ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ENCOUNTER KEYS

September-October 2025

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Age Changes

The age limits on RF 113 and RF127 have been changed.

Code	Minimum	Maximum
90382	000 M	12 M
90644	6 W	078 W
90684	18 Y	999 Y
90715	10 Y	999 Y
90748	6 W	65 W
91306	12 Y	999 Y

- The age limit for F03.C2 (Unspecified Dementia, Severe, With Psychotic) has been changed to Minimum age 15 Y and Maximum age 999 Y on RF223.
- Effective October 1, 2025, the maximum age has been changed to 999 Y for the following codes on RF113/RF127.

69728	L8614
92508	L8690
92605	L8692
92606	V5364

- Effective October 1, 2025, the maximum age has been changed to 999 Y for the following codes on RF161.

F0BZ01Z	F0BZ0YZ	F14Z03Z	F14Z0KZ
F0BZ02Z	F13Z09Z	F14Z04Z	F14Z0LZ
F0BZ09Z	F13ZP9Z	F14Z05Z	F14Z0PZ
F0BZ0KZ	F14Z01Z	F14Z07Z	F14Z0YZ
F0BZ0PZ	F14Z02Z	F14Z09Z	F14Z0ZZ

Codes

- Effective October 1, 2025, the HCPCS codes H0051 (Traditional Healing Services) and T1017 (Targeted case management, each 15 minutes) have been added to the Reference Screens with the following.

PROCEDURE CODE INDICATORS AND VALUES (RF113)

Code	Description	Procedure Daily Maximum	Limit 1	Ordering/Referring Provider	Minimum Age	Maximum Age	Medicare Coverage
H0051	Traditional Healing Services	000001		N	000 Y	999 Y	N
T1017	Targeted case management, each 15 minutes	000048		N	005 Y	026 Y	N

RF115 – Place of Service
H0051 – 05,06, 07 - **T1017** – 05,06,07,08,09,11,12,14,19, 20, 22, 23, 27,34, 49, 53,54,57, 60, 71, 72,99

RF121 – Modifiers for both codes – ER, ET, EY, KX, PN, PO
RF122 - -Modifiers for both codes – XE, XP, XS, XU, 59
RF123 – Coverage Code for both – 01 (Covered Service/Code Available)
RF124 – Prior Authorization both – 4
RF618 – H0051 – C2, C5 T1017 – 77, IC
RF769 -Medical Categories of Service for both – 47
RF773 – Revenue Codes-To-Procedure Codes
H0051 – 0509 T1017 – 0521, 0969

- Effective October 1, 2025, the following codes have been added to the Reference Screens. For further details refer to your Reference Files.

Codes										
A2036	C1742	J0458	J0738	J2291	L6034	Q0235	Q4390	Q5155	0579U	0588U
A2037	C8006	J0462	J0752	J3290	L6035	Q0237	Q4391	Q5156	0580U	0589U
A2038	C9305	J0525	J0759	J3402	L6036	Q4383	Q4392	Q5157	0581U	0590U
A2039	C9306	J0570	J1370	J3403	L6038	Q4384	Q4393	Q5158	0582U	0591U
A4288	E0150	J0582	J1612	J7173	L6039	Q4385	Q4394	Q5159	0583U	0592U
A9612	E0658	J0614	J1807	J7174	M0235	Q4386	Q4395	0575U	0584U	0593U
A9616	E0659	J0668	J1809	J9011	M0236	Q4387	Q4396	0576U	0585U	0594U
C1740	J0163	J0675	J1834	L1007	M0237	Q4388	Q4397	0577U	0586U	0595U
C1741	J0164	J0681	J2151	L5657	M0238	Q4389	Q5154	0578U	0587U	

- Effective September 30, 2025, the following codes have been **end dated**. For specifics refer to the Reference Screens.

Code	Description
0450U	Test For Monoclonal Paraproteins in Blood, Results Reported as a Baseline Presence or Absence of Detectable Clonotypic Peptides in Multiple Myeloma
0451U	Testing Paraproteins in Blood, Results Compared to Baseline Results to Determine Monoclonal Paraprotein Abundance in Multiple Myeloma
C9088	Instillation, Bupivacaine and Meloxicam, 1 mg/0.03 mg
C9174	Injection, Datopotamab Deruxtecan-Dlnk, 1 mg
C9175	Injection, Treosulfan, 50 mg
C9248	Injection, Clevidipine Butyrate, 1 mg
J2150	Injection, Mannitol, 25% in 50 ml
J2503	Injection, Pegaptanib Sodium, 0.3 mg
S0074	Injection, Cefotetan Disodium, 500 mg

Diagnosis Age Change (RF223)

Code	Description	Minimum	Maximum
F03.A2	Unspecified Dementia, Mild, With Psychotic	15 Y	125 Y
F03.A3	Unspecified Dementia, Mild, With Mood Disturb	15 Y	125 Y
F03.A4	Unspecified Dementia, Mild, With Anxiety	15 Y	125 Y

End Date

Effective August 31, 2025, the following codes have been **end dated** on RF115, RF121, RF122/132, RF123, RF124, RF618, RF769.

