



arkansas  
health & wellness™

## 3<sup>rd</sup> Quarter Provider Webinar

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# Housekeeping



- Please mute your phone.
- Please do not place this call on hold as all attendees will hear your hold music.
- Please hold all questions until the end of the presentation.
- This presentation will be posted to the Arkansas Health & Wellness website soon.

# Disclaimer



- Arkansas Health & Wellness has produced this material as an informational reference for providers furnishing services in our contract network. Arkansas Health & Wellness employees, agents and staff make no representation, warranty, or guarantee that this compilation of information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material.
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# Agenda



- Welcome
- 3<sup>rd</sup> Quarter Updates
  - COVID-19 Updates : Ambetter & Allwell
  - Clinical and Payment Policies
  - CAHPS & HOS
  - Engage Incentive
- Risk Adjustment
- Appointment Availability Audit
- Continuity of Care Quality Bonus Program
- Prior Authorizations
- Provider Reminders
- Upcoming Webinars
- Contact Information

# Acronyms

Acronym	Definition
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CMS	Centers for Medicare & Medicaid Services
CLIA	Clinical laboratory improvement Amendments
CY	Calendar Year
EUA	Emergency Use Authorizations
FWA	Fraud Waste & Abuse
HOS	Health Outcomes Survey
PA	Prior Authorization
CPT	Current Procedural Terminology

# Join Our Email List Today



## 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

- Receive current updates:  
<https://www.arhealthwellness.com/providers/resources.html>
- Choose the network you wish to receive information for

# Provider Services Call Center

- **First line of communication**
  - Ambetter Provider Services Call Center 1-877-617-0390  
TTY: 1-877-617-0392
  - Allwell Provider Services Call Center 1-855-565-9518  
TTY: 711
- Provider Service Representatives can assist with questions regarding:
  - Eligibility
  - Authorizations
  - Claims
  - Payment inquiries
  - Appeal status
  - Negative Balance reports
- Representatives are available Monday through Friday, 8AM to 5PM (Central Standard Time)

# Provider Inquiries

- After speaking with a Provider Service Representative you will receive a reference number, which will be used to track the status of your inquiry
- If you need to contact your assigned Provider Relations Representative, you should have the following when calling or submitting an email inquiry:
  - Reference number assigned by the Provider Services Center
  - Provider's Name
  - Tax ID
  - National Provider Identifier (NPI)
  - Summary of the issue
  - Claim numbers (if applicable)



# COVID-19 Vaccine Billing Changes

# COVID-19 Post-Acute Transfer Policy Extension



- In an effort to help facilities accept patients during the COVID-19 pandemic, Arkansas Health & Wellness will auto-approve the initial seven days for lower levels of care for patients moving from an inpatient hospital setting.
- We request that facilities provide notification of admission by submitting an authorization request within the first five days of a patient's admission. We will continue to provide concurrent review after the initial seven-day approval. This waiver will be in effect for the duration of the reinstated public health emergency.
- The end date for this waiver may be changed. Please be sure to sign up for our provider emails so that you can receive notifications from us.
- The waiver includes skilled nursing facilities, long-term acute care and acute rehab for all lines of business. Acute transfers from medical stays to behavioral health facilities are included in this waiver. Acute transfers from psychiatric stays at behavioral health facilities are excluded.

# Ambetter Covid-19 Vaccine and Administration



- **National State of Emergency Extension Now through 7/20/21 and Sequester Moratorium Now Through 12/31/21**
- Ambetter from Arkansas Health & Wellness has configured its systems to properly adjudicate COVID-19 vaccine-related claims, both for the vaccine and its administration.

Line of Business	Provider Status	Service Type	Prior Authorization	Cost Share
Ambetter	PAR or NONPAR	Prevention	NO	NO
Ambetter	PAR or NONPAR	Screening	NO	NO
Ambetter	PAR	Treatment	YES	YES
Ambetter	NONPAR	Treatment	YES/NO Except when required per member's benefit	YES

# Allwell Covid-19 Billing



As we continue address the COVID-19 pandemic, we want to update you on important Medicare benefit information as it relates to currently expanded coverages. For dates of service June 1, 2021 onward, Medicare member liability (copayments, coinsurance and/or deductible cost sharing) will be reinstated as according to their benefits for the applicable treatment services.

