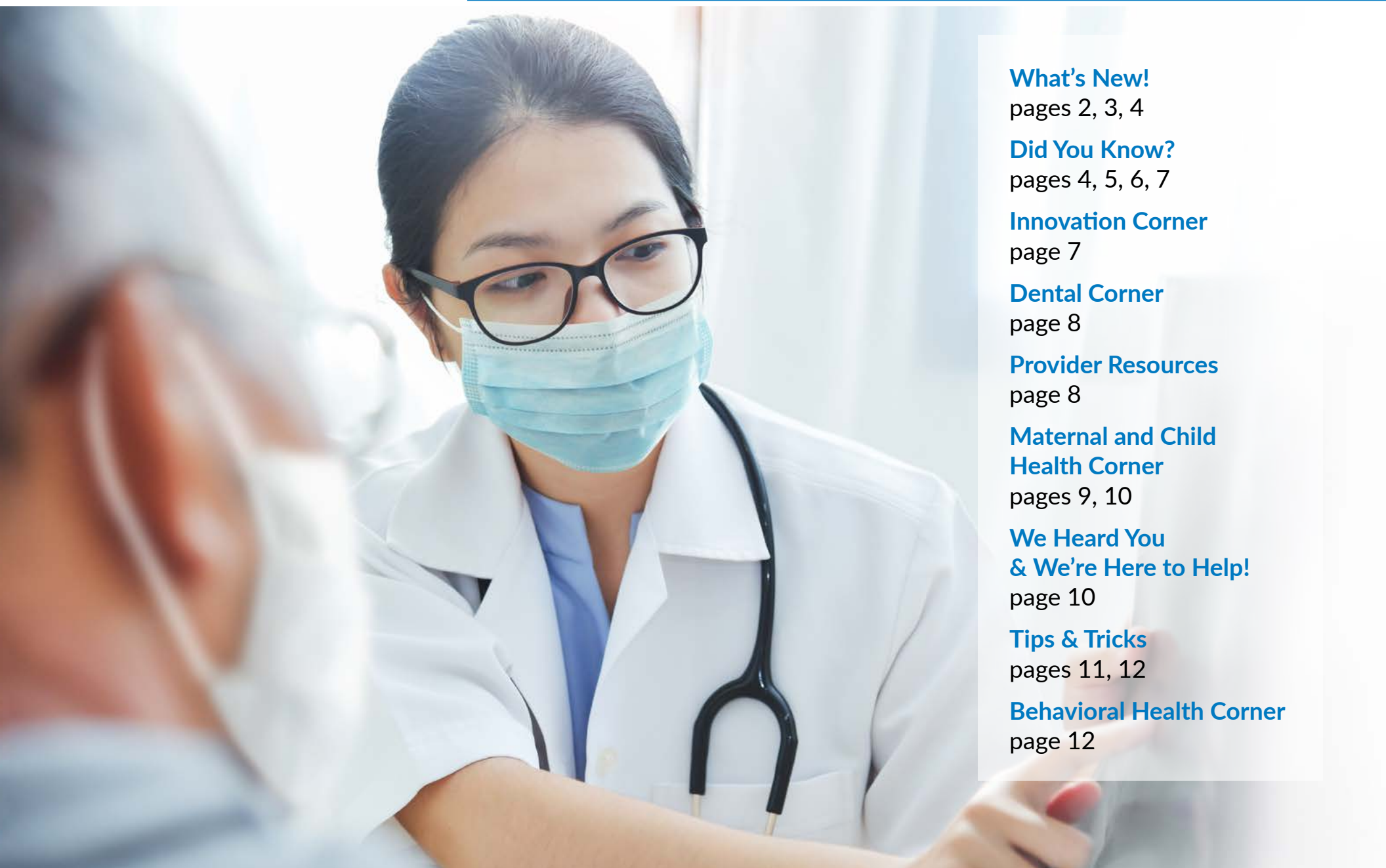




# Provider Newsletter

January - February 2021



## **What's New!**

pages 2, 3, 4

## **Did You Know?**

pages 4, 5, 6, 7

## **Innovation Corner**

page 7

## **Dental Corner**

page 8

## **Provider Resources**

page 8

## **Maternal and Child Health Corner**

pages 9, 10

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

page 10

## **Tips & Tricks**

pages 11, 12

## **Behavioral Health Corner**

page 12

# What's New!

## Health Choice Generations is now Health Choice Pathway!

On January 1, 2021, our plan name has changed from Health Choice Generations to Health Choice Pathway (HMO D-SNP) as a first step toward integrating Health Choice's Medicare brand with our parent organization, Blue Cross and Blue Shield of Arizona's Medicare Advantage HMO plan (similarly called Blue Pathway). **What does this mean to you?** The good news is that there is nothing that you need to do!

We are here to answer your questions. You can call us toll free at **1-800-656-8991 (TTY 711)** or visit our website at [www.HealthChoicePathway.com](http://www.HealthChoicePathway.com) to learn more about this change. In the meantime, here are some answers to the most commonly asked questions:

### Q: How will this affect members?

**A:** Other than the change in name from Health Choice Generations to Health Choice Pathway, members should not be affected by the change. Members were notified of the plan name change in September.

### Q: Will members receive new ID cards?

**A:** Yes. Health Choice will send members a new Health Choice Pathway ID card. You can view a sample ID card on our website at [www.healthchoicepathway.com/providers/provider-manual/](http://www.healthchoicepathway.com/providers/provider-manual/) beginning 1/1/21.

### Q: How will this affect my claims and payment?

**A:** All claims will continue to be processed for covered services by Health Choice in accordance with the "Billing and Reporting Requirements" outlined in your specific provider contract. As a reminder, Health Choice implemented a policy to enhance the management of claims submissions. All providers are encouraged to submit claims/encounters electronically. Please submit claims with the full and complete Prior Authorization number reported, including leading zeros.

Health Choice Pathway Payer ID# 62180  
All paper claims need to be sent to the following mailing address, please update your systems accordingly:  
