ENCOUNTER KEYS

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Coverage Codes

- Effective for dates of service on or after January 9, 2014 the following codes have been added to the PMMIS system with a coverage code of **09 (Medicare Only)**. For specific information regarding the codes refer to the appropriate PMMIS screens.

Code	Description
G0276	Linded Procedure For Lumbar Stenosis, Percutaneous Image-Guided Lumbar Decompression (PILD) Or Placebo-Control, Performed In An Approved Coverage With Evidence Development (CED) Clinical Trial
G0471	Collection Of Venous Blood By Venipuncture Or Urine Sample By Catheterization From An Individual In A Skilled Nursing Facility (SNF) Or By A Laboratory On Behalf Of A Home Health Agency (HHA)
G0472	Hepatitis C Antibody Screening, For Individual At High Risk And Other Covered Indication(s)

- Effective for January 1, 2015 the following CPT codes have a coverage code of **04 (Not Covered Service/Code Not Available):**

Code	Description
81313	Test For Detecting Genes Associated With Prostate Cancer
81435	Test For Detecting Genes Associated With Colon Cancer
81436	Test For Detecting Genes Associated With Colon Cancer
D9986	Missed Appointment
D9987	Cancelled Appointment

- Effective for January 1, 2015 the following codes have been added to the PMMIS system with an AHCCCS coverage code of **04 (Not Covered Service/Code Not Available).**

Code	Description
0375T	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection), Cervical, Three Or More Levels
0376T	Insertion Of Anterior Segment Aqueous Drainage Device, Without Extraocular Reservoir, Internal Approach, Into The Trabecular Meshwork; Each Additional Device Insertion (List Separately In Addition To Code For Primary Procedure)

Effective for dates of service on or after January 1, 2015 the AHCCCS Coverage Code **01 (Covered Service/Code Available)** has been added to the following HCPCS codes:

Code	Description
81415	Test For Detecting Genes Associated With Diseases
81430	Test For Detecting Genes Causing Hearing Loss
81431	Test For Detecting Genes Causing Hearing Loss
81445	Test For Detecting Genes Associated With Cancer Of Body Organ
81450	Test For Detecting Genes Associated With Blood Related Cancer
G0431	Drug Screen, Qualitative; Multiple Drug Classes By High Complexity Test Method (E.G., Immunoassay, Enzyme Assay), Per Patient Encounter
G0434	Drug Screen, Other Than Chromatographic; Any Number Of Drug Classes, By CLIA Waived Test Or Moderate Complexity Test, Per Patient Encounter
G6001	Ultrasonic Guidance For Placement Of Radiation Therapy Fields
G6002	Stereoscopic X-Ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy
G6003	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Paralle Opposed Ports, Simple Blocks Or No Blocks: Up To 5mev
G6004	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 6-10 Mev
G6005	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 11-19 Mev
G6006	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 20 Mev Or Greater
G6007	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: Up To 5mev
G6008	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 6-10 Mev
G6009	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 11-19 mev
G6010	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 20 mev Or Greater
G6011	Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; Up To 5 mev
G6012	Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; 6-10 mev
G6013	Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; 11-19 mev
G6014	Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; 20 mev Or Greater
G6015	Intensity Modulated Treatment Delivery, Single Or Multiple Fields/Arcs,Via Narrow Spatially And Temporally Modulated Beams, Binary, Dynamic MLC, Per Treatment Session
G6016	Compensator-Based Beam Modulation Treatment Delivery Of Inverse Planned treatment Using 3 Or More High Resolution (Milled Or Cast) Compensator, Convergent Beam Modulated Fields, Per Treatment Session
G6017	Intra-Fraction Localization And Tracking Of Target Or Patient Motion During Delivery Of Radiation Therapy (eg,3d Positional Tracking, Gating, 3d Surface Tracking), Each Fraction Of Treatment
G018*	Ileoscopy,Through Stoma; With Transendoscopic Stent Placement (Includes Predilation)