0450U	C9248
0451U	E0716
C9088	J2150
C9174	J2503
C9175	S0074

ICD-10 PROCEDURE CODE (RF161)

Effective October 1, 2025, the following ICD codes have been added to the Reference Screens. For specific information, refer to the Reference Files.

Code	Description
09X	Ear, Nose, Sinus, Transfer
0C1	Mouth and Throat, Bypass
XDJ	New Technology, Gastrointestinal System, Inspection
XHH	New Technology, Skin, Subcutaneous Tissue, Fascia and Breast, Insertion

ICD-10 Diagnosis Code (RF223)

Code	Description	Minimum Age	Maximum Age
F03.A2	Unspecified Dementia, Mild, With Psychotic	15 Y	125 Y
F03.A3	Unspecified Dementia, Mild, With Mood Disturb	15 Y	125 Y
F03.A4	Unspecified Dementia, Mild, With Anxiety	15 Y	125 Y

MEDICAL CATEGORIES OF SERVICE (RF769)

Effective October 31, 2025, the codes 99514 (IV Antibiotic Therapy) and 99518 (Enteral Therapy-Group II) will be **end dated,** on RF769 for the Category of Service 15 (DME and Appliances).

- The codes 90660 and 90673 with Service Type H, COS 01, Begin date 7/1/2025 now has an end date of 99/99/9999.

- The code H2016 with Service Type H, COS 47, Begin date 10/1/2025 now has an end date of 99/99/9999.

- Effective September 30, 2025, the following codes have been **end dated** for COS 40 (Medical Supplies).

A9152	C1029	C1042	C9214	C9240
A9153	C1030	C1043	C9215	C9241
C1016	C1031	C1045	C9216	C9700
C1017	C1033	C1047	C9217	C9701
C1018	C1034	C1048	C9220	C9702
C1019	C1035	C1050	C9223	C9703
C1024	C1036	C1051	C9232	C9708
C1025	C1037	C9207	C9233	C9711
C1026	C1038	C9209	C9235	C9723
C1027	C1039	C9210	C9238	G9221
C1028	C1040	C9213	C9239	G9222

- Effective September 30, 2025, the following HCPCS codes have been **end dated** on RF769 with their COS.

Code	COS	Code	COS	Code	COS	Code	COS	Code	COS
92506	07	T1028	44	T2044	20	V5272	07	V5285	07
92510	07	T2012	32	T2045	20	V5273	07	V5286	07
Q2001	09	T2013	32	T2046	20	V5274	07	V5287	07
Q2005	09	T2014	32	V5268	07	V5281	07	V5288	07
Q2014	09	T2015	32	V5269	07	V5282	07	V5289	07
Q3019	14	T2030	36	V5270	07	V5283	07	V5290	07
Q3020	14	T2032	36	V5271	07	V5284	07		

PROCEDURE AHCCCS COVERAGE (RF123)

Code	Description	Coverage Code	Effective Begin Date
90382	Respiratory Syncytial Virus, Monoclonal Antibody, Season	01 – Covered Service/Code Available	07/01/2025
90653	Influenza Vaccine, Inactivated	01 – Covered Service/Code Available	07/01/2025
H2018	Psychosocial Rehabilitation Services, Per Diem	01 – Covered Service/Code Available	10/01/2025
H2038	Skills Training and Development, Per Diem	01 – Covered Service/Code Available	10/02/2025

- The CPT code 90589 (Chikungunya Virus Vaccine) now has a coverage code of 04 (Not Covered Service/Code Not Available) with an effective date of August 22, 2025.

- The CPT code 90624 (Meningococcal Pentavalent Vaccine, Men B-4C Recombinant Proteins and Outer Membrane Vesicle and Conjugated Men A, C, W, Y-Diphtheria Toxoid Carrier, for intramuscular use) has a coverage code of 01 (Covered Service/Code Available) effective 2/14/2025.

- The **end date for** coverage code 01 (Covered Service/Code Available) for the code E0716 (Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises) has been changed to 99/99/999.

