

AHCCCS

AHCCCS PROVIDER PARTICIPATION TO BE TERMINATED FOR INACTIVITY

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An AHCCCS provider's participation in the AHCCCS program may be terminated for any of several reasons, including inactivity. Provider participation may be terminated if the provider does not submit a claim to the AHCCCS Administration; one of the AHCCCS contracted health plans or program contractor within the past 24 months. If AHCCCS has not received a claim or an encounter for the past 24 months, these providers were terminated **effective April 2011**. A new registration packet will be required to reactivate providers who reapply following termination for inactivity. Providers should refer to Chapter 3 of the AHCCCS FFS Provider Manual for information on provider participation

Edit Change

- Beginning with the first encounter cycle of June 2010 five edits were changed from pend to denial edit status. Twenty-four edits were changed to a denial edit status with the first encounter cycle of September 2010 and ninety-one edits were changed to a denial edit status with the first encounter cycle of May 2011. **Effective with the first August 2011 encounter cycle five hundred sixty-four edits will be changed from pend to denial edit status.** The rationale for this change is to reduce processing time and associated costs when the edits re-pend over multiple cycles. This change will result in sixty-six edits remaining in a pend edit status.
- Encounters denied by AHCCCS are not considered for purposes of plan performance measures, supplemental payments such as reinsurance and reconciliations, or for future plan capitation rates.
- Encounters denied by AHCCCS must be replaced using the replacement process in order to retain timely filing of the prior encounter submission. Encounter new day re-submissions will be considered originals and not linked to prior encounters denied by AHCCCS as a result of edit denials. Plans must diligently monitor/track these denials and replace/resubmit them. AHCCCS will monitor plan performance around these denials and, when necessary, may require corrective action plans, other activities to improve performance, or levy sanctions.
- On January 11, 2011 Plans were notified that AHCCCS intended to turn A621 and A622 edits on hard. Effective May 1, 2011 both edits were changed from a soft to hard edit status.

Category of Service

The Category of Service has been changed to 50 for the HCPCS code K0739 (Repair Or Non-routine Service For Durable Medical Equipment Other Than Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes).

Coverage Code

Effective for dates of service on or after January 1, 2011 the following CPT codes have a Coverage Code of 01 (Covered Service/Code Available):

61781	Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure)
61782	Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure)
61783	Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure)

- Effective for dates of service on or after January 1, 2010 the HCPCS code E1340 (Repair Or Nonroutine Service For Durable Medical Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes) has a coverage code of 04 (Not Covered Service/Code Not Available).
- Effective for dates of service on or after October 1, 2010 the diagnosis code 81.18 (Other Fusion of Toe) now has a coverage code to 01 (Covered Service/Code Available).
- Effective for dates of service on or after January 1, 2011 the HCPCS code G0434 (Drug Screen, Other Than Chromatographic; Any Number of Drug Classes, By CLIA Waived Test Or Moderate Complexity Test, Per Patient Encounter) had the coverage code changed to 09 (Medicare Only).

RF115 Table Updates

The purpose of this email is to provide you with an update regarding the AHCCCS RF115 (Procedure to Place of Service) Table Revision Project. Previously completed updates are procedure to places of service for Category II (XXXXF) codes; dental (DXXXX) codes; codes for hospital and ASC places of service (21, 22, 23, and 24), laboratory (8XXXX and select GXXXX), transportation codes; codes for homeless shelter, nursing facilities and custodial care facility (04, 31, 32 and 33), and codes for office and clinic (11, 20, 49, 50, 71 and 72) places of service.

RF115 update of procedure codes to other (99) place of service has been finalized and will occur when IS resources are available. The update to POS 99 is the last remaining batch update to the RF115 table. AHCCCS will notify you when the table has been updated.

If there are S430 (place of service invalid for procedure) pend encounter errors you believe are a result of invalid table combinations, please contact your Encounter Customer Service Representative for assistance.

