

ENCOUNTER KEYS

July-August 2024

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Age Changes

The following codes have had the ages changed.

Code	Description	Minimum/ Maximum
90658	Influenza Vaccine, Trivalent, 0.5 ml Dosage	Minimum 003 Y Maximum 999 Y
90683	Respiratory Syncytial Virus Vaccine MRNA Lipid Nanoparticles	Minimum 060 Y Maximum 125 Y
95004	Test For Allergy Using Allergenic Extract	Minimum 000Y Maximum 125Y
95017	Test For Allergy Using Combination of Methods with Venom	Minimum 000Y Maximum 125Y
95018	Test For Allergy Using Combination of Methods with Drug or Biological	Minimum 000Y Maximum 125Y
95024	Test For Allergy Using Allergenic Extract Injected into Skin	Minimum 000Y Maximum 125Y
95027	Test For Allergy Using Airborne Allergenic Extract Injected into Skin	Minimum 000Y Maximum 125Y
95028	Test For Allergy Using Allergenic Extract Injected into Skin with Delayed Reaction Analysis	Minimum 000Y Maximum 125Y
95044	Test For Allergy Using Skin Patch	Minimum 000Y Maximum 125Y
H0002	Behavioral Health Screening to Determine Eligibility for Admission to treatment program	Minimum 011Y Maximum 999 Y

Codes

- Effective August 1, 2024, a new PCS Category has been added to RF145 ICD-10 Procedure Class Code Screen --XXA (New Technology, Filtration, Blood Pathogen).
- Effective July 19, 2024, The CPT code 90695 (Influenza Virus Vaccine, H5n8, Derived From Cell Cultures, A Djuvanted, For Intra) has been added to the Reference Screens with the following modifiers.

CR	GZ	SL	22
ET	JZ	SY	52
GA	KX	XE	53
GC	Q5	XP	59
GR	Q6	XS	
GY	SK	XU	

- The following CPT/HCPCS codes have been added to the Reference Screens.

Code	Description	Effective Begin Date
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	07/01/2024
J0175	Injection, Donanemab-AZBT, 2 mg	07/02/2024
Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	03/22/2024

- The following changes have been applied for the ICD-10 Diagnosis Code Z13.32 (Encounter for Screening for Maternal Depression):

Minimum Age: 012 Y Maximum Age: 055 Y Sex: F

- The following codes have the Minimum Age of 000Y and the Maximum Age of 020Y.

95004	95056	95131	95149
95012	95060	95132	95165
95017	95065	95133	95170
95018	95070	95134	95180
95024	95115	95144	95199
95027	95117	95145	0165U
95028	95120	95146	
95044	95125	95147	
95052	95130	95148	

Class Code

Effective July 1, 2024, the Class Code 071 Class Code (Bypass, Lymphatic and Hemic Systems) has been added to the Reference Screen RF145 (ICD-10 Procedure Class Code).

Coverage Code

Code	Description	Coverage Code	Effective Begin Date
90683	Respiratory Syncytial Virus Vaccine MRNA Lipid Nanoparticles	01 - Covered Service/Code Available	05/01/2024
0114U	Gene Analysis (VIM and CCNA1 Methylation) in esophageal cells to evaluate likelihood of precancerous changes	04 - Not Covered Service/Code Not Available	06/01/2024
C9787	Gastric Electrophysiology Mapping with Simultaneous Patient Symptom Profiling	04 - Not Covered Service/Code Not Available	07/01/2024
C9790	Histotripsy (i.e., Non-Thermal Ablation Via Acoustic Energy Delivery) Of Malignant Renal Tissue, Including Image Guidance	04 - Not Covered Service/Code Not Available	07/01/2024
Q4133	Grafix Prime, Grafixpl Prime, Stravix and Stravixpl, per square centimeter	04 - Not Covered Service/Code Not Available	08/01/2024
90461	Administration of vaccine or toxoid component with counseling (18 years or younger), each additional vaccine or toxoid component	04 - Not Covered Service/Code Not Available	10/01/2024

End Date

Effective June 30, 2024, the following code C9787 and C9790 have been end dated for:

