

PROVIDER NEWSLETTER

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We Want to Hear from You

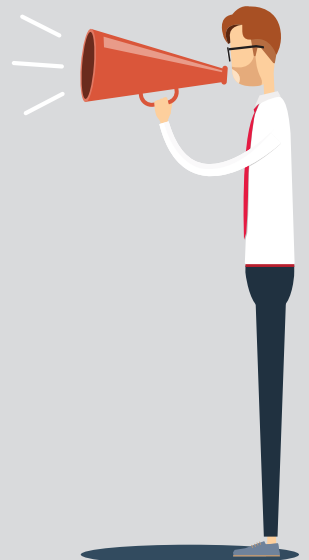
Health Choice is dedicated to maintaining and improving our relationships with our provider community.

We encourage communication with our team through any of the below channels.

- Call our Member Services team at 800-322-8670. Dedicated provider-focused representatives are available Monday-Friday, 6 A.M. to 6 P.M., and will return after-hours calls within one business day.
- Communicate with your dedicated network services representative. If you need your representative's name or contact information, or would like to schedule an expedited visit, please e-mail our Network team at aznetworkleadership@iasishealthcare.com
- Utilize our Provider Portal; we've made several recent improvements to our portal, which now allows you to view claim pend, denial, and payment information. We also have dedicated Portal Coordinators that can help you set up and navigate the portal; they can be reached by dialing our Member Services department at 800-322-8670.

Provider forums are coming soon! Please look for our provider forum announcements in the near future.

We look forward to serving you! Health Choice Arizona strives to always be available to our providers. ■



Please Promote Basic Preventive Dental Care

Good dental hygiene and care help keep our members healthy. As members age, it is imperative to remind our members, your patients, about the importance of the following:

- Eating a healthy diet, avoiding foods high in sugar and fermentable carbohydrates (i.e. cookies, chips, etc.).
- Brushing with a fluoridated toothpaste twice daily.
- Flossing teeth daily. This is encouraged as standard practice for all age groups.
- Seeing a dentist for regular checkups, including a visual exam of the teeth and tissues of the mouth. X-rays to detect decay in the interproximal spaces (i.e. space between teeth) are also an important step in preventing the number oral health diseases.
- Seeing a dentist/dental hygienist a minimum of once per year. ■



Case Management Referral Process

Our comprehensive disease and case management programs are designed to improve the quality of life for members with chronic diseases and complex conditions. Programs include:

- **Asthma/COPD** - The goal of the Asthma/COPD Program is to improve the quality of life for qualifying members age five years or older.
- **Diabetes** - The Diabetic Program is designed to improve HbA1c testing and levels among diabetic members. Members will also increase disease awareness and self-management of their medical condition(s).
- **Hepatitis C** - This program was developed to improve medication adherence for members diagnosed with Hepatitis C and to improve overall compliance with the member's care plan.
- **Complex Case Management** - The Complex Case Management Program is designed to provide high quality case management to members with multiple and/or complex, and/or catastrophic injuries, the frail and elderly, members in Special Needs Plans (SNP) and other members with high risk health conditions.
- **Behavioral Health** - The Behavioral Health Program assists member with identifying and securing behavioral health services through contracted providers.

Case management referrals can be made by calling Member Services at 800-322-8670 and requesting case management services. Member Services will complete a case management referral form and forward to the appropriate department. Providers can also complete a referral form and email/fax it to (480)317-3358. This form can be found at www.healthchoiceaz.com/providers/medical_management.aspx ■

New! Skilled Nursing Facility Guide (SNF)

Did you know our Skilled Nursing Facility guide is now on the Provider Portal? This document was created to assist providers with questions about billing, claims, and other pertinent issues relating to skilled nursing facilities. You can find the Skilled Nursing Facility guide within the "Documents" section of the Provider Portal. For help with accessing or setting up your portal account, please call 800-322-8670 ■





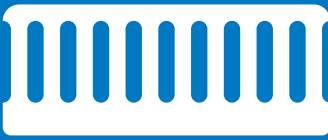
Reminder on Changes to Behavioral Health Services

Members who are dually eligible for Medicaid and Medicare that have not been determined to have a serious mental illness now have the opportunity to access all of their services from Health Choice Arizona. Health Choice Arizona covers both physical and behavioral health services, as well as Medicare benefits (for aligned members), to individuals enrolled in both AHCCCS and Medicare. Dually eligible members will no longer have to manage three different systems: their AHCCCS health plan, a Regional Behavioral Health Authority and Medicare.

