



Health Choice Provider Newsletter

January – March 2022

Q1

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What's New!

Health Choice Member ID Numbers

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

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

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

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

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

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

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

Change in Member Services Hours of Operation for Health Choice Arizona

Effective March 21, 2022, the Blue Cross Blue Shield of Arizona, Health Choice Medicaid, Member Service telephone line hours of operation will change.

New hours of operation for Health Choice Member Services telephone line **1-800-322-8670** will be 8 a.m. – 5 p.m., Monday through Friday (except holidays).

Our Member Services staff may also be reached via:
hchcomments@azblue.com

Health Choice Pathway Medicare Member Service hours will remain unchanged: 8am-8pm, 7 days a week. For self-service options, please visit our provider portal: [Log in - Health Choice Provider Portal \(healthchoiceaz.com\)](#)

Training Resources Available for Providers and Staff

Health Choice has developed a new interactive training course for providers and their staff, called "Collaborative Communication Regarding COVID-19 Vaccines."

- Purpose: Strengthen skill in talking to patients about vaccines in a nonjudgmental, collaborative manner to support the clinical relationship and patient health outcomes.
- The training is evidence-based using Motivational Interviewing skills and principles.
- It was developed in collaboration with Arizona providers.
- It takes less than 10 minutes to complete.

How to Access Collaborative Communication Regarding COVID-19 Vaccines training module: www.healthchoiceaz.com/rvh/

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

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

What's New!

Training Resources Available for Providers and Staff

PCPs are now able to access a new report, called the COVID Vaccine Status Report, available in the Health Choice Secure Provider Portal.

The report shows the vaccine status of all members on the PCP's panel. Data is sourced from all pharmacy and medical claims available to Health Choice, including the Arizona State Immunization Information System (ASIIS) and the Centers for Medicare & Medicaid Services (CMS) COVID-19 web portal (ABI-COVAX) hosted by Acumen, LLC. However, it may not include every vaccine, such as those administered through Indian Health Service and Tribal healthcare systems, or incomplete information received for member vaccine status from ASIIS. The report can be viewed within the Provider Portal or downloaded in Excel format.

To access this new report, visit your homepage in the Provider Portal: providerportal.healthchoiceaz.com/

Thank you for your continued commitment to serving our members and ensuring the provision of quality care and services.

We welcome your feedback or questions: RWTeam@azblue.com

Health Choice Q1 All Provider Forum

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

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

Please register and come join us!

Zoom Webinar

Wednesday March 30, 2022, 11:30 a.m. – 1 p.m.

Link to register in advance:

zoom.us/webinar/register/WN_qAQibIYpRMqvvEzOMumRXQ

You can participate by joining us online: From your PC, Mac, Linux, iOS, or Android, AND By calling:

(253) 215 8782 or (346) 248 7799 or (669) 900 6833 or (301) 715 8592 or (312) 626 6799 or (646) 876 9923

Webinar ID: 919 2547 2114

Please submit any questions to: Jadelyn.Bulut@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.

Did You Know?

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

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 health care services.

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

Given your clinical expertise, we welcome your involvement in developing and reviewing criteria. Please contact your Network Provider Performance Representative who will connect you with Clinical Leadership.

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 for service locations.

AHCCCS Provider Enrollment Portal (APEP) Process Change

After implementing APEP in August 2020, AHCCCS asked providers to “re-register” as an AHCCCS provider by creating an account in APEP and confirming that the data converted into the new portal is accurate and current. AHCCCS has not terminated providers for non-compliance with this re-registration process.

Over the past 16 months, providers have received a written invitation through the US Postal Service that includes a temporary 14-digit application ID and instructions to create a user account to access their file. AHCCCS also transitioned away from accepting paper-based updates and encouraged providers to submit their updates directly into APEP. AHCCCS will return any paper-based update request forms to providers with instructions to report the update directly into APEP using the re-registration process.

In the month of January, AHCCCS will generate a second written request to providers who potentially need to complete the re-registration process. If you are a provider who has received a written invitation, but have not yet completed the re-registration process, please do so now. If you have received a written notice titled “Second Request” and believe you have completed this process, please follow these steps to confirm your AHCCCS provider re-registration in the AHCCCS Provider Enrollment Portal (APEP).

