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**Age Change**

The age change for the CPT code 58943 (Removal of Ovaries for Ovarian Cancer) has been changed to the following:

Minimum Age: 012 Y Maximum Age: 055 Y

**ASC**

For updates on the 2025 ASC codes refer to the RFC23 (ASC Rate Schedule).

***NOTE:*** From the Coding Manager -- The update. Effective 1/1/2025 H0031 will have a limit set to 5 in one year, please see the CBHSG for further information.

**ASC Codes**

Effective December 31, 2024, the Place of Service 24, Modifier SG, Provider Type 43, Revenue Code 0490 have been **end dated** for the codes listed.

| CODES |       |       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 0016T | 0340T | 0508T | 19366 | 32422 | 43760 | 63615 | 76001 | C9024 | C9133 | C9494 | D7952 | J9371 |
| 0017T | 0346T | 0534T | 20005 | 33282 | 44383 | 64412 | 77776 | C9028 | C9134 | C9497 | G0364 | M0224 |
| 00731 | 0404T | 0566T | 21310 | 33284 | 44393 | 64470 | 77777 | C9029 | C9139 | C9716 | G0392 | Q0165 |
| 00732 | 0406T | 0775T | 21495 | 35460 | 44397 | 64472 | 77781 | C9031 | C9140 | C9724 | G0393 | Q0168 |
| 00811 | 0407T | 0786T | 21800 | 35475 | 45339 | 64475 | 77785 | C9033 | C9146 | C9729 | G2170 | Q0170 |
| 00812 | 0424T | 0809T | 21805 | 35476 | 45345 | 64476 | 77786 | C9043 | C9147 | C9733 | G2171 | Q0172 |
| 00813 | 0425T | 10022 | 22305 | 36120 | 45355 | 64508 | 77787 | C9059 | C9148 | C9735 | J0151 | Q0176 |
| 0100T | 0426T | 11100 | 22520 | 36145 | 45383 | 64560 | 90665 | C9060 | C9163 | C9737 | J0550 | Q0178 |
| 0170T | 0427T | 11101 | 22521 | 36147 | 45387 | 64565 | 90669 | C9061 | C9164 | C9743 | J0610 | Q0239 |
| 0186T | 0428T | 11752 | 22522 | 36469 | 46210 | 64577 | 90692 | C9062 | C9165 | C9744 | J0693 | Q2025 |
| 0190T | 0429T | 13150 | 22523 | 36515 | 46211 | 64613 | 90718 | C9063 | C9249 | C9745 | J0704 | Q2033 |
| 0191T | 0430T | 14300 | 22524 | 36834 | 46762 | 64614 | 91300 | C9064 | C9275 | C9747 | J0718 | Q2040 |
| 0192T | 0431T | 15300 | 22525 | 36870 | 46937 | 64622 | 91301 | C9065 | C9280 | C9748 | J0833 | Q2044 |
| 01937 | 0432T | 15301 | 23331 | 37202 | 46938 | 64623 | 91303 | C9066 | C9281 | C9749 | J1246 | Q2045 |
| 01938 | 0433T | 15320 | 24153 | 37203 | 47500 | 64626 | 91304 | C9068 | C9282 | C9750 | J1412 | Q2046 |
| 01939 | 0434T | 15321 | 26255 | 37204 | 47505 | 64627 | 91305 | C9069 | C9283 | C9752 | J1446 | Q2048 |
| 01940 | 0465T | 15330 | 26261 | 37205 | 47510 | 64761 | 91307 | C9070 | C9284 | C9753 | J1565 | Q2051 |
| 01941 | 0466T | 15331 | 27193 | 37206 | 47511 | 64870 | 91309 | C9071 | C9286 | C9779 | J1590 | Q4131 |
| 01942 | 0467T | 15335 | 27194 | 37207 | 47525 | 65805 | 91312 | C9072 | C9287 | C9780 | J1725 | Q4172 |
| 0226T | 0468T | 15336 | 27370 | 37208 | 47530 | 66165 | 91313 | C9073 | C9292 | C9803 | J2271 | Q4210 |

**Codes**

AHCCCS has updated RF606 (Excluded Services) for the ASC codes, please reference RF606 for these exclusions.

**Code Description Changes (RF110)**

0502U – Testing for High-Risk Markers in Human Papillomavirus

0508U – Testing For Quantification of donor derived cell-free DNA using 40 Single Nucleotide Polymorphisms to determine risk for active transplant rejection

L8720 – External lower extremity sensory prosthetic device, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg

- Effective for April 1, 2025, the ICD-10 codes description have been added to the Reference Screen RF161.

| Action      | Code    | Long Description   |
|-------------|---------|--|
| Revise from | XW133G8 | Transfusion of OTL-200 into Peripheral Vein, Percutaneous Approach, New Technology Group 8                 |
| Revise to:  | XW133G8 | Transfusion of Atidarsagene Autotemcel into Peripheral Vein, Percutaneous Approach, New Technology Group 8 |
| Revise from | XW143G8 | Transfusion of OTL-200 into Central Vein, Percutaneous Approach, New Technology Group 8                    |
| Revise to:  | XW143G8 | Transfusion of Atidarsagene Autotemcel into Central Vein, Percutaneous Approach, New Technology Group 8    |

- Effective January 1, 2025, the codes listed have been added to the following for:

Place of Service 24 (Ambulatory Surgical Center)

Modifier – SG (Amb Surg CTR (ASC) FACIL)

Provider Type 43 (Ambulatory Surgical Center)

Rev Code 0490 (Ambul Surg)

|       |       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 0621T | 0874T | 0933T | 64473 | A9530 | C7564 | D7413 | J0750 | J2802 | Q0240 | Q4292 | Q5144 |
| 0660T | 0875T | 0946T | 64474 | A9563 | C7565 | D7414 | J0751 | J2919 | Q0243 | Q4293 | Q5145 |
| 0661T | 0882T | 15011 | 66683 | A9589 | C8002 | D7415 | J0799 | J3244 | Q0244 | Q4294 | Q5146 |
| 0674T | 0883T | 15012 | 70010 | A9600 | C8003 | D7450 | J0870 | J8520 | Q0245 | Q4295 | Q9996 |
| 0675T | 0884T | 15013 | 74221 | A9604 | C9150 | D7451 | J0872 | J8521 | Q0247 | Q4296 | Q9997 |
| 0676T | 0885T | 15014 | 74248 | A9606 | C9172 | D7460 | J0911 | J8522 | Q4199 | Q4297 | Q9998 |
| 0677T | 0886T | 15015 | 76015 | A9607 | C9173 | D7461 | J1010 | J8541 | Q4224 | Q4298 |       |
| 0678T | 0887T | 15016 | 76883 | A9610 | C9610 | D7471 | J1170 | J9026 | Q4225 | Q4299 |       |
| 0679T | 0888T | 15017 | 78835 | A9615 | C9734 | D7485 | J1171 | J9028 | Q4251 | Q4300 |       |
| 0680T | 0913T | 15018 | 90655 | C1735 | C9796 | D7521 | J1307 | J9032 | Q4252 | Q4301 |       |
| 0681T | 0914T | 25448 | 90658 | C1736 | C9797 | D7530 | J1552 | J9076 | Q4253 | Q4302 |       |
| 0682T | 0915T | 37192 | 90684 | C1737 | C9804 | D7540 | J1748 | J9118 | Q4256 | Q4303 |       |
| 0707T | 0916T | 53865 | 90684 | C1738 | C9806 | G0269 | J1749 | J9249 | Q4257 | Q4304 |       |
| 0717T | 0917T | 53866 | 90885 | C1739 | C9807 | G0564 | J2001 | J9258 | Q4262 | Q4313 |       |
| 0718T | 0918T | 55882 | 90887 | C1880 | C9808 | G0565 | J2002 | J9292 | Q4263 | Q5126 |       |
| 0810T | 0919T | 60260 | 90889 | C7500 | C9809 | J0138 | J2003 | J9301 | Q4264 | Q5134 |       |
| 0867T | 0920T | 60660 | 90940 | C7518 | D7251 | J0139 | J2004 | J9329 | Q4279 | Q5136 |       |
| 0869T | 0921T | 60661 | 91200 | C7519 | D7320 | J0209 | J2252 | J9376 | Q4287 | Q5139 |       |
| 0870T | 0922T | 64466 | 93355 | C7549 | D7321 | J0612 | J2253 | L8609 | Q4288 | Q5140 |       |
| 0871T | 0923T | 64467 | A2026 | C7555 | D7410 | J0650 | J2272 | Q0220 | Q4289 | Q5141 |       |
| 0872T | 0924T | 64468 | A9513 | C7562 | D7411 | J0666 | J2371 | Q0221 | Q4290 | Q5142 |       |
| 0873T | 0925T | 64469 | A9517 | C7563 | D7412 | J0739 | J2401 | Q0222 | Q4291 | Q5143 |       |

