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**ASC Changes**

AHCCCS has updated their system to reflect on the 2026 ASC changes. This includes codes that were **ended** on 12/31/2025 since they are not listed as valid for 1/1/2026 and additions to the ASC tables to match all the new ASC codes effective 1/1/2026

**Code T2033**

Effective March 1, 2025, the modifier TG (Complex/High Tech Lev) with POS 13 (Assisted Living Facility) has been added to code T2033 (Residential Care, Not Otherwise Specified (NOS), Waiver).

**Code Updates**

Effective January 1, 2026, the following codes and information have been added to the Reference Screens.

CPT Codes									
37254	37263	37282	37272	37291	47384	55713	0988T	1005T	1016T
37255	37264	37283	37273	37292	52443	55714	0989T	1006T	1017T
37256	37265	37284	37274	37293	52597	55715	0990T	1007T	1018T
37257	37266	37285	37275	37294	55707	55868	0991T	1008T	1019T
37258	37267	37286	37276	37295	55708	55869	0994T	1009T	1020T
37259	37268	37287	37277	37296	55709	55877	0995T	1011T	1021T
37260	37269	37288	37278	37297	55710	63032	0996T	1013T	1022T
37261	37270	37289	37280	37298	55711	64567	1003T	1014T	1023T
37262	37271	37290	37281	37299	55712	64728	1004T	1015T	1024T

Reference Screens	
Rev. Codes-To-Procedure Codes (RF773)	Rev. Code 0490 - Ambul Surg
Procedure Place of Service (RF115)	Place Of Service 24 -Ambulatory Surgical Center
FFS Valid Procedure Modifiers (RF122) & MCO Valid Procedure Modifiers (RF132)	Modifier SG - Amb Surg Ctr (ASC) FA
Provider Type Rate Schedule (RF618)	Provider Type 43 - Ambulatory Surgical Center

- Effective April 1, 2026, the following reference screens have been added to the codes listed.

Place of Service RF115 24 (Ambulatory Surgical Center)

Provider Type Rate Schedule (RF618) Provider Type 43 (Ambulatory Surgical Center)

Revenue Codes-To-Procedure Codes (RF773) Revenue Code 0490

FFS Valid Procedure Modifiers (RF122) and MCO Valid Procedure Modifiers (RF132) modifier SG

A2040	C8010	J1098	Q4419	Q4435
A2041	C8011	J1164	Q4421	Q4436
A2042	C8012	J1553	Q4422	Q4437
A2043	C8013	J8502	Q4423	Q4438
A2044	C9818	J9183	Q4424	Q4439
A2045	G0681	J9277	Q4425	Q4440
C1743	G0682	J9278	Q4426	Q5162
C8007	G0683	J9601	Q4427	
C8008	G0684	Q0238	Q4428	
C8009	J0463	Q4418	Q4429	

**Correct Coding (RF128)**

- **End date** September 30, 2025, has been applied to the following code pairs for Mod Indicator 0; SRC AHC; and TYP OPH:

99281 and 96360      99282 and 96360      99283 and 96360  
99284 and 96360      99285 and 96360

- For changes related to CPT code 90480 and G0008 refer to Reference Screen RF128.

- Effective January 1, 2026, the following codes have been added to Reference Screen (RF128).

CODE 1	CODE 2	MOD IND	SRC	TYP		CODE 1	CODE 2	MOD IND	SRC	TYP
G0312	90482	0	AHC	PRA		90482	G0312	0	AHC	OPH
G0312	90482	0	AHC	OPH		90483	G0312	0	AHC	PRA
G0313	90482	0	AHC	PRA		90483	G0312	0	AHC	OPH
G0313	90482	0	AHC	OPH		90484	G0312	0	AHC	PRA
G0314	90482	0	AHC	PRA		90484	G0312	0	AHC	OPH
G0314	90482	0	AHC	OPH		90482	G0313	0	AHC	PRA
G0315	90482	0	AHC	PRA		90482	G0313	0	AHC	OPH
G0315	90482	0	AHC	OPH		90483	G0313	0	AHC	PRA
G0312	90483	0	AHC	PRA		90483	G0313	0	AHC	OPH
G0312	90483	0	AHC	OPH		90484	G0313	0	AHC	PRA
G0313	90483	0	AHC	PRA		90484	G0313	0	AHC	OPH
G0313	90483	0	AHC	OPH		90482	G0314	0	AHC	PRA
G0314	90483	0	AHC	PRA		90482	G0314	0	AHC	OPH
G0314	90483	0	AHC	OPH		90483	G0314	0	AHC	PRA
G0315	90483	0	AHC	PRA		90483	G0314	0	AHC	OPH
G0315	90483	0	AHC	OPH		90484	G0314	0	AHC	PRA
G0312	90484	0	AHC	PRA		90484	G0314	0	AHC	OPH
G0312	90484	0	AHC	OPH		90482	G0315	0	AHC	PRA
G0313	90484	0	AHC	PRA		90482	G0315	0	AHC	OPH
G0313	90484	0	AHC	OPH		90483	G0315	0	AHC	PRA
G0314	90484	0	AHC	PRA		90483	G0315	0	AHC	OPH
G0314	90484	0	AHC	OPH		90484	G0315	0	AHC	PRA
G0315	90484	0	AHC	PRA		90484	G0315	0	AHC	OPH
G0315	90484	0	AHC	OPH						
90482	G0312	0	AHC	PRA						

