



# BCBSAZ Health Choice Provider Newsletter

April – June 2023

# Q2

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# What's New!

## Change to Our Physical and Correspondence Address

**Effective August 1, 2023**, the BCBSAZ Health Choice physical and correspondence address will change to:  
8220 N. 23rd Ave., Phoenix, AZ 85021

NOTE: The claim submission address is not changing. All providers are encouraged to submit claims/encounters electronically. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim/encounter sent, and minimizes clerical data entry errors. As a reminder, Arizona providers and contracted providers located in contiguous counties to Arizona will continue to submit claims to BCBSAZ Health Choice directly.

For paper claim submission:

- **BCBSAZ Health Choice** (AHCCCS)  
BCBSAZ Health Choice **Payer ID# 62179**  
P.O. BOX 52033  
PHOENIX, AZ 85072-2033
- **BCBSAZ Health Choice Pathway**  
(Medicare Advantage D-SNP)  
BCBSAZ Health Choice Pathway  
**Payer ID# 62180**  
P.O. BOX 52033, PHOENIX, AZ 85072-2033

### Sending correspondence to a specific department?

Help us stay efficient in distributing your mail to the correct department. **Please indicate which department** your mail should be directed to:

BCBSAZ Health Choice  
OR BCBSAZ Health Choice Pathway  
Attention: SPECIFIC DEPARTMENT  
(i.e., Claim Reconsideration/Dispute/Appeal/  
Grievances, FWA, EPSDT Forms, Dental Prior  
Authorization Forms, Medical Claims Review)  
8220 N. 23rd Ave.  
Phoenix, AZ 85021

## AHCCCS Opens a New Award Program to Strengthen HCBS Services

AHCCCS introduced a new \$40 million award program to enhance the experience of people receiving Home and Community Based Services (HCBS) in Arizona. The AHCCCS ARP Program Award will provide eligible HCBS providers in the state with between \$10,000 and \$500,000 for programmatic or infrastructure projects to improve the experience, health, or safety of HCBS recipients in Arizona.

The application will open on April 17 and all applications must be submitted by 5 p.m. on May 16, 2023. The following providers of HCBS in Arizona are eligible to apply:

- Behavioral Health Outpatient Clinics (Provider Type 77)
- Attendant Care (Provider Type 40)
- Integrated Clinics (Provider Type IC)
- Assisted Living Centers (Provider Type 49)
- Assisted Living Homes (Provider Type 36)
- Habilitation Providers (Provider Type 39)
- Community Service Agencies (Provider Type A3)
- Board-Certified Behavior Analysts (Provider Type BC)
- Adult Foster Care (Provider Type 50)
- Home Delivered Meals (Provider Type 70)
- Adult Day Health (Provider Type 27)
- Elderly and Physical Disability (EPD) HCBS (Provider Type 81)
- Area Agencies on Aging

AHCCCS will host online webinars for eligible provider types related to this program award opportunity. On **April 19 from noon to 1 p.m.** AHCCCS will cover the Grants Connect platform, what's included in the application, and instructions for applying. Register with [this Zoom link](#).

Find more information, including a full list of eligible activities, on the [ARP Program Awards web page](#). Please submit any questions to [AHCCCSARPAwardsHelp@pcgus.com](mailto:AHCCCSARPAwardsHelp@pcgus.com).

We hope you'll participate in this exciting new opportunity to help AHCCCS members!

# What's New!

## Prior Authorization, Continued Stay Form for Behavioral Health Inpatient Facility (BHIF), Behavioral Health Residential Facility (BHRF), and Therapeutic Foster Care (TFC)

BCBSAZ Health Choice is committed to making the prior authorization process as efficient and streamlined as possible. Accurate and prompt medical necessity determinations depend upon the comprehensive content and the quality of medical documentation Health Choice (or its delegated entities) receives with each request.

BCBSAZ Health Choice has enhanced and revised our BHIF, BHRF, TFC Prior Authorization, and Continued Stay Form to better capture member demographic information and additional clinical information to make medical necessity decisions. The new request form provides instructions for submission and the needed necessary supporting documentation.

