



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice

# BCBSAZ Health Choice Provider Newsletter

April - June 2024

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# What's New!

## Behavioral Health Residential Providers (B8)–Required Claim Information–Admission Date Fields

The Arizona Health Care Cost Containment System (AHCCCS) Administration has provided clarification of the claim requirement for the inclusion of “Admission Date” for Behavioral Health Residential Facility (BHRF) provider type B8 on all claim submissions. Effective and enforced immediately. This requirement applies to both EDI (837P) and CMS 1500 paper claim submissions.

For CMS 1500 (paper) submissions, (Field/Box 18) “Hospitalization dates related to current services” must have the From Date field completed with the Admission Date to the BHRF and the To Date field upon discharge, if applicable.

For EDI submissions, in Loop 2300 Segment DTP, the Date Element DTP03 (Admission Date) and (Discharge Date), if applicable, must be included.

As a billing reminder, BHRF providers are also required to submit claims as follows:

- **HCPCS:** H0018 Behavioral health services; short-term residential; non-hospital, per diem
- **Allowable Place of Service Code:** 56 “Psychiatric Residential Treatment Center”
- **Date Span Billing:** Each date of service must be billed on an individual line.

Please make sure your billing staff is aware of this change.

## Change in Minimum Subcontract Provisions Effective 10/01/2024

Effective October 1, 2024, AHCCCS has made updates to the Minimum Subcontract Provisions (MSPs). These updates have been posted to the AHCCCS website. The MSPs are referenced and incorporated into the AHCCCS Provider Participation Agreement, Provider Contracts, and the BCBSAZ Health Choice Provider Manual, Chapter 3. All AHCCCS providers are required to comply with the MSPs.

### Summary of Changes - Minimum Subcontract Provisions Effective 10/1/24

Page #	Section/Summary of Change	Add/Removal/Revised
1	Assignment and Delegation of Rights & Responsibilities	Removed
1	Adult Protective Services (APS) Registry Check	Moved
1-2	Abuse, Neglect, and Exploitation	Moved
2	Amount Duration & Scope	Added
2	Artificial Intelligence Prohibitions	Added
2	Certifications Required by Law	Added
3	Compliance with AHCCCS Rules Relating to Audit & Inspection (added CMS language)	Revised
4	Corporate Governance for Providers	Moved
5	Employees of the Subcontractor	Added
5	Fraud and Abuse (report all cases, prohibited from taking action including recoup or suspensions, class 2 felony)	Revised
6	Grievance & Appeal System	Added
6	Limitations on Billing & Collection Practices	Added
6	Lobbying	Added
6	Nondiscrimination Requirements (removed most of the language referring to federal and state law)	Revised
6	Offshore Performance of Work Prohibited (removed indirect or overhead services definition, added paying claims and data definition)	Revised
7	Protection of State Cybersecurity Interests	Added
7-8	Termination of Contract	Added

MSPs are available here: [azahcccs.gov/PlansProviders/HealthPlans/minimumsubcontractprovisions.html](https://azahcccs.gov/PlansProviders/HealthPlans/minimumsubcontractprovisions.html)

# What's New!

## AHCCCS Vaccine for Children (VFC) Coding and Reimbursement Clarification

The Affordable Care Act (ACA) mandates that vaccine administration fees be paid to certain physicians and other providers administering vaccines to Medicaid-enrolled members, including those administered to children under the Vaccines for Children (VFC) program. There has been confusion regarding the reimbursement for immunization administration fees when VFC stock is administered to members. AHCCCS is sharing this guidance for clarification. The finalized rule includes the following language “The provider will also receive a single administration fee for any vaccine provided, regardless of the number of vaccine/toxoid components, and will not receive the Medicare administration rate for those services.” The CDC VFC Operations guide further highlights this point, which states, “Administration fees are per vaccine and not per antigen.”

Under the ACA, both the vaccine code and the vaccine administration code must be reported by all providers reporting vaccine administration services. If the vaccine is provided through the VFC program, the SL modifier must be added to both the vaccine code and the vaccine administration code (refer to the AHCCCS FFS Billing Manual, Chapter 10). Providers shall not add the SL modifier to vaccine and administration codes used to report services provided to members who are over 18 years of age or for vaccines that are not covered under the VFC program administered to children.

When vaccines are administered separately, i.e., through separate injections, an administration fee will be paid for each separate administration. Physicians should not separate vaccine toxoids typically administered together into separate syringes to report multiple vaccine administration codes whereby inappropriately giving single-antigen vaccines when a combo could be used: In addition, section 1903(i)(15) of the Act provides that no payment shall be made “with respect to any amount expended for a single-antigen vaccine and its administration in any case in which the administration of a combined-antigen vaccine was medically appropriate (as determined by the Secretary).”

Reporting multiple injections depends on which vaccine administration codes are used to report the services. When more than one vaccine is administered with counseling to a member 18 years of age or younger, each injection is reported with CPT code 90460 and SL modifier. Providers will be paid a separate fee for each injection. If more than one vaccine/toxoid is included in a single injection, additional reimbursement will not be made for administration of other additional toxoids included in the injection identified with CPT code 90460.

For example, a DTaP vaccine should continue to be administered through a single syringe and the physician should report a single administration code (i.e., 90460) even though three vaccine toxoids are included in that syringe. If, however, the physician also administers a hepatitis B vaccine through a separate injection site, they may report a second administration code (i.e., 90461).

## 3rd Annual 2SLGBTQ Health Matters Conference

Come join us for the 3rd annual 2SLGBTQ Health Matters Conference!

We are happy to be collaborating with CAN Community Health to present impactful, meaningful, and informative sessions with engaging discussions focused on the health and well-being of the 2SLGBTQ community.

Our conference aims to address important health issues and provide resources for individuals of all backgrounds. Connect with experts in the field, network with like-minded individuals, and gain valuable insights into promoting a healthier lifestyle. Do not miss this opportunity to learn, grow, and advocate for 2SLGBTQ health.

### WHEN:

June 18–Networking Gathering  
5:30 p.m. MST

June 19–Check In & Breakfast  
(provided) 8 a.m.; program begins at  
8:30 a.m. MST

### WHERE:

Twin Arrows Navajo Casino Resort  
22181 Resort Blvd.  
Flagstaff, AZ 86004

### REGISTRATION:

[2slgbtqhealthmatters2024.  
eventbrite.com](https://2slgbtqhealthmatters2024.eventbrite.com)

If you need to make lodging arrangements, have questions, or if your agency is interested in having an information table, please contact Holly Figueroa at [Holly.Figueroa@azblue.com](mailto:Holly.Figueroa@azblue.com).

# What's New!

## 2024 Arizona Healthcare Workforce Goals and Metrics Assessment

The Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA) is a statewide data collection tool used to help the Arizona Network by gathering information, analyzing data, and assessing the current and future needs of the workforce. The result of this process gives insight for future workforce development resources, highlights where support is needed, and assists with the prioritization of initiatives/projects across the network.

The AHWGMA is a collaborative effort initiated by the Arizona Workforce Development (WFD) Coalition, which includes Workforce Development Administrators from all nine Arizona Managers Care Organizations (MCOs). Together, the Coalition ensures initiatives across the state of Arizona align with all respective lines of business (ACC, ALTCS, DD, DCS, CHP, DES/DDD, and RHBA).

If your organization falls under any of the required provider types, then your organization is required to complete the AHWGMA between April 16, 2024 and May 31, 2024.

**Link to complete the assessment:**  
[2024 AHWGMA JotForm](#)

List of the 2024 AHWGMA Questions

- Webinar Presentation
- AHWGMA FAQ

If you have questions or would like more information, please contact the AZWFD Coalition at [workforce@azahp.org](mailto:workforce@azahp.org).

## ACA StandardHealth with Health Choice Prior Authorization Fax Number

We are committed to making the prior authorization process as efficient and streamlined as possible. It is important to submit a complete prior authorization request form and provide clinical documentation to facilitate an effective review process.

ACA StandardHealth with Health Choice has a new dedicated Prior Authorization Request Fax number!

ACA StandardHealth with Health Choice Prior Authorization Fax Number: 602-864-5308

**You can submit prior authorization requests two ways:**



1. Submit via the provider portal: Log in to the Health Choice Provider Portal ([healthchoiceaz.com](https://healthchoiceaz.com))



2. Submit via fax: 602-864-5308

## ACA StandardHealth with Health Choice Radiology Benefit Manager—Effective May 1, 2024

ACA StandardHealth with Health Choice is partnered with eviCore for high-tech radiology benefit management. You may now submit prior authorization requests directly to eviCore.

**Prior authorization for the following services must be obtained through eviCore.**

- MRI, MRA, CT, AND PET
- Ultrasounds: vascular, high-tech radiology & level 2 obstetrical (MFM)
- Nuclear cardiac stress testing
- Echocardiography, TEE/TTE
- Heart catheterizations, diagnostic, interventional & electrophysiology
- Venous ablation procedures

Prior authorizations can be obtained via eviCore:

- Website portal: [evicore.com/pages/providerlogin.aspx](https://evicore.com/pages/providerlogin.aspx) to initiate a request, check status, review guidelines, and more
- Phone: **888-693-3211** (7 a.m. to 8 p.m. CST)
- Fax: 888-693-3210

# What's New!

## Pyx Health Programs for Caregivers and Teens



Exciting news! BCBSAZ Health Choice now offers the Pyx Health program to teen members ages 13-17 years and to the caregivers of our Health Choice Pathway DSNP members. All adult members continue to have access to this valuable resource. Pyx Health's mobile app and trained, compassionate call center staff provide relatable support to address loneliness and provide resources for social needs. For more information or to help your patients enroll with Pyx, visit our websites.