Step 1: Sign into APEP.

Step 2: Select the provider domain you’re searching for and select the Provider Enrollment Access profile in the dropdown menu.

Step 3: Select My Inbox and Archived Documents.

Step 4: Change Document Type from “All” to PE Correspondence.

Step 5: Use percent symbol (%) as a search value, click the Go button.

Step 6: All documents related to application will appear in list form.

Step 7: Click on the document hyperlink named “Welcome Notice” to view the notice as a PDF.

If you have a “Welcome Notice” dated after August 30, 2020, you have successfully completed the re-registration process and no further action is required. If you have received a notice and are no longer interested in participating in the Medicaid program or the provider is no longer with your organization, please notify AHCCCS.

For more information regarding the provider re-registration invitation plan, please visit www.azahcccs.gov/PlansProviders/APEP/ProviderReRegistrationInvitePlan or email questions to APEPTrainingQuestions@azahcccs.gov.

This notice is also posted in the [AHCCCS COVID-19 FAQs](#).

Did You Know?

Workers' Compensation

Health Choice Arizona and Health Choice Pathway requires verification of Workers' Compensation Liability for all Facilities.

Failure to include Workers' Compensation liability delays credentialing and may result in cancellation of your application to participate.

The AzAHP Organizational Data Form, on page 4, has a checklist that indicates the required insurance and amounts. Please see the requirements below and ensure you are providing.

Required-Workers Compensation:

- Each Accident \$1,000,000
- Disease-Each Employee \$1,000,000
- Disease-Policy Limit \$1,000,000

Nurse Practitioner Board Certificate

Health Choice Arizona and Health Choice Pathway requires verification of board certification, when applicable, for all Nurse Practitioners to finalize credentialing.

Aperture conducts credentialing on behalf of Health Choice and is unable to verify certification if it is not listed within the Specialties section of your CAQH application.

Failure to include specialty board certification information will cause delays in processing and may result in cancellation of your application to participate.

Your application is not considered complete until the Specialties section of the CAQH has been completed. To make changes to your specialty or board certification:

- Log in to your CAQH
- Access the Specialties section
- Select the NUCC Grouping *Nursing Service Providers* and follow prompts to input board certification and/or specialty information

Innovation Corner

A New Coalition for BH Quality Improvement

For years the BH medical providers for Health Choice/BCBS in Central and No. AZ have met monthly on the 4th Tuesday on ZOOM. This meeting now has a new name: **The BH Collaborative Care Coalition**, with a new priority and focus on improving quality across the network. We will choose key topics and form a smaller parallel work group to address ways to improve outcomes and safety. The work group will identify evidence-based treatment and standardize key aspects of care amongst our agencies to improve overall safety and outcomes. This process will involve collaboration with the ongoing expansive monthly group. BH Medical Directors and CMOs as well as any other BH Providers in our system have been invited to participate in the smaller focused work group to bring their experience, ideas, and energy for activation of change and improved network consistency in high risk, high-cost treatment zones.

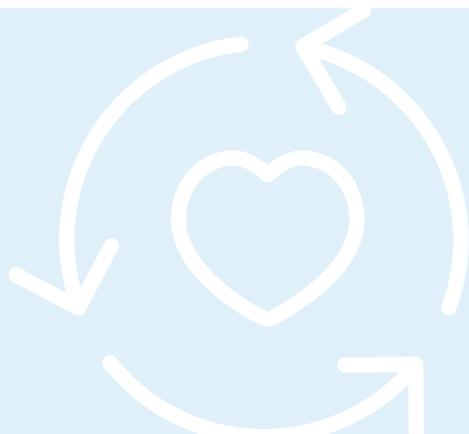
The first focus for the Collaborative Care Coalition workgroup to tackle is **Follow-Up after Hospitalization (FUH)**. These required follow-up appointments have barriers to completion for our members, and yet making it to a BH provider within 7 days after discharge is known to reduce risk of suicide, readmissions and ED visits. We want to specifically minimize the challenges and maximize success for our members in getting to their follow up appointments, instituting "roadmaps or algorithms" to help them get what they need after inpatient hospitalization (examples: transportation, shelter, food, medications, BH input, MAT, etc.)

