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Age Changes

| Code  | Description   | Minimum Age | Maximum Age |
|-------|---|-------------|-------------|
| 90460 | Administration Of First Vaccine or Toxoid Component with Counseling (18 years or younger) | 000         | 018 Years   |

**Note from the coding unit.** Medical coding is reviewing the daily limits and updating these limits as needed per the NCCI MUE tables. This list is extensive and will be ongoing as we review each section.

**Codes**

- Effective February 28, 2025, the HCPCS codes G0183 - (Destruction of Localized Lesion of Choroid and L6700 (Terminal Device, Hook, Dorrance, Or Equal, Model #3) have been **end dated**.
- Effective March 1, 2025, the HCPCS code J0139 (Injection, Adalimumab, 1 mg) has a coverage code of 04 (Not Covered Service/Code Not Available) on Reference Screen RF123.

- **H2023 and H2024**

The following changes are for H2023 (Supported Employment, Per 15 Minutes) and H2024 (Supported Employment, Per Diem).

- On RF618 Provider Type 23 (Home Health Agency) end dated 02/28/2025
- On RF618 Provider Type 81 (EPD HCBS) end dated 02/28/2025
- On RF115 Place of Services 11,49,50,71,72,99 end dated 02/28/2025
- On RF121 the modifier CR end dated 02/28/2025
- On RF122/RF132 the modifier CR, Q6
- On RF124 Prior Authorization has been end dated 02/28/2025
- On RF769 Category of Service (COS) 47 has been **end dated** 02/28/2025
- On RF773 Revenue Codes have been end dated
  - o 0900,0901,0902,0903,0904,0905,0906,0907,0911,
  - o 0912,0913,0914,0915,0916,0917,0918,0919
- Effective April 1, 2025, the following CPT/HCPCS codes have been added to the Reference Screens. For information regarding modifiers, revenue codes, place of service, etc. refer to the Reference Screens.

| CPT/HCPCS Code |       |       |       |       |       |       |
|----------------|-------|-------|-------|-------|-------|-------|
| 0531U          | 0546U | A6518 | E1032 | J2428 | L6031 | Q4362 |
| 0532U          | 0547U | A6519 | E1033 | J2804 | L6032 | Q4363 |
| 0533U          | 0548U | A6611 | E1034 | J2865 | L6033 | Q4364 |
| 0534U          | 0549U | A9154 | E1832 | J7521 | L6037 | Q4365 |
| 0535U          | 0550U | A9611 | G0183 | J9024 | L6700 | Q4366 |
| 0536U          | 0551U | C8004 | G0566 | J9038 | L7406 | Q4367 |
| 0537U          | A2030 | C8005 | G0567 | J9054 | Q2057 | Q5147 |
| 0538U          | A2031 | C9300 | J0281 | J9161 | Q4354 | Q5148 |
| 0539U          | A2032 | C9301 | J1072 | L0720 | Q4355 | Q5149 |
| 0540U          | A2033 | C9302 | J1271 | L1933 | Q4356 | Q5150 |
| 0541U          | A2034 | C9303 | J1299 | L1952 | Q4357 | Q5151 |
| 0542U          | A2035 | C9304 | J1308 | L5827 | Q4358 | Q5152 |
| 0543U          | A6515 | E0201 | J1808 | L6028 | Q4359 | Q9999 |
| 0544U          | A6516 | E1022 | J1938 | L6029 | Q4360 | S4024 |
| 0545U          | A6517 | E1023 | J2351 | L6030 | Q4361 |       |

**Code Description Changes (RF110)**

The following codes have had their descriptions changed on RF110.

| Code  | Description   |
|-------|---|
| 99232 | Subsequent hospital inpatient or observation care with moderate level of medical decision making, if using time, 35 minutes or more   |
| A4453 | Rectal catheter with or without balloon, for use with any type transanal irrigation system, each  |
| A4459 | Manual transanal irrigation system, including water reservoir, pump, tubing, and accessories, without catheter, any type  |
| A6549 | Gradient compression garment, not otherwise specified, for daytime use, each  |
| A6583 | Gradient compression wrap with adjustable straps, below knee, each  |
| A6585 | Gradient compression wrap with adjustable straps, above knee, each  |
| A6586 | Gradient compression wrap with adjustable straps, full leg, each  |
| A6587 | Gradient compression wrap with adjustable straps, foot, each  |
| A6588 | Gradient compression wrap with adjustable straps, arm, each   |
| C1739 | Tissue marker, probe detectable any method (implantable), with delivery system  |
| C9793 | 3d Predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography and/or magnetic resonance imaging with report  |
| E1028 | Wheelchair accessory, manual swing away, retractable or removable mounting hardware, other  |
| E1801 | Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories  |
| E1811 | Static progressive stretch/patient actualized serial stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories   |
| E1816 | Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories  |
| E1818 | Static progressive stretch/patient actualized serial stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories   |
| E1841 | Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories   |
| J9073 | Injection, Cyclophosphamide (Dr. Reddy's), 5 mg   |
| L1932 | Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise            |
| L1951 | Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise |
| L1971 | Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment  |
| L6692 | Upper extremity addition, silicone gel inserts or equal, with or without locking mechanism, each  |
| L6698 | Addition to upper extremity prosthesis, lock mechanism, excludes socket insert  |

**Coverage Code (RF124)**

Effective October 31, 2023, the coverage code 01 (Covered Service/Code Available) has been **end dated**. Effective November 1, 2023, coverage code 04 (Not Covered Service/Code Not Available) is in effect for the codes listed.

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 0041A | 0121A | 0142A | 0154A | 0172A |
| 0042A | 0134A | 0144A | 0164A | 0173A |
| 0044A | 0141A | 0151A | 0171A | 0174A |

**Dental**

**Note from the Coding Manager:** Dental PA is required for all managed care and this removal of the PA is for our Fee-For-Service population. This is a temporary removal and PA will be required in the future for the Fee-For-Service population. Date of PA to be enforced still to be determined.

- The following Dental codes now have a Prior Authorization of 04 (PA Not Required for Acute Or LTC).

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

**ICD-10 DIAGNOSIS CODE (RF223)**

| Code   | Description   | Minimum Age | Maximum Age |
|--------|---|-------------|-------------|
| G20.A1 | Parkinson's Disease Without Dyskinesia, without mention of fluctuations | 012 Years   | 125 Years   |
| G20.A2 | Parkinson's Disease Without Dyskinesia, with fluctuations.              | 012 Years   | 125 Years   |
| G20.B1 | Parkinson's Disease with Dyskinesia without mention of fluctuations     | 012 Years   | 125 Years   |
| G20.B2 | Parkinson's Disease with Dyskinesia, With Fluctuations                  | 012 Years   | 125 Years   |
| G20.C  | Parkinsonism, Unspecified   | 012 Years   | 125 Year    |
| M33.03 | Juvenile Dermatomyositis Without Myopathy                               | 000 Years   | 999 Years   |

**Medicare Indicator**

The Medicare Indicator has been changed to “N” for the codes below (RF113/RF127)

- A9154 (Artificial Saliva, 1 ml)
- S4024 (Air Polymer-Type A Intrauterine Foam, Per Study Dose)

**Modifiers (RF121)**

| Code  | Description   | Modifier   | Effective Begin Date |
|-------|---|--|----------------------|
| 87634 | Detection Test by Nucleic Acid for Respiratory Syncytial Virus, Amplified Probe Technique   | QW - CLIA Waived Test -                          | 10/01/2024           |
| A9595 | Piflufolastat F-18, Diagnostic, 1 Millicurie  | JW - Drug Amt Discarded/Not Admin to Any Patient | 10/01/2024           |
| A9595 | Piflufolastat F-18, Diagnostic, 1 Millicurie  | JZ - Zero Drug Amount Discarded/Not Administered | 10/01/2024           |
| G0296 | Counseling Visit to Discuss Need for Lung Cancer Screening Using Low Dose CT scan (LDCT) (service is for eligibility determination and shared decision) | PO - Services, Procedures                        | 07/01/2024           |

**Modifiers (RF122/RF132)**

| Code  | Description  | Modifier                    | Effective Begin Date |
|-------|--|-----------------------------|----------------------|
| G0566 | 3D Radiodensity-Value Bone Imaging, Algorithm Derived, | TC - Technical Component    | 04/01/2025           |
| G0566 | 3D Radiodensity-Value Bone Imaging, Algorithm Derived, | 26 - Professional Component | 04/01/2025           |

- Effective January 1, 2025, the modifier PN (Non-Excepted Service Provided at an Off) has been **added** to RF121.
- Modifier PT (Colorectal Cancer Screening Test) has been **added** to RF122/RF132.

