



# Provider Newsletter

September - October 2020



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# What's new!

## Don't Miss Out on the 7th Annual Tribal Summit!

Catch the last few days of the free VIRTUAL presentations focused on Tribal Health Care Topics brought to you by Health Choice Arizona and Care1st Tribal Programs. Here's a list of presentations that remain:

### Tuesday, September 29th:

- COVID19 Navajo & Hopi Elder Project (NHEP)
- Trudie's COVID19 Story
- First Episode Psychosis

### Wednesday, September 30th:

- "Pause Strategize, Transform"
- Alisha's Personal COVID19 Story
- 7TH Annual Tribal Summit Wrap Up

To learn more about times, presentation description, and registration, visit [www.healthchoiceaz.com/providers/tribal-program/](http://www.healthchoiceaz.com/providers/tribal-program/).

## Health Choice is now officially part of Blue Cross Blue Shield of Arizona!

Health Choice is pleased to announce that we are now part of the Blue Cross® Blue Shield® of Arizona (BCBSAZ) family!

How does this affect you?

At this time there will be no changes other than you will now see the Health Choice Arizona logo together with the BCBSAZ logo

on provider materials and communications, the website, and more. Stay tuned for more information!

Please contact us with any questions or concerns: **1-800-322-8670** (TTY: **711**).

*Welcome to the BCBSAZ family!*

## Health Choice Arizona and Health Choice Generations Prior Authorization Updates

Effective October 1, 2020 the following codes will require prior authorization:

Applies to Health Choice Arizona (HCA) and Health Choice Generations (HCG)	
Durable Medical Equipment (DME)	E2500, E2502, E2504, E2506, E2508, E2510
Genetic Counseling and Testing	81163, 81164, 81165, 81166, 81167, 81202, 81204
Home Health Care	S9208, S9211, G0151, G0152, G0153
Joint Replacement	23470, 23473, 27130, 27447
Neurology Electroencephalogram (EEG) Testing	95721, 95722, 95723, 95724, 95725, 95726
Pain Management	64451, 64454, 64624, 64625
Podiatry	28107, 28108, 28110, 28118, 28119, 28120, 28122, 28124, 28344
Prosthetics/Orthotics	L1904, L1907, L1932, L1940, L3020
Rehabilitation Therapies and Services	97032
Sleep Studies and Sleep Procedures	95805
Spinal Surgeries	27279
Sterilizations	58720
Vein Procedures	36465, 36466, 37765, 37766

Applies to HCA Only	Applies to HCG Only
Therapeutic Foster Care <i>Requires prior authorization</i>	Acupuncture is now a covered benefit

Health Choice Prior Authorization (PA) Guidelines and PA Grids are available online by visiting:  
**HCA:** [www.healthchoiceaz.com](http://www.healthchoiceaz.com) > Provider Tab > PA Guidelines  
**HCG:** [www.healthchoicegenaz.com](http://www.healthchoicegenaz.com) > Provider Tab > Provider Information

## Home Infusion Reminder - Coram Specialty Infusion Services

As a reminder, our acute infusion service provider is Coram Infusion (for IV hydration, Zofran pumps, antibiotics, TPN, enteral nutrition, standard chemo drugs, etc.).

Please refer requests for home infusion and injectables not self-administered to Coram Specialty Infusion Services.

Requests can be directed to Coram Specialty Infusion Services at:  
Phone: **480-240-3200**  
Fax: **480-505-0455**

### Makena Exception:

Makena must be processed through the pharmacy benefit for AHCCCS plans. For the Health Choice Arizona Medicaid plan, Makena must be dispensed by CVS Specialty Pharmacy. Please e-prescribe the prescription to CVS Specialty Pharmacy. For Medicare plans such as Health Choice Generations, most home infusion drugs must be covered under the Part D benefit (the pharmacy benefit). Health Choice Generations, home infusion drugs can be dispensed at any in network pharmacy, including but not limited to CVS Specialty Pharmacy.

Providers submit pharmacy prior authorization request through the Health Choice pharmacy department. Health Choice providers have the ability to submit Pharmacy Coverage Determinations to the Plan online at [healthchoice.promptpa.com](http://healthchoice.promptpa.com). Providers can also access this link directly from their Home page within their secure provider portal.

