Provider Newsletter

March - April 2020

Health CHOICE

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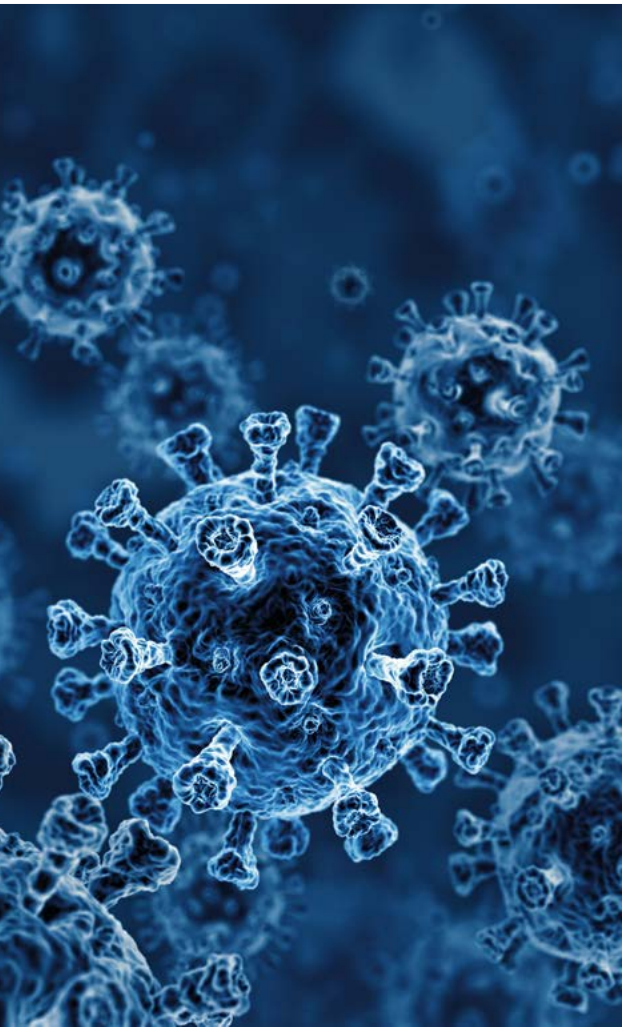
What's new!

COVID 19 – *Frequently asked questions*



On March 11, Governor Doug Ducey issued a **Declaration of Emergency** and an **Executive Order** regarding the COVID-19 outbreak in Arizona. This action will provide health officials and administrators with tools and guidance necessary to combat the continued spread of COVID-19 and to reduce financial burdens on Arizonans by lowering healthcare costs associated with the virus.

To support providers, ADHS has created a **one-page reference** for providers that includes criteria for evaluating patients under investigation in association with the COVID-19 outbreak, as well as guidance for providers caring for patients with fever and/or acute respiratory symptoms. ADHS has also issued **key points for infection control**. Visit the **Provider Resources** page on the AZDHS.gov website for state and local information.

The Centers for Disease Control and Prevention (CDC) posted a **healthcare professional preparedness checklist** and a hospital preparedness tool as part of its comprehensive **Healthcare Professionals** resources. Topics include: healthcare personnel with potential exposure, guidance for EMS, clinical care, inpatient obstetric healthcare, infection control, personal protective equipment, home care, a provider webinar (includes a PDF of the slides), FAQs for providers, as well as several links to valuable external resources.

Recommendations for Provider Preparedness:

- Due to the rapidly evolving nature of this disease that began in the Chinese city of Wuhan in December 2019, Health Choice Arizona urges all healthcare providers to stay up to date on the spread of the virus and take steps to prepare for the possibility of caring for infected patients.
- Help us educate members
- The CDC has prepared several communication resources that can be used to help patients understand COVID-19. These free videos, fact sheets, and posters can empower people to be proactive about preventing the spread of this virus and know what to do if they are concerned about symptoms. Visit the CDC **Communications Resources** page to select the tools that make sense for your practice.
- If you have questions or need additional information, please contact your **county public health department**.

To address Medicaid-related questions from providers and contractors about COVID-19, AHCCCS has developed a list of Frequently Asked Questions Regarding Coronavirus Disease 2019 (COVID-19), updated regularly as more information becomes available. AHCCCS FAQ: **https://azahcccs.gov/AHCCCS/AboutUs/covid19.html**

CMS has expanded telehealth allowances:

- Telehealth visits are now permitted for all members, both new and established, regardless of member's location
- Allowable visit types: Office visits, consultations, AWV
- Allowable provider types now include MD, DO, NP, PA, LCSW, CNM, clinical psychologists, and certified dietitians/nutrition professionals
- For established patients, providers can now bill for:
  - Virtual check-in: 5-10 minute remote evaluation/consultation
  - E-visit: Provider/patient communication via provider portal

Please continue to review and refer to CMS FAQs: **https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page**

In collaboration with the AHCCCS Complete Care (Medicaid) Health Plans, Health Current is pleased to host this page as a centralized resource for COVID-19 related issues impacting the Arizona Medicaid provider community: **https://healthcurrent.org/ahcccs-covid19/**

Colorectal Cancer

The why, when how and how to improve screening

Presented by:
American Cancer Society

Colorectal Cancer is the seconding leading cause of cancer deaths in the United States. These deaths can be prevented through early detection and screening. We invite you to access an online activity to learn about:

- why colorectal cancer screening is important,
- the current colorectal cancer screening rates,
- when to start screening,
- how to screen, and evidence based interventions to increase screening rates.

