



ENCOUNTER KEYS

January-February 2018

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Age

The minimum and maximum age for the CPT code 90688 (Vaccine for Influenza for Administration into Muscle) has been changed to 000 years – 999 years.

Coverage Code

- Effective for dates of service on or after October 1, 2015 the Coverage Code has been changed to 02 (Not Covered Service/Code Available Coverage) for the ICD-10 code N97.9 (Female infertility, unspecified).
- Effective for dates of service on or after October 1, 2017 the Coverage Code has been changed to 01 (Covered Service\Code Available) for the ICD-10 code I21.9 (Acute Myocardial Infarction, Unspecified).

End Date

The modifier L1 (Separately Payable Lab Test) has been end dated on RF114 for with the effective date of December 31, 2016.

Codes

The following CPT and HCPCS codes now have a “Once in a Life Time” limit of 1 listed on the reference screen RF113 and a coverage code of 01 (Covered Service/Code Available).

CPT Code	Description
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
27080	Coccygectomy, primary
31580	Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
33404	Construction of apical-aortic conduit
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass
33606	Anastomosis of pulmonary artery to aorta (Damas-Kaye-Stansel procedure)
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair
33670	Repair of complete atrioventricular canal, with or without prosthetic valve
33692	Complete repair tetralogy of Fallot without pulmonary atresia
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect

33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass		Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33722	Closure of aortico-left ventricular tunnel	33778	
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)		Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band
33726	Repair of pulmonary venous stenosis	33779	
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)		Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect
33732	Repair of cor triatriatum or supralvalvular mitral ring by resection of left atrial membrane	33780	
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)		Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	33781	
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion		Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	33782	
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect		Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	33783	
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	33786	Total repair, truncus arteriosus (Rastelli type operation)
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	33788	Reimplantation of an anomalous pulmonary artery
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
		33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass
		33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass
		33820	Repair of patent ductus arteriosus; by ligation
		33822	Repair of patent ductus arteriosus; by division, younger than 18 years
		33824	Repair of patent ductus arteriosus; by division, 18 years and older
		33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
		33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft

33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
33930	Donor cardiectomy-pneumonectomy (including cold preservation)
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy
33940	Donor cardiectomy (including cold preservation)
37140	Venous anastomosis, open; portocaval
37145	Venous anastomosis, open; renoportal
37160	Venous anastomosis, open; caval-mesenteric
37180	Venous anastomosis, open; splenorenal, proximal
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List separately in addition t
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
41115	Excision of lingual frenum (frenectomy)
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection

41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42200	Palatoplasty for cleft palate, soft and/or hard palate only
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42225	Palatoplasty for cleft palate; attachment pharyngeal flap
42226	Lengthening of palate, and pharyngeal flap
42227	Lengthening of palate, with island flap
42235	Repair of anterior palate, including vomer flap
42507	Parotid duct diversion, bilateral (Wilke type procedure);
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
42870	Excision or destruction lingual tonsil, any method (separate procedure)
42890	Limited pharyngectomy

42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42955	Pharyngostomy (fistulization of pharynx, external for feeding)
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagostomy, with or without pyloroplasty (transhiatal)
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagostomy, with or without pyloroplasty (Ivor Lewis)
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagostomy, with or without pyloroplasty
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy
43327	Esophagogastric fundoplasty partial or complete; laparotomy

43328	Esophagogastric fundoplasty partial or complete; thoracotomy
43330	Esophagomyotomy (Heller type); abdominal approach
43331	Esophagomyotomy (Heller type); thoracic approach
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach
43352	Esophagostomy, fistulization of esophagus, external; cervical approach
43401	Transection of esophagus with repair, for esophageal varices
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)
43810	Gastroduodenostomy
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy

43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	45136	Excision of ileoanal reservoir with ileostomy
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with c
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	46070	Incision, anal septum (infant)
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
44147	Colectomy, partial; abdominal and transanal approach	47125	Hepatectomy, resection of liver; total left lobectomy
44316	Continent ileostomy (Kock procedure) (separate procedure)	47130	Hepatectomy, resection of liver; total right lobectomy
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	47133	Donor hepatectomy (including cold preservation), from cadaver donor
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
45130	Excision of rectal procidentia, with anastomosis; perineal approach	47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)
		47563	Laparoscopy, surgical; cholecystectomy with cholangiography
		47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
		47701	Portoenterostomy (eg, Kasai procedure)

