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**Age Limit**

The age limit has been changed for the HCPCS code T4543 (Adult sized disposable incontinence product, protective brief/diaper, above extra large, each) to minimum age 000 year to maximum age 999 years.

**Bill Type To Form Type**

Effective for dates of service on or after April 1, 2015 the following bill types have been added to the Outpatient form type on screen RF786 (Bill Type To Form Type):

770	Clinic - FQHC, Zero Pay
771	Clinic - FQHC, Admit Thru Discharge
772	Clinic - FQHC (1st Claim)
773	Clinic - FQHC (Interim, Con't Claim)
774	Clinic - FQHC (Last Claim)
775	Clinic - FQHC (Late Claim)
777	Clinic - FQHC (Replacement)
778	Clinic - FQHC (Cancel Prior Claim)

**Coverage Code**

- Effective for dates of service on or after January 1, 2015 the coverage code for the code 84.68 (Revision or Replacement of Artificial Spinal Disc Prosthesis) has been changed to 01 (Covered Service/Code Available).
- Effective for dates of service on or after February 1, 2015 the coverage code for the code for the CPT code 90620 (Meningococcal Recombinant Protein and Outer Membrane) has been changed to 01 (Covered Service/Code Available)

**Code Updates**

- Effective for the dates of service on or after April 1, 2015 the following codes have been added to the PMMIS system, for other information regarding the codes refer to the appropriate screens:

<b>Code</b>	<b>Description</b>	<b>Coverage Code</b>
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	09 (Medicare Only)
C9445	Injection, C-1 esterase inhibitor (recombinant), Ruconest, 10 units	01 (Covered Service/Code Available)
C9448	Netupitant 300mg and palonosetron 0.5 mg, oral	01 (Covered Service/Code Available)
C9449	Injection, blinatumomab, 1 mcg	01 (Covered Service/Code Available)
C9450	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg	01 (Covered Service/Code Available)
C9451	Injection, peramivir, 1 mg	01 (Covered Service/Code Available)
C9452	Injection, ceftolozane 50 mg and tazobactam 25 mg	01 (Covered Service/Code Available)

- Effective for dates of service July 1, 2015 the following codes have been added to the PMMIS system; for other information regarding the codes, refer to the appropriate screens:

<b>Code</b>	<b>Description</b>	<b>Coverage Code</b>
C2613	Lung Biopsy Plug With Delivery System	01 (Covered Service/Code Available)
C9453	Injection, Nivolumab, 1 mg	01 (Covered Service/Code Available)
C9454	Injection, Pasireotide Long Acting, 1 mg	01 (Covered Service/Code Available)
C9455	Injection, Siltuximab, 10 mg	01 (Covered Service/Code Available)

- Effective for dates of service on or after February 1, 2015 the coverage code for the CPT code 90620 (Meningococcal Recombinant Protein And Outer Membrane) and 90621 has been changed to **01** (Covered Service/Code Available).



- Effective for the dates of service on or after January 1, 2014 the AHCCCS coverage code has been changed to 05 (Outpatient Hospital Services) for the following HCPCS codes

Code	Description
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq.cm.; first 25 sq.cm. or less wound surface area
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq.cm.; each additional 25 sq.cm. wound surface area, or part thereof (list separately in addition to code for primary procedure)
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq.cm.; first 100 sq.cm. wound surface area, or 1% of body area of infants and children
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq.cm.; each additional 100 sq.cm. wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq.cm.; first 25 sq.cm. or less wound surface area
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq.cm.; each additional 25 sq.cm. wound surface area, or part thereof (list separately in addition to code for primary procedure)
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq.cm.; first 100 sq.cm. wound surface area, or 1% of body area of infants and children
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq.cm.; each additional 100 sq.cm. wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

Effective for dates of service on or after January 1, 2015 the following codes now have a coverage code of **03** (Covered Service/Use Other Code).