**Coverage Code**

- The HCPCS code J1050 (Injection, Medroxyprogesterone Acetate, 1 mg) now has a Coverage Code of 01 (Covered Service/Code Available) (RF123).
- The coverage code 09 (Medicare Only) (RF123) has been added to 99437 (Chronic Care Management Services for Two Or More Chronic Conditions, additional minutes provided personally by health care professionals, per calendar month) with an effective date of January 1, 2022.
- Effective March 31, 2025, the coverage code 01 will be **end dated**. On April 1, 2025, the Coverage code will change to 04 (Not Covered Service/Code Not Available) on the Reference Screen RF163 (ICD-10 Procedure AHCCCS Coverage).

|         |         |
|---------|---------|
| 0SG604Z | 0SG63JZ |
| 0SG607Z | 0SG63KZ |
| 0SG60JZ | 0SG644Z |
| 0SG60KZ | 0SG647Z |
| 0SG634Z | 0SG64JZ |
| 0SG637Z | 0SG64KZ |

- Effective February 1, 2025, the following codes have AHCCCS Coverage Code of 04 (Not Covered Service/Code Not Available) (RF123).

| Code  | Description   |
|-------|---|
| A9527 | Iodine I-125, Sodium Iodide Solution, Therapeutic, Per Millicurie   |
| A9531 | Iodine I-131 Sodium Iodide, Diagnostic, Per Microcurie (Up To 100 Microcuries)  |
| A9697 | Injection, Carboxydextran-Coated Superparamagnetic Iron Oxide, Per Study Dose   |
| C9359 | Porous Purified Collagen Matrix Bone Void Filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), Per 0.5 cc |
| J2253 | Injection, Midazolam (Seizalam), 1 mg   |
| M0224 | Intravenous Infusion, Pemivibart, For the Pre-Exposure Prophylaxis Only,  |
| Q5136 | Injection, Denosumab-Bbdz (Jubbonti/Wyost), Biosimilar, 1 mg  |
| 90624 | Meningococcal Pentavalent Vaccine, Men B-4c Recombinant Proteins  |

- Effective January 1, 2025, the coverage code 04 (PA Not Required for Acute or LTC) (RF123) has been applied to the following codes.

|       |   |
|-------|---|
| G9921 | No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified   |
| M1389 | Documentation of patient reasons for no examination i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented) |

Effective December 1, 2023, the coverage code 04 (PA Not Required for Acute or LTC) (RF124) has been applied to the following codes.

| Code  | Description  |
|-------|--|
| L0172 | Cervical, Collar, Semi-Rigid Thermoplastic Foam, Two-Piece, Prefabricated, off-the-shelf   |
| L1812 | Knee Orthosis, Elastic with Joints, Prefabricated, off-the-shelf   |
| L1820 | Knee Orthosis, Elastic with Condylar Pads and Joints, with or without patellar control, prefabricated, includes fitting and adjustment |
| L1830 | Knee Orthosis, Immobilizer, Canvas Longitudinal, Prefabricated, off-the-shelf  |
| L1902 | Ankle Orthosis, Ankle Gauntlet or Similar, With or Without Joints, Prefabricated, off-the-shelf  |
| L3670 | Shoulder Orthosis, Acromio/Clavicular (Canvas and Webbing Type), prefabricated, off-the-shelf  |
| L3908 | Wrist Hand Orthosis, Wrist Extension Control Cock-Up, Non-Molded, prefabricated, off-the-shelf   |
| L3924 | Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, Prefabricated, Off-The-Shelf                                 |
| L4350 | Ankle Control Orthosis, Stirrup Style, Rigid, Includes Any Type Interface (e.g., pneumatic, gel), prefabricated, off-the-shelf         |
| L4387 | Walking Boot, Non-Pneumatic, With or Without Joints, With or Without Interface Material, Prefabricated, off-the-shelf                  |

Effective February 1, 2025, the HCPCS code J9202 (Goserelin Acetate Implant, Per 3.6 mg) has coverage code of 04 (Not Covered Service/Code Not Available) (RF123).

- Effective January 1, 2025, the codes listed now have a prior authorization of PA 3 (PA Required for Both Acute and LTC) on Reference Screen (RF124).

| Codes |       |       |       |       |
|-------|-------|-------|-------|-------|
| D0180 | D3320 | D7140 | D7870 | D8680 |
| D0330 | D3330 | D7210 | D7872 | D9222 |
| D2929 | D4341 | D7285 | D7873 | D9223 |
| D2930 | D4342 | D7286 | D7874 | D9230 |
| D2931 | D5221 | D7620 | D7875 | D9239 |
| D2933 | D5222 | D7852 | D7876 | D9243 |
| D2934 | D5223 | D7854 | D7877 | D9248 |
| D3230 | D5224 | D7856 | D8070 | D9420 |
| D3240 | D5282 | D7858 | D8080 |       |
| D3310 | D5283 | D7865 | D8090 |       |

**End Date Changed**

The CPT code 90791 (Psychiatric Diagnostic Evaluation) and 90792 (Psychiatric Diagnostic Evaluation with Medical Services) had the **end date changed** to 99/99/9999; for the listed provider types:

11 (Psychologist); 85 (Licensed Clinical Social Worker (LCSW)),  
86 (Licensed Marriage & Family therapist (LMFT), 87 (Licensed Professional Counselor) (LPC)

**Medicare Updates**

- The Medicare Coverage has been changed to “N” on the Reference Screens RF113 and RF127 for the HCPCS code G9920 (Screening Performed and Negative).
- The Medicare Coverage for the following codes has been changed to “N” on RF113 (Procedure Code Indicators and Values).

| CODES |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| H0051 | 0517F | 3060F | 3155F | 4044F | 77402 |
| H2040 | 1101F | 3061F | 3170F | 4115F | 77407 |
| H2041 | 3021F | 3062F | 3285F | 4131F | 77412 |
| J1202 | 3046F | 3066F | 3288F | 4132F |       |
| S4988 | 3060F | 3100F | 3155F | 5050F |       |

**Modifiers**

| Code  | Description  | Modifiers   | Effective Begin Date |
|-------|--|---|----------------------|
| 25448 | Replacement Of Joint Between Wrist and Fingers Using Tendon or Stitches  | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |
| 28286 | Correction Of Fifth Toe Joint Deformity  | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |
| 64466 | Unilateral Thoracic Fascial Plane Block by Injection(s)  | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |
| 64467 | Unilateral Thoracic Fascial Plane Block by Continuous Infusion(s)  | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |
| 64473 | Unilateral Lower Extremity Fascial Plane Block by Injection(s)   | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |
| 64474 | Unilateral Lower Extremity Fascial Plane Block by Infusion(s)  | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |
| 66683 | Implantation Of Iris Prosthesis  | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |
| 91200 | Measurement Of Liver Stiffness   | PN - Non-Excepted Service Provided at an Off-Campus Campus, Outpatient, Provider-Based Department of a Hospital | 7/1/2024             |
| 97750 | Test Or Measurement for Functional Capacity, Each 15 Minutes   | GN - Amb HSP 2SNF/OP Speech Lang Pofc   | 10/1/2024            |
| 0908T | Implantation of Integrated Vagus Nerve Neurostimulator   | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |
| 0909T | Replacement of Integrated Vagus Nerve Neurostimulator  | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |
| 0910T | Removal Of Integrated Vagus Nerve Neurostimulator  | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |
| 0936T | Light Therapy of Retina, single session  | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |
| C8003 | Implantation Of Medial Knee Extraarticular Implantable Shock Absorber Spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (e.g., fluoroscopy) | 50 - Bilateral Procedure (Pay 50%)  | 1/1/2025             |