- Provider Types: 08 (MD-Physician), 31 (DO-Physician Osteopath) and 43 (Ambulatory Surgical Center)
- Modifiers

C9787			C9790	
CR	XP		CR	Q6
GA	XS		GA	SG
GC	XU		GC	XE
Q5	52		PA	XP
Q6	59		PB	XS
XE			PC	XU
			Q5	52
				59

Limits

Code	Description	Daily Limit	Limit 1:	Frequency 1	Limit 2:	Frequency 2
G0480	Drug Test(s), Definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers		1	7 D	4	1 M
G0481	Drug Test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers		1	7 D	4	1 M
G0482	Drug Test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers		1	7 D	4	1 M
G0483	Drug Test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers		1	7 D	4	1 M
H2017	Psychosocial Rehabilitation Services, Per 15 Minutes	32				
80307	Testing For Presence of Drug, By Chemistry Analyzers		3	7 D	12	1 M

Modifiers

- Effective June 1, 2023, the modifiers below have been added to the following HCPCS codes:

K0 – Lower Extremity Pros Functional Level 0	K1 – Lower Extremity Prosthesis Function Level 1
K2 – Lower Extremity Prosthesis Function Level 2	K3 – Lower Extremity Prosthesis Function Level 3
K4 – Lower Extremity Prosthesis Function Level 4	
L5848	Addition To Endoskeletal Knee-Shin System, Fluid Stance Extension, Dampening Feature, With or Without Adjustability
L5856	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control Feature, Swing and Stance Phase, Includes Electronic Sensor(s), Any Type
L5857	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control Feature, Swing Phase Only, Includes Electronic Ensor(s), Any Type
L5858	Addition To Lower Extremity Prosthesis, Endoskeletal Knee Shin System, Microprocessor Control Feature, Stance Phase Only, Includes Electronic Sensor(s), Any Type
L5859	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered and Programmable Flexion/Extension Assist Control, Includes Any Type Motor(s)
L5971	All Lower Extremity Prosthesis, Solid Ankle Cushion Heel (Sach) Foot, Replacement Only
L5973	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion and/or Plantar Flexion Control, Includes Power Source

- The modifier 80 (Assistant Surgeon) has been added to the following CPT/HCPCS Codes:

Codes	Codes	Codes
15778	33928	60659
20932	43753	61630
20933	43754	61635
23071	43755	67399
31634	43756	67599
32994	43757	93590
32998	58579	93592
33509	58674	G0276

- Effective September 30, 2024, the modifier V1 (Demonstration Modifier) has been end dated for the following CPT/HCPCS codes.

36415	80336	80361	82465	90792	93041	97814	99238	99359	G0483	J0571
80048	80337	80362	82530	90832	93042	98966	99239	99441	H0001	J0572
80050	80338	80363	82533	90833	96101	98967	99242	A0100	H0002	J0573
80051	80339	80364	82542	90834	96102	98968	99243	A0110	H0004	J0574
80053	80340	80365	82565	90836	96103	99091	99244	A0120	H0015	J0575
80076	80341	80367	82570	90837	96110	99199	99245	A0130	H0018	J1200
80299	80342	80368	82575	90838	96111	99202	99252	A0140	H0031	S0209
80305	80343	80369	82607	90839	96116	99203	99253	A0160	H0036	S0215
80306	80344	80370	82746	90840	96118	99204	99254	A0170	H0037	S5110
80307	80345	80371	83789	90845	96119	99205	99255	A0180	H0038	S5115
80320	80346	80372	83992	90846	96120	99211	99281	A0190	H2010	S5150
80321	80347	80373	84311	90847	96372	99212	99282	A0200	H2011	S5151
80322	80348	80374	84443	90849	97151	99213	99283	A0210	H2012	S9484
80323	80349	80375	85027	90853	97152	99214	99284	A0382	H2014	S9485
80324	80350	80376	86580	90875	97153	99215	99285	A0398	H2015	T1002
80325	80351	80377	86592	90876	97154	99221	99341	A0420		