Health Choice Pathway  
P.O. BOX 52033,  
Phoenix, AZ 85072-2033

## 2021 Evaluation and Management (E&M) Coding & Guideline Changes

As a reminder, effective Jan. 1, 2021, the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) revised 2021 Evaluation and Management (E&M) CPT® coding and guidelines. These are the first significant changes to E&M codes in nearly 30 years and will require you to make changes to your billing practices.

We recommend practice managers and coding specialists review the resources available on the AMA and Noridian sites which contain free educational modules and step-by-step details to help you understand these new guidelines.

- Noridian 2021 EM Change Preparation webinars [Noridian Evaluation and Management Information](#)
- AMA has set up an [Implementing CPT® Evaluation and Management \(E&M\) revisions site](#) to help with the transition.

These guideline changes have the potential to significantly reduce physician burden while improving patient care. Health Choice is here to support your efforts to improve coding accuracy by providing education materials and proactive outreach. Thank you for your continued commitment to serving our members and ensuring the provision of quality care and services.

# What's New!

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

Effective 1/1/2021, the following codes **will require** prior authorization:

### Applies to Health Choice Arizona (HCA) and Health Choice Pathway (HCP)

Imaging	C9762, C9763, 71271
Medical Pharmacy	J1437, J1632, J1738, J3032, J3241, J7351, J9227, J9304
Behavioral Health	Adult Therapeutic Foster Care

Effective 1/1/2021, the following codes will **no longer require** prior authorization:

### Applies to Health Choice Arizona (HCA) and Health Choice Pathway (HCP)

Outpatient Procedure	52601, 52630, 52647, 52648, 52649
Medical Pharmacy	J0840, J1645, J1000, J1190, J3520, J1380, J1410, J1435, J1451, J1457, J1840, J1850, J0641, J9293, J2730, J2675, J1670, J1655, J3246

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

A complete set of 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

**HCP:** [www.HealthChoicePathway.com](http://www.HealthChoicePathway.com) > Provider Tab > Provider Information

## Health Choice Pathway Dental Prior Authorization Updates

Please see the listing below regarding CDT updates for 2021 Health Choice Pathway code set list.

