



BCBSAZ Health Choice Provider Newsletter

January – March 2023

Q1

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What's New!

Electronic Visit Verification (EVV)

BCBSAZ Health Choice appreciates the efforts providers have undertaken to evaluate current compliance with EVV and develop resolutions when issues have been detected. Furthermore, AHCCCS and Sandata are working on a few change requests that will impact claims enforcement.

Therefore, claims enforcement of EVV will be **effective January 1, 2023**. It is strongly encouraged for providers to maintain the momentum to assess and comply with the EVV requirement and use every minute to ensure their readiness for the hard claims enforcement.

Provider EVV Resources

The following resources were created to help providers understand the EVV process from start to finish and provide practical ways to understand and assess gaps in EVV compliance. They can be found on the AHCCCS EVV web page (under "General Resources and Frequently Asked Questions").

- Sandata EVV Workflow
- Alternate Vendor EVV Workflow
- EVV Billing Checklist
- Billing FAQ

AHCCCS EVV Resources

- In an effort to keep the public informed about the EVV design and implementation process, AHCCCS has posted extensive information on its website [azahcccs.gov/AHCCCS/Initiatives/EVV/](https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/).
- To sign up to receive these communications, click on the Stay Informed tab.

We recognize the importance of sharing timely information about the EVV initiative, and our goal is to update our provider community on AHCCCS posted material and communicate developments on an ongoing basis.



Centers of Excellence

BCBSAZ Health Choice is pleased to recognize the following Centers of Excellence locations:

Autism Spectrum Disorder

- The Guidance Center, Flagstaff

Birth to Five

- Polara Health, Prescott Valley

Adolescent Substance Use

- Community Bridges, multiple locations north & central Arizona

Transitional Aged Youth

- Polara Health, Prescott Valley

Pain Management

- Spectrum Healthcare Group, Cottonwood

Centers of Excellence (COE) provide exceptional care in these areas, meet state and national standards for best practices, and have required metrics each year to remain a COE. You can find out more about each of these agencies on the Provider Directory tool on our website, where they are also identified with the COE seal: [Provider Search \(healthchoiceaz.com\)](https://www.healthchoiceaz.com)

Stay tuned for upcoming COE additions! If you have any questions, please feel free to reach out to Rose Kent, Social Determinants of Health (SDOH) and COE Coordinator, rose.kent@azblue.com.



What's New!

Prior Authorization Grid Updates - BCBSAZ Health Choice and BCBSAZ Health Choice Pathway

Effective 02/01/2023, the following codes will require prior authorization:

- Applies to BCBSAZ Health Choice Medicaid and BCBSAZ Health Choice Pathway – Medical Pharmacy: Q5126, J0893, J1456, J9393, J9394, J2327, J0225, J9055
- Applies to BCBSAZ Health Choice Medicaid – Chiropractic over 21 years old: 98940, 98941, 98942, 98943

Effective 02/01/2023, the following codes will no longer require prior authorization:

- Applies to BCBSAZ Health Choice Medicaid and BCBSAZ Health Choice Pathway Medical Codes: 63655, 63685, 91110, 91111, 91112, 33208, 33210, 33211, 33212, 33213, 33285, 33249, 33262, 33263, 33264, 33240, 33230, 33275, 33990, 33991, 33979, 93229, 93228, 93272, 93270, 93268, 93271, 64461, 64462, 64463

Reminder: All out-of-network providers require Prior Authorization for all services

BCBSAZ Health Choice Prior Authorization (PA) Guidelines and PA Grids are available online by visiting:

HCA: healthchoiceaz.com -> For Providers Tab-> Prior Authorization Guidelines

HCP: healthchoicepathway.com -> For Providers Tab-> Prior Authorization & Clinical Guidelines

Dental Prior Authorization Grid Updates

The CDT Dental Matrix updates for 2023 are located on the BCBSAZ Health Choice website at healthchoiceaz.com under the 'For Providers' section.

The following codes were recently received by AHCCCS retro-effective to 1/1/2023 and require prior authorization:

D0364 – Cone beam CT capture and interpretation with limited field of view – less than one whole jaw. Covered for members under 21 and adult ER.

D4286 – Removal of non-resorbable barrier. Covered for members under 21 and adult ER.

D6105 – Removal of implant body not requiring bone removal or flap elevation. Covered for members under 21 and adult ER.

D6197 – Replacement of restorative material used to close and access opening for screw retained implant supported prosthesis, per implant.

Covered for members under 21 and adult ER.

D7509 – Marsupialization of odontogenic cyst – Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch. Covered for members under 21 and adult ER.

D7956 – Guided tissue regeneration, edentulous area – resorbable barrier, per site. Covered for members under 21 and adult ER.

D7957 – Guided tissue regeneration, edentulous area – non resorbable barrier per site. Covered for members under 21 and adult ER.

If you have any questions or need additional information, please call the Dental Prior Authorization Department at [480-968-6866 ext. 6006](tel:480-968-6866). Thank you for your continued commitment to serving our members and ensuring the provision of quality care and services.

2022 Provider Satisfactory Survey

Your opinion is very important to us at BCBSAZ Health Choice. Your feedback allows us to focus on issues that will add value and assist in providing quality and timely care to your patients. This is why BCBSAZ Health Choice is working with SPH Analytics to conduct a satisfaction survey.

Your time is respected, and therefore we made the process as easy as possible: Please use that login information to complete the survey at sphsurvey.com. A unique username and password were mailed to your

office. If you prefer to mail in the survey via U.S. mail, simply fill out the form and return it in the self-addressed, postage paid-envelope provided.

If for some reason you did not receive the survey information, please call [1-800-588-1659](tel:1-800-588-1659) to let us know, and we will get you what you need. For additional questions, please contact your Network Provider Performance Representative. Thank you for the care you provide to our members and for helping us improve our services to you.

What's New!

BCBSAZ Health Choice Provider Portal – New Features and Upgrades

BCBSAZ Health Choice is streamlining your access to important information!

We have continued to make upgrades to our secure Provider Portal for our BCBSAZ Health Choice and BCBSAZ Health Choice Pathway lines of business.

Enhancements that give YOU, the provider, greater control and more immediate acknowledgement and response times.

New Features and Upgrades Include:

- **NEW FEATURE:** The Credentialing Portal is BCBSAZ Health Choice's online, electronic portal for submitting the AzAHP Practitioner Data form for automatic routing to our Credentialing department. E-Apply: providerportal.healthchoiceaz.com/Azahp/AzahpAccount/AzahpLogin
- **UPGRADE:** Claim Reconsideration requests and Claim Dispute requests.
- **UPGRADE:** Improved access to provider rosters and paneled member information.
 - Admission & Discharge Alerts
 - COVID Gap List

Our portal is available under the Provider tab of each of our plan websites: healthchoiceaz.com, healthchoicepathway.com

Easy-to-follow portal training video(s) and Provider Education are available under the 'Providers' section of our websites, by clicking 'Provider Education'

Are you registered for the Provider Portal? Sign up today!