| Code  | Description   | Modifiers  | Effective Begin Date |
|-------|---|--|----------------------|
| G0561 | Tympanostomy With Local or Topical Anesthesia and Insertion of a Ventilating Tube when performed with tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction with 0583T) | 50 - Bilateral Procedure (Pay 50%)               | 1/1/2025             |
| J2919 | Injection, Methylprednisolone Sodium Succinate, 5 mg  | JW - Drug Amt Discarded/Not Admin to Any Pati    | 7/1/2024             |
| J2919 | Injection, Methylprednisolone Sodium Succinate, 5 mg  | JZ - Zero Drug Amount Discarded/Not Administered | 7/1/2024             |
| J9153 | Injection, Liposomal, 1 mg Daunorubicin and 2.27 mg Cytarabine  | JW - Drug Amt Discarded/Not Admin to Any Pati    | 4/1/2024             |
| J9153 | Injection, Liposomal, 1 mg Daunorubicin and 2.27 mg Cytarabine  | TB - Drug or Biological Acquired With 340B Dr    | 4/1/2024             |

Note: From the Coding Manager - **Modifier 93** (Synchronous Telemedicine Service Rendered) is not allowed on AHCCCS primary claims. Modifier 93 is only allowed if AHCCCS is not primary and required by the primary payor on the following codes.

|       |       |
|-------|-------|
| 99212 | 99202 |
| 99213 | 99203 |
| 99214 | 99204 |
| 99215 | 99205 |

- Effective January 1, 2025, the modifiers GT (Telemedicine - Via Interactive Audio/Video) and FQ (The Service Was Furnished Using Audio-On) have been added to the following CPT Codes.

| Code  | Modifiers | Code  | Modifiers |
|-------|-----------|-------|-----------|
| 90901 | GT        | 97552 | GT        |
| 92610 | GT        | 99288 | FQ        |
| 97550 | GT        | 99451 | GT        |
| 97551 | GT        |       |           |

- Effective December 31, 2024, the modifiers have been **end dated** for the following CPT codes.

| Code  | Modifier | Code  | Modifier |
|-------|----------|-------|----------|
| 90889 | GT       | 90957 | GQ       |
| 90899 | GT       | 90958 | GQ       |
| 90951 | GQ       | 90959 | GQ       |
| 90952 | GQ       | 90960 | GQ       |
| 90953 | GQ       | 90961 | GQ       |
| 90954 | GQ       | 90963 | GQ       |
| 90955 | GQ       | 99453 | GQ       |
| 90956 | GQ       | 99457 | GQ       |
| 96158 | FQ       | 96165 | FQ       |
| 96159 | FQ       | 96167 | FQ       |
| 96164 | FQ       | 96168 | FQ       |

- Modifier 25 (Significant, SEP IDENT E&M, Same MD & Day) has been **end dated** for the codes listed.

|       |       |
|-------|-------|
| 34839 | G2063 |
| 90865 | M1016 |
| 99299 | M1040 |
| 99420 | M1059 |
| G0264 |       |

- Effective November 30, 2024 the modifier 80 (Assistant Surgeon) has been **end dated** for 36557 (Insertion of Tunneled Central Venous Tube for Infusion (younger than 5 years)).
- Effective December 31, 2023, the following modifiers have been **end dated** for CPT codes listed.

|  |  |
|--|--|
| AS - PA SVCS For Assistant   | 80 - Assistant Surgeon   |
| 81 - Minimum Assistant Sur   | 82 - Assist Surg/Qual Resi   |
|  |  |
| 59510 - Cesarean Delivery with Care Before and After Delivery  | 59515 - Cesarean Delivery with Care After Delivery   |
| 59618 - Cesarean Delivery and Care Before and After Delivery Following Attempted Vaginal Delivery After Previous Cesarean Delivery | 59622 - Cesarean Delivery with Care After Delivery Following Vaginal Delivery Attempt After Previous Cesarean Delivery |

- Effective December 31, 2024, the modifier JG (Drug or Biological Acquired With 340B Dr) has been **end dated** for the codes listed.

| Codes |       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 90679 | J0589 | J1171 | J1738 | J2253 | J2781 | J7314 | J9037 | J9185 | J9295 | J9350 | Q2043 |
| C9046 | J0593 | J1202 | J1745 | J2267 | J2782 | J7321 | J9039 | J9202 | J9296 | J9352 | Q2050 |
| J0129 | J0630 | J1203 | J1748 | J2277 | J2788 | J7323 | J9041 | J9203 | J9297 | J9354 | Q2056 |
| J0137 | J0642 | J1300 | J1750 | J2305 | J2801 | J7325 | J9042 | J9207 | J9298 | J9355 | Q3027 |
| J0138 | J0650 | J1303 | J1805 | J2323 | J2850 | J7355 | J9043 | J9211 | J9299 | J9356 | Q5101 |
| J0174 | J0651 | J1323 | J1806 | J2329 | J2919 | J8501 | J9047 | J9214 | J9301 | J9357 | Q5103 |
| J0177 | J0652 | J1327 | J1811 | J2350 | J2997 | J8522 | J9050 | J9216 | J9302 | J9358 | Q5104 |
| J0178 | J0665 | J1434 | J1812 | J2353 | J3032 | J8541 | J9052 | J9217 | J9303 | J9361 | Q5105 |
| J0179 | J0687 | J1437 | J1813 | J2357 | J3055 | J8560 | J9055 | J9218 | J9305 | J9376 | Q5106 |
| J0185 | J0736 | J1439 | J1814 | J2371 | J3111 | J8655 | J9056 | J9223 | J9306 | J9380 | Q5107 |
| J0202 | J0737 | J1440 | J1836 | J2372 | J3240 | J8670 | J9057 | J9225 | J9307 | J9381 | Q5110 |
| J0206 | J0740 | J1442 | J1920 | J2373 | J3247 | J8705 | J9065 | J9226 | J9308 | J9394 | Q5111 |
| J0211 | J0791 | J1448 | J1921 | J2407 | J3262 | J9015 | J9072 | J9228 | J9309 | J9395 | Q5113 |
| J0223 | J0850 | J1453 | J1930 | J2427 | J3263 | J9017 | J9073 | J9229 | J9311 | J9400 | Q5114 |
| J0256 | J0872 | J1459 | J1941 | J2468 | J3300 | J9019 | J9074 | J9245 | J9312 | J9600 | Q5115 |
| J0457 | J0873 | J1561 | J1950 | J2469 | J3357 | J9022 | J9075 | J9248 | J9316 | P9041 | Q5116 |
| J0475 | J0878 | J1566 | J1961 | J2470 | J3380 | J9023 | J9119 | J9261 | J9317 | P9045 | Q5117 |
| J0485 | J0881 | J1568 | J2002 | J2471 | J3393 | J9025 | J9120 | J9262 | J9320 | P9046 | Q5118 |
| J0490 | J0882 | J1569 | J2003 | J2506 | J3394 | J9027 | J9144 | J9264 | J9321 | P9047 | Q5119 |
| J0517 | J0885 | J1576 | J2004 | J2561 | J3424 | J9029 | J9145 | J9266 | J9322 | Q0138 | Q5120 |

