



# Health Choice Provider Newsletter

October - December 2022

04

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# What's New!

## BCBSAZ Health Choice Member ID#s

On January 1, 2022, BCBSAZ Health Choice, and BCBSAZ Health Choice Pathway member ID numbers changed format to include the addition of a three-character prefix. As a Blue Cross® Blue Shield® of Arizona plan, this is a key element used to identify which Blue Plan the member belongs.

The HCI prefix for BCBSAZ Health Choice members does not impact any information that would be input or used for AHCCCS-related portals, for example, the DUGless portal and AHCCCS online.

When doing business with AHCCCS administration, providers must continue to use the standard 'A' number without the three-character prefix.

Here's what the new Health Choice ID format looks like for each line of business:

Health Plan	ID #
Health Choice Arizona (Medicaid)	HCIA12345678
Health Choice Pathway (Medicare)	MZHHC12345678

The added HCI and MZH prefixes for BCBSAZ Health Choice members is required when doing business directly with BCBSAZ Health Choice only. If you do not use the correct BCBSAZ Health Choice ID number when submitting claims or requesting prior authorization, claims will be rejected, and we will not be able to process your request(s).

Should you have any questions, please contact your Provider Performance Representative.

## Important Changes – Regional Behavioral Health Authorities (RBHA)

Due to the AHCCCS award in late 2021 of the expanded ACC-RBHA contracts, formerly known as Regional Behavioral Health Authorities, all BCBSAZ Health Choice members who have a Serious Mental Illness (SMI) designation will be transitioned to Care1st or Mercy Care, the designated ACC-RBHAs in northern and central Arizona.

**Don't worry, we're still here.**

BCBSAZ Health Choice will continue serving all AHCCCS Complete Care and BCBSAZ Health Choice Pathway (dual-eligible) members in northern and central Arizona.

To learn more about this change and how it impacts you, visit AHCCCS:

[Behavioral Health \(azahcccs.gov\)](https://www.azahcccs.gov)

[AHCCCS News & Updates \(azahcccs.gov\)](https://www.azahcccs.gov/news)

## Prior Authorization Grid Updates for BCBSAZ Health Choice Medicaid and BCBSAZ Health Choice Pathway

**Effective November 5, 2022**, the following codes will require prior authorization:

Applies to BCBSAZ Health Choice Medicaid and BCBSAZ Health Choice Pathway Medical Pharmacy  
J0491, J0219, J0739, J0879, J9332, J1551, J1306, J9359, J2998, J2779, Q5124, J9331, J2356, J9273, J3299, Q4224, J1302, J1932, J2777, J9274, J9298, Q2056, Q5125, Q4225, Q4256, Q4257, Q4258, Q4259, Q4260

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

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

**HCA:** [healthchoiceaz.com](https://www.healthchoiceaz.com) -> Providers Tab-> Prior Authorization Guidelines

**HCP:** [healthchoicepathway.com](https://www.healthchoicepathway.com) -> Providers Tab-> Prior Authorization Guidelines

# What's New!

## Dental Prior Authorization

**Effective October 10, 2022**, BCBSAZ Health Choice will require prior authorization for all codes listed on the AHCCCS Uniform Prior Authorization Dental Codes List.

The list can be found on the AHCCCS website:

[azahcccs.gov/Resources/Downloads/Contractor/AHCCCSUniformPriorAuthorizationListofDentalCodes.pdf](https://azahcccs.gov/Resources/Downloads/Contractor/AHCCCSUniformPriorAuthorizationListofDentalCodes.pdf).

The Dental Prior Authorization Code list is located on the BCBSAZ Health Choice website [healthchoiceaz.com](https://healthchoiceaz.com) under Providers-> Prior Authorization Guidelines. The Dental Matrix is located under Providers-> Dental.

Providers are required to obtain Prior Authorization before rendering treatment by submitting a completed Prior Authorization Claim Form (ADA form).