Get access to member eligibility, claim status and history, medical and pharmacy prior authorization requests, and much MORE!

providerportal.healthchoiceaz.com

Stay on the lookout for more enhanced features to come!

Training Resources Available for Providers and Staff

BCBSAZ Health Choice has interactive training courses for providers and their staff!

To access interactive trainings, visit us online at: healthchoiceaz.com/providers/provider-education/

We welcome your feedback or questions: Lauren Fofanova, LCSW Director, Integrated Healthcare Development Lauren.Fofanova@azblue.com, 928-214-2303.

JOIN US!

Professional Fulfillment Webinars – CME/CEU

Northern Arizona Regional Behavioral Health Alliance ACO
April 18, 8 a.m. – 12:45 p.m.

Explore professional fulfillment in healthcare through understanding the culture of wellness, Efficiency of Practice, and Personal Resilience. Contact: Jennie.McMillian@narbha.org, Victoria.Tewa@Narbha.org

AHCCCS Redeterminations

As of April 1, 2023, AHCCCS will resume normal renewal activities with the ending of the Covid-19 Public Health Emergency (PHE).

To avoid disenrollment from AHCCCS, please encourage any AHCCCS patients to:

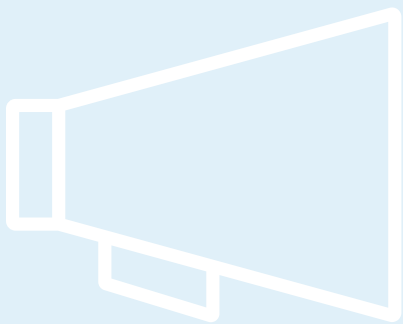
- Make sure their mailing address, phone number, and email address are current with AHCCCS.

AHCCCS members can log in to www.healtharizonaplus.gov, or call Health-e-Arizona Plus at **1-855-HEA-PLUS (1-855-432-7587)**, Monday through Friday 7 a.m. to 6 p.m.

- Respond to any requests from AHCCCS for more information.

Reminder: BCBSAZ Health Choice members have exclusive access to our Community Assistors team, Monday through Friday, 8 a.m. to 5 p.m. at **844-390-8935** to help them retain Medicaid coverage or seek coverage elsewhere, if appropriate.

What's New!



WE HEARD YOU!

At BCBSAZ Health Choice, we are dedicated to making a difference. The opinion of your practice is an important source of information that will help us identify and deliver the solutions that will best meet your needs. Come join us, let us share our progress with you, and provide your feedback to our team.

BCBSAZ Health Choice Q1 All Provider Forum

BCBSAZ Health Choice Arizona and BCBSAZ Health Choice Pathway will be hosting our first All Provider Forum of 2023.

We will hold this event **online only**, via Zoom Webinar.

Please register and come join us!

Zoom Webinar

Wednesday, March 29, 2023

11:30 a.m. – 1 p.m.

Link to register in advance:

azblue.zoom.us/webinar/register/WN_OkMPFNuOSQGnYBCoUYCA3Q

You can participate by joining us online:

From your PC, Mac, Linux, iOS, or Android, AND By calling:

US: +1 669 444 9171 or +1 669 900 6833 or +1 719 359 4580

or +1 253 205 0468

Webinar ID: 841 1158 4469

Please submit any questions in advance to: Jadelyn.Fields@azblue.com with your name, contact information, and the office name (TIN).

2023 Annual Model of Care Training: Special Needs Plans (D-SNP)

A SNP is a type of Medicare Advantage plan providing targeted care, improved care coordination, and continuity of care to members with special needs. SNPs operate under the Model of Care (MOC) structure to identify and help meet the unique healthcare needs of each SNP member.

BCBSAZ Health Choice Pathway 2023 Annual MOC training is available online!

Visit: healthchoicepathway.com

Click the drop down 'For Providers' and select 'Provider Education' to access the online presentation and attestation.

- Special Needs Plan (SNP) Model of Care (MOC) training is required initially and annually by the Centers for Medicare & Medicaid Services (CMS) for care providers who treat members in SNPs.
- A SNP is a type of Medicare Advantage plan that provides targeted care, improved care coordination, and continuity of care to members with special needs.
- You are considered to be a SNP care provider if you treat members who are enrolled in a SNP, even if you treat just one SNP member.
- One clinical or non-clinical staff member of each practice, clinic, or medical group may take the training and communicate the information within the practice.

Did You Know?

AHCCCS Provider Disenrollment Period Announced

In April 2022, AHCCCS reinstated provider enrollment requirements that had been suspended during the COVID-19 public health emergency. Beginning in October, AHCCCS will start a 10-month process of disenrolling providers who have not complied with multiple re-registration requests.

Any provider who has not completed the revalidation process in the AHCCCS Provider Enrollment Portal will receive written notification to submit an application. Providers who do not respond will receive written notification of pending disenrollment and appeal rights.

To avoid termination and/or loss of billing privileges, providers must respond and follow specific actions outlined in the letter, within the noted time frames. Failure to complete these actions result in disenrollment and claim denials.

What AHCCCS Providers Need to Know:

- Providers who need to complete the revalidation process or meet additional screening requirements will be notified in writing through United States Postal Service mail.
- AHCCCS will review the submitted application and issue a written notice upon completion.
- Providers who have an expired license will be notified in writing to submit the current license or certification.
- Providers who fail to respond to the request could experience delays such as termination and/or loss of billing privileges.

Providers with questions, those who are no longer participating as a Medicaid provider, and those no longer employed with an organization are asked to contact

APEPTrainingQuestions@azahcccs.gov.

Utilization Management (UM) Criteria and Medical Decision Making (MDM)

BCBSAZ Health Choice applies objective and evidence-based criteria and takes individual circumstances and the local delivery system into account when determining the medical appropriateness of healthcare services.

Evidence-based criteria includes InterQual, LCD, NCD, and health plan developed guidance.

Given your clinical expertise, we welcome your involvement in developing and reviewing criteria. Health Choice values our network of providers and is interested in your input regarding Utilization Management (UM) Guidelines. If you have interest in assisting with development or review of UM criteria and technology, please send your contact information along with your field of practice to: HCHComments@azblue.com.

AHCCCS Rules and Policy regarding billing for Arizona Physicians and Advance Practitioners

This communication serves as a reminder of the AHCCCS Rules and Policy regarding billing for Arizona Physicians and Advanced Practitioners. In accordance with AHCCCS's guidelines, all rendering providers must bill under their own NPI number. As a result, incident-to billing is not permissible for advanced practitioners. (A rendering provider is defined as the individual who provided care to the client and needs to be reported as such in box 24J of the CMS 1500 claim form).