| Code  | Description  | Modifiers  | Effective Begin Date |
|-------|--|--|----------------------|
| 20902 | Harvest Of Graft from Large Bone   | LT - Identifies Left Side Body Procedures        | 10/01/2024           |
| 20902 | Harvest Of Graft from Large Bone   | RT - Identifies Right-Side Body Procedures       | 10/01/2024           |
| 27393 | Lengthening of Hamstring Tendon  | 50 - Bilateral Procedure (Pay 50%)               | 01/01/2024           |
| 27396 | Transfer of Thigh Tendon   | 50 - Bilateral Procedure (Pay 50%)               | 01/01/2024           |
| 27397 | Transfer of Thigh Tendons  | 50 - Bilateral Procedure (Pay 50%)               | 01/01/2024           |
| 33274 | Insertion of Permanent Leadless Pacemaker Using Imaging Guidance                           | Q0 - Invest Clinical Research                    | 08/01/2024           |
| 36482 | Chemical Destruction of First Incompetent Vein of Arm or Leg Using Imaging Guidance        | 50 - Bilateral Procedure (Pay 50%)               | 01/01/2024           |
| 39599 | Other Procedure on Muscle Separating Chest and Abdominal Cavities                          | 82 - Assist Surg/Qual Resident                   | 07/01/2024           |
| J0737 | Injection, Clindamycin Phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg | JW - Drug Amt Discarded/Not Admin to Any Patient | 04/01/2024           |
| J0737 | Injection, Clindamycin Phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg | JZ - Zero Drug Amount Discarded/Not Administered | 04/01/2024           |
| J2781 | Injection, Pegcetacoplan, Intravitreal, 1 mg   | JW - Drug Amt Discarded/Not Admin to Any Patient | 09/01/2024           |
| J2781 | Injection, Pegcetacoplan, Intravitreal, 1 mg   | JZ - Zero Drug Amount Discarded/Not Administered | 09/01/2024           |
| L5683 | Addition To Lower Extremity, Below Knee/Above Knee,  | K0 - Lower Extremity Pros                        | 10/01/2024           |
| T1021 | Home Health Aide or Certified Nurse Assistant, Per Visit                                   | 59 - Distinct Procedural Service                 | 11/01/2023           |

Modifiers KP (First Drug of a Multiple Drug Unit Dose) and KQ (Second or Subsequent) have a begin date of 07/01/2023 for HCPCS code J9308 (Injection, Ramucirumab, 5 mg).

- Effective October 1, 2024, the CPT Code 15004 (Preparation of Skin Graft Site of Face, Scalp, Eyelids, Mouth, Neck, Ears, Around Eyes, Genitals, Hands, Feet, Fingers, Toes, 100.0 sq cm or 1% body area for infants and children, or less) modifiers have been added to the Reference Screens.

|                             |                            |
|-----------------------------|----------------------------|
| FA Left Hand, Thumb         | F1 Left Hand, Second Digit |
| F2 Left Hand, Third Digit   | F3 Left Hand, Fourth Digit |
| F4 Left Hand, Fifth Digit   | F5 Right Hand, Thumb       |
| F6 Right Hand, Second Digit | F7 Right Hand, Third Digit |
| F8 Right Hand, Fourth       | F9 Right Hand, Fifth Digit |

The following modifiers have been added to the Reference Screen RF039 (**PROCEDURE - RF 121 MODIFIERS**).

| Modifier | Description  |
|----------|--|
| AB       | Audiology service furnished personally by an audiologist without a physician/NPP order for nonacute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary             |
| CD       | AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable  |
| CE       | AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity  |
| CF       | AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable  |
| CS       | Cost-sharing waived for specified COVID-19 testing-related services that result in an order for, or administration of, a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in Rural Health Clinics and Federally Qualified Health Centers during the COVID-19 public health emergency |
| CT       | Computed tomography services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (NEMA) XR-29-2013 standard   |
| EY       | No physician or other licensed health care provider order for this item or service   |
| G1       | Most recent URR reading of less than 60  |
| G2       | Most recent URR reading of 60 to 64.9  |
| G3       | Most recent URR reading of 65 to 69.9  |
| G4       | Most recent URR reading of 70 to 74.9  |
| G5       | Most recent URR reading of 75 or greater   |
| G6       | ESRD patient for whom less than six dialysis sessions have been provided in a month  |
| GJ       | OPT out physician or practitioner emergency or urgent service  |
| GL       | Medically unnecessary upgrade provided instead of nonupgraded item, no charge, no advance beneficiary notice   |
| GU       | Waiver of liability statement issued as required by payer policy, routine notice   |
|          |  |

| <b>Modifier</b> | <b>Description</b>   |
|-----------------|--|
| KZ              | New coverage not implemented by managed care   |
| PI              | Positron emission tomography (PET) or PET/computed tomography (CT) to inform the initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing                                      |
| PS              | Positron emission tomography (PET) or PET/computed tomography (CT) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent antitumor strategy |
| Q7              | One Class A finding  |
| Q8              | Two Class B findings   |
| Q9              | One Class B and two Class C findings   |
| QJ              | Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 CFR 411.4(B)  |
| QP              | Documentation is on file showing that the laboratory test(s) was ordered individually or ordered as a CPT-recognized panel other than automated profile codes 80002-80019, G0058, G0059, and G0060   |
| QW              | CLIA waived test   |
| SH              | Second, concurrently administered infusion therapy   |
| SJ              | Third or more concurrently administered infusion therapy   |
| SK              | Member of high-risk population (use only with codes for immunization)  |
| TQ              | Basic life support transport by a volunteer ambulance provider   |
| TS              | Follow-up service  |
| UN              | Two patients served  |
| UP              | Three patients served  |
| UQ              | Four patients served   |
| UR              | Five patients served   |
| US              | Six or more patients served  |

- Effective December 31, 2024, the following modifiers have been **end dated** for the codes listed.

| Code  | Description  | Modifier                                       |
|-------|--|--|
| 0537T | Harvesting Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell Therapy, Per Day            | GR - Amb Trip Hosp-Based Dialysis to Residence |
| 0538T | Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Transportation for Chimeric Antigen Receptor T-Cell Therapy | GR - Amb Trip Hosp-Based Dialysis to Residence |
| 0539T | Receipt And Preparation of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell Therapy        | GR - Amb Trip Hosp-Based Dialysis to Residence |
| 0540T | Glucocorticoid Management Plan Documented (RA)   | GR - Amb Trip Hosp-Based Dialysis to Residence |
| 88388 | Pathologist Examination, Dissection, And Preparation of Tissue During Surgery  | 91 - Rep. Lab Test/Non-Emg. 911                |
| G1017 | Clinical Decision Support Mechanism Health help, As Defined by The Medicare Appropriate Use Criteria Program                     | GA - Req Liability Notice Per                  |
| G1017 | Clinical Decision Support Mechanism health help, As Defined by The Medicare Appropriate Use Criteria Program                     | GC - Teaching Physician Servi                  |

- Effective December 31, 2024, the modifier JG (Drug or Biological Acquired With 340B DR) has been **end dated** for the codes listed.

| Codes |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 90371 | A0398 | A0420 | A0436 | J0585 | J0637 | J0874 | J1190 |
| 90375 | A0120 | A0422 | A0888 | J0586 | J0638 | J0875 | J1212 |
| 90376 | A0130 | A0425 | A9517 | J0587 | J0641 | J0878 | J1290 |
| 90377 | A0140 | A0426 | A9530 | J0588 | J0695 | J0881 | J1300 |
| 90378 | A0160 | A0427 | A9543 | J0594 | J0712 | J0882 | J1322 |
| 90396 | A0170 | A0428 | A9563 | J0596 | J0714 | J0883 | J1327 |
| 90675 | A0180 | A0429 | A9600 | J0597 | J0716 | J0884 | J1364 |
| 90679 | A0190 | A0430 | A9604 | J0598 | J0717 | J0885 | J1410 |
| A0080 | A0200 | A0431 | A9606 | J0599 | J0740 | J0894 | J1430 |
| A0090 | A0210 | A0433 | C9145 | J0600 | J0775 | J0897 | J1437 |
| A0100 | A0225 | A0434 | C9257 | J0606 | J0850 | J1110 | J1438 |
| A0110 | A0382 | A0435 | C9293 | J0630 | J0873 | J1162 |       |

