



Secure Provider Portal

Prior Authorization

Join by telephone:
1-646-558-8656

Meeting ID: 155 301 932

Please install and test the Zoom application
before we begin today's webinar



Housekeeping



- Please mute your phone
- Please don't put this call on hold – we'll all hear the hold music

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 - Arkansas Health and Wellness:
 - ✓ <https://www.arhealthwellness.com/providers/resources.html>
 - Arkansas Total Care:
 - ✓ <https://www.arkansastotalcare.com/providers.html>
- Choose the network you wish to receive information for

Provider Resources

Arkansas Health & Wellness provides the tools and support you need to deliver the best quality of care. Please view our listing on the left, or below, that covers forms, guidelines, helpful links, and training.

- For Ambetter information, please visit our [Ambetter website](#).
- For Allwell information, please visit our [Allwell website](#).

Interested in getting the latest alerts from Arkansas Health and Wellness? Fill out the form below and we'll add you to our email subscription.

Name *

Position/Title *

Email *

Phone Number *

Group Name *

Group NPI *

Tax ID *

Network*

- Ambetter
 Allwell

Submit

Agenda



- Introduction
- Prior Authorization Determination
- Check Eligibility
- Prior Authorizations
- Q&A

Acronym



Acronym	Description
ARTC	Arkansas Total Care
CPT	Current Procedural Terminology
HCPC	Healthcare Common Procedure Code
IVR	Interactive Voice Response
NIA	National Imaging Associates

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Prior Authorization Determination

Procedures Requiring Prior Authorization



- Identify what service(s) require a prior authorization before the service is provided:
 - Inpatient Admissions – All elective/scheduled admissions
 - Outpatient Procedures/Services/Equipment
 - ✓ Not all outpatient services require an authorization
 - Prior authorization is required for out-of-network services, except:
 - ✓ Emergency care
 - ✓ Urgently needed care when the network provider is not available (usually due to out-of-area)
 - ✓ Kidney dialysis at Medicare-certified dialysis center when temporarily out of the service area
- Special note: Prior authorization is not required for out-of-network services if a member has Ambetter

*A listing can be found on the website but it is not an all-inclusive list

Other Prior Authorization Types



- Only non-emergent high tech radiology procedures performed in an outpatient setting require an authorization with NIA
- Complex imaging, MRA, MRI, PET and CT scans need to be verified by NIA via website at <https://www1.radmd.com/radmd-home.aspx>
- To initiate a request for an authorization or to check the status of an authorization, please contact NIA via website at www.RadMD.com

Urgent authorization process:

- If an urgent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review

Pre-Auth Check



Are services being performed in the Emergency Department or Urgent Care Center, or are the services for dialysis or hospice?

Yes No

Types of Services	YES	NO
IS THE MEMBER BEING ADMITTED TO AN INPATIENT FACILITY?	<input type="radio"/>	<input checked="" type="radio"/>
ARE SERVICES OTHER THAN LAB, RADIOLOGY, DOMICILLIARY VISITS OR DME BEING RENDERED IN THE HOME?	<input type="radio"/>	<input checked="" type="radio"/>
ARE ANESTHESIA SERVICES BEING RENDERED FOR PAIN MANAGEMENT, DENTAL SURGERY, OR SERVICES IN THE OFFICE RENDERD BY A NON-PARTICIPATING PROVIDER?	<input type="radio"/>	<input checked="" type="radio"/>
IS THE MEMBER RECEIVING GENDER REASSIGNMENT SERVICES?	<input type="radio"/>	<input checked="" type="radio"/>

Enter the code of the service you would like to check:

C **G0378** - HOSPITAL OBSERVATION SERVICE /HOUR
Conditional
Pre-authorization is required for all non participating providers. For participating providers, authorization is required after 48 hours of Observation.

Use the Pre-Auth Needed tool to determine if a prior authorization is needed

Prior Authorization Submission



- If a service requires authorization, submit via one of the following ways:

Health Plan	Secure Web Portal	Phone	Fax	Behavioral Health Fax
Allwell	Provider.arhealthwellness.com	1-855-565-9518	1-833-562-7172	1-866-279-1358
Ambetter	Provider.ambetterofarkansas.com	1-877-617-0390	1-866-884-9580	1-866-279-1358
ARTC	Provider.ArkansasTotalCare.com	1-866-282-6280	1-833-249-2342	N/A

- After normal business hours and on holidays, calls are directed to the plan's 24-hour nurse advice line
- All forms are located on each health plan's website
- Notification of authorization will be returned via phone, fax, or web

Prior Authorization Submission - Reminders

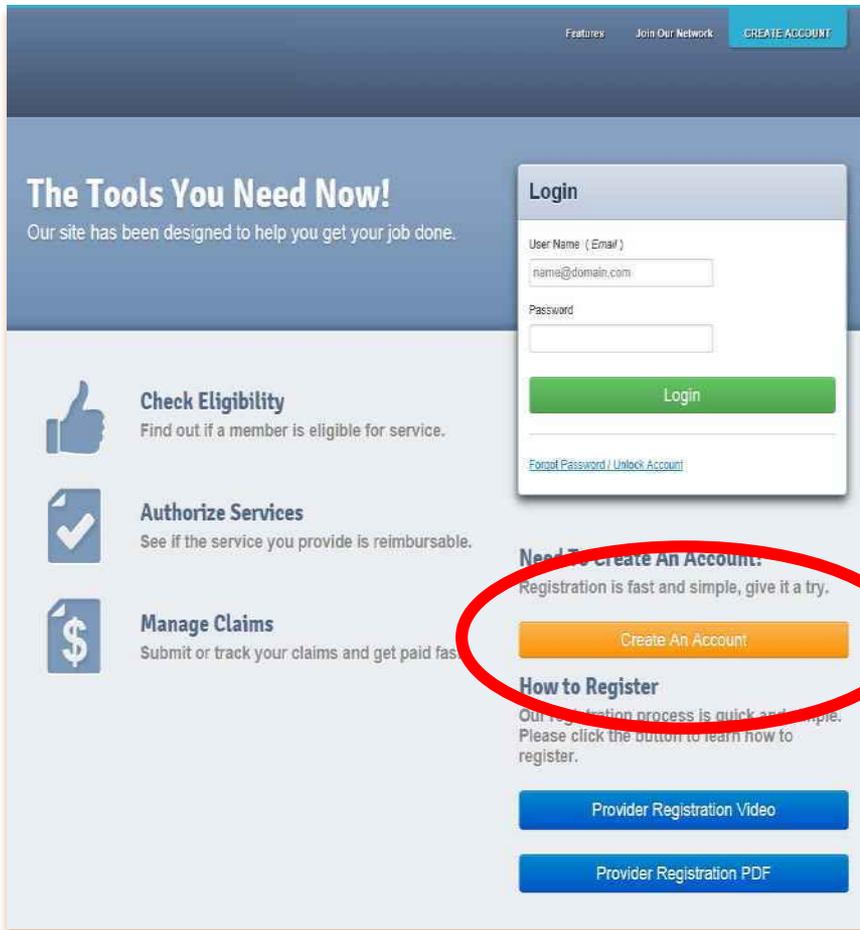


- Failure to obtain an authorization may result in administrative claim denials
- Providers cannot bill a member for services for which they fail to obtain a timely authorization

Secure Provider Portal

- Creating An Account

Account Creation



Secure Provider Portal:

- Verify member eligibility
- Submit and view status for claims and authorizations
- View detailed patient list
- Information contained on our Secure Provider Portal includes:
 - Member Eligibility
 - Patient Listings
 - Health Records & Care Gaps
 - Authorizations
 - Case Management Referrals
 - Claims Submissions & Status
 - Corrected Claims & Adjustments
 - Payments History
 - PCP Reports
- A login is required to access the secure portal
- If you have not logged in for more than 90 days, your account will automatically lock and require you to contact us for a password reset

Register Provider



Register Provider

Your
Progress



Cancel

Your Details

Tax ID

?

