

## 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	<a href="http://AmbetterofArkansas.com">AmbetterofArkansas.com</a> Website services include verifying eligibility, benefits, cost shares, submit prior authorizations, submission of claims, claim status and many more functions.

### Medical Management

<p style="text-align: center;"><b>Prior Authorizations</b></p> <p>Providers may submit authorizations in 3 ways: Secure Web Portal at <a href="http://AmbetterofArkansas.com">AmbetterofArkansas.com</a></p> <ol style="list-style-type: none"> <li>1. Fax: 1-866-884-9580</li> <li>2. Call: 1-877-617-0390</li> </ol>	<p style="text-align: center;"><b>Medical Admissions</b></p> <p>Fax Notification of Medical Admissions – 1-866-267-5676 Fax Clinical Information – 1-866-267-5691</p>
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### Claims Submission and Claims Payment

<p>Providers may submit claims in 3 ways: Secure Web Portal found at <a href="http://AmbetterofArkansas.com">AmbetterofArkansas.com</a></p> <ol style="list-style-type: none"> <li>1. EDI- Payor ID 68069</li> <li>2. Paper</li> </ol>	
<p><b>Initial, Resubmission, Corrected or Reconsiderations:</b> Ambetter of Arkansas PO Box 5010 Farmington, MO 63640-5010</p>	<p><b>Claim Disputes</b> - (Form located on website) Ambetter of Arkansas PO Box 5000 Farmington, MO 63640-5000</p>
<p><b>Timely Filing:</b> 180 days from the date of service or primary payment (when Ambetter is secondary)</p>	<p><b>Corrected Claims, Requests for Reconsideration or Claim Disputes:</b> 180 days from the date of explanation of payment or denial is issued</p>
<p><b>EFT/ERA - PaySpan Health</b> To register call: 1-877-331-7154 or visit <a href="http://www.payspanhealth.com">www.payspanhealth.com</a> – This service is free!</p>	

### Specialty Companies/Vendors

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

## Member Identification



Subscriber Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Rx PCN: \_\_\_\_\_  
Rx BIN: \_\_\_\_\_

ambetterofarkansas.com

**IMPORTANT CONTACT INFORMATION**

<p><b>Member/Provider Services:</b> 1-XXX-XXX-XXXX</p> <p><b>TDD/TTY:</b> 1-XXX-XXX-XXXX</p> <p><b>24/7 Nurse Advice:</b> 1-XXX-XXX-XXXX</p> <p><b>Pharmacy Help Desk:</b> 1-XXX-XXX-XXXX</p> <p><b>EDI Payor ID:</b> XXXXXX</p> <p><b>EDI Help Desk:</b> 1-XXX-XXX-XXXX</p>	<p><b>Medical Claims:</b> Ambetter of Arkansas Attn: CLAIMS Address line 1 Address line 2</p> 
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Additional information can be found in your Member Contract.  
If you have an emergency, call 911 or go to the nearest emergency room (ER).  
Emergency services by a provider not in the plan's network will be covered without prior authorization. For updated coverage information, visit [ambetterofarkansas.com](http://ambetterofarkansas.com).

## PRIOR AUTHORIZATION

### These procedures and services require PRIOR AUTHORIZATION

This list is not all-inclusive. Visit our website at [AmbetterofArkansas.com](http://AmbetterofArkansas.com) 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 [AmbetterofArkansas.com](http://AmbetterofArkansas.com).

Procedures/Services	Inpatient Authorization	Ancillary Services
<ul style="list-style-type: none"> <li>Potentially <b>Cosmetic</b></li> <li>Bariatric Surgery</li> <li>Experimental or Investigational</li> <li>High Tech Imaging (i.e., CT, MRI, PET)</li> <li>Infertility</li> <li>Obstetrical Ultrasound – two allowed in 9 month period, any additional will require prior authorization except those <b>rendered</b> by perinatologists. For urgent/emergent ultrasounds, treat using best clinical judgment and it will be reviewed retrospectively</li> <li>Pain Management</li> </ul>	<p style="color: #800040;"><b>All elective/scheduled admission notifications requested at least 5 business days prior</b> to the scheduled date of admit including:</p> <ul style="list-style-type: none"> <li>Hospice Care</li> <li>Rehabilitation facilities</li> <li>Behavioral Health/Substance use disorder</li> <li>Transplants, including evaluation</li> </ul> <p style="color: #800040;"><b>Observation Stays exceeding 23 hours require Inpatient Authorization.</b></p> <p style="color: #800040;"><b>Urgent/Emergent Admissions</b></p> <ul style="list-style-type: none"> <li>Within <b>1 business day</b> following the date of admission</li> <li>Newborn Deliveries must include birth outcomes</li> </ul> <p style="color: #800040;"><b>Behavioral Health Admissions</b> All behavioral health admissions require authorization within 24 hours of admission via a phone call to the utilization management department.</p> <p style="color: #800040;"><b>Partial Inpatient, PRTF and/or Intensive Outpatient Programs</b></p>	<ul style="list-style-type: none"> <li>Air Ambulance Transport (non-emergent fixed wing airplane)</li> <li>DME</li> <li>Home health care services including, home infusion, skilled nursing, and therapy               <ul style="list-style-type: none"> <li>Home Health Services</li> <li>Private Duty Nursing</li> <li>Adult Medical Day Care</li> <li>Hospice</li> <li>Furnished Medical Supplies &amp; DME</li> </ul> </li> <li>Orthotics/Prosthetics</li> <li>Therapy               <ul style="list-style-type: none"> <li>Occupational</li> <li>Physical</li> <li>Speech</li> </ul> </li> <li>Hearing Aid devices including cochlear implants</li> <li>Genetic Testing</li> <li>Quantitative Urine Drug Screen</li> </ul>

Prior Authorizations	Quick Reference Guide
<p>You may submit Prior Authorizations in 3 ways:</p> <ol style="list-style-type: none"> <li>1. Via our secure web portal at <a href="http://AmbetterofArkansas.com">AmbetterofArkansas.com</a></li> <li>2. Phone: 1-877-617-0390</li> <li>3. Fax: 1-866-884-9580 (Medical)</li> </ol> <p><b>Inpatient Medical Admissions:</b> <b>Fax</b> to: Notification of Medical Admissions – 1-866-267-5676 Clinical Information – 1-866-267-5691</p> <p><b>Mental Health/Substance Use Disorder Admissions/Concurrent Review –</b> Phone: 1-877-617-0390 Fax: 1-866-279-1358 <b>Call</b> to provide clinical information and obtain authorization for all behavioral health admissions.</p> <p><b>High Tech Imaging – MR/CT/PET –</b> Phone: 1-877-617-0390 <a href="http://www.radmd.com">www.radmd.com</a></p>	<p><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.</p> <p><b>Laboratory Services</b> – Our preferred outpatient lab vendors are LabCorp and Quest. An in-network lab must be utilized for all lab services.</p> <p><b>Notification of Pregnancy (NOP)</b> – Providers must submit an NOP Form at the time of the first prenatal visit. Forms may be completed online on our website at <a href="http://AmbetterofArkansas.com">AmbetterofArkansas.com</a>.</p> <p><b>Pain Management</b> – 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.</p> <p><b>Vision</b> – Must use OptiCare network providers which can be found on our website using Find A Provider.</p>