Note: AHC is an AHCCCS edit, and OPH is a facility.

- The AHC Edit for OPH has an **end date** of 09/30/2025 for the following code sets.

99281 96365	99281 96367	99281 96375
99282 96365	99282 96367	99282 96375
99283 96365	99283 96367	99283 96375
99284 96365	99284 96367	99284 96375
99285 96365	99285 96367	99285 96375

**Deleted Codes**

Effective March 31, 2026, the following codes have been **end dated**. Refer to Reference files for further information.

Codes	Description
C9145	Injection, Aprepitant, (Aponvie), 1 mg
C9307	Injection, Linvoseltamab-GCPT, 1 mg
C9308	Injection, Carboplatin (AVYXA), 1 mg
L6000	Partial hand, thumb remaining
L6010	Partial hand, little and/or ring finger remaining
L6020	Partial hand, no finger remaining

**End Date**

- Effective September 30, 2024, the code **90461** (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure) has been end dated with the following items.  
Place of Service (RF115) - 05,06,07,08,11,14,15,17,19,22,49,50,53,56,71,72,99  
Valid OPFS Procedure Modifiers (RF121) - CR,PO,SL,SY,XE,XP,XS,XU,33,52,59,76,77  
FFS Valid Procedure Modifiers (RF122) and MCO Valid Procedure Modifiers (RF132) - AQ,AR,CR,GC,PO,SL,SY,XE,XP,XS,XU,33,52,59,76,77,99
- The following information has been end dated for codes listed.

**K0400** (Adhesive skin support attachment for use with external breast prosthesis, each):

Place of Service 12,31,32,33,34,61,62  
 Procedure Prior Authorization (RF124) 3  
 Medical Categories of Service (RF769) 15  
 Provider Type Rate Schedule (RF618) 08,18,19,31, CN, IC  
 Valid OPFS Procedure Modifiers (RF121) CR, XE, XP,XS,XU,52,59,73,74,76,77,78,79  
 FFS Valid Procedure Modifiers (RF122) & MCO Valid Procedure Modifiers (RF132)  
 BP,BR,BU,CR,GC,GK,GZ,KB,KH,KI,KJ,KR,KX,MS,NR,NU,Q5,Q6,RA,RB,TN,TW,UE,XE,XP,XS,XU,22,52,59

**Q0036** (Oxygen Concentrator, High Humidity)

Place of Service 12,31,32,33,  
 Procedure Prior Authorization (RF124) 3  
 Medical Categories of Service (RF769) 15  
 Valid OPFS Procedure Modifiers (RF121) CR,52,76,77  
 FFS Valid Procedure Modifiers (RF122) & MCO Valid Procedure Modifiers (RF132) CR,NR,NU,Q6,22,52,76,77

**Q0116** (HGB SNGL Analyte Provide Direct Measure & Read)

Place of Service 05,07,11,12,20,49,50,52,53,54,55,56,71,72,81,99  
 Procedure Prior Authorization (RF124) 4  
 Medical Categories of Service (RF769) 12  
 Valid OPFS Procedure Modifiers (RF121) CR,  
 FFS Valid Procedure Modifiers (RF122) & MCO Valid Procedure Modifiers

**ICD-10 Procedure Class Code (RF145)**

- Effective April 1, 2026, the following ICD-10 codes have been added to the Reference Screen RF145 with an End Date of 99/99/9999.