Tax ID is a required field

First Name

First

Last Name

Last

Email

name@domain.com

?

Re-enter Email

name@domain.com

Password

Password

?

Retype Password

Password

Next →



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Error Message



If you receive error message: "We could not find your Tax ID in our system. If you have not already, please join our network." Please return to our public site to join the network. Once your data is in our systems you'll be able to create your account.

Register Provider

Your Progress



Cancel

We could not find your Tax ID in our system. If you have not already, please visit our public site to join the network.

Confirmation Email



Verification Code:

 noreply@arkansashealth.com
to me

Hi

To register for your **Provider Portal** account, please enter the following code:

6844

Thank you,

Arkansas Health

CONFIDENTIALITY NOTICE: This communication contains information intended for the use of the individuals to whom it is a privileged, confidential or exempt from other disclosure under applicable law. If you are not the intended recipient, you are not distribution or use of the contents is prohibited. If you have received this in error, please notify the sender immediately by telephoning the sender and permanently delete the communication from your system. Thank you.

Verification Code



Register Provider

Your Progress

[Cancel](#)

Registering Provider 321146820 at superuser@gmail.com

Confirm Email

We've sent you an email with a 4-digit code to validate your email address.
If you didn't receive it, please check your Spam or Junk folder.

[Confirm](#)

[Still didn't receive an email from us?](#)

Account Setup



Register Provider

Your Progress

Cancel

Registering Provider 32115846 at amw@wvnet.net.com

Account Setup

Enter your secret questions and contact information below and then click "Submit" to complete your registration.
Please do not close this window or your charges will be lost.

Secret Questions:

Question 1: What city were you born in?

Question 2: What is your favorite girl's name?

Question 3: What is your mother's maiden name?

Contact Information:

Telephone Number:

Fax Number:

Submit

Registration Complete



Registration Complete!

Your Progress

Thank you for completing your registration! A First Health Plan provider services specialist will be sending you an email when your profile has been activated. Please allow up to 2 business days for processing.

If you do not receive an email within 2 business days, please log in and contact us using secure messaging or call (800) 368-7777 for additional assistance.

[Log In](#)

Ready to Login

Features Join Our Network [CREATE ACCOUNT](#)

The Tools You Need Now!

Our site has been designed to help you get your job done.



Check Eligibility
Find out if a member is eligible for service.



Authorize Services
See if the service you provide is reimbursable.



Manage Claims
Submit or track your claims and get paid fast.

Login

User Name (Email)

Password

[Forgot Password / Unlock Account](#)

[Login](#)

Need To Create An Account?

Registration is fast and simple, give it a try.

[Create An Account](#)

How to Register

Our registration process is quick and simple. Please click the button to learn how to register.

[Provider Registration Video](#)

[Provider Registration PDF](#)

Member Eligibility

- How to check Member Eligibility

Quick Eligibility Check



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Viewing Dashboard For:

Quick Eligibility Check

Member ID or Last Name: Birthdate:

Enter the member ID or Last Name
Enter the Birthdate
Click Check Eligibility to continue.

The Quick Eligibility Check tool will allow you to verify member eligibility.

Recent Claims

STATUS	RECEIPT DATE	MEMBER NAME	CLAIM NO.
	09/20/2016	MEMBER NAME	P555IME66666
	09/20/2016	MEMBER NAME	P444IME55555
	09/18/2016	MEMBER NAME	P333IME44444
	09/05/2016	MEMBER NAME	P222IME33333
	09/01/2016	MEMBER NAME	P111IME22222

Recent Activity

Date	Activity

Go Paperless

Empower your practice with electronic settlement. Now you can receive EFT's and ERA's without investing in new technology and without changes to current systems.

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Eligibility Results



Viewing Eligibility For:

The following screen will confirm if the member was found and their eligibility status.

Eligibility Check

Date of Service: Member ID Only: DOB:

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS
	01/16/2019	JANE DOE	01/16/2019	<input type="button" value="+ Emergency Room Visit?"/> <input type="button" value="X Remove"/>

Click the member's name for more information.

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Member Information - Ambetter



[Back to Eligibility Check](#)

Overview

- Cost Sharing
- Benefit Tracker
- Assessments
- Health Record
- Care Plan
- Authorizations
- Pharmacy PDL
- Referrals
- Coordination of Benefits
- Claims
- Summary of Benefits
- Document Resource Center

This patient is eligible as of today, Jan 16, 2019. The premium paid through date is Jan 31, 2019 and the claims paid through date is Feb 28, 2019.

Patient Information

Name: JOHN DOE
Gender: M
Birthdate: 10/29/1991
Age: 23
Member #: 001122333
Address: 123 ANYWHERE BLVD
LITTLE ROCK, AR 72204

Eligibility History

Start Date	End Date	Product Name	Product Description
Jan 1, 2019	Dec 31, 2019	Ambetter Balanced Care 0 (2019)	AR Balance C0 87%
Jan 1, 2018	Dec 31, 2018	Ambetter Balanced Care 0 (2018)	AR Balance C0 87%

[View Clinical Information](#)

PCP Information

[View PCP History](#)

[Allergies](#)

None On File

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The **Patient Information** section displays the member's demographic information.

Eligibility History displays current and/or past coverage spans.

Member Information - Allwell

[Back to Eligibility Check](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Summary of Benefits

Document Resource Center

 This patient is eligible as of today, Jan 22, 2019.

Patient Information

Name JOHN DOE
 Gender M
 Birthdate 10/29/1991
 Age 23
 Member # 001122333
 Address 123 ANYWHERE BLVD
 LITTLE ROCK, AR 72204

Eligibility History

Start Date	End Date	Product Name	Product Description
Jan 1, 2018	Ongoing	Medicare	AR ALLWELL MEDICARE HMO MAPD PLAN H9630- 002

[View Clinical Information](#)

PCP Inform

Practice type

Phone Number

[View PCP](#)

[EPSDT](#)

[Care Gaps](#)

None On File

[Allergies](#)

None On File

The **Patient Information** section displays the member's demographic information.

Eligibility History displays current and/or past coverage spans.

Member Information – ARTC

[Back to Eligibility Check](#)

Overview

- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Referrals
- Coordination of Benefits
- Claims
- Document Resource Center
- Notes

 This patient is eligible as of today, Mar 19, 2019.

Patient Information

Name JOHN DOE
 Gender M
 Birthdate 10/29/1991
 Age 23
 Member # 001122333
 Address 123 ANYWHERE BLVD
 LITTLE ROCK, AR 72204

PCP Information

UNASSIGNED P
[View PCP H](#)
[EPSDT](#)
[Care Gaps](#)
 None On File
[Allergies](#)
 None On File

Eligibility History

Start Date	End Date	Product Name
Mar 1, 2019	Ongoing	Behavioral Health Non-Dual
Sep 1, 2018	Feb 28, 2019	Arkansas Behavioral Health Services Only

[View Clinical Information](#)

The **Patient Information** section displays the member's demographic information.