48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49610	Repair of omphalocele (Gross type operation); first stage
49611	Repair of omphalocele (Gross type operation); second stage
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
51520	Cystotomy; for simple excision of vesical neck (separate procedure)
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
51940	Closure, exstrophy of bladder

51960	Enterocystoplasty, including intestinal anastomosis
51980	Cutaneous vesicostomy
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, m)
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53020	Meatotomy, cutting of meatus (separate procedure); except infant
53025	Meatotomy, cutting of meatus (separate procedure); infant
53220	Excision or fulguration of carcinoma of urethra
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra

53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuccial flap)
53450	Urethromeatoplasty, with mucosal advancement	54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	54380	Plastic operation on penis for epispadias distal to external sphincter;
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54150	Circumcision, using clamp or other device; newborn	54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	54401	Insertion of penile prosthesis; inflatable (self-contained)
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	54680	Transplantation of testis(es) to thigh (because of scrotal destruction)
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibrati
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)		

55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obtura
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation,
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenect
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement)
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy
56700	Partial hymenectomy or revision of hymenal ring
56805	Clitoroplasty for intersex state
57130	Excision of vaginal septum
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230	Plastic repair of urethrocele
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57311	Closure of urethrovaginal fistula; with bulboavernosus transplant
57335	Vaginoplasty for intersex state
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with o
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair

57550	Excision of cervical stump, vaginal approach;
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58950	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with
58952	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with

59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
60271	Thyroidectomy, including substernal thyroid; cervical approach
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticogr
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocortic
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61552	Craniectomy for craniosynostosis; multiple cranial sutures
61557	Craniotomy for craniosynostosis; bifrontal bone flap

61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months

NOTE: G0402 has a coverage code of 09 (Medicare Only)

Procedure Daily Maximum

The following CPT and HCPCS codes have changes on their “Procedure Daily Maximum” limit on reference screen RF113.

Code	Description	Procedure Daily Maximum
76818	Fetal Biophysical Profile; with Non-stress Testing	2
A0120	Non-Emergency Transportation: Mini-Bus, Mountain Area Transports,	5
A0160	Non-Emergency Transportation: Per Mile - Case Worker Or Social Worker	999
A0180	Non-Emergency Transportation: Ancillary: Lodging-Recipient	1
A0190	Non-Emergency Transportation: Ancillary: Meals-Recipient	3
A0200	Non-Emergency Transportation: Ancillary: Lodging Escort	1
A0210	Non-Emergency Transportation: Ancillary: Meals-Escort	3
A0382	BLS Routine Disposable Supplies	15
A0398	ALS Routine Disposable Supplies	20
A0420	Ambulance Waiting Time (ALS or BLS), One Half (1/2) Hour Increments	6
A0422	Ambulance (ALS or BLS) Oxygen And Oxygen Supplies, Life Sustaining	999
A0888	Non-covered Ambulance Mileage, Per Mile (E.G., For Miles Traveled Beyond Closest Appropriate Facility)	999
A4657	Syringe, With Or Without Needle, Each	400

Adult ER Benefits

Effective for dates of service on or after October 1, 2017 the Adult Emergency Benefits minimum and maximum age limits have been changed. **Note:** Highlighted Codes Are Part of The Uniform Prior Authorization List. Also the Codes with a star (*) have a minimum age of 18 and maximum of 999.

Code	Description
Diagnostic	
D0140	Limited Oral Evaluation - Problem Focused
D0191 (AP hygiene only)	Assessment of a Patient
D0220	Intraoral - Periapical First Radiographic Image
D0230	Intraoral - Periapical Each Additional Radiographic Image
D0270	Bitewing - Single Radiographic Image
D0272	Bitewings - Two Radiographic Images
D0273	Bitewings - Three Radiographic Images
D0274	Bitewings - Four Radiographic Images
D0277	Vertical Bitewings - 7 To 8 Radiographic Images
D0330	Panoramic Radiographic Image
Oral Surgery	
D7111	Extraction coronal remnants - Deciduous Tooth
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation and/or Forceps Removal)
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/ Or Sectioning Of Tooth, And Including Elevation Of Muco-periosteal Flap If Indicated
D7220	Removal of impacted tooth soft tissue
D7230	Removal of impacted tooth partial bony
D7240	Removal of impacted tooth complete bony
D7241	Removal of impacted tooth complete bony with unusual surgical complications
D7250	Surgical removal of residual tooth roots
D7251	Coronectomy - Intentional Partial Tooth Removal
D7260	Oral antral fistula closure
D7261	Primary closure of sinus perforation
D7270	Tooth re-implantation and/or Stabilization
D7285	Incisional biopsy of oral tissue-hard (Bone, Tooth)
D7286	Incisional biopsy of oral tissue-soft
D7310	Alveoloplasty in conjunction with extractions 4 or more teeth per quad
D7311	Alveoloplasty In Conjunction With Extractions 1-3 Teeth Per Quad