**Pyx Health for Teens:**  
[healthchoiceaz.com/pyxhealth/](https://healthchoiceaz.com/pyxhealth/)

**Pyx Health for Caregivers:**  
[healthchoicepathway.com/pyxhealth/](https://healthchoicepathway.com/pyxhealth/)

## Obstetrical Ultrasound Billing

In our ongoing efforts to ensure the provision of quality care and services to our members, BCBSAZ Health Choice will be updating the CPT codes that can be used for routine obstetrical ultrasounds.

### Effective June 15, 2024, the CPT codes that can be used are:

- 76801 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation
- 76805 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
- 76813 Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation

Primary care obstetricians complete one to two ultrasounds on average during the prenatal period. These don't require prior authorization. Please submit billing for level I OB ultrasounds in accordance with your contract.

**Reminder: All out-of-network providers require prior authorization for all services.**

BCBSAZ Health Choice Prior Authorization (PA) Guidelines and PA Grids are available online by visiting:

- **BCBSAZ Health Choice Arizona (HCA):** Prior Authorization - BCBSAZ Health Choice ([healthchoiceaz.com](https://healthchoiceaz.com))
- **BCBSAZ Health Choice Pathway (HCP):** Prior Authorization & Clinical Guidelines - BCBSAZ Health Choice Pathway
- **ACA StandardHealth with Health Choice (HCS):** Prior Authorization - ACA StandardHealth with Health Choice ([standardhealthhc.com](https://standardhealthhc.com))

## 2024 Lunch-and-Learn Monthly Series: Mindfulness

BCBSAZ Health Choice and Northland Family Help Center invite you to join us as we present the topic of mindfulness and how it can better support your approach to care. This lunch-and-learn series is ideal for those who are looking to build an understanding of and integrate intentional awareness into their personal and professional interactions through mindfulness.

### WHEN:

The fourth Monday of every month from 11:30 a.m. to noon, starting January 22, 2024.

### ONE-TIME REGISTRATION REQUIRED:

[azblue.zoom.us/meeting/register/tZAucuChrztHtUMoNVlqF3irzSgHen7nsmi](https://azblue.zoom.us/meeting/register/tZAucuChrztHtUMoNVlqF3irzSgHen7nsmi)





# What's New!

## New Training Series: Empowering Providers to Address Equity in Arizona Healthcare (Live in Relias)

We are excited to announce a new training series. Commissioned by the Arizona Health Care Cost Containment System (AHCCCS), and created through a collaboration between ASU's Social Transformation Lab and the Southwest Interdisciplinary Research Center, this learning series includes six online courses designed for behavioral health providers to improve substance use disorder service delivery in Black, Indigenous, and Latiné communities across Arizona.

### "Empowering Providers to Address Equity in Arizona Healthcare" Online Learning Series

#### The series includes the following courses:

- \*ASU - Understanding Arizona's Health Systems through a Diverse Perspective (Foundational Course)
- \*ASU - Exploring Client Dynamics and Fostering Trust in the Healthcare System
- \*ASU - Navigating Arizona's Health Systems and Social Determinants of Health
- \*ASU - Strategies for Mutual Benefit in Provider-Client Dynamics
- \*ASU - Understanding the Impact of Historical Trauma on the Client's Recovery Journey
- \*ASU - Unveiling Biases & Barriers in Substance Use Disorder Treatment

**NOTE 1:** The Foundational Course must be completed prior to any of the other courses in the series. Other courses may be completed in any order.

**NOTE 2:** Use the keyword "ASU" to easily find this series of courses.

For more information on the series, contact Dr. Mako Fitts Ward at [mfw@asu.edu](mailto:mfw@asu.edu).

## No-Cost Professional Training Certification Opportunity

Over the past several months, BCBSAZ Health Choice, AHCCCS, the Arizona Workforce Development Alliance, and the Association for Talent Development (ATD) have been working on a collaborative professional development opportunity. These two professional programs, offered at no cost, are now available for enrollment.

**Training and Facilitation Certificate Program** - The Training and Facilitation program is intended for staff whose primary function has them serving as a trainer/facilitator and are new to the role or have not received formal professional development in this area. This program is offered over six half-day sessions. Complete attendance and participation is required to receive credit. All attendees must meet eligibility requirements and sign an attestation statement.

**ATD Integrated Talent Management Certificate Program** - The Integrated Talent Management (ITM) program is intended for those whose primary function has them serving in a leader role within training/workforce development/talent management and are new to the role or have not received formal professional development in these areas. This program is offered over two full-day sessions. Complete attendance and participation is required to receive credit. All attendees must meet eligibility requirements and sign an attestation statement.

For more information and to register for these valuable courses, please visit the **Workforce Development Programs for AHCCCS Providers** webpage.



**TIP:** To complete registration, attendees must know the provider type code for the AHCCCS contracted organization through which they are employed.

Upon completion, those choosing to attend will receive a professional electronic badge from ATD that helps further build their training/workforce development/talent management connections and impact and identifies them as a training/workforce development/talent management professional in Arizona and beyond.

ATD has implemented a Customer Care Team to assist with registration issues or questions. The Customer Care Team is available at **1-800-628-2783**.

# What's New!

## May Community Grand Rounds–SDOH Connections with CommunityCares

Join us May 1, 2024  
SDOH Connections with  
CommunityCares

This session discusses perspectives on how to streamline information and referrals with Community Cares; a free tool for healthcare providers and community-based organizations.

### WHEN:

Wednesday, May 1, 2024  
12 p.m.–1 p.m.

### WHERE

Virtual

Application for CEUs has been filed with the American Academy of Family Physicians. Determination of credit is pending.

All registrations will be confirmed via email with the details on how to join the webinar.

### PRESENTERS:

#### Kelly McGann

Contexture, Director, Social Determinants of Health

#### Karen Brown

A New Leaf, Director of Strategic Initiatives

#### Julia Soto

Phoenix Children's Medical Group, Administrative Director

There is no charge for this webinar and any (pending) CE/CME credits.

## BCBSAZ Health Choice and BCBSAZ Health Choice Pathway Q2 Provider Forum

BCBSAZ Health Choice and BCBSAZ Health Choice Pathway will be hosting our second Provider Forum of 2024.

We will hold this event **online only**, via Zoom Webinar.

Please register and come join us!

### Zoom Webinar

**Wednesday June 26, 2024**

11:30 a.m.–1 p.m.

### Link to register in advance:

[azblue.zoom.us/webinar/register/WN\\_aioVK4XMqZyD5HL2ADcPvA](https://azblue.zoom.us/webinar/register/WN_aioVK4XMqZyD5HL2ADcPvA)

After registering, you will receive a confirmation email containing information about joining the webinar.

### You can participate by joining us online:

From your PC, Mac, Linux, iOS, or Android,

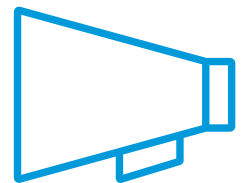
**AND By calling:** US: +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or +1 669 900 6833  
Webinar ID: 869 8899 3686.

Please submit any questions in advance to:

[Jadelyn.Fields@azblue.com](mailto:Jadelyn.Fields@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.

# What's New!



## 2024 Annual Model of Care Training: Special Needs Plans (D-SNP)

A SNP is a type of Medicare Advantage plan providing targeted care, improved care coordination, and continuity of care to members with special needs. SNPs operate under the Model of Care (MOC) structure to identify and help meet the unique healthcare needs of each SNP member.

### BCBSAZ Health Choice Pathway 2024 Annual MOC training is available online!

Visit [healthchoicepathway.com](https://healthchoicepathway.com), click the dropdown menu 'For Providers,' and select 'Provider Education' to access the online presentation 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.
- You are considered to be an SNP care provider if you treat members who are enrolled in an 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.

## 2024 Healthy Rewards Program

We want to remind our members about the amazing benefits available to them through the BCBSAZ Health Choice Healthy Rewards program. Check out all the easy ways our members can be rewarded, just for keeping healthy.

**Healthy Rewards Program - BCBSAZ Health Choice**  
([healthchoiceaz.com](https://healthchoiceaz.com))









**Healthy Rewards Program - BCBSAZ Health Choice Pathway**

HCA members need to call Member Services for gift card redemption.

HCP member rewards are distributed on a prepaid Visa® flex card based on claims activity. It is essential for providers to bill the correct codes to ensure member rewards are distributed.