Line of Business	Provider Status	Service Type	Prior Authorization	Cost Share
Allwell	PAR or NONPAR	Prevention	NO	NO
Allwell	PAR or NONPAR	Screening	NO	NO
Allwell	PAR or NONPAR	Treatment	YES	YES

# Allwell Covid Billing cont.

## All Telehealth Services

- Any services that can be delivered virtually will continue to be eligible for telehealth coverage for the duration of the public health emergency (PHE).
- Prior authorization requirements will also continue to be waived for all telehealth services during the PHE.
- **Providers should resume collecting Medicare member liability at the point of service on June 1, 2021 onward.**
- Providers should reflect telehealth care on their claim form by following standard telehealth billing protocols in their state.

# Clinical and Payment Policy Updates

# Clinical and Payment Policy Updates



- **Arkansas Health & Wellness is amending or implementing new policies that can be found on the public website.**
- Our clinical, payment and pharmacy policies can be found by going to: [ARHealthWellness.com](http://ARHealthWellness.com)
  - Select the “For Providers” tab at the top of the screen
  - Select “Clinical and Payment Policies” from the drop-down menu
  - Select Ambetter or Allwell Clinical, Payment, or Pharmacy policies.
- Use the Ctrl+F (Command+F on Mac) function on your keyboard to search by keyword, policy number or effective date.

If you have questions, please call 1-877-617-0390 (TTY: 1-877-617-0392) or email [Providers@ARHealthWellness.com](mailto:Providers@ARHealthWellness.com)



# Ambetter Clinical & Payment Policies

- **The below policies become effective August 1<sup>st</sup>, 2021:**
    - DNA Analysis of Stool CP.MP.125
    - Applied Behavioral Analysis CP.BH.104
    - Clinical Trials CP.MP.94
    - Discograph CP.MP.115
  - **The below policies become effective September 1<sup>st</sup>, 2021:**
    - Hospice Services CP.MP.54
    - Bevacizumab CP.PHAR.93
    - Air Ambulance CP.MP.75
    - Durable Medical Equipment (DME) CP.MP.107
- \* This is not a full comprehensive list. Please see website for complete listing of all Clinical & Payment Policies :
- <https://www.arhealthwellness.com/providers/resources/clinical-payment-policies.html>



# Allwell Clinical & Payment Policies



- **The below policies become effective August 1<sup>st</sup>, 2021:**
  - Applied Behavioral Analysis CP.BH.104
  - Clinical Trails CP.MP.94
  - Drug Payment Reduction CC.PP.070
  - DNA Analysis of Stoll to Screen for Colorectal Cancer CP.MP.125
- **The below policies become effective September 1<sup>st</sup>, 2021:**
  - Air Ambulance CP.MP.75
  - Orthotics and Prosthetics Guidelines CP.MP.107

**\* This is not a full comprehensive list. Please see website for complete listing of all Clinical & Payment Policies :**

<https://www.arhealthwellness.com/providers/resources/clinical-payment-policies.html>

# CAHPS and HOS Survey

# CAHPS & HOS

## **Arkansas Health & Wellness has posted new CAHPS & HOS Survey Best practices for our providers.**

- To access the 2021 Guidelines, go to [ARHealthWellness.com](https://ARHealthWellness.com)
- Select “For Providers” then “Provider Resources”
- Go to Coding and Tip Sheets, then select Ambetter or Allwell.
- Each Line of Business has their own Tip Sheet.:
  - Ambetter CAHPS HOS Survey Best Practices
  - Allwell CAHPS HOS Survey Best Practice Guide

# CAHPS & HOS



Home Find a Doctor Login Careers Contact

Contrast  On  Off a a a

FOR MEMBERS

FOR PROVIDERS

GET INSURED

## FOR PROVIDERS

Login

Become a Provider

Pre-Auth Check +

Pharmacy

Provider Resources -

Manuals, Forms and Resources

Provider Training

Eligibility Verification

Incentives Statement

Integrated Care

Provider Webinars

Prior Authorization

National Imaging Associates (NIA)

