

ENCOUNTER KEYS

July-August 2025

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Age Change

- The age limit has been changed on RF161 for 3E0L317 (Introduction of Other Thrombolytic into pleural cavity, percutaneous approach) to Minimum Age: 000 Y Year and Maximum Age: 999 Y Year.
- The age limit has been changed on RF113 for J2787 (Riboflavin 5'-Phosphate, Ophthalmic Solution, up to 3 ml) to Minimum Age: 014 Year and Maximum Age: 999 Y Year and the Procedure Daily Maximum changed to 000004.
- The age limit has been changed on RF223 for code F03.C2 (Unspecified Dementia, Severe, With Psychotic) to Minimum Age 15 Y and Maximum Age 999 Y.

Category of Service

Effective June 30, 2025, the Category of Service 12 (Pathology & Laboratory) for the following codes has been **end dated** on RF769.

0036T	0038T	0039U
0037T	0039T	0040U

Message From the Coding Manager

Medical coding has added POS 22 (Outpatient Hospital) to all the CMS In-patient only code set effective 1/1/2025. If you have any questions direct them to the codingpolicyquestions@azahcccs.gov email.





Code Updates

• Effective July 1, 2025, the Place of Service 24 (RF115); Provider Type 43 (RF618); Modifier SG (RF122/132) and Revenue Code 0490 (RF773) have been added to the following codes.

Codes								
0950T	0959T	0965T	0971T	C9174	J9174	J9342	Q4370	
0956T	0960T	0966T	0973T	C9175	J9220	J9382	Q5099	
0957T	0963T	0967T	0975T	J1326	J9276	Q4368	Q5100	
0958T	0964T	0970T	0981T	J7172	J9289	Q4369		

• Effective July 1, 2025, the modifier SG (RF122/132) and Revenue Code 0490 (RF773) have been added to the following codes.

Codes						
Q4371	Q4376	Q4380				
Q4372	Q4377	Q4382				
Q4373	Q4378					
Q4375	Q4379					

Code H2016 Updates

Effective October 1, 2025, the following changes will apply for HCPCS code H2016 (Comprehensive Community Support Services, Per Diem)

RF113 PROCEDURE CODE INDICATORS AND VALUES

Procedure Daily Limit = 1

RF115 Place of Service

05 - Indian Health Service Free-Standing07 - Tribal 638 Free-Standing Facility50 - Federally Qualified Health Center53 - Community Mental Health Center

54 - Intermediate Care Facility/Mental

RF121 Modifiers (Note waiting for clarification on CR for both screens)

CR - CATASTROPHE/DISASTER RELATED HW - Funded by State Mental Health Agency U7 - Agency with Choice/(BH) SABG Funded U8 - Governor's Office Subst Use Disorder Fund

RF122/132 - Modifiers

CR - CATASTROPHE/DISASTER RELATED

HW - Funded by State Mental Health Agency
Program/Services

HF - Substance Abuse Program

SE - State/Federally Funded

UB - Monthly Serv Per Member/ (BH) MHBG Funded

U7 - Agency with Choice/(BH) SABG Funded

U8 - Governor's Office Subst Use Disorder Fund



Code H2016 Updates

RF123 - PROCEDURE AHCCCS COVERAGE

04 (Not Covered Service/Code Not Available) End date 09/30/2025 01 (COVERED SERVICE/CODE AVAILABLE) 10/01/2025

RF124 – PROCEDURE PRIOR AUTHORIZATION

PA 02 (PA Required for LTC Recipients)

RF773 - REVENUE CODES-TO-PROCEDURE CODES

0900 - Behavioral Health	0905 – BH/Intensopl Psy	0906 - BH/Intensop/Chem	0907 - BH/Community
0911 - BH/Rehab	0912 – BH/Partial Hospital	0913 – BHPartial Inten	0914 – BH/Indiv RX

Gender Indicator

The gender indicator "M" male has been removed from the code 53444 (Insertion of Artificial Urinary Sphincter) on RF113/RF127.

Medical Categories of Service (RF769)

Effective January 1, 2025, the COS 13 (Radiology) has been added to 0042T Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time) on RF769.



Modifiers (RF121)

			Effective
Code	Description	Modifier	Begin Date
		JW - Drug Amount	
J9350	Injection, MosunetuzumRb-Axgb, 1 mg	Discarded/Not Admin	01/01/2025
		JZ - Zero Drug Amount	
J9350	Injection, Mosunetuzumab-Axgb, 1 mg	Discarded/Not Administered	01/01/2025

- The modifier TB (Drug or Biological Acqui) for the code J9145 (Injection, Daratumumab, 10 mg) end date has been changed to 99/99/9999.
- The following modifiers have been added to the codes listed.