- The coverage code 04 (Not Covered Service/Code Not Available) has been **added** to the following codes (RF123) with an effective date of 08/01/2025.

Codes						
Q4102	Q4115	Q4127	Q4145	Q4154	Q4205	
Q4103	Q4118	Q4138	Q4150	Q4161	Q4208	Q4246
Q4104	Q4122	Q4140	Q4152	Q4162	Q4217	Q4261
Q4106	Q4123	Q4141	Q4153	Q4163	Q4221	Q4285
Q4108	Q4124	Q4143	Q4155	Q4164	Q4222	
Q4111	Q4126	Q4147	Q4156	Q4165	Q4226	
Q4114	Q4132	Q4148	Q4159	Q4166	Q4206	
Q4117	Q4136	Q4149	Q4160	Q4168	Q4236	

- Effective September 30, 2025, the following codes will be **end dated** on RF123.

HCPC	DESCRIPTION	HCPC	DESCRIPTION
C9088	Instillation, Bupivacaine and Meloxicam, 1 mg/0.03 mg	J2150	Injection, mannitol, 25% in 50 ml
C9174	Injection, Datopotamab Deruxtecan-DLNK, 1 mg	J2503	Injection, pegaptanib sodium, 0.3 mg
C9175	Injection, Treosulfan, 50 mg	S0074	Injection, cefotetan disodium, 500 mg
C9248	Injection, Clevidipine butyrate, 1 mg	0450U	Test for monoclonal paraproteins in blood, results reported as a baseline presence or absence of detectable clonotypic peptides in multiple myeloma
E0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises	0451U	Testing paraproteins in blood, results compared to baseline results to determine monoclonal paraprotein abundance in multiple myeloma

- Effective August 1, 2025, the coverage code 01 (Covered Service/Code Available), has been a**dded** to the following codes:

Code	Description
90660	Influenza Vaccine, Trivalent for Nasal Administration
90673	Influenza Vaccine, Trivalent Derived from Recombinant DNA
Q2039	Influenza Virus Vaccine, Not Otherwise Specified

VALID OPFS PROCEDURE MODIFIERS (RF121)

Code	Description	Modifier	Effective Begin Date
50688	Change Of Tube or Stent in Ureter	50 – Bilateral Procedure (Pay 50%)	10/1/2025
76498	Other MRI Scan	Q1 – Routine Clin Research/Cert Mycosis Toenail	4/1/2025
77300	Calculation Of Radiation Therapy Dose	Q1 – Routine Clin Research/Cert Mycosis Toenail	4/1/2025
77370	Special Medical Radiation Therapy Consultation	Q1 – Routine Clin Research/Cert Mycosis Toenail	4/1/2025
83690	Lipase	Q1 – Routine Clin Research/Cert Mycosis Toenail	4/1/2025
A9573	Injection, Gadopiclenol, 1 ml	Q1 – Routine Clin Research/Cert Mycosis Toenail	4/1/2025
G0480	Drug Test(s), Definitive, Utilizing (1) Drug Identification	59 – Distinct Procedural Service	5/1/2025
J0666	Injection, Bupivacaine Liposome, 1 mg	JW – Drug Amt Discarded/No	1/1/2025
J0666	Injection, Bupivacaine Liposome, 1 mg	JZ – Zero Drug Amount Disc	1/1/2025
J9332	Injection, EFGARTIGIMOD ALFA-FCAB, 2mg	TB – Drug or Biological Acquired With 340B Dr	1/1/2025
T1017	Targeted Case Management, Each 15 Minutes	FQ – The Service Was Furnished Using Audio-On	10/1/2025
T1017	Targeted Case Management, Each 15 Minutes	GT – Telemedicine – Via Interactive Audio/Video	10/1/2025

- Effective January 1, 2025, the modifier QW (CLIA Waived Test) has been added to the following codes on RF121.

Codes										
80048	82040	82330	82950	83518	84132	84703	86386	87400	87591	87809
80061	82042	82374	82951	83520	84155	85014	86618	87420	87631	87811
80069	82043	82435	82952	83605	84157	85018	86701	87426	87633	87899
80178	82044	82465	82977	83655	84295	85025	86769	87428	87650	87905
80305	82120	82523	82985	83718	84443	85576	86780	87430	87651	89300
81003	82150	82550	83001	83721	84450	85610	86803	87449	87801	89321
81007	82247	82565	83002	83861	84460	86294	87077	87491	87804	G0328
81514	82271	82570	83036	83880	84478	86308	87210	87502	87806	G0433
81515	82274	82679	83037	83986	84520	86318	87338	87521	87807	G0472
82010	82310	82947	83516	84075	84550	86328	87389	87563	87808	G0475

