



arkansas
health & wellness™

3rd Quarter Updates

Provider Webinar

2020



Housekeeping

- Please mute your phone
- Please do not put this call on hold—we will hear your hold music

Disclaimer

- Arkansas Health & Wellness has produced this material as an informational reference for providers furnishing services in our contract network and 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.
- The presentation is a general summary that explains certain aspects of the program but is not a legal document.
- Although every reasonable effort has been made to ensure the accuracy of the information within these pages at the time of publication, the program is constantly changing, and it is the responsibility of each provider to remain abreast of the program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice.
- All Current Procedural Terminology (CPT) are copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable Federal Acquisition Regulation (FARS/DFARS) Restrictions apply to government use. The AMA assumes no liability for data contained or not contained herein.

Agenda

- Welcome
- Provider Relations
- Quarter 3 Updates
 - Coronavirus Extension
 - Clinical Policies
 - Notification of Pregnancy
 - Partnership for Quality
- Prior Authorizations
 - TurningPoint
 - NIA
- Reminders

Acronyms

Acronym	Definition
CMS	Centers for Medicare & Medicaid Services
NOP	Notification of Pregnancy
P4Q	Partnership for Quality Program
CPE	Comprehensive Physical Exam
PHE	Public Health Emergency

Provider Services Call Center

- First line of communication
 - Ambetter Provider Services Call Center
1-877-617-0390 (TDD/TTY: 1-877-617-0392)
 - Allwell Provider Services Call Center
1-855-565-9518 (TDD/TTY: 711)
- Prior Service Representatives can assist with questions regarding:
 - Eligibility
 - Authorizations
 - Claims
 - Payment inquiries
- Representatives are available Monday through Friday, 8 am to 5 pm (CST)

Provider Inquires

- After speaking with a Provider Service Representative you will receive the following:
 - All inquiries are assigned 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)

Join Our Email List Today



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

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

Where to Find Us

FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

Login

Become a Provider

Pre-Auth Check



Pharmacy

Provider Resources



QI Program



Provider News



Provider Relations

Coronavirus Information for Providers

Provider Financial Support & Resources

Risk Adjustment



Provider Relations

Arkansas Health & Wellness Provider Relations Associate Territories



Kari
Murphy



Meghan
Hunt



Patrice
Eackles



Valinda
Perkins



Q3 Updates and Reminders

Coronavirus Extension

COVID-19 Public Health Emergency Extended By Federal Government

- With this renewal the various testing, screening, billing, and telehealth coverages that were implemented in response to the COVID-19 Public Health Emergency earlier this year will be extended to Arkansas Health & Wellness members through late October, until the PHE is either terminated or extended again. This extension does not affect coverages that had already been made effective through December 31, 2020.
- In accordance with this extension, Arkansas Health & Wellness has updated the General Guidance for COVID-19 Testing, and Treatment document, as well as the COVID-19 Telehealth Guidance for Providers documents posted on our website.
- If you have any questions about this extension or the covered benefits impacted by it, please contact Provider Services at 1-800-294-3557.

Coronavirus Extension

COVID-19 Public Health Emergency Extended By Federal Government

- With this renewal the various testing, screening, billing, and telehealth coverages that were implemented in response to the COVID-19 Public Health Emergency earlier this year will be extended to Arkansas Health & Wellness members through late October, until the PHE is either terminated or extended again. This extension does not affect coverages that had already been made effective through December 31, 2020.
- In accordance with this extension, Arkansas Health & Wellness has updated the General Guidance for COVID-19 Testing, and Treatment document, as well as the COVID-19 Telehealth Guidance for Providers documents posted on our website.
- If you have any questions about this extension or the covered benefits impacted by it, please contact Provider Services at 1-800-294-3557.



