PROVIDER NEWSLETTER

October 2016

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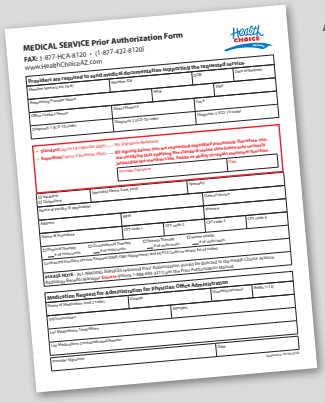

MEDICAL SERVICE Prior Authorization Form

As part of our ongoing effort to ensure that we are offering the best quality of care to our members, we have implemented a new Prior Authorization (PA) form for medical services. The new form will require a provider signature for expedited requests. This is to ensure that patients requiring immediate care will receiving timely medical attention and services.

The new forms can be found in the "Forms" section of healthchoiceaz.com. Please inform your office staff about this important change and discard any old prior authorization forms.

If you have any questions or concerns regarding this change, please contact your provider representative directly or call our Customer Service team at 480-968-6866.

Thank you for your commitment to keeping our members healthy! ■

Referral Program Effective October 1, 2016

FAQ: WHAT IS THE DIFFERENCE BETWEEN A REFERRAL AND A PRIOR AUTHORIZATION?

- A referral is a request for a patient to see a specialist for a service, made by a provider on the patient's behalf. Specialist services that require a referral are listed in the box below.
- A prior authorization is a request for a patient to obtain a service or procedure, made by a provider on the patient's behalf. Prior authorization requirements are outlined in our prior authorization grid available at http://healthchoiceaz.com/providers.

FAQ: WHAT HEALTH CHOICE ARIZONA SPECIALIST TYPES REQUIRE A REFERRAL?

- Specialists providing HIV treatments.
- Specialists providing Hepatitis C-related services, including Hepatologists, Gastroenterologists, Infectious Disease specialists, or Generalists who are trained and certified to provide treatments.
- Hematologists and oncologists for cancer diagnosis and treatments.
- Specialists providing cardiology, rheumatology, orthopedics, cardiovascular thoracic surgical treatments, ENT (Otolaryngology) and neurology for patients age 0-20 years.

FAQ: HOW DO I SUBMIT A REFERRAL?

- Health Choice Arizona's referral form is available at http://healthchoiceaz.com/providers. Please note: our referral form is different from our prior authorization form.
- The form will require you to fill out:
  - Name of the specialty provider to whom the member is being referred.
  - Specialty of the provider to whom the member is being referred.
  - Location of the specialty provider's office.
  - Patient indication prompting referral.
  - Referring providers name and facility.
  - Standard (72 hour) or expedited (14 hour) response request. We ask that you carefully consider a request for expedition to ensure we are able to appropriately prioritize requests based on member need.
- Please note that clinical documentation is NOT required to submit the referral.
- Fax the referral to 855-432-2494 or 480-800-6703.
- A notice of response will be faxed back to the requesting provider's office.

FAQ: WHY DOES HEALTH CHOICE ARIZONA REQUIRE A REFERRAL FOR THESE SERVICES?

- Referrals allow Health Choice Arizona to identify early and better coordinate care for our members who may need specialty treatments and additional support. Our streamlined referral process does not require providers to submit clinical documentation to defend the indication prompting the referral. ■

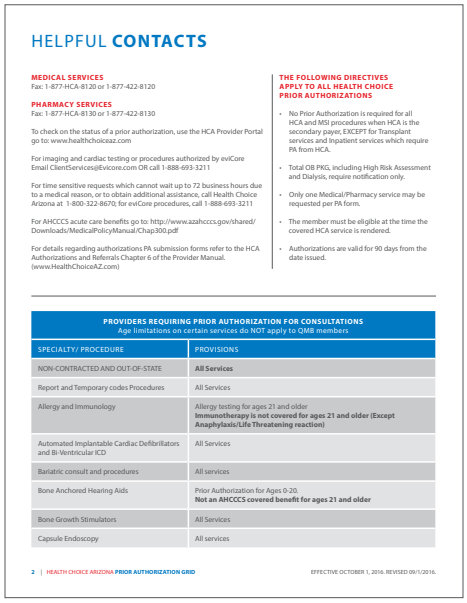
Help Us Keep Your Records Updated

Has any of your information changed? We like 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. ■

