Medical Coding Resources

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codingpolicyquestions@azahcccs.gov

Covered Behavioral Health Service Guide 2024

AHCCCS has released the 2024 Covered Behavioral Health Service Guide which will become effective 10/01/2024. The prior Covered Behavioral Health Services Guide was retired and replaced by our AMPM 310 B2 and other applicable policies. The CBHSG will be updated prior to 10/01/2024 as changes will be happening as they occur. Always verify you have the most up to date guide.

You can find the most recent CBHSG on the Medical Coding Resources page. All questions specific to the CBHSG should be sent to the following email address as we are utilizing these questions for a FAQ. Email: cbhsgcodingquestions@azahcccs.gov

B2 Matrix

AHCCCS has released the new B2 matrix, which is updated monthly to reflect all the system changes and is no longer a manual process. Make sure you are utilizing the most current monthly release. You will see the current month on the top of the spreadsheet. The B2 matrix is published on the Medical Coding Resources page under the drop-down Behavioral Health Services Matrix and Guide.

H0001 and H0002 Changes

H0001 age limit is set to 11 and older. This was approved internally, and the system was updated to reflect these changes. If you have members who are under the age of 11, reach out to your specific AHCCCS health plan for any billing questions.

H0001Alcohol and/or drug assessment
H0001 is limited to 1 per month and no more than 12 in one year.

H0002 Behavioral health screening to determine eligibility for admission to treatment program.
H0002 is limited to 24 in one year.

Urine Drug Screens (UDS)

AHCCCS has placed limits on the Urine Drug Screen code set. DFSM has released this notice also regarding the UDS limits. These changes were effective 8/1/2024.

Updated 9/9/2025:
Effective 10/01/2024 the KX modifier must be used for claims that exceed the maximum threshold, and the provider has documented the medical necessity of the service(s) in the member's medical record.

Effective August 1, 2024, the following changes were made to our system.

80305 -80307 Maximum of 3 in 7 days and maximum of 12 in 1 month.

80305 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay [egg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service.

80306 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (e.g., utilizing immunoassay [egg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service.

80307 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (e.g., utilizing immunoassay [egg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

G0480 - Maximum 1 in 7 days; maximum of 4 in 1 month

G0480 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed

G0481 – Maximum of 1 in 7 days; maximum of 2 in 1 month

G0481 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding

immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed

G0482 & G0483 – Maximum of 1 in 30 days and maximum of 6 in 12 months.

G0482 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed

G0483 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed

Telehealth Changes

The telehealth codes are all under review and as soon as the changes are approved a new spreadsheet will be updated on the Medical Coding Resources page. S9470 is allowed to report the GT modifier only. AHCCCS is also reviewing the AMPM 310-I policy for future updates. Please remember that AHCCCS requires the place of service of the members currently. Please refer to the AHCCCS telehealth code list for our approved code set. AMPM 320-I Telehealth Policy.

Place of Service 16 (Temporary Lodging)

Effective date August 1, 2024, the following provider types billing the associated service codes, may bill for services while supporting members to go on vacation.

- Assisted Living Centers (PT 49), Assisted Living Home (PT 36) and Adult Foster Care (PT 50) settings (billing T2031 or S5140)
- DD Group Homes (PT 25 and 39) and Developmental Homes (PT 39) (billing T2016)

The following conditions apply:

- The vacations are member directed including the decision to go on vacation and where to go.
- The service provider covers the cost of staff travel and only bills for services rendered.
- Members pay for their vacation expenses consistent with their responsibilities with room and board payments to the provider.
- Per A.A.C. R9-22-202.G, the service provider receives prior approval from the managed care organization or AHCCCS to provide services out of state.
- The service provider bills for the services while supporting a member on vacation utilizing Place of Service 16 (Temporary Lodging).

Code Closure

CPT 90461 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure) will be closed effective 10/01/2024. All billing questions are to be addressed by the specific AHCCCS health plan.

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: 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.