Revenue Code

- The revenue code 0960 (Pro Fee) has been added to the reference screen RF 773 (Revenue Codes-to Procedure Codes) for the following codes with an effective date of January 1, 2010.

CODE	DESCRIPTION
99201	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Problem Focused History; A Problem Focused Examination; Straightforward Medical
99202	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Straightforward Medical Decision Making.
99203	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Low Complexity.
99204	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; Medical Decision Making Of Mod-
99205	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; Medical Decision Making Of High Complexity.

- The revenue code 0616 (MRA-Lower Ext) has been added to the reference screen RF 773 (Revenue Codes-to Procedure Codes) for the following HCPCS codes with an effective date of January 1, 2010.

CODE	DESCRIPTION
C8912	Magnetic Resonance Angiography With Contrast, Lower Extremity
C8913	Magnetic Resonance Angiography Without Contrast, Lower Extremity
C8914	Magnetic Resonance Angiography Without Contrast Followed By With Contrast, Lower Extremity

Age Limit

The minimum and maximum ages have been changed to 000 Y to 020 Years for the ICD-9 diagnosis codes:

V70.0 Routine General Medical Examination At A Health
 V70.9 Unspecified General Medical Examination
 V72.31 Routine Gynecological Examination

Procedure Daily Limits

- The procedure daily maximum has been changed to 300 for the HCPCS Code J1459 (Injection, Immune Globulin (Privigen), Intravenous).
- The procedure daily maximum has been changed to five (5) for HCPCS Code J2675 (Injection, Progesterone, Per 50 Mg).
- The procedure daily limits has been changed to 4 for CPT Code 88311 (Decalcification Procedure (List Separately In Addition To Code for Surgical Pathology Examination)
- The procedure daily limit has been changed for CPT code 10022 (Fine Needle Aspiration; With Imaging Guidance) to 2.
- The limit and frequency fields on the reference screens RF127 (Procedure OPFS Indicators and Values) and RF113 (Procedure Code Indicators and Values) have been removed for the CPT Codes:

90732	Pneumococcal Polysaccharide Vaccine, 23-Valent, Adult Or Immunosuppressed Patient Dosage, When Administered To Individuals 2 Years Or Older, For Subcutaneous Or Intramuscular Use
87210	Smear, Primary Source With Interpretation; Wet Mount For Infectious Agents (e.g, Saline, India Ink, Koh Preps)
82150	Amylase

- The limit on the reference screens RF113 and RF127 for HCPCS Code A7006 (Administration Set, With Small Volume Filtered Pneumatic Nebulizer) has been changed to 5.
- The procedure daily limit has been changed on the HCPCS Code E0444 (Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit) to 1.

Provider Type (PT)

- The CPT Codes listed below have been added to the Provider Type 05 (Clinic) with an effective date of April 1, 2004.

96150	Health and Behavior Assessment (e.g., Health-Focused Clinical Interview, Behavioral Observations, Psychophysiological Monitoring, Health-Oriented Questionnaires), Each 15 Minutes Face-To-Face With The Patient; Initial Assessment
96151	Health and Behavior Assessment (e.g., Health-Focused Clinical Interview, Behavioral Observations, Psychophysiological Monitoring, Health-Oriented Questionnaires), Each 15 Minutes Face-To-Face With The Patient; Re-Assessment
96153	Health and Behavior Intervention, Each 15 Minutes, Face-To-Face; Group (2 Or More Patients)
96154	Health and Behavior Intervention, Each 15 Minutes, Face-To-Face; Family (With The Patient Present)
96155	Health and Behavior Intervention, Each 15 Minutes, Face-To-Face; Family (Without The Patient Present)

- Effective for dates of service on or after January 1, 2011 the CPT code 88177 (Cytopathology, Evaluation Of Fine Needle Aspirate; Immediate Cytohistologic Study To Determine Adequacy For Diagnosis, Each Separate Additional Evaluation Episode, Same Site (list separately in addition to code for primary procedure) has been added to PT 08 (MD-Physician) and 31 (DO-Physician Osteopath).
- Effective for dates of service on or after June 1, 2009 the HCPCS code S0077 (Injection, Clindamycin Phosphate, 300 mg) can be reported by provider types:

08 (MD-Physician)	18 (Physicians Assistant)
19 (Registered Nurse Practitioner)	31 (Do-Physician Osteopath)
- Effective for dates of service on or after March 1, 2010 the CPT code 64632 (Destruction By Neurolytic Agent; Plantar Common Digital Nerve) can be reported by PT 10 (Podiatrist).
- Effective for dates of service on or after October 1, 2010 the HCPCS code S5125 (Attendant Care Services; Per 15 Minutes) can now be reported by PT 24 (Personal Care Attendant).
- Effective for dates of service on or after January 1, 2011 the CPT code 72020 (Radiologic Examination, Spine, Single View, Specify Level) has been added to PT 02 (Hospital).

“Success consists of getting up just one more time than you fall.”

Oliver Goldsmith

Place of Service (POS)

- Effective for dates of service on or after January 1, 2010 the POS 22 (Outpatient Hospital) has been added to the CPT code 27036 (Capsulectomy Or Capsulotomy, Hip, With Or Without Excision Of Heterotopic Bone, With Release Of Hip Flexor Muscles (i.e., Gluteus Medius, Gluteus Minimus, Tensor Fascia Latae, Rectus Femoris, Sartorius, Iliopsoas)).
- Effective for dates of service on or after March 8, 2010 the POS 22 (Outpatient Hospital) has been added to the CPT code 53415 (Urethroplasty, Transpubic Or Perineal, 1-Stage, For Reconstruction Or Repair Of Prostatic Or Membranous Urethra).
- Effective for dates of service on or after January 1, 2011 the POS 12 (Home) has been added to the HCPCS code 92526 (Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding).
- Effective for dates of service on or after January 1, 2011 the POS 11 (Office) can be reported with the following codes:

78451	(Myocardial Perfusion Imaging, Tomographic (Spect) (Including Attenuation Correction, Qualitative or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic))
78453	Myocardial Perfusion Imaging, Planar (Including Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic)
78454	Myocardial Perfusion Imaging, Planar (Including Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Multiple Studies, At Rest And/Or Stress (Exercise Or Pharmacologic) And/Or Redistribution And/Or Rest Reinjection

- Effective for dates of service on or after January 1, 2010 the following CPT Codes can be reported at the following POS: 05 (Indian Health Service Free-Standing-Facility); 06 (Indian Health Service Provider-Based Facility); 07 (Tribal 638 Free-Standing Facility); 08 (Tribal 638 Provider-Based Facility); 11 (Office); 21 (Inpatient Hospital); 22 (Outpatient Hospital); 24 (Ambulatory Surgical Center); 99 (Other Unlisted Facility)

64490	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Single Level
64492	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Third And Any Additional Level(s) (List Separately In Addition To Code For Primary Procedure)
64493	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Single Level
64494	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure)
64495	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Third And Any Additional Level(s) (List Separately In Addition To Code For Primary Procedure)

Place of Service (POS)

- Effective for dates of service on or after November 1, 2009 the POS 71 (State or Local Public Health Clinics) can be reported on the following CPT Codes:

90702	Diphtheria and Tetanus Toxoids (DT) Adsorbed When Administered To Individuals Younger Than 7 Years, For Intramuscular Use
90714	Tetanus and Diphtheria Toxoids (TD) Adsorbed, Preservative Free, When Administered To Individuals 7 Years Or Older, For Intramuscular Use

- Effective for dates of service on or after March 1, 2010 the POS 11 (Office) can be reported on the following CPT Codes:

88304	Level III - Surgical Pathology, Gross And Microscopic Examination
88305	Level IV - Surgical Pathology, Gross And Microscopic Examination
88312	Special Stains; Group I For Microorganisms (e.g. Gridley, Acid Fast, Methenamine Silver), Including Interpretation And Report, Each

