

OB Toolkit: Measure Improvement Resources, Health Choice Arizona

AHCCCS Performance Metrics

Overview:

Health plans and providers are held to a standard on a variety of metrics by the Centers for Medicare and Medicaid and the State of Arizona. The sources for this rating include preventative measures, pharmacy measures, independent reviews, and surveys. When provider offices and health plans collaborate, the needs of the population can be appropriately addressed. Together, the necessary documentation and proper continuity of care will propel the membership to receive the best possible care. Health Choice thanks you for your help in keeping our members healthy!

Maternal Metrics

Timeliness of Prenatal Care

Frequency: A prenatal care visit in the first trimester or within 42 days of enrollment.

Description: Patients who receive a prenatal visit in the first trimester or within 42 days of enrollment.

Common Codes:

Prenatal Visit: **0500F, 0501F, 0502F with a prenatal diagnosis Z34.01, Z34.02, Z34.83**

Prenatal Care, at-risk enhanced service package: **H1005**

Prenatal Health Risk Assessment for Depression Screening: **96160**

Postpartum Care

Frequency: A postpartum visit on or between 21 and 56 days after delivery.

Description: The number of deliveries that had a postpartum visit on or between 21 and 56 days after delivery date of service.

Common Codes:

Postpartum Visit: **57170, 58300, 59430, 99501, 0503F**

Postpartum Bundled Visit: **0503F, 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622**

Postpartum , routine follow-up: **Z39.2**

Postpartum Visit, encounter for gynecological examination with abnormal findings: **Z01.411**

Postpartum Visit, encounter for gynecological examination without abnormal findings: **Z01.419**

Postpartum Health Risk Assessment for Depression Screening: **96160**

Additional Information

TOB & Maternal Risk Assessment

Purpose: Will allow Health Choice to identify high-risk members for case management and support accurate claim dates of service for performance measures.

Requirement: Should be sent to Health Choice Arizona with the first prenatal care visit including ACOG notes and/or prenatal records attached to:

Fax. 480-760-4762 Email. tob@iasishealthcare.com

Total OB Package

Description: To qualify for a total OB package: Provide a minimum of 5 prenatal visits and the delivery. Two ultrasounds are included with the TOB with no prior-authorization required. All subsequent ultrasounds must go through MSI (Evicore).

Common CPT:

OB Ultrasound: **76801, 76802, 76805, 76810, 76812-76817**

Contraception Coverage

Description: Health Choice covers family planning services. Family planning services include information, treatment and counseling about birth control. Family planning services are available for both male and female members of reproductive age.

Members can get family services from any PCP in the plan network and do not need a referral. Family planning services include, but are not limited to:

Birth control counseling, education and supplies
 Condoms, male or female
 Birth control patches
 Intrauterine devices (IUD)
 Contraceptive implants (sub-dermal)
 Natural family planning
 Foams
 Diaphragms

Counseling and testing for sexually transmitted disease (STDs)
 Post-coital emergency oral contraception (within 72 hours after unprotected sexual intercourse)
 Birth control patches
 Creams
 Cervical caps
 Hormone shots (Depo Provera)
 Pregnancy tests

OB Care Navigator Program

Description: OB Care Navigators see members in the hospital post-delivery to assist with scheduling the postpartum follow-up appointment. OB Care Navigators also provide education on child immunizations, well-child visits, and help members understand discharge instructions they have received.

Purpose: To educate members on the importance of attending the postpartum visit in order to prevent complications, the importance of newborn/childhood immunizations, well-child visits, and to provide helpful resources as needed.

Presence: Health Choice OB Care Navigators visit members at the following hospitals in the Phoenix and Tucson areas:

Phoenix: Arrowhead Hospital, Banner Estrella, Banner University Medical Center Phoenix, Banner Thunderbird, Banner Baywood, Chandler Regional, Banner Desert, Banner Gateway Medical Center, Banner Ironwood, Maricopa, Mercy Gilbert, Mountain Vista, Phoenix Baptist, St. Joseph's, West Valley Hospital

Tucson: Carondelet St. Joseph's Northwest Medical Center, Tucson Medical Center, University Medical Center

Neonatal Abstinence Program

Description: A case management program for members that have (a) known substance use/abuse issue(s), including prescribed opioid medications.

Purpose: The purpose of this program is to raise awareness of opioid and other substance usage while pregnant, how this increases risk of NAS, and to decrease the incidence of substance-exposed newborns and NAS.

Referral Process: Send completed Case Management Referral Forms to 480-317-3358 or HCA_CaseManagement@iasishealthcare.com. This form can be found on the HCA website under the "Providers" tab, then the "Forms" tab.

OB High-Risk Case Management

Description: Health Choice offers case management services to pregnant members who are determined by their physician to be high-risk, or by meeting the ACOG high risk pregnancy criteria. Our RNs follow members throughout their pregnancies working with providers, coordinating benefits and offering community resources to help our members and your patients have the best pregnancy outcomes

Referral Process: Send completed Case Management Referral Forms to 480-317-3358 or HCA_CaseManagement@iasishealthcare.com. This form can be found on the HCA website under the "Providers" tab, then the "Forms" tab.

Optum Home Health Services

Description: Health Choice covers several of the Optum home health services for pregnant members.

Prior Authorization is required for these services. Covered services include:

Preterm Labor- 7-day and 30-day programs, Makena/17HP administration, Gestational Hypertension Programs (multiple programs), Gestational Diabetes Clinical Management Program, Obstetrical Diabetes Management (multiple programs), Continuous Metoclopramide Infusion Therapy, Continuous Ondansetron Infusion Therapy (Zofran pumps), Hydration Therapy 1-4 Liters, Continuous Heparin Infusion Therapy

OB Prior Authorization

Information: When sending a prior authorization, the provider has 3 calendar days from date of service to send the request form. A retroactive authorization will be required past 3 calendar days.

Prior Authorization Fax. 1-877-422-8120

Check the status of your prior authorizations on your Provider Portal at <https://www.healthchoicearizona.com/ProviderPortal/login/>

Log on to the Med Solutions Provider Portal for all your radiology prior authorization needs at https://www.medsolutionsonline.com/portal/server.pt/community/medsolutions_online/223

Confidential and Proprietary. This guide includes some common services and their associated CPT codes. It does not replace coding manuals, nor 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 specified code appropriate should be selected.

