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Code	Description	Minimum	Maximum
Codes	Description	Minimum Age	Maximum Age
90623	Meningococcal Conjugate Vaccine Serogroups A, C, W, Y,	010 Y	025 Y
90648	Haemophilus Influenzae Type B Vaccine, PRP-T Conjugate	006 W	259 W
90656	Influenza Vaccine, Trivalent, Split Virus, preservative-free, 0.5 ml dosage	000 Y	999 Y
90657	Influenza Vaccine, Trivalent, 0.25 ml dosage	000 Y	999 Y
90658	Influenza Vaccine, Trivalent, 0.5 ml dosage	000 Y	999 Y
90660	Influenza Vaccine, Trivalent for Nasal Administration	002 Y	049 Y
90661	Influenza Vaccine, Trivalent Derived from Cell Culture	000 Y	999Y

Codes

The following codes have been added to the Reference Screens.

Codes						
90684*	0491U	0510U	C8000	J2003	Q4339	
Q0519**	0492U	0511U	C9169	J2004	Q4340	
Q0520**	0493U	0512U	C9170	J2252	Q4341	
90624	0494U	0513U	C9171	J2253	Q4342	
0476U	0495U	0514U	C9172	J2601	Q4343	
0477U	0496U	0515U	E0469	J8522	Q4344	
0478U	0497U	0516U	E0683	J8541	Q4345	
0479U	0498U	0517U	E0715	J9329	Q5135	
0480U	0499U	0518U	E0716	L1006	Q5136	
0481U	0500U					

NOTE: 90684 has a Begin Date of 06/27/2024 and Q5019 and Q0520 has a Begin Date of 09/15/2024; all others have a Begin Date of 10/01/2024

- 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

H0023 Updates

Provider Types for H0023

Effective October 1, 2024, the following provider types can report the HCPCS code H0023 (Behavioral Health Outreach Service (Planned Approach to Reach a Targeted Population)).

Provider Type	Description	Provider Type	Description
11	Psychologist	BC	Board Certified Behavior Analyst
29	Community/Rural Health Center	C2	Federally Qualified Health Center (FQHC)
77	BH Outpatient Clinic	C5	638 FQHC
85	Licensed Clinical Social Worker (LCSW)	IC	Integrated Clinics
86	Licensed Marriage & Family Therapist LMFT	A4	Lic Indep Addiction Couns (Former LISAC)
87	Licensed Professional Counselor (LPC)	BC	Board Certified Behavior Analyst
A4	Lic Indep Addiction Couns (Former LISAC)		

Place of Service

02 - Telehealth Provided Other	20 - Urgent Care Facility	03 - School	23 - Emergency Room - Hospital
04 - Homeless Shelter	22 - Outpatient Hospital	05 - Indian Health Service Free-Standin	34 - Hospice
06 - Indian Health Service Provider-Bas	27 - Outreach Site/Street	07 - Tribal 638 Free-Standing Facility	50 - Federally Qualified Health Center
08 - Tribal 638 Provider-Based Facility	49 - Independent Clinic	09 - Prison, Jail, Detention Ctr, Work	54 - Intermediate Care Facility/Mental
10 - Telehealth Provided in Patient's Home	53 - Community Mental Health Center	11 - Office	71 - State Or Local Public Health Clinic
12 - Home	57 - Non-Residential Substance Abuse Tr	14 - Group Home	99 - Other Unlisted Facility
15 - Mobile Unit	72 - Rural Health Clinic	19 - Off Campus-Outpatient Hospital	

Modifiers for H0023

Note: On the Reference Screen RF128 (Correct Coding) AHC Edit has been added to disallow H0023 and T1016 to not be billed on same day same member same provider.