Eligibility History displays current and/or past coverage spans.



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Alternate Way to Verify Eligibility

The screenshot shows a web portal dashboard. At the top, there is a navigation bar with several menu items: 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'. The 'Eligibility' menu item is highlighted with a red rectangular box. A yellow callout bubble with a pointer to the 'Eligibility' menu item contains the text 'Click Eligibility.' Below the navigation bar, there is a dropdown menu for 'Viewing Dashboard For:' with the value '123456789'. The main content area is divided into several sections: 'Quick Eligibility Check' with input fields for 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy') and a 'Check Eligibility' button; 'Recent Claims' with a table of claim data; 'Welcome' with a list of account management options; 'Recent Activity' with a table header; and 'Go Paperless' with a description and a 'PaySpan Site' button.

Viewing Dashboard For: 123456789

Quick Eligibility Check

Member ID or Last Name: 123456789 or Smith
Birthdate: mm/dd/yyyy
[Check Eligibility](#)

Recent Claims

STATUS	RECEIPT DATE	MEMBER NAME	CLAIM NO.
	09/20/2016	MEMBER NAME	P555IME66666
	09/20/2016	MEMBER NAME	P444IME55555
	09/18/2016	MEMBER NAME	P333IME44444
	09/05/2016	MEMBER NAME	P222IME33333
	09/01/2016	MEMBER NAME	P111IME22222

Welcome

- [Add a TIN to My ACCOUNT](#)
- [Manage Accounts](#)
- [Reports](#)
- [Patient Analytics](#)
- [Provider Analytics](#)

Recent Activity

Date	Activity
------	----------

Go Paperless

Empower your practice with electronic settlement. Now you can receive EFT's and ERA's without investing in new technology and without changes to current systems.

[PaySpan Site](#)

Check Eligibility



Viewing Eligibility For: 123456789

Eligibility Check

Date of Service Member ID or Last Name DDE

Enter the member's ID or Last Name **Enter the member's Birthdate** Click **Check Eligibility** to continue.

ELIGIBLE: DATE OF SERVICE:

Eligibility Status – Not Found

Viewing Eligibility For:

Eligibility Check

Date of Service: Member ID or Last Name:

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED
 Not Found	09/20/2016	Patient not found. (123456789 & 01/01/1990)	09/20/2016

The information entered on the Eligibility Check displays under Patient Name.

Not Found displays, if a member is not found based on the information entered.

Eligibility Status - Ineligible

Viewing Eligibility For :

Eligibility Check

Date of Service: Member ID or Last Name: DOB:

ELIGIBLE:	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	
 Ineligible	09/20/2016	JANE DOE	09/20/2016	<input type="button" value="Remove"/>

Ineligible displays when the member's coverage has ended.

Click the member's name to review their eligibility history.

Prior Authorization

- Ways to view and create a prior authorization

Review Member's Authorizations



[Back to Eligibility Check](#) **Jane3263 Doe12218**

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Coordination of Benefits

Claims

This patient is eligible as of today, Apr 18, 2013 .

Patient Information

Name Jane3263 Doe12218
Gender F
Birthdate Oct 15, 1954
Age 58 years old
Address 14 Main Street
AllCities02769, IL 02769

PCP Information

Name John1589 Doe207
Address 95458 Main Street
AllCities05725, IL 05726
Practice Type INTERNAL MEDICINE
Phone Number [\(555\) 555-1234](tel:(555)555-1234)

Click the **Authorizations** button.

Eligibility History

Start Date	End Date	Product Name
Feb 1, 2013	Ongoing	SSI Non-Dual
Oct 1, 2012	Jan 31, 2013	SSI Non-Dual
May 1, 2012	Sep 30, 2012	SSI Non-Dual
Jan 1, 2012	Apr 30, 2012	SSI Non-Dual

[View PCP History](#)

Care Gaps

CHF - Not seen in past 12 months
DM - No retinal eye exam in past 12 mos
DM - No nephropathy screening in past 12 mos
Due for annual adult physical
DM - Not seen in past 6 months

[View Clinical Information](#)

Select an Authorization

Viewing Eligibility For :

The patient's authorizations for the past 12 months are listed.

[Back to Eligibility Check](#) Jane3263 Doe12218

- Overview
- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations**
- Coordination of Benefits
- Claims

STATUS	AUTH ID#	FROM DATE	TO DATE	AUTH TYPE	SERVICE
PEND	OP0079725303	02/15/2013	02/14/2014	OUTPATIENT	DME
APPROVE	IP0076031157	02/10/2013	02/15/2013	INPATIENT	Medical
APPROVE	OP0073026905	01/18/2013	07/18/2013	OUTPATIENT	Community Based Services
APPROVE	OP0062868259	11/21/2012	01/19/2013	OUTPATIENT	Home Health
APPROVE	IP0058376611	11/17/2012	11/20/2012	INPATIENT	Medical
APPROVE	IP0046314523	09/20/2012	09/24/2012	INPATIENT	Medical

[Create a New Authorization](#)

Select an authorization number

Authorization Summary



Viewing Eligibility For :

Back to Eligibility Check **Jan** A summary of the authorization displays in the header.

Auth Status: APPROVE 
Auth Nbr: IP0058376611
Admit Date: 11/17/2012
Provider of Service(s): METROSOUTH MEDICAL CENTER

Auth Type: INPATIENT 
Service: Medical
Discharge Date: 11/20/2012

Line Item	Service type	From Date	To Date	Stay Level	Location	Status	Medical Necessity	Decision Date
▶ 1	Medical	11/17/2012	11/20/2012	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	11/21/2012 

The line item details for the authorization provides even more information.

Back to Authorization List 

Create a New Authorization for a Member



- Select “Create a New Authorization

Back to Eligibility Check

Overview

Cost Sharing

Assessments

Health Record

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Authorizations

Coordination of Benefits

Claims

Authorizations

STATUS	AUTH NBR	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE		01/01/2015	09/30/2015	V68.81	OUTPATIENT	Personal Care Worker
APPROVE		05/22/2014	08/21/2014	343.9	OUTPATIENT	DME
APPROVE		01/01/2014	12/31/2014	V68.81	OUTPATIENT	Personal Care Worker

Create a New Authorization

Viewing All Authorizations



Eligibility



Patients



Authorizations



Claims



Messaging

Username

Viewing Dashboard For :

123456789

GO

Click Authorizations.

