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Age Change

- The age for ICD-10 code GZB2ZZZ (Electroconvulsive Therapy, Bilateral-Single) on RF161 has been changed to minimum 000 Y and Maximum 999 Y.
- The minimum age 000Y and Maximum age 125Y have been assigned to the CPT code 93584 (Review by Radiologist of Vein Imaging for Congenital Heart Defect of Superior Vena Cava) on RF113/RF127.

Code

The HCPCS code J9220 (Lomustine, Cyclohexyl, Chlorethyl Nitrosourea,) has been **dated** as of April 30, 2025.

• **T1017**

Effective April 30, 2025, the HCPCS code T1017 (Targeted Case Management, each 15 Minutes) has **end date** the following screens:

- RF115 -Place of Service 99 (Other Unlisted Facility)
- RF121 - Modifier CR (Catastrophe/Disaster Related)
- RF122/132Modifiers CR (Catastrophe/Disaster Related), and Q6 (FEE/TIME COMP SUBST MD OR PT)
- RF123 – 04 - PA NOT REQ'D FOR ACUTE OR LTC
- RF618 – Provider Types

02 - Hospital	05 – Clinic	29 - Community/Rural Health Center	46 - Independent RN
C2 - Federally Qualified Health Center (FQHC)	C4 - Speciality Per Diem Hospitals	C5 - 638 FQHC	ED - Freestanding ED

- RF769 Category of Service 01 – Medicine
- RF773 - 0969 - Other Pro

Code Changes

- The following codes have been changed to the Reference files. Refer to the Reference Screens, RF123, RF115, RF124, RF729, RF769, RF606, RF618, RF121, 122, 132, 773.

Code				
A9155	J9037	M0241	Q0222	S0017
G0564	J9247	M0243	Q0240	S0028
G0565	L8010	M0244	Q0243	S0032
J1094	M0220	M0245	Q0244	S0039
J1300	M0221	M0246	Q0245	S4988
J1810	M0222	M0247	Q0247	
J1890	M0223	Q0220	Q4231	
J1940	M0240	Q0221	Q5139	

Coverage Code (RF123)

Code	Description	Coverage Code	Effective Begin Date	End Date of 01 coverage
J9015	Injection, Aldesleukin, Per Single Use Vial	04 - Not Covered Service/ Code Not Available	02/01/2025	
J9353	Injection, Margetuximab-CMKB, 5 mg	04 - Not Covered Service/ Code Not Available	04/01/2022	03/31/2025
J1201	Injection, Cetirizine Hydrochloride, 0.5 mg	04 - Not Covered Service/ Code Not Available	01/01/2022	
J8670	Rolapitant, Oral, 1 mg	04 - Not Covered Service/ Code Not Available	01/01/2022	
J2278	Injection, Ziconotide, 1 microgram	04 - Not Covered Service/ Code Not Available	01/01/2022	
Q5112	Injection, Trastuzumab-DTTB, Biosimilar, (Ontruzant), 10 mg	01 - Covered Service/Code Available	07/01/2019	

Modifiers

- Effective March 31, 2025, the AHCCCS Coverage Code on RF123 01 (Covered Service/Code Available) has been **end dated**. Coverage code 04 (Not Covered Service/Code Not Available) was **added** with an effective date of April 1, 2025.

90649	J1050	J9020
90653	J2355	Q0181
90673	J3530	Q0184
90733	J3591	Q4082
90749	J7199	Q4100
A4641	J7599	Q9954
A9699	J7799	
J0799	J8999	

- On RF123 (Procedure AHCCCS Coverage) the coverage code 01 (Covered Service/Code Available) is applicable for the following HCPCS codes: J3490 J3590 J7699 J8499 J9999
- Effective for June 1, 2025, for Reference Screen RF124 the codes J7699 J8499 J9999 now have coverage code 03 (PA REQ'D For Both Acute And LTC).
- Effective January 1, 2025, modifier 81 (Minimum Assistant Surgeon) has been added to the codes on RF122/RF132.

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

- Effective March 1, 2025, modifier 80 (Assistant Surgeon) has been added to the codes listed on RF122/132.