**End Dated --Modifiers**

- Effective December 31, 2024, the modifier JG (Drug or Biological Acquired With 340B Dr) has been **end dated** for the following codes on RF122/132.

|       |       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| J1439 | J1555 | J1572 | J1743 | J1931 | J2407 | J2724 | J2860 | J3243 | J3385 | J7185 | J7197 |
| J1442 | J1556 | J1573 | J1744 | J1950 | J2425 | J2760 | J2941 | J3245 | J3396 | J7186 | J7198 |
| J1447 | J1557 | J1575 | J1745 | J2062 | J2426 | J2770 | J2993 | J3246 | J3465 | J7187 | J7200 |
| J1451 | J1559 | J1602 | J1746 | J2265 | J2469 | J2778 | J2997 | J3262 | J7175 | J7188 | J7201 |
| J1453 | J1560 | J1610 | J1750 | J2278 | J2502 | J2783 | J3060 | J3285 | J7177 | J7189 | J7203 |
| J1454 | J1561 | J1640 | J1786 | J2315 | J2507 | J2792 | J3090 | J3300 | J7178 | J7190 | J7205 |
| J1455 | J1566 | J1670 | J1826 | J2323 | J2515 | J2793 | J3095 | J3304 | J7180 | J7192 | J7211 |
| J1458 | J1568 | J1726 | J1830 | J2353 | J2547 | J2794 | J3101 | J3315 | J7181 | J7193 | J7214 |
| J1459 | J1569 | J1740 | J1833 | J2355 | J2562 | J2820 | J3145 | J3357 | J7182 | J7194 | J7308 |
| J1460 | J1571 | J1742 | J1930 | J2357 | J2597 | J2850 | J3240 | J3380 | J7183 | J7195 | J7311 |
| J7312 | J7329 | J8670 | J9039 | J9065 | J9207 | J9261 | J9301 | J9340 | P9046 | Q5101 | Q9968 |
| J7313 | J7336 | J9015 | J9041 | J9120 | J9211 | J9264 | J9302 | J9354 | P9047 | Q5105 | Q9991 |
| J7318 | J7340 | J9017 | J9042 | J9145 | J9214 | J9266 | J9303 | J9355 | Q0138 | Q5106 | Q9992 |
| J7320 | J7501 | J9019 | J9043 | J9150 | J9216 | J9268 | J9305 | J9357 | Q0139 | Q5108 | S0215 |
| J7321 | J7504 | J9023 | J9047 | J9155 | J9217 | J9271 | J9306 | J9359 | Q2009 | Q5110 |       |
| J7323 | J7511 | J9025 | J9050 | J9171 | J9218 | J9273 | J9307 | J9395 | Q2017 | Q5115 |       |
| J7324 | J7525 | J9027 | J9051 | J9179 | J9225 | J9280 | J9308 | J9400 | Q2041 | Q5124 |       |
| J7325 | J8501 | J9032 | J9052 | J9185 | J9226 | J9293 | J9311 | J9600 | Q2042 | Q5128 |       |
| J7326 | J8560 | J9033 | J9055 | J9202 | J9228 | J9294 | J9297 | J9312 | P9041 | Q2043 |       |
| J7327 | J8655 | J9035 | J9057 | J9203 | J9245 | J9296 | J9299 | J9330 | P9045 | Q3027 |       |

- Effective December 31, 2024, the following codes have had the modifiers **end dated**.

| Code  | Description   | Modifier   |
|-------|---|--|
| 20552 | Injection Of Trigger Points, 1-2 Muscles            | LT - Identifies Left Side Body Procedures        |
| 20552 | Injection Of Trigger Points, 1-2 Muscles            | RT - Identifies Right-Side Body Procedures       |
| 20553 | Injection Of Trigger Points, 3 Or More Muscles      | LT - Identifies Left Side Body Procedures        |
| 20553 | Injection Of Trigger Points, 3 Or More Muscles      | RT - Identifies Right-Side Body Procedures T     |
| Q2009 | Injection, Fosphenytoin, 50 mg Phenytoin Equivalent | JZ - Zero Drug Amount Discarded/Not Administered |

- Modifier PO (Services, Procedures and/or Surgeries) has been **end dated** (RF122/RF132)

|       |       |       |
|-------|-------|-------|
| 44388 | 44402 | 45386 |
| 44389 | 44403 | 45389 |
| 44390 | 44404 | 45390 |
| 44391 | 44405 | 45391 |
| 44392 | 44406 | 45392 |
| 44394 | 44407 | 45393 |
| 44401 | 44408 |       |

- Effective January 1, 2025, the modifier PN (Non-Excepted Service Provided at an Off-) has been added to the codes listed. Modifier PO (Services, Procedures and/or Surgeries) has been **end dated** as of 02/28/2025.

| Code  | Modifier added (RF121) | Modifier End Dated (RF122/RF132) | Code  | Modifier added (RF121) | Modifier End Dated (RF122/RF132) |
|-------|------------------------|----------------------------------|-------|------------------------|----------------------------------|
| 45378 | PN                     | PO                               | 45382 | PN                     | PO                               |
| 45379 | PN                     | PO                               | 45384 | PN                     | PO                               |
| 45380 | PN                     | PO                               | 45385 | PN                     | PO                               |
| 45381 | PN                     | PO                               | 45388 | PN                     | PO                               |

**Modifiers (RF122/RF132)**

| Code  | Description  | Modifier  | Effective Begin Date |
|-------|--|---|----------------------|
| 27057 | Incision Of Tissue on Side of Pelvic Muscle Compartment  | 51 - Multiple Procedures                          | 01/01/2025           |
| 69706 | Dilation Of Canal Between Middle Ear and Throat (Eustachian Tube) on both sides of body, using endoscope inserted through nose   | GC - Teaching Physician Service                   | 01/01/2025           |
| 98000 | New Patient Synchronous Audio-Video Visit with Straightforward Medical Decision Making, if using time 15 minutes or more         | GC - Teaching Physician Service                   | 01/01/2025           |
| 98001 | New Patient Synchronous Audio-Video Visit with Low Medical Decision Making, if using time 30 minutes or more                     | GC - Teaching Physician Service                   | 01/01/2025           |
| 98002 | New Patient Synchronous Audio-Video Visit with Moderate Medical Decision Making, if using time 45 minutes or more                | GC - Teaching Physician Service                   | 01/01/2025           |
| 98004 | Established Patient Synchronous Audio-Video Visit with Straightforward Medical Decision Making, if using time 10 minutes or more | GC - Teaching Physician Service                   | 01/01/2025           |
| 98005 | Established Patient Synchronous Audio-Video Visit with Low Medical Decision Making, if using time 20 minutes or more             | GC - Teaching Physician Service                   | 01/01/2025           |
| 98006 | Established Patient Synchronous Audio-Video Visit with Moderate Medical Decision Making, if using time 30 minutes or more        | GC - Teaching Physician Service                   | 01/01/2025           |
| J2802 | Injection, Romiplostim, 1 microgram  | JW - Drug Amt Discarded/Not Admin to Any Patient  | 01/01/2025           |
| T1021 | Home Health Aide or Certified Nurse Assistant, Per Visit   | UF - CO-Occurring BH-PH Cond/Services Morning     | 04/01/2024           |
| T1021 | Home Health Aide or Certified Nurse Assistant, Per Visit   | UG - CO-Occurring BH Cognitive/Services Afternoon | 04/01/2024           |
| T1021 | Home Health Aide or Certified Nurse Assistant, Per Visit   | Uh – Primary-psychoticcond/Services Evening       | 04/01/2024           |
| T1021 | Home Health Aide or Certified Nurse Assistant, Per Visit   | UJ - Services Provided, Night                     | 04/01/2024           |

**Modifiers (RF122/RF132)**

| Code  | Description  | Modifier   | Effective Begin Date | End Date   |
|-------|--|--|----------------------|------------|
| J9000 | Injection, Doxorubicin Hydrochloride, 10 mg                        | JW - Drug Amt Discarded/Not Admin to Any Patient | 01/01/2025           |            |
| J9000 | Injection, Doxorubicin Hydrochloride, 10 mg                        | JZ - Zero Drug Amount Discarded/Not Administered |                      | 12/31/2024 |
| 64568 | Insertion of Cranial Nerve Neurostimulator Electrode and Generator | AS -Pa Services for Assistant                    |                      | 12/31/2024 |

- The modifier SS (Home infusion services provided in the infusion suite of the IV therapy provider) has been **added** to the Reverence Screens **RF122/RF132** for the following codes. (**Note:** this is specific to the Banner Health Plan guidance for these codes and modifier requests.

|       |       |       |
|-------|-------|-------|
| A4221 | B4187 | B4199 |
| A4222 | B4189 | B4216 |
| A4223 | B4193 | B4220 |
| B4185 | B4197 | B4224 |

- The following modifiers have been **end dated** on 12/31/2024 on **RF122/RF132** for CPT code 99300 (Subsequent Intensive Care, Per Day, for the Evaluation).

|    |    |    |    |
|----|----|----|----|
| AQ | CR | ET | GA |
| GC | GJ | GR | GY |
| GZ | KX | QJ | Q6 |
| XE | XP | XU | 24 |
| 51 | 57 | 59 | 99 |

- The modifiers GA (Req Liability Notice Per Payer Pol) and 25 (Significant, Sep Ident E&M, Same Md&Day) have been **end dated** on RF121 for CPT code 99300.

- The following modifiers have been **end dated** on 12/31/2024 on **RF122/RF132** for CPT code 99201 (New Patient Office or Other Outpatient Visit, typically 10 minutes).

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| AQ | CR | CS | ET | FP | GA |
| GC | GE | GJ | GR | GT | GW |
| GY | GZ | KX | PO | QB | QJ |
| QU | Q5 | Q6 | TH | TJ | UB |
| U7 | U8 | XE | XP | XS | XU |
| 22 | 24 | 27 | 33 | 51 | 52 |
| 57 | 59 | 76 | 77 | 95 | 99 |

- The following modifiers have been **end dated** 12/31/2024 on RF121 for 99201 (Patient Office Or Other Outpatient Visit, typically 10 minutes)

|    |    |    |    |
|----|----|----|----|
| CR | CS | GA | GC |
| GE | GT | PO | U7 |
| U8 | XE | XP | XS |
| XU | 25 | 33 | 52 |
| 57 | 59 | 76 | 77 |
| 95 |    |    |    |

- Modifier 22 (Increased Procedural) has been **end dated** on 12/31/2024 on **RF122/RF132** for CPT code 01922 (Anesthesia for X-Ray or Radiation Therapy).
- Modifier 22 (Increased Procedural) has been **end dated** December 31, 2024, for the following codes.