New added codes effective 01/01/2021:

D5511	Repair Broken Complete Denture Base - Mandibular
D5512	Repair Broken Complete Denture Base - Maxillary
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)
D5611	Repair Resin Partial Denture Base - Mandibular
D5612	Repair Resin Partial Denture Base - Maxillary
D5650	Add Tooth to Existing Partial Denture
D7472	Removal of Torus Palatinus
D7473	Removal of Torus Mandibularis
D7485	Reduction of Osseous Tuberosity
D9120	Fixed Partial Denture Sectioning

Deleted codes effective 01/01/2021:

D5281	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth)
-------	--

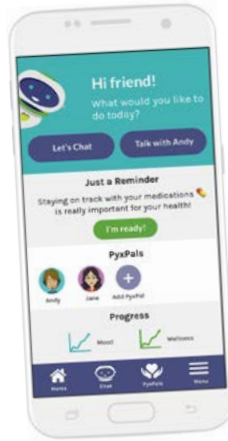
These updates are reflected in the 2021 Health Choice Pathway Code Set List located on the Health Choice Pathway Website under the providers' section: [www.HealthChoicePathway.com](http://www.HealthChoicePathway.com)

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

## What's New!

### Pyx Health – Addressing loneliness and social isolation

Health Choice will soon roll out a new tool for our members with Serious Mental Illness (SMI) to help combat the negative social, behavioral, and health outcomes caused by loneliness and social isolation. The Pyx Health smart



phone app addresses these conditions through interaction with Pyxir, the Pyx Intelligent Robot. The app is evidence-based and has been identified by AHCCCS as an innovative way to help members experiencing loneliness and isolation, which is more prevalent in our SMI population.

Pyx's live call center representatives, called ANDYs, guide members through download and initiation of the app and reach out to members who are

experiencing high levels of loneliness. The app and the outbound calls help uncover social determinant of health needs and then connect members to Health Choice, services at their behavioral health home, or local resources to help resolve the issue. Health Choice will initially launch the app for our members with SMI.

If you would like to see a demo or find more information regarding Pyx Health, please visit [www.PyxHealth.com](http://www.PyxHealth.com).

## Did You Know?

### Know an Out of Network Provider? How to Participate with Health Choice

If you know a provider who does not participate in Health Choice networks, but is interested, they must complete the following steps and return the required documentation.

Please fax a Letter of Interest (LOI) to Health Choice at [\(480\) 760-4975](tel:4807604975).

The LOI needs to be on the provider's letterhead and must include the following:

- Number of providers in your practice.
- Network Affiliation(s)
- Geographic location(s) and hours of operation.
- Provider specialty and Subspecialty services.

The following forms need to be included with the LOI and can be found on our website at [www.healthchoiceaz.com/providers/overview/](http://www.healthchoiceaz.com/providers/overview/):

- W-9 Form
- AzAHP Practitioner Credentialing Form
- AzAHP Organizational Credentialing Form

**Providers must NOT schedule or render services to Health Choice members until the contracting and credentialing process is complete and the provider receives a copy of the fully executed Agreement.**

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

### Outpatient Laboratory Services - LabCorp

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 [www.LabCorp.com](http://www.LabCorp.com) for service locations.

# Did You Know?

## Durable Medical Equipment and Home Infusion, Injectables & Enteral Therapy

**Preferred Homecare** is the statewide contracted service provider for Health Choice Arizona and Health Choice Pathway Durable Medical Equipment (DME). Requests for Durable Medical Equipment (DME) are to be sent directly to Preferred Home Care who will coordinate with the requesting provider in obtaining any necessary prior authorization. Medical records documenting the medical necessity of the request must also be provided in addition to a current, signed doctor's order(s)/prescription.