Quick Eligibility Check

Member ID or Last Name

Birthdate

123456789 or Smith

mm/dd/yyyy

Check Eligibility

Recent Claims

STATUS	RECEIPT DATE	MEMBER NAME	CLAIM NO.
	09/20/2016	JOHN DOE	P555IME66666
	09/20/2016	JOHN DOE	P444IME55555
	09/18/2016	JANE DOE	P333IME44444
	09/05/2016	JOHN DOE	P222IME33333
	09/01/2016	JAMES DOE	P111IME22222

Welcome

Add a TIN to My ACCOUNT >

Manage Accounts >

Reports >

Recent Activity

Date Activity

Viewing Authorizations For :

123456789

GO

Smart Sheets



Create Authorization

Authorizations

Processed

Errors

Disclaimer

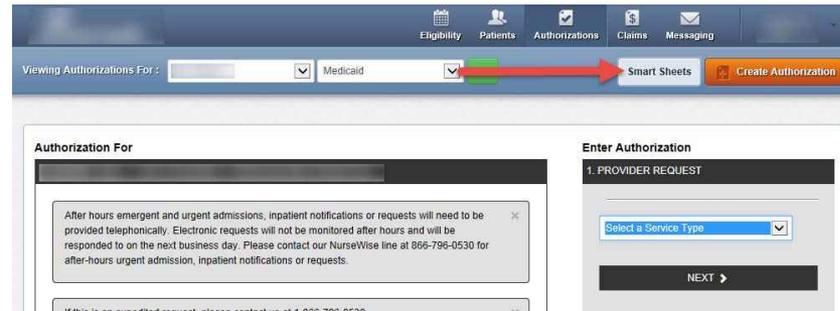
Click Create Authorization.

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

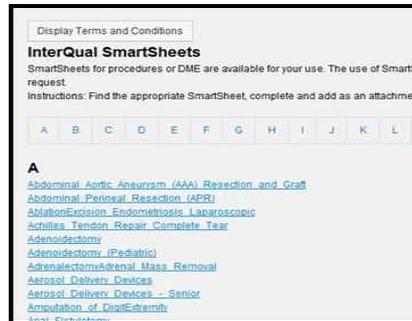
STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	OP1122334455	JOHN DOE	09/15/2016	12/13/2016		OUTPATIENT	Community Based Services
APPROVE	OP2211335566	JANE DOE	09/15/2016	03/14/2017		OUTPATIENT	Community Based Services
APPROVE	OP4564564564	JANE DOE	09/15/2016	03/14/2017		OUTPATIENT	Community Based Services
APPROVE	OP7766889911	JAMES DOE	09/14/2016	03/13/2017		OUTPATIENT	Community Based Services
APPROVE	OP3355994422	JAMES DOE	09/14/2016	03/13/2017		OUTPATIENT	Community Based Services
APPROVE	OP1346795678	JOHN DOE	09/14/2016	12/13/2016		OUTPATIENT	Community Based Services
APPROVE	OP0123456789	JANE DOE	09/13/2016	12/12/2016		OUTPATIENT	Community Based Services
APPROVE	OP9988775566	JOHN DOE	09/13/2016	12/12/2016		OUTPATIENT	Community Based Services
APPROVE	OP1133557799	JAMES DOE	09/13/2016	12/12/2016		OUTPATIENT	Community Based Services
APPROVE	OP0022446688	JANE DOE	09/13/2016	03/12/2017		OUTPATIENT	Community Based Services

Smart Sheets

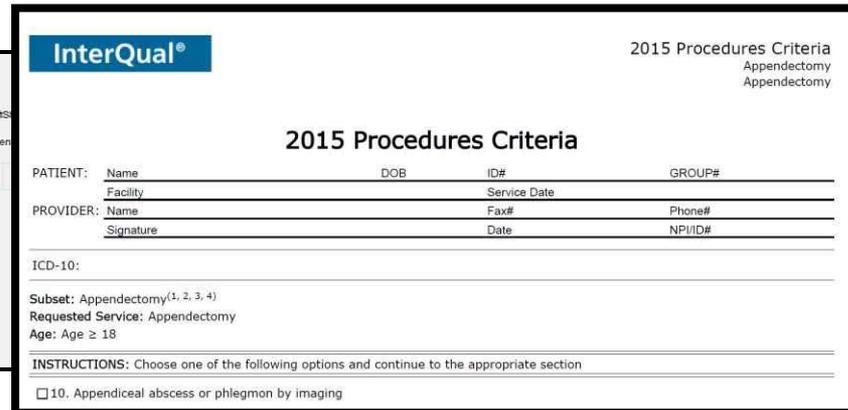
- Smart sheets are from InterQual and help the physicians to know the criteria that is needed for a prior authorization to be approved. Clicking on smart sheets will open a disclaimer, not pictured, then the list of available procedures. Click on the desired procedure and the document appears. Providers can attach the completed form with the prior authorization request.



The screenshot shows a web interface with a top navigation bar containing icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a dropdown menu for 'Viewing Authorizations For:' with 'Medicaid' selected. A red arrow points to the 'Smart Sheets' button, which is next to a 'Create Authorization' button. Below the navigation is a section titled 'Authorization For' with a text box containing emergency contact information. To the right is a section titled 'Enter Authorization' with a '1. PROVIDER REQUEST' sub-section, a 'Select a Service Type' dropdown, and a 'NEXT >' button.



The screenshot shows the 'InterQual SmartSheets' disclaimer page. It includes a 'Display Terms and Conditions' link, the title 'InterQual SmartSheets', and a brief explanation of the tool. Below the text is a grid of letters A through L, with 'A' selected. Under 'A', there is a list of medical procedures with blue hyperlinks, including 'Abdominal Aortic Aneurysm (AAA) Resection and Graft', 'Abdominal Peritoneal Resection (APR)', 'Ablation/Excision Endometriosis Laparoscopic', 'Achilles Tendon Repair Complete Tear', 'Adenoidectomy', 'Adenoidectomy (Paediatric)', 'Adenoidectomy/Removal Mass Removal', 'Aerosol Delivery Devices', 'Aerosol Delivery Devices - Senior', and 'Amputation of Distal Extremity'.



The screenshot shows the 'InterQual 2015 Procedures Criteria' form for 'Appendectomy'. The form includes fields for Patient (Name, Facility, DOB, ID#, Service Date, GROUP#) and Provider (Name, Signature, Fax#, Date, Phone#, NPI/ID#). It also has fields for ICD-10, Subset (Appendectomy^{1,2,3,4}), Requested Service (Appendectomy), and Age (Age ≥ 18). The 'INSTRUCTIONS' section asks the user to choose one of the following options and continue to the appropriate section:

- 10. Appendiceal abscess or phlegmon by imaging

Viewing Authorizations For :