D7320	Alveoloplasty Not In Conjunction With Extractions 4 Or More Teeth Per Quad
D7321	Alveoloplasty Not In Conjunction With Extractions 1-3 Teeth Per Quad
D7410	Excision Of Benign Lesion Up To 1.25 cm.
D7411	Excision Of Benign Lesion Greater Than 1.25 cm.
D7415	Excision Of Benign Lesion Complicated
D7440	Excision Of Malignant Tumor Up To 1.25 cm.
D7441	Excision Of Malignant Tumor Greater Than 1.25 cm.
D7450	Removal Of Benign Odontogenic Cyst Up To 1.25 cm.
D7451	Removal Of Benign Odontogenic Cyst Greater Than 1.25 cm.
D7460	Removal Of Benign Nonodontogenic Cyst Up To 1.25 cm.
D7461	Removal Of Benign Nonodontogenic Cyst Greater Than 1.25 cm.
D7465	Destruction Of Lesion By Physical Or Chemical Method
D7510	Incision and drainage of Abscess-Intraoral Soft Tissue
D7511	Incision and drainage of Abscess-Intraoral Soft Tissue Complicated
D7520	Incision And Drainage Of Abscess-Extraoral Soft Tissue
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated
D7530	Removal of foreign body
D7540	Removal of reaction producing foreign bodies
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone
D7560	Max sinusotomy for removal of tooth fragment
D7970	Excision of hyperplastic tissue
D7971	Excision of pericoronal ging
D7972	Surgical reduction tuberosity
D7980	Sialolthotomy
D7981	Excision of salivary gland
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7999	Unspecified Oral Surgery procedure, By Report

Endodontics

D3110	Pulp Cap Direct
D3120	Pulp Cap Indirect
D3220	Therapeutic Pulpotomy
D3221	Pulpal Debridement, Primary And Permanent Teeth
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)
D3331	Treatment Of Root Canal Obstruction, Non-Surgical Access
D3346	Retreatment Of Previous Root Canal Therapy Anterior
D3347	Retreatment Of Previous Root Canal Therapy Bicuspid
D3348	Retreatment Of Previous Root Canal Therapy Molar
D3410	Apicoectomy Anterior
D3421	Apicoectomy Bicuspid 1st Root
D3425	Apicoectomy Molar
D3426	Apicoectomy Each Additional Root
D3430	Retrograde Filling Per Root

Restorative (For Anterior Teeth Only)

D2330	Resin Based Composite- One Surface Anterior
D2331	Resin Based Composite-Two Surfaces Anterior
D2332	Resin Based Composite- Three Surfaces Anterior
D2335	Resin Based Composite -Four Or More Services Or Involving In-cisal Angle (Anterior)

Restorative

D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration
D2915	Re-Cement Or Re-Bond Indirectly Or Prefabricated Post And Core
D2920	Re-Cement Or Re-Bond Crown
D2940	Protective Restoration
D2390	Resin Based Composite Crown Anterior
D2931	Prefabricated Stainless Steel Crown-Permanent Tooth
D2932	Prefabricated Resin Crown
D2933	Prefabricated Stainless Steel Crown With Resin Window

Restorative (For Rct Teeth Only)	
D2740	Crown Porcelain/Ceramic Substrate
D2750*	Crown Porcelain Fused To High Noble Metal
D2751*	Crown Porcelain Fused To Base Metal
D2752*	Crown Porcelain Fused To Noble Metal
D2790*	Crown Full Cast High Noble Metal
D2791*	Crown Full Cast Predominately Base Metal
D2792*	Crown Full Cast Noble Metal
D2794*	Crown Titanium
D2950	Core Build Up
D2952	Post And Core Indirect
D2954	Prefabricated Post And Core

Adjunct Services

D9223	Deep Sedation/Ga Each 15 Mins
D9230	Inhalation Of Nitrous Oxide/Analgesia
D9243	Intravenous Moderate (Conscious) Sedation/ Analgesia
D9248	Non Intravenous Conscious Sedation
Note: *	Minimum 018 Maximum 999

Place of Service (POS)

The following CPT and HCPCS codes have been added to RF115 (Procedure Place of Service) with their effective beginning date.