## Expedited Prior Authorization Request Reminder

On the rare occasion you should need to submit a Prior Authorization (PA) request as expedited, please ensure you have included all the required information:

- Requests must include ALL the necessary clinical documentation to support medical necessity to avoid unnecessary denials. Supporting documentation includes the following:
  - Current diagnosis and treatment already provided by the PCP/requesting provider
  - All pertinent medical history and physical examination findings
  - Diagnostic imaging and laboratory reports (if applicable)
  - Indications for the procedure or service
  - Alternative treatments, risks and benefits

## Change in Minimum Subcontract Provisions

Effective 10/01/2020 AHCCCS has made an update to the Minimum Subcontract Provisions (MSPs). These updates have been posted to the AHCCCS website. The MSPs are referenced and incorporated into the AHCCCS Provider Participation Agreement, Provider Contracts and the Health Choice Arizona Provider Manual, Chapter 3. All AHCCCS providers are required to comply with the MSPs.

In addition to general corrections to citations throughout, the following revisions have been incorporated:

- Clarified definition of Subcontract and Subcontractor,
- Revised Federal Immigration and Nationality Act, Prior Authorization and Utilization Management, and Record Retention,

(including the indication of such discussions with patient)

- For Out-of-network (OON) providers/facilities and/or Non-Formulary (NF) medication requests – specific information which explains need for OON or NF service is required
- Requests must include correct codes (ICD-10, CPT, and HCPCS) to complete the prior authorization request.
- PA request forms must have all necessary fields completed and it must be legible.

Please note – determinations for expedited requests must be made within 72 hours

**It is critical to provide ALL information for an expedited request submitted on a Friday or prior to a holiday as there is no opportunity for the health plan to obtain missing information**

- Added a provision regarding Dugless Data Reporting,
- Added provisions as a result of the Report of the Abuse & Neglect Prevention Task Force to Governor Douglas A. Ducey ((November 1, 2019)) developed in response to Executive Order 2019-03), and
  - Adult Protective Services Registry Check
  - Abuse, Neglect and Exploitation Prevention
  - Corporate Governance for Providers
- Removed Certification of Truthfulness of Representation, Limitations on Billing and Collection Practices, and Termination of Subcontract.

The updated MSPs are available here: [azahcccs.gov/PlansProviders/HealthPlans/minimumsubcontractprovisions.html](http://azahcccs.gov/PlansProviders/HealthPlans/minimumsubcontractprovisions.html)

## Did you know?



### Health Choice Q3 All Provider Forum

Health Choice Arizona and Health Choice Generations will be hosting our third Provider Forum of the year.

Due to the COVID19 outbreak in Arizona, we have made the decision to hold this event via Zoom ONLINE ONLY. Please Join Us!

#### Zoom Only

**Wednesday September 30, 2020**

**11:30am - 1:00pm**

You can participate by joining us online:  
From your PC, Mac, Linux, iOS or Android:  
[zoom.us/j/4807604593](https://zoom.us/j/4807604593)

AND

By calling: [669-900-6833](tel:669-900-6833) or  
[253-215-8782](tel:253-215-8782) or [346-248-7799](tel:346-248-7799)

Meeting ID #: 480 760 4593

If you plan to attend please RSVP to Jadelyn.Fields@healthchoiceaz.com with your name, office name and number of anticipated guests.

#### We heard you!

At 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 and let us share our progress with you, we look forward to hearing from you!

### Referring, Ordering, Prescribing, Attending (ROPA) Providers Required to Register with AHCCCS

The Patient Protection and Affordable Care Act (ACA) and the 21st Century Cures Act (Cures) require that all health care providers who provide services to, order (refer), prescribe, or certify health care services for AHCCCS members must be enrolled as an AHCCCS provider.

**After Jan. 1, 2021 claims which include referring, ordering, prescribing or attending providers who are not enrolled with AHCCCS will not be reimbursed.** AHCCCS encourages all providers who are not currently registered with AHCCCS, but who are referring, ordering, prescribing or attending providers, to register as an AHCCCS provider as soon as possible.

Service providers whose claims include referring, ordering, prescribing or attending providers who are not registered with AHCCCS should work with these providers to complete their registration.

Don't be the Weak Link in the Claim! To learn more, visit:  
[www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html](http://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html)

### Health Choice in our Community



Amanda Steavenson is our Training and Workforce Development Administrator. You may have attended some of her hosted trainings in Northern Arizona. Amanda has single handedly made more than 150 masks and has given them to a local Provider, community members, and Health Choice staff. She continues to make more and plans to give them to first responders, shelter staff and more. Thank you Amanda! This illustrates how community minded we are at Health Choice Arizona.