| CODE  |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| 00120 | 00520 | 00792 | 00928 | 01404 | 01758 |
| 00124 | 00522 | 00794 | 00930 | 01420 | 01760 |
| 00126 | 00524 | 00796 | 00932 | 01430 | 01770 |
| 00140 | 00528 | 00797 | 00934 | 01432 | 01772 |
| 00142 | 00529 | 00800 | 00936 | 01440 | 01780 |
| 00144 | 00530 | 00802 | 00938 | 01442 | 01782 |
| 00145 | 00532 | 00811 | 00940 | 01444 | 01810 |
| 00147 | 00534 | 00812 | 00942 | 01462 | 01820 |
| 00148 | 00537 | 00813 | 00944 | 01464 | 01829 |
| 00160 | 00539 | 00820 | 00948 | 01470 | 01830 |
| 00162 | 00540 | 00830 | 00950 | 01472 | 01832 |
| 00164 | 00541 | 00832 | 00952 | 01474 | 01840 |
| 00170 | 00542 | 00834 | 01112 | 01480 | 01842 |
| 00172 | 00546 | 00836 | 01120 | 01482 | 01844 |
| 00174 | 00548 | 00840 | 01130 | 01484 | 01850 |
| 00176 | 00550 | 00844 | 01140 | 01486 | 01852 |

|       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| 00190 | 00560 | 00846 | 01150 | 01490 | 01860 |
| 00192 | 00561 | 00848 | 01160 | 01500 | 01916 |
| 00210 | 00562 | 00851 | 01170 | 01502 | 01920 |
| 00211 | 00563 | 00860 | 01173 | 01520 | 01922 |
| 00212 | 00566 | 00862 | 01200 | 01522 | 01924 |
| 00214 | 00567 | 00864 | 01202 | 01610 | 01925 |
| 00215 | 00580 | 00865 | 01210 | 01620 | 01926 |
| 00216 | 00600 | 00866 | 01212 | 01622 | 01930 |
| 00218 | 00604 | 00868 | 01214 | 01630 | 01931 |
| 00220 | 00620 | 00870 | 01215 | 01634 | 01932 |
| 00222 | 00625 | 00872 | 01220 | 01636 | 01933 |
| 00300 | 00626 | 00873 | 01230 | 01638 | 01961 |
| 00320 | 00630 | 00880 | 01232 | 01650 | 01962 |
| 00322 | 00632 | 00882 | 01234 | 01652 | 01963 |
| 00326 | 00635 | 00902 | 01250 | 01654 | 01965 |
| 00350 | 00640 | 00904 | 01260 | 01656 | 01966 |
| 00352 | 00670 | 00906 | 01270 | 01670 | 01967 |
| 00400 | 00700 | 00908 | 01272 | 01680 | 01968 |
| 00402 | 00702 | 00910 | 01274 | 01710 | 01969 |
| 00404 | 00730 | 00912 | 01320 | 01712 | 01990 |
| 00406 | 00731 | 00914 | 01340 | 01714 | 01991 |
| 00410 | 00732 | 00916 | 01360 | 01716 | 01992 |
| 00450 | 00750 |       |       |       |       |

- Effective January 1, 2025, modifiers listed have been **added and/or end dated** on February 28, 2025.

| Code  | Add RF121  | Add RF122/RF132            | End Date | Code  | Add RF121  | Add RF122/RF132        | End Date |
|-------|------------|----------------------------|----------|-------|------------|------------------------|----------|
| E0983 | GA, PN, PO | KX                         |          | K0842 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| E0984 | GA, PN,PO  | KX                         |          | K0843 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| E0986 | GA, PN, PO | KX                         |          | K0848 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0013 | PN, PO     | GA, KH, KX, RR, TW, UE     |          | K0849 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0800 | PN, GA     | KH, KX, TW, UE             | PO       | K0850 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0801 | CR, PN, GA | KH, KX, TW, UE             | PO       | K0851 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0802 | CR, PN, GA | KH, KX, TW, UE             | PO       | K0852 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0806 | CR, PN, GA | KH, KX, TW, UE             | PO       | K0853 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0807 | GA and PN  | KH, KX, TW, UE             | PO       | K0854 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0808 | CR, PN, GA | KH, KX, TW, UE             | PO       | K0855 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0812 | CR, PN, GA | GA, LL, KH, KX, RR, TW, UE | PO       | K0856 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0813 | CR, PN, GA | KH, KX, TW, UE             | PO       | K0857 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0814 | CR, PN, GA | KH, KX, TW, UE             | PO       | K0858 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0815 | CR, PN, GA | KH, KX, TW,UE              | PO       | K0859 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0816 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0860 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0820 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0861 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0821 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0862 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0822 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0863 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0823 | CR, PN, GA | KX,TW,UE                   | PO       | K0864 | CR, PN, GA | KH,KX,TW,UE            | PO       |
| K0824 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0868 | CR, PN, GA | GA,LL,KH,KX,TW,UE      | PO       |
| K0825 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0869 | CR, PN, GA | GA,LL,KH,KX,TW,UE      | PO       |
| K0826 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0870 | CR, PN, GA | GA,LL,KH,KX,TW,UE      | PO       |
| K0827 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0871 | CR, PN, GA | GA,LL,KH,KX,TW,UE      | PO       |
| K0828 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0877 | CR, PN, GA | GA,LL,KH,KX,TW,UE      | PO       |
| K0829 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0878 | CR, PN, GA | GA,LL,KH,KX,TW,UE      | PO       |
| K0830 | CR, PN, GA | GA,LL,KH,KX,RR,TW,UE       | PO       | K0879 | CR, PN, GA | GA,LL,KH,KX,TW,UE      | PO       |
| K0831 | CR, PN, GA | GA,LL,KH,KX,RR, TW, UE     | PO       | K0880 | CR, PN, GA | GA,LL,KH,KX,TW,UE      | PO       |
| K0835 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0884 | CR, PN, GA | GA,LL,KH,KX,TW,UE      | PO       |
| K0836 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0885 | CR, PN, GA | GA, LL, KH, KX, TW, UE | PO       |
| K0837 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0886 | CR, PN, GA | GA, LL, KH, KX, TW, UE | PO       |
| K0838 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0890 | CR, PN, GA | GA, LL, KH, KX, TW, UE | PO       |
| K0839 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0891 | CR, PN, GA | GA, LL, KH, KX, TW, UE | PO       |
| K0840 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0898 | CR, PN, GA | GA, LL, KH, KX, TW, UE | PO       |
| K0841 | CR, PN, GA | KH,KX,TW,UE                | PO       | K0899 | GA and PN  | GA, LL, KH, KX,TW,UE   | PO       |

- Effective January 1, 2025, the following modifiers have been **added** to the codes listed on RF122/RF132).

|       | GK | GZ | KH | KX | LT | MS | NR | RA | RB | RT | TW |
|-------|----|----|----|----|----|----|----|----|----|----|----|
| A5507 | X  | X  |    | X  |    |    | X  |    |    |    |    |
| A5508 |    |    |    |    | X  |    |    | X  | X  | X  |    |
| A5510 |    |    |    |    |    |    |    | X  | X  |    |    |
| A5512 | X  |    | X  |    |    | X  | X  | X  | X  |    | X  |
| A5513 | X  |    | X  |    |    | X  | X  | X  | X  |    | X  |
| A5514 |    |    |    |    |    |    |    | X  | X  |    |    |

| Modifier | Description                                 | Modifier | Description                             | Modifier | Description                              | Modifier | Description                           |
|----------|---|----------|---|----------|--|----------|---------------------------------------|
| GK       | Actual Item/Svs by Phys with GA/GZ Modifier | NR       | New When Rented/Amb SNF to Residence    | GZ       | Item/Svs Exp to Be Denied as Not Reason  | RA       | Replacement DME/Orthotic/Prosthetic   |
| KH       | DMEPOS ITEM, INIT CLM, PURCH/1ST MO RENT    | RB       | Replace part of DME/Orthotic/Prosthetic | KX       | Requirements Specified in The Medical Po | RT       | Identifies Right Side Body Procedures |
| LT       | Identifies Left Side Body Procedures        | TW       | Back-Up Equipment                       | MS       | Maintenance Serv-Rental For 15 Months    |          |                                       |

- Effective for the dates listed the modifiers have been **added** to the codes.

| Code  | Description   | Modifier                                      | Effective Begin Date |
|-------|---|---|----------------------|
| 10120 | Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple                                    | F1 - Left Hand, Second Digit                  | 5/1/2024             |
| 10120 | Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple                                    | F2 - Left Hand, Third Digit                   | 5/1/2024             |
| 10120 | Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple                                    | F3 - Left Hand, Fourth Digit                  | 5/1/2024             |
| 10120 | Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple                                    | F4 - Left Hand, Fifth Digit                   | 5/1/2024             |
| 10120 | Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple                                    | F5 - Right Hand, Thumb                        | 5/1/2024             |
| 10120 | Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple                                    | F6 - Right Hand, Second Digit                 | 5/1/2024             |
| 10120 | Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple                                    | F7 - Right Hand, Third Digit                  | 5/1/2024             |
| 10120 | Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple                                    | F8 - Right Hand, Fourth Digit                 | 5/1/2024             |
| 10120 | Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple                                    | F9 - Right Hand, Fifth Digit                  | 5/1/2024             |
| 10120 | Removal Of Foreign Body from Tissue, Accessed Beneath the Skin, Simple                                    | FA - Left Hand, Thumb                         | 5/1/2024             |
| 43270 | Destruction Of Polyp or Growth of Esophagus, Stomach, and/or upper small bowel using a flexible endoscope | 51 - Multiple Procedures                      | 6/1/2024             |
| 64625 | Destruction Of Nerves Supplying Joint Between Spine and Pelvis Using Imaging Guidance                     | LT - Identifies Left Side Body Procedures     | 5/1/2024             |
| 64625 | Destruction Of Nerves Supplying Joint Between Spine and Pelvis Using Imaging Guidance                     | RT - Identifies Right-Side Body Procedures    | 5/1/2024             |
| 76376 | 3D Radiographic Procedure   | GA - Req Liability Notice Per Payer Pol       | 1/1/2025             |
| 76376 | 3D Radiographic Procedure   | KX - Requirements Specified in The Medical Po | 1/1/2025             |
| 76377 | 3d Radiographic Procedure with Computerized Image Postprocessing  | GA - Req Liability Notice Per Payer Pol       | 1/1/2025             |
| 76377 | 3d Radiographic Procedure with Computerized Image Postprocessing  | KX - Requirements Specified in The Medical Po | 1/1/2025             |
|       |   |   |                      |