***coverage code changed to 09 (Medicare Only) as of May 1, 2015**

Code	Description
G6019*	Colonoscopy Through Stoma; With Ablation Of Tumor(s), Polyp(s), Or Other Lesion(s) Not Amenable To Removal By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique
G6020*	Colonoscopy Through Stoma; With Transendoscopic Stent Placement (Includes Predilation)
G6021	Unlisted Procedure, Intestine
G6022*	Sigmoidoscopy, Flexible; With Ablation Of Tumor(s), Polyp(s), Or Other Lesions(s) Not Amenable To Removal By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique
G6023*	Sigmoidoscopy, Flexible; With Transendoscopic Stent Placement (Includes Predilation)
G6024*	Colonoscopy, Flexible; Proximal To Splenic Flexure; With Ablation Of Tumor(s), Polyp(s), Or Other Lesion (s) Not Amenable To Removal By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique
G6025*	Colonoscopy, Flexible, Proximal To Splenic Flexure; With Transendoscopic Stent Placement (Includes Predilation)
G6027	Anoscopy, High Resolution (HRA) (With Magnification And Chemical Agent Enhancement); Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing When Performed
G6028	Anoscopy, High Resolution (HRA) (With Magnification And Chemical Agent Enhancement); With Biopsy (ies)
G6030	Amitriptyline
G6031	Benzodiazepines
G6032	Desipramine
G6034	Doxepin
G6035	Gold
G6036	Assay Of Imipramine
G6037	Nortriptyline
G6038	Salicylate
G6039	Acetaminophen
G6040	Alcohol (Ethanol); Any Specimen Except Breath
G6041	Alkaloids, Urine, Quantitative
G6042	Amphetamine Or Methamphetamine
G6043	Barbiturates, Not Elsewhere Specified
G6044	Cocaine Or Metabolite
G6045	Dihydrocodeinone
G6046	Dihydromorphinone
G6047	Dihydrotestosterone
G6048	Dimethadione
G6049	Epiandrosterone
G6050	Ethchlorvynol
G6051	Flurazepam
G6052	Meprobamate
G6053	Methadone
G6054	Methsuximide
G6055	Nicotine
G6056	Opiate(s), Drug And Metabolites, Each Procedure
G6057	Phenothiazine
G6058	Drug Confirmation, Each Procedure

***coverage code changed to 09 (Medicare Only) as of May 1, 2015**

L6026	Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger, Myoelectric Con-
L7259	Electronic Wrist Rotator, Any Type

- Effective for January 1, 2015 the coverage code 01 (Covered Service/Code Available) has been added to the following codes:

In October 2014, Medicare payment mechanisms were changed for HCPCS Code L8680 (Implantable Neurostimulator Electrode, each) and CPT Code 63650 (Implantation of Spinal Neurostimulator Electrodes, Accessed Through the Skin) , the disposable lead expense (L8680) was factored into the non-facility expense (63650). Effective March 1, 2015, AHCCCS will be adopting the same structure and will be end dating HCPCS Code L8680.

CPT 63650 is reported for each lead insertion procedure.

The CMS non-facility practice expense RVUs (Relative Value) for 63650 are valued to include payment for the leads and other practice expenses associated with office based trials.

- HCPCS code L8680 will no longer be reported for the device component in conjunction with office based trials.

On January 1, 2015, CPT Code 99188 (Application of Fluoride Varnish by a Physician) was added to PMMIS as covered and available. This code will replace HCPCS Code D1206 (Topical Application of Fluoride Varnish) effective April 1, 2015 for provider types 08, 18, 19 and 31. Provider Type 07 (Dentists) will continue to utilize HCPCS Code D1206 when billing for the Application of Fluoride Varnish.

Prior to the end dating of HCPCS Code D1206 for Provider Types 08, 18, 19 and 31, the providers may submit with either CPT Code 99188 or HCPCS Code D1206 but not both.

- Effective for dates of service on or after January 1, 2015 the following codes have been added to the PMMIS system with a coverage code of **08 (Covered Service/Code Replaced**).

Code	Description		Code	Description
80320	Alcohols		80349	Cannabinoids Levels
80321	Alcohol biomarkers; 1 or 2		80350	Cannabinoids Levels
80322	Alcohol biomarkers; 3 or more		80351	Cannabinoids Levels
80323	Alkaloids, not otherwise specified		80352	Cannabinoids Levels
80324	Amphetamines; 1 0r 2		80353	Cocaine Level
80325	Amphetamines; 3 or 4		80354	Fentanyl Level
80326	Amphetamines; 5 or more		80355	Gabapentin Level Non-Blood
80327	Anabolic steroids; 1 or 2		80356	Heroin Metabolite Level
80328	Anabolic steroids; 3 or more		80357	Ketamine And Norketamine Levels
80329	Analgesics, non-opioid; 1 or 2		80358	Methadone Level
80330	Analgesics, non-opioid; 3-5		80359	Methylenedioxyamphetamines Levels
80331	Analgesics, non-opioid, 6 or more		80360	Methylphenidate Level
80332	Antidepressants, serotonergic class; 1 or 2		80361	Opiates Levels
80333	Antidepressants, serotonergic class; 3 -5		80362	Opioids Levels
80334	Antidepressants, serotonergic class; 6 or more		80363	Opioids Levels
80335	Antidepressants, tricyclic and other cyclicate; 1 or 2		80364	Opioids Levels
80336	Antidepressants Levels		80365	Oxycodone Levels
80337	Antidepressants Levels		80366	Pregabalin Level
80338	Antidepressants Levels		80367	Propoxyphene Level
80339	Antiepileptics Levels		80368	Sedative Hypnotics (Non-Benzodiazepines) Levels
80340	Antiepileptics Levels		80369	Skeletal Muscle Relaxants Levels
80341	Antiepileptics Levels		80370	Skeletal Muscle Relaxants Levels
80342	Antipsychotics Levels		80371	Synthetic Stimulants Levels
80343	Antipsychotics Levels		80372	Tapentadol Level
80344	Antipsychotics Levels		80373	Tramadol Level
80345	Barbiturates Levels		80374	Stereoisomer (Enantiomer) Drug Analysis
80346	Benzodiazepines Levels		80375	Drugs Or Substances Measurement
80347	Benzodiazepines Levels		80376	Drugs Or Substances Measurement
80348	Buprenorphine Level		80377	Drugs Or Substances Measurement