Contact Information for Preferred Home Care:

- Main Office Phone Number: [\(480\) 446-9010](tel:4804469010) or [\(800\) 636-2123](tel:8006362123)
- Main Fax Number: [\(480\) 446-7695](tel:4804467695)

**Coram Infusion** is the statewide contracted service provider for Health Choice Arizona and Health Choice Pathway Home Infusion, Injectables and Enteral Therapy services (IV hydration, Zofran pumps, antibiotics, TPN, standard chemo drugs, etc.). Request for these services (not self-administered) are to be sent directly to Coram Specialty Infusion Services who will coordinate with the requesting provider in obtaining any necessary prior authorization. Medical records documenting the medical necessity of the request must also be provided in addition to a current, signed doctor's order(s)/prescription.

Contact Information for Coram Infusion:

- Main Office Phone Number: [\(480\) 240-3200](tel:4802403200)
- Main Fax Number: [\(480\) 505-0455](tel:4805050455)

**\*\*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 Pathway, most home infusion drugs must be covered under the Part D benefit (the pharmacy benefit). Health Choice Pathway, home infusion drugs can be dispensed at any in network pharmacy, including but not limited to CVS Specialty Pharmacy.

## Project ECHO at Health Choice Arizona

Mountain ECHO provides support through education and collaborative case consultations. ECHO is a multidisciplinary all-learn, all-teach environment facilitated by a panel of experts where attendees participate in a brief didactic and case staffing to increase competencies, provide professional recommendations and support, and network with other peers and professionals.

Sessions take place the second Monday of each month via ZOOM, are free, and are eligible for CEU credits.

Health Choice Arizona is launching the second series of its Early Psychosis Intervention Mountain ECHO January 11th, 2021 from Noon to 1:15pm.

To register, please reach out to [jermaine.barkley@healthchoiceaz.com](mailto:jermaine.barkley@healthchoiceaz.com) or sign up at [www.healthchoiceaz.com/providers/mountain-echo/](http://www.healthchoiceaz.com/providers/mountain-echo/)

---

## 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.

# Did You Know?

## 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.

### EFFECTIVE DATE CHANGE:

After **June 1st, 2021** claims which include referring, ordering, prescribing or attending providers who are not enrolled with AHCCCS will not be reimbursed.

Health Choice 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. **You can check your current registration with AHCCCS as the following link:** [www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/](http://www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/).

If you are not enrolled and need to be, click here to begin [www.azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html](http://www.azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html)

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!

For more information visit: [www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html](http://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html)



## AHCCCS Substance Abuse Block Grant (SABG) Priority Waitlist Application

As a reminder for those providers and users new to the SABG Waitlist application who may need access. We are happy to announce that the new SABG Priority Waitlist application is now live at AHCCCS. The application is accessible through the AHCCCS QM Portal at the following URL: [qmportal.azahcccs.gov](http://qmportal.azahcccs.gov).

To access the new Waitlist application, you must do the following:

1. Begin by visiting [www.healthchoiceaz.com/providers/behavioral-health-resources/](http://www.healthchoiceaz.com/providers/behavioral-health-resources/) and thoroughly reading and following the instructions in the user guide "QuickStart\_RegistrationAccountMgmt\_Provider", to create a new user account in AHCCCS QM Portal for your organization.

2. When done creating the account, OR if you already have an account within the AHCCCS QM Portal, please send an email to [jose.echeverriavega@azahcccs.gov](mailto:jose.echeverriavega@azahcccs.gov) to request access to the Waitlist application.
3. Within a few days, you will get a response from AHCCCS, and, if approved, you will see a new "Waitlist" link on the AHCCCS QM Portal main menu after logging in that will give you access to the Waitlist application.