123456789

GO

Member ID or Last Name

Birthdate

001122333

10/29/1991

Find

Authorizations

Processed

Errors

Disclaimer

Enter the **member's ID** or **Last Name**

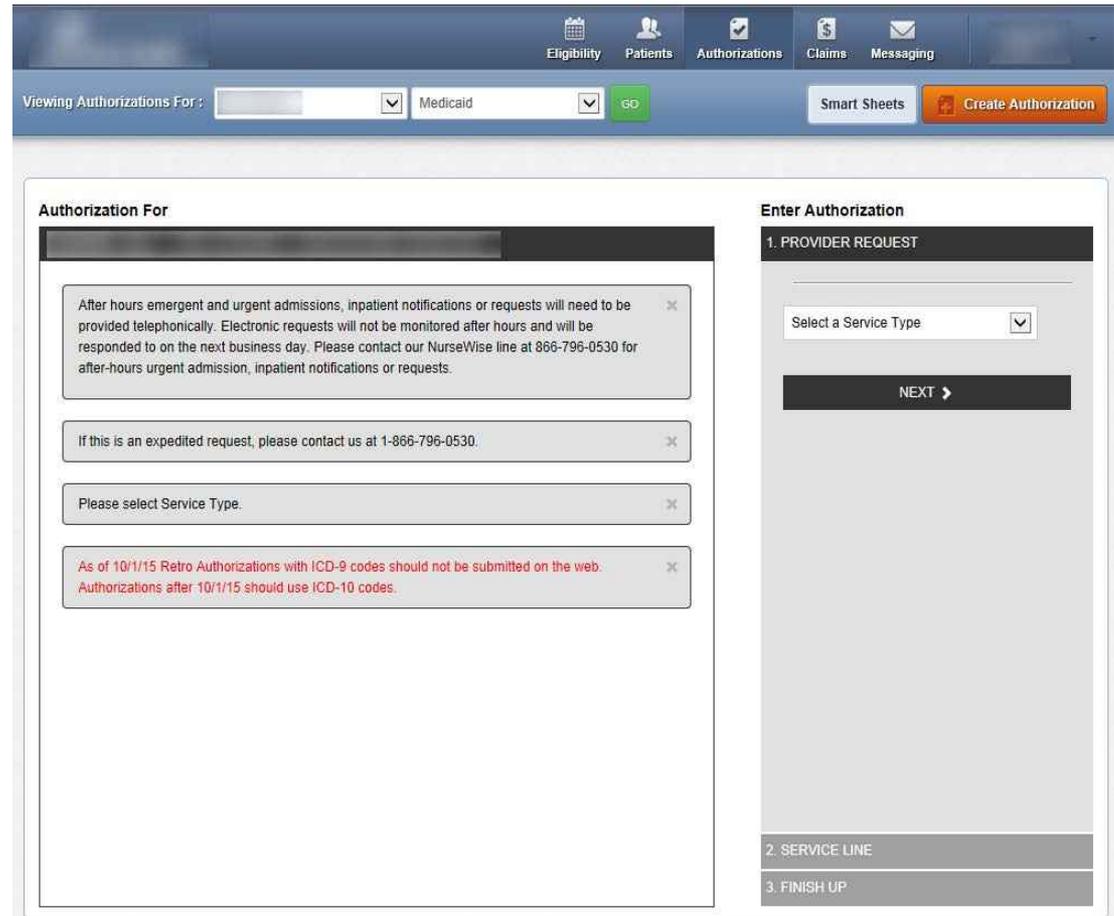
Click **Find** to continue.

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	OP1122334455	JOHN DOE	09/15/2016	12/13/2016		OUTPATIENT	Community Based Services
APPROVE	OP2211335566	JANE DOE	09/15/2016	03/14/2017		OUTPATIENT	Community Based Services
APPROVE	OP4564564564	JANE DOE	09/15/2016	03/14/2017		OUTPATIENT	Community Based Services
APPROVE	OP7766889911	JAMES DOE	09/14/2016	03/13/2017		OUTPATIENT	Community Based Services
APPROVE	OP3355994422	JAMES DOE	09/14/2016	03/13/2017		OUTPATIENT	Community Based Services
APPROVE	OP1346795678	JOHN DOE	09/14/2016	12/13/2016		OUTPATIENT	Community Based Services
APPROVE	OP0123456789	JANE DOE	09/13/2016	12/12/2016		OUTPATIENT	Community Based Services
APPROVE	OP9988775566	JOHN DOE	09/13/2016	12/12/2016		OUTPATIENT	Community Based Services
APPROVE	OP1133557799	JAMES DOE	09/13/2016	12/12/2016		OUTPATIENT	Community Based Services
APPROVE	OP0022446688	JANE DOE	09/13/2016	03/12/2017		OUTPATIENT	Community Based Services

Authorization Form

- The authorization form should not be used for emergency requests. Any emergency request should be called in for prior authorization.
- The prior authorization form is customized to each health plan, state guidelines and business rules.
- Providers cannot submit retro- prior authorizations through the website.



The screenshot displays the 'Authorization Form' interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a search bar shows 'Viewing Authorizations For:' with a dropdown menu set to 'Medicaid' and a 'GO' button. To the right of the search bar are buttons for 'Smart Sheets' and 'Create Authorization'.

The main content area is divided into two columns:

- Authorization For:** This section contains four informational boxes:
 - After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-796-0530 for after-hours urgent admission, inpatient notifications or requests.
 - If this is an expedited request, please contact us at 1-866-796-0530.
 - Please select Service Type.
 - As of 10/1/15 Retro Authorizations with ICD-9 codes should not be submitted on the web. Authorizations after 10/1/15 should use ICD-10 codes.
- Enter Authorization:** This section is titled '1. PROVIDER REQUEST' and contains a dropdown menu labeled 'Select a Service Type' and a 'NEXT >' button. Below this, there are sections for '2. SERVICE LINE' and '3. FINISH UP'.

Step 1 - Provider Request

Authorization For

DOE, JOHN DOB:10/29/1991 Member ID#

By checking this box, I am certifying that this is an urgent request for a medically necessary service that is not available through the plan's network of providers. The nature of condition (usually not life threatening) is such that the member's health, safety or well-being is in jeopardy.

After hours emergency and urgent admissions, inpatient notifications are provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-246-4358 for after-hours urgent admission, inpatient notifications or requests.

Please select Service Type.

Member's demographic information displays in this banner throughout the submission process.

Right Panel lists required fields for you to complete.

Left Panel displays plan specific disclaimers and authorization summary.

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Select a Service Type ▼

NEXT >

2. SERVICE LINE

3. FINISH UP



Authorization For

DOE, JOHN

DOB:10/29/1991

Member ID#

By checking the Urgent Request box, I certify that this is an urgent request for necessary treatment for an injury, illness, or another type of condition (usually life-threatening), which must be treated within 48 hours.

Select a Service Type from the available options.

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please call for assistance after-hours urgent admission, inpatient notification.

These selections maybe different per health plan

Please select Service Type.

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Select a Service Type

- Behavioral Outpatient**
- Electroconvulsive Therapy
- Intensive Outpatient Therapy
- Psychological Testing
- Medical Outpatient**
- Biopharmacy
- Cochlear Implants & Surgery
- DME
- Drug Testing
- Experimental/Investigational
- Genetic Testing & Counseling
- Home Health
- Hospice
- Hyperbaric Oxygen Therapy
- Inpatient Services (S&P)
- OB Ultrasound
- Office Visit
- Orthotics
- Outpatient Services
- Outpatient Surgery
- Pain Management
- Prosthetics
- Sleep Study
- Transport
- Behavioral Inpatient**
- BH RTC-CD
- BH RTC-MH
- Chemical/Substance Abuse
- Psychiatric Admission

2. SERVICE LINE

3. FINISH UP

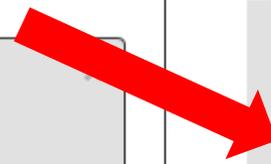
Authorization For

DOE, JOHN | DOB:10/29/1991 | Member ID#

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-246-4358 for after-hours urgent admission, inpatient notifications or requests.

Please select Service Type.



Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Surgical Inpatient

Requesting Provider

Requesting Provider NPI or Last Name

Primary Diagnosis

Diagnosis Code

CODE LOOKUP: [ICD-10](#)

Add Additional Diagnosis

2. SERVICE LINE

3. FINISH UP

GO

Smart Sheets

Create Authorization

Authorization For

DOE, JOHN **DOB: 10/29/1991** **Member ID#**

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours. Requests not responded to on the next business day. Please contact our NurseWise for after-hours urgent admission, inpatient notifications or requests.