0483T	0569T	0657T	0719T
0494T	0570T	0668T	0735T
0544T	0646T	0669T	0790T
0545T	0656T	0670T	0810T

- Effective for dates listed the following modifiers

Codes	Added RF121 01/01/2025	Added RF122/132 01/01/2025	End date RF122/132 03/31/2025
22510	PN	58	AS,GY,GZ,PO,80,81,82
22511	PN	58	GY,GZ,PO,80,81,82
22512	PN	58	AS,GY,GZ,PO,22,80,81,82
22513	PN	58	AS,GY,GZ,PO,80,81,82
22514	PN	58	AS,GY,GZ,PO,80,81,82
22515	PN	58	AS,GY,GZ,PO,22,80,81,82

Codes	Added RF121 1/1/2025	End date RF122/132 3/31/2025	Codes	Added RF121 1/1/2025	End date RF122/132 3/31/2025
A4635	GA,NU,NR,PN,RA,RB,UE	PO,TW	E0112	GA,NR,NU,PN,RA,RB,RR,UE	LL,PO,TW
A4636	GA,NU,NR,PN,RA,RB,RR,UE	PO,TW	E0113	GA,NR,NU,PN,RA,RB,RR,UE	LL,PO,TW
A4637	GA,NU,NR,PN,RA,RB,UE	PO,TW	E0114	GA,NR,NU,PN,RA,RB,RR,UE	LL,PO,TW
E0100	GA,NR,NU,PN,RA,RB,RR,UE	LL,PO,TW	E0116	GA,NR,NU,PN,RA,RB,RR,UE	LL,PO,TW
E0105	GA,NR,NU,PN,RA,RB,RR,UE	LL,PO,TW	E0117	GA,NR,NU,PN,RA,RB,RR,UE	LL,PO,TW
E0110	GA,NR,NU,PN,RA,RB,RR,UE	LL,PO,TW		59,XE,XP,XS.XU	
E0111	GA,NR,NU,PN,RA,RB,RR,UE	LL,PO,TW	E0153	GA,NR,NU,PN,RA,RB,RR,UE	LL,PO,TW

Modifiers (RF121)

Code	Description	Modifier	Effective Begin Date	End Date
90623	Meningococcal Conjugate Vaccine Serogroups A, C, W, Y, B-FHBP, Pentavalent, Tetanus Toxoid Carrier	SL - State Supplied Vaccine	09/01/2024	
J0717	Injection, Certolizumab Pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	JG - Drug or Biological Acquired		12/31/2024
J0717	Injection, Certolizumab Pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	TB - Drug or Biological Acquired	01/01/2024	99/99/9999

- Modifier JG (Drug or Biological Acquired With 340B DR) has an end date of 12/31/24 on RF114.
- Effective January 1, 2025, modifiers PN (Non-Excepted Service Provided at an Off-) and 79 (Unrelated Proc/Svc, Same Md Post-OP) have been added on RF122/132 for the codes listed.

90867	Treatment Using Magnetic Field to Stimulate Nerve Cells in Brain, Initial Delivery and Management
90868	Treatment Using Magnetic Field to Stimulate Nerve Cells in Brain, Subsequent Delivery and Management
90869	Treatment Using Magnetic Field to Stimulate Nerve Cells in Brain, Subsequent Motor Threshold Redetermination with Delivery and Management

- Effective January 1, 2025, the modifier PN (Non-Excepted Service Pro) and PO (Services, Procedures and) have been added for the following codes on RF121.

Codes	Modifier	Codes	Modifier	Codes	Modifier	Codes	Modifier
43644	PN, PO	43771	PN, PO	43775	PN, PO	43848	PN, PO
43645	PN, PO	43772	PN, PO	43845	PN, PO	43886	PN
43659	PN,	43773	PN, PO	43846	PN, PO	43887	PN
43770	PN,	43774	PN	43847	PN, PO	43888	PN

- Effective March 31, 2025, the following modifiers have been end dated on RF122/RF132.

