

Do You Need a Prior Authorization?



Inpatient Services

Acute Facility	YES - PA Needed
Residential Treatment Facility	YES - PA Needed
Intermediate Care Facility	YES - PA Needed

Outpatient & Prescription Services

IDD Waiver services with existing authorizations from AR Medicaid (end dates are extended to 12/31/2019)	NO - PA Not Needed
All other outpatient services & prescriptions with existing authorizations from AR Medicaid (end dates are extended to 8/31/2019)	NO - PA Not Needed
All new services & prescriptions that are not included in an existing authorizations from AR Medicaid	YES - PA Needed
Non-waiver authorized services that member will exhaust prior to 9/1/2019	YES - PA Needed

Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices.

All out-of-network providers will be required to request a prior authorization for services performed starting 9/1/2019.

TURNAROUND TIME* FOR AUTHORIZATIONS:

Urgent Review	1 Business Day
Non-Urgent Review	2 Business Days
Prescription	24 Hours

**Turnaround time is based on receipt of all necessary information.*



For participating providers, all new requests for services (for new or existing members) should be checked using our **Pre-Auth Check Tool** on the website to quickly determine if a service requires prior authorization.

Please visit [ArkansasTotalCare.com](https://www.arkansastotalcare.com)

under For Provider, Provider Resources tab, Pre-Auth Check

Submit Prior Authorization

After you determine if a service requires authorization, submit via one of the following ways:



SECURE WEB PORTAL

PROVIDER.ARKANSASTOTALCARE.COM



PHONE

1-866-282-6280 (TDD/TTY: 711)

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



FAX

1-833-249-2342