VALID OPFS PROCEDURE MODIFIERS (RF121)

Code	Description	Modifier	Effective Begin Date	End Date
J1561	Injection, Immune Globulin, (Gamunex-C/Gammaked), Non-Lyophilized (e.g., liquid), 500 mg	TB - Drug or Biological Acquired With 340B Dr	01/01/2025	99/99/9999
J2323	Injection, Natalizumab, 1 mg	TB - Drug or Biological Acquired With 340B Dr	01/01/2025	99/99/9999
J9177	Injection, Enfortumab Vedotin-EJFV, 0.25 mg	TB - Drug or Biological Acquired With 340B Dr	01/01/2025	99/99/9999

FFS Valid Procedure Modifiers (RF122/RF132)

Code	Description	Modifier	Effective Begin Date	End Date
45393	Decompression Of Twisted or Abnormally Dilated Large Bowel Using a Flexible Endoscope	53 - Discontinued Procedure	09/02/2024	
73630	X-Ray Of Foot, Minimum Of 3 Views	50 - Bilateral Procedure (Pay 50%)	01/01/2025	
K0607	Replacement Battery for Automated External Defibrillator	KF - Item Designated by FDA as Class III Dev.		07/31/2025
K0608	Replacement Garment for use with Automated External Defibrillator, Each	KF - Item Designated by FDA as Class III Dev.		07/31/2025
K0609	Replacement Electrodes for use with Automated External	KF - Item Designated by FDA as Class III Dev.		07/31/2025
L5783	Addition To Lower Extremity, User Adjustable, Mechanical, residual limb volume management system	NU – New Equipment	01/01/2025	

FFS Valid Procedure Modifiers (RF122/RF132)

The following modifiers have been **added** to the codes listed with an effective date of January 1, 2025.

Code	Description	Modifier	RF122	RF132
64582	Insertion Of Hypoglossal Nerve Neurostimulator Electrode and Generator and Breathing Sensor Electrode	LT – Identifies Left Side Body Procedures	X	X
64582	Insertion Of Hypoglossal Nerve Neurostimulator Electrode and Generator and Breathing Sensor Electrode	RT – Identifies Right-Side Body Procedures	X	X
82042	Cerebrospinal Fluid, Or Amniotic Fluid Albumin (Protein) Level	QW – CLIA Waived Test	X	X
83520	Measurement Of Substance Using Immunoassay Technique	QW – CLIA Waived Test	X	X
84157	Total Protein Level, Body Fluid	QW – CLIA Waived Test	X	X
87430	Detection Test by Immunoassay Technique for Streptococcus, Group A (Strep)	QW – CLIA Waived Test	X	X
87650	Detection Test by Nucleic Acid for Strep (Streptococcus, Group A), Direct Prob Technique	QW – CLIA Waived Test	X	X
C8901	Magnetic Resonance Angiography Without Contrast, Abdomen	52 – Reduced Services		X
C8901	Magnetic Resonance Angiography Without Contrast, Abdomen	59 – Distinct Procedural Service		X
C8901	Magnetic Resonance Angiography Without Contrast, Abdomen	XE – Separate Enc, A Serv Tat Is Distinct Be		X
C8901	Magnetic Resonance Angiography Without Contrast, Abdomen	XP – Separate Practitioner, A Service		X
C8901	Magnetic Resonance Angiography Without Contrast, Abdomen	XS – Separate Structure, A Service That Is Di		X
C8901	Magnetic Resonance Angiography Without Contrast, Abdomen	XU – Unusual Non-Overlapping Service, The Use		X
C8902	Magnetic Resonance Angiography Without Contrast Followed by with contrast, abdomen	XU – Unusual Non-Overlapping Service, The Use U		X
J7606	Formoterol Fumarate, Inhalation Solution, FDA Approved Final Product, Non-Compounded, Administered Through DME, Unit Dose Form, 20 Micrograms	CR – Catastrophe/Disaster Related		X
L0457	TLSO, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel	RB – Replace Part of DME/Orthotic/Prosthetic	X	

FFS Valid Procedure Modifiers (RF122/RF132)

Code	Description	Modifier	Effective Begin Date	End Date
50688	Change Of Tube or Stent in Ureter	50 – 50 – Bilateral Procedure (Pay 50%)	10/01/2025	
83518	Analysis Of Substance Using Immunoassay Technique	QW – CLIA Waived Test	01/01/2025	
H2038*	Skills Training and Development, Per Diem	HQ – Group Setting		09/30/2025
J7355	Injection, Travoprost, Intracameral Implant, 1 Microgram	JW – Drug Amt Discarded/No	07/01/2025	
J7355	Injection, Travoprost, Intracameral Implant, 1 Microgram	JZ – Zero Drug Amount Disc	07/01/2025	

*Note: H2038 with POS 06 and 08 on RF122/RF132 has been end dated.