## AHCCCS Provider Enrollment Portal (APEP) Launched August 31st

As of August 31, 2020, all new providers, as well as existing providers who need to update their accounts, will use the AHCCCS Provider Enrollment Portal (APEP). This online system, available 24/7, streamlines the provider enrollment process and eliminates the need for paper-based applications.

### Learn to use APEP

AHCCCS has created several tools to help providers understand the new APEP system. Tutorial documents are available for the following provider types:

- Facility / Agency / Organization (FAO)
- Atypical Individual
- Atypical Agency
- Group Practice
- Individual
- Modification Request

Two training videos are available, one on How to Register, and another on the Enrollment Process.

From August 17-28, AHCCCS will conduct facilitated training sessions for providers. Instructions on how to enroll in APEP training will be announced soon, please refer to the AHCCCS APEP website for these announcements.

AHCCCS is available to answer any questions providers may have about APEP. Please email them at [APEPTrainingQuestions@azahcccs.gov](mailto:APEPTrainingQuestions@azahcccs.gov).

## Provider Directory Maintenance

Health Choice is conducting maintenance of the provider directory! To ensure your information is accurately reflected in our directory, please login 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.

## Enhancing Communication

Health Choice AZ has over 200,000 members from diverse backgrounds throughout AZ. There is one way that you can be sure that a person, regardless of their culture or background, is able to understand your instructions. This way is the “Teach Back” method. It is a technique that can be used by front office staff, physicians, nurses, and case managers. It is simply asking the patient to tell you what they understand as their instructions and encouraging them to speak up. Getting the conversation started: Checking for understanding

**Doctor:** Mrs. Do, your daughter has asthma. Asthma is an illness of the airways in the lungs. Kids with asthma cough a lot or have trouble breathing. They can even make a sound like a whistle. In your own words, how would you describe the signs of asthma in your daughter?

**Patient:** I hear my daughter cough a lot especially when she is running. There are sometimes when she is sleeping her breathing sounds like she is whistling.

**Doctor:** Yes, those are signs of asthma. Asthma is an illness of the airways in your daughter’s lungs. Now that you have the

base of understanding, let us talk about other areas of asthma and how to care for it.

Now, that is an example of teach back method. This is especially important at the beginning of the conversation because you want to check for understanding before further educating the patient.

Other communication tips:

1. Say, “In your own words, tell me how you are going to explain this illness to others when you go home”
2. Draw diagrams and illustrations
3. Demonstrate how to do something and ask them to show you. Say, “Could you show me how you are going to (use your inhaler) ...”
4. Supplement your conversation with paper information for them to take home. Review the information with the patient.
5. Remind the patient to speak with their pharmacist when they pick up their medicine and review the way in which the medication should be taken with the patient.

## Innovation Corner

One of the biggest challenges for providers is getting timely access to relevant patient data. One powerful solution is Health Current, Arizona's Health Information Exchange (HIE). Health Current is a statewide data clearinghouse that is populated with comprehensive member demographic and utilization data from over 700 health entities, including primary care physicians, specialists, hospitals, and behavioral health agencies.

We have heard from several happy Health Choice providers who have improved their member outcomes by incorporating data from Health Current into their operations. Some examples include:

- Receiving alerts from Health Current when your patients are seen in the Emergency Department or admitted into an inpatient setting so that your staff can follow up as soon as possible after the member is discharged

- Incorporating a feed from Health Current into your practice EMR to deliver relevant information to the provider at the point of care
- Identifying other providers that your patients may be seeing to facilitate comprehensive care planning
- Quickly accessing medical records for services that a patient may have received from other providers or before becoming your patient
- Finding recently updated contact information for members

If your practice already has a Health Current account, your account manager can help you explore opportunities based on your practice's processes and needs. If you do not have an account manager, you can send an email to [info@healthcurrent.org](mailto:info@healthcurrent.org) and you will be assigned one.

## Behavioral Health Corner

Health Choice Arizona (HCA) is the integrated health plan and Regional Behavioral Health Authority (RBHA) in Mohave, Yavapai, Coconino, Navajo, Apache, & Gila Counties. We ensure access to and are the payer for behavioral and physical health services for adults with Arizona Health Care Cost Containment System (AHCCCS) title XIX coverage and Serious Mental Illness (SMI).