Code	Description	Place Of Service	Effective Beginning Date
38221	Needle Or Trocar Bone Marrow Biopsy	81 – Independent Laboratory	01/01/2016
86593	Syphilis Test, Non-Treponemal Antibody; Quantitative	11 – Office	01/01/2016
88185	Flow Cytometry, Cell Surface, Cytoplasmic, Or Nuclear	11 – Office	01/01/2016
99356	Prolonged Inpatient Or Observation Hospital Service First Hour	19 – Off Campus – Outpatient Hospital	11/01/2017
99356	Prolonged Inpatient Or Observation Hospital Service First Hour	22 – Outpatient Hospital	11/01/2017
A4452	Tape, Waterproof, Per 18 Square Inches	20 – Urgent Care Facility	01/01/2016
A4930	Gloves, Sterile, Per Pair	11 – Office	01/01/2016
A6407	Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width	22 – Outpatient Hospital	01/01/2016
A7030	Full Face Mask Used With Positive Airway Pressure Device,	11 - Office	01/01/2016
E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	21 – Inpatient Hospital	01/01/2016
E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator Flowmeter, Humidifier, Cannula Or Mask, And Tubing	21 – Inpatient Hospital	01/01/2016
E0650	Pneumatic Compressor, Non-Segmental Home Model	24 – Ambulatory Surgical Center	01/01/2016
E0673	Segmental Gradient Pressure Pneumatic Appliance, Half Leg	24 – Ambulatory Surgical Center	01/01/2016
E0676	Intermittent Limb Compression Device (Includes All Accessories),	24 – Ambulatory Surgical Center	01/01/2016

Modifier(s)

The following modifiers have been updated on the specific PMMIS screens.

Code	Description	Modifier	Screens
11971	Removal Of Tissue Expanders	50 – Bilateral Procedure (Pay 50%)	RF122; RF132
24359	Removal Of Tissue and/or Bone At Elbow With Tendon Repair, Open Procedure	LT - Identifies Left Side Body Procedures	RF121
24359	Removal Of Tissue and/or Bone At Elbow With Tendon Repair, Open Procedure	RT - Identifies Right Side Body Procedures	RF121
30300	Removal Of Foreign Body In Nose	50 – Bilateral Procedure (Pay 50%)	RF121, RF122, RF132
31630	Treatment of Windpipe Cartilage Fracture or Dilation of Windpipe Cartilage Using an Endoscope	50 – Bilateral Procedure (Pay 50%)	RF121
37241	Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	LT - Identifies Left Side Body Procedures	RF122
37246	Transluminal Balloon Angioplasty	SG – AMB Surg Ctr (ASC)	RF121
42440	Excision Of Submandibular (Submaxillary) Gland	50 – Bilateral Procedure (Pay 50%)	RF121, RF122, RF132
42665	Ligation Salivary Duct, Intraoral	50 – Bilateral Procedure (Pay 50%)	RF121, RF122, RF132
55000	Puncture Aspiration Of Hydrocele, Tunica Vaginalis,	50 – Bilateral Procedure (Pay 50%)	RF121
69209	Removal Of Impacted Ear Wax By Washing	LT - Identifies Left Side Body Procedures	RF121
69209	Removal Of Impacted Ear Wax By Washing	RT - Identifies Right Side Body Procedures	RF121
90791	Psychiatric Diagnostic Evaluation	GT - Telemedicine - Via Interactive Audio/Video	RF121, RF122, RF132
90792	Psychiatric Diagnostic Evaluation With Medical Services	GT - Telemedicine - Via Interactive Audio/Video	RF121, RF122, RF132