- Effective September 30,2025, the following modifiers (93 Synchronous Telemedic**ine** and 95 Synchronous **Tele medicine**) have been end dated on RF122/132.

Code	Modifier 93		Code	Modifier 95		Code	Modifier 95		Code	Modifier 95
99202	X		99211	X		99253	X		99406	X
99203	X		99231	X		99254	X		99407	X
99204	X		99232	X		99255	X		99408	X
99205	X		99233	X		99307	X		99409	X
99211	X		99242	X		99308	X		99417	X
99212	X		99243	X		99309	X		99495	X
99213	X		99244	X		99310	X		99496	X
99214	X		99245	X		99350	X			
99215	X		99252	X		99397	X			

Procedure Place of Service (RF115)

Code	Description	Place of Service	Effective Begin Date
77073	X-Ray For Bone Length Assessment	23 - Emergency Room - Hospital	04/06/2025
81002	Urinalysis, Manual Test	12 - Home	04/01/2025
85018	Blood Count, Hemoglobin	12 - Home	04/01/2025
92504	Exam of Ear Using a Microscope	23 - Emergency Room - Hospital	07/01/2025
95800	Sleep Study Including Heart Rate, Breathing, and Sleep Time	21 - Inpatient Hospital	07/01/2025
97152	Behavior Identification Assessment by Technician, Each 15 Minutes	14 - Group Home	07/01/2025
97154	Adaptive Behavior Treatment by Technician with multiple patients using an established plan, each 15 minutes	14 - Group Home	07/01/2025
97157	Adaptive Behavior Treatment by Professional with multiple family group members using an established plan, each 15 minutes	14 - Group Home	07/01/2025
97158	Adaptive Behavior Treatment by Professional with group using an established plan, each 15 minutes	14 - Group Home	07/01/2025
E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, without seating system	13 - Assisted Living Facility	07/01/2024
H2016	Comprehensive Community Support Services, Per Diem	72 - Rural Health Clinic	10/01/2025
K0669	Wheelchair Accessory, Wheelchair Seat or Back Cushion, does not meet specific code criteria or no written coding verification from DME PDAC	13 - Assisted Living Facility	01/01/2025
Q5135	Injection, Tocilizumab-AAZG (TYENNE), Biosimilar, 1 mg	11 – Office	12/01/2024

PROCEDURE CODE INDICATORS AND VALUES (RF113/127)

Code	Description	Procedure Daily Maximum	Laboratory Limit 1	Frequency 1
A4927	Gloves, non-sterile, per 100	2	2	1 M
A7000	Canister, Disposable, Used with Suction Pump, Each	10	10	1 M
H0038	Self-Help/Peer Services, Per 15 Minutes	000020 (5 hours)		
H2014	Skills Training and Development, Per 15 Minutes	000020 (5 hours)		
H2017	Psychosocial Rehabilitation Services, Per 15 Minutes	000020 (5 hours)		
H2018	Psychosocial Rehabilitation Services, Per Diem	1	1	1 D
H2038	Skills Training and Development, Per Diem	1	1	1 D
J1602	Injection, Golimumab, 1 mg	300		
J9061	Injection, Amivantamab-VMJW, 2 mg	1050		
J9118	Injection, Calaspargase Pegol-MKNL, 10 units	750	750	21 D

PROCEDURE CODES AND DESCRIPTIONS (RF110)

The following codes have had their description **changed on RF110 only**.