### BCBSAZ Health Choice Arizona (Medicaid)

Member Services: 1-800-322-8670, TTY: 711

-  **\$25 for a Well Child Visit, 0–15 months**, up to six visits (up to \$150 annually)
-  **\$25 for a Well Child Visit, 16–30 months**, once per year
-  **\$25 per Well Child Visit, 3–21 years of age**, once per year
-  **\$50 for Mammogram** during the measurement year for women 50–74 years of age
-  **\$25 for a Prenatal Visit** within the first trimester
-  **\$25 for a Postpartum Visit**, 7–84 days post delivery
-  **\$25 for completing a Health Risk Assessment**, members ages 3–17 years
-  **\$25 Oral Evaluation** with a dental provider, for children under 21 years of age

### BCBSAZ Health Choice Pathway (Medicare)

Member Services: 1-800-656-8991, TTY: 711

- \$25 for Medicare Annual Wellness Visit** (all HCP members) 
- \$25 for Colorectal Screening** during the measurement year, 45–75 years of age 
- \$50 for Mammogram** during the measurement year for women 50–74 years of age 
- \$25 for a Diabetic Eye Exam**, 18–75 years of age with diabetes (Type 1 & 2) 
- \$50 for Osteoporosis Management** in women 67–85 years of age with fracture 
- \$25 for completing a Health Risk Assessment** (initial or annual) 



# Did You Know?

## Outpatient Laboratory Services

As a reminder, effective January 1, 2024, Sonora Quest Laboratories is now a participating provider. The Health Choice Provider Network will include both LabCorp and Sonora Quest Laboratories to provide a full array of laboratory services, including reference and specialty. BCBSAZ Health Choice has specific lab services designated on the POLT (Provider Office Laboratory Testing) list for providers to perform in their office.

\*ACA StandardHealth with Health Choice is only contracted with Sonora Quest Laboratories.\*

Visit our websites under 'For Providers' -> 'Provider Notices' or 'Provider Education' for a complete listing of In-Office Laboratory Testing descriptions and CPT codes (POLT list):

**BCBSAZ Health Choice (HCA):**  
[BCBSAZ Health Choice \(healthchoiceaz.com\)](https://www.healthchoiceaz.com)

**BCBSAZ Health Choice Pathway (HCP):**  
[Home - BCBSAZ Health Choice Pathway](#)

**ACA StandardHealth with Health Choice (HCS):**  
[ACA StandardHealth with Health Choice \(standardhealthhc.com\)](https://www.standardhealthhc.com)

Refer to the prior authorization grid for laboratory services that require prior authorization.

In our ongoing efforts to ensure the provision of quality care and services for our members and to ensure that appropriate services are being rendered to our members, we ask that you utilize ONLY contracted providers.

Please reference below for service locations:

**LabCorp:** [labcorp.com](https://www.labcorp.com)

**Sonora Quest:** [sonoraquest.com](https://www.sonoraquest.com)

## Our Physical and Correspondence Address

As of August 1, 2023, the BCBSAZ Health Choice physical and correspondence address is:

**8220 N. 23rd Ave, Phoenix, AZ 85021**

**NOTE:** The claim submission address is not changing. All providers are encouraged to submit claims/encounters electronically. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim/encounter sent, and minimizes clerical data entry errors.

As a reminder, Arizona providers and contracted providers located in contiguous counties to Arizona will continue to submit claims to BCBSAZ Health Choice directly.

### Claim submission:

- **BCBSAZ Health Choice (AHCCCS)**  
BCBSAZ Health Choice  
**Payer ID# 62179**  
P.O. BOX 52033, PHOENIX, AZ 85072-2033
- **BCBSAZ Health Choice Pathway**  
(Medicare Advantage D-SNP)  
BCBSAZ Health Choice Pathway  
**Payer ID# 62180**  
P.O. BOX 52033, PHOENIX, AZ 85072-2033
- **ACA StandardHealth with Health Choice**  
(ACA IU65—effective January 1, 2024)  
BCBSAZ Health Choice  
**Payer ID# RP105**  
P.O. BOX 52033, PHOENIX, AZ 85072-2033

### Sending correspondence to a specific department?

Help us stay efficient in distributing your mail to the correct department. Please indicate which department your mail should be directed to:

BCBSAZ Health Choice, BCBSAZ Health Choice Pathway, or ACA StandardHealth with Health Choice  
Attention: SPECIFIC DEPARTMENT  
(i.e., Claim Reconsideration/Dispute/Appeal/Grievances, FWA, EPSDT Forms, Dental Prior Authorization forms, Medical Claims Review)  
8220 N. 23rd Ave  
Phoenix, AZ 85021

# Did You Know?

## BCBSAZ Health Choice Pathway Supplemental Benefits for 2024

For Contract Year 2024, BCBSAZ Health Choice Pathway HMO D-SNP is offering many primary supplemental benefits, including but not limited to dental, vision, and hearing. Primary coverage for supplemental dental benefits will have a \$4,000 allowance. Supplemental vision benefits will have a \$450 allowance. Supplemental hearing benefits will have a \$2,500 allowance.

In addition to primary supplemental benefits, BCBSAZ Health Choice Pathway HMO D-SNP will continue to offer members a secondary supplemental benefit for dental, vision, and hearing that will include a prepaid Visa® flex card with a combined annual limit of up to \$1,000. As a reminder, the flex card benefit is not a replacement for their supplemental dental, vision, or hearing benefits. All members received the \$1,000 benefit amount on January 1, 2024, and the funds will expire December 31, 2024.

Additionally, effective January 1, 2024, American Specialty Health (ASH) is the new vendor for acupuncture, chiropractic, therapeutic massage, and routine foot care. This benefit provides offerings for our Health Choice Pathway D-SNP members for services approved by Medicare either as covered or supplemental.

Members can locate an ASH network provider at: [ashlink.com/ash/BCBSAZHCP](https://ashlink.com/ash/BCBSAZHCP)

ASH Contracted Specialty Services	Member Office Visit Copay	Annual Office Visit Maximum Number of Services
Acupuncture	\$0	20 Medicare visits + 12 supplemental benefit visits
Chiropractic	\$0	Unlimited Medicare required visits + 12 supplemental benefit visits
Therapeutic Massage	\$0	6 supplemental benefit visits
Routine Foot Care	\$0	6 supplemental benefit visits

Please do not hesitate to call ASH at [1-888-511-2743](tel:1-888-511-2743) if you have any questions about this program.

## BCBSAZ Health Choice Provider Satisfaction Survey

Your opinion is very important to us at BCBSAZ Health Choice. Your feedback allows us to focus on issues that will add value and assist in providing quality and timely care to your patients. This is why BCBSAZ Health Choice conducts an annual satisfaction survey for contracted providers. Please note that responses are not traceable to unique users.

**2023 Overall satisfaction and willingness to recommend BCBSAZ Health Choice to other physicians and patients.**

**89%** are very satisfied or satisfied with BCBSAZ Health Choice, overall.

**86%** would definitely or probably recommend BCBSAZ Health Choice to their patients.

**87%** would recommend BCBSAZ Health Choice to other physicians.

Based on the responses for the three high-level loyalty measures shown above, **84% of providers are classified as Secure or Favorable.**

### THANK YOU

for the care you provide to our members and for helping us improve our services to you.

# Did You Know?

## Practice/Company Notifications: Changes, Updates, Additions

Contracted providers are required to notify the health plan in writing of any changes at least 90 days prior to the effective date of the change. Examples of changes, updates, additions, and staff terminations include:

- Practice/company name/ change of ownership
- Physical services addresses
- Payee address
- Tax identification number
- NPI
- Staff additions/terminations
- Phone and fax numbers

\*In addition, the provider **must** register the change with the appropriate regulators (CMS, AHCCCS) prior to the effective date of the change and notice to the health plan.\*

Please note that failure to keep information current may result in claim rejections, non-payments, or returned check payments.

Providers are also required to complete the appropriate AzAHP form to Request for Participation/Update Information and will include notice on company letterhead (or a notice signed by the practice/company staff). Providers can submit requests directly through the secure online provider portal. From the 'Homepage' under 'Provider Tools' -> Provider Demographic Request/Electronic Credentialing–AzAHP Practitioner Form.

The secure provider portal is designed with you in mind. We streamline your access to important information by offering a self-service model. Enhancements that give YOU, the provider, greater control and more immediate acknowledgment and response times.

Filling out the online AzAHP Practitioner form allows users to save information and return at a later time to finish without risk of losing the information. Once completed, the form can be printed and mailed

to other health plans that require the AzAHP Practitioner form. For practitioners practicing at the same location, information can be copied from one form to another form. Currently, only the AzAHP Practitioner form is available for online submission.

Visit us online at: [Provider Education - BCBSAZ Health Choice \(healthchoiceaz.com\)](https://www.healthchoiceaz.com) for additional instructions on submitting online credentialing request(s).

Please note: Credentialing and network contracting are two separate processes. There must be an executed agreement as well as a completed credentialing event before a practitioner or facility can provide services to Health Choice members. Our credentialing department sends initial approval letters informing you of each practitioner or facility credentialed with Health Choice.

### Providers can also submit and initiate credentialing in the following ways:

#### If the provider is not yet contracted:

Email form to [HCHContracting@azblue.com](mailto:HCHContracting@azblue.com)

#### For contracted providers:

Submit request via the secure provider portal (E-Apply) or email to the Credentialing Department at: [HCHCredentialing@azblue.com](mailto:HCHCredentialing@azblue.com)

If we can provide staff training, please contact your Provider Performance Representative. Keeping your staff trained saves you time and money!