Codes	Modifier	Codes	Modifier	Codes	Modifier	Codes	Modifier
43644	GJ, GR, GY, GZ, 62	43771	GJ, GR, GY, GZ, 62	43775	GY, GZ, 62	43848	GJ, GR, GY, GZ, 62
43645	GJ, GR, GY, GZ, 62	43772	GJ, GR, GY, GZ, 62	43845	GJ, GR, GY, GZ, 62	43886	GJ, GR, GY, GZ, PO, 62
43659	PO, 62, 66	43773	GJ, GR, GY, GZ, 62	43846	GJ, GR, GY, GZ, 62	43887	GJ, GR, GY, GZ, PO, 62
43770	GJ GR, GY, GZ, PO, 62	43774	GJ, GR, GY, GZ, PO, 62	43847	GJ, GR, GY, GZ, 62	43888	GJ, GR, GY, GZ, PO, 62

- Effective January 1, 2025, the modifiers listed have been added to the codes below.

ER (RES-DOM FAC-RES/ITMS-SVS PRVBSD OFFCMPED)

PN (NON-EXCEPTED SERVICE PROVIDED AT AN OFF-) listed.

- Effective February 28, 2025, modifier PO (Services, Procedures and/or Surgeries PR) has been **end dated**.

Modifiers				
		RF121		RF122/ RF132
Code	Description	ER	PN	PO
72192	CT scan of Pelvis without Contrast	X	X	X
72193	CT scan of Pelvis with Contrast	X	X	X
72194	CT scan of Pelvis before and after Contrast	X	X	X
74150	CT scan of Abdomen Without Contrast	X		X
74160	CT scan of Abdomen with Contrast	X		X
74170	CT scan of Abdomen before and after Contrast	X		X
74176	CT scan of Abdomen and Pelvis without Contrast	X		X
74177	CT scan of Abdomen and Pelvis with Contrast	X		X
74178	CT scan of Abdomen and pelvis before and after contrast	X	X	X

Modifier (RF121)

Effective October 1, 2024, the CPT code 64912 (Repair of Nerve Using Nerve Graft, First Strand) had modifiers added:

FA - Left Hand, Thumb	F1 - Left Hand, Second Digit
F2 - Left Hand, Third Digit	F3 - Left Hand, Fourth Digit
F4 - Left Hand, Fifth Digit	F5 - Right Hand, Thumb
F6 - Right Hand, Second Digit	F7 - Right Hand, Third Digit
F8 - Right Hand, Fourth Digit	F9 - Right Hand, Fifth Digit

- The following codes updates
- Effective January 1, 2025, the modifier PN has been added to L9900 on RF121
- Effective January 1, 2025, the modifiers GA, LT, RT and UE have been added to L9900 on RF122 & 132

Code	RF113	RF127	RF121 Modifiers	RF122/RF132 End Date 02/28/2025
A4467			GA-KH-KX-NU-PN-RA-RB-UE	A1-A2-A3-A4-A5-A6-A7-A8-A9-PO
K0672	4	4	GA-KH-KX-LT-NU-RA-RB-RT-UE	PO
L1810			KH-KX-PN-NU-RA-RB-RR-UE	PO
L1812			KH-KX-LT-PN-PO-NU-RA-RB-RR-RT-UE	
L1820			KH-KX-PN-PO-NU-RA-RB-RR-UE	PO
L1821			KX-NU-RA-RB-RR-UE	
L1830			KH-KX-NU-PN-PO-RA-RB-RR-UE	PO
L1831			KH-KX-NU-PN-PO-RA-RB-RR-UE	PO
L1832			KH-KX-NU-PN-PO-RA-RB-RR-UE	PO
L1833			KH-KX-LT-NU-RA-RB-RT-UE	
L1834			KH-KX-NU-PN-RA-RB-RR-UE	PO
L1836			KH-KX-LT-NU-PN-RA-RB-RT-UE	PO
L1840			KH-KX-NU-PN-RA-RB-RR-UE	PO
L1843			KH-KX-NU-PN-RA-RB-RR-UE	PO
L1844			KH-KX-NU-PN-RA-RB-RR-UE	PO
L1845			KH-KX-NU-PN-RA-RB-RR-UE	PO
L1846			KH-KX-NU-PN-RA-RB-RR-UE	PO
L1847			KH-KX-NU-PN-RA-RB-RR-UE	PO
L1848			KH-KX-LT-NU-PN-PO-RA-RB-RR-RT-UE	
L1850			KH-KX-NU-PN-RA-RB-RR-UE	PO
L1851			KH-KX-NU-PN-RA-RB-RR-UE	PO
L1852			KH-KX-NU-PN-RA-RB-RR-UE	PO