Code	Description UPDATE RF110 Only
C1739	Tissue Marker, Uniquely Detectable and Identifiable with Probe/Sensor, Any Method (Implantable), With Delivery System
C1982	Catheter, Pressure-Generating, (e.g., One-Way Valve, Intermittently Occlusive)
E0986	Manual Wheelchair Accessory, Power Assist System
J1961	Injection, LENACAPAVIR (only for use as HIV treatment), 1 mg
J7300	Intrauterine Copper Contraceptive (Paragard)
J9072	Injection, Cyclophosphamide (FRINDOVYX), 5 mg
L5673	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric, Or Equal, With or Without Perforations, with or without breathable material, for use with locking mechanism
L5679	Addition To Lower Extremity, Below Knee/Above Knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric, or equal, with or without perforations, with or without breathable material, not for use with locking mechanism
L5783	Addition to Lower Extremity, user adjustable, mechanical, residual limb volume management system (with or without lamination kit)
L7406	Addition to Upper Extremity Prosthesis, user adjustable, mechanical, residual limb volume management system (with or without lamination kit)
0285U	Testing for Disease Progression, Response to Radiation, Chemotherapy, Or Other Systemic Cancer Treatments in cell-free DNA by quantitative branched chain DNA amplification in cancer
0552U	Testing for Genetic Disorders from Outer Layer of Embryo Cells, reported as low-risk or high-risk for familial genetic disorder in preimplantation genetic assessment
0553U	Analysis of 24 Chromosomes Using DNA Genomic Sequence Analysis of Outer Layer of Embryo Cells, results reported as normal/balanced or balanced per embryo tested in preimplantation genetic assessment
0554U	Analysis of 24 Chromosomes Using DNA Genomic Sequence Analysis of Outer Layer of Embryo Cells, results reported as normal, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, per embryo testing in preimplantation assessment
0555U	Analysis of 24 Chromosomes Using DNA Genomic Sequence analysis of outer layer of embryo cells, results reported as reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, Triploid, Haploid, or Mosaic, per embryo testing in preimplantation assessment
0556U	Testing of Pathogen-Specific DNA and RNA By Real-Time PCR for 12 targets From Nasal or Throat Swab, reported as detected or not detected in bacterial or viral respiratory tract infection
0557U	Real-Time Amplification Testing for Bacterial DNA Markers in Vaginal Fluid reported as detected or not detected for each organism in bacterial vaginosis and vaginitis

0558U	Quantitative Enzyme-Linked Immunosorbent Assay (ELISA) for Secreted Colorectal Cancer Protein Marker in Serum, reported as response/no response to therapy or disease progression/regression
0559U	Quantitative Enzyme-Linked Immunosorbent Assay (ELISA) for secreted breast cancer protein marker in serum, result reported as indicative of response/no response to therapy or disease progression/regression
0560U	Genomic Sequence Analysis in Cell-Free DNA in Whole Blood and Tumor Tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current minimal residual disease and for comparison to subsequent minimal residual disease assessments for cancer
0561U	Genomic Sequence Analysis in Cell-Free DNA in Whole Blood, subsequent assessment with comparison to initial assessment to evaluate for minimal residual disease in cancer
0562U	Targeted Genomic Sequence Analysis Of 33 Genes, Detection of Single-Nucleotide Variants (SNVs) in Plasma, reported as presence of actionable variants in solid tumor cancer
0563U	Pathogen-Specific Nucleic Acid DNA or RNA testing for 11 Viral Targets And 4 Bacterial Targets in Upper Respiratory Specimens for Each Pathogen, reported as positive or negative in bacterial and/or viral respiratory tract infection
0564U	Pathogen-Specific Nucleic Acid DNA or RNA testing for 10 Viral Targets And 4 Bacterial Targets in Upper Respiratory Specimen, each pathogen reported as positive or negative in bacterial and/or respiratory tract infection
0565U	Next-Generation Sequencing Methylation Pattern Assay to Detect 6626 Epigenetic Alterations in cell-free DNA plasma, algorithm reported as cancer signal detected or not detected in liver cancer
0566U	QPCR-Based Analysis of 13 differentially Methylated Regions in Pleural Fluid, algorithm reported as a qualitative result in lung cancer
0567U	Whole-Genome Sequence Analysis N Blood, Saliva, Amniocentesis, Chorionic Villus Sample or Tissue, identification and categorization of genetic variants in constitutional/heritable disorder
0568U	Testing for Proteins by Ultra High-Sensitivity Molecule Array Detection in Plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology
0569U	Next-Generation Sequencing Analysis of Tumor Methylation Markers present in cell-free circulating tumor DNA (ctDNA) in whole blood, algorithm reported as presence or absence of ctDNA in solid tumor cancer
0570U	Testing for Proteins in Whole Blood or Plasma, individual components reported with overall result of elevated or non-elevated based on threshold comparison in traumatic brain injury
0571U	Next-Generation Sequencing of DNA in 80 genes and RNA in 10 genes in Plasma, reported as clinically actionable variants in solid tumor cancer

0572U	High-Throughput Telomere Length Quantification by FISH testing in whole blood, diagnostic algorithm reported as risk of prostate cancer
0573U	Testing for 3 Biomarkers in Pancreatic Cyst Lesion Fluid, algorithm reported as categorical mucinous or non-mucinous in pancreatic cancer
0574U	Culture Filtrate Protein-10-KDA Testing in Serum or Plasma for Tuberculosis
90612	Influenza Virus Vaccine, Trivalent, And Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) vaccine, mRNA-LNP, 31.7 mcg/0.32 mL dosage, for intramuscular use
90613	Influenza Virus Vaccine, Quadrivalent, And Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) vaccine, mRNA-LNP, 40 mcg/0.4 mL dosage, for intramuscular use
90635	Influenza Vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use
91323	Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use

PROVIDER TYPE RATE SCHEDULE (RF618)

- Effective August 31, 2025, the following codes have been end dated on RF618.