Code	Description
OTX	Urinary System, Transfer
X9H	New Technology, Ear, Nose, Sinus, Insertion
XU7	New Technology, Female Reproductive System, Dilation

**ICD-10 Procedure Code (RF161)**

- The description has been changed for the following code on RF161 with no date changes.  
**X2H03BB** - Insertion of Volume Sensor Management Device into Inferior Vena Cava, Percutaneous Approach, New Technology Group 1
- Effective April 1, 2026, the new ICD-10 codes have been added to the Reference Screens for detailed information referring to the Reference Files.

Codes								
02HM3JZ	0F9480E	0F9980E	0TXB0Z6	4A0FXEJ	F08E5DZ	F08P5EZ	X9H	XW0534B
02HM3KZ	0F9580D	0F9C80D	0TXB0Z7	5A0221E	F08E5EZ	F08P5FZ	X9HD01B	XW0632B
02HM3MZ	0F9580E	0F9C80E	0TXB4Z6	F07DYD0	F08E5FZ	F08P5UZ	X9HE01B	XW0E33B
02HM3NZ	0F9680D	0F9D80D	0TXB4Z7	F07EYD0	F08E5UZ	F08P5YZ	X9HF01B	
02HM3YZ	0F9680E	0F9D80E	0VT00ZE	F07FYD0	F08E5YZ	F08P5ZZ	XU7	
0DDU0ZZ	0F9780D	0F9F80D	0VT04ZE	F07GYD0	F08E5ZZ	X2723CB	XU7G71B	
0DDU4ZZ	0F9780E	0F9F80E	0VT07ZE	F07HYD0	F08P5AZ	X2HM3GB	XW0330B	
0DDV0ZZ	0F9880D	0F9G80D	0VT08ZE	F08E5AZ	F08P5BZ	X2HV3GB	XW0331B	
0DDV4ZZ	0F9880E	0F9G80E	3E033AZ	F08E5BZ	F08P5CZ	X2K00FB	XW0430B	
0F9480D	0F9980D	0TX	3E043AZ	F08E5CZ	F08P5DZ	X2KG0FB	XW0431B	

**ICD-10 Procedure AHCCCS Coverage (RF163)**

Effective April 1, 2026, the Coverage Code 04 (Not Covered Service/Code Not Available) will apply to the following codes.

30233AZ - Transfuse of Embr Stem Cell into Periph Vein, 30243AZ - Transfuse of Embr Stem Cell into Central Vein,

**Modifiers**

**FFS Valid Procedure Modifiers (RF122) and MCO Valid Procedure Modifiers (RF132)**

Code	Description	Modifier	Effective Begin Date
32555	Aspiration Of Fluid from Chest Cavity Using Imaging Guidance	53 - Discontinued Procedure	1/1/2026
61715	MRI Guided High Intensity Focused Ultrasound	TC - Technical Component	4/1/2025
61715	MRI Guided High Intensity Focused Ultrasound	26 - Professional Component	4/1/2025
64644	Injection Of Chemical for Paralysis of Nerve Muscles on Arm or Leg, 5 or more muscles, first extremity	GC - Teaching Physician Services	10/1/2025
64645	Injection Of Chemical for Paralysis of Nerve Muscles on Arm or Leg, 5 or more muscles, each additional extremity	GC - Teaching Physician Services	10/1/2025
73070	X-Ray Of Elbow, 2 Views	50 - Bilateral Procedure (Pay 50%)	6/1/2025
73100	X-Ray Of Wrist, 2 Views	50 - Bilateral Procedure (Pay 50%)	6/1/2025
73110	X-Ray Of Wrist, Minimum Of 3 Views	50 - Bilateral Procedure (Pay 50%)	10/1/2025
73120	X-Ray Of Hand, 2 Views	50 - Bilateral Procedure (Pay 50%)	6/1/2025
73130	X-Ray Of Hand, Minimum Of 3 Views	50 - Bilateral Procedure (Pay 50%)	10/1/2025
76514	Ultrasound Scan of Cornea to Determine Thickness	51 - Multiple Procedures	4/1/2025
76514	Ultrasound Scan of Cornea to Determine Thickness	51 - Multiple Procedures	4/1/2025
99601	Hit In Infusion Site	SS - Hit in Infusion Site	9/1/2025
99602	Home Infusion or Specialty Drug Administration, Per Visit	SS - Hit in Infusion Site	9/1/2025
1111F	Discharge Medications Reconciled with The Current Medication List in Outpatient Medical Record (COA) (GER)	GC - Teaching Physician Services	10/1/2025
1126F	Pain Severity Quantified; No Pain Present (COA) (ONC)	GC - Teaching Physician Services	10/1/2025
1159F	Medication List Documented in Medical Record (COA)	GC - Teaching Physician Services	10/1/2025
1160F	Review Of All Medications by a Prescribing Practitioner or Clinic	GC - Teaching Physician Services	10/1/2025
3008F	Body Mass Index (BMI), Documented (PV)	EP - EPSDT SVS/Amb Trip ECF To Phys Off	10/1/2025

