

Mental health and substance abuse

Medical benefit billing guide

August 2025



Relevant provider types & services

- Licensed clinical **psychologist**
- Licensed clinical **social worker** (LCSW)
- Licensed **marriage and family** therapist (LMFT)
- Licensed professional **counselor** (LPC)
- Licensed psychological **examiner** (LPE)
- Licensed psychological **provider** (LPP)
- Community **psychiatric nurse** (CNP)
- Applied **behavior analysis** (ABA)
- **Residential** treatment center (RTC)
- **Substance use** treatment
- Intensive **outpatient** treatment (IOP)
- **Partial** hospitalization program (PHP)



Credentialing steps



Medical benefit eligibility

- Arkansas Blue Cross and Blue Shield will **contract directly** with:
 - **Ph.D.**
 - **LCSW**
 - **LMFT**
 - **LPC**
 - **ABA**
 - **LPE**
 - **LPP**
- Must be **eligible** for **all government programs**



Application requirements

- **To initiate application:**
Email your **regional Network Development** support staff
- **Network application & attestation:**
All pages must be **completed, signed and dated**
- **Provider application:**
 - **Both pages** must be completed
 - **All required documentation** must be returned



The complete application with all supporting documentation must be returned at the same time. Any incomplete packets will be returned to the provider. If only signature pages are returned, without every page of the contract, they will be rejected.

Application requirements

- **Authorization for clinic group billing:**
Complete to direct payments to a **clinic** or **group billing entity**
- **Network participation agreements:**
Sign/initial and **date** in all applicable areas
 - *Note: Leave **effective date** blank*
- **Tax coupon, W-9 or IRS letter:**
To verify **employer identification number** (EIN)
- **Current state license**



Once the clinic is created, then each provider should be linked to the clinic. This will allow for you to bill for the rendering provider, directing the payment to the clinic. **Even** if you chose to operate as a **solo provider**, it is **recommended** to set up a clinic with your tax ID and banking information for payments.

Application requirements

- **Professional liability insurance** – includes coverage for **medical negligence/malpractice**

- **Minimum amounts:**

- \$1 million per occurrence
 - \$3 million per calendar year

- **Policy limits summary with:**

- Per-occurrence limit
 - Annual aggregate limit
 - Effective date – **expiration date** will be acceptable

Note: *General liability* coverage **will not** satisfy this requirement



If your organization carries your professional liability coverage for you, then your name must be listed on the policy provided to Arkansas Blue Cross.

Application requirements

- **General liability** or **comprehensive public liability insurance**, including:

- Coverage for **accidents** or other **incidents** that:
 - **Cause injury** to any person or property
 - Occur **on or about the premises** of the clinic
- **Minimum amounts:**
 - **\$200,000** per person, per occurrence
 - **\$600,000** per occurrence, per calendar year



When creating the clinic or pay-to entity, which is your clinic's name, you will need your certificate of general liability coverage.

Networks



Networks review

Contracts cover multiple lines of business

- **Preferred Payment Plan (PPP)**
- **True Blue PPO** (preferred provider organization)
 - Exchange business – **Health Advantage & Octave Blue Cross and Blue Shield**
- **Health Advantage HMO** (health maintenance organization)
- **Arkansas Blue Medicare PFFS** (Private fee-for-service)
- **Arkansas Blue Medicare HMO USAbLe**
- **Arkansas Blue Medicare PPO USAbLe**
- **Arkansas Blue Medicare Classic HMO**



There will be four main contracts offered to providers:

- PPP
- True Blue PPO, serving Exchange business, including **Health Advantage** and **Octave Blue Cross and Blue Shield**
- Health Advantage
- Arkansas Blue Medicare

Arkansas Blue Medicare does not contract with all providers types. **Arkansas Blue Medicare, per CMS, will extend contracts to** Ph.D.s, LCSWs, LMFTs, PA's, CNP's and LPCs.