32 - Mandated Services	HN - Bach Deg Level/Amb HS	CR - Catastrophe/Disaster	HO - Master's Degree Level
ET - Emergency Treatment	SE - State/Federally Funded	FQ - The Service Was Furnished Using Audio-On	UB - Monthly Serv Per Member
H9 - Court-Ordered	U7 - Agency with Choice/(BH) SABG Funded	HF - Substance Abuse Program	U8 - Governor's Office Subs

HK - Specialized Mental Hth Prg/High Risk	V2 - Demonstration Modifier 2	HM - Less Than Bachelor's Degree Level	
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H0033 Updates

H0033 - Oral Medication Administration, Direct Observation.

Coverage code

Effective 10/01/2024 - 01 (Covered Service/Code Available)

End Dated 09/30/2024 - 04 (Not Covered Service/Code Not Available)

Place of Service

Added 10/01/2024 -POS -- 2, 05,07, 10,11,20,49,50,53,71, 72, 99

End Dated 09/30/2024 - POS--19,22,24,31,32,33,99

Provider Type

Added 10/01/2024 - CN, IC, 08, 23,31,73,77,81

Ended 09/30/2024 - 22, 23, 36,49, 81

Category of Service

- COS 47 has been end dated – 9/30/2024

- COS 01 added 10/01/2024

Coverage Codes

- Effective October 1, 2024, the Coverage Code 01 (Covered Service/Code Available) on RF 123 (Procedure AHCCCS Coverage) has been assigned to the following codes.

0476U		0491U		0506U
0477U		0492U		0507U
0478U		0493U		0508U
0479U		0494U		0509U
0480U		0495U		0510U
0481U		0496U		0511U
0482U		0497U		0512U
0483U		0498U		0513U
0484U		0499U		0514U
0485U		0500U		0515U
0486U		0501U		0516U
0487U		0502U		0517U
0488U		0503U		0518U
0489U		0504U		0519U
0490U		0505U		0520U

Code	Description	Coverage Code	Effective Begin Date
61635	Insertion of stent in blood vessel of head	01 - Covered Service/Code Available	7/1/2024
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	10/1/2024
90661	Influenza Vaccine, Trivalent Derived from Cell Cultures	01 - Covered Service/Code Available	8/1/2024
90683	Respiratory Syncytial Virus Vaccine MRNA Lipid Nanoparticles	01 - Covered Service/Code Available	5/31/2024
0078U	Gene analysis of 16 genes to evaluate risk of opioid-use disorder	04 - Not Covered Service/Code Not Available	9/1/2023
0167U	Test for detection of human chorionic gonadotropin (pregnancy hormone) in blood specimen	04 - Not Covered Service/Code Not Available	9/1/2023

Code	Description	Coverage Code	Effective Begin Date
0396U	Microarray testing of embryonic tissue for 300000 DNA single-nucleotide polymorphisms (SNPs), reported as a probability for single-gene germline conditions in pre-implantation genetic testing	04 - Not Covered Service/Code Not Available	7/1/2023
E0490	Power source and control electronics unit for oral device	04 - Not Covered Service/Code Not Available	9/1/2024
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	04 - Not Covered Service/Code Not Available	9/1/2024
H0023	Behavioral Health Outreach Service (Planned Approach to Reach a Targeted Population)	01 - Covered Service/Code Available	10/1/2024
H0043	Supported Housing, Per Diem	01 - Covered Service/Code Available	10/1/2024
H0044	Supported Housing, Per Month	01 - Covered Service/Code Available	10/1/2024
H2016	Comprehensive Community Support Services, Per Diem	04 - Not Covered Service/Code Not Available	10/1/2024
J0135	Injection, Adalimumab, 20 mg	09 - Medicare Only	10/1/2024
J1170	Injection, Hydromorphone, up to 4 mg	04 - Not Covered Service/Code Not Available	10/1/2024
J2001	Injection, Lidocaine HCL for intravenous infusion, 10 mg	04 - Not Covered Service/Code Not Available	10/1/2024
J8520	Capecitabine, oral, 150 mg	04 - Not Covered Service/Code Not Available	10/1/2024
J8521	Capecitabine, oral, 500 mg	04 - Not Covered Service/Code Not Available	10/1/2024
J9258	Injection, Paclitaxel Protein-Bound Particles (Teva), Not therapeutically equivalent to J9264, 1 mg	04 - Not Covered Service/Code Not Available	10/1/2024