<b>Code</b>	<b>Description</b>		<b>Code</b>	<b>Description</b>
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 Or 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

**Modifier(s)**

- Effective for dates of service on or after January 1, 2015 the modifier SZ (Habilitative Services) has been added to the following CPT codes:

<b>Code</b>	<b>Description</b>
97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes
97112	Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes
97140	Manual (physical) therapy techniques to 1 or more regions, each 15 minutes

- Effective for dates of service on or after April 1, 2015 the modifiers GC (Teaching Physician Services) and GE (TCH PHYS Exemption/AMB HOSP BASED TO ECF) have been added to the HCPCS code T1015 (Clinic Visit/Encounter, All-Inclusive).
- Effective for dates of service on or after August 1, 2014 the following modifiers have been added to the HCPCS codes J9035 (Injection, Bevacizumab, 10 mg) and J9263 (Injection, Oxaliplatin, 0.5 mg):

<b>Modifier</b>	<b>Description</b>
XE	Separate Encounter: A service that is distinct because it occurred during a separate encounter.
XP	Separate Practitioner: A service that is distinct because it was performed by a different practitioner.
XS	Separate Structure: A service that is distinct because it was performed on a separate organ/structure.
XU	Unusual Non-Overlapping Service: The use of a service that is distinct because it does not overlap usual components of the main service.

- Effective for dates of service on or after January 1, 2015 the following modifiers have been added to the reference screen RF132 for CPT code 81382 (HLA class II typing high resolution one locus).

<b>Modifier</b>	<b>Description</b>
59	Distinct procedural service
XE	Separate encounter: a service that is distinct because it occurred during a separate encounter.
XP	Separate practitioner: a service that is distinct because it was performed by a different practitioner.
XS	Separate structure: a service that is distinct because it was performed on a separate organ/structure.
XU	Unusual non-overlapping service: the use of a service that is distinct because it does not overlap usual components of the main service.

**Place of Service (POS)**

- Effective for dates of service on or after January 1, 2013 the following codes have can be reported with the POS listed.

Code	Description	POS
A4648	Tissue marker, implantable, any type, each	11 Office
32560	Catheter instillation of agent onto lung surface	23 Emergency Room Hospital
43282	Repair of hernia of muscle at esophagus and stomach with implantation of mesh using an endoscope).	24 Ambulatory Surgical Center
60252	Removal of thyroid and surrounding lymph nodes	24 Ambulatory Surgical Center
92627	Evaluation of hearing rehabilitation	11 Office

- Effective for dates of service on or after January 1, 2014 the following CPT codes have been added to the POS listed below:

Code	Description	Place of Service
15002	Preparation of graft site at trunk, arms, or legs (first 100 sq. cm. or 1% body area infants and children)	23 Emergency Room Hospital
15004	Preparation of graft site of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq. cm. or 1% body area of infants and children)	23 Emergency Room Hospital
23071	Removal (3 centimeters or greater) tissue growth beneath the skin of shoulder area	11 - Office
23076	Removal (less than 5 centimeters) muscle growth of shoulder area	11 - Office
24076	Removal (less than 5 centimeters) muscle growth of upper arm or elbow	11 - Office
25109	Removal of tendon of forearm and/or wrist	21 - Inpatient Hospital
27043	Removal (3 centimeters or greater) tissue growth beneath the skin of pelvis or hip	11 - Office
27552	Closed treatment of knee dislocation under anesthesia	23 - Emergency Room - Hospital
27702	Repair of ankle joint with prosthesis	22 - Outpatient Hospital



Code	Description	Place of Service
37236	Insertion of intravascular stents in artery (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or accessed through the skin, with radiological supervision and interpretation	11 - Office
37244	Occlusion of arterial or venous hemorrhage with radiological supervision and interpretation, road mapping, and imaging guidance	11 - Office
52287	Examination with injections of chemical for destruction of bladder	11 - Office
58145	Vaginal removal of fibroid tumors (250 grams or less) of uterus	11 - Office
60512	Excision and reimplantation of parathyroid tissue	24 Ambulatory Surgical Center
62140	Reshaping of (up to 5 centimeter diameter) skull bone defect	22 Outpatient Hospital
62141	Reshaping of (larger than 5 centimeter in diameter) skull bone defect	22 Outpatient Hospital
63076	Removal of upper spine disc and release of spinal cord and/or nerves	22 Outpatient Hospital
95868	Needle measurement and recording of electrical activity of cranial nerve-supplied muscles on both sides of body	24 Ambulatory Surgical Center
95873	Electrical stimulation for guidance with injection of chemical for destruction of muscles	21 Inpatient Hospital
A4220	Refill kit for implantable infusion pump	11 Office
A4290	Sacral Nerve Stimulation Test Lead, Each	11 Office
G0108	Diabetes Outpatient Self-Management Training Services	11 Office
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per	22 Outpatient Hospital