For any questions on how to use the new Waitlist application, please refer to the FAQ section of the AHCCCS QM Portal. If you are no longer overseeing the SABG Priority Waitlist application, please forward this communication to the correct contact. If you have any questions or need additional assistance please reach out to: [jose.echeverriavega@azahcccs.gov](mailto:jose.echeverriavega@azahcccs.gov)

# Did You Know?

## Electronic Visit Verification (EVV)

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

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), also known as the 21st Century Cures Act, in order to prevent a reduction in the Federal Medical Assistance Percentage (FMAP), AHCCCS is mandated to implement Electronic Visit Verification (EVV) for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) by January 1, 2021 and for in-home skilled nursing services (home health) by January 1, 2023.

The EVV system, must at a minimum, electronically verify the:

- Type of service performed
- Individual receiving the service
- Date of the service
- Location of service delivery
- Individual providing the service
- Time the service begins and ends

### EVV Timeline

- Provider Training: October – December 2020
- Soft Launch: October – December 2020
- Mandatory Use Date: January 1, 2021
- Soft Claim Edits: January – March 2021
- Hard Claim Edits: April 1, 2021

## 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 [www.azahcccs.gov/AHCCCS/Initiatives/EVV/](http://www.azahcccs.gov/AHCCCS/Initiatives/EVV/).
- To sign up to receive these communications, click on the 'Stay Informed' tab.

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

# Innovation Corner

## Wellth

Health Choice has partnered with **Wellth** to support our members with SMI. The Wellth model optimizes behavioral economics to maximize behavior change and compliance. It is member centric using the latest AI technology.

The primary goals Wellth strives to achieve include:

- Closing Care Gaps
- Providing Mental Health Check-Ins and Resources
- Reinforcing Diabetes-Related Care Plans

- Reinforcing Other Healthy Activities

Examples of the process include reminding members to schedule:

- A1c tests
- Annual Wellness Visits
- Diabetic eye exams

They will also remind members who to contact with questions, reinforce education, and care plan adherence. Wellth does this in cooperation with the Health Home and the Integrated Care Managers at Health Choice. Implementation is planned for early February 2021.

## Opioid Patient Assistance Funding (OPAF) Program

Looking for an innovative new way to assist your patients struggling with ongoing opioid use?

If they reside in one of the six Northern Arizona Counties then the Opioid Patient Assistance Funding (OPAF) program offers a solution. OPAF applications are made on behalf of individual patients as a means to address barriers to service plan completion.

Organizations contracted by Health Choice can apply for up to \$1,000.00 of OPAF assistance, per patient, and these funds work much like other forms of patient assistance, reimbursement-based funding they may have used in the past.

If you'd like to access OPAF funds, or have any additional questions, please contact Michael Van Ness at [michael.vanness@healthchoiceaz.com](mailto:michael.vanness@healthchoiceaz.com).



## Adolescence and Dental Care

Adolescents have specific needs pertaining to oral health in addition to the usual lifelong issues of caries, management, sports injury prevention, and dental referrals. Teen years are a higher risk time for oral piercings, increased sugar intake, nicotine initiation. Here are some of the special needs within the adolescent population and the recommendation for their management:

### Caries:

The American Academy of Pediatric Dentistry recommends the following for treatment and prevention of adolescent caries:

- Professional preventive care, on a routine basis
- Fluoridation
- Oral Hygiene
- Diet management
- Sealants

### Periodontal disease:

It is recommended dental providers:

- Perform periodontal assessment during the initial and routine dental examination
- Provide patient education and motivation to maintain personal oral hygiene through daily plaque removal, including flossing
- Conduct professional teeth cleaning every six months

### Traumatic injuries:

Studies have shown up to 25% of adolescence and young adults experienced dental trauma, with most of these injuries involving maxillary central incisors from falls, collisions, playing sports, and accidents. Providers are required to provide injury prevention counseling in accordance with AHCCCS Dental Periodicity Schedule.