Per the AHCCCS Participating Provider Agreement General Terms and Conditions: "No provider may bill with another provider's ID number, except in locum tenens situations and in accordance with applicable AHCCCS policy." Locum tenens providers must submit claims using the AHCCCS provider ID number of the physician for whom the locum tenens provider is substituting or temporarily assisting. Locum tenens arrangements will be recognized and restricted to the length of the locum tenens registration with the American Medical Association.

In connection with our ongoing activities to monitor claim payment and billing, we identified claims submitted to BCBSAZ Health Choice inappropriately that are non-compliant with this billing policy. We will continue auditing claims and/or encounters for this purpose. We may deny claims and/or recoup payments issued on any incorrect claim submissions. To prevent this from occurring, we request that you review your organization's billing practice for compliance with these requirements.

Did You Know?

988 - National Suicide Prevention Hotline

988 has been designated as the three-digit telephone dialing code that will route callers to the National Suicide Prevention Lifeline (NSPL). When people call, text, or chat **988**, they will be connected to trained counselors that are part of the existing National Suicide Prevention Lifeline network based on the area code of the incoming phone number. These trained counselors will listen, provide support, and connect people to resources, as needed. Services through the NSPL are free and available 24/7 to any individual.



Trust and Your Role

Recently, more than ever, due to the communication during the pandemic, we are noticing that people are placing less trust in their healthcare systems. There are also cultural barriers that lead to a mistrust between patients and their healthcare providers. Studies have also shown that to reach the patient and have a trusting relationship, you must demonstrate that you care for the concerns facing the patient – housing, poverty, food, and other factors. Using effective communication to reach a culturally diverse population, along with addressing social determinants of health, could help improve the trust between you and your patient and lead to positive health outcomes.

Here are tips to help you:

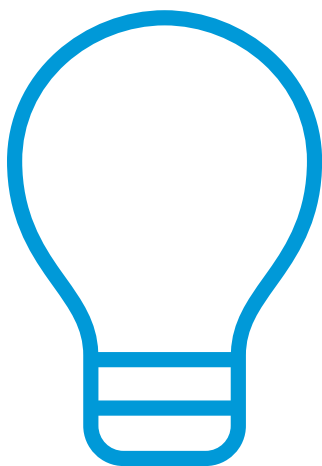
1. Provide empathy and compassion towards your patients.
2. Ask questions to better understand a person's needs and preferences based on their culture. For instance, consider how culture affects a patient's eating preferences- fasting, dieting, vegan – along with their ability to speak up during your visit.
 - a. Refer to Culture Needs Tool – Assessment – developed by BCBSAZ Health Choice.
BCBSAZ-HC CulturalNeedsAssessmentTool
3. Before beginning your appointment, ask open-ended questions to gain an understanding of a person's social needs. One will be more open to trusting your treatment if you demonstrate that you understand and can address their needs. For instance, an insulin-dependent homeless person with diabetes may lack the ability to refrigerate their medicines. So, a treatment that accounts for their needs will create a trusting relationship.
 - a. Make sure that you have access to resources to address social needs. Use tools such as Arizona 2-1-1.
2-1-1 Arizona - A Program of Solari - 2-1-1 Arizona
4. Look for ongoing learning on trust. This year's AZ Health Literacy Conference, Trust-The Core of Health and Well-Being is September 21, 2023, and virtual, costing only \$25.00.
 - a. **Go to Arizona Health Literacy 2023** to get more information
 - b. Contact Jeanette Mallery if you would like to be a speaker or sponsor, Jeanette.Mallery@azblue.com

Source:

Trust: A Determinant of the Health Economy | Edelman
Trust in the health care system | Deloitte Insights

Innovation Corner

BCBSAZ Health Choice Tribal Program – Traditional Healing Services



BCBSAZ Health Choice Tribal Program has a goal of decreasing health disparities and maximizing access to physical and behavioral health services for the American Indian populations we serve. Additionally, BCBSAZ Health Choice understands that healthcare is a cultural construct based on cultural issues and beliefs about the nature of disease/illness and the human body. Therefore, it is considered in the delivery of health services. BCBSAZ Health Choice has collaboratively developed a Traditional Practitioner program that may be used parallel to the western healthcare model.

BCBSAZ Health Choice in collaboration with the NARBHA Institute offers Traditional Practitioner services to our members.

Requirements to access Traditional Services:

- The member must be actively receiving services from a BCBSAZ Health Choice Provider.
- Person must be a member of one of the 18 federally recognized Tribes in the BCBSAZ Health Choice service area (Salt River Tribe, Ft. McDowell Apache Tribe, Gila River Tribe, Pascua Yaqui (Guadalupe), Ak-Chin Tribe, Tohono O'odham Tribe in Pinal County, Fort Mojave Indian Tribe, Kaibab Band of Paiute Indians, Havasupai, Hopi, Hualapai, Navajo, San Juan Southern Paiute Tribe, Tonto Apache, White Mountain Apache Tribe, Yavapai Apache Nation, Yavapai Prescott Indian Tribe, and Zuni Pueblo).
- Once actively receiving services with a Health Choice Provider, the member must make a request to their case manager that they would like to receive Traditional Healing Services.

- The assigned Case Manager must include traditional healing in the member's treatment plan and contact Holly Figueroa (BCBSAZ Health Choice Tribal Liaison) to coordinate the service.
- Health Choice Tribal Liaison Holly Figueroa will review the request and forward it on to the NARBHA Institute for final approval of service. Depending on budget, a service request may be denied.
- Upon approval, the NARBHA Institute will coordinate with a practitioner from the Health Choice database, HH, and the BHT assigned for time and location.
- In instances when and where the NARBHA Institute Tribal Staff can attend the ceremony, staff will be present. Outcomes may be reported as "member was happy afterwards" and/or "member felt the ceremony was successful." This is to respect the ceremony and tradition but still be able to report some outcomes.
- Ceremonies may be ongoing for a member based on diagnosis by the traditional practitioner and should be updated to reflect so on the member's treatment plan.
- Reporting of the number of ceremonies, traditional practitioners who facilitated ceremonies, type of ceremony, and members who received traditional healing services will be provided to the Health Choice Tribal Liaison Holly Figueroa.

BCBSAZ Health Choice - Tribal Coordinator Contact Information:

Holly Figueroa, Tribal Liaison
1300 South Yale Street
Flagstaff, Arizona 86001
Office **928-214-2169**
Holly.Figueroa@azbue.com

Behavioral Health Corner



The State of Arizona has contracted with BCBSAZ Health Choice (the Plan) to administer the AHCCCS Complete Care (ACC) plan, an integrated delivery system of care including physical health, behavioral health, and substance abuse services. BCBSAZ Health Choice's geographic service area for integrated care includes Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties.

