ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ENCOUNTER KEYS

May-June 2026

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Codes

Effective July 1, 2026, the HCPCS codes have been added to the Reference Screens.

G0577 - Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction performed in the non-facility setting

G0678 - Standard Co-Management Service Payment for Documented

End Dates

- Effective May 31, 2026, the following codes have been end dated on RF122/132 for the modifier TH (OB TX/SRVCS Prenatal/Postpartum).

58970	58974	58976	76942
76948	A0430	A0431	A0435
A0436	A0888	G2081	G2082
G2083	G2086	G2087	G2088

- Effective June 30, 2026, the following codes will be end dated on the following Reference Screens

Codes	RF123	RF115	RF124	RF769	RF618	RF121	RF122/RF132	RF773
	Coverage Code	POS	PA	COS	Prov. Type	Valid OPFS Procedure Modifiers	Valid Procedure Modifiers	Revenue Codes-To-Procedure Codes
0029U	01	81	3	12	08,12, 31	XE,XP,XS,XU,52, 59,76,77	CC,CR,ET,EY,GA,GC,GJ, GK,GR,GU,GY,GZ,KX,Q J,QP,XE,XP,XS,XU,22,5 2,59,76,77,90,91,99	0309, 0310
0031U	01	81	3	12	08,12, 31	XE,XP,XS,XU,52, 59,76,77	CC,CR,ET,EY,GA,GC,GJ, GK,GR,GU,GY,GZ,KX,Q J,QP,XE,XP,XS,XU,22, 52,59,76,77,90,91,99	0309, 0310
0423U	04	81,99	3	12	08,31	90,91	CR,59,90,91	0310
0577U	01	81	3	12		CR,GA,PN,PO,91	CR,GA,XE,XP,XS,XU,59, 90,91	0310

Codes	Description
0029U	Gene analysis of targeted sequences for adverse drug reactions and drug response
0031U	Gene analysis (cytochrome P450 family 1, subfamily A, member 2) for common variants
0423U	Genomic analysis panel of 26 genes from cheek swab, report including metabolizer status and risk of drug toxicity by psychiatric condition
0577U	Analysis of proteins reported as likelihood of malignancy in ovarian cancer

- On RF122/RF132 the end date for modifier 51 (Multiple Procedures) has been changed to 99/99/9999 for codes:

  76513 (Ultrasound Scan of Eye Using Water Bath Method)

  92285 (Photography Of Content of Eyes)

End Date

- 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 (RF132) CR,

- Effective June 31, 2026, the HCPCS code C9309 (Injection, Onasemnogene ABEPARVOVEC-BRVE, per treatment) has an end date on all Reference Screens and now has a Coverage Code of 04 (Not Covered Service/Code Not Available) effective July 1, 2026.

- Effective April 30, 2026, the following codes have been end dated on all Reference Screens.

  A9574 - Air Polymer-Type A Intrauterine Foam, 0.1 ml
  J9062 - Cisplatin, 50 mg

Valid OPFS Procedure Modifiers (RF121)

Code	Description	Modifier	Effective Begin Date
27458	Incision Of Thigh Bone and Insertion of Bone-Lengthening	Bilateral Procedure (Pay 50%)	10/12/2026
58679	Other Procedure on Fallopian Tube or Ovary Using an Endoscope	LT - Identifies Left Side Body	4/1/2025
58679	Other Procedure on Fallopian Tube or Ovary Using an Endoscope	RT - Identifies Right Side Body	4/1/2025
63032	Partial Removal of Spine Bone with Release of Lower Spinal Cord Nerves with Implantation of a Bone-Anchored Closure Device of One Spine Interspace	Bilateral Procedure (Pay 50%)	10/12/2026
64658	Removal Of Baroflex Activation Therapy Lead Only	Bilateral Procedure (Pay 50%)	10/12/2026
77402	Delivery Of Level 1 Radiation Treatment	PN - Non-Excepted Service Provided at an Off	1/1/2026
77407	Delivery Of Level 2 Radiation Treatment	PN - Non-Excepted Service Provided at an Off	1/1/2026
1019T	Lymphovenous Bypass Per Extremity	Bilateral Procedure (Pay 50%)	10/12/2026

- Effective January 1, 2024, the following modifiers have been added to RF121 for code 43282 (Repair of Hernia of Muscle at Esophagus and Stomach with Implantation of Mesh Using an Endoscope).