Code	Description	Coverage Code	Effective Begin Date
Q4133	Grafix Prime, Grafixpl Prime, Stravix and Stravixpl, per square centimeter	04 - Not Covered Service/Code Not Available	8/1/2024
Q4186	Epifix, Per Square Centimeter	09 - Medicare Only	10/1/2023
Q5131	Injection, Adalimumab-AACF (IDACIO), Biosimilar, 20 mg	09 - Medicare Only	10/1/2024
Q5132	Injection, Adalimumab-AFZB (ABRILADA), Biosimilar, 10 mg	09 - Medicare Only	10/1/2024
T1032	Services Performed by A Doula Birth Worker, Per 15 Minutes	01 - Covered Service/Code Available	10/1/2024
T1033	Services Performed by A Doula Birth Worker, Per Diem	01 - Covered Service/Code Available	10/1/2024
T2023	Targeted Case Management; Per Month	01 - Covered Service/Code Available	10/1/2024
T2024	Service Assessment/Plan of Care Development, Waiver	01 - Covered Service/Code Available	10/1/2024
T2028	Specialized Supply, Not Otherwise Specified, Waiver	01 - Covered Service/Code Available	10/1/2024
T2029	Specialized Medical Equipment, Not Otherwise Specified, Waiver	01 - Covered Service/Code Available	10/1/2024

- Effective March 2, 2024 the HCPCS code **M0224** (Intravenous infusion, 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, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring) has been **added** to the Reference Screens.
- Effective September 30, 2024, the HCPCS code C9150 (Xenon Xe-129 Hyperpolarized Gas, diagnostic, per study dose) coverage code will be 05 (Outpatient Hospital Services) and will be **end dated**.

Modifiers

Effective October 1,2024 the following modifiers have been added to the HCPCS codes.

Code	Description	JG	JW	JZ	TB
C9169	Injection, Nogapendekin Alfa Inbakicept-Pmln		x	x	x
C9170	Injection, Tarlatamab-Dlle, 1 mg		x	x	x
C9171	Injection, Pegulicianine, 1 mg		x	x	x
C9172	Injection, Fidanacogene Elaparvovec-DZKT,		x	x	x
J0138	Injection, Acetaminophen 10 mg and Ibuprofen 3 mg	x			
J0175	Injection, Donanemab-AZBT, 2 mg		x	x	
J1171	INJECTION, HYDROMORPHONE, 0.1 mg	x			
J1823	Injection, Inebilizumab-CDON, 1 mg		x		x
J2002	Injection, Lidocaine HCL In 5% Dextrose, 1 mg	x			
J2003	Injection, Lidocaine Hydrochloride, 1 m	x			
J2004	Injection, Lidocaine HCL with Epinephrine, 1 mg	x			
J2252	Injection, Midazolam In 0.8% Sodium Chloride,	x			
J2253	Injection, Midazolam (Seizalam), 1 mg	x			
J2406	Injection, Oritavancin (Kimyrsa), 10 mg		x		x
J2601	Injection, Vasopressin (Baxter), 1 unit		x	x	x
J8522	Capecitabine, Oral, 50 mg	x			
J8541	Dexamethasone (Hemady), Oral, 0.25 mg	x			
J9172	Injection, Docetaxel (Ingenus),		x	x	
J9324	Injection, Pemetrexed (Pemrydi RTU), 10 mg		x	x	x
J9345	Injection, Retifanlimab-DLWR, 1 mg		x	x	x
J9359	Injection, Loncastuximab Tesirine-Lpyl, 0.075 mg		x		x
Q2055	Idecabtagene Vicleucel, up to 510 million Autologous		x		x
Q5133	Injection, Tocilizumab-Bavi (Tofidence), Biosimilar,		x	x	