- Effective for dates of service on or after August 1, 2009 the CPT Code 95951 (Monitoring for Localization of Cerebral Seizure Focus By Cable or Radio, 16 Or More Channel Telemetry, Combined Electroencephalographic (EEG) And Video Recording And Interpretation (e.g. for presurgical localization), Each 24 Hours)) can be reported with the POS 11 (Office).
- Effective for dates of service on or after December 1, 2010 the CPT Code 36598 (Contrast Injection(s) For Radiologic Evaluation Of Existing Central Venous Access Device, Including Fluoroscopy, Image Documentation And Report) can be reported with the POS 11 (Office).
- The POS 24 (Ambulatory Surgical Center) and the Provider Type 43 (Ambulatory Surgical Center) have been added to the following HCPCS with an effective date of July 1, 2010.

C9264	Injection, Tolicizumab, 1mg
C9265	Injection, Romidepsin, 1 mg
C9266	Injection, Collagenase, clostridium histolyticum, 0.1 mg
C9267	Injection, von Willebrand factor complex, Wilate, per 10
C9268	Capsaicin patch, per 10 square centimeters
C9367	Endoform Dermal Template Per square centimeter
Q2025	Fludarabine Phosphate, Oral, 1mg.
0028T	Dual Energy X-Ray Absorptiometry (Dexa) Body Composition
0230T	Injection(s), anesthetic agent and/or steroid,
0231T	Injection(s), anesthetic agent and/or steroid,
0232T	Injection(s), platelet rich plasma, any tissue,

Place of Service (POS)

- Effective for dates of service on or after January 1, 2010 the POS 13 (Assisted Living Facility) has been added to the CPT code 93971 (Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study).
- Effective for dates of service on or after January 1, 2010 the POS 11 (Office) has been added to the HCPCS code S0028 (Injection, Famotidine, 20 mg).
- Effective for dates of service on or after March 1, 2009 the POS 13 (Assisted Living Facility) has been added to the HCPCS code R0070 (Transportation Of Portable X-Ray Equipment And Personnel To Home Or Nursing Home, Per Trip To Facility Or Location, One Patient Seen).
- Effective for dates of service on or after October 1, 2008 the POS 12 (Home) added has been added to HCPCS code J1325 (Injection, Epoprostenol, 0.5 mg).
- Effective for dates of service on or after of June 1, 2009 the POS 23 (Emergency Room – Hospital) has been added to CPT code 95819 (Electroencephalogram (EEG); Including Recording Awake and Asleep).
- The POS 13 (Assisted Living Facility) has been added to the following codes with their respective begin dates:

73610	(Radiologic Examination, Ankle; Complete, Minimum of 3 Views	April 1, 2010
73564	(Radiologic Examination, Knee; Complete, 4 Or More Views)	January 1, 2010
Q0092	(Set-Up Portable X-Ray Equipment)	March 1, 2009

- Effective for dates of service on or after January 1, 2009 the CPT code 55876 (Placement of Interstitial Device(s) For Radiation Therapy Guidance (e.g., Fiducial Markers, Dosimeter), Percutaneous, Prostate, Single Or Multiple) can be reported with the POS 11 (Office).
- Effective for dates of service on or after September 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 the POS 23 (Emergency Room – Hospital).
- Effective for dates of service on or after October 1, 2009 the HCPCS code J0180 (Injection, Agalsidase Beta, 1 mg) can be reported with the POS 22 (Outpatient Hospital).
- Effective for dates of service on or after January 1, 2010 the CPT code 78452 (Myocardial Perfusion Imaging, Tomographic (Spect) (Including Attenuation Correction)) can be reported with the POS 11 (Office).