## BCBSAZ Health Choice Centers of Excellence (COEs)

Centers of Excellence (COEs) provide exceptional care in these areas, meet state and national standards for best practices, and have required staffing and metrics each year to remain a COE. For more information about each of these agencies, please [visit Centers of Excellence - Providers - BCBSAZ Health Choice \(healthchoiceaz.com\)](https://www.healthchoiceaz.com).

If you have questions, please feel free to reach out to Rose Kent, Social Determinants Of Health (SDOH) and COE Coordinator, [rose.kent@azblue.com](mailto:rose.kent@azblue.com).

# Did You Know?

## Practice/Company Notifications: Changes, Updates, Additions

Contracted providers are required to notify the health plan in writing of any changes at least 90 days prior to the effective date of change. Examples of changes, updates, additions, staff terminations include:

- Practice/company name/ change of ownership
- Physical services addresses
- Payee address
- Tax identification number
- NPI
- Staff additions/terminations
- Phone and fax numbers

\*In addition, the provider **must** register the change with the appropriate regulators (CMS, AHCCCS) prior to the effective date of change and notice to the health plan. \*

Please note that failure to keep information current may result in claim rejections, non-payments or returned check payments.

Providers are also required to complete the appropriate AzAHP form to Request for Participation/Update Information and will include notice on company letterhead (or a notice signed by the Practice/Company staff). Providers can submit requests directly through your secure online Provider Portal. From the 'Home Screen' under 'Provider Tools' -> Provider Demographic Request/Electronic Credentialing–AzAHP Practitioner Form.

The secure Provider Portal is designed with you in mind, we streamline your access to important information by offering a self-service model. Enhancements that give YOU, the provider, greater control and more immediate acknowledgement and response times.

Completing the online AzAHP Practitioner form allows users to save information and return at a later time to finish without risk of losing the information. Once completed, the form can be printed and mailed to other health plans that require the AzAHP Practitioner form. For practitioners practicing at the same location information can be copied from one form into another form. Currently, only the Practitioner AzAHP form is available for online submission.

### Visit us online at:

**Provider Education - BCBSAZ Health Choice ([healthchoiceaz.com](http://healthchoiceaz.com))** for additional instruction on submitting online Credentialing request(s).

Please note: Credentialing and Network Contracting are two separate processes. There must be an executed agreement as well as a completed credentialing event before a practitioner or facility can provide services to Health Choice Members. Our credentialing department sends initial approval letters informing you of each practitioner or facility credentialed with Health Choice.

### Providers can also submit and initiate Credentialing in the following ways:

If the provider is not yet contracted:

Email form to [HCHContracting@azblue.com](mailto:HCHContracting@azblue.com)

For contracted providers:

Submit request via your secure provider portal (E-Apply) or Email to the Credentialing Department at: [HCHCredentialing@azblue.com](mailto:HCHCredentialing@azblue.com)

If we can provide staff training, please contact your Provider Performance Representative. Keeping your staff trained saves you time and money!

## AAPC Coding Tool

The AAPC website offers a free medical coding and billing tool through Codify. Codify offers an E/M calculator for multiple years. The tool is easy to use and can assist in leveling an office visit.

- Steps to access Codify:
  - Go to the AAPC website ([aapc.com/](http://aapc.com/))
  - Select the Software and Services dropdown menu
  - Select Calculators and Tools
  - Select the E/M calculator that would be appropriate for the date of service
- [aapc.com/codes/em-calculator](http://aapc.com/codes/em-calculator)

# Did You Know?

## Extencillin Availability During Bicillin Shortage

The CDC has issued clinical guidance in treating syphilis: [bit.ly/4cL3v6L](https://bit.ly/4cL3v6L)

This guidance has been complicated by the ongoing shortage of Bicillin: [cdc.gov/std/dstddcl/2023-july-20-Mena-BicillinLA.htm](https://cdc.gov/std/dstddcl/2023-july-20-Mena-BicillinLA.htm)

On January 16, 2024, the FDA announced the availability of extencilline, an equivalent to Bicillin LA, as an alternative during the Bicillin shortage. [cdc.gov/nchhstp/dear\\_colleague/2024/dcl-01122024-fda-bicillin.html](https://cdc.gov/nchhstp/dear_colleague/2024/dcl-01122024-fda-bicillin.html)

AHCCCS is sharing information for health plans to share with their providers that the drug product, extencilline, is covered under Medicaid under the “prescribed drugs” section. AHCCCS can obtain the FFP match, but there is not a federal rebate.

The company, Provepharm, is providing the NDC for the drug and obtaining supplies from the French manufacturer. This is the only wholesaler that will be distributing extencilline and states that standard three-day shipping will be included. Provepharm will provide expedited shipping; however, the cost for expedited shipping will be the responsibility of the ordering providers.

For providers, the claim must be billed on a medical claim using the HCPCS code J0561 Penicillin G Benzathine, 100,000 units. The current FFS fee schedule price is \$21.73 for 1 unit of the HCPCS Code (which equals 100,000 units of the drug). For the 1.2 MU injection, the reimbursement using the FFS fee schedule would be \$260.76 (12 units of the HCPCS code X \$21.73) and for the 2.4 MU injection, the price would be \$521.52 (24 units of the HCPCS code X \$21.73). For clarification, the pricing is set at \$250 for 1.2MU and \$500 for 2.4MU.

There are not any other prices, and 340B pricing is the same as above. AHCCCS is collaborating with public health partners in preparing additional guidance and information to address the current outbreak of syphilis and the associated incidence of congenital syphilis.

## Increase in Cases of Meningococcal Invasive Disease in Maricopa County

Maricopa County Department of Public Health (MCDPH) is seeing an increase in meningococcal invasive disease (MID), predominantly in *Neisseria meningitidis* serogroup Y. This increase coincides with trends noted at the state and **national level**. In 2023, five MID cases were reported in Maricopa County. So far in 2024, Maricopa County has already seen six confirmed cases (at least three due to serogroup Y). This matches the number of MID cases seen in Maricopa County in the entirety of the year in 2014, the year with the highest number of cases in the last decade.

### It is recommended that Maricopa County physicians:

Maintain a high level of clinical suspicion for **meningococcal disease**, especially within populations currently experiencing higher rates of disease.

In Arizona, current increases in disease are disproportionately affecting people ages 30–60 years, Black or African American people, and people with HIV. Be aware that patients with invasive meningococcal disease may not present with meningitis; other presentations include sepsis, bacteremia, and septic arthritis. Ensure that all **people who are recommended to receive meningococcal vaccination** are up to date.

### If meningococcal disease is suspected:

- Minimize exposure to patients and staff by implementing droplet precautions (until at least 24 hours after initiation of effective antimicrobial therapy) in addition to standard precautions.
- Initiate specimen collection from a sterile site (e.g., blood or cerebrospinal fluid) for diagnosis; report and coordinate additional testing with MCDPH.
- Immediately begin **antibiotic treatment** for meningococcal disease.
- Order an antibiotic susceptibility test for isolates, since some strains are resistant to ciprofloxacin.
- Immediately report suspected cases of MID to Maricopa County Department of Public Health by calling **602-506-3747**.

Resources for physicians:

- [CDC Meningococcal Disease](#)
- [CDC Meningococcal Vaccination](#)



# Did You Know?

## Medical Record Standards

Providers are required to maintain medical records in a detailed and comprehensive manner, which conforms to good professional medical practice, permits effective professional medical review and medical audit processes, and facilitates an adequate system for follow-up treatment. The provider must ensure that records are accessible to authorized persons only. Medical records must be available to BCBSAZ Health Choice and AHCCCS for purposes of quality review or other administrative requirements, free of charge to BCBSAZ Health Choice and any vendor BCBSAZ Health Choice delegates for the purposes of Medical Record Reviews.

A.R.S. 32-1401(2) defines adequate medical records as “legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warning provided to the patient and to provide for another practitioner to assume continuity of the patient’s care at any point in the course of treatment.”

### INSPECTION AND AUDIT OF RECORDS AND FACILITIES:

Providers must provide medical records or copies of medical records for any BCBSAZ Health Choice member upon request by BCBSAZ Health Choice. **Medical records must be available within five (5) working days of a request.** Failure to provide BCBSAZ Health Choice with medical records that result in a sanction to BCBSAZ Health Choice by a regulator will result in such sanction being deducted in full from future payments to the offending provider. BCBSAZ Health Choice will issue a written notification seven (7) days prior to the sanction being imposed.

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

BCBSAZ 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 healthcare services.

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

Given your clinical expertise, we welcome your involvement in developing and reviewing criteria. BCBSAZ Health Choice values our network of providers and is interested in your input regarding Utilization Management (UM) Guidelines. If you have interest in assisting with development or review of UM criteria and technology, please send your contact information, along with your field of practice, to: [HCHComments@azblue.com](mailto:HCHComments@azblue.com).

## AHCCCS Releases Billing Guidance for Differential Adjusted Payment (DAP)

AHCCCS has implemented the Differential Adjusted Payment (DAP) for Contract Year 2024. DAP is a positive adjustment (i.e., an addition) to the AHCCCS Fee-for-Service (FFS) rates to distinguish providers who have committed to supporting designated actions that improve patients’ care experience, improve members’ health, and reduce cost of care. More information is available on the DAP webpage.