Coronavirus Info for Providers

FOR MEMBERS **FOR PROVIDERS**

FOR PROVIDERS

- Login
- Become a Provider
- Pre-Auth Check +
- Pharmacy
- Provider Resources +
- QI Program +
- Provider News +
- Provider Relations
- Coronavirus Information for Providers**
- Provider Financial Support & Resources
- Risk Adjustment +

For Providers

Login

If you are a contracted Arkansas Health & Wellness provider, you can register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Once you have created an account, you can use the provider portal to:

- Verify member eligibility
- Manage claims
- Manage authorizations
- View patient list
- Login/Register

[login/register](#)

Clinical & Payment Policies

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

Clinical & Payment Policies

WHAT ARE CLINICAL POLICIES? ↕

WHAT ARE PAYMENT POLICIES? ↕

Ambetter Policies


AMBETTER CLINICAL POLICIES ↕

AMBETTER PAYMENT POLICIES ↕

AMBETTER PHARMACY POLICIES ↕

Allwell Policies

ALLWELL CLINICAL POLICIES ↕



POLICY TITLE	POLICY NUMBER	EFFECTIVE DATE
2019 Novel Coronavirus testing (PDF)	CP.MP.183	3/16/2020
3-Day Payment Window (PDF)	CC.PP.500	7/1/2014

Clinical & Payment Policies

New Clinical Policies Effective 10/1/2020

- Bariatric Surgery
- Outpatient Testing for Drugs of Abuse
- Skin Substitutes for Chronic Wounds
- Thymus Transplantation
- Mechanical Stretching Devices for Joint Stiffness and Contracture

Partnership for Quality Program (P4Q)

Partnership for Quality Program (P4Q)

What is Partnership for Quality Program (P4Q)?

- Partnership for Quality (P4Q) is a Risk Adjustment bonus program for our providers.
- Risk Adjustment pays bonuses for completed and verified Provider Appointment Agendas and/or submission of Comprehensive Physical Exam medical records.
- Appointment Agendas serve as a valuable tool that provides offices with both insight into historical diagnosis data (submitted on their patients) as well as clinical services (that research has shown beneficial to member health) for providers to use to assist in assessing their members to ensure all member conditions are assessed at least once per year.
- Providers earn bonus payments for proactively coordinating preventive medicine and thoroughly assessing all of their patients current conditions in an effort to improve health and provide appropriate clinical quality of care.
- Measurement Period is from June 1, 2020 – December 31, 2020.

Partnership for Quality Program (P4Q)

Who is included in the program?

- Members included in the program are those with disease conditions that need to be assessed year over year.
- Member's selections are identified at the beginning of the program and are subject to change in future programs.
- Selected members are listed under their assigned provider's P4Q dashboard but can be moved to the attributed health plan provider at the plans request.

P4Q Provider Responsibilities

- Schedule and conduct an exam with targeted members and use the Appointment Agenda as a guide assessing the validity of each condition identified
- Log into the P4Q Dashboard under the Provider Analytic section of the Secure Provider Account, complete the check-boxes and submit the claims
- Submit the claim using the correct ICD-10, CPT ®, CPTII ® or NDC Codes
- You may also print the Appointment Agenda, sign and date the form, and submit the Completed Appointment Agenda and/or a Comprehensive Exam Medical Record by:
 - Fax at 1-813-464-8879 or
 - Send via secure email to agenda@wellcare.com

P4Q Assessed Member

- An assessed member is defined as:
 - 100% of diagnosis coding gaps are assessed
- Diagnosis gaps assessed by submitting diagnosis code(s) on a medical claim
OR
- Diagnosis gaps assessed by Checking the exclusion box in the P4Q Dashboard
- Gaps assessed by checking “Assessed and Documented” in, or the “No Longer Valid” box or by submitting a Comprehensive Physical Exam Medical Record along with a completed Appointment Agenda with boxes checked.
- Provider must submit an acceptable claim with all “Assessed and Documented” diagnosis included demonstrating that an assessment was completed.



