

In This Issue

[2025 CODE CHANGES](#)

[2025 TELEHEALTH UPDATE](#)

[COVERED BEHAVIORAL
HEALTH SERVICES GUIDE](#)

[DENTAL CHANGES 2025](#)

[H0031 LIMIT UPDATES](#)

[EPSDT CODING RESOURCE](#)

[REFERENCE TABLE
UPDATES \(RTRU\)](#)

[EMAIL ADDRESSES](#)

2025 Code Changes

CMS closed the following modifiers, and they are not allowed for reporting on dates of service 1/1/2025 and after.

- JG - Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes.
- MA - Ordering professional is not required to consult a Clinical Decision Support Mechanism due to service being rendered to a patient with a suspected or confirmed emergency medical condition.
- MB - Ordering professionals is not required to consult a Clinical Decision Support Mechanism due to the significant hardship exception of insufficient internet access.
- MC - Ordering professional is not required to consult a Clinical Decision Support Mechanism due to significant hardship except of electronic health record or Clinical Decision Support Mechanism vendor issues.
- MD - Ordering professional is not required to consult a Clinical Decision Support Mechanism due to the significant hardship exception of extreme and uncontrollable circumstances.
- ME - The order for this service adheres to Appropriate Use Criteria in the Clinical Decision Support Mechanism consulted by the ordering professional.
- MF - The order for this service does not adhere to the Appropriate Use Criteria in the Clinical Decision Support Mechanism consulted by the ordering professional.
- MG - The order for this service does not have applicable Appropriate Use Criteria in the qualified Clinical Decision Support Mechanism consulted by the ordering professional.
- MH - Unknown if ordering professional consulted a Clinical Decision Support Mechanism for this service, related information was not provided to the furnishing professional or provider.
- QQ - Ordering professional consulted a qualified clinical decision support mechanism for this service and the related data was provided to the furnishing professional.

Please refer to your 2025 CPT and 2025 HCPCS code books for all the new codes and guidelines.

The following 2 codes are new for 1/1/2025 but are closed until further notice.

- H0052 Missing and murdered indigenous persons (mmip) mental health and clinical care.
- H0053 Historical trauma (ht) mental health and clinical care for indigenous persons

2025 Telehealth Updates

The American Medical Association (AMA) updated the telehealth code set and created new codes for telehealth. Please refer to the [AHCCCS Telehealth](#) code list for 2025 for all the current updates. Tab 1 includes billing and policy information and tab 2 has the new approved code and modifiers for 1/1/2025.

- 98000 *New patient synchronous audio-video* visit with straightforward medical decision making, if using time 15 minutes or more
- 98001 *New patient synchronous audio-video* visit with low medical decision making, if using time 30 minutes or more
- 98002 *New patient synchronous audio-video* visit with moderate medical decision making, if using time 45 minutes or more
- 98003 *New patient synchronous audio-video* visit with high medical decision making, if using time 60 minutes or more
- 98004 *Established patient synchronous audio-video* visit with straightforward medical decision making, if using time 10 minutes or more
- 98005 *Established patient synchronous audio-video* visit with low medical decision making, if using time 20 minutes or more
- 98006 *Established patient synchronous audio-video* visit with moderate medical decision making, if using time 30 minutes or more
- 98007 *Established patient synchronous audio-video* visit with high medical decision making, if using time 40 minutes or more
- 98008 *New patient synchronous audio-only* visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 15 minutes or more
- 98009 *New patient synchronous audio-only* visit with low medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more
- 98010 *New patient synchronous audio-only* visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 45 minutes or more
- 98011 *New patient synchronous audio-only* visit with high medical decision making and 10 minutes or more of medical discussion, if using time 60 minutes or more
- 98012 *Established patient synchronous audio-only* visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 10 minutes or more
- 98013 *Established patient synchronous audio-only* visit with low medical decision making and 10 minutes or more of medical discussion, if using time 20 minutes or more
- 98014 *Established patient synchronous audio-only* visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more
- 98015 *Established patient synchronous audio-only* visit with high medical decision making and 10 minutes or more of medical discussion, if using time 40 minutes or more

- 98016 *Established* patient brief communication technology-based service with 5-10 minutes of medical discussion

Covered Behavioral Health Service Guide

AHCCCS has published an update to the [Covered Behavioral Services Guide](#) with a date 12/23/2024. Always make sure you have the most current version if you are downloading these documents. The AHCCCS disallow table had a minor correction made and was also updated with the 12/23/2024 date. These documents are found on the [Medical Coding Resources](#) webpage.

2025 Dental Codes

The following new codes are covered for 1/1/2025 as listed below.

- D6193 Replacement of an implant screw
 - Covered for EPSDT and Adult ER
 - Requires PA
 - Limit is one per day per tooth.
- D7259 Nerve dissection
 - Covered for EPSDT and Adult ER
 - Requires PA
 - Limit is one per day per tooth or per quadrant.
- D8091 Comprehensive orthodontic treatment with orthognathic surgery
 - Covered for EPSDT
 - Not covered for Adult ER
 - Requires PA
 - Limit is 1 in 3 Years
- D8671 Periodic orthodontic treatment visit associated with orthognathic surgery.
 - Covered for EPSDT
 - Not covered for adult ER
 - Requires PA
 - Limit is 1 in 1 month.

The following new dental codes are **not covered** starting 1/1/2025.

- D2956 Removal of an indirect restoration on a natural tooth
- D6180 Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments.
- D7252 Partial extraction for immediate implant placement
- D9913 Administration of neuromodulators
- D9914 Administration of dermal fillers
- D9959 Unspecified sleep apnea services procedure, by report

H0031 Limits

H0031 has limits to 5 per year. Medical documentation must support all H0031 codes submitted. Refer to the Covered Behavioral Services Guide for more clarification related to the billing for these services.

- #5 in the CBHSG states: H0031 shall only be used for completion of a full comprehensive intake assessment, the annual reassessment, utilization of the CALOCUS assessment tool and the ASAM CONTINUUM® assessment tool. Non-clinical/non-clinically significant changes to a member's assessment and/or updating of a member's treatment plan do not qualify for use of H0031.

EPSDT Service Coding Document

AHCCCS has updated and published the [EPSDT Service Code](#) Document, and this is located on the Medical Coding Resources page under Coding Related Exhibits and Policy Reference.

Reference Table Updates (RTRU)

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. You must include the specific date of service denied or the RTRU will be sent back asking for this information.

Email Addresses

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

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

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

AHCCCS policies can be found here:

<https://azahcccs.gov/PlansProviders/GuidesManualsPolicies/index.html>