AHCCCS Managed Care Organizations (MCOs) add DAP increases to their contracted rates to match the corresponding AHCCCS Fee-For-Service rate increase percentages.

The MCOs and AHCCCS are required to pay the contracted rate or 100 percent of the billed charges, whichever is less. In order for providers to receive the DAP, the provider must include the value of the additional DAP increase when billing directly to AHCCCS or to an MCO for services.

### See this example of how to correctly bill the DAP:

<b>Example with a 1% DAP increase:</b>	Contracted Rate (excluding DAP): .....\$50
	1% DAP: ..... \$0.50
	Billed Amount (including DAP):..... \$50.50

Submit questions to [AHCCCS DAP@azahcccs.gov](mailto:AHCCCS DAP@azahcccs.gov).

# Did You Know?

## AHCCCS Provider Disenrollment, Registration Updates, and Revalidation

Beginning in October 2022, AHCCCS started a 10-month process of disenrolling providers who have not complied with multiple re-registration requests. Any provider who has not completed the revalidation process in the AHCCCS Provider Enrollment Portal (APEP) will receive written notification to submit an application. Providers who do not respond will receive written notification of pending disenrollment and appeal rights.

To avoid termination and/or loss of billing privileges, providers must respond and take action, following specific actions outlined in the letter, within the noted time frames. Failure to complete these actions will result in disenrollment and claim denials.

### What AHCCCS providers need to know:

- Providers who need to complete the revalidation process or meet additional screening requirements will be notified in writing through United States Postal Service mail.
- AHCCCS will review the submitted application and issue a written notice upon completion.
- Providers that have an expired license will be notified in writing to submit the current license or certification.
- Providers who fail to respond to the request could experience delays such as termination and/or loss of billing privileges.

### AHCCCS PROVIDER ENROLLMENT APPLICATIONS AND REVALIDATIONS PORTAL (APEP)

[AHCCCS Provider Enrollment Applications and Revalidations \(azahcccs.gov\)](https://azahcccs.gov)

Providers with questions, those who are no longer participating as a Medicaid provider, and those no longer employed with an organization are asked to contact [APEPTrainingQuestions@azahcccs.gov](mailto:APEPTrainingQuestions@azahcccs.gov).

### Provider Registration Updates

BCBSAZ Health Choice is reminding providers that updates must be reported to both CAQH and AHCCCS to include any changes/updates to either provider practice/site locations.

Additionally, BCBSAZ Health Choice also encourages providers to update CAQH and/or AHCCCS demographic race/ethnicity and languages spoken fields. This helps facilitate our efforts to ensure members with specific race/ethnic background or spoken languages other than English are linked with providers who can also help ensure access to culturally competent care and services.

### Maintaining Enrollment as an AHCCCS Provider

#### Reporting changes and maintaining current license and certifications

After being approved as an AHCCCS registered provider, you are required to:

- Report any changes to your information using APEP. Changes may include, but are not limited to:
  - Change in service address
  - Changes in ownership or managing employees
  - get more from PE
- Maintain current license and certifications
- Respond to any requests from AHCCCS about your enrollment information

### Revalidation

**Providers must revalidate their enrollment every four years to maintain Medicaid billing privileges.** AHCCCS reserves the right to request off-cycle revalidations.

For more information on AHCCCS Provider Registration and maintaining enrollment as an AHCCCS provider, please visit the AHCCCS website at [AHCCCS Provider Enrollment Applications and Revalidations \(azahcccs.gov\)](https://azahcccs.gov).

# Did You Know?

## Changes to AHCCCS Provider Enrollment and Billing System Close Ability for Fraudulent Behavioral Health Claims Payments

In response to the discovery of significant fraudulent Medicaid behavioral health billing in Arizona, AHCCCS has made numerous system changes to stop deceptive providers who bill for services that are or were not provided, not appropriate, or not necessary. Please refer to the [Provider Suspensions and Terminations \(azahcccs.gov\)](https://www.azahcccs.gov).

Some of the holistic, systemwide improvements to the Medicaid payment system include:

- Added ability to flag concerning claims
- Ended ability for providers to bill on behalf of others
- Imposed prepayment review for various scenarios, including multiple providers billing the same client on the same day for similar services, excessive number of hours per day, and the age of patients

Changes to the AHCCCS provider enrollment process include:

- Moved three behavioral health provider types to the high-risk category, which requires a fingerprint clearance background check and site visit
- Received federal approval for a six-month [moratorium on all new provider enrollments](#) for behavioral health outpatient clinics, integrated clinics, non-emergency transportation providers, behavioral health residential facilities, and community service agencies providers

Anyone can report suspicion of provider or member fraud using the AHCCCS Report Fraud webpage or by calling [602-417-4045](tel:602-417-4045) or, outside of Arizona, [888-ITS-NOT-OK \(888-487-6686\)](tel:888-ITS-NOT-OK). Providers can also make a report directly through BCBSAZ Health Choice by visiting [Fraud, Waste & Abuse - BCBSAZ Health Choice \(healthchoiceaz.com\)](https://www.healthchoiceaz.com). Any AHCCCS member who needs help because of a sober living home closure can call 2-1-1 (press option 7).

## 988 - National Suicide Prevention Hotline

**988** has been designated as the three-digit telephone dialing code that will route callers to the National Suicide Prevention Lifeline (NSPL). When people call, text, or chat using **988**, they will be connected to trained counselors who are part of the existing National Suicide Prevention Lifeline network based on the area code of the incoming phone number. These trained counselors will listen, provide support, and connect callers to resources, as needed. Services through the NSPL are free and available 24/7 to any individual.

## AHCCCS Rules and Policy Regarding Billing for Arizona Physicians and Advance Practitioners

This communication serves as a reminder of the AHCCCS Rules and Policy regarding billing for Arizona physicians and advanced practitioners. In accordance with AHCCCS's guidelines, all rendering providers must bill under their own NPI number. As a result, incident-to billing is not permissible for advanced practitioners. (A rendering provider is defined as the individual who provided care to the client and needs to be reported as such in box 24J of the CMS 1500 claim form).

Per the AHCCCS Participating Provider Agreement General Terms and Conditions: "No provider may bill with another provider's ID number, except in locum tenens situations and in accordance with applicable AHCCCS policy." Locum tenens providers must submit claims using the AHCCCS provider ID number of the physician for whom the locum tenens provider is substituting or temporarily assisting. Locum tenens arrangements will be recognized and restricted to the length of the locum tenens registration with the American Medical Association.

In connection with our ongoing activities to monitor claim payment and billing, we identified claims submitted to BCBSAZ Health Choice that are non-compliant with this billing policy.

We will continue auditing claims and/or encounters for this purpose. We may deny claims and/or recoup payments issued on any incorrect claim submissions. To prevent this from occurring, we request that you review your organization's billing practice for compliance with these requirements.

# Innovation Corner

## The Office of Individual and Family Affairs (OIFA) and Health Equity Advancement Roadshow

Have you heard of the Office of Individual and Family Affairs (OIFA)? If not, then this article is for you! Established in Arizona in 2007, OIFA aims to promote recovery, resiliency, and wellness for individuals facing mental health and substance use challenges. Today, OIFA remains committed to these principles while increasing awareness around mental health, offering support by amplifying the voices of our members and service providers, fostering collaboration to strengthen connections with those we serve, and identifying barriers and needs using a non-judgmental approach.

In a collaborative effort to engage with healthcare providers, members, family members, and peers, OIFA and the Health Equity Advancement Team launched the Roadshow presentation in October 2023. Through this Roadshow, we aim to foster connections, enhance awareness, and provide support, ultimately leading to improved healthcare and greater equity.

During the Roadshow, we engage with provider staff and members through informative presentations and open discussions. We encourage active participation, questions, and the sharing of insights to make this engagement truly collaborative.

- **Facilitating Networking:** The OIFA and Health Equity Advancement Roadshow aims to create new networking opportunities for providers, members, family members, and peers, fostering connections and collaboration.
- **Increasing Awareness:** One of its purposes is to educate and raise awareness about OIFA and the Member Advocacy Council among providers, members, peers, and family members, ensuring that they understand its role, its mission, and the role members play.
- **Providing Support:** The Roadshow is designed to answer questions and offer support, addressing the needs and concerns of providers, family members, and members, promoting a supportive environment.
- **Identifying Barriers and Needs:** Building relationships with providers, family members, and members, the Roadshow aims to identify barriers and service needs, fostering collaboration and partnerships to enhance healthcare and equality.

These Roadshow presentations have traveled through Northern Arizona with plans to continue across the state throughout 2024. The OIFA and Health Equity Advancement teams may be reaching out to your practice to schedule Roadshow presentations.

If you are interested in having the OIFA and Health Equity Advancement teams present, please contact us at [Oifa@azblue.com](mailto:Oifa@azblue.com).

For additional OIFA resources visit us online: [The Office of Individual and Family Affairs - BCBSAZ Health Choice \(healthchoiceaz.com\)](https://www.healthchoiceaz.com).