Report Fraud, Waste and Abuse

Patient Centered Medical Home Model

Electronic Transactions +

Clinical & Payment Policies

Allwell Coding Tip Sheets And Forms

Ambetter Coding Tip Sheets And Forms

## Risk Adjustment

ABOUT RISK ADJUSTMENT +

CONDITION STATUS CODES AND LIFELONG CHRONIC CONDITIONS +

DIAGNOSIS POINTERS +

GUIDELINES & BEST PRACTICES +

PREVENTIVE VISITS +

PROVIDER SIGNATURE REQUIREMENTS +

STROKE & LATE EFFECTS +

VASCULAR DISEASE +

## Ambetter Coding Tip Sheets And Forms

AMBETTER CODING TIP SHEETS AND FORMS -

- [Ambetter 2020 Obesity and BMI \(PDF\)](#)
- [Ambetter Alcohol/Drug Use Disorder \(PDF\)](#)
- [Ambetter Alcohol & Drug Dependence \(PDF\)](#)
- [Ambetter Annual Physical Exam Guide \(PDF\)](#)
- [Ambetter Annual Wellness Exam Coding Tip Sheet \(PDF\)](#)
- [Ambetter Appropriate Treatment for URI \(PDF\)](#)
- [Ambetter CAHPS HOS Survey Best Practices \(PDF\)](#)
- [Ambetter Cerebrovascular Disease Tip Sheet \(PDF\)](#)
- [Ambetter Cervical Cancer Coding/HEDIS \(PDF\)](#)

# Eye Exam Incentive

Engolve Vision

# Eye Exam Incentive

## Diabetic Care Coordination

- Arkansas Health & Wellness is committed to improving the health of the community by helping people with diabetes lead healthier lives. Because of your vital role in patient health, we are asking for your help in facilitating preventive care through annual diabetic eye exams and reporting of exam findings.
- Routine retinal evaluation is recommended to reduce the risk of diabetes-related blindness. While exams do not require prior authorization, please be sure to adhere to Arkansas Health & Wellness clinical policies regarding medical necessity.
- Please reference plan specifics and applicable billing guidelines when selecting the most appropriate CPT code for services rendered.
- When submitting CPT II codes, you may be entitled to a \$10 bonus payment per member per year. Providers must bill \$10 in the claim filling to receive reimbursement.

# Eye Exam Billing

Using these codes may help reduce the need for medical record reviews.

- CPT®:65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
- CPT® II:\* 2022F-2026F, 2033F, 3072F
- HCPCS: S0620, S0621, S3000
- Diagnosis Code (diabetes without complications):E10.9, E11.9, E13.9

\*Note: When submitting CPT II codes, you may be entitled to a \$10 bonus payment per member per year. Providers must bill \$10 in the claim filing to receive reimbursement.

For additional information or for training and support, contact Arkansas Health & Wellness' Quality Improvement HEDIS® team at [QI\\_AR\\_HEDIS@centene.com](mailto:QI_AR_HEDIS@centene.com)

# Risk Adjustment and Providers



# Risk Adjustment Overview

- Risk Adjustment is the method developed and used by the Department of Health & Human Services (HHS) to predict health costs of members
- The purpose of risk adjustment is to deter plans from developing products that only attract the healthiest members – protect against adverse selection
- Center for Medicaid and Medicare Services uses the Hierarchical Condition Category (HCC) grouping logic as basis of risk adjustment

# Hierarchical Condition Categories

- HCC 's – Assigns risk factor score based upon chronic health conditions, demographics detail
  - ❖ Age
  - ❖ Gender
  - ❖ If member is community-based or institution-based
  - ❖ Interaction between disease categories within the hierarchy
  - ❖ Chronic conditions
- HCC's help predict healthcare costs for plan enrollees
- HCC's are based on encounter or claims data collected from providers
- Not all diagnosis map to an HCC

# Risk Adjustment Requirements

- CMS & HHS **REQUIRE** health plans to report complete **and** accurate diagnostic information on enrollees **ANNUALLY**
  - ❖ Conditions not documented annually do not exist
- Opportunity for providers to provide comprehensive care with every face-to face encounter
  - ❖ Document chronic conditions, co-existing conditions, active status conditions, and pertinent past conditions

# Risk Adjustment Projects

- **Risk Adjusted Data Validation (RADV Audit) – Ambetter Only**
  - Contracted vendor: Optum
  - Mandated audit confirming validity of chronic conditions submitted via claims
  - Providers are to submit requested medical records for HHS review
  - Project Dates:
    - 2020 Dates of Service: August 2021 – December 2021
- **Chart Review Projects – Ambetter & Allwell**
  - Contracted vendors: Change Healthcare and Ciox
  - Project Dates:
    - Allwell: September 2021-June 2022
    - Ambetter: September 2021-April 2022