Code	Modifiers	Modifiers	Code	Modifiers	Modifiers	Code	Modifiers	Modifiers
A9515		JZ	J1454	JW		J3300	JW	JZ
J0138	JW	JZ	J1455	JW		J9038	JW	JZ
J0218		JZ	J1456	JW	JZ	J9072	JW	JZ
J1304	JW	JZ	J1459	JW		J9292	JW	JZ
J1305	JW		J1559	JW		J9357	JW	
J1322	JW		J1575	JW		Q5136	JW	JZ
J1437	JW		J1576	JW	JZ	Q5151	JW	JZ
J1439	JW		J2329	JZ		Q5152	JW	JZ
J1447	JW		J2468	JW	JZ	Q9998	JW	JZ





Modifiers (RF122/RF132)

Code	Description	Modifier	Begin Date
Code	Insertion of Tunneled Central Venous Tube	modifier	Date
36557	for Infusion (younger than 5 years)	53 - Discontinued Procedure	7/1/2025
30337	Insertion Of Artery Tube for Blood Sampling	30 Biscontinueur Foscuure	7,1,2023
36620	or infusion through skin	LT - Identifies Left Side Body Procedures	1/1/2025
	Insertion Of Artery Tube for Blood Sampling	RT - Identifies Right-Side Body	
36620	or infusion through skin	Procedures	1/1/2025
	Other Procedure on Bowel Using an	63 - Neonates/Infants Up to the 4-KG	
44238	Endoscope	Cut Off	7/1/2025
	Other Procedure on Abdomen Using an	63 - Neonates/Infants Up to the 4-KG	,,,
49329	Endoscope	Cut Off	7/1/2025
	Biopsy And Scraping of Cervix Using an		7,2,2020
57454	Endoscope	53 - Discontinued Procedures	4/1/2025
58301	Removal of IUD	53 - Discontinued Procedures	4/1/2025
00002	Psychotherapy With Evaluation and	GW - SVS Not Related to Hospice	., _, _, _
90833	Management Visit, 30 Minutes	Patients Term	11/1/2024
93308	Ultrasound Of Heart, Follow-Up	51 - Multiple Procedures	1/1/2025
	Adaptive Behavior Treatment by Technician		
97154	with multiple patients	TJ - Program Group, Child/Adolescent	7/1/2025
		GW - SVS Not Related to Hospice	
97610	Therapy Procedure Using Ultrasound	Patients Term	11/1/2024
	Established Patient Office or Other		
	Outpatient Visit with high level of medical		
	decision making, if using time, 40 minutes or	FR - The Supervising Practitioner was	
99215	more	Present	4/1/2025
	Screening Performed and Positive and		
G9919	provision of recommendations	V4 - Demonstration Modifier 4	7/1/2025
		JZ – Zero Drug Amount Discarded/Not	
J0640	Injection, Leucovorin calcium, per 50 mg	Administered	1/1/2025
		JZ - Zero Drug Amount Discarded/Not	
J0640	Injection, Leucovorin-Calcium, Per50 mg	Administered	1/1/2025
J1938	Injection, Furosemide, 0.5 mg	JW - Drug Amount Discarded/Not Admin	4/1/2025
		JZ - Zero Drug Amount Discarded/Not	
J1938	Injection, Furosemide, 0.5 mg	Administered	4/1/2025
		JZ - Zero Drug Amount Discarded/Not	
J2802	Injection, Romiplostim, 1 microgram	Administered	1/1/2025
J9227	Injection, Isatuximab-IRFC, 10 mg	JW - Drug Amount Discarded/Not Admin	1/1/2025
J9347	Injection, Tremelimumab-ACTL, 1 mg	76 - Repeat Procedure by Same MD	1/1/2025
	Injection, Bevacizumab-ADCD (VEGZELMA),	JZ- Zero Drug Amount Discarded/Not	
Q5129	Biosimilar, 10 mg	Administered	1/1/2024



• Effective January 1, 2025, modifier 81 (Minimum Assistant Surgeon) has been added to the following codes on (RF122/RF132).

	Codes								
0483T	0719T	23929	33926	42699	46712	55559	60699	67399	
0494T	0735T	27045	33927	43289	47379	58570	61630	67599	
0544T	0790T	27299	33928	43753	48999	58571	61635	93590	
0545T	0810T	27599	33929	43754	49203	58572	61796	93592	
0569T	12047	31634	33999	43755	49329	58573	61797	G0276	
0570T	15778	32994	35523	43756	49659	58578	61798		
0646T	20932	32998	38129	43757	50250	58579	61799		
0656T	20933	33257	38573	44238	50549	58674	61800		
0657T	21811	33258	39499	44899	50593	58679	62380		
0668T	21812	33259	39599	44979	54437	59898	63620		
0669T	22899	33509	40799	45499	54438	59899	63621		
0670T	23071	33925	42299	46710	54699	60659	64490		

• The modifier NU (New Equipment) end date has been changed to 99/9999 for the following codes on RF122/132.