## CommunityCares: Connecting Members to Community Resources

CommunityCares is Arizona's closed-loop referral system, a single statewide technology platform that enables information sharing between healthcare providers and social services. It streamlines referrals while also tracking outcomes. CommunityCares is administered by Contexture, in partnership with UniteUs, AHCCCS, 2-1-1 Arizona, and Solari Crisis and Human Services. BCBSAZ Health Choice staff uses CommunityCares to refer members with social needs to community resources and to gather data on the needs of our member population. New community-based organizations (CBOs) and healthcare providers join the CommunityCares network each month. Financial

incentives are available for CBOs who join the CommunityCares network. BCBSAZ Health Choice encourages provider participation. For more information, visit the CommunityCares webpage: [contexture.org/communitycares/](https://contexture.org/communitycares/).



# Behavioral Health Corner



The State of Arizona has contracted with BCBSAZ Health Choice (the Plan) to administer the AHCCCS Complete Care (ACC) plan, an integrated delivery system of care including physical health, behavioral health, and substance abuse services. BCBSAZ Health Choice's geographic service area for integrated care includes Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties.

**Please visit us online for behavioral health-specific content and education-related material: [healthchoiceaz.com/providers/behavioral-health-resources/](https://healthchoiceaz.com/providers/behavioral-health-resources/).**

## Advance Directives, End-Of-Life Care, and Hospice

BCBSAZ Health Choice supports the right of members to develop advance directives and utilize end-of-life care and hospice services when desired by the 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 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 healthcare providers and loved ones. The registry was moved from the Arizona Secretary of State to HealthCurrent in the fall of 2021, pursuant to AZ state bill SB 1352.

To participate or find information, visit: [Home - Contexture](#).

BCBSAZ Health Choice has developed an interactive training course for providers and their staff, called "End of Life Care," with content on advance directives, advance care planning, hospice, and palliative care.

- The purpose of the training is to provide information about the purpose and types of end-of-life care, state laws, advance directives, and provider requirements around end-of-life care.
- The training can be used to meet AHCCCS and BCBSAZ Health Choice provider requirements to train staff, patients, and the community on advance directives and end of life care.

**How to access the End of Life Care training module:**

[End of Life Care - Overview \(healthchoiceaz.com\)](https://healthchoiceaz.com)

**To access additional interactive training, visit us online at:**

[Provider Education - BCBSAZ Health Choice \(healthchoiceaz.com\)](https://healthchoiceaz.com)



# Behavioral Health Corner

## Prior authorization, and Continued Stay Form for Behavioral Health Inpatient Facility (BHIF), Behavioral Health Residential Facility (BHRF), and Therapeutic Foster Care (TFC)

BCBSAZ Health Choice has enhanced and revised the “BHIF, BHRF, TFC, and Behavioral Health Prior Authorization and Continued Stay Form.” The enhanced form is available now on our website for use with the BCBSAZ Health Choice and ACA StandardHealth with Health Choice plans.

**What has changed?** All prior authorization (PA) and continued stay requests require the identification of the attending or licensed treating practitioner.

**Why?** To identify the licensed treating practitioner for communication of approvals and denials.

**Who?** NCQA defines treating practitioner as “A licensed or certified professional who provides medical care or behavioral healthcare services” and “the practitioner who requested the care, service, or procedure subject to medical necessity review.” If a practitioner refers a member for a

treatment, for preservice requests, either the referring practitioner or the practitioner who will ultimately provide the treatment, service, or procedure may be considered the treating practitioner.

### Other requirements:

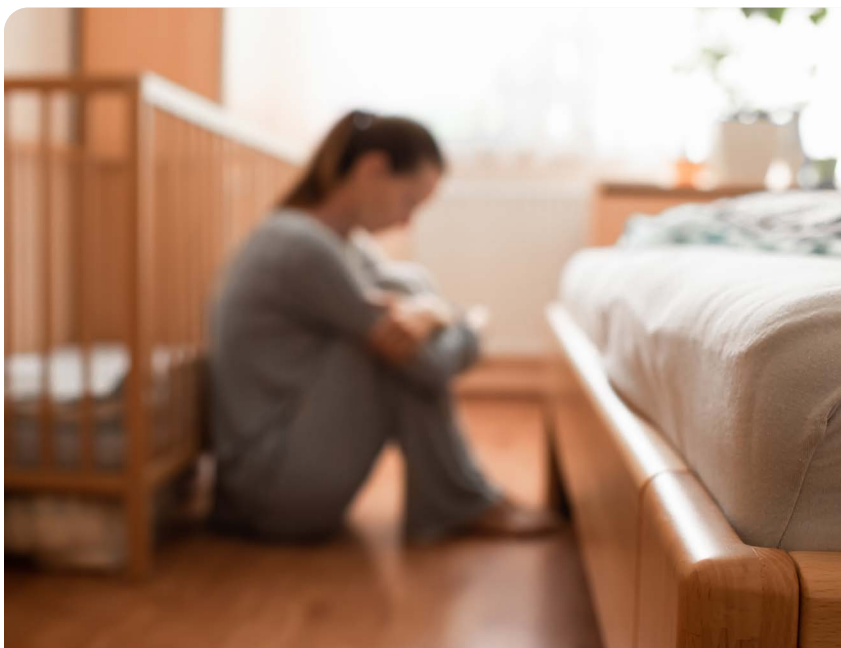
- All request forms must be typed.
- All required fields must be completed.
- All requests require the identification of the attending or licensed treating practitioner.
- Expedited or Standard must be checked. All BHRF requests are considered expedited. Expedited means a request for which a provider indicates, or a contractor determines, that using the standard time frame for issuing an authorization decision that could seriously jeopardize the member’s life or health or ability to attain, maintain, or regain maximum function.
- The member or a guardian must agree with the request.
- The request should be completed in the PDF fillable version.

For questions, contact:

Robert Fleet

BCBSAZ Health Choice Manager, Behavioral Health Medical Management

[Robert.fleet@azblue.com](mailto:Robert.fleet@azblue.com)



## Perinatal Psychiatry Access Line

Arizona has a **Perinatal Psychiatry Access Line** that was launched on June 1, 2023. If you have any patients who are pregnant or postpartum and struggling with substance use or mental health issues, please call **1-888-290-1336**. Consulting perinatal psychiatrists who are available will provide free clinical guidance Monday – Friday from 12:30 p.m. to 4:30 p.m.

Please use this link for flyer distribution to patients and to have for display in your clinics: [Arizona Perinatal Psychiatry Access Line](#).

# Dental Corner



## AHCCCS Dental Requirement Periodicity Schedule and Uniform Warranty

As a reminder, all BCBSAZ Health Choice members under 21 years of age are assigned to a dental home by six months of age or upon enrollment. Members under 21 years of age must be seen by a dentist for routine preventive care according to the dental periodicity schedule contained in the AHCCCS Medical Policy Manual located at [azahcccs.gov/shared/MedicalPolicyManual/](https://azahcccs.gov/shared/MedicalPolicyManual/) (AMPM 431- Attachment A).

The AHCCCS dental periodicity schedule gives dental providers the necessary information regarding the time frame in which age-related required screening and services are to be rendered.

Please post a copy of the schedule in your office for easy reference and to utilize at every dental visit to ensure all age-appropriate screening and services are conducted during each visit.

Providers are also encouraged to refer to the AHCCCS Dental Uniform Warranty List to determine the frequency at which restoration can be replaced.

The AHCCCS Dental Uniform Warranty List is located at [azahcccs.gov/PlansProviders/GuidesManualsPolicies/](https://azahcccs.gov/PlansProviders/GuidesManualsPolicies/).

If you have questions, please contact the BCBSAZ Health Choice Dental Department at [480-968-6866](tel:480-968-6866).

BCBSAZ Health Choice is happy to collaborate with you on health fairs, outreach, and scheduling. Contact Lupe Campos, Community Relations Manager, at [Guadalupe.campos@azblue.com](mailto:Guadalupe.campos@azblue.com) or Sarab Sabagh, Oral Health Program Manager, at [Sarab.sabagh@azblue.com](mailto:Sarab.sabagh@azblue.com).

## Provider Manuals

Our provider manuals are designed to provide basic information about the administration of the BCBSAZ Health Choice Arizona, BCBSAZ Health Choice Pathway, and ACA StandardHealth with Health Choice programs. Details within our manuals are intended to furnish providers and their staff with information, covered services, and claim and encounter submission requirements. The Blue Cross Blue Shield of Arizona Health Choice Provider Manual is an extension of the BCBSAZ Health Choice 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 BCBSAZ Health Choice.

Maintenance of the provider manual is performed annually with review and revisions necessary to align with AHCCCS, CMS, and other regulatory governing agency (i.e., ACOG, ADA, ADHS) updates. Annual review of the provider manual is conducted every July for BCBSAZ Health Choice (Medicaid) and every January for BCBSAZ Health Choice Pathway (Medicare D-SNP).

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 BCBSAZ Health Choice and BCBSAZ 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 claim process by ensuring that claims are submitted correctly the first time.

Providers can refer to the ACA StandardHealth with Health Choice provider manual for ACA IU65 program/product specifics.

# Pediatric Corner



## EPSDT REMINDERS

### Complete a Well-Child Visit During a Sick Visit

One of BCBSAZ Health Choice's primary goals is to ensure our youngest members receive the preventive care they need. Your role as a provider is vital in increasing the rate of preventive and EPSDT screening among children. When a member presents to your office for a sick visit and their records indicate the need for a well-child visit, you can use the opportunity to provide additional services included in the EPSDT (well-child) visit and get paid for both.