| Code  | Description   | Modifier                                      | Effective Begin Date |
|-------|---|---|----------------------|
| 90656 | Influenza Vaccine, Trivalent, Split Virus, Preservative-Free, 0.5 ml dosage   | SY - Contact W/High-Risk Pop                  | 10/1/2024            |
| A9700 | Supply Of Injectable Contrast Material for Use in Echocardiograph   | GA - Req Liability Notice Per Payer Pol       | 1/1/2025             |
| C8921 | Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by With Contrast, For Congenital Cardiac Anomalies; Complete   | GA - Req Liability Notice Per Payer Pol       | 1/1/2025             |
| C8921 | Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by With Contrast, For Congenital Cardiac Anomalies; Complete   | KX - Requirements Specified in The Medical Po | 1/1/2025             |
| C8922 | Transthoracic Echocardiography with Contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study   | GA - Req Liability Notice Per Payer Pol       | 1/1/2025             |
| C8922 | Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by With Contrast, for congenital cardiac anomalies; follow-up or limited study   | KX - Requirements Specified in The Medical Po | 1/1/2025             |
| C8923 | Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by with Contrast, Real-Time with Image Documentation (2D), Includes M-Mode Recording, when performed, complete, without spectral or color doppler echocardiography | GA - Req Liability Notice Per Payer Pol       | 1/1/2025             |
| C8923 | Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by with Contrast, Real-Time with Image Documentation (2D), Includes M-Mode Recording, When Performed, complete, without spectral or color doppler echocardiography | KX - Requirements Specified in The Medical Po | 1/1/2025             |
| C8924 | Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by With Contrast, Real-Time with Image Documentation (2D), includes M-Mode Recording, when performed, follow-up or limited study                                   | GA - Req Liability Notice Per Payer Pol       | 1/1/2025             |

| Code  | Description   | Modifier   | Effective Begin Date |
|-------|---|--|----------------------|
| C8924 | Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by With Contrast, Real-Time with Image Documentation (2D), includes M-Mode Recording, When Performed, follow-up or limited study   | KX - Requirements Specified in The Medical Po    | 1/1/2025             |
| C8929 | Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by with Contrast, Real-Time with Image Documentation (2d), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, and with color flow doppler echocardiography | GA - Req Liability Notice Per Payer Pol          | 1/1/2025             |
| C8929 | Transthoracic Echocardiography with Contrast, Or Without Contrast Followed by with Contrast, Real-Time with Image Documentation (2d), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And with Color Flow Doppler Echocardiography | KX - Requirements Specified in The Medical Po    | 1/1/2025             |
| C8930 | Transthoracic Echocardiography, With Contrast, Or Without Contrast Followed by With Contrast, Real-Time with Image Documentation (2d)   | GA - Req Liability Notice Per Payer Pol          | 1/1/2025             |
| C8930 | Transthoracic Echocardiography, With Contrast, Or Without Contrast Followed by With Contrast, Real-Time with Image Documentation (2d),  | KX - Requirements Specified in The Medical Po    | 1/1/2025             |
| C9399 | Unclassified Drugs or Biologicals   | GA - Req Liability Notice Per Payer Pol          | 1/1/2025             |
| C9399 | Unclassified Drugs or Biologicals   | KX - Requirements Specified in The Medical Po    | 1/1/2025             |
| J1010 | Injection, Methylprednisolone Acetate, 1 mg   | JW - Drug Amt Discarded/Not Admin to Any Patient | 4/1/2024             |
| J1010 | Injection, Methylprednisolone Acetate, 1 mg   | JZ - Zero Drug Amount Discard                    | 4/1/2024             |
| J2358 | Injection, Olanzapine, Long Acting, 1 mg  | JW - Drug Amt Discarded/Not Admin to Any Patient | 7/1/2024             |
| J2358 | Injection, Olanzapine, Long Acting, 1 mg  | JZ - Zero Drug Amount Discard                    | 7/1/2024             |

| Code  | Description                                 | Modifier   | Effective Begin Date |
|-------|---|--|----------------------|
| J3490 | Unclassified Drugs                          | GA - Req Liability Notice Per Payer Pol          | 1/1/2025             |
| J3490 | Unclassified Drugs                          | KX - Requirements Specified in The Medical Po    | 1/1/2025             |
| J9034 | Injection, Bendamustine HCL (BENDEKA), 1 mg | JW - Drug Amt Discarded/Not Admin to Any Patient | 10/1/2024            |

- Effective December 31, 2024, the modifier TW (Back-Up Equipment) has been **end dated** for the following codes.

|       |       |       |       |
|-------|-------|-------|-------|
| E1037 | E1232 | E1237 | K0004 |
| E1038 | E1233 | E1238 | K0005 |
| E1039 | E1234 | K0001 | K0006 |
| E1161 | E1235 | K0002 | K0007 |
| E1231 | E1236 | K0003 | K0009 |

- Effective May 12, 2023, the modifier GE (TCH PHYS EXEMPTION/AM) has been **end dated** on RF 132 only for 99214 (Established Patient Office or Other Outpatient Visit with Moderate Level of Decision Making, If Using Time, 30 Minutes or More).
- Effective January 1, 2025, the modifier GU (Waiver of Liability Statement Issued) has been **added** to the following codes.

|       |       |       |       |
|-------|-------|-------|-------|
| E1037 | E1232 | E1237 | K0004 |
| E1038 | E1233 | E1238 | K0005 |
| E1039 | E1234 | K0001 | K0006 |
| E1161 | E1235 | K0002 | K0007 |
| E1231 | E1236 | K0003 | K0009 |

- Effective January 1, 2025, the following modifiers have been **added** to the listed codes.

| Code                                       | Description  | Modifiers |    |    |                             |    |    |    |    |
|--|--|-----------|----|----|-----------------------------|----|----|----|----|
|  |  | GA        | GK | GU | GZ                          | KH | KX | MS | NU |
| E1039                                      | Transport Chair, Adult Size, Heavy Duty, Patient Weight Capacity |           | X  |    | X                           |    | X  |    |    |
| E1229                                      | Wheelchair, Pediatric Size, Not Otherwise Specified              | X         | X  | X  |                             | X  | X  | X  | X  |
| K0008                                      | Custom Manual Wheelchair/Base                                    | X         | X  | X  | X                           | X  | X  | X  |    |
| Modifiers                                  |  |           |    |    |                             |    |    |    |    |
| GA - REQ Liability Notice                  |  |           |    |    | KH - DMEPOS ITEM, INIT CLM  |    |    |    |    |
| GK - Actual Item/SVS BY PH                 |  |           |    |    | KX - Requirements Specified |    |    |    |    |
| GU - Waiver of Liability Statement Issued) |  |           |    |    | MS - Maintenance Serv-Rent  |    |    |    |    |
| GZ - Item/SVS EXP TO BE DE                 |  |           |    |    | NR - New When Rented/Amb S  |    |    |    |    |

- Effective January 1, 2025, modifier 62 (Two Surgeons/Different Skills) has been **added** to the codes listed below.

| Codes |       |       |       |
|-------|-------|-------|-------|
| 0483T | 34841 | 34847 | 58575 |
| 0484T | 34842 | 34848 | 58674 |
| 0646T | 34843 | 37187 | 62380 |
| 33274 | 34844 | 38573 | 93591 |
| 33340 | 34845 | 57155 |       |
| 34716 | 34846 | 57423 |       |

- Effective for the dates listed, the HCPCS codes listed have been **added** to the Reference Screens RF121, RF122 and RF132.

| Code  | Description   | Modifier                      | Effective Begin Date |
|-------|---|-------------------------------|----------------------|
| A9611 | Flurpiridaz F 18, Diagnostic, 1 millicurie              | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| A9611 | Flurpiridaz F 18, Diagnostic, 1 millicurie              | JZ - Zero Drug Amount Discard | 04/01/2025           |
| C9301 | Obecabtagene Autoleucel, Up To 410 million Cd19 Car-Pos | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| C9301 | Obecabtagene Autoleucel, Up To 410 million Cd19 Car-Pos | JZ - Zero Drug Amount Discard | 04/01/2025           |
| C9302 | Injection, Zanidatamab-HRII, 2 mg                       | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| C9302 | Injection, Zanidatamab-HRII, 2 mg                       | JZ - Zero Drug Amount Discard | 04/01/2025           |
| C9303 | Injection, Zolbetuximab-CLZB, 1 mg                      | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| C9303 | Injection, Zolbetuximab-CLZB, 1 mg                      | JZ - Zero Drug Amount Discard | 04/01/2025           |
| C9304 | Injection, Marstacimab-HNCQ, 0.5 mg                     | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| C9304 | Injection, Marstacimab-HNCQ, 0.5 mg                     | JZ - Zero Drug Amount Discard | 04/01/2025           |

| Code  | Description   | Modifier                      | Effective Begin Date |
|-------|---|-------------------------------|----------------------|
| J1072 | Injection, Testosterone Cypionate (Azmiro), 1 mg        | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| J1072 | Injection, Testosterone Cypionate (Azmiro), 1 mg        | JZ - Zero Drug Amount Discard | 04/01/2025           |
| J1299 | Injection, Eculizumab, 2 mg                             | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| J1299 | Injection, Eculizumab, 2 mg                             | JZ - Zero Drug Amount Discard | 04/01/2025           |
| J2428 | Injection, Paliperidone Palmitate Extended Release      | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| J2428 | Injection, Paliperidone Palmitate Extended Release      | JZ - Zero Drug Amount Discard | 04/01/2025           |
| J9024 | Injection, Atezolizumab, 5 mg and Hyaluronidase-TQJS    | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| J9024 | Injection, Atezolizumab, 5 mg and Hyaluronidase-TQJS    | JZ - Zero Drug Amount Discard | 04/01/2025           |
| J9054 | Injection, Bortezomib (Boruzu), 0.1 mg                  | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| J9054 | Injection, Bortezomib (Boruzu), 0.1 mg                  | JZ - Zero Drug Amount Discard | 04/01/2025           |
| Q2057 | Afamitresgene Autoleucel, Including Leukapheresis       | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| Q2057 | Afamitresgene Autoleucel, Including Leukapheresis       | JZ - Zero Drug Amount Discard | 04/01/2025           |
| Q5147 | Injection, Aflibercept-Ayyh (Pavblu), Biosimilar, 1 m   | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| Q5147 | Injection, Aflibercept-Ayyh (Pavblu), Biosimilar, 1 mg  | JZ - Zero Drug Amount Discard | 04/01/2025           |
| Q5148 | Injection, Filgrastim-Txid (Nypozi), Biosimilar, 1 micr | JW - Drug Amt Discarded/Not A | 04/01/2025           |
| Q5148 | Injection, Filgrastim-Txid (Nypozi), Biosimilar, 1 micr | JZ - Zero Drug Amount Discard | 04/01/2025           |
| 90375 | Rabies Immune Globulin for Injection                    | JW - Drug Amt Discarded/Not A | 09/01/2024           |

**Note 90375 has a begin date change.**

- Effective January 1, 2025, modifier CR (Catastrophe/Disaster Related) has been **added** to the CPT code 95700 on RF122/RF132.
- Effective January 1, 2025, modifier ER (Res-Dom Fac-Res/Itms-Svs Prvbsd Offcmped) has been **added** to the CPT codes listed (RF121).

