Provider Newsletter

What's new!

Health Choice Partners with SafeLink Wireless!

During this Public Health Crisis member access to technology is more critical than ever. The healthcare community has had to adapt to a new way of delivering medicine. Telemedicine has become an essential tool for providers to conduct visits with members to maintain a safe distance.

Health Choice has partnered with Safelink Wireless, a Federally Funded program. It is easier than ever for members to gain access to smartphones. Smartphones are a valuable tool for members to help manage their health care needs especially with the surge in telemedicine.

With SafeLink Wireless Health Solutions, qualified Health Choice members can receive a smartphone or SIM card at no cost to them. With the program they receive:

- **A FREE SMARTPHONE**, 3GB of data and 350 Monthly minutes
- **UNLIMITED** Text Messages
- **FREE CALLS** to Health Choice Arizona Member Services department that will not count toward their 350 minutes

Members can enroll by visiting the SafeLink Wireless (**www.safelinkwireless.com**) or by calling **1-877-631-2550** and using the promo code HEALTHCHOICE

Health Choice Prior Authorization Updates – Physician Administered Drugs

Effective July 2, 2020 the following drugs previously reported under J3490, which require prior authorization, have been assigned a new code. These codes also require prior authorization.

Code	Drug	Code	Drug
Q5119	Rituximab-pvvr, biosimilar (Ruxience)	J0896	Luspatercept-aamt (REBLOZYL)
J7169	Coagulation factor xa (Andexxa)	J1558	Immune globulin (Xembify)
J0791	Crizanlizumab-tmca (Adakveo)	J3399	Onasemnogene abeparvovec-xioi (Zolgensma)
J0223	Givosiran (GIVLAARI)	J7333	Hyaluronan for intraarticular injection (Visco-3)
J1201	Cetirizine hydrochloride (Quzyttir)	J9177	Enfortumab vedotin-ejfv (Padcev)
Q5120	Pegfilgrastim-bmez, biosimilar (Ziextenzo)	J9198	Gemcitabine hydrochloride, 100 mg (Infugem)
J7204	Factor viii, antihemophilic factor (Esperoct)	J9358	Fam-trastuzumab deruxtecan-nxki (Enhertu)
J0591	Deoxycholic acid (Kybella)	Q5121	Infliximab-axxq, biosimilar (Avsola)
J1429	Golodirsen (Vyondys)		

Effective August 2, 2020 the following codes will require prior authorization.

Code	Drug	Code	Drug
J0135	Adalimumab (Humira)	J0179	Brolucizumab-dbll (Beovu)
J0717	Certolizumab (Cimzia)	J7331	Hyaluronan, intra-articular (Synojoynt)
J1438	Etanercept (Enbrel)	J1726	Hydroxyprogesterone caproate (Makena)
J1595	Glatiramer acetate (Copaxone)	J1729	Hydroxyprogesterone caproate, not specified
J1744	Icatibant (Firazyr)	J2212	Methylnaltrexone (Relistor)
Q3027	Interferon beta-1a (Avonex Pen)	J7401	Mometasone furoate sinus implant (Sinuva)
Q3028	Interferon beta-1a (Plegridy)	J9309	Polatuzumab vedotin-piiq (Polivy)
J1830	Interferon beta-1b (Betaseron, Extavia)	J2941	Somatropin (various brand names)
J3030	Sumatriptan succinate (Imitrex)	J3110	Teriparatide (Forteo)
J3357	Ustekinumab subcutaneous (Stelara)	J3355	Urofollitropin (Bravelle)

Prior Authorization (PA) Guidelines and Grids are available online by visiting:
www.healthchoiceaz.com
www.HealthChoiceGenAZ.com

What's new!

Home Infusion Reminder - Coram Specialty Infusion Services

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

Please refer all requests for home infusion to Coram Specialty Infusion Services.

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

Expedited Prior Authorization Request Reminder

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

- Requests must include ALL the necessary clinical documentation to support medical necessity to avoid unnecessary denials. Supporting documentation includes the following:
  - Current diagnosis and treatment already provided by the PCP/ requesting provider
  - All pertinent medical history and physical examination findings
  - Diagnostic imaging and laboratory reports (if applicable)
  - Indications for the procedure or service
  - Alternative treatments, risks and benefits (including the indication of such discussions with patient)
  - For Out-of-network (OON) providers/ facilities and/or Non-Formulary (NF) medication requests – specific information which explains need for OON or NF service is required
- Requests must include correct codes (ICD-10, CPT, and HCPCS) to complete the prior authorization request.
- PA request forms must have all necessary fields completed and it must be legible.