Code	Description	Modifier	Effective Begin Date
21811	Treatment Of Broken Ribs on side with placement of stabilizing device, 1-3 ribs	82 - Assist Surg/Qual Resident Surg Not Available	1/1/2024
21811	Treatment Of Broken ribs on side with placement of stabilizing device, 1-3 ribs	81 - Minimum Assistant Surgeon	1/1/2024
32556	Drainage Of Fluid from Chest Cavity with Insertion of Indwelling Tube	58 - Staged/Related Procedure Same Post-Op Period	1/1/2024
33228	Removal And Replacement of Dual Lead Permanent Pacemaker	KX - Requirements Specified in The Medical Po	5/1/2024
45390	Removal Of Large Bowel Tissue Using a Flexible Endoscope	PT - Colorectal Cancer Screen	2/1/2024
73080	X-Ray of Elbow, Minimum of 3 Views	PN - Non-Excepted Service Provided at An Off-	4/1/2024
73521	X-Ray of Both Hips, 2 Views	PN - Non-Excepted Service Provided at An Off-	4/1/2024
73560	X-Ray of Knee, 1-2 Views	PN - Non-Excepted Service Provided at An Off-	4/1/2024
J0612	Injection, Calcium Gluconate (Fresenius Kabi), per 10 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	1/1/2024
J0612	Injection, Calcium Gluconate (Fresenius Kabi), per 10 mg	JZ - Zero Drug Amount Discarded/Not Administered	1/1/2024
J0612	Injection, Calcium Gluconate (Fresenius Kabi), per 10 mg	TB - Drug or Biological Acquired With 340B Dr	1/1/2024
J0613	Calcium Gluconate (WG Critical Care)	JW - Drug Amt Discarded/Not Admin to Any Patient	5/1/2023
J0665	Injection, Bupivacaine, not otherwise specified, 0.5 mg	JZ - Zero Drug Amount Discarded/Not Administered	4/1/2024
J0736	Injection, Clindamycin Phosphate, 300 mg	JZ - Zero Drug Amount Discarded/Not Administered	4/1/2024
J0896	Injection, Luspatercept-AAMT, 0.25 Mg	JW - Drug Amt Discarded/Not Admin to Any Patient	5/1/2023
J1071	Injection, Testosterone Cypionate, 1mg	JW - Drug Amt Discarded/Not Admin to Any Patient	5/1/2023

Code	Description	Modifier	Effective Begin Date
J3240	Injection, Thyrotropin Alpha, 0.9 mg, provided in 1.1 mg vial	JW - Drug Amt Discarded/Not Admin to Any Patient	1/1/2024
J3360	Injection, Diazepam, up to 5 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	1/1/2024
J7999	Compounded Drug, Not Otherwise Classified	JZ - Zero Drug Amount Discarded/Not Administered	1/1/2024
J9049	Injection, Bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 m	TB - Drug or Biological Acquired With 340B Dr	1/1/2024
J9049	Injection, Bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 m	JW - Drug Amt Discarded/Not Admin to Any Patient	1/1/2024
J9272	Injection, DOSTARLIMAB-GXLY, 10 Mg	TB - Drug or Biological Acquired With 340B Dr W	1/1/2024
J9332	Injection, EFGARTIGIMOD ALFA-FCAB, 2MG	JW - Drug Amt Discarded/Not Admin to Any Patient	7/1/2023
J9347	Injection, Tremelimumab-Actl, 1 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	1/1/2024
J9347	Injection, Tremelimumab-Actl, 1 mg	JZ - Zero Drug Amount Discarded/Not Administered	1/1/2024
Q5104	Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10	JW - Drug Amt Discarded/Not Admin to Any Patient	5/1/2023

- The modifier RR (Rental/DME) has been **end dated** September 30, 2023 on RF132 (MCO Valid Procedure Modifiers) for the HCPCS code E0424 (Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula or Mask, And Tubing).
- Modifier 26 (Professional Component) has been **end dated** August 1, 2024, for the CPT code 92065 (Eye Training Exercise Performed by health care professional).