**The new request form became effective on June 1, 2023, and is posted on our website(s).**

BCBSAZ Health Choice will provide a 3-month grace period for providers to convert to the new request form. Please refer to our Provider Manual(s), Chapter 6 – *Medical Authorizations and Notifications* for additional guidance. Thank you for your continued commitment to serving our members and ensuring the provision of quality of care.

## Augmentative and Alternative Communication (AAC) Evaluations and Devices Providers

BCBSAZ Health Choice's website has been updated with information regarding Augmentative and Alternative Communication (AAC) Evaluations and Devices for providers and members to identify available speech therapy providers who perform evaluations for AAC devices for Health Choice members.

AAC referrals will be performed as outlined within the Health Choice

Provider Manual Chapter 6 – *Medical Authorizations and Notifications*. Primary Care Providers (PCPs) and Specialists will assist members and refer to the appropriate providers who can conduct medically necessary evaluations and supply the device(s).

To view our list of AAC providers visit us at: [Augmentative and Alternative Communication \(AAC\)](#).

## Prior Authorization Grid Updates – BCBSAZ Health Choice and BCBSAZ Health Choice Pathway

Effective 05/01/2023, the following codes require prior authorization:

### Applies to BCBSAZ Health Choice Medicaid and Health Choice Pathway

Medical Pharmacy	Q5129, J7336, J1449, J1411, J9196, J2265, J0218, Q5127, Q5130, J9294, J9296, J9297, J9314, Q5128, J1747, J1448
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Medical Codes	81418, 81441, 81449, 81451, 81456, 22860, 30469, 69728, 69729
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Effective 05/01/2023, the following codes no longer require prior authorization:

### Applies to BCBSAZ Health Choice Medicaid and Health Choice Pathway

Medical Codes	95782, 95783, 95800, 95801, 95803, 95805, 95810, 95811, 97607, 97608
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# What's New!

## BCBSAZ Health Choice Q2 All Provider Forum

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

We will hold this event **ONLINE ONLY**, via Zoom Webinar. Please register and come join us!

### Zoom Webinar Wednesday June 28, 2023

11:30 a.m. – 1 p.m.

**Link to register in advance:**  
[azblue.zoom.us/webinar/register/WN\\_\\_8qH\\_Dk8SxC1bbOXrmL3cQ](https://azblue.zoom.us/webinar/register/WN__8qH_Dk8SxC1bbOXrmL3cQ)

After registering, you will receive a confirmation email containing information about joining the online seminar.

You can participate by joining us online:

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

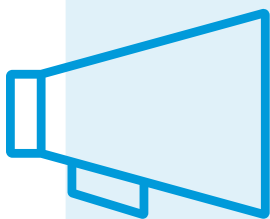
By calling:

US: **+1-669-444-9171** or **+1-669-900-6833**  
or **+1-719-359-4580** or **+1-253-205-0468**

Webinar ID: 872 9175 1713

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).

### 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, let us share our progress with you, and provide your feedback to our team.

## AHCCCS Renewals

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

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

- Make sure their mailing address, phone number, and email address are current with AHCCCS. AHCCCS members can log in to [healtharizonaplus.gov](https://healtharizonaplus.gov), or call Health-e-Arizona Plus at **1-855-HEA-PLUS (1-855-432-7587)**, Monday through Friday, 7 a.m. to 6 p.m.
- Respond to any requests from AHCCCS for more information.

**Reminder: BCBSAZ Health Choice members have exclusive access to our Community Assistors team, Monday through Friday, 8 a.m. to 5 p.m. at 1-844-390-8935 to help them to retain Medicaid coverage or seek coverage elsewhere, if appropriate.**

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

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

BCBSAZ Health Choice Pathway 2023 Annual MOC training is available online! Visit: [healthchoicepathway.com](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.
- An 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 an SNP care provider if you treat members who are enrolled in an 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.