In addition, this virtual **BH Collaborative Care Coalition** will continue to be a forum for improving member and provider support and inclusion. We will address the social determinants of health affecting our members and reach out in new ways to improve their sense of belonging and active participation in this healthcare network. We will also continue to share updates from Pharmacy, AHCCCS, NCQA and BCBS network priorities, Opioid and MAT standards of care, COVID, and vaccination progress.

Amy Jelliffe, MD

Psychiatrist Physician Consultant

Behavioral Health Corner



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

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

PCP Care for People with Behavioral Conditions

AHCCCS and Health Choice cover behavioral health services provided by a Primary Care Provider (PCP) within their scope of practice. This includes the monitoring and adjustment of behavioral health medications for the management of conditions such as anxiety, depression and ADHD. PCPs with DATA waivers may offer Medication Assisted Treatment for Opioid Use Disorder. For purposes of medication management, it is not required for the PCP to be the member's *assigned* PCP. PCPs who treat members with behavioral health conditions may provide medication management services including prescriptions, laboratory, and other diagnostic tests necessary for diagnosis, and treatment. For antipsychotic medications, Prior Authorization (PA) may be required. Information on behavioral health medication coverage and PA procedures may be located on the Health Choice website:

www.healthchoiceaz.com/providers/prescription-drugs/

PCPs may also refer members to a behavioral health provider for evaluation and/or ongoing medication

management services or consult with a behavioral health provider. Members who are dual eligible for Medicare and Medicaid should be referred to a licensed behavioral health provider who is part of their Medicare contracted network. PCPs are responsible for coordinating with the Behavioral Health Medical Practitioner (BHMP) when applicable. Members are auto assigned to a local Behavioral Health Home based on home address and treatment history to ensure availability of care. Members may choose a different behavioral health provider if desired. For assistance in locating a contracted behavioral health specialist, or to make a referral to Health Choice care and disease management programs, providers may call the Health Choice customer service line at **1-800-322-8670 (TTY:711)**. Additional resources are listed below. For assistance in locating a contracted behavioral health specialist, or to make a referral to Health Choice care and disease management programs, providers may call the Health Choice customer service line at **1-800-322-8670 (TTY:711)**. Additional resources are listed below.

Resource	Contact	Details
Northern Arizona Behavioral Health Crisis Hotline	1-877-756-4090	24/7 Hotline for crisis stabilization.
Non-Emergency Medical Transportation (NEMT) Provider	1-800-322-8670	Members and Providers may call Health Choice Member Services for assistance scheduling NEMT. Please schedule NEMT rides at least 3 days in advance of the medical appointment.
24/7 Nurse Advice Line	1-855-458-0622	24/7 Advice line

Behavioral Health Corner

Care and Disease Management Programs

Our comprehensive disease and case management programs are designed to improve the quality of life for members with chronic diseases and complex coordination needs. Health Choice care management staff conduct an initial assessment to identify member needs and preferences, and provide coordination of care and member self-management resources.

Programs include:

- Integrated Care Management
- Disease Management: including asthma, CHF, COPD, diabetes, healthy weight, hepatitis C while on antiviral therapy, hyperlipidemia, HTN, HIV
- Opioid Care Management
- Maternal Health Care Management
- SHOUT Protocol (suicide prevention)
- BOWS Prevention Protocol (Benzodiazepine and Opioid overdose prevention)
- Selected Provider Program (pharmacy restriction program)
- Justice Reach-In

Program descriptions and referral forms may be found on the Health Choice website:

www.healthchoiceaz.com/providers/medical-management

For more information on Health Choice care and disease management programs, or to make a referral:

- Call the Health Choice Customer Service Line: **1-800-322-8670 (TTY:711)**
- Completed referral forms and any pertinent medical documentation may be sent to the Care Management Department by fax to **(855) 408-3408** or secure email to **RWTeam@azblue.com**