Codes	Description	Modifier	Effective Begin Date
33017	Drainage Of Heart Sac Using Tube and Imaging Guidance (6 years or older)	CA - Procedure Payable Only in Inpatient Setting	07/01/2024
33018	Drainage Of Heart Sac Using Tube and Imaging Guidance (5 years or younger or any age with congenital heart defect)	63 - Neonates/Infants up to the 4-KG cut off	01/01/2024
36830	Creation Of Artery-Vein Connection Using Tube Graft for Hemodialysis	53 - Discontinued Procedure	10/01/2023
43195	Balloon Dilation of Esophagus Using a Rigid Endoscope, Less Than 3.0 cm	58 - Staged/Related Proc Same Post-OP Period	01/01/2024
45499	Other Procedure on Rectum Using an Endoscope	81 - Minimum Assistant Surgeon	01/01/2024
87521	Detection Test by Nucleic Acid for Hepatitis C Virus, Amplified Probe Technique	QW - CLIA Waived Test	06/27/2024
90620	Meningococcal Recombinant Protein and Outer M Membrane Vesicle Vaccine, Serogroup B	SY - Contact W/High-Risk POP	12/01/2023
90715	Diphtheria, Tetanus, And Acellular Pertussis Vaccine (7 years or older)	SY - Contact W/High-Risk Pop	09/01/2023
93572	Ultrasound Evaluation of Heart Blood Vessel During Diagnosis or Treatment, Each Additional Vessel	LC - Left Circumflex Coronary Artery	01/01/2024
93572	Ultrasound Evaluation of Heart Blood Vessel During Diagnosis or Treatment, Each Additional Vessel	LD - Left Anterior Descending Coronary Artery	01/01/2024
93799	Other Cardiovascular Service or Procedure	LC - Left Circumflex Coronary Artery	01/01/2024
93799	Other Cardiovascular Service or Procedure	LD - Left Anterior Descending Coronary Artery	01/01/2024
93799	Other Cardiovascular Service or Procedure	RC - Right Coronary Artery	01/01/2024
E0720	Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation	RR - Rental/DME	01/01/2024
J0701	Injection, Cefepime Hydrochloride (Baxter), not therapeutically equivalent to Maxipime, 500 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	01/01/2023
J0701	Injection, Cefepime Hydrochloride (Baxter), not therapeutically equivalent to Maxipime, 500 mg	JZ - Zero Drug Amount Discarded/Not Administered	01/01/2023
J1327	Injection, Eptifibatide, 5 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	02/01/2024
J7328	Hyaluronan Or Derivative, Gelsyn-3, For Intra-Articular Injection, 0.1 mg	JW - Drug Amt Discarded/Not Admin to Any Patient	07/01/2023
T1021	Home Health Aide or Certified Nurse Assistant, Per Visit	76 - Repeat Procedure by Same MD	11/01/2023
T1021	Home Health Aide or Certified Nurse Assistant, Per Visit	XE - Separate Enc, A Serv That Is Distinct Be	11/01/2023

- Effective August 31, 2024, the modifiers listed have been **end dated** on the Reference Screens RF121, RF122 and RF132 as applicable for the following HCPCS codes.

Modifiers	Definitions	Modifiers	Definitions
22	Increased Procedural Services	HW	Funded By State Mental Health Agency
52	Reduced Services	Q6	Fee/Time Comp Subst Md or Pt
76	Repeat Procedure by Same Md	SE	State/Federally Funded Program/Services
77	Repeat Procedure/Another Physician	TV	Special Payment Rates, Holidays/Weekends
CR	Catastrophe/Disaster Rel	U7	Agency With Choice/(BH) SABG Funded
HF	Substance Abuse Program	HW	Funded By State Mental Health Agency

Codes	Definition
H0023	Behavioral Health Outreach Service (Planned Approach to Reach a Targeted Population)
H0043	Supported Housing, Per Diem
H0044	Supported Housing, Per Month
T2023	Targeted Case Management; Per Month
T2024	Service Assessment/Plan of Care Development, Waiver
T2028	Specialized Supply, Not Otherwise Specified, Waiver
T2029	Specialized Medical Equipment, Not Otherwise Specified, Waiver

- Effective August 31, 2024, the modifiers X1, X2, X3, X4 and X5 have been removed from the following CPT codes.