- Effective July 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	Code	Description
J0211	Injection, Sodium Nitrite 3 mg and Sodium Thiosulfate	J3394	Injection, Lovotibeglogene Autotemcel, Per Treatment
J0687	Injection, Cefazolin Sodium (WG Critical Care),	J7171	Injection, Adamts13, Recombinant-Krh, 10 lu
J0872	Injection, Daptomycin (Xellia), Unrefrigerated	J7355	Injection, Travoprost, Intracameral Implant, 1 Microgra
J0911	Instillation, Taurolidine 1.35 mg and Heparin Sodium	J8611	Methotrexate (Jylamvo), Oral, 2.5 mg
J2267	Injection, Mirikizumab-Mrkz, 1 mg	J8612	Methotrexate (Xatmep), Oral, 2.5 mg
J3247	Injection, Secukinumab, Intravenous, 1 mg	J3393	Injection, Betibeglogene Autotemcel, Per Treatment
J3263	Injection, Toripalimab-Tpzi, 1 mg	J3394	Injection, Lovotibeglogene Autotemcel, Per Treatment
J3393	Injection, Betibeglogene Autotemcel, Per Treatment		

- The **end date** has been changed to 99/99/9999 for the HCPCS code A0130 (Non-Emergency Transportation: Wheel-Chair Van) for the modifier 22 (Increased Procedural Services).

Code	Description	Modifier	Begin Date
15851	Removal Of Sutures or Staples Under Anesthesia	58 - Staged/Related Proc Same Post-Op Period	1/1/2024
61737	Laser Interstitial Thermal Therapy (Litt) Of Multiple or Complex Growth Within Skull	GC - Teaching Physician Service	1/1/2024
66988	Removal Of Cataract with Insertion of Prosthetic Lens and Laser Treatment to Decrease Fluid Production in Eye	LT - Identifies Left Side	1/1/2024
66988	Removal Of Cataract with Insertion of Prosthetic Lens and Laser Treatment to Decrease Fluid Production in Eye	RT - Identifies Left Side	1/1/2024
80305	Testing For Presence of Drug, read by direct observation	KX - Requirements Specified in The Medical Po	10/1/2024
80306	Testing For Presence of Drug, read by instrument assisted observation	KX - Requirements Specified in The Medical Po	10/1/2024
80307	Testing For Presence of Drug, by chemistry analyzers	KX - Requirements Specified in The Medical Po	10/1/2024
92979	Ultrasound Evaluation of Heart Blood Vessel or Graft with review by radiologist, each additional vessel	LD - Left Anterior Descending Coronary Artery	1/1/2024
A0420	Ambulance Waiting Time (ALS or BLS), One Half (1/2) Hour Increments	HD - Preg-Parentwomenprog/Hosp-Diagfacilytran/	7/1/2023
A0434	Specialty Care Transport (SCT)	HD - Preg-Parentwomenprog/Hosp-Diagfacilytran/	7/1/2023
C9161	Injection, Aflibercept HD, 1 mg	TB – Drug or Biological Acquired With 340B Dr	1/1/2024
G0480	Drug Test(s), Definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers	KX - Requirements Specified in The Medical Po	10/1/2024
G0481	Drug Test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers	KX - Requirements Specified in The Medical Po	10/1/2024
G0483	Drug Test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers	KX - Requirements Specified in The Medical Po	10/1/2024