	Codes								
A4216	A4369	A4423	A5102	A6234	A6457	L1833	Q4042		
A4310	A4385	A4424	A5121	A6235	A6513	L8501	Q4044		
A4320	A4388	A4425	A5131	A6237	A6531	L8606	Q4045		
A4322	A4389	A4427	A5514	A6240	A7048	L8624	Q4046		
A4326	A4390	A4429	A6196	A6248	A7504	Q4006	Q4049		
A4331	A4393	A4430	A6197	A6251	A7507	Q4008	Q4050		
A4332	A4394	A4432	A6199	A6252	A7508	Q4009	Q4051		
A4333	A4402	A4433	A6203	A6253	A7520	Q4012	V5160		
A4334	A4404	A4452	A6204	A6257	A7521	Q4014	V5200		
A4340	A4405	A4455	A6207	A6258	A7522	Q4018	V5266		
A4344	A4406	A4481	A6210	A6266	A7525	Q4020			
A4351	A4407	A4483	A6211	A6402	A7526	Q4021			
A4352	A4408	A4623	A6212	A6403	A7527	Q4022			
A4354	A4409	A4629	A6216	A6407	E0443	Q4024			
A4357	A4410	A5054	A6219	A6443	L0180	Q4030			
A4358	A4412	A5061	A6220	A6445	L0454	Q4031			
A4362	A4414	A5063	A6222	A6446	L0457	Q4032			
A4364	A4416	A5071	A6223	A6449	L0648	Q4038			
A4367	A4419	A5073	A6224	A6453	L0650	Q4040			



Place of Service (RF115)

			Effective
Code	Description	Place of Service	Begin Date
00474	Anesthesia For Extensive Partial Removal of Rib	22 - Outpatient Hospital	10/01/2024
	Anesthesia For Removal of Excess Tissue of Lower Rear	24 – Ambulatory Surgical	
00802	Abdomen	Center	01/01/2025
27187	Stabilization Of Upper Thig Bone with Device	22 - Outpatient Hospital	10/01/2025
	Removal Of Cyst or Growth of Chest Cavity Using an	19 - Off Campus-	
32662	Endoscope	Outpatient Hospital	04/01/2025
		19 - Off Campus-	
51960	Enlargement Of Bladder Using a Portion of Bowel	Outpatient Hospital	06/01/2024
54162	Removal of scar tissue after foreskin removal	22 - Outpatient Hospital	07/01/2024
	Simple surgical subtotal removal of prostate using	22 - Outpatient Hospital	
55867	laparoscope		01/01/2025
	Standing frame/table system, one position (e.g.,		
	upright, supine or prone stander), any size including		
E0638	pediatric, with or without wheels	14 - Group Home	07/01/2024
E1016	Shock Absorber for Power Wheelchair, each	13 - Assisted Living Facility	01/01/2025
	Wrist and Orthosis, Wrist Extension Control Cock-Up,		
L3908	Non-Molded,	13 - Assisted Living Facility	01/01/2025
	Wrist and Orthosis, Wrist Extension Control Cock-Up,		
L3908	Non-Molded,	14 - Group Home	01/01/2025

Note: The effective date for POS 22 for 51960 has been clanged to 6/1/2024.

• Effective July 1, 2024, the following POS 19 (Off Campus-Outpatient Hospital) and 22 (Outpatient Hospital).

Codes									
22852	27258	27514	33895	49215	61650				
27005	27450	27540	37618	50760	63200				
27120	27472	27712	44227	50780	63282				
27176	27506	27724	44310	51980	E0638				
27185	27511	27727	44800	54162					

• Effective July 1, 2024, POS 19 (Off Campus-Outpatient Hospital) (RF115) has been added to the following codes

Codes					
21193	44640				
27036	27536	51820			
27244	32666	58720			
27470	38724	61500			



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• Effective July 1, 2024, POS 22 (Outpatient Hospital) has been added to the following codes.

Codes				
21193	27535	44640		
27036	27536	51820		
27244	32666	58720		

PROCEDURE CODE INDICATORS AND VALUES (RF113/127)

The Procedure Daily Maximum has been changed to 20225 (Deep Biopsy of Bone Using Needle or Trocar) to 000002.

PROCEDURE PRIOR AUTHORIZATION (RF124)

Effective September 1, 2025, the codes A4224 (Supplies for Maintenance of Insulin Infusion Catheter, per week) and A4225 (Supplies for External Insulin Infusion Pump, Syringe Type Cartridge, Sterile, each) will have the coverage code of 03 (PA Required for Both Acute and LTC).

