



Division Of Fee For Service Management

October 01, 2026

Updates on the Medical Coding Resource Webpage

AHCCCS Medical Coding has updated the following resources effective **October 1, 2026**:

- **B2 Matrix**
- **Disallow Table**
- **Covered Behavioral Health Services Guide (CBHSG)**
- **New Disallow Table Summary Document**

These updated resources will be available on the Medical Coding Resources webpage.

Same Day Disallow Table Decision Summary

These changes are effective 10/01/2026

AHCCCS Rationale Summary

Changes were made to the disallow table based on provider feedback and in an effort to balance member care and program integrity. AHCCCS reserves the right to make further changes as circumstances change and/or program integrity concerns arise. Below is a summary which includes, but is not limited to, rationale for decision

making as part of the review process:

- Alignment of service combinations with operational and clinical requirements.
- Prevention of duplicate reimbursement while preserving access to needed care.
- Recognition that different providers may deliver services on the same date.
- Consistency across similar service types, billing structures, and code sets.
- Support for urgent interventions when additional assistance may be necessary.
- Consideration of provider qualifications and service responsibilities.
- Compliance with established policy, billing guidance, and coverage rules.
- Accommodation of transition, coordination, and continuity-of-care needs.
- Validation of existing determinations where no revisions were warranted.

Unbundling Services

Providers need to make sure they are not unbundling any services listed in all-inclusive Per Diem codes. Unbundling of any code is not allowed. Documentation must meet the code description and billing requirements as well as scope of practice. This includes modifiers and correct places of service.

Coding Clarification for Commonly asked about Code Combinations

- BHRF (H0018) and Assessment (H0031) is on the currently posted disallow table as A*. This would allow a different service site from the BHRF to bill H0031 for an assessment as long as all other requirements are met. IOP per diems may not be billed on the same day as BHRF per diems due to the expansive coverage of services BHRFs are required to provide which mirror IOP bundled services
- T1016 – allowed same day as IOP codes. This was approved back in May 2026 and is on the currently posted disallow table.
- H0031 – Assessment and BHP evaluations are included in the IOP codes. S9480 was changed to A* which would allow another provider to bill assessment on the same day when transitions need to occur or non-IOP services are referred to another provider who needs to conduct an assessment. Excerpts from the Covered Behavioral Health Services Guide (CBHSG) are provided below:
- “H0015 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education.”
- “A minimum of one individual session per month with the BHP, and/or more

frequently as clinically indicated, must be incorporated. This session shall include a documented evaluation of member progress in the intensive outpatient psychiatric services and a determination that this level of care is still clinically indicated and medically necessary.”

- “A BHP recommending intensive psychiatric services must evaluate and determine at least once monthly, or more as clinically warranted, that the member continues to meet medical necessity for IOP level of care.”
- A* clarification: Providers must document medical necessity on why the code is being billed by another provider on the same day when it is already billed in the first per diem code. This is expected to be the exception and below are a few examples of excerpts from the CBHSG:
- “AHCCCS shall cover procedures, products, and services related to this Guide when they are medically necessary, and... The procedure, product, or service can be safely furnished, and not equally effective and more conservative or less costly treatment is available statewide...”
- “Only one per diem behavioral health service may be billed on a single day for a single member.”
- “Services that are provided on the same day in addition to IOP treatment must be medically necessary and clearly documented in the members comprehensive service plan.”
- “Psychiatric medication management services are included in the IOP per diem rate and shall be conducted by the intensive outpatient psychiatric service provider with the following exception: if the member enters intensive outpatient psychiatric services with pre-established psychiatric medication management services from whom they have received service in the past 90 days, the psychiatric provider at the IOP may coordinate with that psychiatric provider in lieu of providing this direct service to the member.”
- “In the case a specialized treatment need is identified while a member is in a BHRF level of care, the treatment team, inclusive of all team members involved outside the BHRF, must meet to establish, based on clinical best practice, the appropriateness of service provision, timeline for most appropriate implementation of service, and if established, the clinical need for the service to be initiated while the member is in BHRF care.”
- “Pre-training activities associated with the ABHTH setting are included in the rate. This service may not be billed outside the procedure code rate by either the licensed professional or the ABHTH provider.”

Override Requests for Medical Necessity

For any items on the disallow table with a D or A*, providers may still request an override with requested documentation as outlined in the CBHSG:

- “Exceptions to limitations on service frequency or duration may be approved based on medical necessity. Providers shall submit requests for exceptions to the applicable MCO, TRBHA, or AHCCCS and follow the applicable process for submitting documentation to support a request to exceed a limitation.”

Summary of Same Day Disallow Table Changes

*****These changes are effective 10/01/2026.**

Code	Changed to A	Changed to A*	Changed to D
T1016	H0014, H0015, H0037, H2016, H2018, H2026, H2038, S9480, T1020		
H0001		S5140, S5145, S5151	
H0002		S5140, S5145, S5151	
H0004		S5140, S5145, S5151, S9485	
H0006		S5140, S5145, S5151, T1020	
H0014	T1016	H0030, H0031, S5140, T1019, T1020	
H0015	T1002, T1003, T1016	S5140, S5145, S5151, S9485, T1019, T1020	
H0018	H0030	S9485	
H0020			
H0025	S5151		
H0030	H0018, S5151, S9480, T1020	H0014	
H0031	S5151, T1020	H0014, S9480	



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