PROVIDER NEWSLETTER

September 2016

We Want to Hear from You

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

Please always feel welcome to reach out to our team through any of the below channels:

- Call our Member Services team at 1-877-358-8797. Dedicated provider-focused representatives are available Monday-Friday, 8 a.m to 8 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 team at 1-800-656-8991.

Health Choice will also be hosting a provider forum on September 21st, at 5:30 p.m at:
Doubletree Suites by Hilton Phoenix
320 N. 44th St.
Phoenix, AZ 85008

We invite you to attend! If you are unable to attend in person, you can attend virtually at the time of the event by visiting http://original.livestream.com/spectrumvideoandfilm ■

Medical Director's Corner

Dear Health Care Professional,

As you all know, the transition from ICD-9 to ICD-10 has occurred, and it's time to look into the impact to your practice and the new criteria for documenting specificity. One area of concern involves the documentation of depression. A diagnostic statement of "depression" should be specific as to the severity. The level of severity (e.g. mild, moderate, or severe) and indication of "recurrent" or "single episode" is important for appropriate care management. Stressful events such as the loss of loved ones, or dealing with chronic conditions, can lead to the need for medication management. Medicare recommends annual screenings and evaluation of depression.

We thank you for taking great care of our members.

Ruben S. Valdez, MD
Medical Director ■

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. ■

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. Our programs include:

- **Asthma/COPD** – The goal of our Asthma/COPD Program is to improve the quality of life for qualifying members age five years or older.
- **Diabetes** – Our 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** – Our Hepatitis C 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** – Our 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** - Our 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 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 fax it in to 480-317-3358. This form can be found at http://hcgenerations.com/providers/case-and-disease-management. ■

A reminder to our providers

Provider – Preventable Conditions (Effective 7/1/2012) – 42 CFR Section 447.26 prohibits payment for services related to Provider-Preventable conditions. A Provider-Preventable Condition is a condition that meets the definition of a Health Care-Acquired Condition (HCAC) or an Other Provider–Preventable Condition (OPPC). If a HCAC or OPPC is identified, the Health Choice Quality Management Department will conduct a quality of care investigation, and report the occurrence and results of the investigation to the AHCCCS Clinical Quality Management Unit. Health Care Acquired Conditions (HCAC) means a Hospital Acquired Condition (HAC) under the Medicare program which occurs in any inpatient hospital setting and is not present on admission (refer to the current CMS list of Hospital-Acquired Conditions). Other Provider Preventable Conditions (OPPC) means a condition occurring in the inpatient and outpatient health care setting that AHCCCS has limited to the following: surgery on the wrong member, wrong surgery on a member and wrong site surgery. ■

New Medical Services Prior Authorization (PA) 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 hcgenerations.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. ■

Coding Tips and Tricks: Cerebrovascular Accident (CVA)

otherwise known as stroke, or cerebral infarct

DID YOU KNOW?

Coding for CVA is associated with a high error rate. Acute stroke is only coded during the initial episode of care – usually limited to an inpatient setting. The same applies to transient cerebral ischemic attack (TIA).

NEW FOR ICD-10:

- The term "late effects" is replaced by "sequelae".
- Specificity regarding residual monoplegia or hemiplegia/ hemiparesis has also changed. Should the affected side be documented but not specified as dominant or dominant, coders* are directed to:
- default to dominant if the right side is affected
- default to non-dominant if the left side is affected

EXAMPLES

(blue font indicates code risk adjusts):

Diagnostic Statement	ICD-10 Code(s)
Old CVA	Z86.73
History of TIA	Z86.73
Left-sided hemiparesis as sequela of cerebrovascular accident	I69.954
Dysphasia following cerebral infarct	I69.321
Cognitive deficits due to past CVA	I69.31
R-sided weakness, the result of cerebral infarct last year	I69.351
Old stroke with residual unilateral weakness	I69.359
Monoplegia of dominant arm following cerebral infarction	I69.331
Vertebro-basilar artery syndrome	G45.0 **
Transient ischemic attack (TIA)	G45.9 **

* section I.C.6.a of the ICD-10-CM Official Guidelines for Coding and Reporting
** Coded during the initial episode of care only

CODING TIPS:

Remember, all codes beginning with I63 are for the initial (acute) episode of care for cerebral infarction.

If the patient has deficits present after the discharge from the initial acute care episode, all deficits are coded to "Sequelae of cerebral infarction" (subcategory I69.3-).

DOCUMENTATION CONSIDERATIONS

Clearly state the presence of any residual deficits and specify what (if any) these are, including their current status, and laterality if applicable.

Documentation examples:

"Stroke in 2005, no residual deficits." [Z86.73]

"Old CVA with residual monoplegia of R leg, patient ambidextrous, improvement with physical therapy." [I69.341]

"Cerebral infarct in October 2015, still with left-sided (dominant) hemiparesis, unchanged, and with dysarthria, improving." [I69.354, I69.322]

"Cerebral infarction due to embolism of right anterior cerebral artery." [I63.421] **

"Cerebral infarction due to thrombosis of left carotid artery." [I63.032] **

QUALITY REPORTING – Examples of commonly used codes:

3048F Most recent LDL-C less than 100 mg/dL

3074F Most recent systolic blood pressure < 130 mm Hg

4000F Tobacco use cessation intervention, counseling

4004F Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user

4086F Aspirin or clopidogrel prescribed or currently being taken ■

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