

## In This Issue

OCTOBER  
CODINGCHANGES

NEW OPENED CODES

TELEHEALTH CODE SET

## October Coding Updates

The October quarterly updates and the 2026 ICD-10-CM and ICD-10-PCS codes are now active, effective **October 1, 2025**. Please review these changes carefully to avoid claim denials. Updated codes can be found in your CPT/ICD-10 code books or on the CMS.gov website.

### 97154 + TJ modifier - Correct Usage

**97154:** *Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes.*

**TJ Modifier:** *Program group, child, and/or adolescent.*

### Important Note:

The combination **97154 + TJ** should **not** be reported when a single technician is working with multiple patients. It is only appropriate when **multiple technicians** are working with **multiple patients** in group ABA settings. All services must be clearly documented to support the use of this code-modifier combination. This is related to the ABA providers utilizing the community school model.

## New Codes Effective October 1, 2025

The following codes are newly opened and effective as of **October 1, 2025**:

**H0051** – Traditional Healing (*See IHS/Tribal Provider Billing Manual*)

**H2018** – Psychosocial rehabilitation services, per diem

**H2016** – Comprehensive community support services, per diem

**H2038** – Skills training and development, per diem

**T1017** – Targeted case management, each 15 minutes

**G2214** – Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in

consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional  
(Note: G2214 must not be reported in the same month by the same provider with CPT codes 99492–99494. See CPT coding book for full guidance.)

## TELEHEALTH CODE SET UPDATES

AHCCCS has updated the **Telehealth Code Set** to include new codes effective **October 1, 2025**.

Please note:

AHCCCS **does not utilize** Place of Service (POS) codes **02** or **10**.

AHCCCS **does not accept** modifiers **93** or **95**.

Refer to **Tabs 1 and 2** of the Telehealth Code Set for guidance and policy details.

AHCCCS publishes its own telehealth billing guidelines. If AHCCCS is the **primary payor**, providers must follow AHCCCS-specific policies.

[Telehealth Initiatives](#)

## TELEHEALTH POLICY UPDATES – AGE CHANGES

Effective **October 1, 2025**, age restrictions have been updated for the following services:

**Cochlear Implants**

**Adult Speech Therapy**

These services are now available to **adult members**. No new codes were added; only age restrictions were removed unless otherwise specified in the code description. Policy updates will be published once finalized.

## CONTACT INFORMATION

For questions or submissions related to coding and billing, please use the following contacts:

**Medical Coding Unit** (Table updates and coding questions):

✉ [codingpolicyquestions@azahcccs.gov](mailto:codingpolicyquestions@azahcccs.gov)

**Rates-related questions:**

✉ [ffsrates@azahcccs.gov](mailto:ffsrates@azahcccs.gov)

**DFSM-FFS Provider Billing Questions:**

✉ [providertrainingffs@azahcccs.gov](mailto:providertrainingffs@azahcccs.gov)

## AHCCCS POLICIES AND MANUALS

For the latest policies, billing manuals, and provider guidance, visit:

🔗 [AHCCCS Plans & Providers – Guides, Manuals, Policies](#)