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 95700 | 95707 | 95710 | 95713 | 95716 | 95719 | 95722 | 95725 |
| 95705 | 95708 | 95711 | 95714 | 95717 | 95720 | 95723 | 95726 |
| 95706 | 95709 | 95712 | 95715 | 95718 | 95721 | 95724 | 95957 |

- Effective January 1, 2025, the modifier JW (Drug Amt Discarded/Not Admin to Any Patient) has been **added** to the following codes on RF121.

|       |       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 90371 | A9592 | J0218 | J0716 | J1412 | J1747 | J2502 | J3245 | J7194 | J7353 | J9245 | Q0139 |
| 90375 | A9593 | J0219 | J0717 | J1413 | J1786 | J2507 | J3285 | J7195 | J7402 | J9246 | Q2026 |
| 90376 | A9594 | J0221 | J0739 | J1414 | J1811 | J2508 | J3304 | J7197 | J7501 | J9261 | Q2028 |
| 90377 | A9596 | J0222 | J0740 | J1430 | J1826 | J2510 | J3315 | J7198 | J7504 | J9262 | Q2041 |
| 90378 | A9600 | J0224 | J0741 | J1434 | J1833 | J2547 | J3316 | J7201 | J7511 | J9266 | Q2043 |
| 90396 | A9601 | J0225 | J0742 | J1438 | J1931 | J2561 | J3357 | J7202 | J7525 | J9268 | Q2049 |
| 90611 | A9602 | J0248 | J0750 | J1440 | J1932 | J2597 | J3358 | J7203 | J8510 | J9274 | Q2053 |
| 90622 | A9604 | J0256 | J0751 | J1449 | J1939 | J2679 | J3385 | J7204 | J8522 | J9280 | Q2054 |
| 90675 | A9606 | J0257 | J0775 | J1460 | J1950 | J2690 | J3396 | J7205 | J8655 | J9281 | Q3027 |
| 90676 | A9607 | J0287 | J0840 | J1552 | J1951 | J2724 | J3398 | J7207 | J8670 | J9286 | Q5111 |
| A9506 | A9608 | J0349 | J0841 | J1554 | J1952 | J2760 | J3399 | J7209 | J9015 | J9293 | Q5121 |
| A9513 | A9615 | J0391 | J0850 | J1555 | J1954 | J2770 | J3401 | J7210 | J9022 | J9295 | Q5122 |
| A9515 | A9697 | J0401 | J0875 | J1557 | J1961 | J2777 | J3425 | J7211 | J9029 | J9298 | Q5124 |
| A9517 | A9800 | J0402 | J0879 | J1558 | J2002 | J2778 | J7168 | J7213 | J9032 | J9302 | Q5125 |
| A9521 | C9067 | J0480 | J0882 | J1560 | J2183 | J2779 | J7169 | J7214 | J9036 | J9314 | Q5126 |
| A9530 | C9088 | J0491 | J0883 | J1568 | J2186 | J2781 | J7170 | J7308 | J9046 | J9318 | Q5128 |
| A9542 | C9089 | J0517 | J0888 | J1569 | J2265 | J2783 | J7175 | J7311 | J9048 | J9321 | Q5129 |
| A9543 | C9101 | J0558 | J0891 | J1571 | J2278 | J2786 | J7177 | J7312 | J9050 | J9323 | Q9969 |
| A9547 | C9144 | J0584 | J0898 | J1572 | J2315 | J2794 | J7178 | J7313 | J9056 | J9325 | Q9982 |
| A9548 | C9145 | J0586 | J1096 | J1573 | J2323 | J2798 | J7179 | J7318 | J9063 | J9328 | Q9983 |
| A9557 | C9173 | J0587 | J1097 | J1595 | J2326 | J2799 | J7180 | J7320 | J9071 | J9329 | Q9991 |
| A9563 | C9248 | J0594 | J1105 | J1596 | J2327 | J2820 | J7181 | J7322 | J9120 | J9330 | Q9992 |
| A9568 | C9250 | J0596 | J1162 | J1598 | J2329 | J2840 | J7182 | J7324 | J9150 | J9331 |       |
| A9569 | C9257 | J0597 | J1171 | J1610 | J2350 | J2860 | J7183 | J7325 | J9155 | J9333 |       |
| A9570 | C9460 | J0598 | J1201 | J1611 | J2353 | J2941 | J7185 | J7326 | J9173 | J9334 |       |
| A9572 | C9482 | J0600 | J1212 | J1627 | J2356 | J2993 | J7186 | J7327 | J9185 | J9340 |       |
| A9582 | J0184 | J0630 | J1300 | J1628 | J2373 | J2998 | J7187 | J7329 | J9198 | J9348 |       |
| A9584 | J0185 | J0638 | J1301 | J1670 | J2403 | J3032 | J7188 | J7332 | J9200 | J9381 |       |
| A9586 | J0202 | J0688 | J1302 | J1726 | J2407 | J3060 | J7189 | J7336 | J9202 | J9393 |       |
| A9587 | J0206 | J0699 | J1306 | J1742 | J2425 | J3090 | J7190 | J7340 | J9203 | J9600 |       |
| A9588 | J0208 | J0712 | J1410 | J1743 | J2426 | J3095 | J7192 | J7345 | J9207 | P9046 |       |
| A9591 | J0217 | J0714 | J1411 | J1744 | J2427 | J3145 | J7193 | J7352 | J9226 | Q0138 |       |

- Effective January 1, 2025, the modifiers GN (AMB HSP 2SNF/OP Speech Language Pathology), GO (OP Occupational Therapy Services), GP (SVS Delivered Under OP Phys Therapy) have been added to RF122/RF132. The provider types 13 (Occupational Therapist) and 14 (Physical Therapist) have been added to the codes below.

|       |   |
|-------|---|
| G0541 | Caregiver Training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes   |
| G0542 | Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (use g0542 in conjunction With G0541) |
| G0543 | Group Caregiver Training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers  |

- Effective January 1, 2025 the modifiers 59 (Distinct Procedural Service), XE (Separate ENC, A Serv That Is Distinct BE); XP (Separate Practitioner, A Service That Is) and XU (Unusual Non-Overlapping Service) have been **added** to the following CPT codes on screen RF122/RF132.

|       |   |
|-------|---|
| 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 the Patient's functional performance in the home                                    |

**Place of Service**

- Effective October 1, 2024, the Place of Service 23 (Emergency Room - Hospital) has been added to RF115.

|       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| D0140 | D3120 | D7510 | D7530 | D8680 | D9996 |
| D1556 | D6105 | D7511 | D7910 | D9110 |       |
| D1557 | D6197 | D7520 | D7911 | D9420 |       |
| D1558 | D7140 | D7521 | D7912 | D9995 |       |

- Effective for dates listed the following Place of Services have been added to the codes.

| <b>Code</b> | <b>Description</b>  | <b>Place of Service</b>                               | <b>Effective Begin Date</b> |
|-------------|---|---|-----------------------------|
| 27615       | Extensive Removal of Growth of Leg or Ankle, less than 5.0 cm                             | 19 - Off Campus-Outpatient Hospital                   | 10/1/2024                   |
| 27615       | Extensive Removal of Growth of Leg or Ankle, less than 5.0 cm                             | 22 - Outpatient Hospital                              | 10/1/2024                   |
| 87634       | Detection Test by Nucleic Acid for Respiratory Syncytial Virus, Amplified Probetechneque  | 20 - Urgent Care Facility                             | 10/1/2024                   |
| 90460       | Administration Of First Vaccine or Toxoid Component with Counseling (18 years or younger) | 12 - Home   | 10/1/2024                   |
| 90460       | Administration Of First Vaccine or Toxoid Component with Counseling (18 years or younger) | 13 - Assisted Living Facility                         | 10/1/2024                   |
| 90901       | Biofeedback Training by Any Modality  | 02 - Telehealth Provided other than in patient's home | 4/1/2025                    |
| 90901       | Biofeedback Training by Any Modality  | 10 - Telehealth Services Provided in a patient's home | 4/1/2025                    |
| 92551       | Test For Screening Hearing  | 15 - Mobile Unit                                      | 4/1/2024                    |
| 92610       | Evaluation of Oral and Pharyngeal Swallowing Function                                     | 02 - Telehealth Provided other than in patient's home | 4/1/2025                    |
| 92610       | Evaluation of Oral and Pharyngeal Swallowing Function                                     | 10 - Telehealth Services Provided in a patient's home | 4/1/2025                    |
| 96372       | Injection of Drug or Substance Under Skin or Into Muscle                                  | 15 - Mobile Unit                                      | 4/1/2024                    |