# What's New!

## Back to Basics: Patient and Provider Communication

There are times when we get busy and may overlook the basics of communication. It is critical to patient health that the providers remember key basics in every healthcare interaction.

Providers should always encourage their patients to understand the answers to the following Ask Me 3 questions:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

The above Ask Me 3 approach uses simple techniques to increase your patients' comfort level with asking questions and complying with your instructions after they leave appointments.

There are some additional actions to always keep in mind:

- Create a safe environment where patients feel comfortable talking openly with you.
- Use plain language instead of technical language or medical jargon.
- Sit down (instead of standing) to achieve eye level with your patient.
- Use visual models to illustrate a procedure or condition.

For more information, please go to [Ask Me 3: Good Questions for Your Good Health | IHI - Institute for Healthcare Improvement](#).

## 2023 Back-to-School Campaign

BCBSAZ Health Choice members ages 3-19 can receive a \$25 gift card if they complete a well-child visit between June 5 – September 5, 2023.

- A well-child visit can be billed with a sick visit if services are completed during the visit
- A well-child visit can happen every CALENDAR year (do not have to wait until the patient's birthday or a rolling 12 months)
- Still submit claim to Health Choice even if listed as secondary payer so the patient gets the credit for attending their recommended well-child visits

Back-to-School Campaign FYIs:

- Childhood and teen well-care visits are covered by AHCCCS.
- Well-care visits provided by PCPs and OBGYNs include screenings and preventive measures.
- Only one \$25 gift card will be earned per member during the period between June 5 and September 5, 2023, if they have not already completed an annual well-care visit in 2023.

BCBSAZ Health Choice Back-to-School Campaign Website:

[www.healthchoiceaz.com/bcbsaz-backtoschool](http://www.healthchoiceaz.com/bcbsaz-backtoschool)

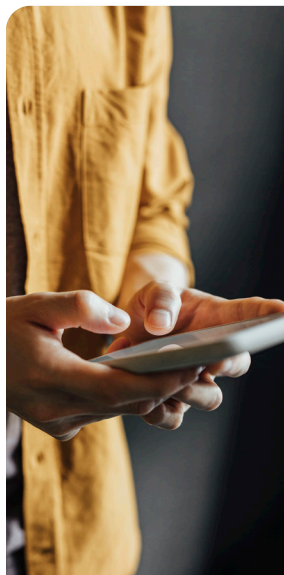
You can participate by joining us online:

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

**+1-669-444-9171** or **+1-669-900-6833** or **+1-719-359-4580** or **+1-253-205-0468**

Webinar ID: 841 1158 4469

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



## 988 – National Suicide Prevention Hotline

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

# Did You Know?

## 2SLGBTQ Health Matters Conference

### 2ND ANNUAL 2SLGBTQ HEALTH MATTERS CONFERENCE



BCBSAZ Health Choice Tribal Program is happy to present the 2SLGBTQ Health Matters Conference. The conference will be held at the Twin Arrows Casino Resort on June 16 with check-in starting at 7:30 a.m. and the program beginning at 8 a.m. MST. There will be

a networking reception on the evening of June 15 beginning at 6 – 8 p.m.

Come and meet new people and build new partnerships. The conference will focus on many aspects of 2SLGBTQ Health and Wellness. We are very excited to have Randy Burns as this year's keynote as well as other presenters from IHS, Coconino County, and community partners. We will be discussing best practice, access to care, equity, advocacy, 2SLGBTQ adolescent health, preventive health, culturally sensitive and responsive approaches, etc. Be sure to reserve your seat at [hc2SLGBTQ2023.eventbrite.com](https://hc2SLGBTQ2023.eventbrite.com)

A block of hotel rooms is available for conference attendees. You can make reservations by contacting the Resort Reservation Department at **928-856-7541** by the cutoff date of June 8, 2023. Please be sure to reference Booking ID #10275.

If your agency is interested in having an information table, please contact Holly Figueroa at [Holly.Figueroa@azblue.com](mailto:Holly.Figueroa@azblue.com).

