

Encounter Keys

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March-April, 2009

Hospital

Effective for dates of service on or after December 1, 2008 Scottsdale Healthcare – Shea has been awarded NICU III certification. For questions, please contact Jean Ellen Schulik at (602) 417-4335 or JeanEllen.Schulik@azahcccs.gov.



Table Updates

Several reference tables recently were updated to reflect a one-to-one code crosswalk. For example, physician and physician extender provider types have been updated on RF618; revenue code to bill types on RF773; and revenue codes to procedure codes on RF774. In addition, procedure/place of service combinations on RF115 and procedure/modifier combinations on RF122 and RF121 are also undergoing review and revision. If you have encounter pends which you believe are in error, due to a missed code update, please forward the missed code groupings to the Encounter Unit for review.

Edit(s)

The following edits have been added to the override table with adjudication level 80, begin DOS 01/01/07:

R280 Medicare Coverage Indicated But Not Billed On In-Patient UB82 for form type I/P

R290 Medicare Coverage Indicated But Not Paid On Out-Patient UB82 for form type O/P

DESI Data

ISD recently discovered that DESI data was not always being updated correctly. ISD will be updating DESI data to coincide with First Databank source data. ISD expects to have the update completed by March. All encounters pending due to incorrect DESI data will adjudicate following the first March cycle.

Modifier(s)

Effective for dates of service on or after January 1, 2009 the modifier(s) HF (Substance Abuse Program) and/or SE (State/Federally-Funded) have been added to the following codes.

Codes	Descriptions	HF	SE
H0001	Alcohol And/Or Drug Assessment	X	
H0002	Behavioral Health Screening To Determine Eligibility For Admission To Treatment Program	X	
H0004	Behavioral Health Counseling And Therapy, Per 15 Minutes	X	X
H0010	Alcohol And/Or Drug Services; Sub-Acute Detoxification (Residential Addiction Program Inpatient)	X	
H0018	Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program), Without Room And Board, Per Diem	X	
H0019	Behavioral Health; Long-Term Residential (Non-Medical, Non-Acute Care In A Residential Treatment Program Where Stay Is Typically Longer Than 30 Days), Without Room And Board, Per Diem	X	
H0020	Alcohol And/Or Drug Services; Methadone Administration And/Or Service (Provision Of The Drug By A Licensed Program)	X	
H0025	Behavioral Health Prevention Education Service (Delivery Of Services With Target Population To Affect Knowledge, Attitude And/Or Behavior)	X	X
H0031	Mental Health Assessment, By Non-Physician	X	
H0034	Medication Training And Support, Per 15 Minutes	X	X
H0036	Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes	X	
H0038	Self-Help/Peer Services, Per 15 Minutes	X	X
H0043	Supported Housing, Per Diem	X	X
H0046	Mental Health Services, Not Otherwise Specified	X	
H2011	Crisis Intervention Service, Per 15 Minutes		X
H2012	Behavioral Health Day Treatment, Per Hour	X	
H2014	Skills Training And Development, Per 15 Minutes	X	X
H2016	Comprehensive Community Support Services, Per Diem	X	X
H2017	Psychosocial Rehabilitation Services, Per 15 Minutes	X	X
H2019	Therapeutic Behavioral Services, Per 15 Minutes	X	
H2020	Therapeutic Behavioral Services, Per Diem	X	
H2025	Ongoing Support To Maintain Employment, Per 15 Minutes	X	X
H2026	Ongoing Support To Maintain Employment, Per Diem	X	X
H2027	Psychoeducational Service, Per 15 Minutes	X	X

Modifier(s) Continued

S5110	Home Care Training, Family; Per 15 Minutes	X	X
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes	X	X
S5151	Unskilled Respite Care, Not Hospice; Per Diem	X	X
S9484	Crisis Intervention Mental Health Services, Per Hour		X
S9485	Crisis Intervention Mental Health Services, Per Diem		X
T1002	RN Services, Up To 15 Minutes	X	
T1003	LPN/LVN Services, Up To 15 Minutes	X	
T1016	Case Management, Each 15 Minutes	X	X
T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Resident Of A Hospital, Nursing Facility, ICF/MR Or IMD, Part Of The Individualized Plan Of Treatment (Code May Not Be Used To Identify Services Provided By Home Health Aide Or Certified Nurse Assistant)	X	X
T1020	Personal Care Services, Per Diem, Not For An Inpatient Or Resident Of A Hospital, Nursing Facility, ICF/MR Or IMD, Part Of The Individualized Plan Of Treatment (Code May Not Be Used To Identify Services Provided By Home Health Aide Or Certified Nurse Assistant)	X	X

- Effective for dates of service on or after January 1, 2007 the HCPCS code L3763 (Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment) can be reported with the following modifiers:

NU (New Equipment)
 LT (Identifies Left Side)
 RT (Identifies Right Side)

- Effective for dates of service on or after January 1, 2009 the following two modifiers have been added to the reference table (RF114 – Procedure Modifier).

RA – Replacement of a DME item,
 RB - Replacement of a part of DME furnished as part of a repair

Note:

The existing RP (Replacement and repair) modifier will be end dated with an effective date of December 31, 2008.

Suppliers should use the new RA modifier on DMEPOS claims to denote instances where an item is furnished as a replacement for the same item which has been lost, stolen, or irreparably damaged.

Medicare contractors will accept modifier “RA” (rather than “RP”) for replacement of beneficiary-owned DMEPOS due to loss, irreparable damage, or when the item has been stolen.