### Oral Piercing:

Oral piercings of the tongue, lip, cheek or other soft tissues are typically seen in adolescents and young adults. Complications associated with oral piercing include the following: swelling, bleeding, infection, chipped or damaged teeth, gingival recession, laceration/scarring, hypersalivation, and palatal erythema. Providers are required to provide counseling to members about the side effects of having oral piercings as required by the AHCCCS dental periodicity schedule.

### Smoking:

The damages to the mouth caused by smoking have long been recognized. However, it is essential to have a dialogue with adolescents about them as soon as possible. For those adolescent patients who use tobacco products, the treating dentist should provide or refer the patient to appropriate educational and counseling services.

## 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 Pathway:

[www.HealthChoicePathway.com](http://www.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**

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 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/)





## EPSDT REMINDERS

### Well-Child Visits During the Pandemic

Well-child visits and vaccinations are essential preventive care services for children and adolescents.

PCPs are required to ensure all newborns, infants, children, and adolescents are up to date on their well-child visits, inclusive of appropriate screenings, including complete physical exams, laboratory tests, fluoride varnish, and vaccines. Providers are also required to:

Conduct well-child visits in person whenever possible and supplement with telehealth.

- Identify children who have missed their well-child visits and recommended immunization and work with their families to bring children up to date as quickly as possible.
- Assess the immunization status of all children and adolescents at each visit to avoid missed opportunities for vaccination and ensure timely vaccine catch-up. All vaccines due or overdue should be administered according to the recommended CDC immunization schedules during that visit to provide protection as soon as possible and minimize the number of health care visits needed to complete vaccination.
- Continue surveillance and screening for social, emotional, and behavioral concerns and provide appropriate anticipatory guidance as part of the well-child visit.

- Inform families about the strategies already implemented in their office to reduce the risk of viral transmission. For example:
  1. The requirement of mask/face coverings and promotion of physical distancing while in the office
  2. Scheduling well visits and sick visits at different times of the day or using telehealth
  3. Asking patients to remain outside until they are called into the facility to reduce crowding in the waiting room
  4. Offering sick visits and well-child visits in different locations

We thank our provider community for their commitment and caring for our members during the pandemic.

### 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/EPST request. The updated fax number for AzEIP submissions is (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).

*continues on next page*

*continued from previous page*

## 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 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@healthchoicaz.com](mailto:HCH_PediatricsCM@healthchoicaz.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@healthchoicaz.com](mailto:HCHHCACaseManagement@healthchoicaz.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](tel: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 –

## Neoplasm Coding



### Current Malignancy vs. Personal History of Malignancy

There are more than 100 different types of cancer that are grouped together into categories. The main categories include carcinoma, sarcoma, leukemia, lymphoma, multiple myeloma, and central nervous system cancers.

#### Definitions

**Neoplasm:** An abnormal mass of tissue that results when cells divide more than they should or do not die when they should. Neoplasms may be benign (not cancer), or malignant (cancer). Also called tumor.

**Cancer:** A term for diseases in which abnormal cells divide without control and can invade nearby tissues. Cancer cells can also spread to other parts of the body through blood and lymph systems.

**Metastasis:** The spread of cancer cells from the place where they first formed to another part of the body. In metastasis, cancer cells break away from the original (primary) tumor, travel through the blood or lymph system, and form a new tumor in other organs or tissues of the body. The new, metastatic tumor is the same type of cancer as the primary tumor. For more cancer definitions, refer to the National Cancer Institute Dictionary of Cancer Terms [www.cancer.gov/publications/dictionaries/cancer-terms](http://www.cancer.gov/publications/dictionaries/cancer-terms)

#### Coding Neoplasms as a Current Condition

In order to code the neoplasm or cancer as a current condition the medical records should clearly show active treatment that is being directed to the cancer for the purpose

of cure or palliation. It is also appropriate to code as a current condition when the record clearly indicates that the cancer is still present with one of the following: a) is unresponsive to treatment; b) the current treatment plan is watchful waiting or observation only; or c) the patient has refused any further treatment.