- Both EPSDT visit and sick visit must be billed on the same claim form.
- The modifier 25 must be added to sick visit CPT codes (99201-99215) when billed with an EPSDT visit code to indicate that a significant, separately identifiable evaluation and management service was provided by the same physician on the same day as the preventive medicine service.
- A qualifying sick diagnosis code needs to be submitted to support the additional E&M service.
- The documentation for the problem-focused visit must be separate from the EPSDT (well-child) visit.

## Pediatric Care Management

BCBSAZ 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](mailto:HCH_PediatricsCM@azblue.com) or fax to 480-317-3358.

The CM referral form can be found under the 'For Providers' section of our website under Forms: [healthchoiceaz.com](https://www.healthchoiceaz.com).

## EPSDT Clinical Sample Templates

Please keep sending us your clinical sample templates in a timely manner for your well child visits! As a reminder, please include the AHCCCS ID on the clinical sample template and EMRs and verify you're sending a complete file. Please submit EPSDT clinical sample templates and EMRs 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 by fax or mail. All EPSDT information is logged in 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: [HCHEPSDTCHEC@azblue.com](mailto:HCHEPSDTCHEC@azblue.com)  
Fax: 480-760-4716

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# Pediatric Corner

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## The Arizona 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 Individuals 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 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 attachment disorders
- Disorders reflecting disturbances in the nervous system (autism spectrum disorders or 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 **1-888-592-0140** or via the AzEIP website at: [Arizona Early Intervention Program Policies and Procedures | Arizona Department of Economic Security \(az.gov\)](#).

For additional information, please contact the BCBSAZ Health Choice 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 [HCHcomments@azblue.com](mailto:HCHcomments@azblue.com).

For dental, please fax the log to **480-350-2217**.

Appointment log forms are located on our website under For Providers -> Provider Manual -> Exhibits 3.5.1 (Medical) and 3.5.2 (Dental).

## Arizona State Immunization Information System (ASIIS)

Timely administration of childhood and adolescent immunizations is more essential this year than ever, and AHCCCS requires that all administered immunizations are logged into ASIIS, the statewide immunization portal. Data integrity in ASIIS 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 ASIIS to complete the patient data and dose data trainings on ASIIS's online learning portal, APO TRAIN: [aipo.myabsorb.com/?KEYNAME=AIPOTRAIN](http://aipo.myabsorb.com/?KEYNAME=AIPOTRAIN).



# Maternal Health Corner

## Well-Woman Preventive and Family Planning Services

BCBSAZ Health Choice is committed to providing members with access to quality, medically necessary, and appropriate services. The purpose of this notice is to remind you of the coverage for an annual well-woman preventive care visit for women wishing to obtain the recommended preventive services, including preconception counseling.

### 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, counseling, and treatment for positive results as part of the well-woman preventive care visit to include:

- 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 well-being
- Sexually transmitted infections including human immunodeficiency virus (HIV)
- Family planning counseling
  - Information on family planning options, including Long-Acting Reversible Contraceptives (LARC) and Immediate Long-Acting Reversible Contraceptives

(IPLARC) services, which are reimbursed through regular claims processes

- Preconception counseling and treatment 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

*NOTE: Preconception counseling does not include genetic testing.*

## Claim Submission for Postpartum Visit

BCBSAZ Health Choice understands the importance of the postpartum visit to identify postpartum depression, stress, anxiety, substance use, and medical morbidities that impact postpartum health.

Please submit a claim when your patients attend their postpartum visit. The maternal team at BCBSAZ Health Choice provides outreach to our postpartum members. We offer assistance with scheduling their postpartum visit, transportation, and education on the importance of keeping their postpartum visit to ensure their physical, emotional, and family-planning

needs are met. Your submission of a postpartum claim facilitates identifying members who have attended their postpartum visit. The maternal team will implement additional outreach interventions for members who have not attended their postpartum visit.

Our goal is to decrease serious maternal morbidities by promoting postpartum access to care and improving healthy maternal outcomes.

## OB Care Management

Did you know BCBSAZ Health Choice also has an OB Care Management team consisting 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 behavioral health conditions, please refer them to our OB CM team. Please email our care management (CM) referral form to [HCHHCACaseManagement@azblue.com](mailto:HCHHCACaseManagement@azblue.com) or fax it to 480-317-3358. The CM referral form can be found under the 'For Providers' section of our website under Forms: [healthchoiceaz.com](http://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.



# Maternal Health Corner

## Maternal RSV Vaccine (Abrysvo)

Abrysvo is open for ordering in the Arizona State Immunization System (ASIS) for VFC-eligible pediatric maternal patients. The Order Set can be found in the ASIS VOMS as "RSV/ NIRSEVIMAB - VFC" ABRYSVO.

Abrysvo is a single-dose vaccine indicated for active immunization of pregnant individuals at 32 through 36 weeks gestational age for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by respiratory syncytial virus (RSV) in infants. Maternal immunization with Abrysvo is designed to provide infants protection immediately at birth through 6 months of age.

Additional Information and resources links:

- [RSV Symptoms and Care](#) | CDC
- [Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices – United States, 2023](#) | MMWR (cdc.gov)
- [RSV \(Respiratory Syncytial Virus\)](#) | CDC
- [Package Insert - ABRYSVO™](#)

## No Cost e-Learning Course– Dismantling Implicit Bias in Maternal and Infant Healthcare, CNE/CME Opportunity

We are excited to offer the March of Dimes e-learning course Dismantling Implicit Bias in Maternal and Infant Healthcare. This professional development opportunity is being offered at no cost and includes 1.5 continuing nursing education (CNE) and continuing medical education (CME) units upon completion.

**Enroll now to secure your place and gain access to the e-training until June 30, 2024.** There is no cost associated with enrollment. Once capacity is reached, enrollment will be closed. Don't wait and sign up today!

### Who should enroll?

Anyone in your practice working within the maternal health continuum, your physicians, nurses, medical assistants, front office staff, and anyone else in your practice working with patients.

### What is the course format?

This is an e-training available virtually. It will take about 90 minutes to complete.

### Why should I enroll?

Support patient safety, maternal health equity, and improved maternal health outcomes. Participation by multiple members of your practice will help establish an organizational culture of equity, safety, and quality of care.

### How do I enroll?

1. Visit: [modprofessionaled.learnuponus.com](https://modprofessionaled.learnuponus.com) and click on "Register Now."
2. Enter your email address and create a password for your account. Check your email and click the confirmation link that is sent to you.
3. Complete all fields on your account profile to access the training. ENTER YOUR ORG ID: ACT266
4. Click SAVE to complete your signup.
5. Your access to this course will end on June 30, 2024.

Training alone won't lead to immediate improvements in racial and ethnic disparities, but it can offer valuable insights to help recognize and remedy implicit bias. These actions can result in improved patient-provider communication, enhance the overall patient experience and quality of care, and foster a culture shift among organizations striving for equity for all moms and babies.

# We Heard You & We're Here to Help!

## Provider Portal

The BCBSAZ 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 claim 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!

[healthchoiceaz.com/providers/provider-portal](https://healthchoiceaz.com/providers/provider-portal)

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

### Features and upgrades include:

- The credentialing portal is BCBSAZ Health Choice's online, electronic portal for submitting the AzAHP Practitioner Data form for automatic routing to our Credentialing department.
  - E-Apply:  
[providerportal.healthchoiceaz.com/Azahp/AzahpAccount](https://providerportal.healthchoiceaz.com/Azahp/AzahpAccount)
- UPGRADE: Claim reconsideration requests and claim dispute requests
- UPGRADE: Improved access to provider rosters and paneled member information
  - Admission & Discharge Alerts
  - COVID Gap List



## Provider Directory Maintenance

BCBSAZ Health Choice is conducting maintenance of the provider directory! To ensure your information is accurately reflected in our directory, please log in to your CAQH and update any information that 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 can receive care from you. Please confirm the accuracy of the hospitals listed on your CAQH and reattest to finalize any changes made.

## Provider Office Laboratory Testing—POLT List

In our ongoing efforts to ensure the provision of quality care and services to our members, BCBSAZ Health Choice and BCBSAZ Health Choice Pathway annually review our list of approved provider office lab testing (POLT) codes.

Please refer to our websites under 'For Providers' -> Provider Education for the complete listing of provider office laboratory testing (POLT) description and CPT codes:

**BCBSAZ Health Choice Arizona:**  
[Health Choice Arizona \(healthchoiceaz.com\)](https://healthchoiceaz.com)

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

**ACA StandardHealth with Health Choice:**  
[Provider Education - ACA StandardHealth with Health Choice \(standardhealthhc.com\)](https://standardhealthhc.com)

# We Heard You & We're Here to Help!

## Tips & Tricks—Expanded Topical Fluoride AHCCCS Coverage with PCPs

Topical Fluoride for Children (TFC) is a new HEDIS measure for 2023: Medicaid members 1-4 years of age who received at least two fluoride varnish applications.

The United States Preventive Services Task Force (USPSTF) has targeted nondental **primary care** clinicians to assist with topical application of fluoride in younger children because they are more likely than dentists to have contact with children younger than 6 years.