**Place of Service**

| Code  | Description  | Place of Service                    | Begin Date |
|-------|--|-------------------------------------|------------|
| E2102 | Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver                             | 12 - Home                           |            |
| E2102 | Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver                             | 19 - Off Campus-Outpatient Hospital |            |
| E2102 | Adjunctive, Non-Implanted Continuous Glucose Monitor or Receiver                             | 22 -Outpatient Hospital             |            |
| 27485 | Removal Of Growth Plate of Leg or Thigh Bones  | 24 - Ambulatory Surgical Center     | 10/1/2024  |
| 33280 | Removal Of Phrenic Nerve Stimulator Pulse Generator  | 19 - Off Campus-Outpatient Hospital | 1/1/2024   |
| 33280 | Removal Of Phrenic Nerve Stimulator Pulse Generator  | 22 - Outpatient Hospital            | 1/1/2024   |
| 35207 | Repair Of Blood Vessel of Hand or Finger   | 23 - Emergency Room - Hospital      | 7/1/2024   |
| 55875 | Insertion Of Needle or Tube into Prostate for Radiation Therapy                              | 11 – Office                         | 07/01/2024 |
| 69210 | Removal Of Impacted Ear Wax  | 12 – Home                           | 1/1/2024   |
| 69210 | Removal Of Impacted Ear Wax  | 13 - Assisted Living Facility       | 1/1/2024   |
| 77072 | X-Ray For Estimating Bone Age  | 23 - Emergency Room - Hospital      | 10/01/2024 |
| 87651 | Detection Test by Nucleic Acid for Strep (Streptococcus, Group A), Amplified Probe Technique | 20 - Urgent Care Facility           | 10/1/2024  |
| 90658 | Influenza Vaccine, Trivalent, 0.5 ml dosage  | 14 – Group Home                     | 10/1/2024  |
| 95836 | Measurement Of Brain Wave Activity (EEG) With Implanted                                      | 11 – Office                         | 02/01/2024 |
| 99177 | Screening of Eye with Special Instrument Onsite Analysis                                     | 15 - Mobile Unit                    | 01/01/2024 |
| 99386 | Initial New Patient Preventive Medicine Evaluation (40-64 Years)                             | 13 - Assisted Living Facility       | 10/1/2024  |
| 99386 | Initial New Patient Preventive Medicine Evaluation (40-64 Years)                             | 14 - Group Home                     | 10/1/2024  |
| 99387 | Initial New Patient Preventive Medicine Evaluation (65 Years or Older)                       | 13 - Assisted Living Facility       | 10/1/2024  |
| 99387 | Initial New Patient Preventive Medicine Evaluation (65 Years or Older)                       | 14 - Group Home                     | 10/1/2024  |
| 69436 | Incision Of Eardrum with Placement of Eardrum Tube Under General Anesthesia                  | 23 - Emergency Room – Hospital      | 11/01/2024 |
| G0277 | Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval                  | 11 – Office                         | 01/01/2024 |

**Note** – E2102 has had the end date changed to 99/99/9999.

- Effective January 1, 2025, the POS 19 (Off Campus-Outpatient Hospital), 21 (Inpatient Hospital), and 22 (Outpatient Hospital) have been added to the following CPT codes on RF115.

|       |       |       |
|-------|-------|-------|
| 98000 | 98001 | 98002 |
| 98003 | 98004 | 98005 |
| 98006 | 98007 | 98008 |
| 98009 | 98010 | 98011 |
| 98012 | 98013 | 98014 |
| 98015 | 98016 |       |

- Effective June 1, 2024, the POS 24 (Ambulatory Surgical Center) has been added to the following codes on RF115.

| Code  | Description  |
|-------|--|
| 99151 | Use Of a Drug to Induce Depression of Consciousness by Physician Performing a Procedure (younger than 5 years), initial 15 minutes     |
| 99153 | Use Of a Drug to Induce Depression of Consciousness by Physician Performing a Procedure, Each Additional 15 Minutes                    |
| 99155 | Use Of a Drug to Induce Depression of Consciousness by Physician Not Performing a Procedure (younger than 5 years), initial 15 minutes |
| 99156 | Use Of a Drug to Induce Depression of Consciousness by Physician Not Performing a Procedure (5 Years or Older), Initial 15 Minutes     |
| 99157 | Use Of a Drug to Induce Depression of Consciousness by Physician Not Performing a Procedure, each additional 15 minutes                |

- The end date has been changed for the POS 24 (Ambulatory Surgical Center) to 99/99/9999 for the following codes.

| Code  | Description  |
|-------|--|
| 00811 | Anesthesia For Other Procedure on Large Bowel Using an Endoscope   |
| 00812 | Anesthesia For Exam of Colon Using an Endoscope  |
| 00813 | Anesthesia For Procedure on Small and Large Bowel Using an Endoscope   |
| 00731 | Anesthesia For Other Procedure on Esophagus, Stomach, Or Upper Small Bowel Using an Endoscope  |
| 00732 | Anesthesia For Procedure on Gallbladder, Pancreas, Or Liver Using an Endoscope   |
| 01938 | Anesthesia For Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of Lower 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    |

**Procedure Code Indicators and Values RF113 & RF127**

| Code   | Procedure Daily Maximum | Limit 1 | Frequency 1 |
|--------|-------------------------|---------|-------------|
| 20552  |                         | 3       | 12 M        |
| 20553  |                         | 3       | 12 M        |
| 77336  | 1                       | 1       | 1 W         |
| A4224  | 5                       | 5       | 1 M         |
| A7507  | 62                      | 62      | 1 M         |
| G0137  | 1                       | 1       | 1 W         |
| G0533  | 1                       | 1       | 1 W         |
| G2067  | 1                       | 1       | 1 W         |
| G2068  | 1                       | 1       | 1 W         |
| G2070  | 1                       | 1       | 1 W         |
| G2071  | 1                       | 1       | 1 W         |
| G2072  | 1                       | 1       | 1 W         |
| G2073  | 1                       | 1       | 1 W         |
| G2074  | 1                       | 1       | 1 W         |
| G2075  | 1                       | 1       | 1 W         |
| G2080  | 2                       |         |             |
| H0031  | 1                       | 5       | 1 Y         |
| J7295  | 1                       | 1       | 28 D        |
| J7999* | 2                       |         |             |
| Q0511  | 1                       | 1       | 30 D        |
| Q0512  | 1                       | 1       | 30 D        |
| Q0513  | 1                       | 1       | 30 D        |
| Q0514  | 1                       | 1       | 90 D        |

Note \* J7999 Procedure Daily Maximum changed to 2 (two) on RF113

\*\*J7999 Procedure Daily Maximum changed to 6 (six) RF 127.

**PROCEDURE PRIOR AUTHORIZATION (RF124)**

| Code  | Description  | Prior Authorization                    | Effective Begin Date |
|-------|--|--|----------------------|
| D1510 | Space Maintainer - Fixed, Unilateral - Per Quadrant  | 3 - PA Required for Both Acute and LTC | 01/01/2025           |
| D1527 | Space Maintainer - Removable - Bilateral, Mandibular                                       | 3 - PA Required for Both Acute and LTC | 01/01/2025           |
| D3230 | Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)  | 3 - PA Required for Both Acute and LTC | 01/01/2025           |
| D3240 | Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration) | 3 - PA Required for Both Acute and LTC | 01/01/2025           |
| E0328 | Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosure                                 | 3 - PA Required for Both Acute and LTC | 02/01/2025           |
| J9359 | Injection, Loncastuximab Tesirine-LPYL, 0.075 mg   | 4 - PA Not Req'd for Acute or LTC      | 04/01/2022           |
| L0120 | Cervical, Flexible, Non-Adjustable, Prefabricated, Off-The-Shelf (foam collar)             | 4 - PA Not Req'd for Acute or LTC      | 12/01/2023           |

- Effective February 1, 2024, the following Orthotic codes have a Prior Authorization of 4 (PA Not Required for Acute or LTC) on Reference Screen (RF124).