Please select Service Type.

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Surgical Inpatient

Requesting Provider

123456789

Required Field

NPI: 123456789

TIN: ****8242

Enter a valid ICD-10 code, in the field provided and press **Tab** on your keyboard.

Click **ICD-10** for assistance with finding valid DX codes.

It is required that you enter at least one DX code.

Click the **+** icon to enter additional DX codes.

A description of the code you entered displays.

+ Add Additional Diagnosis

NEXT >

2. SERVICE LINE

3. FINISH UP

A separate tab will open the CMS ICD-10 Code Lookup tool.

ICD-10 Code Lookup

Enter a Code or keyword to conduct your search for ICD-10 Codes. After searching, select an ICD-10 Code link from the results table to populate the corresponding text box and close the pop-up window.

Enter ICD-10 description keyword(s):

Search

[Get Help with File Formats and Plug-Ins](#) | [Submit Feedback](#)

www

[Home](#)



CMS & HHS Websites

- [Medicare.gov](#)
- [MyMedicare.gov](#)
- [StopMedicareFraud.gov](#)
- [Medicaid.gov](#)
- [InsureKidsNow.gov](#)
- [HealthCare.gov](#)
- [HHS.gov/Open](#)

Tools

- [Acronyms](#)
- [Contacts](#)
- [FAQs](#)
- [Glossary](#)
- [Archive](#)

Helpful Links

- [Web Policies & Important Links](#)
- [Privacy Policy](#)
- [Plain Language](#)
- [Freedom of Information Act](#)
- [No Fear Act](#)
- [Nondiscrimination/Accessibility](#)
- [HHS.gov](#)
- [Inspector General](#)
- [USA.gov](#)
- [Help with file formats & plug-ins](#)

Receive Email Updates

Submit

GO

Smart Sheets

Create Authorization

Step 2 – Service Line

The left panel now displays a summary of the data entered during Step 1.

10/29/1991 | Member ID#

PROVIDER REQUEST

Service Type: Surgical Inpatient

 **SMITH-DOE, JAMISON**
FAMILY PRACTICE

Primary Diagnosis: T3186: BURNS 80-89% SURF 60-69%

NPI: 123456789

TIN: ****6242

Phone: 5010007300

Enter the

Press the **Tab** key on your keyboard.

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Facility

000011122

NPI: 000011122

TIN: ****8858

Name: SAME HEALTH HOSPITAL

04/12/2019 - 04/15/2019

Primary Procedure

16020

DSG &/OR DEBRID INIT/SUBSQ; WO ANES; OFC/HOSP SM

[CODE LOOKUP](#)

+ Add Additional Procedures

← NEXT →

3. FINISH UP

Authorization For

DOE, JOHN

DOB: 10/29/1991 | MEDICAID NBR: 00122334

Enter Authorization

1: PROVIDER REQUEST

EDIT

2: SERVICE LINE

Now adding new service line

Servicing Provider

PROVIDER REQUEST



Service Type

AXIS I -

Primary Diagnosis: Z0189- ENC, OBS, OTH SUSP, DZ COND, BILLED OUT

If a match is found, the following screen will display.

Select a Provider



PROVIDER NAME	PHONE NUMBER	TAX ID	NPI	SPECIALTY (DESC)
PROVIDER NAME	(555) 555-5555	123456789	1234567890	CLINIC

Click **Select** to continue.

Select

Close

NEXT >

3: FINISH UP

Authorization For

DOE, JOHN

DOB: 10/29/1991

MEDICAID NBR: 00122334

Enter Authorization

1. PROVIDER REQUEST EDIT

2. SERVICE LINE

Now adding new service line.

Servicing Provider

NPI



Add New Service Line

NEXT >

3. FINISH UP

PROVIDER REQUEST



Service Type:

AXIS I - Clinical Diagnosis

Primary Diagnosis: Z0389: ENC OBS OT

You cannot find/select a provider that is not loaded in our system.

Oops, There Was a Problem



Provider not found.

Close

Authorization For

DOE, JOHN DOB: 10/29/1991 Member ID#

PROVIDER REQUEST



Service Type: Surgical Inpatient

SMITH-DOE, JAMISON
FAMILY PRACTICE

Primary Diagnosis: T3186: BURNS 80-89% SURF 60-69% 3RD DEGREE
NPI: 123456789
TIN: ****6242
Phone: 5010007300

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

NPI: 000011122
TIN: ****8858
Name: SAME HEALTH HOSPITAL
04/12/2019 - 04/15/2019

Primary Procedure
16020

DSG &/OR DEBRID INIT/SUBSQ; WO ANES;
OFC/HOSP SM

[CODE LOOKUP](#)

+ Add Additional Procedures

← NEXT →

3. FINISH UP

The provider's information displays based on the selection made.

Authorization For

DOE, JOHN | DOB:10/29/1991 | Member ID#

PROVIDER REQUEST



Service Type: Surgical Inpatient

SMITH-DOE, JAMISON
FAMILY PRACTICE

Primary Diagnosis: T3186: BURNS 80-89
NPI: 123456789
TIN: *****6242
Phone: 5010007300

You can backdate up to 3-calendar days from current date, but should only be used on Mondays, when the previous Friday is the start date needed.

Retro authorization requests cannot be submitted through the Secure Provider Portal.

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Facility

000011122

NPI: 000011122

TIN: *****8858

Name: SAME HEALTH HOSPITAL

Start Date - End Date

September 2016

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

3. FINISH UP

Authorization For

DOE, JOHN DOB:10/29/1991 Member ID#

PROVIDER REQUEST



Service Type: Surgical Inpatient

SMITH-DOE, JAMISON
FAMILY PRACTICE

Primary Diagnosis: T3186: BURNS 80-89% SURF 60-69% 3RD DEGREE
NPI: 123456789
TIN: ****6242
Phone: 5010007300

Type in a valid HCPCS code in
A description of the code you entered displays.

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Facility

000011122

NPI: 000011122

TIN: ****8858

Name: SAME HEALTH HOSPITAL

04/12/2019

04/15/2019

Primary Procedure

16020

DSG &/OR DEBRID INIT/SUBSQ: WO ANES:
OFC/HOSP SM

[CODE LOOKUP](#)



Add Additional Procedures

[NEXT](#)

3. FINISH UP

GO

Smart Sheets

Create Authorization

When a new service line is added, an overview will display in the left panel for review.

Authorization For

DOE, JOH

Member ID#

PROVIDER REQUEST



Service Type: Surgical Inpatient

SMITH-DOE, JAMISON
FAMILY PRACTICE

Primary Diagnosis: T3186: BURNS 80-89% SURF 60-69% 3RD DEGREE

NPI: 123456789

TIN: *****6242

Phone: 5010007300

Service Line 1



SAME HEALTH HOSPITAL
HOSPITAL

Dates: 04/12/2019 - 04/15/2019

Primary Procedure: 16020: DSG &/OR DEBRID INIT/SUBSQT; WO ANES OFC/HOSP SM

NPI: 000011122

TIN: *****6856

Phone: 5010003000

Complete the required fields as needed.