In contrast, the new RB modifier should be used on a DMEPOS claim to indicate replacement parts of a DMEPOS item (base equipment/device) furnished as part of the service of repairing the DMEPOS item (base equipment/device).

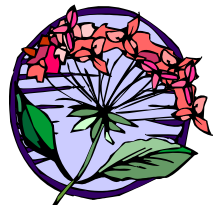
Medicare contractors will accept modifier “RB” rather than “RP” for replacement parts furnished in order to repair beneficiary-owned DMEPOS.

Place of Service (POS)

- Effective for dates of service on or after March 1, 2008 the HCPCS Code A7507 (Filter Holder and Integrated Filter without Adhesive, For Use In A Tracheostoma Heat And Moisture Exchange System, Each) can be reported with POS 12 (Home).
- Effective for dates of service on or after January 1, 2009 the CPT code 93306 (Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography) can be reported with POS 21 (Inpatient Hospital).
- The CPT code 32422 (Thoracentesis With Insertion Of Tube, Includes Water Seal (eg, For Pneumothorax), When Performed (Separate Procedure)) has been removed from POS 24 (Ambulatory Surgical Center).
- Effective for dates of service on or after July 1, 2008 the POS 32 (Nursing Facility) has been added to the CPT codes:
 - 93307 (Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, Without Spectral or Color Doppler Echocardiography)
 - 93320 (Doppler Echocardiography, Pulsed Wave And/Or Continuous Wave With Spectral Display (List Separately In Addition To Codes For Echocardiographic Imaging); Complete)
- Effective for dates of service on or after July 1, 2008 the POS 71 (State or Local Public Health Clinic) has been added to the CPT code 94760 (Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation; Single Determination).

Age Change

- The minimum age has been changed to zero (0) for the HCPCS code L2050 (Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated).
- The minimum age has been changed to zero (0) for the HCPCS code J0702 (Injection, Betamethasone Acetate 3mg And Betamethasone Sodium Phosphate 3MG).



Coverage Code(s)

- Effective for dates of service on or after October 1, 2007 the AHCCCS Coverage Code 01 (Covered Service/Code Available) is now applicable for the CPT 47143 (Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft Prior To Allotransplantation, Including Cholecystectomy, If Necessary, And Dissection And Removal Of Surrounding Soft Tissues To Prepare The Vena Cava, Portal Vein, Hepatic Artery, And Common Bile Duct For Implantation; Without Trisegment Or Lobe Split).
- Effective for dates of service on or after March 1, 2009 the AHCCCS Coverage code has changed from 04 (Not covered service/Code Not available) to 01 (Covered Service/Code Available) on RF123 (Procedure AHCCCS Coverage) and on the reference screen RF124 (Procedure Prior Authorization) the Prior Authorization code has changed from 4 (PA Not Req'd for Acute or LTC) to 3 (PA Req'd For Both Acute and LTC) for the following CPT codes:

15788 Chemical Peel, Facial; Epidermal
 15789 Chemical Peel, Facial; Dermal
 15792 Chemical Peel, Nonfacial; Epidermal
 15793 Chemical Peel, Nonfacial; Dermal



Code(s)

- Effective for dates of service on or after October 1, 2008 the CPT code 49450 (Replacement Of Gastrostomy Or Cecostomy (Or Other Colonic) Tube, Percutaneous, Under Fluoroscopic Guidance Including Contrast Injection(S), Image Documentation And Report) has been added to the Reference screen RF773 for revenue codes 0360 (OR Services) and 0361 (OR/Minor).
- Effective April 1, 2009 CPT 99070 (Supplies and material provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)) will be closed. Plans and providers must use the more specific HCPCS A codes rather than 99070. Please adjust your systems and processes accordingly.

Category of Service (COS)

Effective for dates of service on or after April 1, 2003 the HCPCS code C1814 (Retinal Tamponade Device, Silicone Oil) is now associated to Category of Service 40 (Medical Supplies).

Provider Type (PT)

The following HCPCS and CPT codes have been added to the provider type table.

Procedure Code	Description	Provider Type	Effective Date
20690	Application of a Uniplane (Pins Or Wires In One Plane), Unilateral, External Fixation System))	10 Podiatrist	1/01/2007
27646	Radical Resection of Tumor, Bone; Fibula) can be reported by provider type 10 (Podiatrist).	10 Podiatrist	7/01/2008
99368	Medical Team Conference With Interdisciplinary Team Of Health Care Professionals, Patient And/OR Family Not Present, 30 Minutes Or More; Participation By Nonphysician Qualified Health Care Professional	14 Physical Therapist and 15 Speech/Hearing Therapist	1/1/2008
99477	Initial Hospital Care, Per Day, For The Evaluation And Management Of The Neonate, 28 Days Of Age Or Less, Who Requires Intensive Observation, Frequent Interventions, And Other Intensive Care Services).	08 MD-Physician and 31 DO-Physician Osteopath	1/1/2008
99601	Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours)	03 Pharmacy	1/1/2007
99602	Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours); Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	03 Pharmacy	1/1/2007

Coding Tip

The following are coding tips from the American Medical Association:

Diagnostic or treatment procedures that are reported as part of evaluation and management services (e.g., Otoscopy, Anterior Rhinoscopy, Tuning fork tests, and removal of Nonimpacted Cerumen) are not reported separately.

Regarding the use of modifier 59 with microbiology codes: modifier 59 should be used when separate results are reported for different species or strains that are described by the same CPT code.