For specialty referral, please complete the Dental Specialty Referral Request Form.

Submit all requests with supporting documentation, including clinical notes and diagnostic X-rays, by one of the following means:

- Email: [HCHDentaldeptHCA@azblue.com](mailto:HCHDentaldeptHCA@azblue.com)
- Mail: BCBSAZ Health Choice  
Attn: Dental Prior Authorization  
410 N. 44th Street, Suite 900  
Phoenix, AZ 85008
- Fax: 480-350-2177

If you have any questions or need additional information, please call the Dental Prior Authorization Department at **480-968-6866 EXT 6006**.

## BCBSAZ Health Choice Q4 All Provider Forum

BCBSAZ Health Choice Arizona and BCBSAZ Health Choice Pathway will be hosting our fourth All Provider Forum of 2022.

We will hold this event **ONLINE ONLY**, via Zoom Webinar.

Please register and come join us!

### Zoom Webinar

**Wednesday December 21, 2022**

11:30 a.m. – 1 p.m.

**Link to register in advance:**

[azblue.zoom.us/webinar/register/WN\\_ucdde\\_M1RVCqPhUONluCqQ](https://azblue.zoom.us/webinar/register/WN_ucdde_M1RVCqPhUONluCqQ)

You can participate by joining us online:

From your PC, Mac, Linux, iOS, or Android,  
AND

By calling: 253-215-8782 or 346-248-7799 or 669-900-6833 or 719-359-4580 or 312-626-6799

Webinar ID: 894 0943 2985

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

## A New Financial Incentive Program to Encourage Data Sharing with the Arizona Health Information Exchange (HIE)

Health Current, a Contexture organization, is pleased to introduce a new financial incentive program for select AHCCCS providers participating in the Arizona HIE to encourage data sharing. More data available to the HIE community gives participating providers a more complete picture of their patients, increasing their ability to deliver the right care to the right patient at the right time. The new program also serves as a financial tool to offset costs incurred by organizations in establishing the interface for sending data to the Arizona HIE. Ultimately, sharing data with the HIE not only benefits the greater community, it's also good for your organization's bottom line.

To join, contact your Arizona HIE account manager today or learn more at [healthcurrent.org/programs/ahcccs-programs/data-supplier-incentive-program](https://healthcurrent.org/programs/ahcccs-programs/data-supplier-incentive-program).

# 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](https://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](https://healthchoiceaz.com), [healthchoicepathway.com](https://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/](https://providerportal.healthchoiceaz.com/)

Stay on the lookout for more enhanced features to come!

## Credentialing Communications - Aperture Health is now Verisys

As an AHCCCS-participating Managed Care Organization, BCBSAZ Health Choice is required to contract with Aperture Health to conduct credentialing and recredentialing for practitioners within the BCBSAZ Health Choice network.

Aperture Health is now Verisys. As the companies merge, you might receive credentialing communications from Verisys, Aperture, or the combined brands. Though communications may be sent by either or both brands, please be assured that they are the same company.

Should you receive communications requiring response, please respond as directed via email or online. If you have any questions, contact [customer\\_service@verisys.com](mailto:customer_service@verisys.com).

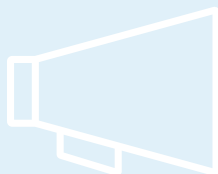
Communications may also be sent by BCBSAZ Health Choice credentialing staff. Please respond with information accordingly to ensure timely completion of credentialing and recredentialing.

## 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/](https://healthchoiceaz.com/providers/provider-education/)

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



## 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.

# What's New!

## 2022 Provider Satisfaction Survey

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. The 2022 provider survey has been sent to you via mail. Please take a few minutes to complete the survey and return it with the self-addressed, postage-paid envelope. We encourage the whole staff at your practice to be involved in completing this important survey.