Codes	
36415	82947
80048	84439
80050	84443
80053	85025
80061	85027
81001	85652
81002	96372
82607	

Place of Service

Code	Description	Place of Service	Effective Begin Date
26587	Removal of Extra Finger	11 - Office	04/01/2024
33271	Insertion Of Subcutaneous Implantable Defibrillator	19 - Off Campus-Outpatient Hospital	04/01/2024
33271	Insertion Of Subcutaneous Implantable Defibrillator	22 - Outpatient Hospital	04/01/2024
33272	Removal Of Subcutaneous Implantable Defibrillator Electrode	19 - Off Campus-Outpatient Hospital	04/01/2024
33272	Removal Of Subcutaneous Implantable Defibrillator Electrode	22 - Outpatient Hospital	04/01/2024
33273	Repositioning Of Defibrillator Electrode	19 - Off Campus-Outpatient Hospital	04/01/2024
33273	Repositioning Of Defibrillator Electrode	22 - Outpatient Hospital	04/01/2024
36904	Removal and/or Dissolving of Blood Clot in Hemodialysis	23 - Emergency Room - Hospital	04/01/2024
54520	Simple Removal of Testicle	23 - Emergency Room - Hospital	04/01/2024
54620	Suture Of Testicle to Other Testicle	23 - Emergency Room - Hospital	04/01/2024
90833	Psychotherapy With Evaluation and Management Visit, 30 Minutes	15 - Mobile Unit	01/01/2024
90836	Psychotherapy With Evaluation and Management Visit, 45 Minutes	15 - Mobile Unit	01/01/2024
90838	Psychotherapy With Evaluation and Management Visit, 1 Hour	15 - Mobile Unit	01/01/2024
90845	Psychoanalysis	15 - Mobile Unit	01/01/2024
90846	Family Psychotherapy Without Patient, 50 Minutes	15 - Mobile Unit	01/01/2024

- Effective for August 31, 2024, the POS 99 (Other Unlisted Facility) has been end dated for the following codes

Codes			
H0023	H0044	T2024	T2029
H0043	T2023	T2028	

- Effective October 1, 2024, the following Place of Service has been added to the listed codes.
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Codes	Place of Service				
	04	11	1 2	2 7	53
H0023	X	X		X	X
H0043	X				
H0044		X			
T2023	X	X	X		X
T2024	X	X	X		X
T2028			X		

04 – Homeless Shelter	12 - Home	53 - Community Mental Health Center
11 - Office	27 - Outreach Site/Street	

Provider Type

Provider Type C2 - For updates for provider type C2 (Federally Qualified Health Center (FQHC) refer to Provider and Reference files.

End Dated Codes for Provider Types

Codes	Description	Modifier	End Date
27882	Amputation Of Both Lower Leg Bones Leaving Wound	AS - PA SVCS For Assistant	03/31/2024
27882	Amputation Of Both Lower Leg Bones Leaving Wound	80 - Assistant Surgeon	03/31/2024
27882	Amputation Of Both Lower Leg Bones Leaving Wound	81 - Minimum Assistant Sur	03/31/2024
27882	Amputation Of Both Lower Leg Bones Leaving Wound	82 - Assist Surg/Qual Resi	03/31/2024
90461	Administration Of Vaccine or Toxoid Component with counseling (18 years or younger), each additional vaccine or toxoid component	SL - State Supplied Vaccine	09/30/2024

- Effective September 30, 2024, the CPT code 90461 (Administration of Vaccine or Toxoid Component with Counseling (18 Years or Younger), Each Additional Vaccine or Toxoid Component) has been **end dated** on the reference screen Rf729 (Standard Service Set).