New Prior Authorization Grid

New Providers and Procedures Requiring Prior Authorization for Dates of Service Effective 10/1/16:

- Durable Medical Equipment: Submit all services/requests to Preferred Homecare. Equipment over $300 requires prior authorization and for consumable medical supplies exceeding $100.
- Ophthalmology: Prior authorization required for all services unless referred to Nationwide Vision. No prior authorization required for (i) treatment of foreign bodies in the eye and (ii) diabetic eye exams.
- Physical Therapy: All services.
- Podiatrists (Doctors of Podiatric Medicine): All services except routine diabetic foot exams.
- Wound Vacs: All services.



HELPFUL **CONTACTS**

MEDICAL SERVICES
Fax: 1-877-HCA-8120 or 1-877-422-8120

PHARMACY SERVICES
Fax: 1-877-HCA-8130 or 1-877-422-8130

To check on the status of a prior authorization, use the HCA Provider Portal go to: www.healthchoiceaz.com

For imaging and cardiac testing or procedures authorized by eviCore Email ClientServices@Evicore.com OR call 1-888-693-3211

For time sensitive requests which cannot wait up to 72 business hours due to a medical reason, or to obtain additional assistance, call Health Choice Arizona at 1-800-322-8670; for eviCore procedures, call 1-888-693-3211

For AHCCCS acute care benefits go to: http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf

For details regarding authorizations PA submission forms refer to the HCA Authorizations and Referrals Chapter 6 of the Provider Manual. (www.HealthChoiceAZ.com)

THE FOLLOWING DIRECTIVES APPLY TO ALL HEALTH CHOICE PRIOR AUTHORIZATIONS

- No Prior Authorization is required for all HCA and MSI procedures when HCA is the secondary payer, EXCEPT for Transplant services and Inpatient services which require PA from HCA.
- Total OB PKG, including High Risk Assessment and Dialysis, require notification only.
- Only one Medical/Pharmacy service may be requested per PA form.
- The member must be eligible at the time the covered HCA service is rendered.
- Authorizations are valid for 90 days from the date issued.

PROVIDERS REQUIRING PRIOR AUTHORIZATION FOR CONSULTATIONS
Age limitations on certain services do NOT apply to QMB members

SPECIALTY/ PROCEDURE	PROVISIONS
NON-CONTRACTED AND OUT-OF-STATE	**All Services**
Report and Temporary codes Procedures	All Services
Allergy and Immunology	Allergy testing for ages 21 and older **Immunotherapy is not covered for ages 21 and older (Except Anaphylaxis/Life Threatening reaction)**
Automated Implantable Cardiac Defibrillators and Bi-Ventricular ICD	All Services
Bariatric consult and procedures	All services
Bone Anchored Hearing Aids	Prior Authorization for Ages 0-20. **Not an AHCCCS covered benefit for ages 21 and older**
Bone Growth Stimulators	All Services
Capsule Endoscopy	All services

2 | HEALTH CHOICE ARIZONA **PRIOR AUTHORIZATION GRID** EFFECTIVE OCTOBER 1, 2016. REVISED 09/1/2016.

The entire Health Choice Arizona prior authorization grid and instructions for submitting prior authorizations can be found at http://healthchoiceaz.com/providers. ■

Change in Coverage for Podiatry Services

AHCCCS has expanded its coverage of podiatry services. Beginning October 1, 2016, medically necessary podiatry services performed by a licensed podiatrist, pursuant to A.R.S. Title 32, Chapter 7, are covered for all AHCCCS members when ordered by a primary care physician or primary care practitioner.