- Effective for dates of service on or after October 1, 2014 the POS has been added to the following codes:

Code	Description	POS
20950	Insertion of device to monitor muscle compartment fluid pressure	11 Office
37241	Occlusion of venous malformations (other than hemorrhage) with radiological supervision and interpretation, roadmapping, and imaging guidance	11 Office
64702	Neuroplasty; Digital, One or Both, Same Digit	23 Emergency Room – Hospital
J0561	Injection, Penicillin G Benzathine, 100,000 Units	12 Home
J1442	Injection, Filgrastim (G-Csf), 1 Microgram	12 Home
J1556	Injection, Immune Globulin (Bivigam), 500 Mg	12 Home

- Effective for dates of service on or after January 1, 2015 the following codes have can be reported with the POS listed.

Code	Description	POS
22510	Injection of bone cement into body of middle spine bone accessed through the skin using imaging guidance	11 Office
22511	Injection of bone cement into body of middle spine bone accessed through the skin using imaging guidance	11 Office
22512	Injection of bone cement into body of middle or lower spine accessed through the skin using imaging guidance	11 Office
22513	Injection of bone cement into body of middle spine bone accessed through the skin using imaging guidance	11 Office
22514	Injection of bone cement into body of lower spine bone accessed through the skin using imaging guidance	11 Office
22515	Injection of bone cement into body of middle or lower spine bone accessed through the skin using imaging guidance	11 Office
80300	Drug Screen	11 Office
99188	Application of Topical Fluoride	11 Office
G0434	Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter	81 Independent Laboratory

- Effective for dates of service on or after February 1, 2015 the CPT code 50780 (Connection to bladder of lower portion of urinary duct (ureter)) has been added to the POS 22 (Outpatient Hospital ) & 24 (Ambulatory Surgical Center):
- Effective March 31, 2015 the POS 99 (Other Unlisted Facility) has been **end dated** for HCPCS code T1015 (Clinic Visit/Encounter, All-Inclusive).
- Effective for dates of service on or after December 1, 2014 the CPT code 50783 (Connection of lower portion of urinary duct (ureter) to bladder) has been added to the POS 22 (Outpatient Hospital).

**Provider Type (PT)**

Effective for dates of service on or after January 1, 2015 the following CPT codes have been **added** for PT 02 (Hospital), PT 08 (MD-Physician); 31 (DO-Physician Osteopath); 18 (Physician's Assistant) and 19 (Registered Nurse Practitioner).

Code	Description
77385	Radiation therapy delivery
77386	Intensity modulated radiation treatment delivery (IMRT)
77387	Guidance for localization of target volume for delivery

- Effective for dates of service on or after December 1, 2014 the PT 09 (Certified Nurse-Midwife) can now report the CPT code 76857 (Ultrasound of pelvis).
- Effective for dates of service on or after January 1, 2015 the PT 19 (Registered Nurse Practitioner) can now report the CPT code 64450 (Injection of anesthetic agent, other peripheral nerve or branch).
- Effective for dates of service on or after January 1, 2015 the following codes can be reported by the provider types 09 (Certified Nurse-Midwife); 18 (Physician's Assistant); 19 (Registered Nurse Practitioner):

Code	Description	Code	Description
G6032	Desipramine	G6046	Dihydromorphinone
G6034	Doxepin	G6047	Dihydrotestosterone
G6035	Gold	G6048	Dimethadione
G6036	Assay of imipramine	G6049	Epiandrosterone
G6037	Nortriptyline	G6050	Ethchlorvynol
G6038	Salicylate	G6051	Flurazepam
G6039	Acetaminophen	G6052	Meprobamate
G6040	Alcohol (ethonal); any specimen except breath	G6053	Methadone
G6041	Alkaloids, urine, quantitative	G6054	Methsuximide
G6042	Amphetamine or methamphetamine	G6055	Nicotine
G6043	Barbiturates, not elsewhere specified	G6056	Opiate(s), drug and metabolites, each procedure
G6044	Cocaine or metabolite	G6057	Phenothiazine
G6045	Dihydrocodeinone	G6058	Drug confirmation, each procedure

**Revenue Code**

Effective for dates of service on or after January 1, 2015 the revenue code 0512 (Dental Clinic) has been added to the CPT code 99188 (Application of topical fluoride).