P4Q Appointment Agenda

Overview Dashboards

Summary

Cost Utilization/Services

P4P Dashboards

Quality

2019 ALLWELL P4P SCORECARD

P4P Payment History

P4Q - Appointment Agenda

P4Q Appointment Agenda

Coded Thru Claims as of: 7/29/2020 LOB: ALL TIN: NPI: ALL

Member:

Member List: Appointment Agendas:

Member ID	Member Last Name	Member First Name	Date of Birth	NPI	Assessed	Unassessed	Assessed %
1E96WW4TF52		RUSSELL	6/13/1935		1	8	11.1%
3P86XX9GM65		DEBORAH K	10/7/1960		8	8	50.0%
4D54Y39HY02		TINA M	3/6/1965		2	7	22.2%
9H33MF5YV90		MITCHELL	8/9/1956	-----	2	7	22.2%
3U96PW7JG63		BARBARA J	3/11/1947		2	6	25.0%
7G12AC8FT94		DEBRAH M	3/4/1962		2	6	25.0%
7Q03D66AY60		WANDA	3/20/1946	-----	2	6	25.0%
8C73DD2GR89		AMY L	6/11/1957		4	6	40.0%

NPI:

Member: DOB:

Assessable

Disease Condition	Diagnosis	Assessment Status	DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved Not Present
Amputation Status_Lower Limb/Amputation Complications	G54.6 PHANTOM LIMB SYNDROME WITH PAIN	Unassessed	01/17/2020		●	<input type="checkbox"/>	<input type="checkbox"/>
Angina Pectoris	I20.1 ANGINA PECTORIS W/DOCUMENTED SPASM	Unassessed	07/25/2019		●	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Kidney Disease_Moderate (Stage 3)	N18.3 CKD STAGE 3 MODERATE	Unassessed			●	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Ulcer of Skin_Except Pressure	L97.101 N-PRSS CHR ULCR UNS THIGH LTD BD SK	Unassessed	12/31/9999		●	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation Defects and Other Specified Hematological Disorders	C94.6 MYELODYSPLASTIC DZ NOT CLASSIFIED	Unassessed	03/26/2019		●	<input type="checkbox"/>	<input type="checkbox"/>

Provider Bonus for P4Q

- Bonus = \$100 for every Assessed Member
- Can increase up to \$200 and \$300 based on meeting thresholds outlined below

% of Appointment Agendas Completed/Paid	Bonus Amount per Paid Appointment Agenda
<50%	\$100
>50 to >80%	\$200
>80%	\$300

P4Q Comprehensive Physical Exam Required Documentation

(CPE) documentation of each encounter should include:

- Completed Appointment Agenda
- Date and time
- History:
 - Chief Complaint
 - History of Present Illness
 - Review of Systems (ROS)
 - Past medical, family, social history
- Physical examination
- Assessment, clinical impression or diagnosis
- Treatment
- Provider Name, Signature, Credentials, and Date Signed

Prior Authorization Updates



- Arkansas Health & Wellness launched an innovative Surgical Quality and Safety Management Program with TurningPoint Healthcare Solutions, LLC, which became effective 1/1/2020
- TurningPoint is responsible for processing prior authorizations requests for medical necessity and appropriate length of stay for Musculoskeletal Surgical procedures
- This new process applies to: Allwell and Ambetter
- Physicians began submitting requests to TurningPoint for prior authorization on 12/1/1 for dates of service on or after 1/1/2020

MUSCULOSKELETAL

Orthopedic Surgical Procedures

Including all associated partial, total, and revision surgeries

- ✓ Knee Arthroplasty
- ✓ Unicompartmental/Bicompartmental Knee Replacement
- ✓ Hip Arthroplasty
- ✓ Shoulder Arthroplasty
- ✓ Elbow Arthroplasty
- ✓ Ankle Arthroplasty
- ✓ Wrist Arthroplasty
- ✓ Acromioplasty and Rotator Cuff Repair
- ✓ Anterior Cruciate Ligament Repair
- ✓ Knee Arthroscopy
- ✓ Hip Resurfacing
- ✓ Meniscal Repair
- ✓ Hip Arthroscopy
- ✓ Femoroacetabular Arthroscopy
- ✓ Ankle Fusion
- ✓ Shoulder Fusion
- ✓ Wrist Fusion
- ✓ Osteochondral Defect Repair

