

# Important Notice:

## Health Choice Payment Processing Documentation, Effective January 1, 2017

In an effort to provide proactive, transparent, and timely communication to avoid unnecessary disruption in the payment process, Health Choice Arizona is providing notice that effective January 1, 2017, we will in certain circumstances be requiring additional information to process claims. These requirements are not new, and are in accordance with Federal and/or State requirements as well as contractual agreements, but will now be consistently enforced.

Specifically, Health Choice Arizona will be requesting additional information such as medical records for complex or high dollar claims.

Medical records to support claim submissions should be mailed to the following address:

HEALTH CHOICE ARIZONA REIMBURSEMENT SERVICES DEPARTMENT  
ATTN: Medical Claims Review  
410 N. 44 TH ST.  
STE 500  
PHOENIX, AZ 85008

In addition to medical records for other types of services previously communicated, Health Choice requests that all submitted medical records include the following components:

- **For all Prior Period Coverage (PPC) inpatient admissions:**
  - Itemized UB-04
  - History & Physical (Admitting)
  - Consultations
  - Progress notes
  - MAR (Medication Admin Record)
  - Flow Charts
  - Discharge Summary



- **Additional Requirements if Applicable to the Patient Stay:**
  - Emergency Department Records
  - Observation
  - Clinical Evaluations
  - Operative Reports
  - Ancillary Reports
  - Anesthesia Record
  - Pathology Reports
  - Therapeutic Treatments (Physical Therapy, Respiratory Therapy, Occupational Therapy)
  - Other Documentation as Necessary to Justify Claim

If records are not submitted with a claim for a service that requires supporting documentation, the claim will be denied with all applicable denial reason/codes reflected on the claims remittance advice.

If you have any questions, please call Health Choice Arizona's Reimbursement Services Department at (480) 968-6866.