# Risk Adjustment Best Practices

- **Take a comprehensive care approach**
  - Address all chronic conditions each visit
  - Code to the highest specificity
- **Document Diagnosis**
  - Use ICD-10 on claims to document conditions that exist
  - Provide documentation for each diagnosis in the medical record
- **Utilize Health Data**
  - Provider Analytic Tool
  - Appointment Agenda Data
  - In Office Assessment Forms

# Risk Adjustment Contacts

- Operations and Management  
Sherrill Montgomery  
Senior Manager, Risk Adjustment  
Sherrill.S.Montgomery@Centene.com
- Project Initiatives  
Karyn Langley  
Project Manager, Risk Adjustment  
Karyn.Langley@Centene.com
- Coding Questions  
Haley Hicks  
Senior Coding Analyst, Risk Adjustment  
Haley.M.Hicks@Centene.com

# Appointment Availability Audit



- Arkansas Health & Wellness maintains guidelines for appointment and wait times that are informed by state and federal guidelines and industry best practices.
- **Allwell from Arkansas Health & Wellness**
  - Visit <https://www.arhealthwellness.com/providers/allwell-providers.html>. Under the “Reference Material” heading, select the Provider Manual link for the current year. Within the manual’s table of contents, click “Appointment Availability”.
- **Ambetter from Arkansas Health & Wellness**
  - Visit <https://ambetter.arhealthwellness.com/provider-resources/manuals-and-forms.html>. Under the “Reference Materials” heading, select the Provider and Billing Manual link for the current year. Under the heading “Provider Administration and Role of the Provider”, click on “Appointment Availability and Wait Times”.

# Continuity of Care Quality Bonus Program



- Targets Medicare members ONLY.
- Rewards PCPs for improving quality and closing gaps in care to better align payment with quality.
- Providers earn incentives at multiple levels based upon Medicare Star Rating achievement for each measure.
- Each measure is calculated and rewarded individually and is determined by comparing a CoC providers compliance percentage for a given program measure to established benchmarks.



# Continuity of Care – Quality Bonus Program Measures and Incentives



Program Measures	Base	3-STAR	4-STAR	5-STAR
Bone Mineral Density Testing	\$10	\$20	\$30	\$40
Care of Older Adult – Medication List and Review*	\$10	\$20	\$30	\$40
Care of Older Adult – Pain Screening*	\$10	\$20	\$30	\$40
Colorectal Cancer Screen	\$10	\$20	\$30	\$40
Diabetes – Dilated Eye Exam	\$10	\$20	\$30	\$40
Diabetes HbA1c ≤ 9	\$10	\$20	\$30	\$40
Diabetes Monitor Nephropathy	\$5	\$10	\$20	\$30
Hypertension	\$10	\$20	\$30	\$40
Mammogram	\$10	\$20	\$30	\$40
Medication Adherence – Blood Pressure Medications	\$15	\$35	\$45	\$60
Medication Adherence – Diabetes Medications	\$10	\$25	\$40	\$55
Medication Adherence - Statins	\$15	\$35	\$45	\$60
Medication Reconciliation Post-discharge	\$10	\$20	\$30	\$40
Statin Therapy for Patients with Cardiovascular Disease	\$10	\$20	\$30	\$40
Statin Use in Persons with Diabetes	\$10	\$20	\$30	\$40

*\*Dual Eligible Special Needs Plan (DNSP) members only*

# Prior Authorizations

Turning Point

## Post Service Change Review (PSCR)

- Allows for a coding change on an authorization after the surgery based on changes during surgery
- PSCR will be performed if the additional procedure codes are subject to prior authorization and are within TurningPoint scope of services
- Must submit PSCR form and supporting post op notes to initiate review
- Must submit request prior to submitting claim

## Reminders

- Email the request to [centeneumappeals@turningpoint-healthcare.com](mailto:centeneumappeals@turningpoint-healthcare.com)
- Please include all pertinent clinical information, including but not limited to operating notes.