|       |       |       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| L0130 | L0643 | L1050 | L1620 | L2190 | L2385 | L2755 | L3020 | L3224 | L3450 | L3610 | L3919 | L4386 |
| L0140 | L0649 | L1060 | L1630 | L2200 | L2387 | L2760 | L3030 | L3225 | L3455 | L3620 | L3923 | L4392 |
| L0150 | L0861 | L1070 | L1650 | L2210 | L2390 | L2768 | L3031 | L3300 | L3460 | L3630 | L3925 | L4394 |
| L0160 | L0970 | L1080 | L1660 | L2220 | L2395 | L2780 | L3040 | L3332 | L3465 | L3640 | L3927 | L4396 |
| L0220 | L0972 | L1085 | L1810 | L2230 | L2397 | L2785 | L3050 | L3334 | L3470 | L3650 | L3929 | L4397 |
| L0450 | L0974 | L1090 | L1821 | L2232 | L2405 | L2795 | L3060 | L3340 | L3480 | L3660 | L3930 | L4398 |
| L0455 | L0976 | L1100 | L1836 | L2240 | L2415 | L2800 | L3070 | L3350 | L3510 | L3675 | L3931 |       |
| L0467 | L0978 | L1120 | L1850 | L2260 | L2425 | L2810 | L3080 | L3360 | L3520 | L3702 | L3933 |       |
| L0621 | L0980 | L1240 | L1906 | L2265 | L2430 | L2820 | L3090 | L3370 | L3530 | L3710 | L3935 |       |
| L0623 | L0982 | L1250 | L2035 | L2270 | L2492 | L2830 | L3100 | L3380 | L3540 | L3762 | L3995 |       |
| L0625 | L0984 | L1260 | L2040 | L2275 | L2600 | L2840 | L3140 | L3390 | L3550 | L3807 | L4080 |       |
| L0626 | L1010 | L1270 | L2070 | L2310 | L2650 | L2850 | L3150 | L3400 | L3560 | L3809 | L4090 |       |
| L0628 | L1020 | L1280 | L2180 | L2320 | L2660 | L3001 | L3160 | L3410 | L3570 | L3912 | L4100 |       |
| L0630 | L1025 | L1290 | L2182 | L2360 | L2670 | L3002 | L3170 | L3420 | L3580 | L3913 | L4110 |       |
| L0641 | L1030 | L1600 | L2184 | L2375 | L2680 | L3003 | L3215 | L3430 | L3590 | L3917 | L4205 |       |
| L0642 | L1040 | L1610 | L2186 | L2380 | L2750 | L3010 | L3219 | L3440 | L3600 | L3918 | L4370 |       |

**Provider Type**

- Effective January 1, 2025, the modifier AS (PA SVCS For Assistant/At Surgery) has been added to the following codes for the provider type CN (Clinical Nurse Specialist).

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 0494T | 23040 | 24435 | 27049 | 27823 | 33267 | 35665 | 50205 |
| 0544T | 23100 | 24545 | 27054 | 27846 | 33268 | 37619 | 50225 |
| 0545T | 23105 | 24575 | 27066 | 28086 | 33269 | 38760 | 50230 |
| 0646T | 23150 | 24586 | 27087 | 28238 | 33419 | 43282 | 51535 |
| 0656T | 23182 | 25085 | 27090 | 28445 | 33440 | 43283 | 54650 |
| 0657T | 23190 | 25151 | 27125 | 29821 | 33509 | 43328 | 55400 |
| 0668T | 23200 | 25301 | 27146 | 29825 | 33621 | 43332 | 57426 |
| 0669T | 23420 | 25360 | 27170 | 29827 | 33622 | 43333 | 58345 |
| 0670T | 23440 | 25370 | 27228 | 29834 | 33929 | 43334 | 58770 |
| 0790T | 23460 | 25390 | 27428 | 29835 | 34201 | 43335 | 61154 |
| 0810T | 23462 | 25394 | 27465 | 29836 | 34203 | 43336 | 61592 |
| 0894T | 23465 | 25448 | 27602 | 29845 | 34401 | 43337 | 61867 |
| 19302 | 23466 | 25526 | 27612 | 29851 | 35045 | 43338 | 61880 |
| 21013 | 23616 | 25645 | 27620 | 29894 | 35091 | 49186 | 63052 |
| 21014 | 23630 | 25685 | 27626 | 29895 | 35141 | 49187 | 63053 |
| 21931 | 23660 | 25695 | 27634 | 29915 | 35556 | 49188 | 64818 |
| 21932 | 23670 | 25820 | 27656 | 31295 | 35558 | 49189 | 66175 |
| 21933 | 24101 | 27001 | 27676 | 31296 | 35566 | 49190 | 93592 |
| 21936 | 24344 | 27045 | 27715 | 32673 | 35571 | 49492 | 96547 |
| 23020 |       |       |       |       |       |       |       |

- Effective January 1, 2025, the modifier AS (PA SVCS for Assistant/At Surgery) has been **added** to the following codes for provider type 18 (Physician’s Assistant).

|       |       |       |
|-------|-------|-------|
| 0544T | 0744T | 49187 |
| 0545T | 0790T | 49188 |
| 0569T | 0810T | 49189 |
| 0570T | 0894T | 49190 |
| 0646T | 25448 | 96547 |
| 0719T | 49186 | 96548 |

| Code  | Description  | Provider Type                               | Effective Begin Date |
|-------|--|---|----------------------|
| 58110 | Exam of Cervix Using an Endoscope with Biopsy of Lining of Uterus  | 19 - Registered Nurse Practitioner          | 4/1/2024             |
| 92613 | Evaluation, Recording, And Interpretation of Swallowing Using an Endoscope   | 15 - Speech/Hearing Therapist               | 5/1/2024             |
| 93242 | Heart rhythm recording continuous external EKG over more than 48 hours up to 7 days  | 04 – Laboratory                             | 1/1/2024             |
| 93243 | Heart rhythm analysis and report of continuous external EKG over more than 48 hours up to 7 days   | 04 – Laboratory                             | 1/1/2024             |
| 93246 | Heart rhythm recording of continuous external EKG over 8-15 days   | 04 – Laboratory                             | 1/1/2024             |
| 93247 | Heart rhythm analysis and report of continuous external EKG over 8-15 days   | 04 – Laboratory                             | 1/1/2024             |
| 93299 | Remote evaluations of implantable heart and blood vessel monitor or loop recorder system with technician analysis, review, and report, up to 30 days | 04 – Laboratory                             | 1/1/2024             |
| 96156 | Assessment of Health Behavior  | AB - Applied Behavioral Analysis Org        | 12/1/2024            |
| 96158 | Treatment of Behavior Impacting Health, Initial 30 Minutes   | AB - Applied Behavioral Analysis Org        | 12/1/2024            |
| 96159 | Treatment of Behavior Impacting Health, Each Additional 15 Minute  | AB - Applied Behavioral Analysis Org        | 12/1/2024            |
| 96164 | Treatment Of Behavior Impacting Health in Group Setting, Initial 30 Minutes  | AB - Applied Behavioral Analysis Org        | 12/1/2024            |
| 96165 | Treatment Of Behavior Impacting Health in Group Setting, Each Additional 15 Minutes  | AB - Applied Behavioral Analysis Org        | 12/1/2024            |
| 96167 | Treatment Of Behavior Impacting Health with Family and Patient, Initial 30 Minutes   | AB - Applied Behavioral Analysis Org        | 12/1/2024            |
| 96170 | Treatment Of Behavior Impacting Health with Family, Initial 30 Minutes   | AB - Applied Behavioral Analysis Org        | 12/1/2024            |
| 96171 | Treatment Of Behavior Impacting Health with Family, Each Addition 30 Minutes   | AB - Applied Behavioral Analysis Org        | 12/1/2024            |
| 96374 | Injection of Drug or Substance into Vein   | 05 – Clinic                                 | 10/1/2024            |
| 96374 | Injection of Drug or Substance into Vein   | IC - Integrated Clinics                     | 10/1/2024            |
| 99151 | Use Of a Drug to Induce Depression of Consciousness by Physician Performing a Procedure (younger than 5 years), initial 15 minutes                   | 12 - Certified Registered Nurse Anesthetist | 1/1/2024             |
| 99152 | Use Of a Drug to Induce Depression of Consciousness by Physician Performing a Procedure (5 years or older), initial 15 minutes                       | 12 - Certified Registered Nurse Anesthetist | 1/1/2024             |