Please visit us online for Behavioral Health-specific content and education-related material:
healthchoiceaz.com/providers/behavioral-health-resources/

Performance Improvement Plan – Polypharmacy and Medication Related Problems

AHCCCS requires that we self-select a Performance Improvement Plan for each year. For this year we are submitting a proposal to monitor those on polypharmacy (adults on 4+ medications of any class) and review what combinations put patients at risk for QTC prolongation. The QTC is a measurement of the heart rhythm and if it gets longer the heart can have a lethal heart rhythm.

Our goal is to better protect our members from having bad outcomes and having to take several medications, especially those medications that can create cardiac problems. We will also work towards deprescribing those on polypharmacy both to increase patient satisfaction and improve quality of life. We are proud that this initiative is directed by our medical directors, and we will be in direct communication with our providers.

We will start with a small cohort of those over 60 years of age and deciphering our data to see if there are discrepancies in health equity. This performance improvement is not meant to direct patient care; it is more a collaboration with our providers to protect our medically complex members.

Advance Directives, End of Life Care, and Hospice

BCBSAZ Health Choice supports the right of members to develop advance directives and utilize end-of-life care and hospice services when desired. Contract providers should discuss advance directives with all adult members receiving medical care. Adult members and members with special healthcare needs or their representatives should be provided written information about formulating advance directives that ensure provider involvement. For members in a Behavioral Health Residential Setting (BHRF) that have completed an advance directive, the document must be kept confidential but be readily available (for example: in a sealed envelope attached to the refrigerator).

HealthCurrent, Arizona's Health Information Exchange, maintains a free registry called the "Arizona Healthcare Directives Registry" where individuals can send advance directives for secure storage and accessibility to healthcare providers and loved ones. The registry was moved from the Arizona Secretary of State to HealthCurrent in Fall 2021, pursuant to AZ state bill SB 1352.

To participate or find information:

healthcurrent.org/azhdr/

Dental Corner

How to Reduce Dental Appointment Cancellation and No-Shows

The American Dental Association reports 30% of Medicaid patients typically fail to keep their appointments. Improving dental compliance also requires addressing the barriers to dental care faced by Medicaid families, which include:

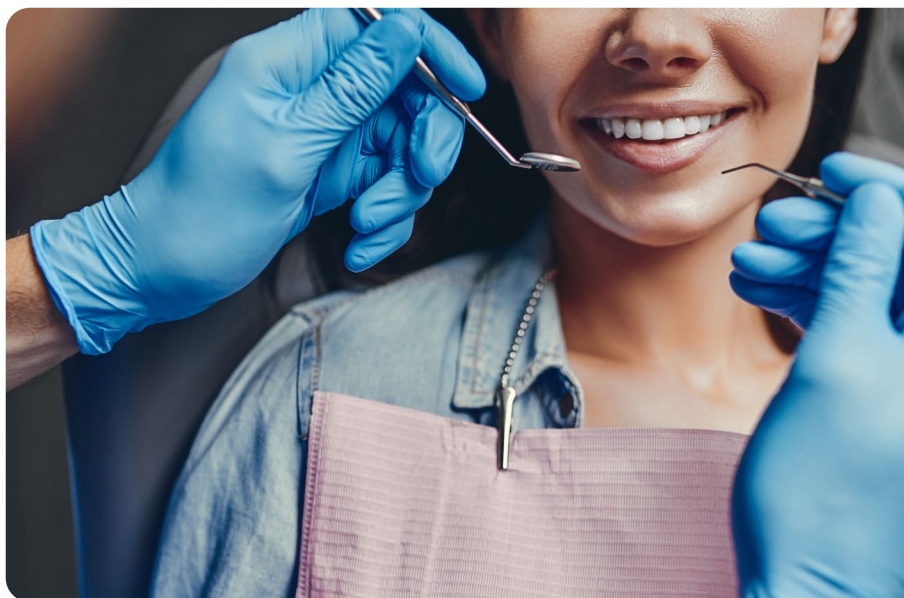
- Lack of transportation
- Homelessness
- Erratic phone and mail service
- Trouble finding dental offices open when parents are off work
- Gaps in Medicaid coverage

The following strategies are suggested to improve the no-show or cancellation rates in your office:

- Designate a staff member to make daily reminder calls for the next day's appointment.
- Set up a reminder system. The number one reason patients don't show up to their appointment is simply forgetting, so reminders are essential.
- Use the patient-preferred contact method for reminders. Asking the patient how they prefer to be contacted and using that method increases the likelihood your patients will get the reminder message.
- Ensure you have current contact information for your patients. Make it a practice to verify the patient's contact information during check-in at each appointment.
- Educate regarding the negative effect of delaying treatment. **You can refer non-compliant members to BCBSAZ Health Choice Care management by emailing a completed Care Management Referral form to HCHHCACaseManagement@azblue.com or by fax to 480-317-3358.**
- Utilize interpretation services.

- Keep records of patients who frequently miss appointments. Contracted providers are encouraged to document and report members who do not show up for their scheduled dental visits using the Health Choice Missed Dental Appointment Log. The Missed Dental Appointment Log can be found on our website at healthchoiceaz.com/providers/forms. Once completed, the form can be faxed or mailed to the EPSDT Department for follow-up.
- Book the next appointment when the patient is checking out. Patients who schedule their next appointment during checkout are less likely to forget. Health Choice encourages all contracted providers to schedule the next dental screening at the current office visit, particularly for children 24 months of age and younger.
- Expand your business hours to reduce scheduling conflicts. You may also consider opening on weekends to accommodate patients who can't come in during your regular business hours.
- Remind your patients transportation is available if needed. **Please have the member contact Health Choice member services at 800-322-8670 to assist with transportation arrangements.**
- Hosting a health fair is a great way to close the gaps in care and invite back members who missed their recall appointments.

Health Choice is happy to collaborate with you on health fairs, outreach, and scheduling. Contact Lupe Campos, Community Relations Manager, at Guadalupe.campos@azblue.com or Sarab Sabagh, Oral Health Program Manager, at Sarab.sabagh@azblue.com



Child Health Corner



EPSDT REMINDERS

Complete a Well-Child Visit during a Sick Visit

One of BCBSAZ Health Choice's primary goals is to ensure our youngest members receive the preventive care they need. Your role as a provider is vital in increasing the rate of preventive and EPSDT screening among children. When a member presents to your office for a sick visit, and their records indicate the need for a well-child visit, you can use the opportunity to provide additional services included in the EPSDT (well-child) visit and get paid for both.