Spinal Surgical Procedures

Including all associated partial, total, and revision surgeries

- ✓ Spinal Fusion Surgeries
 - ✓ Cervical
 - ✓ Lumbar
 - ✓ Thoracic
 - ✓ Sacral
 - ✓ Scoliosis
- ✓ Disc Replacement
- ✓ Laminectomy/Discectomy
- ✓ Kyphoplasty/Vertebroplasty
- ✓ Sacroiliac Joint Fusion
- ✓ Implantable Pain Pumps
- ✓ Spinal Cord Neurostimulator
- ✓ Spinal Decompression

Clinical Categories:

- **Orthopedics**
- **Spine**

Clinical Coding:

- **Clinical coding is available by request by calling TurningPoint at 855-275-4500 or through your Provider Relations Specialist. Please note the coding is subject to regular updates/changes as CPT/HCPCS coding is added or deleted.**

Clinical policies and processes are easily accessible to providers via several access points.



Authorization Submission:

- **Web:** <https://myturningpoint-healthcare.com>
- **Fax:** 501-588-0994
- **Phone:** 501-263-8850 | 866-619-7054

Provider Resources:

- Program PowerPoint presentation
- Frequently Asked Questions (FAQ) document
- TurningPoint Provider Manual
- Instructional Webinars
- TurningPoint medical professionals on-call 24 hours a day, 7 days a week

National Imaging Associates, Inc. (NIA)

NIA's Prior Authorization Program

Only non-emergent procedures performed in an outpatient setting require authorization with NIA.

Procedures Requiring Authorization

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging
- MUGA Scan
- Stress Echocardiography
- Echocardiography

Excluded from Program: Procedures Performed in the Following Settings:


- Hospital Inpatient
- Observation
- Emergency Room
- Urgent Care
- Surgery Center

NIA's Prior Authorization Program



- A fax is sent to provider detailing what clinical information is needed along with a Fax Coversheet.
- We stress the need to provide the clinical information as quickly as possible, so we can make a determination.
- Determination timeframe begins after receipt of clinical information.
- Failure to receive requested clinical information may result in non-certification.

CC_TRACKING_NUMBER FAXC



ABDOMEN - PELVIS CT
PLEASE FAX THIS FORM TO: 1-800-784-6864 Date: TODAY

ORDERING PHYSICIAN:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	HEALTH_PLAN_DESC		

We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.


Study Requested was: Abdomen - Pelvis CT
 For documentation **ALWAYS PROVIDE:**

1. The most recent office visit note
2. Any office visit note since initial presentation of the complaint/problem requiring imaging
3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging

Further specifics and examples are listed below:
 FAX QUESTIONS_ADDL
 aslfdldlfaquestions

- a) Abdominal pain evaluation:**
 Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities, prior treatment/consultation, if any).
- b) Abnormal finding on examination, imaging or laboratory test:**
 Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging
- c) Suspicion of cancer:**
 Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy
- d) History of cancer:**
 Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.
- e) Pre-operative evaluation:**
 Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/50 day period.
- f) Post-operative evaluation:**

CC_TRACKING_NUMBER FAXC


 A Magellan Health Company

Notification of Determination

<ul style="list-style-type: none">• Approval Notification<ul style="list-style-type: none">• Ordering Provider – Fax• Member - Written	<ul style="list-style-type: none">• Denial Notification<ul style="list-style-type: none">• Ordering Provider – Fax• Member - Written
<ul style="list-style-type: none">• Authorization Validity Period<p>Authorizations will be valid 30 from date of request.</p>	<ul style="list-style-type: none">• Appeal Instructions<ul style="list-style-type: none">• In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

NIA's Urgent Authorization Process

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 at 1-866-500-7685.