Code	RF113	RF127	RF121 Modifiers	RF122/RF132 End Date 02/28/2025
L1860			KH-KX-NU-PN-RA-RB-RR-UE	PO
L2275			KH-KX-NU-PN-RA-RB-RR-UE	PO
L2320			KH-KX-NU-PN-RA-RB-RR-UE	PO
L2330			KH-KX-NU-PN-RA-RB-RR-UE	PO
L2385	4	4	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2390	4	4	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2395	4	4	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2397	4	4	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2405	4	4	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2415	4	4	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2425	4	4	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2430	4	4	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2492	4	4	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2750	8	8	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2755	8	8	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2780	8	8	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2785	4	4	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2795			KH-KX-NU-PN-RA-RB-RR-UE	PO
L2800			KH-KX-NU-PN-RA-RB-RR-UE	PO
L2810	4	4	KH-KX-NU-PN-RA-RB-RR-UE	PO
L2820			KH-KX-NU-PN-RA-RB-RR-UE	PO
L2830			KH-KX-NU-PN-RA-RB-RR-UE	PO
L4002	5	5	GA-KH-KX-NU-PN-RA-RB-UE	PO

Place of Service (RF115)

Codes	Descriptions	Place of Service RF115	Effective Begin Date
21501	Drainage Of Deep Abscess or Blood Accumulation in soft tissue of neck or chest	20 – Urgent Care Facility	1/1/2025
43245	Dilation Of Stomach Outlet Using a Flexible Endoscope	11 - Office	4/1/2024
62329	Removal Of Cerebrospinal Fluid with Lower Back Spinal Tap Using Imaging Guidance	23 - Emergency Room - Hospital	1/1/2025
76883	Comprehensive Ultrasound Scan of Entire Length of Nerves	11 – Office	3/1/2025
94664	Evaluation Of Use of Breathing Device	15 – Mobile Unit	4/1/2025
95711	Measurement Of Brain Wave Activity with Video (VEEG), 2-12 hours	11 - Office	1/1/2020
95712	Measurement Of Brain Wave Activity with Video (VEEG), 2-12 hours with Intermittent Monitoring	11 - Office	1/1/2020
95713	Measurement Of Brain Wave Activity with Video (VEEG), 2-12 hours with Continuous Monitoring	11 - Office	1/1/2020
95714	Measurement Of Brain Wave Activity with Video (VEEG), 12-26 hours	11 - Office	1/1/2020
95717	Measurement Of Brain Wave Activity (EEG), 2-12 Hours with Health Care Professional Review and Report	23 - Emergency Room - Hospital	10/1/2024
95722	Measurement Of Brain Wave Activity with Video (VEEG), 37-60 hours with review And Report by Health Care Professional	11 - Office	1/1/2020
95726	Measurement Of Brain Wave Activity with Video (VEEG), More Than 84 Hours with Review and Report by Health Care Professional	11 - Office	1/1/2020
95813	Measurement Of Brain Wave Activity (EEG), 61-119 minutes	23 - Emergency Room – Hospital	5/1/2024
99459	Pelvic Exam	71 - Public Health Clinic	1/1/2025
E0951	Heel Loop/Holder, Any Type, with or without ankle strap, each	54 - Intermediate Care Facility/Mental	12/1/2024
E0961	Manual Wheelchair Accessory, wheel lock brake extension (handle), each	54 - Intermediate Care Facility/Mental	12/1/2024