Modifiers					
58	78	Q5	74	GA	XP
59	79	Q6	76	PN	XS
73	CR	XE	77	PO	XU

- Effective January 1, 2024, the following modifiers have been added to 0402T (Collagen Cross-Linking Treatment of Disease of Cornea) on RF121.

Modifier	Modifier
59 - Distinct Procedural Service	LT - Identifies Left Side Body
ER - RES-DOM FAC-RES/ITMS-SVS PRVBSD OFFCMPED	PN - Non-Excepted Service Provided at an Off-
ET - Emergency Treatment	Q5 - Recip Bill Arr Subs MD or PT
EY - No Phys/Other LIC HTH Care Prov Ordered	Q6 - Fee/Time Comp Subst MD O
KX - Requirements Specified	RT - Identifies Right Side Body

TB Modifier Update

The modifier TB (Drug or Biological Acquired with 340b Dr) has been reviewed and updated on applicable screens Valid OPFS Procedure Modifiers (RF121), FFS Valid Procedure Modifiers (RF122) and MCO Valid Procedure Modifiers (RF132) with effective dates of either January 1, 2026, or January 1, 2025. Refer to the Reference files for further information.

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

Code	Description	Modifier	Effective Begin Date
49187	Removal Or Destruction of Growth(s) in the abdomen, 5.1 to 10.0 cm	GC - Teaching Physician Services	04/01/2026
58679	Other Procedure on Fallopian Tube or Ovary Using an Endoscope	LT - Identifies Left Side Body	04/01/2025
58679	Other Procedure on Fallopian Tube or Ovary Using an Endoscope	RT - Identifies Right Side Body	04/01/2025
77387	Imaging Guidance for Localization of Radiation Treatment	22 - Increased Procedural	01/01/2015
92609	Therapy Service for Use of Speech-Generating Device with Programming	GT - Telemedicine - Via Interactive Audio/Video	06/01/2026
C8008	Revision Or Replacement of Hypoglossal Nerve Neurotome	CR - Catastrophe/Disaster	01/01/2026
J3301	Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 mg	JW - Drug Amt Discarded/ No	01/01/2026
J7620	Albuterol, Up To 2.5 mg and Ipratropium Bromide, Up To 0.5 mg, FDA-Approved Final Product, non-compounded, administered through DME	JW - Drug Amt Discarded/ No	01/01/2026
J7620	Albuterol, Up To 2.5 mg and Ipratropium Bromide, Up To 0.5 mg, FDA-Approved Final Product, non-compounded, administered through DME	JZ - Zero Drug Amount Disc	01/01/2026

Note: 92609 GT was added to allow telehealth use particularly for caregiver training and follow-up services, while recognizing that device programming would continue to require in-person care.

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

Effective January 1, 2024, the following modifiers have been added to 0402T (Collagen Cross-Linking Treatment of Disease of Cornea) on RF122 & RF132.

Modifiers	
50 - Bilateral Procedure	ET - Emergency Treatment
51 - Multiple Procedures	EY - NO Phys/Other Lic HTH
53 - Discontinued Procedure	LT - Identifies Left Side
58 - Staged/Related Proc S	RT - Identifies Right Side
59 - Distinct Procedural	ET - Emergency Treatment

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

Code	Description	Modifier	Effective Begin Date
28730	Fusion Of Multiple Foot Joints	50 - Bilateral Procedure (Pay 50%)	12/1/2025
37280	Balloon Dilation of Artery in Lower Leg, Straightforward Lesion in Initial Vessel	51 - Multiple Procedures	1/1/2026
37296	Balloon Dilation of Artery in Ankle, Straightforward Lesion in Initial Artery	51 - Multiple Procedures	1/1/2026
43276	Replacement Of Stent in Pancreatic or Bile Duct Using a Flexible Endoscope	22 - Increased Procedural Services	1/1/2026
91319	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, MRNA-LNP, Spike Protein,	SL - State Supplied Vaccine	9/1/2025
J0872	Injection, Daptomycin (Xellia), Unrefrigerated, Not Therapeutically Equivalent	JW - Drug Amt Discarded/Not Admin to Any Pat	2/1/2026
J0872	Injection, Daptomycin (Xellia), Unrefrigerated, Not Therapeutically Equivalent	JZ - Zero Drug Amount Discarded/Not Administered	2/1/2026
J2405	Injection, Ondansetron Hydrochloride, per 1 mg	JW - Drug Amt Discarded/Not Admin to Any Pat	1/1/2026
J9325	Injection, Talimogene Laherparepvec, per 1 million Plaque Forming	JB - Administered Subcutaneously	6/1/2025
J9380	Injection, Teclistamab-CQYV, 0.5 Mg	JB - Administered Subcutaneously	6/1/2025
Q5130	Injection, Pegfilgrastim-Pbbk (FYLNETRA), Biosimilar, 0.5 Mg	76 - Repeat procedure by same MD	5/1/2025

- Effective July 14, 2024, the following modifiers have been end dated for 90833 (Psychotherapy with Evaluation and Management Visit, 30 minutes).