Ordering Provider: Getting Started on RadMD.com

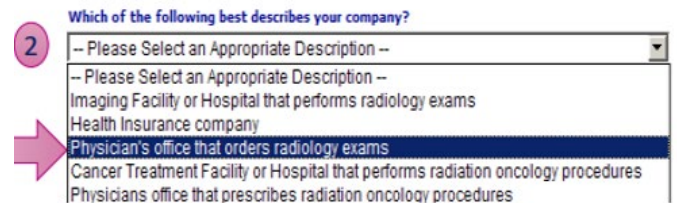
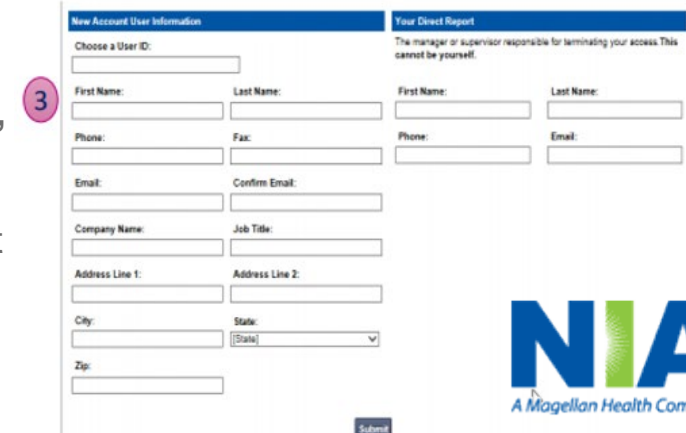
Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physicians office that orders procedures”.
3. Fill out the application and click the “Submit” button.
 - You must include your email address in order for our Webmaster to respond to you with your NIA-approved user name and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.

Rendering Provider: Getting Started on RadMD.com

IMPORTANT

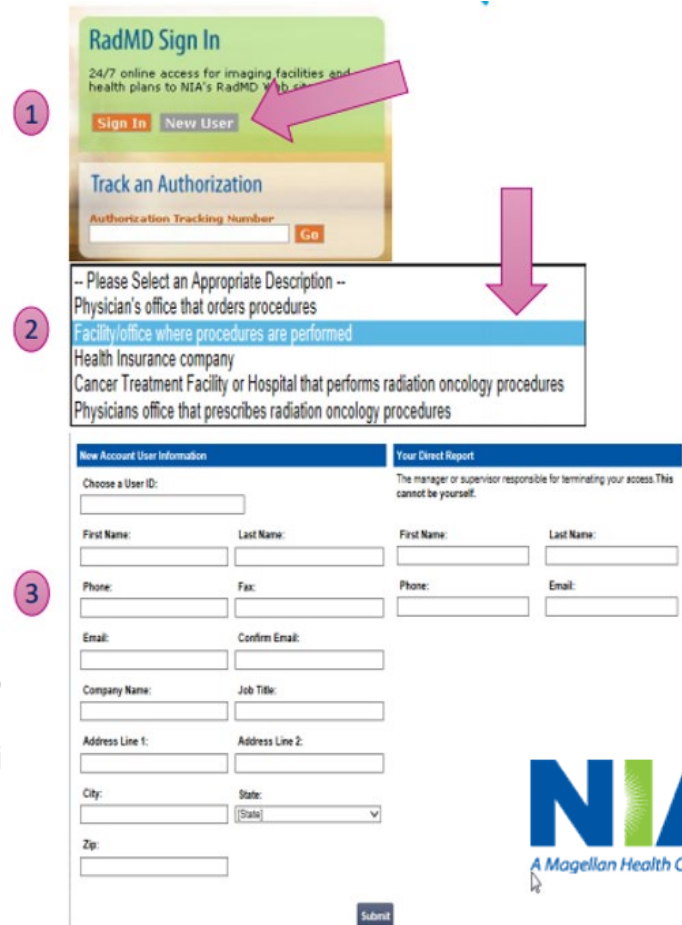
- Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Facility/office where procedures are performed”
3. Fill out the application and click the “Submit” button.
 - You must include your email address in order for our Webmaster to respond to you with your NIA-approved user name and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

If you have multiple staff members entering authorizations and want each person to be able to see all approved authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved authorizations under your organization.