### Post Service Changes Review Form

*This form is only to be used for review of a request post service, where an authorization was obtained, however the procedure codes performed differ from the initial authorization request. Post service reviews will be performed if the additional procedure codes are subject to prior authorization and fall within the TurningPoint Scope of Services. Submit only one form per patient.*

*This process can only be applied if a claim has not yet been submitted to Centene.*

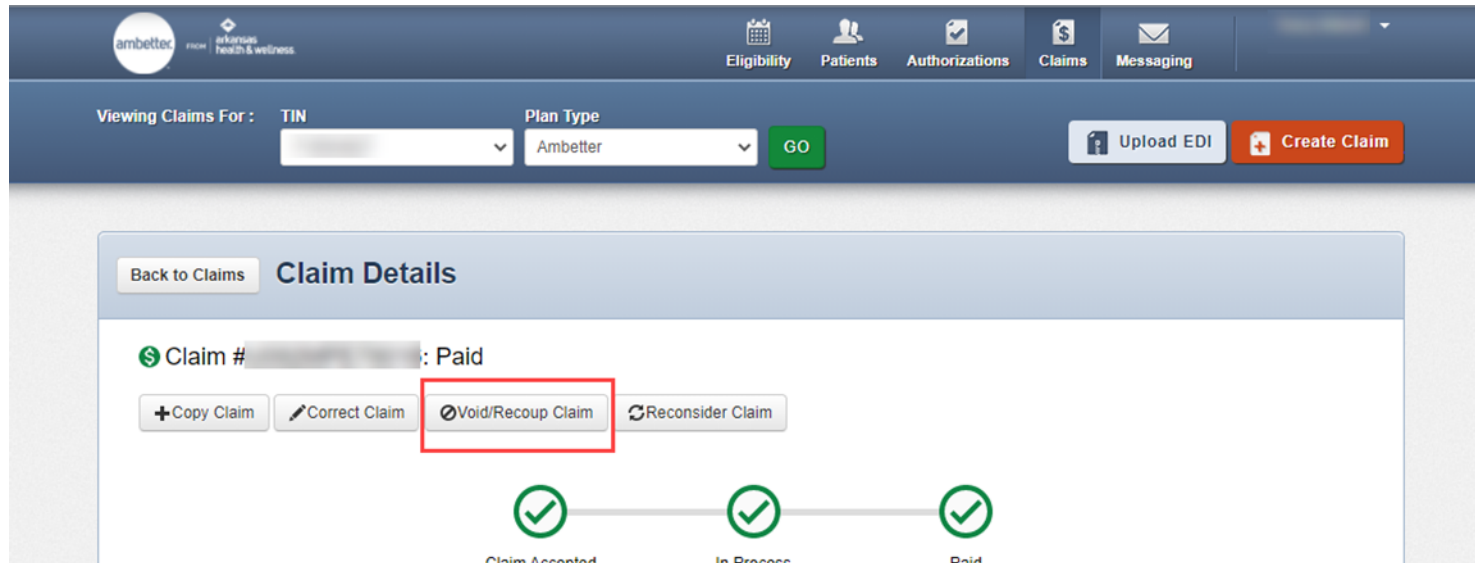
*\*\*\*Inquiries received without the required information below may not be reviewed\*\*\**

Authorization Number:		Member ID#:	
Member DOB:	Prefix:	Group #:	
Patient Name: (Last, First)			
Date(s) of Service:		Provider TIN:	
Provider Name:		NPI:	
Contact Person:		Phone Number:	
Provide detailed information about your review request, including what was initially authorized and what procedure(s) changed with the updated CPT codes:			

# Provider Reminders

# New Portal Features

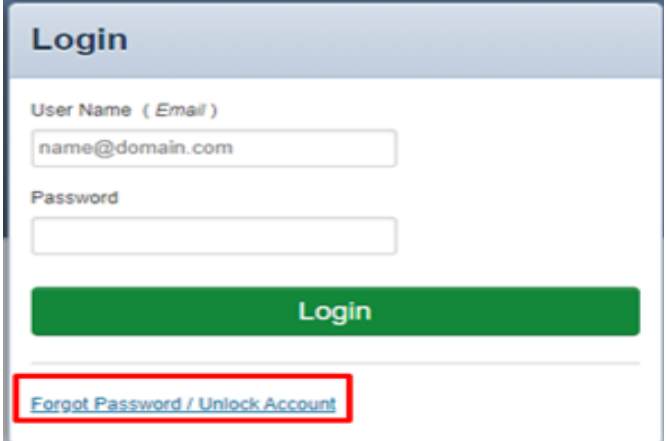
- Claims that have been fully adjudicated, whether paid or denied, now have a new feature in the secure portal!
- You can select Void or Recoup by the claim.
- The manual inside the portal has instructions for this new feature on page 92.