#### WHEN:

June 15: Networking Reception, 6 – 8 p.m.  
June 16: Conference Check-In, 7:30 a.m.  
June 16: Conference Program, 8 a.m. – 4:30 p.m.

#### WHERE:

Twin Arrows Navajo Casino Resort,  
22181 Resort Blvd, Flagstaff, AZ 86004

#### REGISTRATION:

[hc2SLGBTQ2023.eventbrite.com](https://hc2SLGBTQ2023.eventbrite.com)

## BCBSAZ Health Choice Provider Portal – New Features and Upgrades

BCBSAZ Health Choice is streamlining your access to valuable 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: <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 'For 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!  
<https://providerportal.healthchoiceaz.com/>

Stay on the lookout for more enhanced features to come!

# Did You Know?

## 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: [HCComments@azblue.com](mailto:HCComments@azblue.com).

## AHCCCS Provider Disenrollment Period Announced

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

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

To avoid termination and/or loss of billing privileges, providers must respond and act, 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).

## AHCCCS Rules and Policy Regarding Billing for Arizona Physicians and Advanced 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.

# Innovation Corner

## Pyx Health App

BCBSAZ Health Choice has partnered with researchers at Northern Arizona University to evaluate the effectiveness of our work with Pyx Health to decrease member loneliness and isolation. NAU and Health Choice are seeking providers who are familiar with the Pyx Health app. We would like to interview you by Zoom about the strengths and weaknesses of Pyx for meeting users' needs. Interviews take between 30 and 60 minutes. You will be offered a \$25 gift card as a thank you for your time. Interview participants do not need to have deep knowledge about the Pyx Health app – just some perspective on the app and mobile health support apps in general. For more information, please contact Mark Remiker at **928-523-4295** or [Mark.Remiker@nau.edu](mailto:Mark.Remiker@nau.edu).



## The Office of Individual and Family Affairs (OIFA)

The Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals and families with mental health and substance use challenges.

Mental health matters to BCBSAZ Health Choice and we strive to reduce the stigma surrounding it. There should be no shame in seeking help. The success behind our OIFA program is the fact that our team members understand where you are at because they have life experience themselves or with a family member.

Mental health and substance use disorders are conditions that can be acute or chronic in nature. It is no different than when we treat a member with heart disease or other health challenges they may

be facing. BCBSAZ Health Choice believes in treating the whole person. This means we go beyond basic blood work and knowing your blood pressure. This deep dive allows us to know you as a person to provide the care that meets your needs.

### **Make a Difference by Joining Our Member Advocacy Council**

You likely have ideas on how we can improve and changes that need to be made within the healthcare system. If you have a passion for making a difference and having your voice heard – join us.

We need your perspective so we can all make a difference together, Veronica Welch, OIFA-Manager  
[Veronica.Welch@azblue.com](mailto:Veronica.Welch@azblue.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/)

## Naloxone Saves Lives!

Naloxone, or brand name Narcan, comes in both an injection and nasal spray. It is used to reverse the effects of an opioid overdose. Here are the many ways members can access this medication:

- **Community Distribution** – Many clinics, county health departments, substance use coalitions, and harm reduction sites allow members of the community to pick up naloxone at their locations free of charge, without a prescription. To find a naloxone distribution site near you, visit [NaloxoneAZ.com](https://NaloxoneAZ.com) or [opioidservicelocator.azahcccs.gov/](https://opioidservicelocator.azahcccs.gov/).
- **Arizona Department of Health Services Standing Order** – This standing order is a prescription that an Arizona-licensed pharmacist can use to dispense naloxone nasal spray or injection to any individual. Members may go to the pharmacy and request naloxone using this standing order, which can be billed to their BCBSAZ Health Choice or other AHCCCS health plan at no cost. [Arizona Standing Orders for Naloxone \(azdhs.gov\)](https://ArizonaStandingOrdersforNaloxone.azdhs.gov)
- **Prescription from a Physician** – Prescribers may choose to send in a prescription for naloxone to a pharmacy for their patient. This can be sent to any pharmacy within network and can be billed to their BCBSAZ Health Choice or other AHCCCS health plan at no cost.
- **Coming Soon! Over the Counter (OTC)** – On March 29, 2023, the Food and Drug Administration (FDA) announced the approval of Narcan Nasal Spray for over-the-counter (OTC) sales. This change allows Narcan to be sold in drug stores, convenience stores, grocery stores, and online. The price and timeline for availability in local stores within Arizona is not known at this time, and it may take several months to see this in effect.