- Effective for dates of service after January 1, 2008, the following codes have had Place of Service 22 (Outpatient Hospital) and 24 (Ambulatory Surgical Center) added.
 - 22010 Incision And Drainage, Open, Of Deep Abscess (Subfascial), Posterior Spine; Cervical, Thoracic, Or Cervicothoracic
 - 22610 Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Thoracic (With Or Without Lateral Transverse Technique)
 - 22830 Exploration Of Spinal Fusion
 - 22849 Reinsertion Of Spinal Fixation Device
 - 22850 Removal Of Posterior Nonsegmental Instrumentation (e.g, Harrington Rod)
 - 22852 Removal Of Posterior Segmental Instrumentation
 - 27165 Osteotomy, Intertrochanteric Or Subtrochanteric Including Internal Or External Fixation And/Or Cast
 - 27176 Treatment Of Slipped Femoral Epiphysis; By Single Or Multiple Pinning, In Situ
- Effective for dates of service on or after January 1, 2010 the CPT Code 43281 (Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation of Mesh) can be reported with POS 22 (Outpatient Hospital).
- Effective for dates of service on or after January 1, 2006 the HCPCS code J0278 (Injection, Amikacin Sulfate, 100 mg) can be reported at the following facilities:
 - 31 - Skilled Nursing Facility
 - 32 - Nursing Facility
 - 33 - Custodial Care Facility
- Effective for dates of service on or after January 1, 2003 the POS 99 (Other Unlisted Facility) can now be reported on the HCPCS Code T2007 (Transportation Waiting Time, Air Ambulance and Non-Emergency Vehicle, One-Half (1/2) Hour Increments).

“Tough times never last, tough people do.”

Robert Schuller

Laboratory Indicator

- The laboratory indicator "C" (CLIA Certified) has been added to the following codes:

G0432	Infectious Agent Antibody Detection By Enzyme Immunoassay (EIA) Technique, HIV-1 And/Or
G0433	Infectious Agent Antibody Detection By Enzyme-Linked Immunosorbent Assay (Elisa) Technique, HIV-1 And/Or HIV-2, Screening
G0435	Infectious Agent Antibody Detection By Rapid Antibody Test, HIV-1 And/Or HIV-2, Screening
G9143	Warfarin Responsiveness Testing By Genetic Technique Using Any Method, Any Number Of Specimen(s)
82930	Gastric Acid Analysis, Includes Ph If Performed, Each Specimen
83861	Microfluidic Analysis Utilizing An Integrated Collection And Analysis Device Tear Osmolarity
84112	Placental Alpha Microglobulin-1 (Pamg-1), Cervicovaginal Secretion, Qualitative
85598	Phospholipid Neutralization; Hexagonal Phospholipid
86481	Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration Of Gamma Interferon-Producing T-Cells In Cell Suspension
86902	Blood Typing; Antigen Testing Of Donor Blood Using Reagent Serum, Each Antigen Test
87501	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Influenza Virus, Reverse Transcription And Amplified Probe Technique, Each Type Or Subtype
87502	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Influenza Virus, For Multiple Types Or Sub-Types, Reverse Transcription And Amplified Probe Technique, First 2 Types Or Sub-Types
87503	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Influenza Virus, For Multiple Types Or Sub-Types, Multiplex Reverse Transcription And Amplified Probe Technique, Each Additional Influenza Virus Type Or Sub-Type Beyond 2 (List Separately In Addition To Code For Primary Procedure)
87906	Infectious Agent Genotype Analysis By Nucleic Acid (DNA Or RNA); HIV-1, Other Region (e.g., Integrase, Fusion)
88120	Cytopathology, In Situ Hybridization (e.g., Fish), Urinary Tract Specimen With Morphometric Analysis, 3-5 Molecular Probes, Each Specimen; Manual
88121	Cytopathology, In Situ Hybridization (e.g., Fish), Urinary Tract Specimen With Morphometric Analysis, 3-5 Molecular Probes, Each Specimen; Using Computer-Assisted Technology
88363	Examination And Selection Of Retrieved Archival (i.e., Previously Diagnosed) Tissue(s) For Molecular Analysis (e.g., KRAS Mutational Analysis)

- The laboratory indicator "W" (CLIA Waived) has been removed from the HCPCS code G0431 (Drug Screen, Qualitative; Multiple Drug Classes by High Complexity Test Method (e.g., Immunoassay, Enzyme Assay), Per Patient Encounter).
- The laboratory indicator "W" (CLIA Waived) has been added to the following code: G0434 - Drug Screen, Other Than Chromatographic; Any Number Of Drug Classes, By CLIA Waived Test Or Moderate Complexity Test, Per Patient Encounter.