### Therapeutic Foster Care (TFC) Prior Authorization updates

Effective 10/01/2020 Therapeutic Foster Care (TFC) will require Prior Authorization. Request forms will be updated on the Health Choice website prior to October 1st.

Who submits the Prior Authorization (PA) request?

For members residing in Northern Arizona: the members' assigned Behavioral Health Home submits the PA request.

For GMHSA members in Maricopa and Pinal County: the assigned outpatient provider submits the PA request.

Prior Authorizations are submitted on the Health Choice Behavioral Health Residential Facility and Therapeutic Foster Care Prior Authorization and Continued Stay Form with supporting documentation and fax to **480-760-4732**.

If you have any questions please contact Robert Fleet **928-699-1580** or [robert.fleet@healthchoiceaz.com](mailto:robert.fleet@healthchoiceaz.com)

## Applied Behavior Analysis (ABA)

In collaboration with community members and providers, the AHCCCS Advisory Committee has worked to create policies and adapt codes related to Applied Behavior Analysis (ABA) to be used in the treatment of members with Autism Spectrum Disorder. Agencies must utilize the new ABA codes implemented in January of 2019. A quarterly deliverable will track the utilization of these codes by providers for Health Choice Arizona members.

When Applied Behavioral Analysis was first covered, there were no codes specific to those

services. Since that time, AHCCCS implemented codes 97151-97158 for adaptive behavior treatment; revised guidelines for Adaptive Behavioral Services; revised codes 0362T, 0373T; and deleted Category III codes 0359T - 0361T, 0363T - 0372T, & 0374T. The updated codes are published in the 2019 CPT Code e-book.

Please utilize the codes listed below when providing ABA services to Health Choice Arizona members. Quarterly tracking of these codes is requested from your agency and a deliverable will be emailed to an identified

responsible party. The ABA deliverable is due on the fifth day of each quarter for services provided in the previous quarter.

Please return the deliverable to [Kelly.Lalan@healthchoiceaz.com](mailto:Kelly.Lalan@healthchoiceaz.com). For questions or support, please contact your Provider Performance Representative and or Kelly Lalan at [928-714-2206](tel:928-714-2206)

Members can receive ABA services as deemed medically necessary by their multi-disciplinary team or medical provider.

Billing Code	CPT Descriptor
97151	Behavior Identification Assessment, administered by QHP, each 15 minutes of QHP's time face-to-face with patient and/or guardian(s)/caregivers(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
97152	Behavior Identification Supporting Assessment, administered by one technician under the direction of QHP, face-to-face with the patient, each 15 minutes
362T	Behavior Identification Supporting Assessment, each 15 minutes of technicians' time face-to-face with patient, requiring four components: QHP on site; assistance of 2+ technicians; patient with destructive behavior; environment customized to patient behavior
97153	Adaptive Behavior Treatment by Protocol, administered by technician under the direction of a QHP, face-to-face with one patient, each 15 minutes
0373T	Adaptive Behavior Treatment with Protocol Modification, each 15 minutes of technicians' time face-to-face with patient, requiring four components: QHP on site; assistance of 2+ technicians; patient with destructive behavior; environment customized to patient behavior

Billing Code	CPT Descriptor
97154	Group Adaptive Behavior Treatment by Protocol, administered by technician under direction of QHP, face-to-face with 2+ patients, each 15 minutes
97155	Adaptive Behavior Treatment with Protocol Modification, administered by QHP, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	Family Adaptive Behavior Treatment Guidance, administered by QHP (with or without patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	Multiple-Family Group Adaptive Behavior Treatment Guidance, administered by QHP (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	Group Adaptive Behavior Treatment with Protocol Modification, administered by QHP face-to-face with multiple patients, each 15 minutes

*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 health care 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, charged and modifiers for services rendered.*

## Dental Corner

### Silver Diamine Fluoride (SDF) – A viable Dental Option

SDF is a safe, effective and minimally invasive, non-surgical approach to treat dental caries in young children, often delaying or eliminating the necessity of General Anesthesia or Sedation. SDF will arrest carious lesions in primary and permanent teeth, allowing the dentist to restore carious teeth in a time when behavior has improved.

The barriers to traditional treatment (i.e. behavioral issues in very young children,

situational anxiety, or intellectual and developmental disabilities) in addition to financial constraints and overall access to care, require the need for alternative caries management techniques. SDF does just that!