Medicare Advantage

www.cms.gov/files/document/mln1986542-medicare-mental-health-coverage.pdf

Medicare & Mental Health Coverage

MLN Booklet

Eligible Professionals

The tables below list the coverage requirements for behavioral health services and the Medicare Physician Fee Schedule (PFS) payment amount that physicians and these practitioners are eligible to bill and be paid under the Medicare Part B Program:

- Physicians (Medical Doctors (MDs) and Doctors of Osteopathy (DOs)), particularly Psychiatrists
- Clinical Psychologists (CPs)
- Clinical Social Workers (CSWs)
- Clinical Nurse Specialists (CNSs)
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Certified Nurse-Midwives (CNMs)
- Independently Practicing Psychologists (IPPs)
- Certified Registered Nurse Anesthetists (CRNAs) (supervision of diagnostic psychological and neuropsychological tests)
- Marriage and Family Therapists (MFTs)
- Mental Health Counselors (MHCs)



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<https://www.cms.gov/files/document/mln1986542-medicare-mental-health-coverage.pdf>

Medicare Advantage card examples

Arkansas Blue MEDICARE  **BlueMedicare Value (PFFS)**

Enrollee Name	Plan H4213_016
xxxxxx xxxxxxxx	
Enrollee ID	
XCMFxxxxxxx	
Issuer xxxxxxxxxx	
Group Number:	Issued:
14213	08/2022



Arkansas Blue MEDICARE  **BlueMedicare Saver Choice (PPO)**

Enrollee Name	Plan H3554_002
Sam Sample	
Enrollee ID	Rx Bin 016895
MCMAB102xxxx	Rx PCN PPOAR2
Issuer 8084023554	Rx Group ARPARTD
Group Number:	Issued:
23554	08/2022



Arkansas Blue MEDICARE  **BlueMedicare Freedom Giveback (PPO)**

Enrollee Name	Plan H3554_011
xxxxxx xxxxxxxx	
Enrollee ID	
MCMFxxxxxxx	
Issuer 8xxxxxxx	
Group Number:	Issued:
113554	10/2022

Arkansas Blue MEDICARE  **BlueMedicare Premier (HMO)**

Enrollee Name	Plan H6158_001
xxxxxx xxxxxxxx	
Enrollee ID	Rx Bin 016895
PBHF1xxxxxxx	Rx PCN HMOAR2
Issuer 8xxxxxxx	Rx Group ARPARTD
Group Number:	Issued:
16158	08/2022



Arkansas Blue MEDICARE  **BlueMedicare Independence (HMO)**

Enrollee Name	Plan H6158_003
xxxxxx xxxxxxxx	
Enrollee ID	Rx Bin 016895
PBHABxxxxxxx	Rx PCN HMOAR2
Issuer 8xxxxxxx	Rx Group ARPARTD
Group Number:	Issued:
36158	10/2022



Arkansas Blue MEDICARE  **BlueMedicare Classic (HMO)**

Enrollee Name	Plan H9999_004
FIRST LAST	
Enrollee ID	Rx Bin 016895
XCSF00000000	Rx PCN HMOAR
Issuer 8084019699	Rx Group ARPARTD
Group Number:	Issued:
19999	02/2023



Network summary (lines of business)

Preferred Payment Plan (PPP)	True Blue PPO	Health Advantage HMO	Arkansas Blue Medicare
 Arkansas BlueCross BlueShield	Arkansas Blue Cross PPO BlueCard PPO BlueAdvantage Administrators of Arkansas (most self-funded plans Ex: Wal-Mart and J.B. Hunt) Access Only FEP (behavioral health through Lucet) Exchange business (Health Advantage & Octave Blue Cross and Blue Shield)	Commercial business Metallic groups Arkansas Blue Cross employees Arkansas State & Public School Employees (ASE/PSE) Arkansas State Police	Private Fee-for-Service (statewide network) PPO (select networks) HMO (selected counties) *Classic HMO

BlueCard – BlueCard members are members whose insurance coverage is provided by another state’s Blue Plan. These members may work and/or reside in Arkansas, but Arkansas Blue Cross Blue Shield is not their Home Plan. Example: Lennox employees in Stuttgart are insured by Blue Cross and Blue Shield of Texas because the Lennox home office is in Texas. Therefore, Blue Cross and Blue Shield of Texas will determine benefits. Arkansas Blue Cross receives claims and prices them at our network rates, but the claims are forwarded to the **home** plan for benefits to be applied. This means Arkansas Blue Cross **does not** determine how benefits are applied or to which provider types benefits are allowed. Please note that some BlueCard claims may deny as “provider not allowed to render these services” and will need to be written off, per provider contract.