Codes	Descriptions	Place of Service RF115	Effective Begin Date
E2620	Positioning Wheelchair Back Cushion, Planar Back with Lateral Supports, width less than 22 inches, any height, including any type mounting hardware	54 - Intermediate Care Facility/Mental	12/1/2024
J0281	Injection, Aminocaproic Acid, 1 gram	12 - Home	4/1/2025
J1072	Injection, Testosterone Cypionate (AZMIRO), 1 mg	12 - Home	4/1/2025
J1271	Injection, Doxycycline Hyclate, 1 mg	12 - Home	4/1/2025
J1308	Injection, Famotidine, 0.25 mg	12 - Home	4/1/2025
J1808	Injection, Folic Acid, 0.1 mg	12 - Home	4/1/2025
J1938	Injection, Furosemide, 1 mg	12 - Home	4/1/2025
J2351	Injection, Ocrelizumab, 1 mg and Hyaluronidase-OCSQ	12 - Home	4/1/2025
J2428	Injection, Paliperidone Palmitate Extended Release	12 - Home	4/1/2025
J2804	Injection, Rifampin, 1 mg	12 - Home	4/1/2025
J2865	Injection, Sulfamethoxazole 5 mg & Trimethoprim 1 mg	12 - Home	4/1/2025
J7521	Tacrolimus, Granules, Oral Suspension, 0.1 mg	12 - Home	4/1/2025
J9024	Injection, Atezolizumab, 5 m and Hyaluronidase-TQJS	12 - Home	4/1/2025
J9038	Injection, Axatilimab-CSFR, 0.1 mg	12 - Home	4/1/2025
J9054	Injection, Bortezomib (BORUZU), 0.1 mg	12 - Home	4/1/2025
J9161	Injection, Denileukin Diftitox-CXDL, 1 mcg	12 - Home	4/1/2025

- The POS 11 (Office) end date has been changed to 99/99/9999 for the following codes:

Code	Description
95700	Measurement Of Brain Wave Activity (EEG), Continuous
95715	Measurement Of Brain Wave Activity with video (VEEG), 12-26 hours
95716	Measurement Of Brain Wave Activity with video (VEEG), 12-26 hours
95718	Measurement Of Brain Wave Activity with Video (VEEG), 2-12 hours with review and report by health care professional
95720	Measurement Of Brain Wave Activity with video (VEEG), 12-26 hours with review and report by health care professional
95724	Measurement Of Brain Wave Activity with video (VEEG), 61-84 hours with review and report by health care professional

PROCEDURE CODE INDICATORS AND VALUES (RF113/127)

Daily maximum changes have been ongoing to match MUE to the AHCCCS system. Refer to the Reference Screen RF113 for updates.

- The Procedure Daily Limits (RF113/RF127) have been changed for the following codes.

Code	Limit	Code	Limit	Code	Limit	Code	Limit
A4217	4	A4326	30	A4344	2	A4553	240
A4310	2	A4327	2	A4346	2	A4554	240
A4311	2	A4328	31	A4349	35	A5102	1
A4312	2	A4331	2	A4354	2	A5112	1
A4313	2	A4333	12	A4355	4	A5113	1
A4314	2	A4334	1	A4356	1	A5114	1
A4315	2	A4336	1	A4357	2	A5131	1
A4316	2	A4338	2	A4358	2	A5200	12
A4320	1	A4340	2	A4402	8		
A4321	1	A4341	4	A4450	80		
A4322	12	A4342	4	A4452	120		

Note: The following codes on RF127 have a Procedure Daily Limit of 2:

A4320 A4341 A4342 A4355

Code	Description	Procedure Daily Maximum	Minimum Age	Maximum Age	Limit 1	Frequency 1
54161	Removal Of Foreskin (Older Than 28 Days	1	000 Y	999 Y	1	1 L
98981	Remote Therapeutic Monitoring Treatment Management Services by Physician or other qualified healthcare professional, each additional 20 minutes per calendar month	3			3	1 M

Code	Description	Procedure Daily Maximum	Limit 1	Frequency 1
A4337	Incontinence Supply, Rectal Insert, Any Type, Each	2		
E0352	Disposable Pack (Water Reservoir Bag, Speculum, Valving Mechanism and Collection Bag/Box) For Use with the electronic bowel irrigation/evacuation system	30		
J7165	Injection, Prothrombin Complex Concentrate, Human-Lans, Per I.U.	5000		
J2404	Injection, Nicardipine, 0.1 mg	3600		
76641	Complete Ultrasound Scan Of 1 Breast	1		
76642	Limited Ultrasound Scan Of 1 Breast	1		
77063	Screening 3D Breast Mammography		1	1 Year
77067	Screening Mammography		1	1 Year
90868	Treatment Using Magnetic Field to Stimulate Nerve Cells in Brain, subsequent delivery and management	2		
90869	Treatment Using Magnetic Field to Stimulate Nerve Cells in Brain, Subsequent Motor Threshold Redetermination with delivery and management	2		
92235	Exam Of Retinal Blood Vessels Using a special camera after injection of a dye	1		
92240	Exam Of Blood Vessels Between the White Part of Eye and Retina Using a Special camera after injection of a dye	1		
95873	Electrical Stimulation for Guidance with Injection of Chemical for Paralysis of Nerve Muscle	1		
95905	Nerve Conduction Study of Arm or Leg Movement and/or Feeling with Review and Report	2		