Modifier(s)

- Effective for dates of service on or after April 1, 2011 the modifier(s) TC (Technical Component) and 26 (Professional Component) have been added to the CPT Code 88388 (Macroscopic Examination, Dissection, And Preparation Of Tissue For Non-Microscopic Analytical Studies (e.g., Nucleic Acid-Based Molecular Studies); In Conjunction With A Touch Imprint, Intraoperative Consultation, Or Frozen Section, Each Tissue Preparation (e.g., A Single Lymph Node) (List Separately In Addition To Code For Primary Procedure)).
- Modifier CB (ESRD Beneficiary Part A (SNF) Separate)) has been added to the modifier table (RF114).
- Effective for dates of service on or after July 1, 2010 the modifier RC (Right Coronary Artery) has been added to HCPCS Code G0290 (Transcatheter Placement Of A Drug Eluting Intracoronary Stent(s), Percutaneous With Or Without Other Therapeutic Intervention, Any Method; Single Vessel).
- The modifier QW (CLIA Waived Test) has been end dated as of March 31, 2011 from the HCPCS code G0431 (Drug Screen, Qualitative; Multiple Drug Classes by High Complexity Test Method (e.g., Immunoassay, Enzyme Assay), Per Patient Encounter)).
- The modifier U3 (Spouse - Limit to 160) can be reported on the HCPCS code S5125 (Attendant Care Services; Per 15 Minutes) with an effective begin date of October 1, 2007.
- The modifiers PS (Positron Emission_Subsequent Treatment) and PI (DR. Office to Trans Site/PET/CA DX) have been added to the following CPT codes with an effective date of April 01, 2009.

78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
78811	Positron Emission Tomography (Pet) Imaging; Limited Area (eg, Chest, Head/Neck)
78812	Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh
78813	Positron Emission Tomography (Pet) Imaging; Whole Body
78814	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (CT) For Attenuation Correction And Anatomical Localization Imaging; Limited Area (eg, Chest, Head/Neck)
78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (CT) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh
78816	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (CT) For Attenuation Correction And Anatomical Localization Imaging; Whole Body

- The modifier GT (Telemedicine) has been removed from the HCPCS Code S0215 (Non-Emergency Transportation; Mileage, Per Mile).
- Effective for the dates of service on or after January 1, 2010 the modifier 51 (Multiple Procedures) has been end dated for the CPT code 36556 (Insertion of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years or Older).

Modifier(s)

- Effective for dates of service on or after January 1, 2010 the modifier AI (Principal Physician of Record) has been added to the following CPT codes:

99221	Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Detailed Or Comprehensive History; A Detailed Or Comprehensive Examination; And Medical Decision Making That Is Straightforward Or Of Low Complexity
99222	Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of Moderate Complexity
99223	Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of High Complexity
99304	Initial Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Detailed Or Comprehensive History; A Detailed Or Comprehensive Examination; And Medical Decision Making That Is Straightforward Or Of Low Complexity
99305	Initial Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of Moderate Complexity.
99306	Initial Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of High Complexity

- The modifiers PS (Positron Emission_Subsequent Treatment) and PI (DR. Office to Trans Site/PET/CA DX) have been added to the following CPT codes with an effective date of April 01, 2009

78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
78811	Positron Emission Tomography (Pet) Imaging; Limited Area (e.g, Chest, Head/Neck)
78812	Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh
78813	Positron Emission Tomography (Pet) Imaging; Whole Body
78814	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (CT) For Attenuation Correction And Anatomical Localization Imaging; Limited Area (eg, Chest, Head/Neck)
78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (CT) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh
78816	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (CT) For Attenuation Correction And Anatomical Localization Imaging; Whole Body