As you are a vital part of preventing these deaths, we are offering you a FREE 1.0 continuing education unit. Available for: Physicians, Nurses, and Public Health Workers with a Completion Certification available.

Dr. Rich Wender, MD,
Chief Cancer Control Officer,
American Cancer Society, Inc.

Dr. Richard C. Wender, MD, chief cancer control officer for the American Cancer Society, leads the organization's domestic and global cancer control strategies, with a focus on access, navigation, and health equity. He guides the organization's efforts towards the goal of ensuring everyone has an equal opportunity to live a health life and receive high-quality care across the entire spectrum of cancer, from prevention to diagnosis, treatment, and survivorship.

Dr. Wender earned a Bachelor of Science degree from Princeton University, is a graduate of the University of Pennsylvania School of Medicine, and completed his residency at Thomas Jefferson University in Philadelphia.

Access online activity at
https://incedo.rievent.com/a/WCVNLS

Online activity qualifies for continued education units, see website link for more information.

Have you completed 2020 HCG Annual Model of Care Training?

Health Choice Generation's 2020 Annual MOC training is available online!

Visit: **www.HealthChoiceGenAZ.com**
Click the drop down for "Providers" and select "Provider Education" to access the online video and attestation.

- Special Needs Plan (SNP) Model of Care (MOC) training is required initially and annually by the Centers for Medicare & Medicaid Services (CMS) for care providers who treat members in SNPs.
- A SNP is a type of Medicare Advantage plan that provides targeted care, improved care coordination and continuity of care to members with special needs.
- You are considered to be a SNP care provider if you treat members who are enrolled in a SNP, even if you treat just one SNP member.
- One clinical or non-clinical staff member of each practice, clinic or medical group may take the training and communicate the information within the practice.

Thank you for being a valued provider to our Health Choice Generations members.

Dental Corner

We are well underway into 2020. Information was sent out by fax of code changes made by the ADA effective January 1, 2020. Below is another quick reminder of these changes. Be sure to familiarize yourself with the changes as submitting prior authorizations or claims with the old codes will result in unnecessary denial and delay in approved authorization or claims payment.

Replaced codes January 1, 2020:

D1550, re-cement or re-bond space maintainer. This code has been replaced with:

D1551	re-cement or re-bond space maintainer maxillary
D1552	re-cement or re-bond space maintainer mandibular
D1553	re-cement or re-bond space maintainer unilateral space maintainer per quadrant

D1555, removal of a fixed space maintainer. This code has been replaced with:

D1556	removal of a fixed space maintainer unilateral space maintainer per quadrant
D1557	removal of a fixed space maintainer maxillary
D1558	removal of a fixed space maintainer mandibular

D8691, repair of orthodontic appliance. This code has been replaced with:

D8696	repair of orthodontic appliance-maxillary
D8697	repair of orthodontic appliance-mandibular

D8692, replacement of lost or broken retainer. This code has been replaced with:

D8703	replacement of lost or broken retainer- maxillary
D8704	replacement of lost or broken retainer- mandibular

D8693, re-cement or re-bond fixed retainer. This code has been replaced with:

D8698	re-cement or re-bond fixed retainer- maxillary
D8699	re-cement or re-bond fixed retainer- mandibular

D8694, repair of fixed retainers, includes reattachment. This code has been replaced with:

D8701	repair of fixed retainers, includes reattachment- maxillary
D8702	repair of fixed retainers, includes reattachment- mandibular

New codes January 1, 2020:

D2753	crown-porcelain fused to titanium and titanium alloys
D2584	removable unilateral partial denture-one piece flexible base (including clasps and teeth) per quadrant
D5286	removable unilateral partial denture-one piece resin (including clasps and teeth) per quadrant

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! **https://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.

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: https://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 EHR'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) and lead. Any referrals you have for the member are also noted.

Below are two possible components which can affect the health of our children…

- **BMI in children.**
  This number is calculated based on height and weight ratio. The higher the BMI the greater the risk for developing certain diseases such as diabetes, heart disease, and sleep apnea. When you submit your EPSDT Tracking Forms or EMRs please note the BMI. When we receive a referral for a member with BMI we will provide outreach and further education for the member and parents on healthy habits. These habits include what types of food is best and how much. We also provide a list of different activities to help keep kids moving.
- The EPSDT Program also works with children with a **failure to thrive (FTT) diagnosis**.