38% silver diamine fluoride is 25% silver (antimicrobial) and 5% fluoride (remineralization). This treatment arrests and remineralizes carious lesions as well as controlling biofilm. In fact, studies indicate an 80% arrest of carious lesions. SDF does not invade pulpal tissue having a PH of 10 similar to CaOH but should not be placed on an exposed pulp.

One side effect of note: The discoloration of demineralized cavitated surfaces. Patients and parents should be advised regarding the permanent black staining of lesions associated with the application of SDF.

Dentists have an obligation to offer patients this non-surgical, non-invasive option.

SDF is a Health Choice Arizona reimbursable fee when submitted using code D1354, no prior authorization is required. This benefit is limited to 4 applications per year (initial application, 3 months after, 6 months after, and 1 year after the initial placement).

## Maternal and Child Health Corner

### EPSDT Reminders

#### Pediatric Care Management:

If you feel a child is in need of a referral for care management please email or fax our Case Management (CM) referral form to: [HCH\\_PediatricsCM@healthchoiceaz.com](mailto:HCH_PediatricsCM@healthchoiceaz.com) or fax: 480-317-3358.

The CM form can be found under the Providers section of our website under Forms [www.healthchoiceaz.com](http://www.healthchoiceaz.com)

#### EPSDT Tracking Forms:

Please keep sending us your tracking forms in a timely manner for your Well Child Visits! As a reminder, please include the AHCCCS ID on the tracking form and EMR's and verify your sending a complete file.

Please submit EPSDT Tracking forms and EMR's 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 be completed with fax or mail. All EPSDT information is logged into the members 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: [HCH.EPSDTCHEC@healthchoiceaz.com](mailto:HCH.EPSDTCHEC@healthchoiceaz.com) Fax: 480-760-4716

### AzeIP Fax Number for Submissions has changed:

The Medical Prior Authorization Department will now be processing all AzeIP/EPSTDT request. The updated fax number for AzeIP submissions is [480-760-4993](tel:480-760-4993).

### 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@healthchoiceaz.com](mailto:comments@healthchoiceaz.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).

# Maternal and Child Health Corner



## Arizona State Immunization Information System (ASIS)

Timely administration of childhood and adolescent immunizations are more essential this year than ever, and AHCCCS requires that all administered immunizations are logged into ASIS, the statewide immunization portal. Data integrity in ASIS 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 ASIS to complete the patient data and dose data trainings on ASIS's online learning portal, APO TRAIN. [aipo.myabsorb.com/?KEYNAME=AIPOTRAIN](http://aipo.myabsorb.com/?KEYNAME=AIPOTRAIN)

## Maternal Reminders

### Pediatric Care Management

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@healthchoiceaz.com](mailto:HCH_PediatricsCM@healthchoiceaz.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)

### OB Care Management

Did you know 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@healthchoiceaz.com](mailto:HCHHCACaseManagement@healthchoiceaz.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 Portal

The 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!  
[www.stewardhealthchoiceproviders.org/ProviderPortal/Login/](http://www.stewardhealthchoiceproviders.org/ProviderPortal/Login/)

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.

# Tips & Tricks –

## Alcohol/Substance Abuse vs. Dependence

ICD-10 Coding Guidelines are very specific with how abuse and dependence should be coded and depend upon the documentation in the medical record. Let's take a look at some definitions of abuse and dependence.

**Alcohol/substance use** refers to any use of illegal drugs: heroin use, cocaine use, tobacco use. Misuse is used to distinguish improper or unhealthy use of a medication as prescribed or in moderation.

**Alcohol Use Disorder (AUD):** AUD is a chronic relapsing brain disease characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.

**Addiction** can result from taking drugs or alcohol repeatedly and is characterized by a person's inability to control the impulse to use these substances even when there are negative consequences. Addiction is a chronic disease.

**Dependence** means that when a person stops using a substance, their body goes through withdrawal, a group of physical and mental symptoms that can range from mild (if the drug is caffeine) to life-threatening, such as alcohol or opioids, including heroin and prescription pain relievers.

**Withdrawal** happens when an individual abruptly terminates or substantially reduces his or her consumption of alcohol or a substance. Some signs of withdrawal are rapid heartbeat (tachycardia), elevated blood pressure, excessive sweating, shaking/tremor, seizures, hallucinations and delirium tremens.