Code	Description	Provider Type
90801	Psychiatric Diagnostic Interview Examination	86 – Licensed Marriage & Family Therapist LMFT
90801	Psychiatric Diagnostic Interview Examination	87 – Licensed Professional Counselor (LPC)
90802	Interactive Psychiatric Diagnostic Interview Examination	86 – Licensed Marriage & Family therapist LMFT
90802	Interactive Psychiatric Diagnostic Interview Examination	87 – Licensed Professional Counselor (LPC)
D1203	Topical Application of Fluoride – Child	54 – Affiliated Dental Hygienist 4
D1204	Topical Application of Fluoride – Adult	54 – Affiliated Dental Hygienist

- Effective August 31, 2025, the following codes have been **end dated** for Provider Type 20 (Respiratory Therapist).

CPT Code			
E0446	E0460	E0464	E0491
E0450	E0461	E0481	E0571
E0456	E0463	E0490	

- Effective July 31, 2025, the following codes have been **end dated** for provider type 81 (EPD HCBS).

CPT Code					
V5268	V5271	V5274	V5283	V5286	V5289
V5269	V5272	V5281	V5284	V5287	V5290
V5270	V5273	V5282	V5285	V5288	92506

- Effective August 31, 2025, the following codes have been **end dated** on RF618 for provider type 27 (Adult Day Health).

Codes			
92559	97000	97100	97532
92560	97001	97127	97610
92561	97002	97169	97703
92564	97003	97170	97762
92565	97004	97171	97780
92569	97005	97172	97781
92573	97006	97500	
92585	97010	97504	
92586	97020	97520	

- Effective October 1, 2025, the provider types C2 (Federally Qualified Health Center (FQHC)) and C5 (638 FQHC) had the following codes added to their profile on RF618.

Codes			
92014	92025	92250	92340
92020	92136	92285	92341

- Effective October 1, 2025, the following codes have been added to the provider types on RF618.

Code	Added to Provider types	
H2016	23	A6
	29	C2
	77	C5
	A3	IC

Code	Added to Provider Type		
H2018	8	39	A3
	11	77	A4
	18	85	A6
	19	86	BC
	31	87	IC

Code	Add to Provider Type			
H2038	18	29	77	A6
	19	31	A3	BC
	23	39	A4	C5

End Date

- Effective September 30, 2025, the provider types 08, and BC have been end dated for code H2016.
- Effective September 30, 2025, the provider type 81 has been end dated for code H2018.
- Effective September 30, 2025, the provider type 81 has been end dated for code H2038.

Provider Type (RF618)

Code	Description	Provider Type	Effective Begin Date
20610	Aspiration and/or Injection of Fluid from Large Joint	IC - Integrated Clinics	4/1/2025
86701	Analysis For Antibody to HIV -1 Virus	77 – BH Outpatient Clinic	1/1/2025
86703	Analysis For Antibody to HIV-1 and HIV-2 Virus	77 - BH Outpatient Clinic	1/1/2025
86780	Analysis For Antibody, Treponema Pallidum	77 – BH Outpatient Clinic	1/1/2025
86803	Hepatitis C Antibody Measurement	77 - BH Outpatient Clinic	1/1/2025
92002	New Patient Problem Focused Exam of Visual System	C2 – Federally Qualified Health Center (FQHC)	10/1/2025
92002	New Patient Problem Focused Exam of Visual System	C5 – 638 FQHC	10/1/2025
92012	Established Patient Problem Focused Exam of Visual System	C2 – Federally Qualified Health Center (FQHC)	10/1/2025
92012	Established Patient Problem Focused Exam of Visual System	C5 – 638 FQHC	10/1/2025
92507	Treatment Of Speech, Language, Voice, Communication, and/or Hearing Processing Disorder	C2 - Federally Qualified Health Center (FQHC)	10/1/2024
92508	Treatment Of Speech, Language, Voice, Communication, and/or Hearing Processing Disorder in a Group Setting	C2 - Federally Qualified Health Center (FQHC)	1/1/2025
92511	Exam Of the Nose and Throat Using an Endoscope	C2 - Federally Qualified Health Center (FQHC)	1/1/2025
92512	Study Of Nasal Function	C2 - Federally Qualified Health Center (FQHC)	1/1/2025
92516	Study Of Facial Nerve Function	C2 - Federally Qualified Health Center (FQHC)	1/1/2025
92520	Study Of Voice Box Function	C2 - Federally Qualified Health Center (FQHC)	1/1/2025
92521	Evaluation Of Speech Continuity, Smoothness, Rate, and Effort	C2 - Federally Qualified Health Center (FQHC)	1/1/2025
92522	Evaluation of Speech Sound Production	C2 - Federally Qualified Health Center (FQHC)	1/1/2025
92523	Evaluation of Speech Sound Production with Evaluation of Language Comprehension and Expression	C2 - Federally Qualified Health Center (FQHC)	1/1/2025