Code	Description	Modifier	Effective Begin Date
3044F	Most Recent Hemoglobin A1c (HBA1C) Level Less Than 7.0% (DM)	GC - Teaching Physician Services	10/1/2025
3061F	Negative Microalbuminuria Test Result Documented and Reviewed (DM)	GC - Teaching Physician Services	10/1/2025
3074F	Most Recent Systolic Blood Pressure Less Than 130 mm Hg (DM), (HTN, CKD CAD)	GC - Teaching Physician Services	10/1/2025
3075F	Most Recent Systolic Blood Pressure 130 - 139 Mm Hg (DM)	GC - Teaching Physician Services	10/1/2025
3077F	Most Recent Systolic Blood Pressure Greater Than or Equal To 140 mm HG (HTN, CKD, CAD) (DM)	GC - Teaching Physician Services	10/1/2025
3078F	Most Recent Diastolic Blood Pressure Less Than 80 mm HG (HTN, CKD, CAD) (DM)	GC - Teaching Physician Services	10/1/2025
3079F	Most Recent Diastolic Blood Pressure 80-89 mm HG (HTN, CKD, CAD) (DM)	GC - Teaching Physician Services	10/1/2025
3080F	Most Recent Diastolic Blood Pressure Greater Than or Equal To 90 mm HG (HTN, CKD, CAD) (DM)	GC - Teaching Physician Services	10/1/2025
J2785	Injection, Regadenoson, 0.1 mg	JZ - Zero Drug Amount Discarded/Not Administered	7/1/2025
J9026	Injection, Tarlatamab-DLLE, 1 mg	JZ - Zero Drug Amount Discarded/Not Administered	10/1/2025
Q5101	Injection, Filgrastim-Sndz, Biosimilar, (ZARXIO), 1 microgram	JZ - Zero Drug Amount Discarded/Not Administered	10/1/2025
Q9966	Low Osmolar Contrast Material, 200-299 mg/ml Iodine Concentration, Per ml	JZ - Zero Drug Amount Discarded/Not Administered	10/1/2025
T2033*	Residential Care, Not Otherwise Specified (NOS), waiver; per diem	TF - Intermediate Level of Care	10/1/2025

**Note:** T2033 has POS 13 listed on RF122/RF132

- **Note:** 76512 (2D Ultrasound Scan of Eye Tissue and Structures) modifier 50 has an **end date of 99/99/9999**.

- Effective January 1, 2026, the following modifiers GN, GO, GP have been added to the following codes:

98984 Device Supply for Data Access or Data Transmissions to Support Monitoring of Respiratory System, 2-15 days in a 30-day period

98985 Device Supply for Data Access or Data Transmissions to Support Monitoring of Musculoskeletal System, 2-15 days in a 30-day period

98979 Remote Therapeutic Monitoring Treatment Management Services by Physician or Other Qualified Health Care Professional, first 10 minutes per calendar month

GN - AMB HSP 2SNF/OP Speech Lang POFC

GO - OP Occupational Therapy Service

GP - SVS Delivered Under OP Phys Therapy

- Effective April 1, 2026, the modifiers JW (Drug Amt Discarded/Not A) and JZ (Zero Drug Amount Discard) have been added to the following codes on RF121, RF122, and RF132.

Code	Description	Code	Description
C9309	Injection, Onasemnogene Abeparvovec-Brve, per treatment	J1553	Injection, Immune Globulin (Yimmugo), 100 mg
J3404	Injection, Zopapogene Imadenovec-DRBA Suspension	J9183	Gemcitabine Intravesical System, 225 mg
J9277	Injection, Pembrolizumab, 1 mg and Berahyaluronidase	J9278	Injection, Carboplatin (AVYXA), 1 mg
J9601	Injection, Livoseltamab-GCPT, 1 mg	Q5162	Injection, Denosumab-NXXP (Bildyos/Bilprevda), Biosimil