| Code  | Description   | Place of Service   | Effective Begin Date |
|-------|---|--|----------------------|
| 97550 | Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community, an initial 30 minutes      | 02 - Telehealth<br>Provided other than in patient's home | 4/1/2025             |
| 97550 | Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community, an initial 30 minutes      | 10 - Telehealth<br>Services Provided in a patient's home | 4/1/2025             |
| 97551 | Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community, each additional 15 minutes | 02 - Telehealth<br>Provided other than in patient's home | 4/1/2025             |
| 97551 | Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community, each additional 15 minutes | 10 - Telehealth<br>Services Provided in a patient's home | 4/1/2025             |
| 97552 | Group Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community                       | 02 - Telehealth<br>Provided other than in patient's home | 4/1/2025             |
| 97552 | Group Caregiver Training in Strategies and Techniques to Facilitate the patient's functional performance in the home or community                       | 10 - Telehealth<br>Services Provided in a patient's home | 4/1/2025             |
| 99381 | Initial New Patient Preventive Medicine Evaluation (younger than 1 year)  | 13 - Assisted Living Facility                            | 10/1/2024            |
| 99382 | Initial New Patient Preventive Medicine Evaluation (1-4 years)  | 13 - Assisted Living Facility                            | 10/1/2024            |
| 99383 | Initial New Patient Preventive Medicine Evaluation (5-11 years)   | 13 - Assisted Living Facility                            | 10/1/2024            |
| 99384 | Initial New Patient Preventive Medicine Evaluation (12-17 Years)  | 13 - Assisted Living Facility                            | 10/1/2024            |
| 99385 | Initial New Patient Preventive Medicine Evaluation (18-39 Years)  | 13 - Assisted Living Facility                            | 10/1/2024            |
| 99391 | Established Patient Periodic Preventive Medicine Examination (younger than 1 year)  | 13 - Assisted Living Facility                            | 10/1/2024            |

| Code  | Description  | Place of Service                                      | Effective Begin Date |
|-------|--|---|----------------------|
| 99392 | Established Patient Periodic Preventive Medicine Examination (1 - 4 years)   | 13 - Assisted Living Facility                         | 10/1/2024            |
| 99393 | Established Patient Periodic Preventive Medicine Examination (5 -11 years)   | 13 - Assisted Living Facility                         | 10/1/2024            |
| 99394 | Established Patient Periodic Preventive Medicine Examination (12 - 17 years) | 13 - Assisted Living Facility                         | 10/1/2024            |
| 99395 | Established Patient Periodic Preventive Medicine Examination (18 – 39 years) | 13 - Assisted Living Facility                         | 10/1/2024            |
| J2919 | Injection, Methylprednisolone Sodium Succinate, 5 mg                         | 12 - Home   | 10/1/2024            |
| S9470 | Nutritional Counseling, Dietitian Visit                                      | 02 - Telehealth Provided other than in patient's home | 4/1/2025             |
| S9470 | Nutritional Counseling, Dietitian Visit                                      | 10 - Telehealth Services Provided in a patient's home | 4/1/2025             |

- The **end date has been changed** to 99/9999 for POS 24 (Ambulatory Surgical Center) for code 01940 (Anesthesia for Nerve Destruction Procedures on Spine or Spinal Cord of Lower Back Accessed Through Skin Using Imaging Guidance).
- The Place of Service (RF115) (02-10-11-12-49-50-71-72) for codes listed have been **end dated** as of February 28, 2025, for the following codes.

|       |       |       |
|-------|-------|-------|
| 95700 | 95711 | 95712 |
| 95713 | 95714 | 95715 |
| 95716 | 95718 | 95720 |

- Effective October 1, 2024, the following HCPCS codes can be reported with POS 12 (Home)

| Codes | Descriptions                               | Codes  | Descriptions  |
|-------|--|--------|---|
| J0172 | Injection, Aducanumab-AVWA, 2 mg           | J2506  | Injection, Pegfilgrastim, Excludes Biosimilar, 0.5 mg         |
| J0218 | Injection, Olipudase Alfa-RPCP, 1 mg       | J9334* | Injection, Efgartigimod Alfa, 2 mg and Hyaluronidase-QVFC     |
| J0219 | Injection, Avalglucosidase Alfa-NGPt, 4 mg | Q0138  | Injection, Ferumoxytol, For Treatment of Iron Deficiency      |
| J0739 | Injection, Cabotegravir, 1 mg              | Q2023  | Injection, Factor VIII (Antihemophilic Factor, Recombina      |
| J1306 | Injection, Inclisiran, 1 mg                | Q5101  | Injection, Filgrastim-SNDZ, Biosimilar, (ZARXIO), 1 microgram |

|       |   |       |   |
|-------|---|-------|---|
| J1551 | Injection, Immune Globulin (Cutaquig), 100 mg | Q5111 | Injection, Pegfilgrastim-CBQV (UDENYCA), Biosimilar, 0.5 mg   |
| J1554 | Injection, Immune Globulin (Asceniv), 500 mg  | Q5120 | Injection, Pegfilgrastim-BMEZ (ZIEXTENZO), Biosimilar, 0.5 mg |
| J2329 | Injection, Ublituximab-XIIY, 1mg              | Q5122 | Injection, Infliximab-AXXQ, Biosimilar, (AVSOLA), 10 mg       |

**Note\*:** J9334 has a begin date for POS 12 of July 1, 2024.

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

|       |  |
|-------|--|
| 01937 | Anesthesia For Injection, Drainage or Aspiration Procedures on Spine or Spinal Cord of neck or upper back accessed through skin using imaging guidance |
| 01939 | Anesthesia For Nerve Destruction Procedures on Spine or Spinal Cord of Neck or upper back accessed through skin using imaging guidance                 |
| 01941 | Anesthesia For Nerve Modulation Procedure Spinal Cord or Repair of Bone of spine of neck or upper back accessed through skin using imaging guidance    |

The beginning date of service for the following Place of Services has been changed to February 28, 2025.

| Code  | Place of Service |    |    |    |    |    |    |    |
|-------|------------------|----|----|----|----|----|----|----|
|       | 02               | 10 | 11 | 12 | 49 | 50 | 71 | 72 |
| 95700 |                  |    |    | x  |    |    | x  | x  |
| 95711 | x                | x  | x  | x  | x  | x  | x  | x  |
| 95712 | x                | x  | x  | x  | x  | x  | x  | x  |
| 95713 | x                | x  |    | x  | x  | x  | x  | x  |
| 95714 | x                | x  |    | x  | x  | x  | x  | x  |
| 95715 | x                | x  |    | x  | x  | x  | x  | x  |
| 95716 | x                | x  |    | x  | x  | x  | x  | x  |
| 95718 | x                | x  |    |    | x  | x  | x  | x  |
| 95720 | x                | x  |    |    | x  | x  | x  | x  |
| 95722 | x                | x  |    |    | x  | x  | x  | x  |
| 95724 | x                | x  |    |    | x  | x  | x  | x  |
| 95726 | x                | x  |    |    | x  | x  | x  | x  |

**Prior Authorization (RF124)**

| Code  | Description  | Prior Authorization                  | Effective Begin Date |
|-------|--|--------------------------------------|----------------------|
| 81416 | Test For Detecting Exome, Sequence Analysis, Each Comparator Exome | 3 - PA Required for Both Acute & LTC | 01/01/2025           |

- Effective October 1, 2024, the following codes now have Coverage Code 03 (PA Required for Both Acute and LTC) on RF124.

|       |       |       |       |
|-------|-------|-------|-------|
| A2027 | E0721 | L1821 | Q4338 |
| A2028 | E0737 | L8720 | Q4339 |
| A2029 | E0743 | L8721 | Q4340 |
| A9610 | E0767 | P9027 | Q4341 |
| C8000 | E2513 | Q4334 | Q4342 |
| E0469 | E3200 | Q4335 | Q4343 |
| E0683 | L1006 | Q4336 | Q4344 |

- The following codes have PA 04 (PA Not REQ'D For Acute Or LTC).

|       |   |       |  |
|-------|---|-------|--|
| D1510 | Space Maintainer - Fixed, Unilateral - Per Quadrant | D1527 | Space Maintainer - Removable - Bilateral, Mandibular |
|-------|---|-------|--|

**PROCEDURE CODE INDICATORS AND VALUES (RF113/127)**

| Code  | Description   | Procedure Daily Maximum | Limit 1 | Frequency 1 |
|-------|---|-------------------------|---------|-------------|
| 95708 | Measurement Of Brain Wave Activity (EEG), 12-26 Hrs.  | 4                       |         |             |
| 95709 | Measurement Of Brain Wave Activity (EEG), 12-26 Hrs.  | 4                       |         |             |
| 95710 | Measurement Of Brain Wave Activity (EEG), 12-26 Hrs.  | 4                       |         |             |
| 95714 | Measurement Of Brain Wave Activity with Video (VEEG),   | 4                       |         |             |
| 95715 | Measurement Of Brain Wave Activity with Video (VEEG)  | 4                       |         |             |
| 95716 | Measurement Of Brain Wave Activity with Video (VEEG)  | 4                       |         |             |
| 0623T | Preparation, Transmission and Computerized Analysis of CT Angiography Data on Plaque in Heart Arteries, with review, interpretation, and report | 1                       |         |             |
| 0624T | Preparation And Transmission of CT Angiography data on plaque in heart arteries   | 1                       |         |             |
| 0625T | Computerized Analysis of CT Angiography Data on plaque in heart arteries  | 1                       |         |             |
| 0626T | Review Of Computerized Analysis of CT Angiography data on plaque  | 1                       |         |             |
| D1354 | Application of Caries Arresting Medicament - Per Tooth  | 4                       |         |             |
| D1355 | Caries Preventive Medicament Application - Per Tooth  | 4                       |         |             |

**Procedure Code Indicators and Values (RF113/127)**

The following changes include **end date** for modifiers beginning February 28, 2025, and the addition of Daily Limits effective for January 1, 2025.