Advanced Directives, End of Life Care, and Hospice

Health Choice supports the right of members to develop advanced directives and utilize end-of-life care and hospice services when desired by 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 health care providers and loved ones. The registry was moved from the Arizona Secretary of State to HealthCurrent in Fall 2021, pursuant to AZ state bill SB 1352. To participate or find information: healthcurrent.org/azhdr/



Dental Corner

Dental Prior Authorization Updates for Health Choice Arizona

Please see a detailed listing below regarding CDT updates for 2022. These updates are reflected in the Dental Matrix located on the Health Choice Arizona website under the 'Providers' section: www.healthchoiceaz.com

Codes Requiring Prior Authorization effective 3/1/2022:	
D3921	Decoronation or Submergence of an Erupted Tooth.
D4322	Splint-Intra-Coronal; Natural Teeth or Prosthetic Crowns. Not Covered for Adult ER.
D4323	Splint-Extra-Coronal; Natural Teeth or Prosthetic Crowns. Not Covered for Adult ER.
D5227	Immediate Maxillary Partial Denture-Flexible Base (Including Any Clasps, Rests, and Teeth). Not Covered for Adult ER.
D5228	Immediate Mandibular Partial Denture-Flexible Base (Including Any Clasps, Rests, And Teeth). Not Covered for Adult ER.
D5765	Soft Liner for Complete or Partial Removable Denture. Not Covered for Adult ER.
D7298	Removal of Temporary Anchorage Device (Screw Retained Plate), Requiring Flap. Not Covered for Adult ER.
D7299	Removal of Temporary Anchorage Device, Requiring Flap. Not Covered for Adult ER.
D7300	Removal of Temporary Anchorage Device Without a Flap. Not Covered for Adult ER.

Deleted Codes as of 1/1/2022:	
D4320	Provisional Splinting- Intracoronal
D4321	Provisional Splinting- Extracoronal

Everyone Enjoys a Dental Fair – a Dental and Health Fair, that is!

Did you know Health Choice partners with our providers to co-host dental and wellness health fairs? Hosting a health fair is a great way to close the gaps in care and increase awareness by educating and encouraging early detection and treatment of disease. Also, it is an excellent time to immunize members according to the periodicity schedule. As co-hosts, we collaborate with you and your team to:

- Secure a date
- Set up a schedule for the event
- Call Health Choice members to schedule their appointment for the event (we'll focus on members who are past due for their preventive dental and well-child visit or who haven't been to your office yet)

On the day of the event, members of the Health Choice team will be available to greet the members, provide educational information, and give away goodie bags to each member for completing their appointment visit.

Let's team up and start planning a health fair!

Contact Lupe Campos, Community Relations Manager, at Guadalupe.Campos@azblue.com. We look forward to working with you to improve the health and wellness of our members.

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



Maternal and Child Health Corner



EPSDT REMINDERS

EPSDT Developmental Screening – AHCCCS UPDATE

Early identification of developmental delays paired with early intervention services gives children the greatest opportunities for healthy development and success. Providers are required to use the AHCCCS approved developmental screening tools for EPSDT members from birth to 3 years of age. AHCCCS developmental screening tools include:

- General developmental Screening should occur at the nine-month, 18 months, and 30 months EPSDT visit, and the accepted tools are:
 - Ages and Stages Questionnaire, Third Edition (ASQ-3)
 - Parent’s Evaluation of Developmental Status (PEDS)
- Autism Spectrum Disorder (ASD) Specific Developmental Screening to occur at the 18 months and 24 months EPSDT visits and the approved tool for use is:
 - Modified Checklist for Autism in Toddlers (M-CHAT-r).

Additional information can be found in the revised AHCCCS Medical Policy Manual located at: [www.azahcccs.gov/shared/MedicalPolicyManual/\(AMPM 430\) and \(AMPM 430- Attachment A\)](http://www.azahcccs.gov/shared/MedicalPolicyManual/(AMPM%20430)%20and%20(AMPM%20430-Attachment%20A)).