## Get Connected to Complete Data Through the Arizona HIE – New Financial Incentive Program

Since 2007, healthcare organizations have partnered with healthcurrent, Arizona's Health Information Exchange (HIE), to access the information they need to make better clinical decisions and keep people healthy. These key benefits include:

- One connection to save time and resources
- New patient information
- Timely information to coordinate care
- Secure communication

Creating connections. Improving lives:

- Real-time alerts when your patients are admitted or discharged from the hospital
- Better coordination of patient care teams through secure electronic sharing of messages, notes, and records
- New patient records and labs only a few clicks away
- To sign up for this free service, contact our recruitment team at: [recruitment@healthcurrent.org](mailto:recruitment@healthcurrent.org)

## 2022 Annual Model of Care Training: Special Needs Plans (D-SNPs)

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 2022 Annual MOC training is available online!

Visit: [healthchoicepathway.com](https://healthchoicepathway.com)

Click the drop down for "Providers" and select "Provider Education" to access the online presentation and attestation.

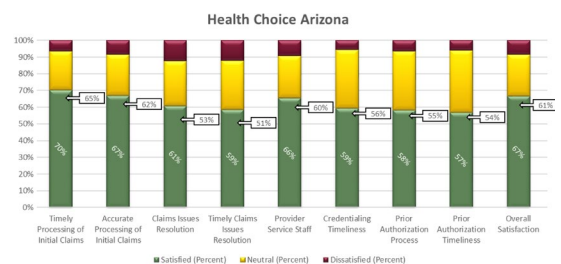
- Special Needs Plan (SNP) Model of Care (MOC) training is required initially and annually by the Centers for Medicare & Medicaid Services (CMS) for care providers who treat members in SNPs.
- A SNP is a type of Medicare Advantage plan that provides targeted care, improved care coordination and continuity 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.

Thank you for being a valued provider to our BCBSAZ Health Choice Pathway members.

## 2022 AHCCCS Provider MCO Satisfaction Survey Results

AHCCCS conducted a provider satisfaction survey from April 15 through May 17, 2021, to solicit feedback from providers about

their contracted MCOs. A total of 282 BCBSAZ Health Choice (HCA) Providers responded. Providers reported higher satisfaction with HCA in all categories surveyed compared to other AHCCCS health plans. HCA providers expressed the most satisfaction with timely processing of initial claims.



# 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 started 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 take action, following 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 that 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](mailto: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. BCBSAZ 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](mailto: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?

## AHCCCS Electronic Visit Verification (EVV) – Hard Claims Edit Enforcement

**The below notice is only applicable to providers subject to EVV requirements**

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://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.

## Health Literacy – Lessons learned from COVID-19

We all understand health literacy in terms of easy-to-read, plain language and culturally appropriate information designed so that the reader can:

- Have access to the information
- Understand what is written or spoken
- Act upon what is written or spoken

What we learned from COVID information was that the message could be clear but could conflict with other messages. Should we wear masks? Where can we get a shot? Do we need to talk to our doctor?

As with any change, especially in a high-stress environment, we need to be clear as to:

- What has changed?
- What do we need to do differently?
- What do we need to stop doing?
- Where do we go for additional information?

We need to be clear on current vs. future state. We also need to be clear of the cultural, emotional, and social barriers to receiving information. Here are a few quick reminders:

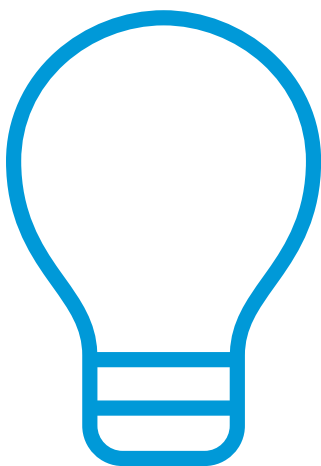
1. Know your reader – culturally, emotionally, socially
2. Tailor the communication to various audiences
3. Use multiple delivery methods – outreach, social media, calls, community centers