HN - Bach Deg Level/Amb Hs	HO - Master's Degree Level
HQ - Group Setting	PD - Dr Ofc to Dx/Tx Site/

- 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

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

Code	Description	Modifier	Effective Begin Date
58679	Other Procedure on Fallopian Tube or Ovary Using an Endoscope	LT - Identifies Left Side Body	04/01/2025
58679	Other Procedure on Fallopian Tube or Ovary Using an Endoscope	RT - Identifies Right Side Body	04/01/2025
J3301	Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 mg	JW - Drug Amt Discarded/No	01/01/2026
J1303	Injection, Ravulizumab-CWVZ, 10 mg	KP - First Drug of a Multi	07/01/2025
J1303	Injection, Ravulizumab-CWVZ, 10 mg	KQ - Second or Subsequent	07/01/2025
J7620	Albuterol, Up To 2.5 mg and Ipratropium Bromide, Up To 0.5 mg, FDA-Approved Final Product, non-compounded, administered through DME	JW - Drug Amt Discarded/No	01/01/2026
J7620	Albuterol, Up To 2.5 mg and Ipratropium Bromide, Up To 0.5 mg, FDA-Approved Final Product, non-compounded, administered through DME	JZ - Zero Drug Amount Disc	01/01/2026

Place of Service (RF115)

Code	Description	Place of Service	Effective Begin Date
88187	Flow Cytometry Technique for DNA or Cell Analysis, 2 To 8 Markers	23 - Emergency Room - Hospital	01/01/2026

Procedure Code Indicators and Values (RF113/127)

Code	Description	Procedure Daily Maximum	Limit 1	Frequency 1
A6446	Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, width greater than or equal to three inches and less than five inches, per yard	000125		
L8420	Prosthetic Sock, Multiple Ply, Below Knee, Each	000024	24	6 M

- The daily max for the codes listed has been changed on RF113/127 to 000001.

Codes				
27458	37263	37273	37283	37293
27713	37264	37274	37284	37294
37254	37265	37275	37285	37295
37255	37266	37276	37286	37296
37256	37267	37277	37287	37297
37257	37268	37278	37288	37298
37258	37269	37279	37289	37299
37259	37270	37280	37290	62331
37260	37271	37281	37291	64728
37261	37272	37282	37292	

Procedure AHCCCS Coverage (RF123)

Code	Description	Coverage Code	Effective Begin Date
0402T	Collagen Cross-Linking Treatment of Disease of Cornea	01 - Covered Service/Code Available	01/01/2024

Provider Type Rate Schedule (RF618)

Code	Description	Provider Type	Effective Begin Date
11730	Simple Separation of Fingernail or Toenail from Nail Bed, First Nail	IC - Integrated Clinics	10/1/2025
81513	Measurement Of RNA of Bacteria in Vaginal Fluid Specimen	08 - MD-Physician	10/1/2024
J1271	Injection, Doxycycline Hyclate, 1 mg	03 – Pharmacy	01/01/2026
J2356	Injection, Tezepelumab-Ekko, 1 mg	18 - Physician's Assistant	1/1/2026
J2470	Injection, Pantoprazole Sodium, 40 mg	03 – Pharmacy	1/1/2026

Revenue Codes-To-Procedure Codes RF773

Code	Description	Revenue Code	Effective Begin Date
70472	CT scan of Brain Blood Flow with Contrast, With Image Post-Processing	0350 - CT scan	01/01/2026
70472	CT scan of Brain Blood Flow with Contrast, With Image Post-Processing	0351 - CT scan/Head	01/01/2026
70472	CT scan of Brain Blood Flow with Contrast, With Image Post-Processing	0359 - CT scan/Other	01/01/2026

- Effective January 1, 2024, the following modifiers have been added to 0402T (Collagen Cross-Linking Treatment of Disease of Cornea) on RF773.

0360 - OR Services	0516 - Urgent Clinic
0361 - OR/Minor	0517 – Family Clinic
0450 - Emergency Room	0519 – Other Clinic
0514 - OB-GYN CLINIC	0610 - MRI
0515 - Peds Clinic	0761 - Treatment Room