Self-funded – Companies who fund payment of their own claims through Arkansas Blue Cross. All BlueAdvantage plans – Walmart, J.B. Hunt, Arkansas State Employees & Public School Employees, etc. – are self-funded and determine their own benefits.

Behavioral health for members of the Federal Employee Program (FEP) is administered through Lucet. Providers should contact Lucet to join their behavioral health network.

Providers will receive multiple contracts PPP, True Blue PPO and Health Advantage. Under each contract there are multiple lines of business.

Medicare Advantage allow Ph.D.s, LCSWs, LMFTs, PA’s, CNP’s and LPCs to participate in the Medicare Advantage networks.

Billing in Availity



Enrolling to submit claims

- **Clearinghouse** – Claims can be submitted **through your clearinghouse** to Availity (claim type 837p)
- **Availity** – To **submit claims, verify eligibility** and perform **other functions** related to Arkansas Blue Cross in **Availity Essentials Portal** (via Direct Data Entry), Availity **enrollment** is required (www.availity.com/arkansasbluecross)
- **Availity Client Services**
 - Call **800-282-4548** for any questions or assistance with enrollment



What is Availity?

- **Availity** – Arkansas Blue Cross **electronic gateway** or **EDI** (electronic data interchange)
- **Availity Essentials Portal** – the online **provider portal** allowing providers to connect with Arkansas Blue Cross for the following:
 - **Eligibility** and **benefits**
 - Direct **Data Entry**
 - Claim **corrections**
 - Claim **status**
 - **Fee schedule** review
 - **Remittance advice** access
 - **Message** the Payer
 - **Availity Learning Center**



Availity training

- Once you have **registered** and **logged into** the Availity portal, there is **training specific to Arkansas Blue Cross**
 - This is **essential** to your success in **billing** and **all the other services** listed previously



How do I learn to use Availity?

- **Availity Learning Center** – free **on-demand** and **live** training
 - Log in and select **Help & Training** to search for demos
 - To search for **Arkansas Blue Cross-specific training**, type the word **Arkansas** in the search field (**upper right corner** of the training catalog) to access topics like:
 - Availity Introduction
 - Administrator Training
 - EDI Reports
 - Claim Submission
 - **Availity training** is **highly recommended** prior to using Availity Essentials Portal
- **Availity support**
 - In the **Help & Training** menu, select **Availity Support**
 - Select **Contact Support** or call Availity at **800-282-4548**



Eligibility verification in Availity

- **Mental Health Visit – Office:**
 - Service Type Psychotherapy – A6

Service Information

* As of Date ?

08/06/2024

* Benefit / Service Type ?

Psychotherapy - A6



clear

Eligibility verification in Availity

▪ Mental Health Visit – Office:

▼ Psychiatric - Outpatient - A8					
Information / Details	Co-Insurance	Co-Payment	Benefit Deductible ⓘ	Limitations ⓘ	Authorization ⓘ
Network Not Applicable FOR MH OFFICE VISIT BENEFIT, SEE SERVICE TYPE PSYCHOTHERAPY.	—	\$0 / Visit(s)	Refer to: Health Benefit Plan Coverage	—	—
▼ Psychotherapy - A6					
Information / Details	Co-Insurance	Co-Payment	Benefit Deductible ⓘ	Limitations ⓘ	Authorization ⓘ
In Network FOR NON-EVAL-INTERVIEW CODES, SEE SERVICE TYPE MENTAL HEALTH PROVIDER OUTPATIENT.	—	\$0 / Visit(s)	Refer to: Health Benefit Plan Coverage	—	—

Eligibility verification in Availity

▪ Mental Health Visit – Facility:

Service Information

* As of Date ?

08/06/2024

* Benefit / Service Type ?

Residential Psychiatric Treatment - RT



clear

Eligibility verification in Availity

■ Mental Health Visit – Facility:

Benefit Information Expand					
▼ Residential Psychiatric Treatment - RT Auth Info Available					
Information / Details	Co-Insurance	Co-Payment	Benefit Deductible ⓘ	Limitations ⓘ	Authorization ⓘ
Network Not Applicable	—	\$0 / Visit(s)	Refer to: Health Benefit Plan Coverage	—	Auth Required
Network Not Applicable Name: LUCET HEALTH Category: Limitations Type: Utilization Management Organization Contact Information P: 877-801-1159	—	—	Refer to: Health Benefit Plan Coverage	—	Auth Required
Network Not Applicable	—	—	Refer to: Health Benefit Plan Coverage	60 Day(s) / 1 Service Year(s) 60 Day(s) Remaining	Auth Required
In Network	20% / Service Year(s)	—	Refer to: Health Benefit Plan Coverage	—	Auth Required