Code	Description	Modifier	Begin Date
H0018	Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program), Without Room and Board, Per Diem	U9 - ASAM Continuum	10/1/2024
H0035	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours	U9 - ASAM Continuum	10/1/2024
H0046	Mental Health Services, Not Otherwise Specified	HB - Adult Program, Non-Geriatric	6/15/2024
J0491	Injection, Anifrolumab-FNIA, 1 mg	TB - Drug or Biological Acquired With 340B Dr	1/1/2024
J0689	Injection, Cefazolin Sodium (Baxter), Not Therapeutically Equivalent to J0690, 500 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	7/1/2023
J0689	Injection, Cefazolin Sodium (Baxter), Not Therapeutically Equivalent to J0690, 500 mg	JZ - Zero Drug Amount Discarded/Not Administered	7/1/2023
J0717	Injection, Certolizumab Pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician,	TB - Drug or Biological Acquired With 340B Dr	1/1/2024
J1602	Injection, Golimumab, 1 mg, for intravenous use	TB – Drug or Biological Acquired With 340B Dr	1/1/2024
J1745	Injection, Infliximab, Excludes Biosimilar, 10 mg	TB – Drug or Biological Acquired With 340B Dr	1/1/2024
J1750	Injection, Iron Dextran, 50 mg	TB – Drug or Biological Acquired With 340B Dr	1/1/2024
J2505	Injection, Pegfilgrastim, 6 mg	TB – Drug or Biological Acquired With 340B Dr	1/1/2024
J2850	Injection, Secretin, Synthetic, Human, 1 Microgram	TB – Drug or Biological Acquired With 340B Dr	1/1/2024
J3241	Injection, Teprotumumab-TRBW, 10 mg	TB - Drug or Biological Acquired With 340B Dr	1/1/2024
J7328	Hyaluronan Or Derivative, Gelsyn-3, For Intra-Articular Injection, 0.1 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	7/1/2023
J7328	Hyaluronan or Derivative, Gelsyn-3, for Intra-Articular Injection, 0.1 mg	PO - Services, Procedures and/or Surgeries	1/1/2024
Q5130	Injection, Pegfilgrastim-PBBK (FYLNETRA), Biosimilar, 0.5 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	7/1/2023

Code	Description	Modifier	Begin Date
Q5130	Injection, Pegfilgrastim-PBBK (FYLNETRA), Biosimilar, 0.5 mg	JZ - Zero Drug Amount Discarded/Not Administered	7/1/2023
S0215	Non-Emergency Transportation; Mileage, Per Mile	RP – Residence to Phy office/replace & repair	1/1/2024
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	UR - Five Patients Served	1/1/2024
T2031	Assisted Living; Waiver, Per Diem	HE - Amb Hsp 2 ECF/ Mental Health Program	10/1/2024

Place of Service

Code	Description	Place of Service	Effective Begin Date
17110	Destruction Of Skin Growth, 1-14 Growths	15 - Mobile Unit	04/01/2024
87806	Detection Test by Immunoassay with Direct Visual Observation for Hiv-1 Antigen, With Hiv-1 And Hiv-2 Antibodies	50 - Federally Qualified Health Center	10/01/2023
88112	Cell Examination of Specimen, Selective Cellular Enhancement Technique	11 – Office	08/01/2023
90677	Pneumococcal Conjugate Vaccine, 20 Valent (PCV20), For Intramuscular Use	15 - Mobile Unit	01/01/2024
90700	Diphtheria, Tetanus, And Acellular Pertussis Vaccine (Younger Than 7 Years)	15 - Mobile Unit	01/01/2024
99212	Established Patient Office or Other Outpatient Visit with Straightforward Medical Decision Making, If Using Time, 10 Minutes or More	24 - Ambulatory Surgical Center	10/01/2023
99213	Established Patient Office or Other Outpatient Visit with Low Level of Decision Making, If Using Time, 20 Minutes or More	24 - Ambulatory Surgical Center	10/01/2023
99214	Established Patient Office or Other Outpatient Visit with Moderate Level of Decision Making, If Using Time, 30 Minutes or More	24 - Ambulatory Surgical Center	06/01/2023
99215	Established Patient Office or Other Outpatient Visit with High Level of Medical Decision Making, If Using Time, 40 Minutes or More	24 - Ambulatory Surgical Center	10/01/2023
L6611	Addition To Upper Extremity Prosthesis, External Powered, Additional Switch, Any Type	12 - Home	12/01/2023

- The following POS have been added to the HCPCS codes C9787 (Gastric Electrophysiology Mapping with Simultaneous Patient Symptom Profiling) and C9790 (Histotripsy (i.e., non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance).