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

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

Did you know?

New Training Available - Human Trafficking 101 & 102

According to the National Human Trafficking Hotline, "Human trafficking is the business of stealing freedom for profit. In some cases, traffickers trick, defraud or physically force victims into providing commercial sex. In others, victims are lied to, assaulted, threatened or manipulated into working under inhumane, illegal or otherwise unacceptable conditions. It is a multi-billion dollar criminal industry that denies freedom to 24.9 million people around the world." This is both disheartening and unacceptable, however, there is something that each of us can do to help – see something, say something.

Health Choice Arizona (HCA), in partnership with Kate Wyatt and the Flagstaff Initiative Against Trafficking (FIAT), is on a mission to help educate our stakeholders and system partners on this very real, and thriving underground commerce in Arizona and beyond.

The HCA Training & Workforce Development Department is currently offering two trainings to help inform and build foundational competency for participants in the areas of:

- Human Trafficking definitions;
- Red flags & warning signs;
- Culture and risk factors;
- Local and national statistics/resources; and
- Knowing what to do when encountering a Human Trafficking situation

All trainings are currently webinar based through our ZOOM platform, and can be scheduled for 1 to 2 hour sessions through our Training & Workforce Development Coordinator, Amanda Steavenson, at Amanda.Steavenson@healthchoiceaz.com. If you have questions, would like to learn more, or are interested in scheduling a training, please reach out – we are here to help.

Did you know?

Healthy Rewards Program

Our member rewards program encourages members to get healthy and stay healthy. Eligible members can earn rewards by completing healthy activities such as:

Health Choice Generations (HMO D-SNP)

- Annual wellness exams
- Breast cancer screenings
- Colon Cancer Screenings

Health Choice Arizona

- Annual Wellness visit
- Mammogram

Members can redeem their rewards for items such as gift cards to local and national retail centers in just three easy steps!

1. The member contacts us at 1-800-656-8991 (TTY 711) to learn about recommended health care activities.
2. Members complete recommended healthcare activities and be sure to contact us.
3. Members let us know by email at **comments@HealthChoiceAZ.com** or by phone at 1-800-656-8991 (TTY 711) once they've completed the health activities. We'll need just a few details, such as the date of the visit and the clinic name.

Annual Wellness Visit (AWV)

An Annual Wellness Visit (AWV) can foster provider-patient engagement and promote preventive health for Health Choice Plan members. Many components of an AWV, when completed by the health care provider, meet the criteria for the Health Outcome Survey for CMS star measures. AWVs are also associated with closing quality gaps.

Providers should focus on the following components during AWV:

- Health-risk assessment
- Medication review and discussion
- Medical and family history
- Emotional and cognitive health screening
- Assessment of functional ability such as Activities of Daily Living and safety such as fall risk and hearing impairment
- Health counseling on topics like fall prevention, incontinence, physical activity and more

Care for Older Adults

Many adults over the age of 65 have co-morbidities that often affect their quality of life. As this population ages, it's not uncommon to see decreased physical function and cognitive ability, and increase in pain. Regular assessment of these additional health aspects can help to ensure this populations needs are appropriately met.

- **Advance care planning**- Discussion regarding treatment preferences, such as Advance Directives, should start early before patient is seriously ill.
- **Medication review**- All medications that the patient is taking should be reviewed including prescription and over-the counter medications or herbal therapies.
- **Functional status assessment**- This can include assessments such as functional independence or loss of independent performance.
- **Pain screening**- A screening may comprise notation of the presence or absence of pain.

Including these components into your standard well care practice for older adults can help to identify ailments that can often go unrecognized and increase their quality of life.

Innovation Corner

As part of their participation in the AHCCCS Targeted Investment program, Bayless Integrated Healthcare is working to improve their performance on the quality measure "Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications."

Bayless started by convening an interdisciplinary workgroup in late 2019 that met weekly to review and improve their current process. The group began by conducting a thorough cause and effect analysis using the 4 Ps model: People, Policies, Procedures, and Plant (Facility).

This comprehensive analysis enabled Bayless to understand how each element of their business was influencing their performance on this measure and as a result, they were able to implement several interventions to improve their performance on this measure including:

- Programmed an EMR alert to notify providers when diabetes screening is indicated
- Built one-click standing lab orders for diabetes screening into the EMR
- Created a Population Health department that calls members who are due for diabetes screening

Bayless has the following recommendations for providers that want to improve internal processes to improve performance:

- Determine which elements of the process your practice has control over and focus your energy there
- Use standard process improvement tools to reveal root causes of undesired results
- Be sure that your interdisciplinary workgroup includes all relevant departments and don't be afraid to change the composition of the group as you understand the process better
- Identify a process champion who facilitates the meetings and keeps the group action-oriented and organized
- Continue to meet as changes are implemented to monitor results and make further changes as necessary

If you have any questions about your practice's participation in Targeted Investment, please reach out to your practice's network representative.