**FFS Valid Procedure Modifiers (RF122) and MCO Valid Procedure Modifiers (RF132)**

Code	Description	Modifier	Effective Begin Date	End Date
77387	Imaging Guidance for Localization of Radiation Treatment	22 - Increased Procedural	01/01/2015	
90833	Psychotherapy With Evaluation and Management Visit, 30 minutes	HN - Bach Deg Level/Amb Hs		06/14/2024
90833	Psychotherapy With Evaluation and Management Visit, 30 minutes	HO - Master's Degree Level		06/14/2024
90833	Psychotherapy With Evaluation and Management Visit, 30 minutes	HQ - Group Setting		06/14/2024
90833	Psychotherapy With Evaluation and Management Visit, 30 minutes	PD - Dr Ofc to Dx/Tx Site/		06/14/2024
C8008	Revision Or Replacement of Hypoglossal Nerve Neurotome	CR - Catastrophe/Disaster	01/01/2026	

- The end date for modifier 50 (Bilateral Procedure (Pay 50%)) has been changed from 12/31/2024 to 99/99/9999 for the codes below on RF122 and RF132.

70030	73040	73201	73525	73610	73718	76511
70120	73080	73202	73552	73615	73719	76513
70130	73085	73218	73560	73620	73720	76529
70190	73090	73219	73564	73650	73721	92230
70332	73092	73220	73580	73660	73722	95866
73000	73115	73221	73590	73700	73723	95885
73010	73140	73222	73592	73702	73725	95886
73020	73200	73223	73600	73706	76510	95887

**Valid OPFS Procedure Modifiers (RF121)**

Code	Description	Modifier	Effective Begin Date
51720	Instillation Of Anti-Cancer Drug into Bladder	Q1 - Routine Clin Research/Cert	04/01/2025
81268	Chimerism Analysis Post Transplantation, with cell selection	59 - Distinct Procedural Service	04/01/2025
J1756	Injection, Iron Sucrose, 1 mg	JW - Drug Amt Discarded/Not A	04/01/2025
J1756	Injection, Iron Sucrose, 1 mg	JZ - Zero Drug Amount Discard	04/01/2025

- Effective April 1, 2026, the following modifiers have been end dated on Reference Screen RF121 for the codes A0425 (Ground Mileage, Per Statute Mile) and A0426 (Ambulance Service, Advanced Life Support, Non-Emergency).

76 - Repeat Procedure by Same MD	78 - Return To O.R. For Related Proc Post-Op	91 - REP. Lab Test/Non-Emg. 911
77 - Repeat Procedure/Another Physician	79 - Unrelated Proc/Svc, Same MD Post-OP	

- The Modifiers JW (Drug Amt Discarded/Not Available) and JZ (- Zero Drug Amount Discard) have had the end dates changed to 99/99/9999 for code J9395 (Injection, Fulvestrant, 25 mg).
- Effective March 31, 2026, the modifiers listed have been end dated on RF121.

Code	Definition	Modifiers	
A9521	Techneium TC-99m Exametazime, Diagnostic, Per Study Dose, Up To 25 millicuries	JW	JZ
C9482	Injection, Sotalol Hydrochloride, 1 mg	JW	
J0716	Injection, Centruroides Immune F(AB)2, Up To 120 milligrams	JW	JZ
J0720	Injection, Chloramphenicol Sodium Succinate, Up To 1 gm	JW	JZ
J0841	Injection, Crotalidae Immune F(Ab')2 (Equine), 120 mg	JW	JZ
J2062	Loxapine For Inhalation, 1 mg	JW	JZ
J2403	Chloroprocaine Hcl Ophthalmic, 3% Gel, 1 mg	JW	JZ
J8670	Rolapitant, Oral, 1 mg	JW	JZ
J9202	Goserelin Acetate Implant, Per 3.6 mg	JW	JZ
J9323	Injection, Pemetrexed Ditromethamine, 10 mg	JW	JZ
J9600	Injection, Porfimer Sodium, 75 mg	JW	JZ

- The modifier TB (Drug or Biological Acqui) end date has been changed to 99/99/9999 for code J0585 (Injection, Onabotulinumtoxina, 1 unit) on RF121.
- Effective December 31, 2025, the following modifier 95 (Synchronous Telemedicine Service Rendered) has been **end dated** on RF121.