C9787		C9790	
05	21	05	23
06	22	06	24
07	49	07	49
08	50	08	50
11	71	11	71
19	72	19	72
		22	99

Procedure Daily Maximum

Code	Description	Daily Maximum
95017	Professional Service for Preparation and Provision of Whole-Body Extract of Biting Insect or Arthropod Antigens	27
95018	Test For Allergy Using Combination of Methods with Drug or Biological	19
95024	Test For Allergy Using Allergenic Extract Injected into Skin	40
95027	Test For Allergy Using Airborne Allergenic Extract Injected into Skin	90
95170	Professional Service for Preparation and Provision of Whole-Body Extract of Biting Insect or Arthropod Antigens	10

Provider Types

Code	Description	Provider Type	Effective Begin Date
0037U	DNA Gene Analysis Of 324 Genes in Solid Organ Tumor Tissue	04 - Laboratory	07/01/2022
26725	Closed Treatment of Broken Finger or Thumb at Midportion or Part Near Hand with Manipulation	19 - Registered Nurse Practitioner	01/01/2024
29405	Application Of Short Leg Cast	13 - Occupational Therapist	01/01/2024
29405	Application Of Short Leg Cast	14 - Physical Therapist	01/01/2024
90678	Respiratory Syncytial Virus Vaccine, Pref, Subunit, Bivalent, For Intramuscular Use	09 - Certified Nurse-Midwife	01/01/2024
99459	Pelvic Exam	18 - Physician's Assistant	01/01/2024
G9919	Screening Performed and Positive and Provision of Recommendations	77 -BH Outpatient Clinic	01/01/2024
G9920	Screening Performed and Negative	77 -BH Outpatient Clinic	01/01/2024
G9921	No Screening Performed, Partial Screening Performed or Positive Screen Without Recommendations and Reason Is Not Given or Otherwise Specified	77 -BH Outpatient Clinic	01/01/2024
J1952	Leuprolide Injectable, CAMCEVI, 1 mg	18 - Physician's Assistant	12/01/2023
J1952	Leuprolide Injectable, CAMCEVI, 1 mg	19 - Registered Nurse Practitioner	12/01/2023

- Effective December 31, 2023, CPT code 86901 (Blood Typing for RH (D) Antigen) has been **end dated** for the provider type 18 (Physician's Assistant)
- Effective July 31, 2024, the HCPCS code S9480 (Intensive Outpatient Psychiatric Services, Per Diem) has been end dated for provider type BC (Board Certified Behavior Analyst. Hospital).

Reference Screen

The code T1013 - Sign Language or Oral Interpretive Services, per 15 Minutes has been added to the Reference screen RF171 (BH Service Classifications).

Revenue Codes

The following revenue Codes have been added to the HCPCS codes C9787 (Gastric Electrophysiology Mapping with Simultaneous Patient Symptom Profiling) and C9790 (Histotripsy (i.e., non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance).

0483 Echocardiology	0360 Or Services	0361 OR/Minor
0450 Emergency Room	0510 Clinic	0519 Other Clinic

Updates for July 1, 2024

Effective July 1, 2024, the following information has been added to the Reference Screens for the codes listed below.

- RF115 (Procedure Place of Service) POS 24 (Ambulatory Surgical Center)
- RF 122(FFS Valid Procedure Modifiers) /132 (MCO Valid Procedure Modifiers) modifier SG (Ambulatory Surgical Center (ASC) Facility Service)
- RF618 (Provider Type Rate Schedule) the provider type 43 (Ambulatory Surgical Center)
- RF773 (Revenue Codes-To-Procedure Codes) the revenue code 0490 (Ambulatory Surgical Center)

A9506	J2373	J8611	Q4318	Q4328
C1605	J2468	J8612	Q4319	Q4329
C1606	J2470	J9361	Q4320	Q4330
J0211	J2471	Q4311	Q4321	Q4331
J0687	J3247	Q4312	Q4322	Q4332
J1597	J3263	Q4313	Q4323	Q4333
J1598	J3393	Q4314	Q4324	Q5137
J2183	J3394	Q4315	Q4325	Q5138
J2246	J7171	Q4316	Q4326	
J2267	J7355	Q4317	Q4327	