When a developmental delay is suspected and identified using a screening tool, a referral for early developmental and intervention services must be initiated.

Developmental screening is a separately billable service by PCPs who care for EPSDT age members, and providers must bill for this service using the CDT code 96110 with the EP modifier. Health Choice routinely monitors and reviews medical records and audits the use of validated screening tools to ensure compliance.

Continues on next page.

EPSDT Services – Eyeglass Replacement & Repair

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

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

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

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 individual 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 total of 11,429 children were served through the AzEIP program in 2019.

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

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

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

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

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

To initiate the referral process, contact AzEIP directly at **(888) 592-0140**, or via the AzEIP website at des.az.gov/services/disabilities/developmental-infant

For additional information, please contact the HCA EPSDT department at **(480) 760- 4821**.

Missed Appointment Logs

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

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

For dental please fax the log to **(480) 350-2217**
Appointment log forms are located on our website under Providers-> Provider Manual-> Exhibits 3.5.1 (Medical) and 3.5.2 (Dental).

Arizona State Immunization Information System (ASIS)

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

Maternal and Child Health Corner

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@azblue.com
or fax (480) 317-3358.

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

www.healthchoiceaz.com

Well-Woman Preventive and Family Planning Services

Health Choice Arizona is committed to providing members with access to quality, medically necessary, and appropriate service. As a reminder, the coverage of an annual well-woman preventive care visit for women wishing to obtain the recommended preventive services, including preconception counseling includes:

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 and counseling focused on maintaining a healthy lifestyle and minimizing health risks and addresses at a minimum the following:

- 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 wellbeing,
- Sexually transmitted infections including Human Immunodeficiency Virus (HIV),
- Family planning counseling
 - As a reminder, Long-Acting Reversible Contraceptive (LARC) services are reimbursed through regular claims processes.
- Preconception counseling 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 health care,
 - Chronic disease management,
 - Emotional wellness,
 - Tobacco and substance use (opioids, alcohol, marijuana, and prescription drugs),

- Recommended intervals between pregnancies.
- Immunizations including HPV
- COVID19 vaccine

NOTE: Preconception counseling does not include genetic testing.

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@azblue.com or fax (480) 317-3358.

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

www.healthchoiceaz.com

Syphilis testing

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

We Heard You & We're Here to Help!

Provider 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!

Log in - [Health Choice Provider Portal \(healthchoiceaz.com\)](https://healthchoiceaz.com)

If you do not have an account, we have easy instructions for creating an account on the portal log in page.

If you have any questions about the provider portal, please contact our Provider Services team at (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

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.

Provider Manuals

Our Provider Manuals are designed to provide basic information about the administration of the Health Choice Arizona (both AHCCCS and RBHA) and 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 Health Choice Arizona provider manual is an extension of the Health Choice Arizona 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 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 Health Choice Arizona and every January for Health Choice Pathway.

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 Health Choice Arizona and Health Choice Pathway's 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.

We Heard You & We're Here to Help!

Health Choice In-Office Laboratory testing Description and CPT Code

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

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

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

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

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



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

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

We Heard You & We're Here to Help!

Tips & Tricks – Risk Adjustment Department

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

Contact Us:

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

(480) 968-6866 ext. 5034

Email: hchperformanceimprovement@azblue.com

Coding and Documentation materials are based on current guidelines and are to be used for reference only. Clinical and coding decisions are to be made based on the independent judgement of the treating physician or qualified 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.

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

Health Choice Pathway: 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 a.m. – 6 p.m.

Provider Portal:

(480) 760-4651

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

****Member Rights & Responsibilities & Privacy Notices****

are included in the Health Choice Member Handbook and can be located on the Health Choice website at:

www.healthchoiceaz.com/privacy-notice

www.healthchoiceaz.com/members/member-services/

(Member Rights and Responsibilities tab)

Provider Resources

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

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

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

The AHCCCS *Claims Clues*, is a newsletter produced periodically by the AHCCCS Claims Department for Fee-For-Service (FFS) providers. It provides information about the following:

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

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



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