Code	Description
99231	Subsequent Hospital Care with Straightforward or low level of medical decision making, per day, if using time, at least 25 minutes
99232	Subsequent hospital inpatient or observation care with moderate level of medical decision making, if using time, 35 minutes or more
99233	Subsequent hospital inpatient or observation care with high level of medical decision making, if using time, 50 minutes or more
99242	Office or other outpatient consultation with straightforward medical decision making, if using total time, 20 minutes or more
99243	Office or other outpatient consultation with low level of medical decision making, if using time, 30 minutes or more
99244	Office or other outpatient consultation with moderate level of medical decision making, if using time, 40 minutes or more
99252	Inpatient or observation consultation with straightforward medical decision making, if using time, 35 minutes or more
99253	Inpatient or observation consultation with low level of medical decision making, if using total time, 45 minutes or more
99254	Inpatient or observation consultation with moderate level of medical decision making, if using time, 60 minutes or more
99255	Inpatient or observation consultation with high level of medical decision making, if using time, 80 minutes or more

- Effective December 31, 2025, the following modifier GQ - VUA Asynchronous Telecommunications System has been **ended** on RF121.

**99205** - New Patient Office or Other Outpatient Visit with a High Level of Medical Decision Making, If Using Time, 60 Minutes or More

**99245** - Office or other outpatient consultation with high level of medical decision making, if using time, 55 minutes or more

- Effective December 31, 2025, the following modifier GT - Telemedicine - Via Interactive Audio/Video has been **ended** on RF121.

**99211** - Office or Other Outpatient Visit for the Evaluation and Management of Established Patient that may not require presence of healthcare professional

- Effective December 31, 2025, the following modifier GQ - VUA Asynchronous Telecommunications System has been **ended** on RF121.

**99205** - New Patient Office or Other Outpatient Visit with a High Level of Medical Decision Making, If Using Time, 60 Minutes or More

**99245** - Office or other outpatient consultation with high level of medical decision making, if using time, 55 minutes or more

- Effective December 31, 2025, the following modifier GT - Telemedicine - Via Interactive Audio/Video has been **ended** on RF121.

**99211** - Office or Other Outpatient Visit for the Evaluation and Management of Established Patient that may not require presence of healthcare professional

**Place of Service (RF115)**

Code	Description	Place of Service	Effective Begin Date
87070	Bacterial Culture, Any Other Source Except Urine, Blood or Stool, Aerobic	11 – Office	10/1/2025
87102	Fungal Culture (Mold or Yeast)	11 – Office	10/1/2025
87205	Special Gram or Giemsa Stain for Microorganism	11 - Office	10/1/2025
87428	Detection Test by Immunoassay Technique for Severe Acute Respiratory Syndrome Coronavirus and Influenza	20 - Urgent Care Facility	3/1/2026
92228	Imaging of Retina with Remote Review by Physician	21 - Inpatient Hospital	7/1/2025
J0349	Injection, Rezafungin, 1 mg	12 – Home	1/1/2026
J0490	Injection, Belimumab, 10 mg	12 - Home	7/1/2025
J2802	Injection, Romiplostim, 1 microgram	12 – Home	10/1/2025
Q5100	Injection, Ustekinumab-KFCE (Yesintek), Biosimilar, 1 mg	12 - Home	1/1/2026
Q5133	Injection, Tocilizumab-Bavi (Tofidence), Biosimilar, 1 mg	11 – Office	9/1/2025

- Effective January 1, 2026, the POS 11 (Office) has been added to the following codes on RF115.

37254	37259	37264	37269	37274	37279
37255	37260	37265	37270	37275	37280
37256	37261	37266	37271	37276	37281
37257	37262	37267	37272	37277	37282
37258	37263	37268	37273	37278	37283

**Procedure Codes**

**Procedure Codes and Descriptions RF110**

The following code descriptions have been changed only on RF110 (Procedure Codes and Descriptions).

Code	Description
A2014	Omeza Collagen Matrix or Omeza Complete Matrix, per 100 mg
A2037	G4derm Plus/Suprello, Per Milliliter
C9814	Continuous Anesthesia Echogenic Conduction Catheter Set (e.g. Sonolong, E-Cath), including all components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)
G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to home or residence or office/outpatient evaluation and management service, new or established)
J0174	Lecanemab-IRMB, for intravenous injection, 1 mg

**Procedure AHCCCS Coverage (RF123)**

Code	Description	Coverage Code	Effective Begin Date
A4575	Topical Hyperbaric Oxygen Chamber, Disposable	09 - Medicare Only	05/01/2024
C7561	Debridement, Bone (Includes Epidermis, Dermis,)	04 - Not Covered Service/Code Not Available	01/01/2024
J9304	Injection, Pemetrexed (PEMFEXY), 10 mg pending FDA	09 - Medicare Only	01/01/2024
K0400	Continuous Positive Airway Pressure (CPAP) Device Bundle	04 - Not Covered Service/Code Not Available	01/01/2000
L6000	Partial Hand, Thumb Remaining	04 - Not Covered Service/Code Not Available	04/01/2026
Q0036	Oxygen Concentrator, High Humidity	04 - Not Covered Service/Code Not Available	01/01/2001
Q0116	Hemoglobin By Single Analyte Instruments with Self-Conta	04 - Not Covered Service/Code Not Available	01/01/1997

