



Provider Notification

Behavioral Health Claim Processing Change Effective for Dates of Service on or After October 1, 2025

Absolute Total Care values the relationships we have with our provider partners, and we want to ensure that doing business with us is easy and straightforward. Effective for dates of service on or after October 1, 2025, behavioral health claim adjustments, reconsiderations and provider disputes that are submitted by mail should be sent to Absolute Total Care, PO Box 3050, Farmington, MO 63640-3821.

For dates of service before October 1, 2025, behavioral health claim adjustments and reconsiderations that are submitted by mail should continue to be sent to Absolute Total Care, PO Box 7001, Farmington, MO 63640-3811. Behavioral health provider disputes that are submitted by mail should continue to be sent to Absolute Total Care, PO Box 6000, Farmington, MO 63640-3821.

	Dates of service before October 1, 2025	Dates of service on or after October 1, 2025
Initial Claim	Absolute Total Care P.O. Box 7001 Farmington, MO 63640-3818	Absolute Total Care PO Box 3050 Farmington, MO 63640-3821
Claim Adjustments and Reconsiderations	Absolute Total Care Attn: Adjustments/Reconsiderations PO Box 7001 Farmington, MO 63640-3811	Absolute Total Care Attn: Adjustments/Reconsiderations PO Box 3050 Farmington, MO 63640-3821
Provider Disputes	Absolute Total Care Provider Disputes PO Box 6000 Farmington, MO 63640-3821	Absolute Total Care Provider Disputes PO Box 3050 Farmington, MO 63640-3821
Payor ID	68068	68068
Note: <i>This information is specific to Medicaid only.</i>		

Providers have **365 calendar** days from the date of service to file a timely corrected claim or reconsideration request via EDI, on the Secure Provider Portal at absolutetotalcare.com (the preferred and fastest method) or by mail. Requests submitted via mail must include a completed [Provider Claim Adjustment/Reconsideration Form](#), which can be found on our website, along with all supporting documentation.

Providers have **60 calendar days** from receipt of notice of an adverse action to file a timely dispute in writing. Requests must include a completed [Provider Dispute Form](#) and supporting documentation.

Claims will route correctly if the claim number is included, even if mailed to the wrong address, however this may result in a delay in processing. Providers should refer to the Explanation of Payment (EOP) received for accurate filing address based on date of service. The EOP content remains unchanged and only PO Box numbers will differ based on the date of service. Retiring PO Boxes will remain open for at least 365 days.

For more information and resources, please visit [Provider Resources](#) on the Absolute Total Care website, absolutetotalcare.com. The Absolute Total Care Provider Manual will be updated to reflect these changes.

Please contact your [Provider Engagement Account Manager](#) or call Provider Services at: 1-866-433-6041 with any questions you may have.