Reimbursement guidelines



Reimbursement guidelines

▪ LCSW – LMFT – LPC – APRN – PA – ABA – LPE/LPP

- **PPP** – **75%** of the Arkansas Blue Cross fee schedule
- **True Blue PPO** – **75%** of the Arkansas Blue Cross fee schedule
- **Exchange/Metallic** – **68%** of the Arkansas Blue Cross fee schedule (Octave Blue Cross and Blue Shield)
- **Heath Advantage** – **75%** of the Arkansas Blue Cross fee schedule
- **Arkansas Blue Medicare*** – Traditional Medicare pricing



PPP, True Blue PPO, and Health Advantage reimburse at 75% of the fee schedule. Exchange/Metallic plans reimburse at 68% of the fee schedule.

* Arkansas Blue Medicare, for those who participate in these networks, will reimburse at traditional Medicare pricing.

Reimbursement guidelines

■ Psychiatrists & psychologists

- **PPP** – 100% of the Arkansas Blue Cross fee schedule
- **True Blue PPO**
 - 100% of allowable **E&M codes**
 - 90% all other allowable codes of the Arkansas Blue Cross fee schedule
- **Exchange/Metallic** (Octave Blue Cross and Blue Shield)
 - 90% allowable **E&M codes**
 - 68% all other allowable codes of the Arkansas Blue Cross fee schedule
- **Health Advantage**
 - 100% of allowable **E&M codes**
 - 90% all other allowable codes of the Arkansas Blue Cross fee schedule
- **Arkansas Blue Medicare** – Traditional Medicare pricing



PPP will reimburse at 100% of allowed codes, True Blue PPO, and Health Advantage reimburse at 100% of allowed E&M codes and 90% of allowed codes on the Arkansas Blue Cross fee schedule. Exchange/Metallic plans reimburse at 90% of billable E&M codes and 68% of all other allowed codes of the Arkansas Blue Cross fee schedule.

Reimbursement is a percentage of the Arkansas Blue Cross fee schedule except for Arkansas Blue Medicare.

Disclaimer

- The following slides are subject to **coverage policy changes** and **updates**
- **CPT code changes** that occur **yearly** will be updated as soon as possible



Reimbursable codes for LCSWs

90785	90853	96160	99404	99492	G0323
90791	92597	96161	99406	99493	Q3014
90832	96110	99199	99407	99494	S9127
90834	96116	99354	99408	99495	S9140
90837	96121	99355	99409	99496	S9452
90839	96125	99367	99411	G0017	
90840	96127	99368	99412	G0108	
90846	96156	99401	99415	G0109	
90847	96158	99402	99416	G0018	
90849	96159	99403	99484	G0155	

Reimbursable codes for LMFTs

90791	96160	99411
90832	96161	99412
90834	99401	99484
90837	99402	99495
90839	99403	99496
90846	99404	G0017
90847	99406	G0018
90853	99407	
96110	99408	
96127	99409	

Reimbursable codes for LPEs/LPPs

90785	90853	96113	96137	99355	99412
90791	90885	96116	96138	99401	99415
90832	90887	96121	96139	99402	99416
90834	90889	96125	96146	99403	G0017
90837	90899	96127	96156	99404	G0018
90839	96020	96130	96158	99406	G0018
90840	96040	96131	96159	99408	G0108
90846	96105	96132	96160	99409	G0109
90847	96110	96133	96161	99407	S9140
90849	96112	96136	99354	99411	S9452

Reimbursable codes for LPCs

90785	90853	96158	99406	99493
90791	90885	96159	99407	99494
90832	90887	96160	99408	99495
90834	90889	96161	99409	99496
90837	96040	99354	99411	G0017
90839	96110	99355	99412	G0018
90840	96112	99401	99415	G0155
90846	96113	99402	99416	G0323
90847	96127	99403	99484	Q3014
90849	96156	99404	99492	

Reimbursable codes for behavioral analysts

CPT codes	CPT codes	Covered diagnosis codes
0362T	97154	F84.0
0373T	97155	F84.3
97150	97156	F84.5
97151	97157	F84.8
97152	97158	F84.9
97153		