Remember, if something has changed, make sure you communicate the information that is no longer current. For instance, if your hours are going to change in the future, you would communicate:

1. New hours/new phone number – as of date or new phone # as of date
2. Old hours/old phone number – stop as of date

# 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 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 BCBSAZ 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.
- BCBSAZ Health Choice Tribal Liaison Holly Figueroa will review request and forward 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 BCBSAZ 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 this 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 service will be provided to the BCBSAZ 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](mailto: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/](https://healthchoiceaz.com/providers/behavioral-health-resources/)

## Performance Improvement Plan – Over the Counter (OTC) Polypharmacy

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, 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, but is more of 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 by the member. 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 ensures provider involvement. For members in a Behavioral Health Residential Facility (BHRF) who 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/](https://healthcurrent.org/azhdr/)

# Dental Corner

## How to Reduce Dental No-Shows

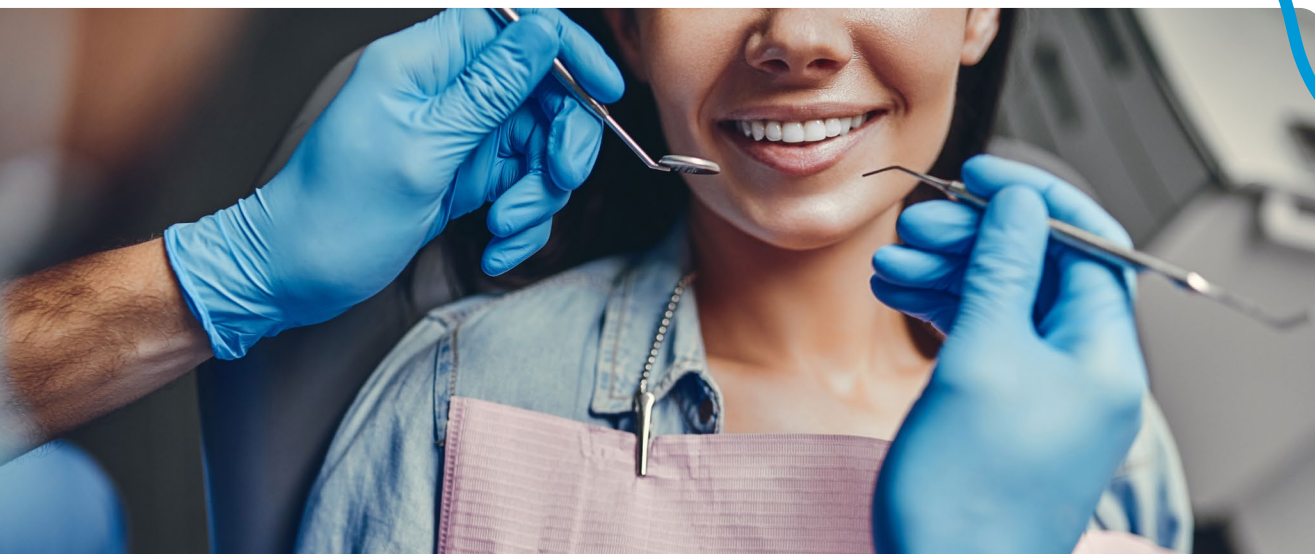
Dental care is currently the greatest unmet need in low-income children in the United States. The American Dental Association reports 30% of Medicaid patients typically fail to keep their appointments. Improving dental compliance requires addressing the barriers to dental care faced by Medicaid families, 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:

- Set up a reminder system. The number one reason patients don't show up to their appointment is simply forgetting, so reminders are essential.
  - Designate a staff member to make daily reminder calls for the next day's appointments.
  - 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.
    - You can send reminder messages via phone, text messaging, email, or postcard to suit each patient's needs.
- 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 on the benefits of preventive care.
- Use interpretation services when needed.
- Keep records of patients who frequently miss appointments.
  - Contracted providers are encouraged to document and report members who do not show for their scheduled dental visits using the Dental Missed Appointment Log. The Missed Dental Appointment Log can be found on the BCBSAZ Health Choice Arizona website [healthchoiceaz.com/providers/forms/](https://www.healthchoiceaz.com/providers/forms/).
    - Once completed, fax or mail the form 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.
  - BCBSAZ 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.



