

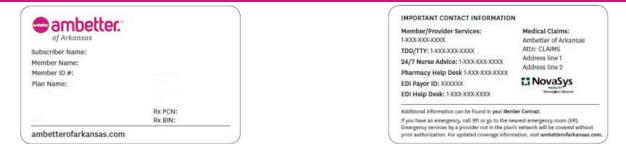
## QUICK REFERENCE GUIDE

General Information		
Provider and Member Services	Phone: 1-877-617-0390 or TTY/TDD 1-877-617-0392	
After Hours	Phone: 1-877-617-0390 or TTY/TDD 1-877-617-0392	
Website	AmbetterofArkansas.com Website services include verifying eligibility, benefits, cost shares, submit prior authorizations, submission of claims, claim status and many more functions.	
Medical Management		
Prior Authorizations Providers may submit authorizations in 3 ways: Secure Web Portal at <u>AmbetterofArkansas.com</u> 1. Fax: 1-866-884-9580 2. Call: 1-877-617-0390	<b>Medical Admissions</b> Fax Notification of Medical Admissions – 1-866-267-5676 Fax Clinical Information – 1-866-267-5691	
Claims Submission and Claims Payment		
Providers may submit claims in 3 ways: Secure Web Portal found at <u>AmbetterofArkansas.com</u> 1. EDI- Payor ID 68069 2. Paper		
Initial, Resubmission, Corrected or Reconsiderations: Ambetter of Arkansas PO Box 5010 Farmington, MO 63640-5010	Claim Disputes - (Form located on website) Ambetter of Arkansas PO Box 5000 Farmington, MO 63640-5000	
<b>Timely Filing:</b> 180 days from the date of service or primary payment (when Ambetter is secondary)	Corrected Claims, Requests for Reconsideration or Claim Disputes: 180 days from the date of explanation of payment or denial is issued	
EFT/ERA - PaySpan Health To register call: 1-877-331-7154 or visit <u>www.payspanhealth.com</u> – This service is free!		
Specialty Companies/Vendors		

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Behavioral Health – Cenpatico	Dental Services – DentaQuest
www.cenpatico.com	www.dentaquest.com
Phone: 1-877-617-0390 – Payor ID 68069	Phone: 1-877-617-0390 – Payor ID CX014
High Tech Radiology Imaging Services – NIA	Pharmacy Services – US Script
www.radmd.com	www.usscript.com
Phone: 1-877-617-0390	Phone: 1-877-617-0390 – BIN # 008019
Vision Services – OptiCare www.opticare.com Phone: 1-877-617-0390 – Payor ID 56190	



#### **Member Identification**



# **PRIOR AUTHORIZATION**

### These procedures and services require PRIOR AUTHORIZATION This list is not all-inclusive. Visit our website at <u>AmbetterofArkansas.com</u> and use the Pre-Screen Tool or call our Authorization department with questions. Failure to obtain the required prior approval or pre-certification may result in a denied claim(s). All services are subject to benefit coverage, limitations and exclusions as described in the Ambetter member's Evidence of Coverage. For a complete list of Prior Authorization requirements please check our website at <u>AmbetterofArkansas.com</u>

#### **Procedures/Services Inpatient Authorization Ancillary Services** All elective/scheduled admission Potentially Cosmetic Air Ambulance Transport (non-• • notifications requested at least 5 emergent fixed wing airplane) Bariatric Surgery . business days prior to the scheduled Experimental or Investigational • DME • date of admit including: High Tech Imaging (i.e., CT, MRI, • Home health care services • Hospice Care • including, home infusion, skilled PET) Rehabilitation facilities • nursing, and therapy Infertility • Behavioral Health/Substance use Home Health Services • 0 Obstetrical Ultrasound - two • Private Duty Nursing disorder 0 allowed in 9 month period, any Adult Medical Day Care Transplants, including evaluation 0 additional will require prior • Hospice authorization except those 0 Furnished Medical Supplies & rendered by perinatologists. For Observation Stays exceeding 23 hours 0 require Inpatient Authorization. DME urgent/emergent ultrasounds, treat **Orthotics/Prosthetics** using best clinical judgment and it **Urgent/Emergent Admissions** will be reviewed retrospectively Therapy . Within 1 business day following Occupational Pain Management • 0 • the date of admission Physical 0 Speech Newborn Deliveries must include • 0 birth outcomes Hearing Aid devices including . cochlear implants **Behavioral Health Admissions** Genetic Testina • All behavioral health admissions Quantitative Urine Drug Screen require authorization within 24 hours of admission via a phone call to the utilization management department. Partial Inpatient, PRTF and/or Intensive Outpatient Programs



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Prior Authorizations	Quick Reference Guide
<ul> <li>You may submit Prior Authorizations in 3 ways:</li> <li>1. Via our secure web portal at <u>AmbetterofArkansas.com</u></li> <li>2. Phone: 1-877-617-0390</li> <li>3. Fax: 1-866-884-9580 (Medical)</li> </ul>	<b>Behavioral Health</b> – Prior Authorization is required for inpatient, Partial Hospitalization, Intensive Outpatient Treatment, Psychological Testing, and ECT, where these are state approved levels of care. Prior authorization is not required for behavioral health outpatient services.
Inpatient Medical Admissions: <u>Fax</u> to: Notification of Medical Admissions – 1-866-267-5676 Clinical Information – 1-866-267-5691	<u>Laboratory Services</u> – Our preferred outpatient lab vendors are LabCorp and Quest. An in-network lab must be utilized for all lab services.
Mental Health/Substance Use Disorder Admissions/Concurrent Review – Phone: 1-877-617-0390 Fax: 1-866-279-1358 Call to provide clinical information and obtain authorization	<u>Notification of Pregnancy (NOP)</u> – Providers must submit an NOP Form at the time of the first prenatal visit. Forms may be completed online on our website at <u>AmbetterofArkansas.com</u> .
for all behavioral health admissions. <b>High Tech Imaging – MR/CT/PET</b> – Phone: 1-877-617-0390 <u>www.radmd.com</u>	Pain Management – Prior Authorization (PA) is required for injections related to pain management treatment. Documentation required for initial PA includes history of condition, symptoms, treatments attempted prior to injection, imaging reports. PA requests for additional injections require notes documenting progress since previous injections.
	Vision – Must use OptiCare network providers which can be found on our website using Find A Provider.