Reimbursable codes for psychologists

90785	90853	96113	96137	96165	99406	G0018	S9482
90791	90885	96116	96138	99199	99407	G0108	S9484
90832	90887	96121	96139	99354	99408	G0109	S9485
90834	90889	96125	96146	99355	99409	G0323	
90837	90899	96127	96156	99367	99411	G0409	
90839	96020	96130	96158	99368	99412	G0410	
90840	96040	96131	96159	99402	99415	G0411	
90846	96105	96132	96160	99403	99416	S9140	
90847	96110	96133	96161	99401	99484	S9452	
90849	96112	96136	96164	99404	G0017	S9480	

APRN/CNP/PA psychiatric coding guidelines

- **APRN/CNP Payment Policy –**

AR_PC_00002 can be viewed at:

- https://secure.arkansasbluecross.com/providers/Payment_Policy_View.aspx?ID=000021

- **Physician Assistant Payment Policy –**

AR_PC_000022 can be viewed at:

- https://secure.arkansasbluecross.com/providers/Payment_Policy_View.aspx?ID=000022



The Payment policy for APRNs, and CNP's are not specific to mental health. The following four slides are specific to mental health. For further details please refer to the payment policy.

APRN/CNP/PA psychiatric coding guidelines

- **APRNs/CNPs** who are **board-certified** by:
 - **American Nursing Credentialing Center (ANCC)** as:
 - **Adult Psychiatric & Mental Health** nurse practitioner
 - **Family Psychiatric & Mental Health** nurse practitioner
 - **May bill** the psychiatric codes discussed in the payment policy
- **APRN's** who are **not board certified**
 - **May be considered** if they meet the **eligibility criteria** established by the ANCC for PMHNP-BC designation



Newly credentialed providers' qualifications are reviewed upon credentialing, per provider request.

APRN/CNP/PA psychiatric coding guidelines

▪ Non-board-certified APRN eligibility criteria:

- **Graduate degree** from an adult psychiatric and mental health nurse practitioner program accredited by either the:
 - **Commission on Collegiate Nursing Education (CCNE)**
 - **National League for Nursing Accrediting Commission (NLNAC)**
- **The graduate program must include:**
 - A minimum of **500 faculty-supervised** clinical hours
 - **Separate courses** in:
 - Advanced **physical/health assessment**
 - Advanced **pharmacology**
 - Advanced **pathophysiology**
 - **Content** in:
 - Health promotion & disease prevention
 - Differential diagnosis & disease management
 - **Clinical training** in:
 - At least **two** **psychotherapeutic treatment modalities**



The eligibility criteria for APRN's who are not Psychiatric Certified must:

Graduate degree from an adult psychiatric and mental health nurse practitioner program accredited by either the:

Commission on Collegiate Nursing Education (CCNE)

National League for Nursing Accrediting Commission (NLNAC)

The graduate program must include:

A minimum of **500 faculty-supervised** clinical hours

Separate courses in:

Advanced **physical/health assessment**

Advanced **pharmacology**

Advanced **pathophysiology**

Content in:

Health promotion & disease prevention

Differential diagnosis & disease management

Clinical training in:

At least **two** **psychotherapeutic treatment modalities**

APRN/CNP/PA psychiatric coding guidelines

▪ Physician Assistants must:

- Maintain a **collaborative agreement** and QA plan with **one or more** participating psychiatrists
- Complete the **NCCPA Certificate of Added Qualifications (CAQ)** in Psychiatry
- Have at least **2 years' experience** as a **full-time** Physician Assistant
- Have a minimum of **2,000 hours** of clinical practice in psychiatric mental health care **within the past 3 years**



APRN/CNP/PA psychiatric coding guidelines

Billable codes for Psychiatric APRN's

- **90791** – Psychiatric diagnostic evaluation
- **90792** – Psychiatric diagnostic evaluation with medical services
- **90832** – Psychotherapy, 30 minutes with patient and/or family member
- **90833** – Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service
- **90834** – Psychotherapy, 45 minutes with patient and/or family member
- **90836** – Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service
- **90837** – Psychotherapy, 60 minutes with patient and/or family member
- **90838** – Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service
- **90839** – Psychotherapy for crisis; first 60 minutes
- **90840** – Psychotherapy for crisis; each additional 30 minutes
- **90853** – Psychotherapy
- **90863** – Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services