## 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 Setting (BHRF) that have completed an advance directive, the document must be kept confidential but be readily available (for example: in a sealed envelope attached to the refrigerator).

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

To participate or find information: [Arizona Healthcare Directives Registry \(azhdr.org\)](https://ArizonaHealthcareDirectivesRegistry.azhdr.org)

# Dental Corner

## Dental Pain Management in Children and Adolescents

### Did you know nearly 25% of first opioid prescriptions for children and adolescents come from dentists?

Most opioid prescriptions written by dentists for adolescents and young adults are provided to manage acute pain after third molar extraction. These prescriptions may increase the risk for misuse, abuse, and diversion of prescription medication in this age group. It's important to know most people who misuse drugs as adults start before their 18th birthday, and the risk of addiction increases when use begins in adolescence.

#### Recommendations:

- Consider nonsteroidal anti-inflammatory drugs (NSAIDs) as the first-line therapy for acute pain management when appropriate.
- If you consider prescribing an opioid for acute pain that OTC cannot control, follow the CDC guidelines:
  - Prescribe the lowest effective dose of immediate-release opioids.
  - Prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids.
- Counsel your patients if you prescribe an opioid pain medication:
  - Ask about any other medications the child is currently taking and whether they or any family members have had problems with substance use, such as with alcohol, prescription medications, or illicit drugs.
  - Explain the risks of taking the medication.
  - Describe how to take the medicine, how long to take it, and how to minimize its use by taking over-the-counter pain relievers and adding opioids only if necessary to manage more severe pain.
  - Provide guidance on storing medication in a safe place out of sight and out of reach of children, teens, and guests, preferably in a locked cabinet.

- Minimize the risk of opioid misuse by screening patients and parents regarding previous/current opioid use before prescribing opioid analgesics.
- Utilize the Arizona controlled substance prescription monitoring program (CSPMP) to determine whether the child or adolescent is frequently prescribed opioids which may indicate a substance misuse problem or disorder.
- Inform parents to properly discard unused medications to avoid the diversion of controlled substances.
- Provide pre- and post-operative instruction verbally and in writing.

BCBSAZ Health Choice is happy to collaborate with you on health fairs, outreach, and scheduling.

Contact Lupe Campos, Community Relations Manager, at [Guadalupe.campos@azblue.com](mailto:Guadalupe.campos@azblue.com) or Sarab Sabagh, Oral Health Program Manager, at [Sarab.sabagh@azblue.com](mailto:Sarab.sabagh@azblue.com)



# Pediatric 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 EPSDT visit and 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

### 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 'For Providers' section of our website under Forms: <https://www.healthchoiceaz.com>

*Continues on next page.*

# Pediatric Corner

Continued from previous page.

## EPSDT Clinical Sample Templates

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

EPSDT screening for AHCCCS members less than 21 years of age is required. Submission can 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, with this population nearly six times more likely to be treated for obesity than those who are privately insured.

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

Body mass index (BMI) expresses the relationship of weight-to-height and is used to screen and monitor the risk of obesity. The CDC has developed BMI charts adjusted for age and gender for children ages 2-20. 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 received educational material on nutrition to the patient or their parents/guardian
  - 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

Continues on next page.

# Pediatric Corner

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.