Effective August 1, 2025, the code Q5124 (Injection, Ranibizumab-Nuna, Biosimilar, (BYOOVIZ), 0.1 mg) has coverage code of 03 (PA Required for Both Acute and LTC).

Provider Type (RF618)

 Effective June 30, 2025, the codes listed have been end dated for Provider Type 16 (Chiropractor.

99271	99272	99273	99274	99275
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• Effective June 30, 2025, the codes listed have been **end dated** for Provider Type 12 (Certified Registered Nurse Anesthetist).

62310	62311	
62318	62319	
64475	64476	

• Effective July 31, 2025, the code 1001F (Tobacco Use, Non-Smoking, Assessed) has been **end dated** for PT 84 (Licensed Midwife) on RF618.



Code	Description	Drovidor Tuno	Effective
Code	Description Drainage Of Fluid from Chest Cavity with	Provider Type	Begin Date
	Insertion of Indwelling Tube Using Imaging	19 - Registered Nurse	
32557	Guidance	Practitioner	12/1/2024
32337	Treatment Of Speech, Language, Voice,	Tractitioner	12/1/2024
	Communication, and/or Hearing Processing	C2 - Federally Qualified	
92507	Disorder	Health Center (FQHC)	10/1/2024
	Treatment Of Speech, Language, Voice,		-, , -
	Communication, and/or Hearing Processing	C2 - Federally Qualified	
92508	Disorder in a Group Setting	Health Center (FQHC)	1/1/2025
	Exam Of the Nose and Throat Using an	C2 - Federally Qualified	
92511	Endoscope	Health Center (FQHC)	1/1/2025
		C2 - Federally Qualified	
92512	Study Of Nasal Function	Health Center (FQHC)	1/1/2025
	,	C2 - Federally Qualified	, ,
92516	Study Of Facial Nerve Function	Health Center (FQHC)	1/1/2025
	,	C2 - Federally Qualified	, ,
92520	Study Of Voice Box Function	Health Center (FQHC)	1/1/2025
	Evaluation Of Speech Continuity, Smoothness,	C2 - Federally Qualified	, ,
92521	Rate, and Effort	Health Center (FQHC)	1/1/2025
	,	C2 - Federally Qualified	, ,
92522	Evaluation of Speech Sound Production	Health Center (FQHC)	1/1/2025
	Evaluation of Speech Sound Production with		, ,
	Evaluation of Language Comprehension and	C2 - Federally Qualified	
92523	Expression	Health Center (FQHC)	1/1/2025
		C2 - Federally Qualified	
92526	Treatment of Swallowing and Feeding Disorder	Health Center (FQHC)	1/1/2025
		09 - Certified Nurse-	
99459	Pelvic Exam	Midwife	1/1/2025
		19 - Registered Nurse	
J2182	Injection, Mepolizumab, 1 mg	Practitioner	1/1/2024
	Injection, Palonosetron Hydrochloride	19 - Registered Nurse	
J2468	(POSFREA), 25 micrograms	Practitioner	10/1/2024
		19 - Registered Nurse	
J9352	Injection, Trabectedin, 0.1 mg	Practitioner	10/1/2024
	Injection, Bevacizumab-AWWB, Biosimilar,	19 - Registered Nurse	-
Q5107	(MVASI), 10 mg	Practitioner	10/1/2024
	Sign Language or Oral Interpretive Services, Per		
T1013	15 Minutes	11 - Psychologist	10/1/2024



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Revenue Codes

Effective July 1, 2025, the revenue codes below have been added to the code J0169 (Injection, Epinephrine (Adrenalin), not therapeutical) on RF773.

0251 0252 0258 0259	9 0637
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Effective July 1, 2025, the revenue codes below have been added to the code Q2058 (Obecabtagene Autoleucel, 10 up to 400 million CD19 CAR) on RF773.

0871 0872 0873 0874 0	0891
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			Effective
Code	Description	Revenue Code	Begin Date
J2002	Injection, Lidocaine HCL In 5% Dextrose, 1 mg	0250 - Pharmacy	01/01/2025

STANDARD SERVICE SET (RF724)

Effective for dates listed the following codes have been added to RF724 with (SVC Type H and Entity EPS) and end date of 99/99/9999:

Code	Begin Date	Code	Begin Date	Code	Begin Date
86592	10/01/2024	96160	01/01/2024	G0314	01/01/2024
86593	10/01/2024	96161	01/01/2024	G0315	01/01/2024
86780	10/01/2024	99408	01/01/2024	S3620	01/01/2024
90480	01/01/2024	99409	01/01/2024	T2101	10/01/2024
90622	01/01/2024	G0312	01/01/2024		
96127	01/01/2024	G0313	01/01/2024		