

Mental health & substance use

Medical benefit billing guide

September 2026



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)
- Licensed alcohol & drug abuse **counselor** (LADAC)
- **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**
 - **LADAC**
- Must be **eligible** for **all government programs**



Application requirements

- **To apply:**

- Sign onto **the Hub** – A user's guide can be found on our website
- Please refer to **Availity** for status of provider networks and clinic affiliations

- **To participate in FEP:**

- Complete/submit your **Arkansas Blue Cross** application **first**
- Then contact **Lucet**, the company that controls mental health networks for federal employees



Application requirements

- **Authorization for clinic group billing:**
 - Complete to direct payments to a **clinic** or **group billing entity**
- **Clinic Auth can be found on the Hub:**
 - **New** providers must complete an **RFA**
 - **Existing** providers will need to complete an **RFI**
- **Tax coupon, W-9 or IRS letter:**
 - To verify **employer identification number** (EIN)
 - Will be requested in the **Hub**
- **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. This will decrease the possibility of payments going to the wrong clinic.

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 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 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)



Page 10 of 43 MLN1986542 January 2024



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

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 or Skai Blue Cross and Blue Shield (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) 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 and Skai 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 - LADAC

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

Reimbursable codes for LMFTs

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

Reimbursable codes for LPEs/LPPs

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

Reimbursable codes for LPCs

90785	90853	96127	99404	99492
90791	90885	96156	99406	99493
90832	90887	96158	99407	99494
90834	90889	96159	99408	99495
90837	90899	96160	99409	99496
90839	96040	96161	99411	G0017
90840	96110	99401	99412	G0018
90846	96112	99402	99415	G0323
90847	96113	99403	99416	Q3014
90849				

Reimbursable codes for LADACs

90785	90853	96127	99404	99492
90791	90885	96156	99406	99493
90832	90887	96158	99407	99494
90834	90889	96159	99408	99495
90837	90899	96160	99409	99496
90839	96040	96161	99411	G0017
90840	96110	99401	99412	G0018
90846	96112	99402	99415	G0323
90847	96113	99403	99416	Q3014
90849				

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

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 CNPs 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**.

The provider **MUST** request access to bill the psychiatric codes and be added to the proper edits. APRNs must also have full independent practice authority or a collaborative agreement with at least one participating psychiatrist.

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 APRNs who are not psychiatric certified must meet the following 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**

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 & behavioral health integration

▪ Payment policies:

- 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
- Behavioral Health Integration Services Payment Policy
 - secure.arkansasbluecross.com/providers/PaymentPolicy_View.aspx?ID=000008



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?

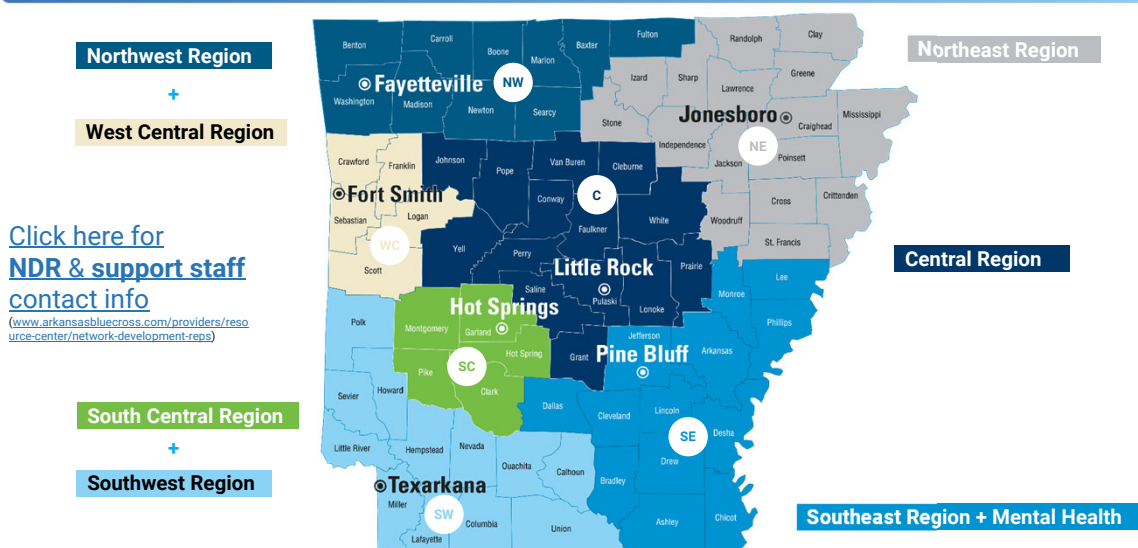
- **Availity questions** – Call **800-AVAILITY** (800-282-4548)
- **Claims inquiries** – contact **Availity** or **customer service**
- **Enrollment questions/application requests** – please contact the **NDR support staff**
- **Arkansas Blue Cross questions** – Call/email the **mental health NDR** with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



Click here for
[NDR & support staff
 contact info](https://www.arkansasbluecross.com/providers/resource-center/network-development-reps)
 (www.arkansasbluecross.com/providers/resource-center/network-development-reps)

The state is divided into regions to better serve the local providers. Please refer to the website listed below for the Networks Development Representative and support staff contact information.

<https://www.arkansasbluecross.com/providers/resource-center/network-development-reps>

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



Arkansas Blue Cross - Provider Support & Assistance

Health Information/EDI Services	855-822-2446	edi@arkbluecross.com
AIM Specialty Health / now, Carilion	866-688-1449	www.carilionhealth.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 CustomerServicePSE@arkbluecross.com
Arkansas State School Employees (ASE/PSE) – Prior Authorization	800-482-8416 Fax (501) 378-6647	CustomerServiceASE@arkbluecross.com CustomerServicePSE@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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