewed (DM)	09 - Certified Nurse-Midwife	1/1/2023
3060F	Positive Microalbuminuria Test Result Documented and Reviewed (DM)	47 - Registered Dietician	1/1/2023
3060F	Positive Microalbuminuria Test Result Documented and Reviewed (DM)	85 - Licensed Clinical Social Worker (LCSW)	1/1/2023
3060F	Positive Microalbuminuria Test Result Documented and Reviewed (DM)	87 - Licensed Professional Counselor (LPC)	1/1/2023
3072F	Low Risk for Retinopathy (No Evidence of Retinopathy in The Prior Year) (DM)	09 - Certified Nurse-Midwife	1/1/2023
3072F	Low Risk for Retinopathy (No Evidence of Retinopathy in The Prior Year) (DM)	47 - Registered Dietician	1/1/2023
3072F	Low Risk for Retinopathy (No Evidence of Retinopathy in The Prior Year) (DM)	85 - Licensed Clinical Social Worker (LCSW)	1/1/2023
3072F	Low Risk for Retinopathy (No Evidence of Retinopathy in The Prior Year) (DM)	87 - Licensed Professional Counselor (LPC)	1/1/2023
3076F	SYST BP < 140 MM HG	85 - Licensed Clinical Social Worker (LCSW)	1/1/2023

Code	Description	Provider Type	0.0....
64999	Other procedure on nervous system	12 - Certified Registered Nurse Anesthetist	9/1/2023
75989	Review By Radiologist of Image for Drainage of Fluid	19 - Registered Nurse Practitioner	1/1/2024
81513	Measurement of RNA of Bacteria in Vaginal Fluid Specimen	04 - Laboratory	1/1/2021
90836	Extended Patient Service Without Direct Patient Contact, first hour	IC - Integrated Clinics	1/1/2023
90867	Treatment Using Magnetic Field to Stimulate Nerve Cells in Brain, Initial Delivery and Management	19 - Registered Nurse Practitioner	4/1/2024
90868	Treatment Using Magnetic Field to Stimulate Nerve Cells in Brain, Subsequent Delivery and Management	19 - Registered Nurse Practitioner	4/1/2024
90869	Treatment Using Magnetic Field to Stimulate Nerve Cells in Brain, Subsequent Motor Threshold Redetermination with Delivery and Management	19 - Registered Nurse Practitioner	4/1/2024
95800	Sleep Study Including Heart Rate, Breathing, and Sleep Time	E1 - Independent Testing Facilities	4/1/2023
97550	Caregiver Training in strategies and techniques to facilitate the patient's functional performance in the home or community, initial 30 minutes	SA - Speech Language Pathology Assistant	10/1/2023
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, initial 30 minutes	IC - Integrated Clinics	1/1/2024
97551	Functional performance in the home or community, each additional 15 minutes	SA - Speech Language Pathology Assistant	10/1/2023
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, each additional 15 minutes	IC - Integrated Clinics	1/1/2024
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community	SA - Speech Language Pathology Assistant	10/1/2023
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community	IC - Integrated Clinics	1/1/2024
99358	Psychotherapy With Evaluation and Management Visit, 45 minutes	IC - Integrated Clinics	1/1/2023
J0225	Injection, Vutrisiran, 1 mg	03 - Pharmacy	4/1/2023
J0699	Injection, Cefiderocol, 10 mg	03 - Pharmacy	4/1/2023
J2327	Injection, Risankizumab-Rzaa, Intravenous, 1 mg	03 - Pharmacy	1/1/2023

- Effective April 1, 2024, the following HCPCS codes have been end dated for the providers listed.

Provider Type	Codes			
C2 - Federally Qualified Health Center (FQHC)	T2023	T2024	T2028	T2029
C4 - Speciality Per Diem Hospitals	T2023	T2024	T2028	T2029
C5 - 638 FQHC	T2023	T2024	T2028	T2029
H2 - One Time Only Out of State Hospital	T2023	T2024	T2028	T2029
05 - Clinic	T2023	T2024	T2028	T2029
29 - Community/Rural Health Center	T2023	T2024	T2028	T2029
46 - Independent RN	T2023	T2024	T2028	T2029
Ed - Free Standing ED	T2023	T2024		
22 - Nursing Home	H0044			
23 - Home Health Agency	H0044			
81 - EPD HCBS	H0044			

Revenue Codes

Code	Description	Revenue Code	Effective Begin Date
0225U	Test For Detection of Respiratory Disease-Causing Organisms, 21 Target Organisms Including Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19)	0310 - Pathology Lab	07/01/2021
0629T	Injection Of Cell or Tissue-Based Material into Spinal Disc of Lower Back Accessed Through Skin Using Ct Imaging Guidance, First Level	0361 - OR/Minor	01/01/2024
0630T	Injection Of Cell or Tissue-Based Material into Spinal Disc of Lower Back Accessed Through Skin Using CT Imaging Guidance, Each Additional Level	0361 - OR/Minor	01/01/2024
64598	Revision Or Removal of a Electrode Array With An Integrated Neurostimulator	0361 - OR/Minor	01/01/2024
J0391	Injection, Artesunate, 1 Mg	0636 - Drugs/Detail Coding	01/01/2024
J0873	Injection, Daptomycin (Xellia) Not Therapeutically Equivalent to J0878, 1 mg	0250 - Pharmacy	01/01/2024

Standard Service Set (RF724)

Effective February 29, 2024, the HCPCS code H0043 (Supported Housing, Per Diem) has the following changes:

ENT Indicator – L has been **end dated**

Entity Type – STO with ENT Indicator B has been **end dated**

The code H0043 for the following Provider Types has been end dated also.

Provider Types	
A3 – Community Service Agency	23 – Home Health Agency
A5 – Behavioral Health Therapeutic Home	77 – BH Outpatient Clinic
IC – Integrated Clinic	81 – EPD HCBS