# Maternal and 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

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### 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.

*Continues on next page.*

# Maternal and Child Health Corner

Continued from previous page.

EPSDT screening for AHCCCS members less than 21 years of age is required. Submission can be completed with fax or mail. All EPSDT information is logged in to 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](mailto: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. This population is 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 four 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 for 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 2-20. Refer to the Centers for Disease Control and Prevention website: [www.cdc.gov/growthcharts/](http://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 percentiles 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 requirements, 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.

# Maternal and 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, 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 1-888-592-0140, 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](mailto: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](http://aipo.myabsorb.com/?KEYNAME=AIPOTRAIN)



# Maternal and Child Health Corner

## MATERNAL REMINDERS

### 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](mailto: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](http://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](mailto: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](http://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 <https://www.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 \(healthchoiceaz.com\)](https://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 \(healthchoiceaz.com\)](https://www.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

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



# Tips & Tricks Medicare Preventive Services (Part 1)



BCBSAZ Health Choice Pathway (HCP) is Blue Cross Blue Shield/Health Choice's Dual-Special Needs Plan (D-SNP). HCP members have both Medicare and Medicaid benefits. With a focus on getting patients caught up on preventive care, here is part one of a two-part overview of Medicare coverage of preventive services (look for part 2 in our 2023 newsletter).

Preventive services are available to Medicare patients at no out-of-pocket cost. However, some may require an ICD-10 code related to risk for the condition being screened or a waiting period between screenings for the service to be covered. Also, any treatment needed following screening tests may require copayments. For example, if colon polyps are found on screening colonoscopy, the patient may be responsible for the pathology coinsurance from the biopsy.

Seeing a patient for the first time in your office? Hesitant to order services without knowing what may be covered based on what the member has already had done? The HIPAA (Health Insurance Portability and Accountability Act) Eligibility Transaction System (HETS) allows Medicare beneficiary eligibility data to be checked in real time. Use HETS to prepare accurate Medicare claims, determine beneficiary liability, or check eligibility for specific services.

## Yearly Checkups

- Traditional Medicare fully covers Medicare Annual Wellness Visits. However, routine physicals are not a Medicare-covered benefit. Not sure what the difference is? This link provides a good comparison: [Medicare Wellness Visits – ICN MLN6775421 February 2021 \(cms.gov\)](#)

## Immunizations – Medical Benefit or Pharmacy Benefit?

- Pneumococcal, influenza, COVID-19, and hepatitis B vaccines (hep B covered based on risk, e.g., ESRD, DM, liver disease, exposure risk such as healthcare worker) are covered under part B or C
- Tdap, shingles (and others) – Covered under part D pharmacy benefit

## Women's Health

- Screening Mammograms: Covered one time between 35 and 39 and yearly for 40 and older.
- Cervical and Vaginal Cancer Screening: Medicare covers these screening tests once every 24 months for average-risk patients. As part of the pelvic exam, Medicare also covers a clinical breast exam.