Tips for success



Claim-filing tips

- **Place of service: 11** for **Clinic**
- **Rendering provider: Individually contracted** providers should use their **NPI** when rendering services
- **“Pay-to” or billing provider:** Should be **Clinic/Group NPI** (this is the NPI the claim will be **paid** to)



Place of service 11 *must* be used in the Clinic setting. Even if you are a solo provider, we **highly recommend** setting up a “group/clinic” with your Tax ID to be your “Pay-to”. The Group NPI will be your “Service Location” (block 32) on your claim. Your individual NPI will then be linked to your new group. This will decrease the likelihood of payment errors.

Telehealth

- Please refer to the **telehealth policy** for **telehealth billing**
 - secure.arkansasbluecross.com/members/report.aspx?policyNumber=2015034
- **Place of Service 02 or 10** must be used
- **Modifier GT or 95** must be used by the distant sight healthcare provider



Please refer to the telehealth coverage policy for codes that are covered via telehealth. **Not** all codes are covered via telehealth.

Correcting a denied claim

- A **corrected claim** may only be submitted when a claim is **denied** on a **remittance advice** (**does not** pertain to rejections in **Availity**)
- Choose **claim frequency type 7** to submit a **correction** to a denied claim
 - You will need the **original claim number** (ICN) from the **remittance advice** (RA)
- **Detailed instructions** are available in **Availity Direct Data Entry training**
 - Alternatively, you can submit a corrected claim **through your clearinghouse**, using **claim frequency type 7**



Who to call for help?

- **Availity questions** – Call **800-AVAILITY** (800-282-4548)
- **Claims inquiries** – contact **Availity** or **customer service**
- **Enrollment questions/application requests** – please contact the **NDR support staff**
- **Arkansas Blue Cross questions** – Call/email the **mental health NDR** with reference numbers for unresolved issues



Please reach out to customer service for any claims-related questions and to Availity for any Availity questions. A reference number will be required prior to reaching out to the NDR or support staff for any claims or Availity questions.

The enrollment process may be initiated by sending email requests to the NDR support staff listed on the following slide. Please **make note of the various regions** and reach out to the **appropriate** staff that support your area.

Network development representatives

Northwest Region + West Central Region

NDR: Dawn Roberts – (479) 527-2359
droberts@arkbluecross.com

Support staff:

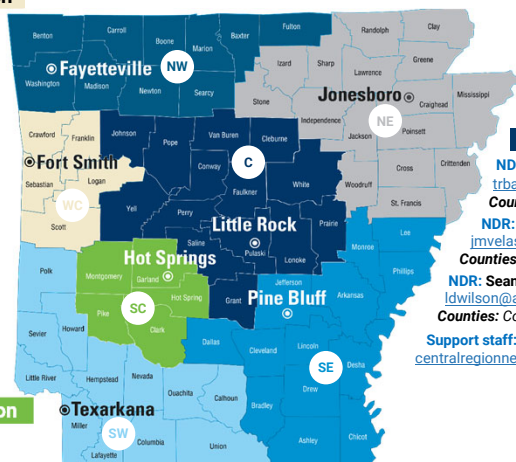
Kim Carpenter – (479) 527-2389
kacarpenter@arkbluecross.com

Sheila Tally – (479) 527-2320
stally@arkbluecross.com

Southwest Region + South Central Region

NDR: Renay Turner – (870) 779-9109
prturner@arkbluecross.com

Support staff: Diana Wolfe – (501) 620-2644
dwwolfe@arkbluecross.com



Northeast Region

NDR: Alison Morrison – (870) 974-5740
apmorrison@arkbluecross.com

Support staff:

Pam Moore – (870) 974-5754
providerrelationsNE@arkbluecross.com

Central Region

NDR: Tina Baggett – (501) 378-3036
trbaggett@arkbluecross.com

Counties: Cleburne, Pope, Pulaski, Johnson and White

NDR: Joaly Velasquez – (501) 378-3049
jmvelasquez@arkbluecross.com

Counties: Faulkner, Lonoke, Prairie, Pulaski* and Saline

NDR: Sean Wilson – (501) 393-0520
ldwilson@arkbluecross.com

Counties: Conway, Grant, Perry, Pulaski* and Yell

Support staff: Maya McCleary – (501) 378-3035
centralregionnetworkmanagement@arkbluecross.com