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).

New Code – H0030 Behavioral Health Hotline Service, 15 minutes

Effective 7/1/2020, AHCCCS will be opening the following HCPCS code in its system: H0030, Behavioral Health Hotline Service, each 15 minutes

The utilization of this code is intended to replace the use of case management service codes (T1016) for billing crisis related telephone services. AHCCCS will align H0030's rate with the current rate for T1016 and apply the existing modifiers (HN/HO/ET).

Crisis services

All services that are rendered in a crisis should include the "Y" indicator on the claim. AHCCCS and Health Plan MCOs use this data to monitor the amount of services provided when a member is in crisis. Please make sure all claims for crisis services, including, but not limited to, service codes T1016 case management, H2011 Mobile crisis and S9484 & S9485 crisis stabilization unit include a "Y" in the crisis indicator field on professional claims.

The Behavioral Service Matrix and Crisis FAQs are available on AHCCCS' website and will be updated to align with the above guidance. Additional guidance will be available through the AHCCCS medical coding resources webpage located at **www.azahcccs.gov/PlansProviders/MedicalCodingResources.html.**

Dental Corner

Fluoride Varnish

Dental caries remains the most common chronic preventable childhood disease in the United States, with over 40% of all children experiencing tooth decay by the time they reach kindergarten. Oral health is an integral component of a child's overall health and well-being. Without effective interventions, dental caries in young children can result in the loss of tooth structure and early tooth loss, chronic pain, infection, hospitalizations, impaired speech development, inability to concentrate in school, and missed school days.

Fluoride varnish is highly effective for preventing dental caries in both permanent and primary teeth when applied professionally 2 to 4 times per year. The application of Fluoride has been shown to be cost-effective in high-risk populations. Recent studies have indicated the following overall:

- The percentage of remineralization with the use of Fluoride to be approximately 64% greater than with no treatment at all
- A higher decrease in caries prevalence utilizing Fluoride varnish compared to no treatment with Fluoride varnish
- Fluoride varnish is an effective product to stop the progression of enamel carious lesions in both permanent and primary teeth
- Fluoride varnish is effective in inhibiting caries development in permanent and primary teeth

Meta-analysis of over 20 clinical trials favors the use of Fluoride varnish over other topical Fluoride treatments in permanent and primary teeth.

Both Health Choice Arizona and AHCCCS focus on fluoride varnish utilization as one of the procedures used to evaluate provider performance. Therefore, we encourage our providers to apply fluoride varnish to primary teeth after the first tooth erupts. Fluoride varnish is allowed **4 times a year** when billed with **CDT code D1206**.

Good Oral Health to Members

Primary Care Physicians! Help your patients achieve better oral health by referring them to a dentist/dental home and instructing them on the following:

- Brush teeth and floss twice daily
- Use fluoride toothpaste
- Rinse mouth after meals
- The importance of routine dental care
- Eat a balanced diet (avoiding sugary foods/snacks)

It's is important to counsel parents and guardians of young children on healthy oral habits and safety to help avoid dental emergencies: Children:

- Avoid thumb sucking
- Avoid pacifiers
- Don't over use the bottle
- The importance of dental visit by 12 months of age or first tooth eruption, whichever comes first.

Maternal and Child Health Corner

EPSDT Reminders

Pediatric care management:

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

The CM form can be found under the Providers section of our website under Forms: **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** Fax: (480) 760-4716

AzEIP fax number for submissions has changed:

The Medical Prior Authorization Department will now be processing all AzEIP/EPSDT 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**

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).

Developmental Screening

If a child has a developmental delay, it is important to identify it early so the child and family can receive needed intervention, services, and support. Healthcare providers play a critical role in monitoring children's growth and development and identifying problems as early as possible. The American Academy of Pediatrics (AAP) recommends healthcare providers do the following:

- Monitor the child's development during regular well-child visits
- Periodically screen children with validated tools at recommended ages to identify any areas of concern that may require a further examination or evaluation
- Ensure more comprehensive developmental evaluations are completed if risks are identified

Developmental delays or behavioral problems can be identified by trained providers who utilize AHCCCS approved developmental screening tools (PEDS, AQS, and MCHAT). These screening are required for children enrolled in Arizona's Medicaid program. Developmental delays that can be identified include learning disabilities, speech or language problems, autism, intellectual disability, emotional/behavioral conditions, hearing or vision impairment, or attention deficit hyperactivity disorder (ADHD).