90832	Psychotherapy, 30 Minutes	GT - Telemedicine - Via Interactive Audio/Video	RF121, RF122, RF132
96361	Hydration Infusion Into A Vein	59 - Distinct Procedural Service	RF121
96361	Hydration Infusion Into A Vein	XE - Separate Enc, A Serv That Is Distinct	RF121
96361	Hydration Infusion Into A Vein	XS - Separate Structure, A Service That Is Distinct	RF121
99356	Prolonged Service In The Inpatient Or Observation Setting	GT - Telemedicine - Via Interactive Audio/Video	RF121, RF122, RF132
A9579	Injection, Gadolinium-Based Magnetic Resonance Contrast	JW - Drug Amount Discarded/Not Admin to any patient	RF122; RF132
H0004	Behavioral Health Counseling And Therapy, Per 15 Minutes	GT - Telemedicine - Via Interactive Audio/Video	RF122; RF132
H0020	Alcohol and/or Drug Services; Methadone Administration	HG – Opioid Addiction Treatment Program	RF122; RF132
H0031	Mental Health Assessment, By Non-Physician	GT - Telemedicine - Via Interactive Audio/Video	RF122; RF132
H0036	Community Psychiatric Supportive Treatment, Face-To-Face	TF – Intermediate Level of Care	RF122; RF132
H0038	Self-Help/Peer Services, Per 15 Minutes	HQ – Group Setting	RF121; RF122; RF132
H2010	Comprehensive Medication Services, Per 15 Minutes	HG – Opioid Addiction Treatment Program	RF122; RF132
H2011	Crisis Intervention Service, Per 15 Minutes	HT – Multi-Disciplinary Team	RF121; RF122; RF132
H2014	Skills Training & Development, Per 15 Minutes	HQ – Group Setting	RF121; RF122; RF132
H2019	Therapeutic Behavioral Services, Per 15 Minutes	TF – Intermediate Level of Care	RF122; RF132
H2025	Ongoing support to Maintain Employment, Per 15 Minutes	HQ – Group Setting	RF122; RF132
H2027	Psychoeducational Service, Per 15 Minutes	HQ – Group Setting	RF122; RF132
J1750	Injection, Iron Dextran, 50 mg	JW - Drug Amount Discarded/Not Admin to any patient	RF122, RF132
J9035	Injection, Bevacizumab, 10 mg	JW - Drug Amount Discarded/Not Admin to any patient	RF121

J9308	Injection, Ramucirumab, 5 mg	JW - Drug Amount Discarded/ Not Admin to any patient	RF121, RF122, RF132
S5109	Home Care Training to Home Care Client, Per Session	HA – Child/Adolescent Program	RF122; RF132
S5109	Home Care Training to Home Care Client, Per Session	HB – Adult Program, Non Geriatric	RF122; RF132
S5109	Home Care Training to Home Care Client, Per Session	HC – Adult Program, Geriatric	RF122; RF132

- ◆ Effective for dates of service on or after December 31, 2017 the modifier SZ (Habilitative Services) has been end dated on the reference screen RF114.
- ◆ Effective for dates of service on or after January 1, 2018 the following modifiers have been added to the PMMIS Reference screens RF114 (Procedure Modifier) and RF119 (Procedure Modifier Amount/Percent):

Modifier	Description
96	Habilitative Services: When a service or procedure that may be either habilitative or rehabilitative in nature is provided for habilitative purposes, the physician or other qualified health care professional may add modifier 96 to the service or procedure code to indicate that the service or procedure provided was a habilitative service, Habilitative services help an individual learn skills and functioning for daily living that the individual has not yet developed, and then keep and/or improve those learned skills. Habilitative services help an individual keep, learn, or improve skills and functioning for daily living
97	Rehabilitative Services: When a service or procedure that may be either habilitative or rehabilitative in nature is provided for rehabilitative purposes, the physician or other qualified health care professional may add modifier 97 to the service or procedure code to indicate that the service or procedure provided was a habilitative service, Rehabilitative services help an individual keep, get back or improve skills and functioning for daily living that have been lost or impaired because the individual was sick, hurt, or disabled.
FY	X-ray taken using computed radiography technology/cassette-based imaging
JG	Drug or biological acquired with 340b drug pricing program discount
QQ	Ordering professional consulted a qualified clinical decision support mechanism for this service and the related data was provided to the furnishing professional
TB	Drug or biological acquired with 340b drug pricing program discount, reported for informational purposes
VM	Medicare diabetes prevention program (MDPP) virtual make-up session