- Fluoride varnish is easily applied, comes in many flavors, and is well tolerated by children, making it ideal for integration into medical practice.
- The varnish remains on the teeth for one to seven days before dissolving. During that time, it repairs early defects and decay, and strengthens teeth.
- There are no absolute contraindications to varnish, and it does not cause fluorosis.
- Topical fluoride varnish is associated with a 37% to 63% reduction in caries.

AHCCCS has expanded the covered ages for PCP reimbursement of topical fluoride application.

- Prior to October 1, 2023, Arizona Medicaid coverage for PCP fluoride application included children 6 months until their 2nd birthday.
- Beginning October 1, 2023, PCP topical fluoride coverage includes members **6 months until their 5th birthday**.

- The expanded age range better aligns with the USPSTF recommendation as well as the new associated HEDIS measure (TFC).

PCPs who have completed the AHCCCS required training may be reimbursed for fluoride varnish applications completed at the EPSDT visits for members as early as 6 months of age with at least one tooth eruption. Additional applications occurring every three months during an EPSDT visit, up until member's 5th birthday, may be reimbursed. Topical fluoride can be applied by ancillary staff when ordered by a PCP who has established protocols for the application.

- AHCCCS recommended training for fluoride varnish application is located at [aap.org/en/patient-care/oral-health/oral-health-education-and-training/](http://aap.org/en/patient-care/oral-health/oral-health-education-and-training/).
- Training covers caries-risk assessment, fluoride varnish, and counseling.
- Upon completion of the required training, a copy of the training certificate should be submitted to each of the Medicaid health plans the provider works with, as this is required prior to AHCCCS health plans issuing payment for PCP-applied fluoride varnish.
- For BCBSAZ Health Choice, submit certification information to [hchcredentialing@azblue.com](mailto:hchcredentialing@azblue.com).
- PCP coding: CPT code 99188—Application of topical fluoride varnish by a physician or other qualified healthcare professional.
  - Approximate cost of a topical fluoride application is \$1
  - AHCCCS fee schedule: \$10.46 (facility rate) and \$12.26 (non-facility rate) per the most recent published AHCCCS fee schedule

## Developmental Screening—Reminders and AHCCCS Coding Update

Medicaid Core Measure: Developmental Screening in the First Three Years of Life (DEV-CH) - Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their 1st, 2nd, or 3rd birthday.

- It is advised that all children receive general developmental screens at recommended intervals using an evidence-based screening tool at 9, 18, and 30 months, or whenever a concern is expressed.
- Documentation in the medical record must include the following: a note indicating the date on which the test was performed, the standardized tool used, and evidence of a screening result or screening score. NOTE Autism spectrum disorder screening tests should be conducted at the 18- and 24-month visits. However, since this is a specific screening, it is not part of the DEV-CH measure.

To close general developmental screening gaps with claim data for the DEV-CH measure, providers must use both:

- CPT **96110** (with or without EP modifier)—developmental screening using standardized instruments AND
- ICD-10 code: **Z13.42** Encounter for Screening of Global Developmental Delays (Milestones)

AHCCCS fee schedule for 96110: (as of October 1, 2023): \$11.24

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# We Heard You & We're Here to Help!

## Fraud, Waste, and Abuse

BCBSAZ Health Choice has a special investigations unit dedicated to investigating referrals and tips from anyone suspecting fraud, waste, and abuse. According to the National Health Care Anti-Fraud Association (NHCAA), the financial losses due to healthcare fraud are estimated to be in the tens of billions each year.

### Types of FWA

- **Claim FWA:** Alteration of claims, up-coding, incorrect coding, double billing, unbundling, billing for services not provided, submission of false documents, billing non-covered services as covered
- **Member FWA:** Identity theft, prescription altering, doctor shopping, prescription stockpiling, misrepresentation of eligibility or medical condition

### FWA Laws

- False Claims Act–31 U.S.C. 3729-3733
- Anti-Kickback Statute–41 U.S.C.
- HIPAA–45 CFR Title II, 201-250
- Deficit Reduction Act–Public Law 109-171,6032

- Whistleblower Employee Protection Act–31 U.S.C. 3730(h)
- Stark Law–Social Security Act 1877

### Confidential Reporting Lines:

- Blue Cross® Blue Shield® of Arizona's special investigations unit maintains a confidential hotline to report suspected fraud or abuse.
  - You may request to remain anonymous. Business hours are Monday through Friday from 8 a.m. to 4:30 p.m. MST. Messages may be left outside business hours.
  - Call us at 602-864-4875 or 1-800-232-2345, ext. 4875

### For additional information about fraud, waste, and abuse:

BCBSAZ Health Choice Arizona: [Fraud, Waste & Abuse - BCBSAZ Health Choice \(healthchoiceaz.com\)](#)

BCBSAZ Health Choice Pathway: [Fraud, Waste and Abuse - BCBSAZ Health Choice Pathway](#)

ACA StandardHealth with Health Choice: [Fraud, Waste & Abuse - ACA StandardHealth with Health Choice \(standardhealthhc.com\)](#)

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The updated AHCCCS requirement of including the **Z13.42** code with the 96110 CPT code to close the DEV-CH gap with claims better aligns AHCCCS requirements with CMS requirements.

\*References: EncoderPro.com for Payers, Professional; CMS, Billing and Coding: Allergy Immunotherapy (A56424), October 27, 2022; Department of Health and Human Services, Office of the OIG: Allergen Immunotherapy for Medicare Beneficiaries; The American Academy of Allergy, Asthma, and Immunology Allergen Therapy Templates

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

If you are interested in learning more about the AHCCCS performance measures or working with a BCBSAZ Health Choice Quality Improvement Specialist, contact the Quality Improvement Team:

Email:

[hchperformanceimprovement@azblue.com](mailto: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 judgment of the treating physician or qualified healthcare 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, charges, and modifiers for services rendered.*

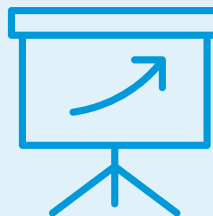
## Training Resources Available for Providers and Staff

BCBSAZ Health Choice has interactive training courses for providers and their staff!

To access interactive trainings visit us online at: [healthchoiceaz.com/providers/provider-education](https://healthchoiceaz.com/providers/provider-education)

We welcome your feedback or questions:

Lauren Fofanova, LCSW Director, Project Lead, Medical Management  
[Lauren.Fofanova@azblue.com](mailto:Lauren.Fofanova@azblue.com) 928-214-2303.





# We Heard You & We're Here to Help!

## REMINDER: System, Policy Updates, Billing Requirements, and Added/Deleted Codes

As a reminder, BCBSAZ Health Choice and BCBSAZ Health Choice Pathway provides medically necessary covered services as specified by AHCCCS and CMS. Healthcare is delivered under the applicable federal and state laws and regulations. Compliance with all periodic updates to processes and procedures is considered part of your contractual obligation as a participating healthcare provider.

Please visit the [AHCCCS Medical Policy Manual \(AMPM\)](#), [AHCCCS Contractor Operations Manual \(ACOM\)](#), [AHCCCS News & Press Releases \(azahcccs.gov\)](#), and [Medical Coding Resources](#) as available on the [AHCCCS website](#) to ensure you have reviewed the most recent versions of state guidance.

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 including those 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 changes to the program, system updates, billing policies, and requirements.

Additional information can be found in the AHCCCS [Encounter Keys](#) newsletter.

Visit the [CMS website](#) and subscribe to email updates for the latest information on Medicare enrollment, policies, benefits, and other helpful tools.

## 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 here to inspire health and make it easy. We understand both the rewards and difficulties of managed care and health plan/provider relationships.

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

**BCBSAZ Health Choice Pathway:**  
[healthchoicepathway.com](http://healthchoicepathway.com)

**ACA StandardHealth with Health Choice:**  
[ACA StandardHealth with Health Choice \(standardhealthhc.com\)](http://ACA StandardHealth with Health Choice (standardhealthhc.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**

- BCBSAZ Health Choice hours are 8 a.m.–5 p.m., Monday through Friday MST (except holidays).
- BCBSAZ Health Choice Pathway hours are 8 a.m.–8 p.m., MST 7 days a week.
  - Our Call Center staff can also be reached at: [hchcomments@azblue.com](mailto:hchcomments@azblue.com)
- For self-service options, please visit our provider portal: [Log in - Health Choice Provider Portal \(healthchoiceaz.com\)](#)
  - Provider Portal: **480-760-4651** or via email: [hchproviderportal@azblue.com](mailto:hchproviderportal@azblue.com)

*Please take advantage of additional resources available online on the 'Providers' tab of our websites.*

**Member Rights & Responsibilities & Privacy Notices** are included in the BCBSAZ Health Choice Member Handbook and can be found on the Health Choice website at:

- [healthchoiceaz.com/privacy-notice/](http://healthchoiceaz.com/privacy-notice/)
- [healthchoiceaz.com/members/member-services/](http://healthchoiceaz.com/members/member-services/) (Member Rights and Responsibilities tab)
- [healthchoicepathway.com/members/member-information/](http://healthchoicepathway.com/members/member-information/) (Member Rights and Responsibilities tab)