| Code  | Description   | Provider Type                                 | Effective Begin Date |
|-------|---|---|----------------------|
| 99153 | Use Of a Drug to Induce Depression of Consciousness by Physician Performing a Procedure, each additional 15 minutes   | 12 - Certified Registered Nurse Anesthetist   | 1/1/2024             |
| 99155 | Use Of a Drug to Induce Depression of Consciousness by Physician Not Performing a Procedure (younger than 5 years), initial 15 minutes  | 12 - Certified Registered Nurse Anesthetist   | 1/1/2024             |
| 99156 | Use Of a Drug to Induce Depression of Consciousness by Physician Not Performing a Procedure (5 years or older), initial 15 minutes  | 12 - Certified Registered Nurse Anesthetist   | 1/1/2024             |
| 99157 | Use Of a Drug to Induce Depression of Consciousness by Physician Not Performing a Procedure, each additional 15 minutes   | 12 - Certified Registered Nurse Anesthetist   | 1/1/2024             |
| 99408 | Alcohol and/or Substance Abuse Screening and Intervention, 15-30 Minutes  | C2 - Federally Qualified Health Center (FQHC) | 1/1/2025             |
| 99409 | Alcohol and/or Substance Abuse Screening and Intervention, More Than 30 Minutes   | C2 - Federally Qualified Health Center (FQHC) | 1/1/2025             |
| 0055T | Musculoskeletal Surgical Navigational Orthopedic Operation Using Imaging Guidance   | 08 - MD-Physician                             | 1/1/2024             |
| 0055T | Musculoskeletal Surgical Navigational Orthopedic Operation Using Imaging Guidance   | 31 - DO-Physician Osteopath                   | 1/1/2024             |
| G0248 | Demonstration, prior to initiation of home INR monitoring, for patients with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of physician; | 04 – Laboratory                               | 1/1/2024             |
| G0249 | Provision of test materials and equipment for home INR monitoring of patients with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria;                             | 04 – Laboratory                               | 1/1/2024             |
| J3241 | Injection, TEPROTUMUMAB-TRBW, 10 mg   | 05 – Clinic                                   | 10/1/2024            |
| Q5122 | Injection, PEGFILGRASTIM-APGF (NYVEPRIA), Biosimilar, 0.5 mg  | 19 - Registered Nurse Practitioner            | 7/1/2024             |

- Effective December 1, 2024, the following codes have been **end dated** for provider type CF (Counseling Only Facility).

|       |       |       |
|-------|-------|-------|
| 96156 | 96168 | 97154 |
| 96158 | 96170 | 97155 |
| 96159 | 96171 | 97156 |
| 96164 | 97151 | 97157 |
| 96165 | 97152 | 97158 |
| 96167 | 97153 |       |

- Effective December 31, 2024, the codes have been **end dated** for the provider type CN (Clinical Nurse Specialist).

| Codes |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| 11755 | 25606 | 26516 | 26850 | 57000 | 92081 |
| 21325 | 26025 | 26536 | 26990 | 57010 | 92100 |
| 23335 | 26030 | 26540 | 26991 | 57020 | 93600 |
| 23700 | 26035 | 26542 | 26992 | 57022 | 93880 |
| 24200 | 26037 | 26545 | 27047 | 57023 | 93922 |
| 24305 | 26060 | 26548 | 27766 | 58120 | 93923 |
| 24310 | 26428 | 26567 | 27784 | 58346 | 93924 |
| 24600 | 26449 | 26591 | 27792 | 58800 | 93925 |
| 25111 | 26450 | 26607 | 32997 | 59510 | 93970 |
| 25116 | 26455 | 26608 | 33420 | 59610 | G0168 |
| 25118 | 26471 | 26641 | 33503 | 59612 | G0435 |
| 25210 | 26478 | 26645 | 33930 | 59614 |       |
| 25240 | 26480 | 26670 | 37650 | 59622 |       |
| 25270 | 26489 | 26675 | 37790 | 61595 |       |
| 25272 | 26490 | 26705 | 37799 | 61886 |       |
| 25274 | 26496 | 26715 | 38242 | 62252 |       |
| 25275 | 26500 | 26720 | 41899 | 62367 |       |
| 25280 | 26508 | 26756 | 42000 | 62368 |       |
| 25430 | 26510 | 26841 | 42450 | 64505 |       |

- Effective December 31, 2024, the following codes have been **end dated** for provider type H2 (One Time Only Out of State Hospital).

|       |       |       |       |
|-------|-------|-------|-------|
| 19304 | 77057 | 0085T | 0105T |
| 43647 | 77058 | 0086T | 0106T |
| 76082 | 77059 | 0087T | 0107T |
| 76083 | 0075T | 0088T | 0108T |
| 77031 | 0076T | 0099T | 0109T |
| 77032 | 0077T | 0100T | 0110T |
| 77051 | 0078T | 0101T | 0111T |
| 77052 | 0082T | 0102T | 1001F |
| 77055 | 0083T | 0103T | 2003F |
| 77056 | 0084T | 0104T | 4002F |

- Effective January 1, 2024, the codes listed have been **end dated** for provider type 18 (Physician’s Assistant).

|       |       |       |       |
|-------|-------|-------|-------|
| 24000 | 45100 | 46261 | 82607 |
| 28150 | 46070 | 46753 |       |

- Effective December 31, 2024, the following codes have been **end dated** for provider type H2 (One Time Only Out of State Hospital).

|       |       |       |       |
|-------|-------|-------|-------|
| 19304 | 77057 | 0085T | 0105T |
| 43647 | 77058 | 0086T | 0106T |
| 76082 | 77059 | 0087T | 0107T |
| 76083 | 0075T | 0088T | 0108T |
| 77031 | 0076T | 0099T | 0109T |
| 77032 | 0077T | 0100T | 0110T |
| 77051 | 0078T | 0101T | 0111T |
| 77052 | 0082T | 0102T | 1001F |
| 77055 | 0083T | 0103T | 2003F |
| 77056 | 0084T | 0104T | 4002F |

- Effective September 31, 2024, the codes listed have been **end dated** for provider type 08 (MD-Physician), 18 (Physician’s Assistant), 19 (Registered Nurse Practitioner) and 31 (DO-Physician Osteopath).

|  |
|--|
| 99441 - Telephone Medical Discussion with Physician, 5-10 Minutes  |
| 99442 - Telephone Medical Discussion with Physician, 11-20 Minutes |
| 99443 - Telephone Medical Discussion with Physician, 21-30 Minutes |

- Effective January 1, 2025, the modifier AS (PA Services for Assistant/At Surgery) has been **added** to provider type 18 (Physician’s Assistant) on RF618 for the following codes.

| Codes |       |       |
|-------|-------|-------|
| 25448 | 96547 | 0646T |
| 49186 | 96548 | 0744T |
| 49187 | 0544T | 0790T |
| 49188 | 0545T | 0810T |
| 49189 | 0569T | 0894T |
| 49190 | 0570T |       |

- Effective December 31, 2024, the CPT code 86490 (Skin Test for Coccidioidomycosis (Fungal Infection)) has been **end dated** for the provider type 18 (Physician’s Assistant).

- Effective December 31, 2024, the following codes have been **end dated** for the provider types.

| Code  | Description   | Provider Type                      |
|-------|---|------------------------------------|
| G8484 | Influenza Immunization Was Not Administered, Reason Not Given   | 05 - Clinic                        |
| 86490 | Skin Test for Coccidioidomycosis (Fungal Infection)   | 18 - Physician's Assistant         |
| G0106 | Colorectal Cancer Screening; Alternative to G0104, Screening Sigmoidoscopy, Barium Enema                          | 18 - Physician's Assistant         |
| G0120 | Colorectal Cancer Screening; Alternative to G0105, Screening Colonoscopy Barium Enema                             | 18 - Physician's Assistant         |
| G0122 | Colorectal Cancer Screening; Barium Enema   | 18 - Physician's Assistant         |
| 86490 | Skin Test for Coccidioidomycosis (Fungal Infection)   | 19 - Registered Nurse Practitioner |
| G0106 | Colorectal Cancer Screening; Alternative to G0104, Screening Sigmoidoscopy, Barium Enema                          | 19 - Registered Nurse Practitioner |
| G0120 | Colorectal Cancer Screening; Alternative to G0105, Screening Colonoscopy Barium Enema                             | 19 - Registered Nurse Practitioner |
| G0122 | Colorectal Cancer Screening; Barium Enema   | 19 - Registered Nurse Practitioner |
| C9769 | Cystourethroscopy, With Insertion of Temporary Prostatic Implant/Stent with Fixation/Anchor and Incisional Struts | 29 - Community/Rural Health Center |
| J0570 | Buprenorphine Implant, 74.2 Mg  | 43 - Ambulatory Surgical Center    |
| G0106 | Colorectal Cancer Screening; Alternative to G0104, Screening Sigmoidoscopy, Barium Enema                          | CN - Clinical Nurse Specialist     |
| G0120 | Colorectal Cancer Screening; Alternative to G0105, Screening Colonoscopy Barium Enema                             | CN - Clinical Nurse Specialist     |
| G0122 | Colorectal Cancer Screening; Barium Enema   | CN - Clinical Nurse Specialist     |

**Reference Screen**

**RF729 (VFC Procedure Codes)**

- Effective June 27, 2024, the CPT Code 90684 (Pneumococcal Conjugate Vaccine, 21 Valent (PCV21), for intramuscular use) has been **end dated** on this Reference Screen
- Effective December 31, 2024, the CPT Code 90660 (Influenza Vaccine, Trivalent for Nasal Administration) has been end dated on this Refence Screen.
- Effective September 20, 2024, the CPT code 90660 (Influenza Vaccine, Trivalent for Nasal Administration) has been added to the VFC table.