## Men's Health

- Prostate Cancer Screening: Once every 12 months for men over 50
- Abdominal Aortic Screening Ultrasound: Covered once per lifetime if you're at risk: family history of abdominal aortic aneurysms, or you're a man age 65-75 and have smoked at least 100 cigarettes in your lifetime

# Tips & Tricks Medicare Preventive Services (Part 1)

## Cancer Screening for Men and Women

- Colorectal Cancer Screening: Colonoscopy covered once every 10 years for average risk, once every 2 years for high risk. FIT yearly. Cologuard covered once every 3 years. Blood based biomarker screening – once every 3 years.
- Lung Cancer Screening: Covered once a year if the following met: age 55-77, no symptoms of lung cancer, current smoker or quit in the last 15 years, and have smoked at least 30 packs a year

## Health Screenings

- Bone Mass Measurements: Once every 24 months for patients who fall in one of the five categories below. ICD 10 codes related to the patient's risk for osteoporosis must be used to support medical necessity. The code for osteoporosis screening used alone may result in the patient receiving a bill.
  1. A woman who has been determined by her physician to be estrogen-deficient and at clinical risk for osteoporosis
  2. An individual with vertebral abnormalities as demonstrated by an X-ray to be indicative of osteoporosis, osteopenia, or vertebral fracture
  3. An individual receiving (or expecting to receive) glucocorticoid (steroid) therapy
  4. An individual with primary hyperparathyroidism
  5. If an individual is currently taking one of the following FDA-approved osteoporosis medications: Fosamax, Actonel, Miacalcin, Evista, Forteo
- Lipid Screening: Average risk screening is covered once every 5 years. Providers may screen more often with a qualifying diagnosis. Diagnoses examples for more frequent testing include hyperlipemia, hypertension, and diabetes.

## BCBSAZ Health Choice Pathway 2022 Supplemental Benefits

The following benefits are provided in addition to traditional Medicare Benefits:

**Dental services** – \$4,000 allowance per year for preventive and comprehensive dental services

**Vision services** – \$450 allowance for corrective lenses and a routine eye exam each year

**Hearing services** – up to \$2,000 each year for hearing aids, evaluation/fitting, and hearing exam

**Over the Counter (OTC) Benefit** – up to \$270 every 3 months for OTC health items such as toothpaste, sunscreen, pain relievers, and much more

**Transportation** – up to 24 additional one-way trips every calendar year

**Fitness Benefit** – Membership to a participating fitness center or home fitness kits and access to other healthy resources

**Telehealth services** – ability to speak with a primary care provider, specialist, or urgent care from home 24 hours a day, 7 days a week

**Healthy Rewards Program** – earn gift cards for completing preventive services such as an Annual Wellness Visit, Colorectal Cancer Screening, and Breast Cancer Screening

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

Contact Us:

BCBSAZ Health Choice Arizona  
Risk Adjustment Department  
410 North 44th Street, Suite 900,  
Phoenix, AZ 85008

**480-968-6866 ext. 5034**

Email: [hchperformanceimprovement@azblue.com](mailto: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)

## 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](http://healthchoiceaz.com)

**BCBSAZ Health Choice Pathway:**  
[healthchoicepathway.com](http://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](mailto:hchcomments@azblue.com)
- For self-service options, please visit our provider portal:  
**Log in - Health Choice Provider Portal ([healthchoiceaz.com](http://healthchoiceaz.com))**
  - Provider Portal: **480-760-4651** or via email:  
[hchproviderportal@azblue.com](mailto: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](http://healthchoiceaz.com/privacy-notice)  
[healthchoiceaz.com/members/member-services](http://healthchoiceaz.com/members/member-services)

(Member Rights and Responsibilities tab)

## Provider Resources

As a reminder, BCBSAZ Health Choice and BCBSAZ Health Choice Pathway provide medically necessary covered services as specified by AHCCCS and CMS which are mandated by federal and state law. To note, periodic updates are made to these regulating systems and compliance with processes and procedures is considered part of your contractual obligation as a participating healthcare provider.

Please visit the **AHCCCS Medical Policy Manual (AMP)**, **AHCCCS Contractor Operations Manual (ACOM)**, and **Medical Coding Resources** as available on the **AHCCCS website**.

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. This includes questions 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 the following:

- Changes to the program
- System changes and updates
- Billing policies and requirements

Additional information can be found in the AHCCCS **Encounter Keys** newsletter.



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