This diagnosis is given when a child does not meet the recognized standards of growth. The most common cause is not taking in enough calories due to poor feeding habits, neglect, even abuse and mental health conditions.

Symptoms to watch for are lack of weight gain, delays in reaching milestones, and delayed motor movement to name a few. When FTT is diagnosed and a referral is generated, we will assist with outreach to members for education and making any appointments needed.

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).

Maternal Reminders

Postpartum visits

You can be paid separately from the OB package for your postpartum follow up with a member. Please schedule members for their postpartum visits on or between 21 to 56 days after delivery. You can submit a claim for this visit. Please contact your Provider Performance Representative with questions.

Family Planning - Long Acting Reversible Contraception (LARC)

Health Choice Arizona provides the option for our members to use LARC as a birth control option. Please remember to mention this option to your patients when discussing family planning. LARC services are billable separate from a visit and can be started right after a mother delivers her infant.

OB care management

Did you know Health Choice has a robust care management department, if you have a member who you feel would benefit from wrap around services you can fax the CMR form found on the website: https://www.healthchoiceaz.com/providers/forms/
Fax to (480) 317-3358 or email the form to HCH.HCACaseManagement@healthchoiceaz.com.

Tips & Tricks –

Rheumatoid Arthritis

Rheumatoid arthritis (RA) is a chronic progressive disease causing inflammation in the joints and resulting in painful deformity and immobility, especially in the fingers, wrists, feet, and ankles. Treatment of rheumatoid arthritis requires both pharmacological and non-pharmacological agents.

The standard of care is early treatment with disease modifying anti-rheumatic drugs (DMARDs). When managing rheumatoid arthritis, disease activity is assessed at regular intervals and treatment is changed as per the disease activity. Disease-modifying, anti-rheumatic drugs (DMARDs) are typically started as soon as the diagnosis of rheumatoid arthritis is made.

Rheumatoid arthritis has no cure and is a progressive disease. All individuals have multiple exacerbations and remissions. Close to 50% of patients with the disease become disabled within 10 years. Besides the joint disease, individuals can suffer from many extra joint related problems which significantly alters their quality of life. The progression of disease does vary from individual to individual. The category of rheumatoid arthritis contains many codes which require location, laterality and specificity to be captured.

M06.9	Rheumatoid Arthritis Unspecified
M05.10-M05.19	Rheumatoid lung disease with rheumatoid arthritis
M05.20-M05.29	Rheumatoid vasculitis with rheumatoid arthritis
M05.30-M05.39	Rheumatoid heart disease with rheumatoid arthritis
M05.40-M05.49	Rheumatoid myopathy with Rheumatoid arthritis
M05.50-M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis
M05.60-M05.69	Rheumatoid arthritis with involvement of other organs and systems
M05.70-M05.79	Rheumatoid arthritis with rheumatoid factor without organ or system involvement
M05.80-M05.89	Other rheumatoid arthritis with rheumatoid factor
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00-M06.89	Rheumatoid arthritis without rheumatoid factor

As you can see listed above, there are many different code selections available for rheumatoid arthritis and specificity is key to choosing the correct code.

Let's take a look at some more specific examples:

M05.141	Rheumatoid lung disease with rheumatoid arthritis if right hand
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot

Rheumatoid arthritis 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 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. Happy Coding!

Reference: www.nih.gov

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.

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).

AHCCCS Covered Behavioral Health Services Guide – important update

IMPORTANT NOTICE: Information contained within the AHCCCS Covered Behavioral Health Services Guide (CBHSG) has been transitioned into the following areas:

- AHCCCS Medical Policy Manual (AMPM) Policy 310-B, Behavioral Health Services Benefit
  - Title XIX/XXI benefit information.
- AMPM Policy 320-T, Non-Title XIX/XXI Behavioral Health Services
  - Non-Title XIX/XXI service information.

Appropriate AMPM Policies as necessary, including:

- AMPM Policy 310-BB, Transportation; and
- AMPM Policy 310-V, Behavioral Health Residential Facilities (BHRFs).
- The Fee-For-Service (FFS) and IHS/Tribal Provider Billing Manuals **Undergoing updates as of 10/27/2019.
- Chapter 19, Behavioral Health Services, FFS Provider Billing Manual
- Behavioral Health services billing information for FFS Providers
  - Note: Billing information in the FFS Provider manual is primarily directed to FFS providers; however, the general billing information not identified as specific to FFS providers may also be referred to by ACC (MCO) providers. For FFS Providers, any billing information noted as specific to ACC (MCO) only does not apply to FFS.

Providers serving ACC plan members should refer to the enrolled ACC plan billing manual, and/or contact the ACC plan directly for billing related questions.

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