**RF769 (Medical Categories of Service)**

- Effective December 31, 2024, the Category of Service 13 (Radiology) has been end dated for HCPCS code G0122 (Colorectal Cancer Screening, Barium Enema).
- 
- Effective January 1, 2024, the Category of Service 01 (Medicine) has been assigned to the codes listed below on reference screen RF769.

| Code  | Description   |
|-------|---|
| 97550 | Caregiver Training in Strategies and Techniques to Facilitate the Patient's Functional Performance in The Home or Community, Initial 30 Minutes         |
| 97551 | Caregiver Training in Strategies and Techniques to Facilitate the Patient's Functional Performance in The Home or Community, Each Additional 15 Minutes |
| 97552 | Group Caregiver Training in Strategies and Techniques to Facilitate Patients' Functional Performance in The Home or Community                           |

**Revenue Codes**

- Effective January 1, 2025, the following Revenue Codes have been **end dated** for the CPT/HCPCS codes. on RF773.

| Code  | Revenue Code | Code  | Revenue Code | Code  | Revenue Code | Code  | Revenue Code |
|-------|--------------|-------|--------------|-------|--------------|-------|--------------|
| 0521U | 0309         | 0934T | 0510         | C7563 | 0480         | G0558 | 0960         |
| 0521U | 0302         | 0934T | 0490         | C7563 | 0321         | G0560 | 0900         |
| 0521U | 0301         | 0934T | 0450         | C7564 | 0490         | G0565 | 0490         |
| 0521U | 0300         | 0934T | 0361         | C7564 | 0480         | J0139 | 0490         |
| 0522U | 0309         | 0934T | 0360         | C7564 | 0321         | J0666 | 0490         |
| 0522U | 0302         | 0936T | 0518         | C9173 | 0490         | J0870 | 0490         |
| 0522U | 0301         | 38225 | 0871         | C9610 | 0490         | J1307 | 0490         |
| 0522U | 0300         | 38226 | 0872         | C9610 | 0481         | J1552 | 0490         |
| 0527U | 0309         | 38226 | 0362         | C9804 | 0278         | J2802 | 0490         |
| 0527U | 0306         | 38227 | 0873         | C9806 | 0278         | J9026 | 0490         |
| 0527U | 0300         | 38227 | 0362         | C9807 | 0278         | J9028 | 0490         |
| 0528U | 0309         | 38228 | 0874         | C9809 | 0279         | J9076 | 0490         |
| 0528U | 0306         | 38228 | 0361         | C9809 | 0272         | J9292 | 0490         |
| 0528U | 0300         | A9615 | 0636         | G0532 | 0944         | Q5139 | 0490         |
| 0901T | 0361         | A9615 | 0490         | G0532 | 0636         | Q5140 | 0490         |
| 0901T | 0360         | C1735 | 0490         | G0537 | 0969         | Q5141 | 0490         |
| 0905T | 0321         | C1735 | 0270         | G0538 | 0969         | Q5142 | 0490         |
| 0913T | 0490         | C1736 | 0490         | G0544 | 0960         | Q5143 | 0490         |
| 0914T | 0490         | C1736 | 0270         | G0544 | 0780         | Q5144 | 0490         |
| 0921T | 0480         | C1737 | 0490         | G0545 | 0969         | Q5145 | 0490         |
| 0934T | 0519         | C1738 | 0490         | G0552 | 0279         | Q5146 | 0490         |
| 0934T | 0517         | C1738 | 0270         |       |              |       |              |

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- Effective January 1, 2025, the following Rev codes have been added to the Reference Screen:

| Code  | Rev  | Code  | Rev  | Code  | Rev  | Code  | Rev  | Code  | Rev  | Code  | Rev  | Code  | Rev  |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 0905T | 0521 | 64466 | 0519 | C8001 | 0402 | C9806 | 0529 | G0533 | 0940 | G0555 | 0480 | G0565 | 0520 |
| 0916T | 0516 | 64466 | 0520 | C8001 | 0403 | C9806 | 0761 | G0533 | 0944 | G0558 | 0450 | G0565 | 0529 |
| 0919T | 0516 | 64466 | 0529 | C8001 | 0611 | C9807 | 0360 | G0533 | 0949 | G0558 | 0456 | G0565 | 0761 |
| 0933T | 0321 | 64466 | 0450 | C8001 | 0612 | C9807 | 0361 | G0533 | 0953 | G0558 | 0459 | H0052 | 0914 |
| 0933T | 0361 | 64466 | 0510 | C8001 | 0614 | C9807 | 0450 | G0534 | 0900 | G0558 | 0510 | H0052 | 0919 |
| 0933T | 0480 | 64466 | 0516 | C8001 | 0615 | C9807 | 0761 | G0534 | 0914 | G0558 | 0514 | H0052 | 0940 |
| 0933T | 0481 | 64466 | 0517 | C8001 | 0616 | C9807 | 0510 | G0534 | 0916 | G0558 | 0515 | H0053 | 0914 |
| 0933T | 0510 | 64466 | 0761 | C8001 | 0618 | C9807 | 0519 | G0534 | 0918 | G0558 | 0516 | H0053 | 0919 |
| 0933T | 0516 | 64468 | 0490 | C8001 | 0619 | C9807 | 0520 | G0534 | 0919 | G0558 | 0517 | H0053 | 0940 |
| 0933T | 0517 | 64468 | 0510 | C8002 | 0761 | C9807 | 0529 | G0534 | 0940 | G0558 | 0519 | J0605 | 0250 |
| 0933T | 0519 | 64468 | 0516 | C8002 | 0529 | C9808 | 0360 | G0534 | 0949 | G0558 | 0520 | J0607 | 0250 |
| 0933T | 0761 | 64468 | 0517 | C8002 | 0520 | C9808 | 0361 | G0534 | 0953 | G0558 | 0529 | J0608 | 0250 |
| 0934T | 0480 | 64468 | 0519 | C8002 | 0519 | C9808 | 0450 | G0535 |      |       |      |       |      |

- Effective January 1, 2024, 90661 has been added to the revenue code 0636.
- Effective January 1, 2025, the following Revenue Codes have been **added** to the CPT/HCPCS codes.

| Code  | Revenue Codes   | Code  | Revenue Codes                |
|-------|---|-------|------------------------------|
| 0905T | 0521  | 38225 | 0360,0361,0529,0761,         |
| 0916T | 0516  | 38226 | 0360,0361,0520,0529          |
| 0919T | 0516  | 38227 | 0360, 0361, 0520, 0529, 0761 |
| 0933T | 0321; 0361, 0480,<br>0481, 0510, 0516, 0517, 0519, 0761 | 38228 | 0361, 0520, 0529, 0761, 0819 |
| 0934T | 0480  | 49186 | 0969                         |
| 0936T | 0520,0529,0940  | 51721 | 0450, 0490                   |
| 25448 | 0975; 0982  |       |                              |

**Third Party Liability**

The Medicare Coverage has been changed to “N” for the HCPCS code S5140 (Foster Care, Adult; Per Diem) on the Reference Screens RF113 and 127.