Southeast Region

Behavioral health rep for all regions

NDR: Jason Aud – (870) 543-2945
jsaud@arkbluecross.com

Support staff: Bambi Wilson – (870) 543-2910
SEarkproviders@arkbluecross.com

Facilities



Residential treatment centers including IOP/PHP

- Must have **Commission on Accreditation of Rehabilitation Facilities (CARF)** or **Joint Commission (JCAHO)** certification
 - Certification will determine if you are approved for **detox, residential, IOP or PHP**
- **State of Arkansas** licensed facility
- **Detox** and **Residential** contract will read **“Residential treatment center”**
 - If Detox approved separate rates will be in the addendum portion of the contract
- **IOP/PHP** contract will read **“Behavioral health/substance abuse facility”**
 - Benefits are included in **RTC benefits**



After the provider reaches out to the appropriate region to request network participation, a credentialing packet, including a list of additional information needed, will be forwarded to the provider for completion.

Substance abuse and IOP/PHP benefits will be found under RTC in Availity.

Residential treatment centers including IOP/PHP

- **Detox inpatient claims use bill type 11X**
 - Revenue code **126**
- **RTC inpatient claims use bill type with 86X**
 - Revenue codes **1001** or **1002**
 - No **additional** allowance for professional services
- **Outpatient claims IOP/PHP**
 - Bill type **13X**
 - Revenue codes **0905, 0906, 0912, 0913 & 0915**
 - HCPCS codes **S0201** for **PHP**
 - HCPCS code **S9480** for **IOP**



Each date of service should be billed on a separate line with the appropriate HCPCS/CPT code. Individual days should not be billed separately. Interim billing is only accepted for more than 14 continuous days of service.

0912 and or 0913 can be billed with HCPS code S0201

0905 and or 0906 can be billed with HCPS code S9480

An RTC, IOP, PHP billing tip sheet can also be found on our website
www.arkbluecross.com under the mental health area.

Inpatient hospitals/freestanding facilities

- **Inpatient behavioral health** **embedded** in **acute-care hospitals** must bill under the **hospital's NPI**
- **Freestanding mental health hospitals** may require a **separate NPI** number for **RTCs**



Traditional Acute Care Hospitals who have imbedded mental health services should bill these services under their acute-care NPI number. Reimbursement will be based on the provider's contract.

Freestanding mental health hospitals may be required to have a separate NPI number for RTC services.

Resources



Network Development Representatives and support staff



Northwest Region + West Central Region

NDR: Dawn Roberts – (479) 527-2359
droberts@arkbluecross.com

Support staff:

Kim Carpenter – (479) 527-2389
kacarpenter@arkbluecross.com

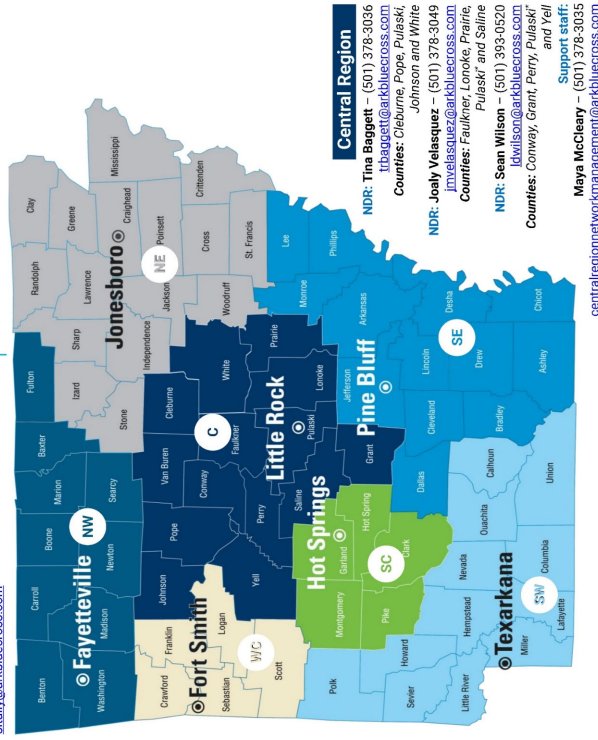
Sheila Tally – (479) 527-2320
stally@arkbluecross.com