X1	Continuous/broad services: for reporting services by clinicians, who provide the principal care for a patient, with no planned endpoint of the relationship; services in this category represent comprehensive care, dealing with the entire scope of patient problems, either directly or in a care coordination role; reporting clinician service examples include, but are not limited to: primary care, and clinicians providing comprehensive care to patients in addition to specialty care
X2	Continuous/focused services: for reporting services by clinicians whose expertise is needed for the ongoing management of a chronic disease or a condition that needs to be managed and followed with no planned endpoint to the relationship; reporting clinician service examples include but are not limited to: a rheumatologist taking care of the patient's rheumatoid arthritis longitudinally but not providing general primary care services
X3	Episodic/broad services: for reporting services by clinicians who have broad responsibility for the comprehensive needs of the patient that is limited to a defined period and circumstance such as a hospitalization; reporting clinician service examples include but are not limited to the hospitalist's services rendered providing comprehensive and general care to a patient while admitted to the hospital
X4	Episodic/focused services: for reporting services by clinicians who provide focused care on particular types of treatment limited to a defined period and circumstance; the patient has a problem, acute or chronic, that will be treated with surgery, radiation, or some other type of generally time-limited intervention; reporting clinician service examples include but are not limited to, the orthopedic surgeon performing a knee replacement and seeing the patient through the postoperative period
X5	Diagnostic services requested by another clinician: for reporting services by a clinician who furnishes care to the patient only as requested by another clinician or subsequent and related services requested by another clinician; this modifier is reported for patient relationships that may not be adequately captured by the above alternative categories; reporting clinician service examples include but are not limited to, the radiologist's interpretation of an imaging study requested by another clinician



Provider Type (PT)

Effective for the dates of service listed, the following CPT and/or HCPCS codes have been added to the providers profile.

Code	Description	Provider Type	Effective Begin Date
26725	Closed Treatment of Broken Finger or Thumb with Manipulation	19 – Registered Nurse Practitioner	01/01/2017
32550	Insertion Of Permanent Catheter For Drainage Of Lung Fluid	19 - Registered Nurse Practitioner	06/01/2017
32552	Removal Of Tunneled Catheter In Lung Lining	19 - Registered Nurse Practitioner	06/01/2017
32554	Removal of Fluid From Chest Cavity	19 - Registered Nurse Practitioner	06/01/2017
32555	Removal of Fluid From Chest Cavity with Imaging Guidance	19 - Registered Nurse Practitioner	06/01/2017
32556	Removal of Fluid From Chest Cavity With Insertion of Indwelling Catheter, Accessed Through the Skin	19 -Registered Nurse Practitioner	06/01/2017
36556	Insertion Of Central Venous Catheter For Infusion, Patient 5 Years Or Older	19 - Registered Nurse Practitioner	06/01/2017
36800	Insertion Of External Tube From Vein To Vein For Dialysis	19 - Registered Nurse Practitioner	06/01/2017
49082	Drainage Of Fluid From Abdominal Cavity	19 - Registered Nurse Practitioner	06/01/2017
49083	Drainage Of Fluid From Abdominal Cavity Using Imaging Guidance	19 - Registered Nurse Practitioner	06/01/2017
65778	Insertion of Amniotic Membrane to Eye Surface	69 – Optometrist	01/01/2017
76881	Ultrasound of Leg or Arm	14 – Physical Therapist	05/26/2016
76882	Ultrasound of Arm or Leg	14 – Physical Therapist	05/26/2016
90675	Vaccine for Rabies Injection into Muscle	19 – Registered Nurse Practitioner	10/01/2016
92609	Therapeutic Services For Use Of Speech -Generating Device With Programming	13 - Occupational Therapist	08/01/2016
D0191	Assessment of a patient	07 – Dentist	06/16/2016
H0031	Mental Health Assessment, By Non-Physician	A4 - License Indep Substance Abuse Couns (LISAC)	
J2315	Injection, Naltrexone, depot form, 1 mg	77 - BH Outpatient Clinic	09/01/2017
J7328	Hyaluronan or Derivative, Gel-Syn, For Intra-Articular Injection, 0.1 mg	08 - MD-Physician	06/01/2017

NOTE: H0031 has been end dated as of 07/25/2017 for the PT A4.