Provider Type

Codes	Description	Provider Type	Effective Begin Date
45399	Other Procedure on Large Bowel	18 - Physician's Assistant	04/01/2024
64473	Unilateral Lower Extremity Fascial Plane Block by Injection(s)	12 - Certified Registered Nurse Anesthetist	01/01/2025
90623	Meningococcal Conjugate Vaccine Serogroups A, C, W, Y, B-FHBP, Pentavalent, Tetanus Toxoid Carrier	IC - Integrated Clinics	04/01/2024
90678	Respiratory Syncytial Virus Vaccine, Pref, Subunit, Bivalent, for intramuscular use	18 - Physician's Assistant	10/01/2024
90678	Respiratory Syncytial Virus Vaccine, Pref, Subunit, Bivalent, for intramuscular use	19 - Registered Nurse Practitioner	10/01/2024
90697	Diphtheria, Tetanus, Acellular Pertussis, Polio, Haemophilus Influenzae Type B, and Hepatitis B Vaccine	IC - Integrated Clinics	04/01/2024
99484	Care Management Services for Behavioral Health Conditions, 20 Minutes or more clinical staff time directed by health care professional	29 - Community/Rural Health Center	07/01/2024
99495	Transitional Care Management Services for Problem of at Least Moderate Complexity	19 - Registered Nurse Practitioner	01/01/2025
H0033	Oral Medication Administration, direct observation	19 - Registered Nurse Practitioner	10/01/2024
L1821	Knee Orthosis, Elastic with Condylar Pads and Joints, with or without Patellar Control, Prefabricated, Off the Shelf	19 - Registered Nurse Practitioner	01/01/2025
L1821	Knee Orthosis, Elastic with Condylar Pads and Joints, with or without patellar control, prefabricated, off the shelf	08 - MD-Physician	01/01/2025
S0013	Esketamine, Nasal Spray, 1 mg	18 - Physician's Assistant	10/01/2024
S0013	Esketamine, Nasal Spray, 1 mg	19 - Registered Nurse Practitioner	10/01/2024

- Effective April 30, 2025, CPT code T1016 (Case Management, each 15 minutes) has been end dated for the provider type CF (Counseling Only Facility).

- Effective January 1, 2025, the provider type C2 (Federally Qualified Health Center (FQHC)) and the Place of Service 50 (Federally Qualified Health Center) can report the following codes:

98000	98006	98012
98001	98007	98013
98002	98008	98014
98003	98009	98015
98004	98010	98016
98005	98011	

- Effective October 1, 2024, the Provider Type 19 (Registered Nurse Practitioner) can report CPT code 42809 (Removal of Foreign Body in Throat).
- Effective January 1, 2025, the code 41899 (Other Procedure on Teeth and Gums) has been added to provider type 43 (Ambulatory Surgical Center). **Note: this is only for our DDD population.**

Revenue Code

The following revenue codes have been added to the CPT/HCPCS codes on RF773.

Code	Description	Revenue Code	Begin Date of Service
91122	Study of Rectum Sensitivity and Function	0361 - OR/Minor	01/01/2025
93896	Ultrasound Of Blood Flow Withing Brain to Assess Flexibility of Vessels	0920 - Other DX SVS	01/01/2025
93897	Ultrasound Of Vessels in Brain for Detection of Blood Clots	0920 - Other DX SVS	01/01/2025
93898	Detection Of Abnormal Blood Flow in Brain Vessels Using Ultrasound with Microbubble Injection	0920 - Other DX SVS	01/01/2025
J0209	Injection, Sodium Thiosulfate (Hope), 100 mg	0250 - Pharmacy	01/01/2025
J0650	Injection, Levothyroxine Sodium, Not Otherwise Specified, 10 mcg	0250 - Pharmacy	01/01/2025