- Both the EPSDT visit and the sick visit must be billed on the same claim form
- Must add modifier 25 to sick visit CPT codes (99201-99215) when billed with an EPSDT visit code to indicate that a significant, separately identifiable evaluation and management service was provided by the same physician on the same day as the preventive medicine service
- A qualifying sick diagnosis code needs to be submitted to support the additional E&M service
- The documentation for the problem-focused visit must be separate from the EPSDT (well-child) visit

EPSDT Clinical Sample Templates

Please keep sending us your clinical sample templates in a timely manner for your Well-Child Visits! As a reminder, please include the AHCCCS ID on the clinical sample template and EMRs and verify you're sending a complete file. Please submit EPSDT Clinical Sample Templates and EMRs directly to the EPSDT department, either by email or fax.

EPSDT screening for AHCCCS members less than 21 years of age is required. Submission can

Continues on next page.

Child Health Corner

Continued from previous page.

be completed with fax or mail. All EPSDT information is logged into the member's file for tracking and reporting purposes as required by AHCCCS. Age-appropriate screenings include vision, hearing, oral health, nutrition, development, tuberculosis (TB), BMI, and lead. Any referrals you have for the member are also noted.

Working together we can keep kids healthy. Healthy children will lead to healthy adults.

Email: HCHEPSDTCHEC@azblue.com
Fax: 480-760-4716

Childhood Obesity

Childhood obesity is a serious public health problem in the United States, putting children and adolescents at risk for poor health. Almost 14 million children (24% of the U.S. population) ages 2-17 are obese. In Arizona, 12.1% of youth ages 10 to 17 and 12.1% of children ages 2 to 4 participating in WIC have obesity, giving Arizona a ranking of 38 among the 50 states. Children covered by Medicaid are particularly at risk, with this population nearly six times more likely to be treated for obesity than those who are privately insured.

While obesity is not a chronic condition, it is a risk factor for 4 of the 10 leading causes of death in the United States (coronary heart disease, stroke, type II diabetes, and cancer). In addition, being overweight carries important emotional health risks in children and adolescents. Children who are overweight often report stigma and social discrimination, which, in turn, is linked to poor self-esteem and depression.

Body mass index (BMI) expresses the relationship of weight to height and is used to screen and monitor the risk of obesity. The CDC has developed BMI charts adjusted for age and gender for children ages 2 to 20. Refer to the Centers for Disease Control and Prevention website: www.cdc.gov/growthcharts/ for Body Mass Index (BMI) and growth chart resources.

According to the CDC, the BMI-for-age cutoffs below the 5th percentile or above the 85th percentile may indicate a health risk. BMI at or above the 95th percentile is considered overweight or obese.

AHCCCS requires continued monitoring of childhood weight and body mass index (BMI) percentiles. It also focuses on nutrition and physical activity counseling for children and adolescents. To be compliant with AHCCCS requirement, providers must complete and document the following for all children at each well-child visit:

- Height and weight
- BMI percentile (ages 2 to 21 years). Beginning at two years of age, each EPSDT member must have documentation of BMI percentile, regardless of the BMI results or whether the child appears over or underweight
- Nutritional Counseling
 - Discussion of nutritional habits
 - Referral for nutritional education
 - Anticipatory guidance for nutrition
 - Documentation that the member, or their parents/guardians, received educational material on nutrition
 - Weight or obesity counseling

- Physical activity counseling
 - Discussion of physical activities
 - Referral for physical activities
 - Anticipatory guidance for physical activity

Thank you for everything you do to keep our members well.

EPSDT Services – Eyeglass Replacement & Repair

BCBSAZ Health Choice covers eyeglasses and other vision services, including replacement and repair of eyeglasses, for members under the age of 21 years to correct or ameliorate defects, physical illness, and conditions discovered by EPSDT screenings. There are no restrictions for replacement eyeglasses when medically necessary for vision correction. This coverage includes but is not limited to loss, breakage, or change in prescription.

EPSDT members do not need to wait for their next scheduled EPSDT well-child visit or vision screening to receive eyeglass replacement or repair.

The members can choose to accept or decline any upgrade to lenses or frames. Any upgrade that is not AHCCCS-covered is the member's responsibility, and providers are required to ensure the member accepts financial responsibility and signs a financial responsibility agreement prior to rendering service. The agreement must detail the service and the amount to be paid by the member.

Child Health Corner

The Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP) is Arizona's statewide interagency system of services and supports for families of infants and toddlers, birth to three years of age, with disabilities or delays. AzEIP is established by Part C of the Individuals with Disabilities Education Act, which provides eligible children and their families access to services to enhance the capacity of families and caregivers to support the child's development.

A child from birth to 36 months of age who has not reached 50% of the developmental milestones expected at their chronological age in one or more of the following areas is eligible for AzEIP services:

- Physical (Fine, or gross motor, including vision and hearing)
- Cognitive
- Communication
- Social or emotional
- Adaptive

A child with an **established condition** known to have a high probability of resulting in developmental delay is also eligible. The conditions include but are not limited to:

- Chromosomal abnormalities
- Metabolic disorders
- Cerebral palsy
- Severe auditory or visual impairment
- Failure to thrive/undernutrition
- Severe attachments disorders
- Disorders reflecting disturbances in the nervous system (Autism Spectrum Disorders, born addicted to narcotics or alcohol)

During the EPSDT well-child visit, the PCP will determine the child's developmental status through discussion with the parents and utilization of developmental screening tools. If the PCP identifies potential developmental delays, they may request an evaluation by a specialist by submitting the clinical information and request for evaluation and services to HCA.

To initiate the referral process, contact AzEIP directly at **888-592-0140**, or via the AzEIP website at:

Arizona Early Intervention Program Policies and Procedures | Arizona Department of Economic Security (az.gov)

For additional information, please contact the BCBSAZ Health Choice EPSDT department at **480-760-4821**.

Missed Appointment Logs

As a reminder, please submit missed medical and dental appointment logs.

For medical please fax the log to 480-760-4708 or email comments@azblue.com

For dental please fax the log to 480-350-2217

Appointment log forms are located on our website under Providers-> Provider Manual-> Exhibits 3.5.1 (Medical) and 3.5.2 (Dental).

Arizona State Immunization Information System (ASIIS)

Timely administration of childhood and adolescent immunizations are more essential this year than ever, and AHCCCS requires that all administered immunizations are logged into ASIIS, the statewide immunization portal. Data integrity in ASIIS is critically important because common data entry errors like duplicate patient records and mis-keyed dosage information can make it difficult for providers, plans, and AHCCCS to know which members are truly overdue for immunizations. We highly recommend that you require your staff who enter data into ASIIS to complete the patient data and dose data trainings on ASIIS's online learning portal, APO TRAIN. aipo.myabsorb.com/?KEYNAME=AIPOTRAIN



Maternal Health Corner

Pediatric Care Management

BCBSAZ Health Choice has a team of skilled pediatric care managers who promote health literacy specific to the needs of children with high-risk conditions. Our pediatric care managers are registered nurses who understand the role social determinants of health have on impacting health outcomes. Pediatric care managers interface with parents/guardians, providers, and community constituents to facilitate educational and coordination of care interventions for high-risk infants, children, and adolescents.