The screenshot displays the 'Claim Details' page in the Arkansas Health & Wellness portal. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a search bar allows filtering by TIN and Plan Type (Ambetter), with a 'GO' button. To the right are 'Upload EDI' and 'Create Claim' buttons. The main content area shows a claim status of 'Paid' and a progress bar with three stages: 'Claim Accepted', 'In Process', and 'Paid', each marked with a green checkmark. A red box highlights the 'Void/Recoup Claim' button, which is located between 'Correct Claim' and 'Reconsider Claim' buttons. Other buttons include '+ Copy Claim' and 'Back to Claims'.

# Provider Portal Password

- Remember to log into your account at least once every 30 days to keep your account active
- Passwords expire after 90 days of no use
- Ways to reset your password:
  - Click on the Forgot Password/Unlock Account link
  - Contact your Account Manager
  - Contact Provider Services:
    - Ambetter : 1-877-617-0390
    - Allwell : 1-855-565-9518



The screenshot shows a login form titled "Login". It contains two input fields: "User Name ( Email )" with the placeholder text "name@domain.com" and "Password". Below the fields is a green "Login" button. At the bottom of the form, there is a link labeled "Forgot Password / Unlock Account" which is highlighted with a red rectangular box.

# Provider Portal Password



Account Managers can access the User Management Section within the Portal to send a Password Reset email

A screenshot of the Arkansas Total Care Provider Portal. The top navigation bar includes the "arkansas total care" logo and several menu items: Eligibility, Patients, Authorizations, Claims, Messaging, and Account Details. The "Account Details" dropdown menu is open, and the "User Management" option is highlighted with a red box. Below the navigation bar, there are dropdown menus for "Viewing For : TIN" and "Plan Type" (set to "Arkansas Total Care"), followed by a green "GO" button. The main content area is titled "Update User status and permissions for". It contains two sections: "User Information" and "Profile Information". The "User Information" section shows fields for Email, Name, and Telephone Number, along with status information: "Status: PasswordExpired" and "Last Login Time: 2020-02-12 16:35:34". The "Profile Information" section shows the TIN, a "Verified: Yes" status, and a "Can Access" section with checkboxes for Reports, Health Record, Manage Account, Eligibility (checked), and Authorizations (checked). Below this, there are radio buttons for "Update Status": "Disable user" and "Send Password Reset Email" (highlighted with a red box). There is also a "Comments: (required)" field with a 200-character limit and a "Comments History" section. At the bottom right, there are "Cancel" and "Update User" buttons.

# Fraud, Waste and Abuse

- Arkansas Health & Wellness takes the detection, investigation, and prosecution of fraud, waste and abuse very seriously and has a FWA program that complies with the federal and state laws
- Arkansas Health & Wellness routinely conducts audits to ensure compliance with billing regulations.
- The Centene Special Investigation Unit (SIU) performs retrospective audits, which may result in taking actions against providers who commit fraud, waste, and abuse.

**If you suspect or witness a provider inappropriately billing or a member receiving inappropriate services, please call our anonymous and confidential hotline at 1-866-685-8664**



# Fraud, Waste and Abuse – Continued

- These actions may include but are not limited to:
  - Remedial education and/or training to prevent the billing irregularity
  - More stringent utilization review
  - Recoupment of previously paid monies
  - Termination of provider agreement or other contractual arrangement
  - Civil and/or criminal prosecution
  - Any other remedies available to rectify
- Some of the most common FWA submissions seen are:
  - Unbundling of codes
  - Up-coding services
  - Add-on codes without primary CPT
  - Diagnosis and/or procedure code not consistent with the member's age and/or gender
  - Use of exclusion codes
  - Excessive use of units
  - Misuse of benefits
  - Claims for services not rendered

# Cultural Competency Training Available



- This course will allow providers to receive information on how to service the member's health care needs in a culturally competent manner
- All providers must complete training annually
- AHW provides monthly webinars:
  - To register visit our website at:  
[www.arhealthwellness.com/providers/resources/provider-webinars.html](http://www.arhealthwellness.com/providers/resources/provider-webinars.html)
- Topics include:
  - Health Communication
  - Health Literacy
  - Auxiliary Aids and Interpreter Services
  - How to become culturally competent
  - Changing attitudes
  - Ensuring compliance

# Upcoming Webinars



## Cultural Competency Training

The purpose of this webinar is to train providers how to service the member's health care needs in a culturally competent manner.