Edit Status Report

The updated Edit Status Report has been placed on the AHCCCS website:

http://www.azahcccs.gov/commercial/Downloads/Encounters/adjudication/EncounterEditStatusList.pdf

Modifier

Effective for dates of service on or after January 1, 2014 the modifier GC (Teaching Physician Services) has been added to the following CPT codes:

Code	Description
37242	Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance
37244	Occlusion Of Arterial Or Venous Hemorrhage With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance
52356	Crushing Of Stone In Urinary Duct (Ureter) With Stent Using An Endoscope
64642	Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 1-4 Muscles
64643	Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 1-4 Muscles
64646	Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles

Provider Type (PT)

- Effective for dates of service on or after January 1, 2014 the CPT code 22552 (Fusion of Spine Bones With Removal Of Disc At Upper Spinal Column, Anterior Approach) has been added to PT 19 (Registered Nurse Practitioner) with the modifier AS (PA SVCS For Assistant/At Surgery).

- Effective for dates of service on or after January 1, 2014 the CPT code 49655 (Repair of Trapped Incisional Hernia Using An Endoscope) has been added to PT 19 (Registered Nurse Practitioner) with the modifier AS (PA SVCS For Assistant/At Surgery).

- Effective for January 1, 2013 the PT 15 (Speech/Hearing Therapist) can now report the CPT codes 92626 (Evaluation of Hearing Rehabilitation First Hour) and 92627 (Evaluation of Hearing Rehabilitation).

- Effective for dates of service on or after January 1, 2014 the CPT code 90688 (Vaccine For Influenza Administered Into Muscle To Individuals 3 Years Of Age And Older) can be reported by the provider type 09 (Certified Nurse-Midwife).

- Effective for dates of service on or after January 1, 2014 the following CPT codes can be reported by added to PT 08 (MD-Physician):

Code	Description
97802	Medical Nutrition Therapy, Assessment And Intervention, Each 15 Minutes
97803	Medical Nutrition Therapy Re-Assessment And Intervention, Each 15 Minutes
97804	Medical Nutrition Therapy Performed In A Group Setting, Each 30 Minutes

Place of Service (POS)

- Effective for dates of service on or after January 1, 2015 the POS 22 (Outpatient Hospital) has been added to the following HCPCS codes:

Codes	Description
C9442	Injection, Belinostat, 10 mg
C9443	Injection, Dalbavancin, 10 mg
C9444	Injection, Oritavancin, 10 mg
C9446	Injection, Tedizolid Phosphate, 1 mg
C9447	Injection, Phenylephrine And Ketorolac, 4 Ml Vial
J0571	Buprenorphine, Oral, 1 mg
J0572	Buprenorphine/Naloxone, Oral, Less Than Or Equal To 3 mg
J0573	Buprenorphine/Naloxone, Oral, Greater Than 3 mg, But Less
J0574	Buprenorphine/Naloxone, Oral, Greater Than 6 mg, But Less
J1826	Injection, Interferon Beta-1a, 30 mcg

- Effective for dates of service on or after January 1, 2014 the POS 61 (Comprehensive Inpatient Rehab Facility) has been added to the following CPT codes:

Codes	Description
74176	Ct Scan Of Abdomen And Pelvis
76376	3d Radiographic Procedure
93010	Routine Electrocardiogram (EKG) Using At Least 12 Leads With Interpretation And Report

Procedure Daily Limit

The procedure daily maximum has been changed to three (3) for the HCPCS code J1030 (Injection, Methylprednisolone Acetate, 40 mg.).

Revenue Code

Effective for January 1, 2013 the revenue code 0940 (Other RX SVS) has been added to RF773 for CPT code 96521 (Refilling And Maintenance of Portable Pump).