Prior authorization rules will apply. Additional details will be provided as soon as they are released by AHCCCS. ■

Supplemental Submissions
For Performance and Quality Reporting

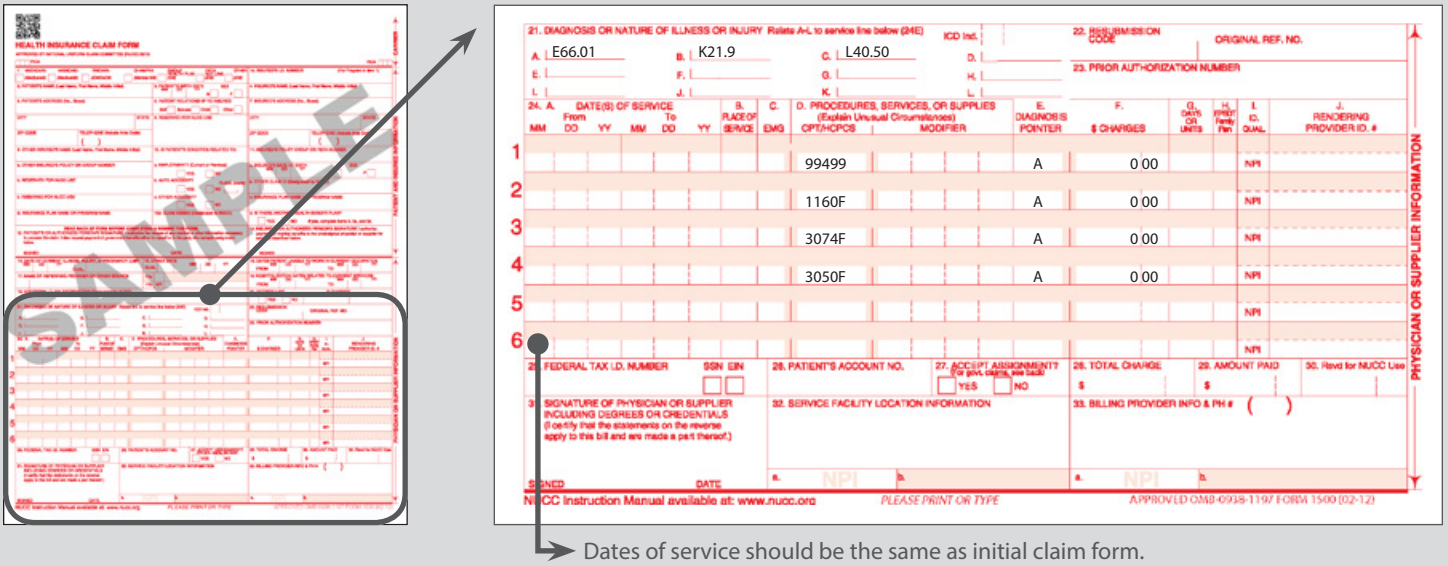
DID YOU KNOW?

- Beginning January 1st, 2016:
  - Health Choice will accept more than one claim form with the same date of service, which will assist with PQRS reporting (if applicable).
  - This will help meet quality metrics and close the gaps early on the front end.

WHAT DOES THIS MEAN?

- This means that you can use multiple claim forms to **report more codes for the same date of service**.
- The claim form allows a maximum of 12 diagnosis codes and 6 CPT/HCPCS codes to be submitted per form.
- Providers can now submit additional diagnoses and CPT codes by using an additional claim form for the same date of service. 99499 should be used as the initial CPT code (line 1 of section 24) for any additional claim form.

SAMPLE OF SUPPLEMENTAL CLAIM FORM:



- Initial claim (not pictured) lists twelve ICD-10 diagnoses in section 21; section 24 lists CPT code G0439 (for the Annual Wellness Visit), and multiple other codes.
  - Second claim form (shown above) lists additional diagnosis codes in section 21, and uses CPT code 99499 in line 1 of section 24. Additional CPT codes are listed in lines 2 - 6 as appropriate.
  - Remember: use 99499 for the CPT service code on any subsequent form(s) to report additional codes for the same encounter.
  - Bill the amount $0.00 or $0.01
- Submit all the claim forms to Health Choice

Health CHOICE ARIZONA