Code	Description	Provider Type	Effective Begin Date
92526	Treatment of Swallowing and Feeding Disorder	C2 - Federally Qualified Health Center (FQHC)	1/1/2025
1001F	Tobacco Use, Non-Smoking, Assessed	84 - Licensed Midwife	7/31/2025
J0739	Injection, Cabotegravir, 1 mg	18 - Physician's Assistant	1/1/2025
J0739	Injection, Cabotegravir, 1 mg	19 - Registered Nurse Practitioner	1/1/2025
J2267	Injection, Mirikizumab-MRKZ, 1 mg	03 – Pharmacy	8/1/2024
J9063	Injection, Mirvetuximab Soravtansine-GYNX, 1 mg	18 - Physician's Assistant	12/1/2024
J9063	Injection, Mirvetuximab Soravtansine-GYNX, 1 mg	19 - Registered Nurse Practitioner	12/1/2024
Q5119	Injection, RITUXIMAB-PVVR, Biosimilar, (RUXIENCE), 10 mg	19 - Registered Nurse Practitioner	10/1/2024
T1013	Sign Language or Oral Interpretive Services, Per 15 Minutes	11 - Psychologist	10/1/2024

Revenue Code (RF773)

Code	Description	Revenue Code	Effective Begin Date
75580	Analysis Of Data from CT Study of Heart Blood Vessels to Assess Severity of Heart Artery Disease, with interpretation and report	0480 - Cardiology	01/01/2025
75580	Analysis Of Data from CT Study of Heart Blood Vessels to Assess Severity of Heart Artery Disease, with interpretation and report	0481 - Cardiac Cath Lab	01/01/2025
C1748	Endoscope, Single-Use (i.e. disposable), Upper GI Imaging/Illumination Device (Insertable)	0272 - Sterile Supply	07/01/2025
C9809	Cryoablation Needle (e.g., Lovera System), Including Needle/Tip and All Disposable System Components, Non-Opioid Medical Device	0272 - Sterile Supply	07/01/2025

STATUS CODE B CPT-HCPCS CODES (RFC25)

Effective January 1, 2025, the following codes have been added to RFC25.

- 38225-Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day
- 38226-Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage)
- 38227-Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration

VFC PROCEDURE CODES (RF729)

Code	Description	Indicator	Effective Begin Date
90382	Respiratory Syncytial Virus, Monoclonal Antibody, Season	T	07/01/2025
90660	Influenza Vaccine, Trivalent for Nasal Administration	T	08/01/2025
90673	Influenza Vaccine, Trivalent Derived from Recombinant DNA	T	08/01/2025
M0201	Administration Of Pneumococcal, Influenza, Hepatitis B, and/or Covid-19 Vaccine	A	08/01/2025

- The CPT code 90589 (Chikungunya Virus Vaccine) now has a coverage code of 04 (Not Covered Service/Code Not Available) with an effective date of August 22, 2025.

- The CPT code 90624 (Meningococcal Pentavalent Vaccine, Men B-4C Recombinant Proteins and Outer Membrane Vesicle and Conjugated Men A, C, W, Y-Diphtheria Toxoid Carrier, for intramuscular use) has a coverage code of 01 (Covered Service/Code Available) effective 2/14/2025.

- Effective August 1, 2025, the following codes have 01 (Covered Service/Code Available) on RF123.

Code	Description
90660	Influenza Vaccine, Trivalent for Nasal Administration
90673	Influenza Vaccine, Trivalent Derived from Recombinant DNA
Q2039	Influenza Virus Vaccine, Not Otherwise Specified