| Code  | Daily Limit (RF113) | Daily Limit (RF127) | Modifier end dated (RF122/RF132) | Modifier added (RF121) |
|-------|---------------------|---------------------|----------------------------------|------------------------|
| 20526 | 1                   | 1                   |                                  | PN                     |
| 20527 | 2                   | 2                   |                                  | PN                     |
| 20550 | 5                   | 5                   |                                  | PN                     |
| 20551 | 5                   | 5                   |                                  | PN                     |
| 20612 | 2                   | 2                   |                                  | PN                     |
| 26341 | 2                   | 2                   |                                  | PN                     |
| J0153 |                     |                     | PO                               |                        |
| J0395 |                     |                     | PO                               | PN                     |
| J1245 |                     |                     | PO                               | PN                     |
| J1250 |                     |                     | PO                               | PN                     |
| J3490 |                     |                     | PO                               |                        |
| 93015 | 1                   | 1                   | PO                               | PN                     |
| 93016 | 1                   |                     | PO                               | PN                     |
| 93017 | 1                   | 1                   |                                  |                        |
| 93018 | 1                   | 1                   | PO                               | PN                     |
| 93320 |                     |                     | PO                               |                        |
| 93321 |                     |                     | PO                               |                        |
| 93325 |                     |                     | PO                               |                        |
| 93350 |                     |                     | PO                               | PN                     |
| 93351 | 1                   | 1                   | PO                               | PN                     |
| 93352 | 1                   | 1                   | PO                               | PN                     |

**Procedure Daily Limits**

| <b>Codes</b> | <b>Description</b>  | <b>Procedure Daily Maximum</b> | <b>Limit 1</b> | <b>Frequency 1</b> |
|--------------|---|--------------------------------|----------------|--------------------|
| 95708        | Measurement Of Brain Wave Activity (EEG), 12-26 Hours   | 4                              |                |                    |
| 95709        | Measurement Of Brain Wave Activity (EEG), 12-26 Hours   | 4                              |                |                    |
| 95710        | Measurement Of Brain Wave Activity (EEG), 12-26 Hours   | 4                              |                |                    |
| 95714        | Measurement Of Brain Wave Activity with Video (VEEG),   | 4                              |                |                    |
| 95715        | Measurement Of Brain Wave Activity with Video (VEEG)  | 4                              |                |                    |
| 95716        | Measurement Of Brain Wave Activity with Video (VEEG)  | 4                              |                |                    |
| 95870        | Needle Measurement of Electrical Activity in Arm, Leg, Trunk or Head Muscles, Limited Study   | 4                              |                |                    |
| 95872        | Needle Measurement of Electrical Activity in Muscle, Including Jitter, Blocking and/or Fiber Density  | 4                              |                |                    |
| 95874        | Needle Measurement of Electrical Activity in muscle with injection of chemical for paralysis of nerve muscle                                    | 1                              |                |                    |
| 95937        | Testing Of Nerve-Muscle Junction  | 4                              |                |                    |
| 96160        | Administration Of Patient-Focused Health Risk Assessment  | 4                              |                |                    |
| 99494        | Psychiatric Collaborative Care Management Per Calendar Month, Each Additional 30 Minutes  | 4                              | 4              | 1M                 |
| 0623T        | Preparation, Transmission and Computerized Analysis of CT Angiography Data on Plaque in Heart Arteries, with review, interpretation, and report | 1                              |                |                    |
| 0624T        | Preparation And Transmission of CT Angiography data on plaque in heart arteries   | 1                              |                |                    |
| 0625T        | Computerized Analysis of CT Angiography Data on plaque in heart arteries  | 1                              |                |                    |
| 0626T        | Review Of Computerized Analysis of CT Angiography data on plaque  | 1                              |                |                    |

| Codes | Description   | Procedure Daily Maximum | Limit 1 | Frequency 1 |
|-------|---|-------------------------|---------|-------------|
| A5503 | For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe |                         | 2       | 1Y          |
| A5504 | For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe or Custom-Molded Shoe with Wedge(s), Per Shoe                      |                         | 2       | 1Y          |
| A5505 | For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe or Custom-Molded Shoe with Metatarsal Bar, Per Shoe                |                         | 2       | 1Y          |
| A5506 | For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe or Custom-Molded Shoe with Off-Set Heel(s), Per Shoe               |                         | 2       | 1Y          |
| A5507 | For Diabetics Only, Not Otherwise Specified Modification (Including Fitting) of Off-The-Shelf Depth-Inlay Shoe or Custom-Molded Shoe, Per Shoe            |                         | 2       | 1Y          |
| C9399 | Unclassified Drugs or Biologicals   | 1                       |         |             |
| D1354 | Application of Caries Arresting Medicament - Per Tooth  | 4                       |         |             |
| D1355 | Caries Preventive Medicament Application - Per Tooth  | 4                       |         |             |
| E1037 | Transport Chair, Pediatric Size   | 1                       | 1       | 3Y          |
| E1038 | Transport Chair, Adult Size, Patient Weight Capacity  | 1                       | 1       | 3Y          |
| E1039 | Transport Chair, Adult Size, Heavy Duty, Patient Weigh  | 1                       | 1       | 3Y          |
| E1161 | Manual Adult Size Wheelchair, Includes Tilt in Space  | 1                       | 1       | 3Y          |
| E1229 | Wheelchair, Pediatric Size, Not Otherwise Specified   | 1                       | 1       | 3Y          |
| E1231 | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Rigid, Adjustable, With Seating System  | 1                       | 1       | 3Y          |
| E1232 | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System   | 1                       | 1       | 3Y          |
| E1233 | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System  | 1                       | 1       | 3Y          |

| Codes   | Description   | Procedure Daily Maximum | Limit 1 | Frequency 1 |
|---------|---|-------------------------|---------|-------------|
| E1234   | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System  | 1                       | 1       | 3Y          |
| E1235   | Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System                      | 1                       | 1       | 3Y          |
| E1236   | Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System                    | 1                       | 1       | 3Y          |
| E1237   | Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System                   | 1                       | 1       | 3Y          |
| E1238   | Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System                 | 1                       | 1       | 3Y          |
| H0044   | Supported Housing, Per Month  | 1                       | 6       | 6M          |
| J0153   | Injection, Adenosine, 1 Mg (not to be used to report any adenosine phosphate compounds) | 180                     | 180     | 1D          |
| J0280*  | Injection, Aminophyllin, Up To 250 mg   | 7                       | 7       | 1D          |
| J0280** | Injection, Aminophyllin, Up To 250 mg   | 10                      | 10      | 1D          |
| K0001   | Standard Hemi (Low Seat) Wheelchair   | 1                       | 1       | 3Y          |
| K0002   | Standard Hemi (Low Seat) Wheelchair   | 1                       | 1       | 3Y          |
| K0003   | Lightweight Wheelchair  | 1                       | 1       | 3Y          |
| K0004   | High Strength, Lightweight Wheelchair   | 1                       | 1       | 3Y          |
| K0005   | Ultralightweight Wheelchair   | 1                       | 1       | 3Y          |
| K0006   | Heavy Duty Wheelchair   | 1                       | 1       | 3Y          |
| K0007   | Extra Heavy-Duty Wheelchair   | 1                       | 1       | 3Y          |
| K0008   | Custom Manual Wheelchair/Base   | 1                       | 1       | 3Y          |
| K0009   | Other Manual Wheelchair/Base  | 1                       | 1       | 3Y          |
| Q9957   | Injection, Perflutren Lipid Microspheres, Per ml  | 3                       |         |             |

\*For screen RF113

\*\*For screen RF127

**Note:** 95874 - Ordering/Referring provider has changed to "N"

**Procedure Daily Maximum**

| Code  | Daily Max | Limit 1 | Frequency 1 | Code  | Daily Max | Limit 1 | Frequency 1 | Code  | Daily Max | Limit 1 | Frequency 1 |
|-------|-----------|---------|-------------|-------|-----------|---------|-------------|-------|-----------|---------|-------------|
| 0688T | 1         | 1       | 1 M         | A9269 | 1         | 1       | 1 M         | K1036 | 1         | 1       | 1 M         |
| 0706T | 1         | 1       | 1 M         | E0441 | 1         | 1       | 1 M         | L8678 | 1         | 1       | 1 M         |
| 94005 | 1         | 1       | 1 M         | E0442 | 1         | 1       | 1 M         | M0010 | 1         | 1       | 1 M         |
| 99339 | 1         | 1       | 1 M         | E0443 | 1         | 1       | 1 M         | M1269 | 1         | 1       | 1 M         |
| 99340 | 1         | 1       | 1 M         | E0444 | 1         | 1       | 1 M         | M1270 | 1         | 1       | 1 M         |
| 99374 | 1         | 1       | 1 M         | G0019 | 1         | 1       | 1 M         | M1272 | 1         | 1       | 1 M         |
| 99375 | 1         | 1       | 1 M         | G0022 | 3         | 3       | 1 M         | Q0510 | 1         | 1       | 1 M         |
| 99377 | 1         | 1       | 1 M         | G0023 | 1         | 1       | 1 M         | S0311 | 1         | 1       | 1 M         |
| 99379 | 1         | 1       | 1 M         | G0024 | 1         | 1       | 1 M         | S0320 | 1         | 1       | 1 M         |
| 99380 | 1         | 1       | 1 M         | G0140 | 1         | 1       | 1 M         | S5141 | 1         | 1       | 1 M         |
| 99425 | 2         | 2       | 1 M         | G0146 | 1         | 1       | 1 M         | S5146 | 1         | 1       | 1 M         |
| 99437 | 2         | 2       | 1 M         | G0182 | 1         | 1       | 1 M         | S5185 | 1         | 1       | 1 M         |
| 99439 | 2         | 2       | 1 M         | G0556 | 1         | 1       | 1 M         | T2022 | 1         | 1       | 1 M         |
| 99490 | 1         | 1       | 1 M         | G0557 | 1         | 1       | 1 M         | T2023 | 1         | 1       | 1 M         |
| 99491 | 1         | 1       | 1 M         | G0558 | 1         | 1       | 1 M         | T2030 | 1         | 1       | 1 M         |
| 99494 | 2         | 2       | 1 M         | G2069 | 1         | 1       | 1 M         | T2032 | 1         | 1       | 1 M         |
| A4541 | 1         | 1       | 1 M         | G2214 | 1         | 1       | 1 M         |       |           |         |             |
| A4596 | 1         |         |             |       |           |         |             |       |           |         |             |

