

In This Issue

2023 May Code Changes

Telehealth Updates

CR Modifier and DR Condition Code

Code Coverage Changes

K1034

COVID-19 Billing Administration Billing Manual

Medical Coding Resources

AMPM Policy Manual

FFS Provider Manual

Contact Us

codingpolicyquestions@azahcccs.gov

CR modifier and DR Condition Code

COVID-19 Emergency Related - "CR" Modifier - Catastrophe/Disaster. a. The CR modifier must not be reported on any codes starting with May 12, 2023, and after. The CR modifier was only allowed during the PHE as related to the COVID-19 pandemic.

The DR condition code must not be reported on any codes starting May 12, 2023, and after. The DR condition code was applicable to inpatient stays for which a member had received a COVID-19 diagnosis.

Code Coverage Changes

The following codes are closed by CMS and not allowed for reporting for all providers and facilities. They will show as coverage 04 effective May 12, 2023. Any claims with May 12, 2023, and after will receive the appropriate denial.

G2023 Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source

G2024 Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source

U0003 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R

U0004 2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R

U0005

Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2

COVID-19 Vaccine Administration Billing Guidelines

This document has been updated to reflect the rate for all COVID-19 administration codes effective May 12, 2023, and after. [COVID-19 Vaccine Administration Billing Guide](#)

COVID Post PHE Notifications

Please continue to read the AHCCCS published post COVID updates on the main AHCCCS webpage. This page will have the most up to date information on changes being implemented. The links are following:

www.azahcccs.gov/Resources/PublicHealth/index.html

www.azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html

Reference Table Update Request

Please remember to use the Reference Table Update Request form found on the Medical Coding Resources page. This is a Word document that must be filled out including the date you wish us to consider. Also, please send the Word document to the email address listed in the instructions.

Email addresses:

Coding related to table updates should be sent to the Medical Coding Unit our email is codingpolicyquestions@azahcccs.gov

Rates related questions should be submitted to: ffsrates@azahcccs.gov

FFS Provider Training or billing questions should be submitted to: providertrainingffs@azahcccs.gov

AHCCCS policies can be found here:

www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/index.html

The most common sections are AHCCCS Fee for Service and AHCCCS Medical Policy Manual (AMPM) both located on this policy page.