The screenshot shows the RadMD Sign In page with three numbered steps and arrows indicating the user flow:

- Step 1:** A pink arrow points to the "New User" button on the "RadMD Sign In" page.
- Step 2:** A pink arrow points to the "Facility/office where procedures are performed" option in a dropdown menu.
- Step 3:** A pink arrow points to the "Submit" button at the bottom of the registration form.

The registration form includes the following fields:

- New Account User Information:**
 - Choose a User ID:
 - First Name: Last Name:
 - Phone: Fax:
 - Email: Confirm Email:
 - Company Name: Job Title:
 - Address Line 1: Address Line 2:
 - City: State:
 - Zip:
- Your Direct Report:**
 - The manager or supervisor responsible for terminating your access. This cannot be yourself.
 - First Name: Last Name:
 - Phone: Email:

A "Submit" button is located at the bottom right of the form.

Rendering Provider: Getting Started on RadMD.com

Providers:

Ordering Providers:

- To initiate a request for an authorization, please contact NIA via website, www.RadMD.com or via toll-free number 1-877-617-0390.
- To check status of an authorization, please contact NIA via website, www.RadMD.com, or Interactive Voice Response (IVR) System at 1-877-617-0390.

Rendering Providers:

- To check the status of an authorization, please contact NIA via website, www.RadMD.com, or Interactive Voice Response (IVR) System at 1-877-617-0390.

Ordering Providers and Rendering Providers:

- For assistance or technical support for RadMD, please contact RadMD Help Desk via email at RadMDSupport@magellanhealth.com or call 1-800-327-0641.
- For any provider education requests or questions specific to NIA and the Medical Specialty Solutions Program, providers may contact Leta Genasci, Provider Relations Manager at ligenasci@magellanhealth.com or 1-800-450-7281 ext. 75518.

Claim Filing Tips/Updates




Correct Claim

Back to Claims **Claim Details**

Click **Correct Claim** to correct a finalized claim.

Claim: #S000MPE00000: PAID

+ Copy Claim Correct Claim

 Claim Accepted
  In Process
  Paid

Member

Member Name:
Jan Doe

Member ID:
U00000000000

Member DOB:
03/21/1990

Provider

Ref/Acct No.:
RHMC00000

Servicing Provider:
RIVER HELP ME CENTER


Servicing NPI:

The Secure Provider Portal allows you to correct any piece of information, except the provider data associated with the claim.

04/08/2019

Billed Amount:
\$2,378.00

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,066.87	04/15/2019		 PAID	AA,92




Copy Claim

Back to Claim # 200000. PAID

Click **Copy Claim** to create an exact copy of this claim.

Copying a claim allows you to edit all sections before submitting it.


+ Copy Claim Correct Claim

 Claim Accepted
  In Process
  Paid

It is considered a new claim submission and will be processed as a 1st time claim.

Member				Provider				Claim			
Member Name:	Jan Doe			Ref/Acct No.:	RHMC00000			DOS Range:	04/03/2019 - 04/03/2019		
Member ID:	U0000000000			Servicing Provider:	RIVER HELP ME CENTER			Received Date:	04/08/2019		
Member DOB:	03/21/1990			Servicing NPI:				Billed Amount:	\$2,378.00		

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,066.87	04/15/2019		 PAID	AA,92




Reconsider Claim

Back to home **Claim Details**

Click Reconsider Claim to submit the claim for reconsideration with applicable attachments.


Claim: #S000MPE00000: PAID

+ Copy Claim Correct Claim Reconsider Claim

 Claim Accepted
  In Process
  Paid

Member	Provider	Claim
Member Name: Jan Doe	Ref/Acct No.: RHMC00000	DOS Range: 04/03/2019 - 04/03/2019
Member ID: U0000000000	Servicing Provider: RIVER HELP ME CENTER	Received Date: 04/08/2019
Member DOB: 03/21/1990	Servicing NPI:	Billed Amount: \$2,378.00

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,066.87	04/15/2019		 PAID	AA,92

Reconsider Claim

Back to home
Claim Details

\$ Claim: #S000MPE00000: PAID

+ Copy Claim
✎ Correct Claim
↻ Reconsider Claim

Reconsider Claim

Claim No: S000MPE00000

For reconsiderations only. Not for appeals/Claim disputes
 Example: If an authorization was not obtained and/or you need to review for medical necessity, submit an appeal.
 Any submission on this form will be treated as a reconsideration.
 Please refer to your Provider Manual.