**Procedure Code Indicators and Values (RF113/127)**

Code	Description	Procedure Daily Maximum	Limit 1	Frequency 1
90867	Treatment Using Magnetic Field to Stimulate Nerve Cell	000001	1	6 W
A6520	Gradient Compression Garment, glove, padded, for nighttime use, each	000004	4	2 Y
A6521	Gradient Compression Garment, Glove, padded, for nighttime use, custom, each	000004	4	2 Y
A6522	Gradient Compression Garment, Arm, padded, for nighttime use, each	000004	4	2 Y
A6523	Gradient Compression Garment, arm, padded, for nighttime use, custom	000004	4	2 Y
A6524	Gradient Compression Garment, lower leg and foot, padded, for night	000004	4	2 Y
A6525	Gradient Compression Garment, lower leg and foot, padded, for night	000004	4	2 Y
A6526	Gradient Compression Garment, full leg and foot, padded, for night	000004	4	2 Y
A6527	Gradient Compression Garment, full leg and foot, padded, for night	000004	4	2 Y
B4105	In-Line Cartridge Containing Digestive Enzyme(s) for enteral feeding, each	000006	6	1 D
J0490	Injection, Belimumab, 10 mg	000160	320	2 W
J0584	Injection, BUROSUMAB-TWZA 1 mg	000090	90	14 D
J0775	Injection, Collagenase, Clostridium Histolyticum, 0.01 mg	000180	180	4 W
J1559	Injection, Immune Globulin (Hizentra), 100 mg	000200	200	1 W
J2357	Injection, Omalizumab, 5 mg	000120	120	10 D
J7214	Injection, Factor VIII/Von Willebrand Factor Complex	009600		
Q5121	Injection, Infliximab-AXXQ, Biosimilar, (AVSOLA), 10 mg	000150		

**Procedure Prior Authorization (RF124)**

Code	Description	Procedure Prior Authorization	Effective Begin Date
49424	Injection Of Contrast Through Abdominal Cavity Tube for X-Ray Study	4 - PA Not Required for Acute or LTC	01/01/2026
D9244	In-Office Administration of Minimal Sedation - single drug - enteral	04 - PA Not Required for Acute or LTC	01/01/2026
D9245	Administration Of Moderate Sedation - Enteral	04 - PA Not Required for Acute or LTC	01/01/2026
D9246	Administration Of Moderate Sedation - Non-Intravenous Parenteral - first 15-minute increment, or any portion thereof	04 - PA Not Required for Acute or LTC	01/01/2026

Note: Changed PA on RF124 for **FFS only** and the same dental codes will require PA for our MCO plans. <https://www.azahcccs.gov/Resources/Downloads/Contractor/AHCCCSUniformPriorAuthorizationListofDental...>

**Provider Type Rate Schedule (RF618)**

Code	Description	Provider Type	Effective Begin Date
62272	Removal Of Cerebrospinal Fluid with Lower Back Spinal Tap	19 - Registered Nurse Practitioner	10/1/2025
90937	Hemodialysis Procedure Requiring Repeated Evaluation	19 - Registered Nurse Practitioner	10/1/2025
98979*	Remote Therapeutic Monitoring Treatment Management Services by Physician or Other Qualified Health Care Professional, first 10 minutes per calendar month	15 - Speech/Hearing Therapist	1/1/2026
98984*	Device Supply for Data Access or Data Transmissions to Support Monitoring of Respiratory System, 2-15 days in a 30-day period	13 - Occupational Therapist	1/1/2026
98985*	Device Supply for Data Access or Data Transmissions to Support Monitoring of Musculoskeletal System, 2-15 days in a 30-day period	14 - Physical Therapist	1/1/2026
J2865	Injection, Sulfamethoxazole 5 mg and Trimethoprim 1 mg	03 - Pharmacy	12/1/2025

Note\* - these codes can be reported by all 3 therapists.