Providers are required to use AHCCCS approved developmental screening tools for EPSDT members from birth until three years of age during the nine months, 18 months, and 24 month EPSDT visits. Providers must bill for this service using the **CPT code 96110 with EP modifier** to ensure they receive proper reimbursement.

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.

Maternal and Child Health Corner

Please email our Care Management (CM) referral form to: **HCH_PediatricsCM@healthchoiceaz.com** or fax (480) 317-3358.

The CM referral form can be located under the Providers section of our website under Forms: **www.healthchoiceaz.com**

OB Care Management

Did you know Health Choice also has an OB Care Management team comprised of skilled nursing professionals and maternal child assistants who provide integrated culturally sensitive interventions to high risk moms. High risk conditionals are often identified from the timely submission of TOB forms. If you have a pregnant member with high risk medical or BH conditions, please refer to our OB CM team.

Please email our Care Management (CM) referral form to: **HCHHCACaseManagement@ healthchoiceaz.com** 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!
www.stewardhealthchoiceproviders.org/ProviderPortal/Login/

If you do not have an account, we have easy instructions for creating an account on the portal log in page. If you have any questions about the provider portal, please contact our Provider Services team at 1.800.322.8670 or contact your Provider Performance Representative.

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

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 Generations: www.HealthChoiceGenAZ.com

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

Provider Services call center: 1-800-322-8670
Open Monday - Friday, 6:00 A.M. - 6:00 P.M.

Provider Portal: 480-760-4651

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

Tips & Tricks –

CVA – Acute vs. Sequela & Complications

Acute stroke is the acute onset of focal neurological findings in a vascular territory as a result of underlying cerebrovascular disease. In the United States, there are 800,000 new strokes every year. There is one new stroke every 40 seconds. Stroke is the 5th leading cause of death and the first leading cause of disability. There are two main types of strokes. The most common type is an ischemic stroke, caused by interruption of blood flow to a certain area of the brain. Ischemic stroke accounts for 85% of all acute strokes. 15% of acute strokes are hemorrhagic strokes which are caused by bursting of a blood vessel i.e. acute hemorrhage. Some of the most common risk factors include hypertension, diabetes mellitus, hypercholesterolemia, physical inactivity, obesity, genetics, and smoking.

Time is brain and a stroke is an acute emergency! ICD-10 CM code category **I63** is only used for an **acute stroke that is actively being treated**. It is not acceptable to code I63.9, acute stroke, for a history of a stroke. Let's look at some example codes for an acute stroke.

Cerebral Infarction, unspecified	I63.9
Cerebral Infarction due to thrombosis of other cerebral artery	I63.39
Cerebral Infarction due to embolism of other cerebral artery	I63.49

Once the acute stroke has been treated any sequela documented in the medical record is then coded with ICD-10 CM code category I69. The medical record must document that the sequela is due to or related to the stroke in order to capture these codes. Please note that some of these codes require the specific side of the body to be captured (laterality). Let's look at some common examples.

Monoplegia of upper limb following cerebral infarction affecting **right dominant side**	I69.331
Monoplegia of upper limb following cerebral infarction affecting **left dominant side**	I69.332
Hemiplegia and hemiparesis following cerebral infarction affecting **left non-dominant side**	I69.354
Hemiplegia and hemiparesis following cerebral infarction affecting **right dominant side**	I69.351

Capturing the most specific, correct diagnosis codes for strokes or sequela of strokes is dependent upon how the medical record is documented. A stroke/sequela of a stroke is a diagnosis recognized by CMS as a hierarchical chronic condition that risk adjusts and the medical record must also contain support for the diagnosis. Some ways to support this diagnosis can be medications, documentation of the body part(s) affected and examined, other treatments being received for the condition, treatment by a specialist and length of time the condition has been diagnosed.

Remember to reference your coding books to be certain you are assigning the correct and most specific code for this chronic disease. These examples are not an all-inclusive list of stroke sequela codes that risk adjust. Please refer to your references to locate those additional codes. Happy Coding!

Reference: **www.nih.gov**, **www.CMS.gov**, ICD-10 CM Expert

Contact Us
Health Care Network
Risk Adjustment Department
410 North 44th Street, Suite 900
Phoenix, AZ. 85008
(480) 968-6866 ext. 5034
Email: **hchperformanceimprovement@healthchoiceaz.com**

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.