Please email our Care Management (CM) referral form to: HCH_PediatricsCM@azblue.com or fax 480-317-3358.

The CM referral form can be located under the Providers section of our website under Forms: www.healthchoiceaz.com

Well-Woman Preventive and Family Planning Services

BCBSAZ Health Choice is committed to providing members with access to quality, medically necessary, and appropriate services. The purpose of this notice is to remind you of the coverage for an annual well-woman preventive care visit for women wishing to obtain the recommended preventive services, including preconception counseling.

Frequency:

- Annual physical exam (well exam) that assesses overall health
- Clinical breast and pelvic exams (according to current best practice recommendations)

- Regular review and administration of immunizations, screenings, and testing as appropriate for age and risk factors

Screening, counseling, and treatment for positive results as part of the well-woman preventive care visit to include:

- Proper nutrition, physical activity, and elevated BMI indicative of obesity
- Tobacco/substance use, abuse, and/or dependency
- Interpersonal and domestic violence screening
- Depression screening and mental well-being
- Sexually transmitted infections including Human Immunodeficiency Virus (HIV)
- Family planning counseling
 - Information on family planning options, including Long-Acting Reversible Contraceptives (LARC) and Immediate Long-Acting Reversible Contraceptives (IPLARC) services which are reimbursed through regular claims processes
- Preconception counseling and treatment that includes discussion regarding a healthy lifestyle before and between pregnancies:
 - Reproductive history and sexual practices
 - Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake
 - Physical activity or exercise
 - Oral healthcare
 - Chronic disease management
 - Emotional wellness

- Tobacco and substance use (opioids, alcohol, marijuana, and prescription drugs)
- Recommended intervals between pregnancies

NOTE: Preconception counseling does not include genetic testing

OB Care Management

Did you know BCBSAZ Health Choice also has an OB Care Management team comprised of skilled nursing professionals and maternal child assistants who provide integrated culturally sensitive interventions to high-risk moms? High-risk conditionals are often identified from the timely submission of TOB forms.

If you have a pregnant member with high-risk medical or BH conditions, please refer to our OB CM team.

Please email our Care Management (CM) referral form to: HCHHCACaseManagement@azblue.com or fax 480-317-3358.

The CM referral form can be located under the Providers section of our website under Forms: www.healthchoiceaz.com

Syphilis Testing

Prenatal syphilis screening is important to both mom and her fetus. Undiagnosed syphilis during pregnancy delays treatment and can result in transmission to the fetus (congenital syphilis). Congenital syphilis is associated with stillborn delivery and neonatal death.

We Heard You & We're Here to Help!

Provider Manuals

Our Provider Manuals are designed to provide basic information about the administration of the BCBSAZ Health Choice Arizona and BCBSAZ Health Choice Pathway programs. Details within our manuals are intended to furnish providers and their staff with information, covered services, claim and/or encounter submission requirements. The BCBSAZ Health Choice provider manual is an extension of the BCBSAZ Health Choice Subcontractor Agreement, executed by the participating provider. The participating provider agrees to abide by all terms and conditions set forth within our Provider Manuals. The Provider Manual is incorporated into the contract each provider holds with BCBSAZ Health Choice.

Maintenance of the Provider Manual is performed annually with review and revisions necessary to align with AHCCCS, CMS, as well as regulatory governing agency (i.e. ACOG, ADA, ADHS) updates. Annual review of the Provider Manual is conducted every July for BCBSAZ Health Choice (Medicaid) and every January for BCBSAZ Health Choice Pathway (Medicare D-SNP).

Hospital administrators, physicians, and other medical professionals may only be interested in reviewing chapters pertaining to their specialty directly, in addition to Chapter 1 of the BCBSAZ Health Choice and BCBSAZ Health Choice Pathway provider manuals as well as chapters regarding our philosophy and guidance in Care Management.

However, office staff and billers of providers should also become familiar with the requirements for member eligibility and enrollment (Chapter 2), provider responsibility (Chapter 3), prior authorization requirements (Chapter 6), claims submissions, billing policies and procedures, formal dispute, and appeal processes (HCA Chapters 7-15, HCP Chapters 8-9). Use of our Provider Manuals will help reduce questions and expedite the claims process by ensuring that claims are submitted correctly the first time.

Outpatient Laboratory Services – LabCorp

BCBSAZ Health Choice has a statewide capitated contract with LabCorp of America to provide a full array of laboratory services. Please refer to the prior authorization grid regarding laboratory services that require prior authorization. Please visit labcorp.com for service locations.

Provider Portal

The BCBSAZ Health Choice Arizona Provider Portal is designed with you in mind. Included in this site, and accessed through a secure portal, is patient data such as claims history and prior authorizations.

**Are you registered for the Provider Portal?
Sign up today!**

Get access to member eligibility, claim status, prior authorization status, and much MORE!
[Log in – BCBSAZ Health Choice Provider Portal \(healthchoiceaz.com\)](http://healthchoiceaz.com)

If you do not have an account, we have easy instructions for creating an account on the portal log-in page. If you have any questions about the provider portal, please contact our Provider Services team at **1-800-322-8670** or contact your Provider Performance Representative.

Customer service is the fabric of our organization. Our internal infrastructure is designed to provide your patients speedy access to customer service representatives and to expedite claims processing.

Provider Directory Maintenance

BCBSAZ Health Choice is conducting maintenance of the provider directory! To ensure your information is accurately reflected in our directory, please log in to your CAQH and update any information which may be outdated, including:

1. Practice address, phone number, and hours
2. Hospital affiliations
3. Board certification
4. Languages spoken

The above information reflected in your CAQH may be utilized for the provider directory and displayed to members. Hospital affiliations are frequently inaccurately reflected on the CAQH. It is important to maintain accuracy of this information so members can easily identify where they may receive care from you. Please confirm the accuracy of the hospitals listed on your CAQH and reattest to finalize any changes made.

We Heard You & We're Here to Help!

BCBSAZ Health Choice In-Office Laboratory Testing Description and CPT Code

In our ongoing efforts to ensure the provision of quality care and services to our members, BCBSAZ Health Choice and BCBSAZ Health Choice Pathway annually review our list of approved Provider Office Lab Testing (POLT) codes.

As a reminder, BCBSAZ Health Choice contracts with LabCorp for all labs including reference and specialty, however, we have designated the labs on this POLT list for providers to perform in their office.