## 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 attachment 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 For 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 Health Corner

## 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.*

## Claim Submission of Postpartum Visit

BCBSAZ Health Choice understands the importance of the postpartum visit to identify postpartum depression, stress, anxiety, substance use, and medical morbidities which impact postpartum health.

Please submit a claim when your patients attend their postpartum visit. The maternal team at BCBSAZ Health Choice provides outreach to our postpartum members. We offer assistance with scheduling their postpartum visit, transportation, and education on the importance of keeping their postpartum visit to ensure their physical, emotional, and family planning needs are met. Your submission of a postpartum claim facilitates identifying

members who have attended their postpartum visit. The maternal team will implement additional outreach interventions for members who have not attended their postpartum visit.

Our goal is to decrease serious maternal morbidities by promoting postpartum access to care and improving healthy maternal outcomes.

## 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 'For Providers' section of our website under Forms: <https://www.healthchoiceaz.com>

## Syphilis testing

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

# We Heard You & We're Here to Help!

## Provider Manuals

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

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

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

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

## Outpatient Laboratory Services – LabCorp

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

## Provider Portal

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

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

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

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

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

## Provider Directory Maintenance

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

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

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

# We Heard You & We're Here to Help!

## Tips & Tricks Allergy and Immunotherapy Services

The following codes are billed for allergy/immunotherapy services. When billing for these services it is important the correct code is billed and supporting documentation is in the medical record.

**Code 95004** is billed for the percutaneous testing with allergenic extracts, immediate type reaction and includes interpretation. The number of tests should be specified. Per AHCCCS guidelines, the max daily allowable units are 125 units.

**Code 95165** represents the antigen preparation only and does not include the administration. Supporting documentation would include a mix sheet or similar document listing the total units and date of the mix along with the name or initials of the staff preparing the antigen. Documentation should be included in the medical record each time code 95165 is billed. Per AHCCCS guidelines, the daily max units allowable for 95165 is 30 units.

**Codes 95115 – 95117** are billed for the professional allergenic extract administration by injection. For each day allergy antigen is administered the following components should be included in the documentation: the date, the dose, the site, route

of administration, reaction, and identification of provider that administered the antigen. Per AHCCCS guidelines, the daily max units allowable for codes 95115 – 95117 is 1 unit.

Without the complete documentation of the mixing and administration of allergy antigen the medical record does not support these billed services. When responding to medical record requests involving allergy immunology services, please be sure to include documentation that supports the testing, consent to treat, prescribing, mixing, and administration of the antigen for each day these services are billed.

The American Academy of Allergy, Asthma, and Immunology (AAAAI) lists documentation recommendations for each immunotherapy encounter to include:

- Identification of allergen extract
- Vial identified by color, number, or other designation
- The dilution or concentration and expiration date
- The amount of serum administered with the route and site of administration

- Attestation and identification of the provider administering the injection
- The reaction to the injection after 20 minutes

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

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

\*References: EncoderPro.com for Payers, Professional; CMS, Billing and Coding: Allergy Immunotherapy (A56424), 10/27/2022; Department of Health and Human Services, Office of the OIG: Allergen Immunotherapy for Medicare Beneficiaries; The American Academy of Allergy Asthma and Immunology, Allergen Therapy Templates

*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.*

## 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 the POLT list for providers to perform in their office.

Please refer to our websites under 'For Providers' -> Provider Education for 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](#)



# We Heard You & We're Here to Help!

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

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

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

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

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

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

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

## 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.

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

**BCBSAZ Health Choice Pathway:**  
[healthchoicepathway.com](https://healthchoicepathway.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**

- 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 \(healthchoiceaz.com\)](#)
  - 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: [www.healthchoiceaz.com/privacy-notice/](https://www.healthchoiceaz.com/privacy-notice/), [www.healthchoiceaz.com/members/member-services/](https://www.healthchoiceaz.com/members/member-services/) (Member Rights and Responsibilities tab), [www.healthchoicepathway.com/members/member-information/](https://www.healthchoicepathway.com/members/member-information/) (Member Rights and Responsibilities tab).