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codingpolicyquestions@azahcccs.gov

Telehealth Updates

Effective July 1, 2023, the FQ modifier is no longer allowed on the Evaluation and Management codes. See the notice on the Medical Coding Resources Page.

Arizona Health Care Cost Containment System (AHCCCS) is not removing any codes from this list and will be reviewed in December for the 2024 updates.

H2033 Changes

H20133 Multisystemic therapy for juveniles, per 15 minutes.

RF618 Provider Tables have all been end dated, and H2033 is not allowed unless you are approved to meet this code's specific coding criteria. There are 5 specific provider ID's that will be allowed to perform this H2033 code on the PR055 provider exceptions table.

The following provider types and H2033 have been end dated as of 5/31/2023 A4, BC, CN, IC, 08, 18, 19, 23, 31, 77, 85, 86 and 87.

H2017 HQ modifier

H2017 Psychosocial rehabilitation services, per 15 minutes

Lay Description: This is a face-to-face intervention, and the services may be provided in a group or an individual setting. Report these codes for psychosocial rehabilitation services in 15-minute increments or a per diem charge.

The HQ (group) modifier was added to support the group setting per code description.

CHW/CHR Code Limit Changes

Please follow the AHCCCS Webpage FAQ for CHW/CHR for all upcoming changes and watch for the policy as soon as it is published.

The following codes will now reflect only 24 units in one month are allowed: 98960, 98961 and 98962.

FAQ: A4 partial response, please see FAQ for the complete criteria.

Medicaid billable service codes include 98960, 98961, and 98962. The certified CHW/CHR employed by an AHCCCS registered provider can submit claims for a maximum of four units per day, up to 24 units per month, per member. Total units allowable is inclusive of all three billable codes; codes cannot be billed together on the same day for the same member.

AHCCCS System Coding Updates

All internal and external stakeholders can submit an RTRU (Reference Table Update Request) if we need to update the system. The instructions are listed below. You must fill out and submit the Word document and you must include the code, place of service, provider type, or modifier that you believe we should update. There is a general mailbox that this notice must be sent. As stated, this is the process for all providers, facilities, and health plans and internal AHCCCS requests.

Reference Table Update Request

Please remember to use the Reference Table Update Request form found on the Medical Coding Resources page. This is a Word document that must be filled out including the date you wish us to consider. Also, please send the Word document to the email address listed in the instructions.

Email addresses:

Coding related to table updates should be sent to the Medical Coding Unit our email is codingpolicyquestions@azahcccs.gov

Rates related questions should be submitted to: ffsrates@azahcccs.gov

FFS Provider Training or billing questions should be submitted to: providertrainingffs@azahcccs.gov

AHCCCS policies can be found here: www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/index.html

The most common sections are AHCCCS Fee for Service and AHCCCS Medical Policy Manual (AMPM) both located on this policy page.