- Effective January 1, 2026, the codes listed below have been added to the provider types: 13 (Occupational Therapist), 14 (Physical Therapist), 15 (Speech/Hearing Therapist)

98979 Remote Therapeutic Monitoring Treatment Management Services by Physician or other qualified health care professional, first 10 minutes per calendar month

98984 Device supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period

98985 Device supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period

**Rev. Codes-To-Procedure Codes (RF773)**

- Effective January 1, 2025, the following Rev. codes have been added for the codes listed below.

Rev. Code	Code	Rev. Code	Code	Rev. Code	Code	Rev. Code	Code
0361	15017	0510	96041	0513	G0556	0515	G0557
0450	15017	0519	96041	0514	G0556	0517	G0557
0510	15017	0761	96041	0515	G0556	0519	G0557
0516	15017	0780	96041	0517	G0556	0520	G0557
0517	15017	0942	96041	0519	G0556	0521	G0557
0519	15017	0272	C9806	0520	G0556	0450	G0558
0520	15017	0272	C9807	0521	G0556	0456	G0558
0761	15017	0272	C9808	0510	G0557	0459	G0558
0360	49190	0278	C9809	0512	G0557	0960	G0558
0761	60660	0510	G0556	0513	G0557	0969	G0558
0761	60661	0512	G0556	0514	G0557	0250	Q0155

- Effective December 31, 2025, the following Rev. codes have been **end dated** for the codes listed.

Rev. Code	Code	Rev. Code	Code	Rev. Code	Code
0490	0946T	0490	60661	0949	96041
0362	38228	0402	93897	0960	G0556
0490	60660	0402	93898	0960	G0557

- The end date of 99/99/9999 has been applied on RF773 for the code 38228 (Administration of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (CAR-T) Therapy)) for revenue code 0874 (Reserved for Assign).
- Effective January 1, 2026, the revenue code 0274 (Prosth/Orth Dev) has been added to Q0506 (Battery, Lithium-Ion, For Use with Electric or Electric/Pneumatic Ventricula Assist Device, replacement only).

- Effective for the dates listed the following Revenue Codes have been added.

Code	Description	Revenue Code	Effective Begin Date
A9573	Injection, Gadopiclenol 1 ml	0255 - Drugs/Incident RAD	01/01/2025
A9573	Injection, Gadopiclenol 1 ml	0250 - Pharmacy	01/01/2025
A9612	Injection, Fluorescein, 1 mg	0250 - Pharmacy	01/01/2025
J0139	Injection, Adalimumab, 1 mg	0250 - Pharmacy	01/01/2025
J1171	Injection,Hydromorphone, 0.1 mg	0250 - Pharmacy	01/01/2025
J1749	Injection, Iloprost, 0.1 mcg	0250 - Pharmacy	01/01/2025
J2004	Injection, Lidocaine HCL with Epinephrine, 1 mg	0250 - Pharmacy	10/01/2025
J7318	Hyaluronan or Derivative, Durolane, For Intra-Articular Injection, 1 mg	0250 - Pharmacy	10/01/2025
J7322	Hyaluronan or Derivative, Hymovis or Hymovis One, For Intra-Articular Injection, 1 mg	0250 - Pharmacy	10/01/2025
J7328	Hyaluronan or Derivative, Gelsyn-3, For Intra-Articular Injection, 0.1 mg	0250 - Pharmacy	10/01/2025
20560	Insertion Of Needle, 1-2 Muscles	0420 - Physical Therapy	10/01/2025
32557	Drainage Of Fluid from Chest Cavity with Insertion of Indwelling Tube Using Imaging	0450 - Emergency Room	10/01/2025
78808	Injection Of Radioactive Contrast into a vein for non-imaging gamma probe	0341 - NUC Med/DX	01/01/2025
99203	New Patient Office or Other Outpatient Visit with Low Level of Medical Decision Making, If Using Time, 30 minutes or more	0761 - Treatment Room	01/01/2025
99203	New patient office or other outpatient visit with low level of medical decision making, if using time, 30 minutes or more	0960 – Pro Fee	01/01/2025
99204	New patient office or other outpatient visit with moderate level of medical decision making, if using time, 45 minutes or more	0761 - Treatment Room	01/01/2025
99204	New patient office or other outpatient visit with moderate level of medical decision making, if using time, 45 minutes or more	0960 – Pro Fee	01/01/2025
99205	New patient office or other outpatient visit with a high level of medical decision making, if using time, 60 minutes or more	0761 - Treatment Room	01/01/2025
99205	New patient office or other outpatient visit with a high level of medical decision making, if using time, 60 minutes or more	0960 – Pro Fee	01/01/2025