Let's look at some basic codes:

Alcohol abuse with intoxication, uncomplicated	F10.120
Alcohol Dependence, uncomplicated	F10.20
Opioid abuse, uncomplicated	F11.10
Opioid use, unspecified with intoxication, uncomplicated	F11.920
Opioid dependence, uncomplicated	F11.20
Opioid dependence with withdrawal	F11.23

ICD-10 CM coding guidelines state that when the provider documentation refers to use, abuse and dependence **of the same substance** only one code should be assigned to identify the pattern of use based on the following hierarchy:

- If both use and abuse are documented assign only the code for the abuse
- If both abuse and dependence are documented, assign only the code for dependence
- If use, abuse and dependence are all documented, assign only the code for dependence
- If both use and dependence are documented, assign only the code for dependence

Capturing the most specific, correct diagnosis codes for substance abuse/dependence is dependent upon how the medical record is documented. These codes are recognized by CMS as hierarchical chronic conditions that risk adjust. The

medical record must also contain support for the diagnosis. Some ways to support this diagnosis can be medications, documentation of the body part(s) affected and examined, other treatments being received for the condition, treatment by a specialist and length of time the condition has been diagnosed. Remember to reference your coding books to be certain you are assigning the correct and most specific code for this chronic disease.

These examples are not an all-inclusive list of codes that risk adjust. Please refer to your references to locate those additional codes. Happy Coding!

Reference: [www.nih.gov](http://www.nih.gov), [www.CMS.gov](http://www.CMS.gov), ICD-10 CM Expert

### Contact Us

Health Care Network  
Risk Adjustment Department  
410 North 44th Street, Suite 900  
Phoenix, AZ. 85008  
**480-968-6866** ext. 5034  
Email: [hchperformanceimprovement@healthchoiceaz.com](mailto:hchperformanceimprovement@healthchoiceaz.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 health care 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, charged and modifiers for services rendered.*

# Test your clinical skills – Statins

## True or False?

1

It is appropriate to prescribe a statin even if a patient with diabetes does not have high cholesterol.

2

Myalgia is a good reason to give up on statins.

3

Fluvastatin is an option for patients who can't tolerate the small amount of lactose which is found in other statins.

4

It is appropriate to keep a patient with ASCVD on a low-dose statin such as Simvastatin 10 mg.

## Answers:

1) True... **Statins reduce mortality!**

According to the Jupiter Trial, patients taking a statin had a 54% lower chance of heart attack, 48% lower chance of stroke, 46% lower chance of needing angioplasty or coronary artery bypass surgery, and a 20% lower chance of dying from any cause.

2) False... **Don't give up!** Statin re-trial is imperative for patients with diabetes and/or ASCVD. The reward far outweighs the risk. The ACC published tools to help clinician's with assessment, treatment, and management of statin prescribing:

- [tools.acc.org/ASCVD-risk-estimator-plus/](https://tools.acc.org/ASCVD-risk-estimator-plus/)
- [tools.acc.org/statintolerance](https://tools.acc.org/statintolerance)

3) True... **Fluvastatin does not contain lactose!**

4) False... patients with ASCVD should be prescribed **moderate to high-intensity** statins! Star and HEDIS Measures:

- **Statin Therapy for Patients with Diabetes (SUPD):** Measures percentage of adults 40-75 years of age who have diabetes and were prescribed at least one fill of a statin. Documented diagnosis of ESRD will exclude a member from this measure. Myalgia, Myositis and Myopathy do not exclude members from this measure.
- **Statin Therapy for Patients with Cardiovascular Disease (SPC):** Measures males 21-75 years of age and females 40-75 years of age who have clinical atherosclerotic cardiovascular disease (ASCVD) and who received and adhered to **moderate to high intensity** statin therapy. *Documented ESRD, Cirrhosis, Myalgia, Myositis, Myopathy and Rhabdomyolysis exclude members from this measure.*

## 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 provider-owned and we understand both the rewards and difficulties of managed care and health plan/provider relationships.

**Health Choice Arizona:**  
[www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com)

**Health Choice Generations:**  
[www.HealthChoiceGenAZ.com](http://www.HealthChoiceGenAZ.com)

Visit us online for provider specific resources! To help you and your staff stay informed and help address any questions about Health Choice, we have established the following support services:

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

Open Monday - Friday, 6:00 a.m. - 6:00 p.m.  
**Provider Portal: 480-760-4651**

*\*Please take advantage of additional resources available online on the 'Provider' tab of our websites\**

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