Please note the following:

- Active treatment includes adjuvant therapy for cure or palliation.
- Adjuvant therapy is any treatment given after the primary therapy to increase the chance of long-term disease-free survival and may include chemotherapy, radiation therapy, hormone therapy, targeted therapy, or biological therapy.

These codes can be found in the range of C00-D49 by using the index and/or the neoplasm table to locate and find the most specific code based on provider documentation. The primary malignancy code should be used until treatment is complete.

#### Coding Neoplasms in Remission

According to the National Cancer Institute remission means that the signs and symptoms of the cancer are reduced, therefore remission can be partial or complete. Complete remission means that all signs and symptoms of the cancer have disappeared. However, some of the cancer cells that can cause the cancer to return can remain in the body for many years after treatment. Since doctors are unable to say a patient is cured, they will continue to monitor them for many years, along with running tests to look for the signs of the

cancer's return and looking for signs of late side effects from the cancer treatments.

The categories for leukemia, multiple myeloma, and malignant plasma cell neoplasms have codes that indicate if remission has been achieved, as well as personal history codes. So how do you know determine which one to use? According to the AHA Coding Clinic "A personal history code is only assigned when the physician documents that the patient has been completely cured. A patient in remission still has leukemia" (Coding Clinic, Vol. 9, No. 2, second quarter, 1992).

#### Coding Neoplasms as Personal History

Personal history codes explain a patient's past medical condition that no longer exists and is not receiving treatment but has the potential for recurrence, and therefore may require continued monitoring. These codes are used only when the primary neoplasm has been previously excised or totally eradicated from its site and is no longer under any type of treatment, and there is no evidence of any existing primary malignancy. Per the ICD-10-CM Coding guidelines the subcategories Z85.0-Z85.7 should only be assigned for the former site of primary malignancy, not the site of a secondary malignancy. However, codes from subcategory Z85.8- may be assigned for the former site(s) of either a primary or secondary malignancy included in this subcategory.

*continues on next page*

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).

### Workforce Development – Training Offerings

Your **HCA Workforce Department** is excited to announce and rollout the HCA Clinical Team Training Series! Since April of this year, HCA has provided clinical trainings via a webinar based platform (Zoom/Eventbrite), and recorded each of these sessions for you

and your staff to view and learn from in Relias. If you have additional questions or needs, please reach out! We are always looking for ideas to deliver new trainings to the network, so send your thoughts/needs our way. Also, if you are interested in joining us for a live session, please visit our Eventbrite page for a list of future trainings: [www.eventbrite.com/o/health-choice-arizona-18029430714](http://www.eventbrite.com/o/health-choice-arizona-18029430714)

*continued from previous page*

### Coding Neoplasms as Follow-Up Codes

The follow-up codes are used to explain continuing surveillance following completed treatment of a disease, condition, or injury. These codes imply that the condition has been fully treated and no longer exists and may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment. The follow-up code is sequenced first, followed by the history code. The follow-up code is:

**Z08** Encounter for follow-up examination after completed treatment for malignant neoplasm

However, should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code.

### Documentation Considerations

- Do not use the descriptor “history of” to describe a current or chronic neoplasm that is still present.
- Do not use the descriptor “history of” to describe a current neoplasm that is in remission. Instead specifically describe the neoplasm as “in remission.”
- Do not document a neoplasm that is truly historical and no longer exists as if it is current.
- Clearly identify the primary and secondary sites when using the terms “metastatic” and “metastasis.”

### Contact Us:

Health Choice Arizona  
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)

### References

AHA Coding Clinic; ICD-10-CM Official Guidelines for Coding and Reporting; Medline Plus; National Cancer Institute

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.