**September 9<sup>th</sup> @ 10:00 a.m.**

**October 12<sup>th</sup> @ 10:00 a.m.**

## New Provider Orientation

This course will provide a virtual orientation for any new & existing providers. Topics include Overview of the health plan; Provider Participation Responsibilities; Prior Authorization Guidelines; Claims Submission and Billing Tips; Web Tools; Important Contact Information and much more.

**Ambetter October 14<sup>th</sup> @ 10:00 am**

**Allwell October 19<sup>th</sup> @ 2:00 pm**

## Secure Portal

This course will provide a detailed overview of the Secure Provider Portal and the features:

- Registration and Account Setup
- Member Eligibility & Patient Listings
- Health Records & Care Gaps
- Prior Authorization
- Claim Submission & Status
- Corrected Claims & Adjustments

**September 30<sup>th</sup> @ 2:00 p.m.**

**October 5<sup>th</sup> @ 10:00 a.m.**

\*all times are CST

# CPT II Codes & HCPCS Billing for Medicare



In order to help close quality gaps, Allwell from Arkansas Health & Wellness is changing our CPT II code payment. Beginning June 1, 2021, we will add CPT II codes to the fee schedule at a price of \$0.01, which will allow billing of these codes while avoiding claim denial due to a “non-payable code”.

# Psychotherapy Billing Procedures and documentation of behavioral Health Services



- Effective July 1, 2021, Centene will begin conducting routine audits to ensure that providers are adhering to these guidelines.
- Please make sure that all timed codes reflect the exact start/stop times of the direct patient contact rendered to the member.
- If billing psychotherapy codes with an E&M service (90833 (30 min), 90836 (45 min) or 90838 (60 min)), please ensure that the E&M visit time is not included in the time billed for the therapy visit.

# Need to Contact Us?

# Education Requests/Training

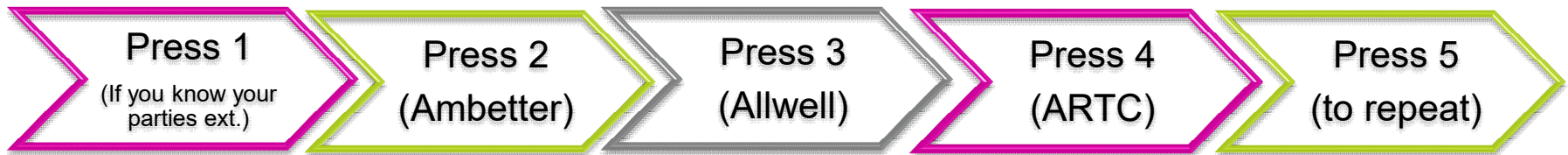
Would you like training for you and your staff?

You can submit your requests to  
[providers@arhealthwellness.com](mailto:providers@arhealthwellness.com)

## Arkansas Health & Wellness Contracting

Phone Number: 1-844-631-6830

Hours of Operation: 8am-4:30pm



Provider Contracting Email Address:

[arkansascontracting@centene.com](mailto:arkansascontracting@centene.com)

Regular contracting inquiries and contract requests



# **Arkansas Health & Wellness Credentialing**

Phone: 1-844-263-2437

Fax: 1-844-357-7890

**Provider Credentialing Email:**  
[arkcredentialing@centene.com](mailto:arkcredentialing@centene.com)

# **Ambetter from Arkansas Health & Wellness**

## **Provider Services**

Phone: 1-877-617-0390

TTY: 1-877-617-0392

[ambetter.arhealthwellness.com](http://ambetter.arhealthwellness.com)

# **Allwell from Arkansas Health & Wellness**

## **Provider Services**

Phone: 1-855-565-9518

TTY: 711

[allwell.arhealthwellness.com](http://allwell.arhealthwellness.com)

## QUESTIONS?

Please submit any questions by using the Q&A feature or in an email with

**“Provider Webinar”** in the subject line to

**[providers@arhealthwellness.com](mailto:providers@arhealthwellness.com)**

# Thank you!