Click **Next** to continue.

Enter Authorization

1: PROVIDER REQUEST [EDIT](#)

2: SERVICE LINE

Now adding new service line

Facility

NPI: 000011122

TIN: *****8856

Name: SAME HEALTH HOSPITAL

 -

Primary Procedure

DSG &/OR DEBRID INIT/SUBSQT; WO ANES OFC/HOSP SM

[CODE LOOKUP](#)

+ Add Additional Procedures

NEXT

3: FINISH UP

Step 3 – Finish Up

Authorization For

DOE, JOHN | DOB: 10/29/1991 | Member ID#

PROVIDER REQUEST



Service Type: Surgical Inpatient

SMITH-DOE, JAMISON
FAMILY PRACTICE

Primary Diagnosis: T3186: BURNS 80-89% SURF 60-69% 3F
NPI: 123456789
TIN: ****6242
Phone: 5010007300

You can freely edit the Phone and Fax fields as needed.

Service Line 1



SAME HEALTH HOSPITAL
HOSPITAL

Dates: 04/12/2019 - 04/15/2019
Primary Procedure: 16020: DSG &/OR DEBRID INIT/SUBSQT; WO ANE
NPI: 000011122
TIN: *****6856
Phone: 5010003000

The contact information on this screen will populate based on the user currently logged in.

Continue by clicking the following icon.

Enter Authorization

- 1. PROVIDER REQUEST [EDIT](#)
- 2. SERVICE LINE [EDIT](#)
- 3. FINISH UP

Contact

Mayi Helpu

Phone

(501)000-9999

Fax

(501)000-9998

Email

helpu@samehealth.com



Questionnaire

Attachment:

Upload any relevant attachments. (5Mb limit)
Attachment name cannot contain any spaces or special characters.

Browse...

A questionnaire based on the service type selected displays in the left panel.

Auth
DOE, J... 03/16/29/1991 | Member ID#

These are questions specific to Surgical Inpatient.

Surgical Inpatient

Please provide any additional information that may assist us in making a decision on this authorization. If none is required, please enter N/A (Not Applicable).

Additional Information:

Provide any additional information and click **Close** to continue.

CLOSE QUESTIONNAIRE

Enter Authorization

- 1. PROVIDER REQUEST [EDIT](#)
- 2. SERVICE LINE [EDIT](#)
- 3. FINISH UP

Contact

Phone

Fax

Email

The Secure Provider Portal allows you to upload additional documents as needed.

Attachment:

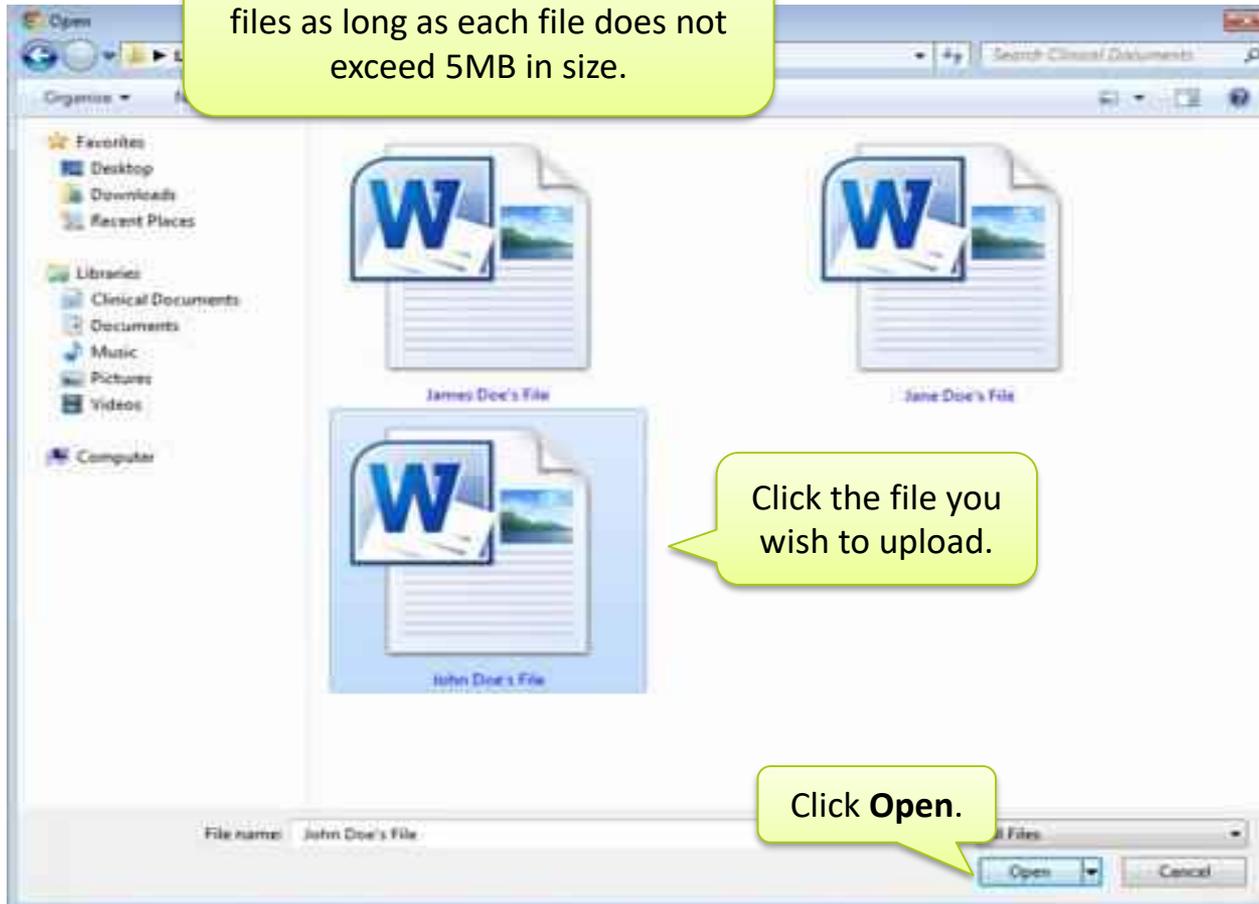
Upload any relevant attachments. (5Mb limit)

Attachment name cannot contain any spaces or special characters.

To add an attachment, click **Browse**

Attachments

You can upload up to 5 separate files as long as each file does not exceed 5MB in size.





This is only a confirmation that your authorization has been submitted. The authorization has not been approved yet

TIN: 111222333

Name

Service Line 2



CLINIC

Attach

SUBMIT

Authorization Summary

The Authorizations Summary initially displays all authorization requests processed for the past 90 days.

This includes Inpatient and Outpatient requests done via the portal, fax or phone.

Authorizations								
Processed	Errors	Disclaimer						Filter
Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.								
STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE	
APPROVE	OP1122334455	JOHN DOE	03/26/2019	06/26/2019	N32.81	OUTPATIENT	Pain Management	
APPROVE	OP2211335566	JANE DOE	03/14/2019	03/15/2019	C61	INPATIENT	Medical	
APPROVE	OP4564564564	JOHN DOE	03/05/2019	03/05/2020	C61	OUTPATIENT	Biopharmacy	

Authorizations

Processed Errors Disclaimer

Click **Filter** to expand a series of fields to narrow your search and/or access up to 18 months of authorization history.

