BlueCross BlueShield Arizona
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Health Choice

Dear Valued Provider:

The BCBSAZ Health Choice Pediatric Clinical Programs Department is providing the following information as a reminder to submit the AHCCCS EPSDT (Early and Periodic Screening, Diagnostics and Treatment) Clinical Sample Templates or equivalent EHR forms to the BCBSAZ Health Choice Health Promotion Coordinator for proper follow up and processing.

The AHCCCS Medical Policy Manual Chapter 430 Attachment E is available through the following link: **https://www.azahcccs.gov/shared/MedicalPolicyManual/index.html**

The following are a few of the key guidelines for use and submission of the AHCCCS EPSDT Clinical Sample Templates & Electronic Health Records (EHRs):

- **Providers must complete the AHCCCS EPSDT Clinical Sample Templates and/or EHRs at every EPSDT/Well Child Visit and complete all age-appropriate screenings in accordance with the AHCCCS EPSDT and Dental Periodicity Schedule.**
- **AHCCCS requires provider use of the AHCCCS EPSDT Clinical Sample Templates or EHR for documentation of the Well Child Visit.**

  "The Arizona Health Care Cost Containment System (AHCCCS) EPSDT Clinical Sample Templates may be used by all providers offering care to AHCCCS members less than 21 years of age to document age-specific, required information related to EPSDT screenings and visits. Providers may choose to utilize an AHCCCS, or an equivalent form approved by the contracted health plan**, so long as the form includes all components present on the AHCCCS EPSDT Clinical Sample Templates**."

- **We require providers to send completed EPSDT Clinical Sample Templates or EHR to BCBSAZ Health Choice.**

Please submit the AHCCCS EPSDT Clinical Sample Templates or equivalent Electronic Health Records (EHRs) *directly to the BCBSAZ Health Choice EPSDT department, either by email or fax.*
It is not necessary to attach templates to claims submissions.
Email: HCHEPSDTCHEC@azblue.com Fax: (480) 760-4716

8220 N. 23rd Ave., Phoenix, AZ 85021
Phone: 480-968-6866 | Toll-Free: 800-322-8670 | TTY 711 | Fax: 480-784-2933
HealthChoiceAZ.com

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EPSDT CLINICAL SAMPLE TEMPLATES ORDER SHEET

Please fax your request to: 480-760-4716 or
Email form to HCHEPSDTCHEC@azblue.com

Provider/Practice Name: _____

Physical Address: _____

City _____ **State** _____ **Zip Code** _____

Shipping Address (if different from physical address)

_____

City _____ **State** _____ **Zip Code** _____

Contact Person: _____ **Phone Number:** _____

Total # of BCBSAZ Health Choice (HC) EPSDT eligible (0-21yrs) members assigned at this location: _____

Please circle the number of packets (1 or 2) needed for each age group (25 forms per packet).
If you have multiple sites under your practice, please submit ONE request per site.

3 – 5 Days	**1**	**2**	**24 Months**	**1**	**2**
1 Month	**1**	**2**	**30 Months**	**1**	**2**
2 Months	**1**	**2**	**3 Years**	**1**	**2**
4 Months	**1**	**2**	**4 Years**	**1**	**2**
6 Months	**1**	**2**	**5 Years**	**1**	**2**
9 Months	**1**	**2**	**6 Years**	**1**	**2**
12 Months	**1**	**2**	**7– 8 Years**	**1**	**2**
15 Months	**1**	**2**	**9 – 12 Years**	**1**	**2**
18 Months	**1**	**2**	**13 – 17 Years**	**1**	**2**
			18 – 21 Years	**1**	**2**

These EPSDT Clinical Sample Templates are being dispensed for use during Well Care Visits for BCBSAZ Health Choice enrolled members. Please contact other AHCCCS health plans to obtain copies for other AHCCCS health plan enrolled members.

Requests will be processed within 5 business days. If you have any questions, please contact the BCBSAZ Health Choice EPSDT Pediatric Clinical Programs / Health Promotion Unit Coordinator Team at 480-760-4697