Reconsideration Type

Select Reconsideration Type...
▼

Cancel
Submit Reconsideration →

Select your Reconsideration Type, then click Submit Reconsideration.

Member

Member Name:
Jan Doe

Member ID:
U00000000000

Member DOB:
03/21/1990

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,068.87	04/15/2019		\$ PAID	AA,92

Important Reminders

Coding Tip Sheets & Forms

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
- Coding Tip Sheets And Forms

Provider Resources

Coronavirus (COVID-19)

Currently we are experiencing some issues and long wait times with on our Teledoc and Referral lines. Please be patient with us as we work through this busy period.

To receive the fastest response on referrals, please submit authorization requests through our provider portal or via fax at:

- Ambetter from Arkansas Health & Wellness Fax: 1-866-884-9580
- Allwell from Arkansas Health & Wellness Fax: 1-866-279-1358, Behavioral Health Fax: 1-866-279-1358

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.

- [Manuals, Forms and Resources](#)
- [Eligibility Verification](#)
- [Prior Authorization](#)
- [Electronic Transactions](#)
- [Preferred Drug Lists](#)
- [Provider Training](#)

Name *



Coding Tip Sheets & Forms

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
Coding Tip Sheets And Forms

Ambetter

- [Ambetter 2020 Obesity and BMI \(PDF\)](#) 
- [Ambetter Alcohol/Drug Use Disorder \(PDF\)](#)
- [Ambetter Annual Physical Exam Guide \(PDF\)](#)
- [Ambetter Cervical Cancer Coding/HEDIS \(PDF\)](#)
- [Ambetter Colorectal Cancer Coding/HEDIS \(PDF\)](#)
- [Ambetter COPD and Asthma \(PDF\)](#)
- [Ambetter Diabetes Mellitus \(PDF\)](#)
- [Ambetter Heart Failure \(PDF\)](#)
- [Ambetter Hypertension \(PDF\)](#)
- [Ambetter Ischemic Heart Disease \(PDF\)](#)
- [Ambetter Specified Heart Arrhythmias \(PDF\)](#)
- [Ambetter Hypertension Coding Tips \(PDF\)](#)
- [Ambetter LBP & AAB \(PDF\)](#)
- [Ambetter Appropriate Treatment for URI \(PDF\)](#)
- [Ambetter Diabetes Mellitus Coding Tip Sheet \(PDF\)](#)
- [Ambetter Mental Health Coding Tip Sheet \(PDF\)](#)
- [Ambetter Telehealth & Virtual Services \(PDF\)](#)
- [Ambetter CPT Category II Codes \(PDF\)](#)
- [Ambetter Marketplace Quality Quick Ref Guide \(PDF\)](#)
- [Ambetter Well Woman Coding Tip Sheet \(PDF\)](#)
- [Ambetter Viral & Chronic Hepatitis \(PDF\)](#)
- [Ambetter Cerebrovascular Disease Tip Sheet \(PDF\)](#)
- [Ambetter Peripheral Vascular Disease Tip Sheet \(PDF\)](#)

Coding Tip Sheets & Forms

Obesity & BMI Coding Tips

BMI can be misleading without an associated diagnosis because the calculation does not account for muscle mass, bone density, body composition, or ethnic or gender differences¹.