For best results, search by the member's last name.

Date Range From MM/DD/YYYY to MM/DD/YYYY

Member Last Name First Name Member ID

Authorization Authorization # Confirmation # Status
Select... APPROVE DENY PARTIAL_APPROVE PARTIAL_DENY PEND

You can access up to 18 months of authorization history, but it is limited to a 3-month span at a time.

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours. To search, enter one or more of the following criteria, the date range is limited to three-month span. Only the last 18 months of authorizations data is available on line.

Click the authorization number to view more details.

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	IP1122334455	JOHN DOE	02/25/2019	02/28/2019	J44.1	INPATIENT	Medical
DENY	IP2211335566	JANE DOE	01/07/2019	01/09/2019	R10.9	INPATIENT	Medical
APPROVE	IP12113044987	JANE DOE	01/03/2019	01/07/2019	E13.10	INPATIENT	Medical

[Back to Authorizations](#)

A summary of the authorization will be displayed in the header.

Overview

Auth Status: APPROVE

Explanation: Pay

Auth Nbr: IP1554249688

Auth Type: INPATIENT

Admit Date: 03/27/2019

Service: Medical

Provider of Service(s): REGIONAL

Discharge Date: 04/04/2019

Cost Sharing

Benefit Tracker

[Diagnosis Code\(s\):](#) S06.303A
S32.401A

A breakdown per line item is also available below.

[View](#)

Assessments

Health Record

Care Plan

Authorizations

Line Item	Service type	From Date	To Date	Stay Level	Location	Status	Medical Necessity	Decision Date
1	Medical	03/27/2019	04/01/2019	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	03/29/2019
2	Medical	04/01/2019	04/04/2019	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	04/08/2019

[Back to Authorization List](#)

Pharmacy PDL

Referrals

Coordination of Benefits

Claims

Summary of Benefits

Document Resource Center

[Back to Authorizations](#)

Overview

Auth Status: APPROVE
Auth Nbr: IP1554249688
Admit Date: 03/27/2019
Provider of Service(s): REGIONAL

Explanation: Pay
Auth Type: INPATIENT
Service: Medical
Discharge Date: 04/04/2019
Procedure Code(s):

99221

Notes & Attachments: [View](#)

Cost Sharing

Benefit Tracker

[Diagnosis Code\(s\):](#) S06.303A
S32.401A

Assessments

Hover your mouse over a line item to view the Diagnosis and Procedure code associated with it.

Health Record

Care Plan

Authorizations

1	Medical	03/27/2019
2	Medical	04/01/2019

[Back to Authorization List](#)

Pharmacy PDL

Referrals

Coordination of Benefits

Claims

Summary of Benefits

Document Resource Center

Diagnosis and Procedure Codes

Primary Diagnosis Code: S06.303A
Additional Diagnosis Codes: S32.401A
Primary Procedure Code: 99221
Additional Procedure Codes: 99221

Medical Necessity	Decision Date
Requested	03/29/2019
Requested	04/08/2019

[Back to Authorizations](#)

JAMES DOE

Overview

Authorizations

Coordination of Benefits

Claims

Auth Status: APPROVE...

Auth Nbr: OP7766889911

Service: Community Based Services

Provider of Service(s): PROVIDER NAME

Explanation: Pay

Auth Type: OUTPATIENT

From Date: 01/21/2015

To Date: 07/20/2015

[Procedure Code\(s\):](#) H0034

H2014

Diagnosis Code(s):

T1017

Line Item	Service type	Start Date	End Date	Units Req.	Units Apprd	Modality	Location	Status	Medical Necessity	Decision Date
1	Community Based	01/21/2015	07/20/2015	1440	1440		Unspecified	APPROVE		01/22/2015
		01/21/2015	07/20/2015	1440	1440		Unspecified	APPROVE		01/22/2015
3	Community Based Services	01/21/2015	07/20/2015	2880	2880		Unspecified	APPROVE		01/22/2015
4	Community Based Services	01/21/2015	07/20/2015	2880	2880		Unspecified	APPROVE		01/22/2015
5	Community Based Services	01/21/2015	07/20/2015	5760	5760		Unspecified	APPROVE		01/22/2015

Click **Back to Authorizations** to return to the previous screen.

[Back to Authorization List](#)

Tips to Remember



- Prior Authorizations are granted at the CPT code level
- If a claim is submitted that contains CPT codes that were not authorized, the services will be denied
- If additional procedures are performed during the procedure, the provider must contact the health plan to update the authorization in order to avoid a claim denial
- Authorizations can be updated but you cannot retro-authorize services:
 - The claim will deny for lack of authorization
 - If there are extenuating circumstances that led to the lack of authorization, the claim may be appealed.

Resources



- Access each Health Plan's website for the following references:
 - Provider Manual
 - Prior Authorization Quick Reference Guide
 - Clinical & Payment Policies:
 - ✓ Allwell:
 - <https://www.arhealthwellness.com/providers/resources/clinical-payment-policies.html>
 - ✓ Ambetter:
 - <https://ambetter.arhealthwellness.com/provider-resources/clinical-payment-policies.html>
 - ✓ ARTC:
 - <https://www.arkansastotalcare.com/providers/resources/clinical-payment-policies.html>

Needing to Contact Us?



Allwell from Arkansas Health and Wellness

Provider Services

Phone: 1-855-565-9518

TTY/TDD: 711

allwell.arhealthwellness.com

Ambetter from Arkansas Health and Wellness

Provider Services

Phone: 1-877-617-0390

TTY/TDD: 1-877-617-0392

ambetter.arhealthwellness.com

Arkansas Total Care

Provider Services

Phone: 1-866-282-6280

TTY/TDD: 711

ArkansasTotalCare.com

Education Requests

Would you like training for you and your staff?

You can submit your requests to

Providers@arhealthwellness.com

Providers@ArkansasTotalCare.com



Contracting Department

Phone Number: 1-844-631-6830

Hours of Operation: 8am-4:30pm



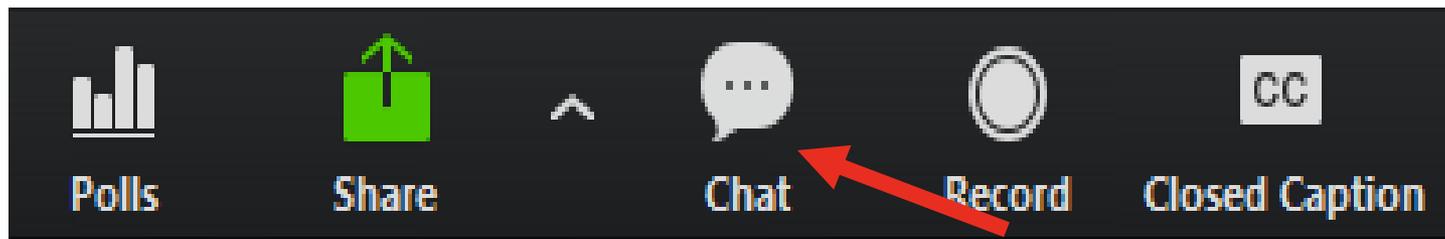
Provider Contracting Email Address:

ArkansasContracting@centene.com

Regular contracting inquiries and contract requests

Questions

Please use the Chat feature to enter
your questions



Thank you for joining!