Northeast Region

NDR: Alison Morrison – (870) 974-5740
amorrison@arkbluecross.com

Support staff:

Pam Moore – (870) 974-5754
providerrrelationsNE@arkbluecross.com



Central Region

NDR: Tina Baggert – (501) 378-3036
tbaggert@arkbluecross.com

Counties: Cleburne, Pope, Pulaski, Johnson and White

NDR: Joaly Velasquez – (501) 378-3049
jvelasquez@arkbluecross.com

Counties: Faulkner, Lonoke, Prairie, Pulaski and Saline

NDR: Sean Wilson – (501) 393-0520
seawilson@arkbluecross.com

Counties: Conway, Grant, Perry, Pulaski and Yell

Support staff:
Maya McCleary – (501) 378-3035
centralregionnetworkmanagement@arkbluecross.com

Southwest Region + South Central Region

NDR: Renay Turner – (870) 779-9109
rturner@arkbluecross.com

Support staff: Diana Wolfe – (501) 620-2644
dwolfe@arkbluecross.com

Southeast Region

Behavioral health rep for all regions

NDR: Jason Aud – (870) 543-2945
jsaud@arkbluecross.com

Support staff: Bambi Wilson – (870) 543-2910
SEdisproviders@arkbluecross.com

Arkansas Blue Cross - Provider Support & Assistance

Health Information/EDI Services	855-822-2446	edi@arkbluecross.com
AIM Specialty Health / now, Caelon	866-688-1449	www.caelonhealth.com
Arkansas Blue Cross and Blue Shield, Little Rock	(501) 378-2010 or 800-238-8379	CustomerServiceABCBS@arkbluecross.com
Arkansas Blue Cross and Blue Shield Medi-Pak Medicare Supplement	(501) 378-3062 or 800-338-2312	CustomerServiceABCBS@arkbluecross.com
Arkansas Blue Medicare Member Services	877-233-7022	
Arkansas Blue Medicare Provider Services	800-287-4188 Fax (501) 301-1935	
Arkansas State School Employees (ASE/PSE)	(501) 378-2364 or 800-482-8416	CustomerServiceASE@arkbluecross.com
Arkansas State School Employees (ASE/PSE) – Prior Authorization	800-482-8416 Fax (501) 378-6647	CustomerServiceASE@arkbluecross.com
Availity	800-282-4548	https://www.availity.com/arkansasbluecross
Blue Advantage Administrators of Arkansas	(501) 378-3600 or (502) 872-2531	
Blue Card Program (Claim Status)	800-880-0918	CustomerServiceBlueCardABCBS@arkbluecross.com
Blue Card (Eligibility)	800-676-BLUE (2583)	CustomerServiceBlueCardABCBS@arkbluecross.com
CPC+PCF/PCMH Customer Service Questions about clinic reports	(501) 378-2370	primarycare@arkbluecross.com
CVS Caremark	877-433-2973	www.caremark.com
Enterprise Quality Risk Management (EQRM)		EQRMTeam@arkbluecross.com
Exchange/Marketplace Customer Service	800-800-4298	ExchangeCustomerService@arkbluecross.com
Federal Employee Program (FEP)	(501) 378-2531 or 800-482-6655	CustomerServiceFEP@arkbluecross.com
HEDIS		egmteam@arkbluecross.com
Health Advantage	(501) 378-2363 or 800-843-1329	CustomerServiceHA@healthadvantage-lumo.com
Magellan Rx (Rx Management for FEP)	800-443-5709	
National Provider Identifier Assistance	800-465-3203	https://npiregistry.cms.hhs.gov/
New Directions / now, Lucet Health	877-801-1159	www.lucethealth.com
Personal Health Records and E-Prescribing	(501) 378-3253	personalhealthrecords@arkbluecross.com
Pharmacy Helpline	(501) 378-3392 or 800-863-5561	managedpharmacy@arkbluecross.com
Provider Network Operations (Provider Enrollment/Credentialing)	(501) 210-7050	providerenrollment@arkbluecross.com
Provider Reimbursement		providerreimbursement@arkbluecross.com
Tyson (Customer Service)	800-452-6199	TysonServiceTeamblueadvicms@arkbluecross.com
Walmart (Customer Service)	866-823-3790	WalmartServiceTeam-blueadvicms@arkbluecross.com

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