**PROCEDURE CODE INDICATORS AND VALUES (RF113/127)**

| Code  | Description  | Procedure Daily Maximum | Limit 1 | Frequency 1 |
|-------|--|-------------------------|---------|-------------|
| A4604 | Tubing With Integrated Heating Element for use with positive airway pressure device                          |                         | 1       | 3 Month     |
| A7028 | Oral Cushion for Combination Oral/Nasal Mask, Replacement  | 2                       | 2       | 1 Month     |
| A7029 | Nasal Pillows for Combination Oral/Nasal Mask, Replacement   | 2                       | 2       | 1 Month     |
| A7030 | Full Face Mask Used with Positive Airway Pressure Device, Each   |                         | 1       | 3 Month     |
| A7031 | Face Mask Interface, Replacement for Full Face Mask, each  |                         | 1       | 1 Month     |
| A7032 | Cushion For Use on Nasal Mask Interface, Replacement Only, Each  | 2                       | 2       | 1 Month     |
| A7033 | Pillow For Use on Nasal Cannula Type Interface, Replacement Only, Pair                                       | 2                       | 2       | 1 Month     |
| A7034 | Nasal Interface (Mask or Cannula Type) Used with Positive Airway Pressure Device, with or without head strap |                         | 1       | 3 Month     |
| A7035 | Headgear Used with Positive Airway Pressure Device   |                         | 1       | 6 Month     |
| A7036 | Chinstrap Used with Positive Airway Pressure Device  |                         | 1       | 6 Month     |
| A7037 | Tubing Used with Positive Airway Pressure Device   |                         | 1       | 3 Month     |
| A7038 | Filter, Disposable, Used with Positive Airway Pressure   |                         | 2       | 1 Month     |
| A7039 | Filter, Non-Disposable, Used with Positive Airway Pressure Device  | 1                       | 1       | 6 Month     |
| A7046 | Water Chamber for Humidifier, Used with Positive Airway Pressure Device, Replacement, Each                   |                         | 1       | 6 Month     |
| E0470 | Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate                                 |                         | 1       | 5 Year      |
| E0471 | Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate                                   |                         | 1       | 5 Year      |
| E0601 | Continuous Positive Airway Pressure (CPAP) Device  |                         | 1       | 5 Year      |

**Provider Type**

- Code 41899 (Other Procedure on Teeth and Gums) has been added to PT 43 (ASC). **NOTE:** this is only for specific DDD dental related requests and should not be utilized by other providers.
- Effective January 1, 2025, the following codes have been added to the provider type CN (Clinical Nurse Specialist).

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

- Effective January 1, 2025, the Provider Type 09 (Certified Nurse-Midwife) can report the following codes.

| Code  | Description  |
|-------|--|
| 98000 | New Patient Synchronous Audio-Video Visit with Straightforward Medical Decision Making, if using time 15 minutes or more   |
| 98001 | New Patient Synchronous Audio-Video Visit with Low Medical Decision Making, if using time 30 minutes or more   |
| 98002 | New Patient Synchronous Audio-Video Visit with Moderate Medical Decision Making, if using time 45 minutes or more  |
| 98003 | New Patient Synchronous Audio-Video Visit with High Medical Decision Making, If Using Time 60 Minutes or More  |
| 98004 | Established Patient Synchronous Audio-Video Visit with Straightforward Medical Decision Making, if using time 10 minutes or more   |
| 98005 | Established Patient Synchronous Audio-Video Visit with Low Medical Decision Making, if using time 20 minutes or more   |
| 98006 | Established Patient Synchronous Audio-Video Visit with Moderate Medical Decision Making, if using time 30 minutes or more  |
| 98007 | Established Patient Synchronous Audio-Video Visit with High Medical Decision Making, if using time 40 minutes or more  |
| 98008 | New Patient Synchronous Audio-Only Visit with Straightforward Medical Decision Making And 10 Minutes or More of Medical Discussion, if using time 15 minutes or more         |
| 98009 | New Patient Synchronous Audio-Only Visit with Low Medical Decision Making And 10 Minutes or More of Medical Discussion, if using time 30 minutes or more                     |
| 98010 | New Patient Synchronous Audio-Only Visit with Moderate Medical Decision Making And 10 Minutes or More of Medical Discussion, if using time 45 minutes or more                |
| 98011 | New Patient Synchronous Audio-Only Visit with High Medical Decision Making And 10 Minutes or More of Medical Discussion, if using time 60 minutes or more                    |
| 98012 | Established Patient Synchronous Audio-Only Visit with Straightforward Medical Decision Making And 10 Minutes or More of Medical Discussion, if using time 10 minutes or more |

|       |   |
|-------|---|
| 98013 | Established Patient Synchronous Audio-Only Visit with Low Medical Decision Making And 10 Minutes or More of Medical Discussion, if using time 20 minutes or more      |
| 98014 | Established Patient Synchronous Audio-Only Visit with Moderate Medical Decision Making And 10 Minutes or More of Medical Discussion, if using time 30 minutes or more |
| 98015 | Established Patient Synchronous Audio-Only Visit with High Medical Decision Making And 10 Minutes or More Medical Discussion, if using time 40 minutes or more        |
| 98016 | Established Patient Brief Communication Technology-Based Service With 5-10 Minutes of Medical Discussion  |

- Effective for the dates listed the following codes have been **added** to the Provider Types.

| Code  | Description  | Provider Type                               | Effective Begin Date |
|-------|--|---|----------------------|
| 32999 | Other Procedure on Lung and Lung Lining  | 19 - Registered Nurse Practitioner          | 10/01/2024           |
| 95076 | Ingestion Challenge Test; Initial 120 Minutes of Testing                               | 19 - Registered Nurse Practitioner          | 10/01/2024           |
| 95079 | Ingestion Challenge Test; Each Additional 60 Minutes of Testing                        | 19 - Registered Nurse Practitioner          | 10/01/2024           |
| 99368 | Medical Team Conference with Nonphysician Health Care Professionals 30 minutes or more | 85 - Licensed Clinical Social Worker (LCSW) | 09/01/2024           |
| 99487 | Complex Chronic Care Management Services for two or more chronic conditions,           | 09 - Certified Nurse-Midwife                | 02/28/2025           |
| 99489 | Complex Chronic Care Management Services for two or more chronic conditions,           | 09 - Certified Nurse-Midwife                | 02/28/2025           |
| 99495 | Transitional Care Management Services for Problem of at least moderate complexity      | 09 - Certified Nurse-Midwife                | 02/28/2025           |
| 99496 | Transitional Care Management Services for problem of high complexity                   | 09 - Certified Nurse-Midwife                | 02/28/2025           |
| A4457 | Enema Tube, With or Without Adapter, any type, replacement only, each                  | 30 - DME Supplier                           | 01/01/2024           |
| J0741 | Injection, Cabotegravir and Rilpivirine, 2mg/3mg                                       | 05 – Clinic                                 | 07/01/2024           |
| J2781 | Injection, Pegcetacoplan, Intravitreal, 1 mg   | 08 - MD-Physician                           | 10/01/2023           |
| J9393 | Injection, EFGARTIGIMOD ALFA, 2 mg and Hyaluronidase-QVFC                              | 03 – Pharmacy                               | 10/01/2024           |

- Effective January 1, 2025, the following codes have been **added** to the provider type IC (Integrated Clinics) on RF618.

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

**Excluded Services**

Effective October 1, 2024, the following codes have U and F added on RF606 (Excluded Services).

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| 90624 | 0485U | 0495U | 0507U | 0517U | E0715 | Q4336 |
| 90684 | 0486U | 0496U | 0508U | 0518U | E0716 | Q4337 |
| 0476U | 0487U | 0497U | 0509U | 0519U | E0721 | Q4338 |
| 0477U | 0488U | 0498U | 0510U | 0520U | E0737 | Q4339 |
| 0478U | 0489U | 0499U | 0511U | A4543 | E0743 | Q4340 |
| 0479U | 0490U | 0500U | 0512U | A4544 | E0767 | Q4341 |
| 0481U | 0491U | 0501U | 0513U | A4545 | E2513 | Q4342 |
| 0482U | 0492U | 0502U | 0514U | A7021 | E3200 | Q4343 |
| 0483U | 0493U | 0503U | 0515U | A9610 | Q4334 | Q4344 |
| 0484U | 0494U | 0506U | 0516U | E0683 | Q4335 | Q4345 |

**VFC PROCEDURE CODES RF729**

- Effective September 1, 2024, the code 90658 has been added to RF729 with IND “T”.
- Effective September 1, 2024, the following codes listed have been added to RF729 with the Indicator “T”.

|       |       |       |       |
|-------|-------|-------|-------|
| 90623 | 90657 | 90678 | 91320 |
|-------|-------|-------|-------|

- Effective August 31, 2024, the following codes listed have been end dated on RF729 with IND “T”.

|       |       |       |
|-------|-------|-------|
| 90672 | 90674 | 90686 |
| 90687 | 90688 | 90756 |

- Effective August 31, 2024, the following codes listed have had the modifier SL (State Supplied Vaccine) end dated on RF122/132.

|       |       |       |
|-------|-------|-------|
| 90672 | 90674 | 90686 |
| 90687 | 90688 | 90756 |

- Effective September 1, 2024, the following codes listed have been added with modifier SL (State Supplied Vaccine) to RF122/132.

|       |       |       |       |
|-------|-------|-------|-------|
| 90657 | 90623 | 90611 | 90678 |
|-------|-------|-------|-------|

**Special Population Diagnosis RF260**

- Effective October 1, 2022, the diagnosis code F43.8 has been **end dated** on RF260.
- Effective January 1, 2018, the diagnosis code F30.3 has been **added** with SP IND of SED.

The diagnosis code F30.12 end date is 99/99/9999.

**Revenue Code**

Effective March 1, 2024, the Revenue Code 0278 (Supply/Implants) (RF773) has been added to the following HCPCS codes:

| Codes |       |       |
|-------|-------|-------|
| Q4100 | Q4101 | Q4104 |
| Q4105 | Q4108 | Q4128 |