End Date

- Effective August 31, 2024, the following CPT codes have end dated for the provider type 19 (Registered Nurse Practitioner).

98966	Telephone medical discussion provided by nonphysician professional, 5-10 minutes
98967	Telephone medical discussion provided by nonphysician professional, 11-20 minutes
98968	Telephone medical discussion provided by nonphysician professional, 21-30 minutes

- Effective August 31, 2024, the HCPCS codes A4216 (Sterile Water, Saline and/or Dextrose, Diluent/Flush, 10 ml) and A4217 (sterile water/saline, 500 ml) have been **end dated** for The Provider Type 95 (Non-Medicare Certified Home Health Agencies).

Code	Description	Provider Type	Effective Begin Date	End Date
87400	Detection test by immunoassay technique for influenza virus	19 - Registered Nurse Practitioner	11/01/2023	
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each	30 - DME Supplier	01/01/2024	
98966	Telephone medical discussion provided by nonphysician professional, 5-10 minute	19 - Registered Nurse Practitioner		08/31/2024
98967	Telephone medical discussion provided by nonphysician professional, 11-20 minutes	19 - Registered Nurse Practitioner		08/31/2024
98968	Telephone medical discussion provided by nonphysician professional, 21-30 minutes	19 - Registered Nurse Practitioner		08/31/2024
T1032	Services performed by a Doula Birth Worker, per 15 minutes	DU - Certified Doula	10/01/2024	
T1033	Services performed by a Doula Birth Worker, per diem	DU - Certified Doula	10/01/2024	

• The CPT code 12047 (Intermediate Repair of Wound of neck, hands, feet, or genitals, more than 30.0 cm) for provider type 18 (Physician’s Assistant) can be reported with the modifier AS (PA Svcs For Assistant/At Surgery).

• Effective January 1, 2024, the following codes have been added to the provider type 30 (DME Supplier)

A6520	A6529	A6561	A6570	A6579	A6594	A6602
A6521	A6552	A6562	A6571	A6580	A6595	A6603
A6522	A6553	A6563	A6572	A6581	A6596	A6604
A6523	A6554	A6564	A6573	A6582	A6597	A6605
A6524	A6556	A6565	A6574	A6584	A6598	A6606
A6525	A6557	A6566	A6575	A6587	A6599	A6607
A6526	A6558	A6567	A6576	A6588	A6600	A6608
A6527	A6559	A6568	A6577	A6589	A6601	A6609
A6528	A6560	A6569	A6578	A6593	A6602	A6610

Reference Screens

RF724 (STANDARD SERVICE SET)

Effective October 1, 2024

Service Type = I

Code Range Effective Begin Date 10/01/2024

Entity = BHS

Ent Ind = B

End Date 99/99/9999

F50010	F50023	F50810
F50011	F50024	F50811
F50012	F50029	F50812
F50013	F5020	F50813
F50014	F5021	F50814
F50019	F5022	F50819
F50020	F5023	F5083
F50021	F5024	F5084
F50022	F5025	

- The following is effective October 1, 2024

Service Type = I

Code Range Effective Begin Date 10/01/2024

Entity = MHS

Ent Ind = B

End Date 99/99/9999

F50010	F5022	F50022	F50813
F50011	F5023	F50023	F50814
F50012	F5024	F50024	F50819
F50013	F5025	F50029	F5083
F50014	F50810	F5020	F5084
F50019	F50020	F50811	
F5021	F50021	F50812	

RF724 END DATE RF724 MHS AND BHS

Service Type = I

End Date 09/30/2024

Entity = MHS/BHS

Ent Ind = B

MHS	F5001		BHS	F5001
MHS	F5002		BHS	F5002
MHS	F502		BHS	F502
MHS	F5081		BHS	F5081

RF729

-- Effective August 1, 2024, the CPT codes 90661 and 90656 have been **added** to the reference screen RF729 (Standard Service Set).