Adult BMI Weight Status

Adult BMI (Age 20+)	
BMI < 19.9	Underweight
BMI 20 - 24.9	Healthy Weight
BMI 25 - 29.9	Overweight
BMI 30 - 34.9	Obese
BMI 35 - 39.9 (With 1+ Co-Morbidities)	40 Morbidly Obese
BMI ≥ 40	

Calculating Pediatric BMI (Age 2 - 19)

Birth to 38 Months
LENGTH + WEIGHT FOR AGE
HEAD CIRCUMFERENCE-FOR-AGE +
WEIGHT FOR LENGTH

2 to 20 years
STATURE-FOR-AGE + WEIGHT-
FOR-LENGTH
BMI-FOR-AGE **OR**

2 to 5 years
WEIGHT-FOR-STATURE

Percentile	ICD-10
< 5.0	Z68.51
5.0 - 84.99	Z38.52
85.0 - 94.99 - 84.99	Z68.53
≥ 95.0	Z68.54

ICD-10 Official Guidelines ²	Document	Remember
<p>BMI may be documented by any clinician.</p> <p>The treating provider must be the one to document obesity, morbid obesity, or any other diagnosis-related code from a BMI measurement.</p> <p>BMI codes should only be reported as a secondary diagnosis code.</p> <p>BMI has no risk value without an associated diagnosis, such as obesity.³</p> <p>Coders and billers cannot infer obesity from a BMI value.</p>	<p>Documentation must include:</p> <ul style="list-style-type: none"> • Date of exam • Weight • BMI <p>Documentation should include specific details of the cause and extent of obesity like:</p> <ul style="list-style-type: none"> • Due to excess calories • Endocrine related • Morbid/Severe 	<p>State the clinical significance of obesity on the patient's health.</p> <p>Possible complications and co-morbidities include⁴:</p> <ul style="list-style-type: none"> • Diabetes • Disorder of lipid proteins • Heart disease • Respiratory problems • Osteoarthritis <p>Individuals who are overweight, obese or morbidly obese are at an increased risk for certain medical conditions when compared to persons of normal weight. Therefore, these conditions are always clinically significant and reportable when documented by the provider⁵.</p>

For additional resources, contact our Provider Relations team at Providers@ARHealthWellness.com

1-877-617-0390 (TDD/TTY: 1-877-617-0392)
©2020 Arkansas Health & Wellness Insurance Company. All Rights Reserved.

AMB19-AR-H-176
Ambetter.ARHealthWellness.com

Notification of Pregnancy (NOP)

- AHW NOP forms help identify members with:
 - History of preterm delivery
 - Psychosocial issues
 - Other conditions that may complicate their pregnancy
- Allow the Start Smart for Your Baby® program resources and services to begin with assistance of Care Managers as early as possible to help achieve a healthy pregnancy outcome.
- Start Smart for Your Baby® services include:
 - Educating patients in normal and high risk pregnancies
 - Identify undetected problems that may put them at risk
 - Help assure compliance with antepartum and postpartum visits

Notification of Pregnancy (NOP)

- SSFB Care Managers are available to assist the provider and member should the member need:
 - Home health services
 - Assistance monitoring blood pressure or blood sugar
 - Compliance with OB visits
 - Other assistance as needed
- Complete and submit NOP forms to the plan following initial OB visit.
- Log onto Secure Provider Portal to access complete and submit form, send by mail, or call member services and ask for assistance completing the form.
- Anyone in the provider's office may complete the NOP form.
- Contact our Start Smart For Baby RN for assistance **501-478-2428**

Education Requests

Would you like training for you and your staff?

You can submit your requests to:
providers@arhealthwellness.com



Arkansas Health & Wellness Contracting

Phone Number: 1-844-631-6830

Hours of Operation: 8am – 4:30pm (CST)



Provider Contracting Email Address:

arkansascontracting@centene.com

Regular contracting inquiries and contract requests



Arkansas Health & Wellness Credentialing

Phone Number: 1-844-263-2437

Fax: 1-844-357-7890

Provider Credentialing Email:
arkcredentialing@centene.com

Ambetter from Arkansas Health & Wellness Provider Services

Phone Number: 1-877-617-0390

TTY/TDD: 1-877-617-0392

ambetter.arhealthwellness.com

Allwell from Arkansas Health & Wellness Provider Services

Phone Number: 1-855-565-9518

TTY/TDD: 711

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**.

Thank you!