



Complete and Fax Medical requests to: 833-249-2342
Complete and Fax Behavioral requests to: 833-632-6934

BENEFIT INQUIRY FORM

A Benefit Inquiry means an inquiry by an Arkansas licensed healthcare provider to a utilization review entity related to medical necessity, coverage, or payment for prospective healthcare service, including prescription drugs, for an enrolled member of a healthcare plan of the applicable healthcare insurer for services or prescription drugs which are not subject to prior authorization requirements of the utilization review.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

* Medicaid/Member ID
*Date of Birth (MMDDYYYY)
Last Name, First

REQUESTING PROVIDER INFORMATION

*Requesting NPI
*Requesting TIN
Requesting Provider Contact Name
*Requesting Provider Name
Phone
* Fax

SERVICING PROVIDER / FACILITY INFORMATION

*Servicing NPI
*Servicing TIN
Servicing Provider Contact Name
*Servicing Provider Name
Phone
* Fax

BENEFIT INQUIRY REQUEST

* Procedure Code
*Diagnosis Code
*Start Date OR Admission Date
Total Units/Visits/Days

* SERVICE TYPE

(Enter the Service type number in the boxes)

- 422 Biopharmacy
712 Cochlear implants & Surgery
299 Drug Test
922 Experimental & Investigational Services
205 Genetic Testing & Counseling
249 Home Health
390 Hospice Services
290 Hyperbaric Oxygen Therapy Imaging
141 Imaging
112 Nutritional Supplements and/or Services
790 Occupational Therapy
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
101 Physical Therapy
201 Sleep Study

- 701 Speech Therapy
472 Stereotactic Radiosurgery
993 Transplant Evaluation
209 Transplant Surgery
724 Transportation
650 Radiation Therapy
Behavioral Health
533 BH Applied Behavioral Analysis
512 BH Community Based Services
514 BH Day Treatment
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy
510 BH Medical Management
518 Mental Health/Chemical Dependency Observation
519 BH Outpatient Therapy
530 BH PHP
520 BH Professional Fees

- 521 BH Psychological Testing
DME
417 Rental
120 Purchase \$ (Purchase Price)

Responses to a benefit inquiry shall be provided in the same form and manner as responses to requests for prior authorization within ten (10) business days of receipt of information required to make a decision on the benefit inquiry. If the benefit inquiry lacks sufficient information to respond the healthcare insurer or utilization review entity shall notify the healthcare provider within two (2) business days of the additional information that is required