RF124 (PROCEDURE PRIOR AUTHORIZATION)

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

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
E0715	L1653	Q4337	Q4345

RF606 (EXCLUDED SERVICES)

Effective October 1, 2024, the following codes have U and F added.

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

RF724 (STANDARD SERVICE SET)

Effective October 1, 2024

Service Type = I - - - - - Entity = BHS - - - Ent Ind = B -

Code Range Effective Begin Date 10/01/2024 - - - End Date 99/99/9999

F50010	F50023	F50810
F50011	F50024	F50811
F50012	F50029	F50812
F50013	F5020	F50813
F50014	F5021	F50814
F50019	F5022	F50819
F50020	F5023	F5083
F50021	F5024	F5084
F50022	F5025	

- The following is effective October 1, 2024

Service Type = I - - - - - Entity = MHS - - - Ent Ind = B -

Code Range Effective Begin Date 10/01/2024 - - - End Date 99/99/9999

F50010	F5022	F50022	F50813
F50011	F5023	F50023	F50814
F50012	F5024	F50024	F50819
F50013	F5025	F50029	F5083
F50014	F50810	F5020	F5084
F50019	F50020	F50811	
F5021	F50021	F50812	

RF724 MHS AND BHS

Service Type = I Entity = MHS/BHS

Ent Ind = B

End Date 09/30/2024

MHS	F5001		BHS	F5001
MHS	F5002		BHS	F5002
MHS	F502		BHS	F502

MHS	F5081		BHS	F5081
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Reference Screen RF769

Effective July 1, 2024, the following HCPCS codes have been updated on the Reference Screen RF769 (Medical Categories of Service).

Code	Category of Service	Code	Category of Service	Code	Category of Service	Code	Category of Service
C1605	40	G0527	01	J1597	01	J3247	01
C1606	40	G0528	01	J1598	01	J3263	01
C9901	40	G0529	29	J1748	01	J3393	01
G0519	01	G0530	24	J0872	01	J3394	01
G0520	01	G0531	26	J2183	01	J7171	01
G0521	01	G9037	01	J2246	01	J7355	01
G0522	01	G9038	01	J2267	01	J8611	01
G0523	01	J0211	01	J2373	01	J8612	01
G0524	01	J0687	01	J2468	01	J9361	01
G0525	01	J0872	01	J2470	01		
G0526	01	J0911	01	J2471	01		

Revenue Codes

CPT/HCPCS	Description	Revenue Code	Description	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	0636	Drugs/Detail Coding	7/1/2024
A9573	Injection, Gadopiclenol, 1 ml	0636	Drugs/Detail Coding	4/1/2024
C9797	Vascular Embolization or Occlusion Procedure	0361	Or/Minor	4/1/2024
J0175	Injection, Donanemab-AZBT, 2 Mg	0636	Drugs/Detail Coding	7/2/2024
J0878	Injection, Daptomycin, 1 Mg	0250	Pharmacy	4/1/2024
J7327	Hyaluronan Or Derivative, Monovisc, For Intra-Articula	0636	Drugs/Detail Coding	4/1/2024
J7336	Capsaicin 8% Patch, Per Square Centimeter	0636	Drugs/Detail Coding	1/1/2024
J9267	Injection, Paclitaxel, 1 Mg	0250	Pharmacy	4/1/2024
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)	0490	Ambul Surg	3/22/2024
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)	0636	Drugs/Detail Coding	3/22/2024

- Effective March 1,2024 the revenue codes below have been end dated.

Code	Description	Revenue Code	Description
A9573	Injection, Gadopiclenol, 1 ml	0254	Pharm/Drugs/Inc.Odx
A9573	Injection, Gadopiclenol, 1 ml	0255	Drugs/Incident Rad
A9573	Injection, Gadopiclenol, 1 ml	0343	Drugs/Incident Rad

Third Party Liability

The Encounters TPL Health Plan Desktops has been updated and placed on the AHCCCS website.

<https://www.azahcccs.gov/PlansProviders/HealthPlans/tpl.html>