This means behavioral health providers that care for dual-eligible members will have to bill Health Choice Arizona instead of the RBHA. Effective on dates of services 10/1/15 and beyond, no claim submissions should be sent to the RBHA for duals. Health Choice Arizona sent new membership cards to our dual-eligible members, to ease their and your understanding of which entities manage their behavioral health services. ■

Help Us Keep Your Records Updated

Has any of your information changed? We work hard to keep our records up to date. Please contact your network representative or fax 480-760-4952 if you have changes to your roster, address or phone number. ■



Think Before You Prescribe: Neonatal Abstinence Syndrome (NAS)



A baby is born with Neonatal Abstinence Syndrome every 25 minutes. Are you doing your part to help reduce the amount of babies born with NAS?

It's important for providers to think twice before prescribing expecting mothers pain medication with opioids such as Hydrocodone and Oxycodone. Doing so could help prevent the number of babies born with Neonatal Abstinence Syndrome.

- It's estimated that close to 20% of pregnant women in the U.S. are prescribed narcotic (opioid) painkillers.
- Remember to prescribe only minimum amounts of opioids for the shortest amount of time required to treat acute pain. Also, search for non-narcotic alternatives for pain when available.

Please speak with your patients about the possible risks and complications of taking prescription pain medication while pregnant. ■

Coding Tips and Tricks: Nutrition & BMI

DID YOU KNOW?

- The National Institutes of Health* recommends the term “clinically severe obesity” as a replacement for the term “morbid obesity.”
- The National Institutes of Health* defines clinically severe obesity as BMI 40 or over, or BMI 35 or over with comorbid conditions.
- BMI pediatric codes are for use for persons 2 - 20 years of age. Those codes are based on percentiles. BMI adult codes are for use for persons 21 years of age or older and are based on actual BMI measurement.

EXAMPLES

(blue font indicates code risk adjusts):

Diagnostic Statement	ICD-10 Code(s)
Overweight	E66.3
Obese	E66.9
Severe obesity	E66.01
Morbid obesity	E66.01
Pickwickian syndrome	E66.2
Cardiopulmonary-obesity syndrome	E66.2
Alveolar hypoventilation syndrome	E66.2
Morbid obesity, BMI 42	E66.01, Z68.41
Malnutrition	E46
Retarded development following protein-calorie malnutrition	E45
Cachexia, BMI 18.1	R64, Z68.1

*Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. NIH Publication No. 00-4084. Available at http://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf

CODING TIPS

The Z-codes for BMI are to be reported as secondary diagnoses. The associated diagnosis or diagnoses should be documented and coded also.

Body mass index cannot be computed by the coder from height and weight measurements; the BMI must be specifically documented for the code to be submitted.

DOCUMENTATION CONSIDERATIONS

Document any weight changes and period of time for weight change.

Document to the highest specificity. Is the obesity severe? Is the malnutrition mild? Moderate?

Examples of diagnosis documentation:

BMI 36.2, severe obesity [E66.01, Z68.36]

Wasting syndrome - BMI 17.5 [R64, Z68.1]

Moderate protein-calorie malnutrition [E44.0]

Severe malnutrition with marasmus, BMI 16 [E41, Z68.1]

Excessive weight gain, BMI now 31 [R63.5, Z68.31]

Weight loss - BMI 26.3 [R63.4, Z68.26]

QUALITY REPORTING

Examples of commonly used codes:

- G8417 BMI is documented above normal parameters and a follow-up plan is documented
- G8418 BMI is documented below normal parameters and a follow-up plan is documented
- G8430 BMI is documented within normal parameters and no follow-up plan is required
- 3008F Body Mass Index (BMI), documented Intensive Behavioral Therapy (IBT) for Obesity ■

This guide includes some common diagnostic statements and their associated ICD-9 and ICD-10 codes. It does NOT replace ICD-10-CM coding manuals, nor does it replace the training required by a certified medical coder. Any code submitted should be supported by the documentation. Coding guidelines should be referenced and the most specific code appropriate should be selected.