Please refer to our websites under Provider Education the complete listing of In-Office Laboratory Testing Description and CPT Codes:

Health Choice Arizona: [Health Choice Arizona \(healthchoiceaz.com\)](http://healthchoiceaz.com)

Health Choice Pathway: [Home – Health Choice Pathway](#)



BCBSAZ Health Choice In-Office Laboratory Testing Description and CPT Code Reviewed and Approved Last: 12/3/2021

80048 Blood Test, Basic Group of Blood Chemicals	83036 Hemoglobin; Glycosylated (A1C)	88304 Surgical pathology, gross and microscopic examination
80305 Drug test(s), presumptive, any number of drug classes, qualitative; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipstick, cups, cards, cartridges) includes sample validation when performed, per date of service (maps to 80300 or G0477)	83655 Lead	88305 Surgical pathology, gross and microscopic examination
81000 Urinalysis, By Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin, Ketones	85004 Blood Count; Automated Differential WBC Count	88312 Special stains group I for microorganisms (e.g., Gridley, acid fast, methenamine silver)
81001 Urinalysis, By Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin	85013 Blood Count; Spun Micro hematocrit	88313 Special stain including interpretation and report; Group II, all for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry
81002 Urinalysis, By Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin	85014 Blood Count; Hematocrit (HCT)	88341 Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)
81003 Urinalysis, By Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin	85018 Blood Count; Hemoglobin (HGB)	88342 Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
81005 Urinalysis; Qualitative or Semi quantitative, except immunoassays	85025 Blood Count; Complete (CBC), Automated (HGB, HCT, RBC, WBC, and Platelet Count, Differential)	88720 Bilirubin Total Transcutaneous
81025 Urine Pregnancy Test, By Visual Color Comparison Methods	85027 Blood Count; Complete (CBC), Automated (HGB, HCT, RBC, WBC, and Platelet Count)	89300 Semen Analysis; Presence and/or Motility of Sperm Including Huhner Test (Post Coital)
82270 Blood, Occult, By Peroxidase Activity (e.g., Guaiac), Qualitative; Feces, Consecutive collected specimens	85610 Prothrombin Time	89310 Semen Analysis; Motility and Count (Not Including Huhner Test)
82947 Glucose; Quantitative, Blood (Except Reagent Strip)	85651 Sedimentation Rate, Erythrocyte; Non-Automated	89320 Semen Analysis; Complete (Volume, Count, Motility and Differential)
82948 Glucose; Blood, Reagent Strip	86308 Heterophile Antibodies; Screening	
82962 Glucose, Blood by Glucose Monitoring Device(s) Cleared by the FDA Specifically 82272 Blood, Occult, By Peroxidase Activity (e.g., Guaiac), Qualitative, Feces, 1-3 Simultaneous determinations should be used	86580 Skin Test; Tuberculosis, intradermal	
	87205 Smear, Primary Source with Interpretation; Gram or Giemsa Stain for bacteria	
	87210 Smear, Primary Source with Interpretation; Wet Mount for Infectious Agents	
	87220 Tissue Examination by KOH Slide of Samples from Skin, Hair, or Nails for Fungi	
	87804 Infectious Agent Antigen Detection by Immunoassay with Direct Optical	
	87807 Infectious Agent Antigen Detection by Immunoassay with Direct Optical	
	87880 Infectious Agent Detection by Immunoassay with Direct Optical Observation	

Tips & Tricks 2023 AHCCCS Priority Areas



Every year, AHCCCS prioritizes various measures for Arizona Medicaid members. Health plans and providers can work together to improve these measures and benefit population health in Arizona. This year AHCCCS has posted the following primary and secondary measures for the AHCCCS Complete Care (ACC) population. Note that, new for 2023, AHCCCS has determined threshold and high performing benchmarks for each of these measures.

ACC Primary Measures						
Measure Name	Acronym	Weighting	Associated Threshold Benchmark		Associated High Performing Benchmark	
			Current Percentile	Benchmark	Current Percentile	Benchmark
Well Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months (Rate 1)	W30	17%	75thPercentile	61.2%	90thPercentile	67.6%
Child and Adolescent Well-Care Visits – Total	WCV	17%	25thPercentile	43.5%	50thPercentile	48.9%
Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPC	17%	25thPercentile	81.3%	50thPercentile	85.4%
Follow-Up after Hospitalization for Mental Illness - 7 Day (Total)	FUH	17%	50thPercentile	38.0%	75thPercentile	46.0%
Breast Cancer Screening	BCS	17%	33.33thPercentile	47.8%	66.67thPercentile	54.0%
Plan All Cause Readmissions - Observed/Expected (O/E) Ratio * ¹	PCR	15%	50thPercentile	0.996	66.67thPercentile	0.944

ACC Secondary Measures						
Measure Name	Acronym	Weighting	Associated Threshold Benchmark		Associated High Performing Benchmark	
			Current Percentile	Benchmark	Current Percentile	Benchmark
Use of Opioids at High Dosage *	HDO	TBD	25thPercentile	8.3%	50thPercentile	4.7%
Cervical Cancer Screening	CCS	TBD	25thPercentile	52.4%	50thPercentile	57.6%
Antidepressant Medication Management - Effective Acute Phase Treatment	AMM	TBD	33.33thPercentile	57.5%	50thPercentile	60.4%
Follow-Up After Emergency Department Visit for Mental Illness - 7 Day (Total)	FUM	TBD	66.67thPercentile	45.4%	75thPercentile	50.4%
Hemoglobin A1c (HbA1c) Poor Control for Patients with Diabetes: HBA1c Poor Control (>9.0%) *	HBD	TBD	50thPercentile	39.9%	66.67thPercentile	37.0%

For BCBSAZ Health Choice’s first newsletter of the year, we will focus on the four measures which are also associated with a **BCBSAZ Health Choice Arizona Healthy Reward**. Both BCBSAZ Health Choice Arizona (ACC plan) and BCBSAZ Health Choice Pathway (D-SNP plan) have programs to reward members for completing preventive screenings and care. Providers and members can reference the rewards programs on the HCA and HCP websites.

Healthy Rewards Program - [BCBSAZ Health Choice](#)

Healthy Rewards Program - [BCBSAZ Health Choice Pathway](#)

Tips & Tricks Medicare Preventive Services (Part 1)

Well-Child Visits in the First 15 Months of Life

Details: The percentage of members who turned 15 months old during the measurement year who had six or more well-child visits on different dates of service with a PCP during the last 15 months. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. BCBSAZ Health Choice Arizona Healthy Reward: **\$25** per well-child visit, up to 6 visits per year.

Tip: A significant percentage of children have coverage under more than one insurance plan. Bill primary and secondary insurances to close gaps with both payers.

Child and Adolescent Well-Care Visits

Details: The percentage of members who turned 3–21 years of age during the measurement year who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member.

