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Contact Us

codingpolicyquestions@
azahcccs.gov

Telehealth Changes

Starting 01/01/2022, the FQ (audio-only) modifier becomes available, and all audio-only services should be billed using the FQ modifier and POS should be the originating site (where the member is located). This replaces previous AHCCCS audio-only coding rules prior to the pandemic (e.g., POS 02 for audio-only) as well as audio-only coding during the pandemic for the temporary telephonic code set (e.g., UD modifier).

FQ The service was furnished using audio-only communication technology.

The 2022 Telehealth updates are in process and will not be uploaded until close to January 1, 2022. Please make sure you review these updates when they are published. The columns will identify whether GT, GQ or FQ modifier is allowed. The POS will be where the member is located.

CMS Place of Service Changes

CMS has updated the POS descriptions for POS 02 and POS 10. AHCCCS will still require the POS of the member for the Telehealth services provided.

POS 02 Telehealth Provided Other than in Patient's Home

POS 10 Telehealth Provided in Patient's Home

AHCCCS will not be utilizing these POSs for its Telehealth approved codes. AHCCCS requires the POS of the member for all services starting 1/1/2022.

2022 New CPT HCPCS Codes

The new 2022 CPT and HCPCS codes, as well as all new modifiers, will be in the system for all dates of service on or after 01/01/2022.

Please make sure you are reviewing all the coding changes in your CPT and HCPCS books.

The following skin substitutes will not be covered at this time. Please refer to our pharmacy webpage for approved skin substitutes:

A2001 Innovamatrix ac, per square centimeter,

A2002 Mirragen advanced wound matrix, per square centimeter,

A2003 Bio-connekt wound matrix, per square centimeter,

A2004 Xcellistem, per square centimeter,

A2005 Microlyte matrix, per square centimeter,

A2006 Novosorb synpath dermal matrix, per square centimeter,

A2007 Restrata, per square centimeter,

A2008 Theragenesis, per square centimeter,

A2009 Symphony, per square centimeter,

A2010 Apis, per square centimeter, and

Q4199 Cygnus matrix, per square centimeter.

The following codes are also set to 04 – Not covered

90759 Vaccine for Hepatitis B (3 dose schedule) for injection into muscle, 10 mcg dosage (pending FDA clearance).

The following dental codes are also not covered for 01/01/2022.

D3911 Intraorifice barrier,

D5725 Rebase hybrid prosthesis,

D6198 Remove interim implant component,

D9912 Pre-visit patient screening,

D9947 Custom sleep apnea appliance fabrication and placement,

D9948 Adjustment of custom sleep apnea appliance, and

D9949 Repair of custom sleep apnea appliance.

School CTDS Listing

You can find the School CTDS listing on the Medical Coding Resources page under Coding exhibits and policy reference. This will be updated quarterly.

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 to include 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:

<https://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](#).