BCBSAZ Health Choice Arizona Healthy Reward: **\$25** for a yearly well-child visit.

Tip: Many families are not aware that Arizona Interscholastic Association (AIA) sports physicals for the 2023-2024 school year may be completed on or after 3/1/23. Use this information and offer to complete sports physical forms during well-child visits throughout the year to encourage increased engagement of school-age children in EPSDT visits.

Timeliness of Prenatal Care

Details: The percentage of deliveries with a live birth on or between October 8 of the year prior to the measurement year and October 7 of the measurement year (10/8/22 through 10/7/23) that received a prenatal care visit in the first trimester (280–176 days prior to delivery, or estimated delivery date [EDD]) on or before the enrollment start date or within 42 days of enrollment in the organization.

BCBSAZ Health Choice Arizona Healthy Reward: **\$25** for completing a prenatal visit in the 1st trimester.

Tip: Visits for pregnancy testing or OB referral count towards this measure. If amenorrhea is coded for initial pregnancy testing, make sure to add in a pregnancy ICD-10 code to your visit coding when confirmed.

Breast Cancer Screening

The percentage of women 52–74 years of age by the end of the measurement period who had a mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement period and the end of the measurement period (10/1/21 through 12/31/23). BCBSAZ Health Choice Arizona Healthy Reward: **\$50** for completing a mammogram in 2023.

Tip: Utilize standing orders for mammograms. Train staff to review for open BCS gaps when rooming patients and utilize the standing order to offer a mammogram referral for interested patients in need of screening mammograms.

NOTE – HCA members must call in to claim their reward. HCP members will receive their reward based on claims for the service.



2023 Healthy Rewards Program Member Rewards

BCBSAZ Health Choice AZ (Medicaid)

- W30A** **\$25 per WCV** 0-15 months, up to six visits
Up to \$150 annually
- W30B** **\$25 Well Child Visit** 1x during the 16-30 months
Children 16-30 months of age
- WCV** **\$25 per Well Child Visit** 1x per year
Children 3-21 years of age
- BCS** **\$50 Mammogram
During the Measurement Year**
Women 50-74 years of age
- PPC1** **\$25 Prenatal Visit**
Within the First Trimester
- PPC2** **\$25 Postpartum Visit**
7-84 days Post Delivery
- OEV** **\$25 Oral Evaluation with Dental Provider**
Children under 21 years of age

BCBSAZ HCA Member need to call member services for gift card distribution.

BCBSAZ Health Choice Pathway (Medicare)

- AWV** **\$25 Medicare Annual Wellness Visit**
All Pathway Members
- COL** **\$25 for Colorectal Screening
During the Measurement Year**
45-75 years of age
- BCS** **\$50 Mammogram
During the Measurement Year**
Women 50-74 years of age
- EEED** **\$25 Diabetic Eye Exam**
18-75 years of age with Diabetes (type 1 & 2)

BCBSAZ gift cards are distributed via claims (except HRA members must call). It is essential that providers bill the correct codes to ensure member rewards are distributed.

As always, the **most specific documentation** in order to code appropriately is very important.

If you are interested in learning more about the AHCCCS performance measures or working with a BCBSAZ Health Choice Quality Improvement Specialist, contact the Quality Improvement Team
Email: hchperformanceimprovement@azblue.com

Coding and Documentation materials are based on current guidelines and are to be used for reference only. Clinical and coding decisions are to be made based on the independent judgement of the treating physician or qualified healthcare practitioner and the best interests of the patient. ICD-10-CM, CPT, and HCPCS are the authoritative referenced for purposes of assigning diagnoses and procedure codes to be reported. It is the responsibility of the physician and/or coding staff to determine and submit accurate codes, charges, and modifiers for services rendered.

Tips & Tricks Medicare Preventive Services (Part 1)

REMINDER: System, Policy Updates, Billing Requirements, and Added/Deleted Codes

As a reminder, BCBSAZ Health Choice and BCBSAZ Health Choice Pathway provide medically necessary covered services as specified by AHCCCS and CMS. Healthcare is delivered under the applicable Federal and State laws and regulations. Compliance with all periodic updates to processes and procedures is considered part of your contractual obligation as a participating healthcare provider.

Please visit the [AHCCCS Medical Policy Manual](#) (AMPM), [AHCCCS Contractor Operations Manual](#) (ACOM), [AHCCCS News & Press Releases](#) (azahcccs.gov), and [Medical Coding Resources](#) as available on the [AHCCCS website](#) to ensure you have reviewed the most recent versions of state guidance.

The AHCCCS Medical Coding Unit is responsible for the update and maintenance of all medical coding related to AHCCCS claims and encounters processing. This includes place of service, modifiers, new procedure codes, new diagnoses, and coding rules. This unit is also responsible for reviewing and responding to any medical coding related guidelines or questions including those related to daily limits, procedure coverage, etc.

The AHCCCS Claims Clues is a newsletter produced periodically by the AHCCCS Claims Department for Fee-For-Service (FFS) providers. It provides information about changes to the program, system updates, billing policies, and requirements.

Additional information can be found in the AHCCCS [Encounter Keys](#) newsletter.

Visit the [CMS website](#) and subscribe to email updates for the latest information on Medicare enrollment, policies, benefits, and other helpful tools.

Provider Resources

Our team brings an open vision to Arizona. We believe that those who provide care should be the leaders in creating and constructing new, better, and less invasive mechanisms for the delivery of the care they provide. We are here to inspire health and make it easy; we understand both the rewards and difficulties of managed care and health plan/provider relationships.

BCBSAZ Health Choice Arizona:
healthchoiceaz.com

BCBSAZ Health Choice Pathway:
healthchoicepathway.com

Visit us online for provider specific resources!

To help you and your staff stay informed and help address any questions about BCBSAZ Health Choice, we have established the following support services:

Provider Services call center:
1-800-322-8670

- BCBSAZ Health Choice hours are 8 a.m. – 5 p.m., Monday through Friday (except holidays).
- BCBSAZ Health Choice Pathway hours are 8 a.m. – 8 p.m., 7 days a week.
 - Our Call Center staff may also be reached via: hchcomments@azblue.com
- For self-service options, please visit our provider portal: [Log in - Health Choice Provider Portal \(healthchoiceaz.com\)](#)
 - Provider Portal: **480-760-4651** or via email: hchproviderportal@azblue.com

Please take advantage of additional resources available online on the 'Providers' tab of our websites

****Member Rights & Responsibilities & Privacy Notices**** are included in the BCBSAZ Health Choice Member Handbook and can be located on the Health Choice website at: healthchoiceaz.com/privacy-notice healthchoiceaz.com/members/member-services (Member Rights and Responsibilities tab)



Health
Choice