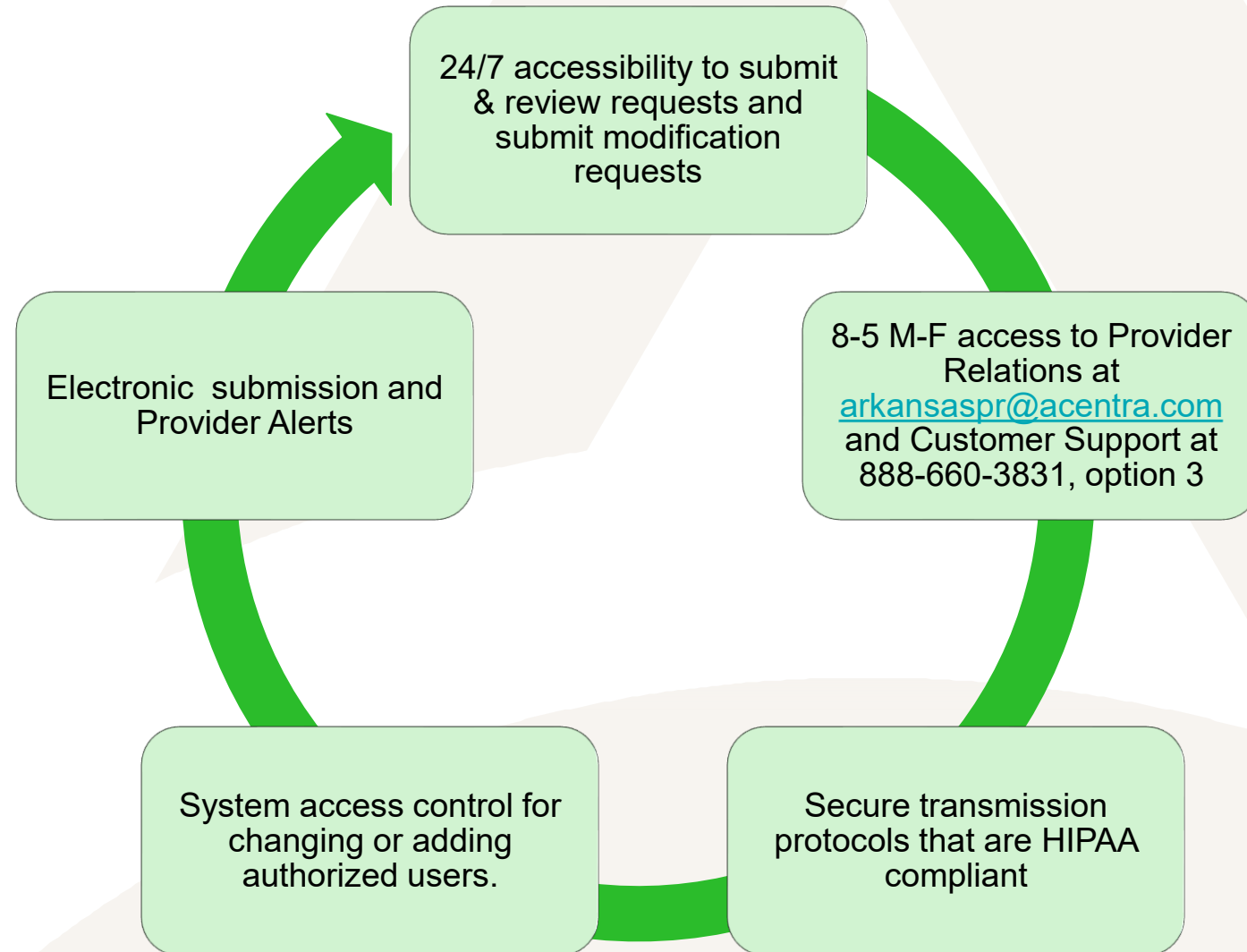




Behavioral Health: Inpatient Psychiatric Services for Under 21

Updated November 2025

Overview of Atrezzo Provider Portal



How to Register for the Atrezzo Provider Portal

Video Tutorial:

[Arkansas Atrezzo Provider Portal Administrator Training](#)

Quick Reference Guides:

[Provider Portal Registration Overview](#)

[Atrezzo Portal Multi-Factor Registration and Login Process - New External Users](#)

[How to Add a User - Quick Reference Guide](#)

[How to Add Additional Providers - Provider Admin Quick Reference Guide](#)

Frequently Asked Questions:

[FAQ – Atrezzo Registration](#)



Inpatient Behavioral Health

- Acentra Health began processing Inpatient Psychiatric Services for Under 21 (U21) prior authorization (PA) requests for eligible Medicaid beneficiaries on January 1, 2019.
- When submitting PA requests, please be sure that the provider ID used on the request is a provider type that will allow successful claims for the services:
 - Provider type 25
- Inpatient Behavioral Health request are the only requests entered as an 'inpatient' service type in the provider portal.
- Certified PAs are not a guarantee of payment for services
- Providers have 65 days to request a reconsideration or appeal after an adverse determination



Emergency Acute Admission Inpatient Psychiatric Services U21 Requests

- PA requests must be submitted to Acentra Health no later than two working days after admission. The only exception to this is when a retroactive request is needed.
 - Retroactive requests: The admitting facility has thirty (30) days from the Medicaid authorization date (issuance of the beneficiary's Medicaid ID number) to request a retroactive Certification of Need (CON) for services.
- If more than two working days pass, the review team will partially deny the PA, approving only the dates of service after the date that the PA is requested.
- For more information regarding PA requests for Emergency Admissions see the Inpatient Psychiatric Services for U21 Medicaid Manual Section 215.500



Emergency Acute Admission

Inpatient Psychiatric Services U21 Requests

- Information needed to review PA request:
 - **Certification of Need (CON) must be submitted with PA request**
 - Beneficiary's name, DOB, county of residence, and gender
 - Beneficiary's Medicaid ID number or Social Security Number
 - Facility name, Provider ID number, and date of admission
 - DSM-V-TR diagnosis
 - A description of the initial treatment plan relating to the admitting symptoms
 - Current symptoms requiring inpatient treatment
 - Medication history
 - Prior inpatient treatment
 - Prior outpatient or alternative treatment
 - Parent(s) or legal guardian(s) name, address, and telephone number if available
- For more information regarding PA for Emergency Admission see the Inpatient Psychiatric Services for U21 Medicaid Manual Section 215.500



Review Completion Times:

Review Type	Review Time
Initial Authorization Requests	One (1) calendar day*
Concurrent Authorization Requests	One (1) calendar day*
Retrospective Authorization Requests	One (1) calendar day*
Reconsideration Authorization Requests	7 days
Claims Review Requests	Quarterly

* Excluding weekends and State observed holidays as recognized by the Arkansas Secretary of State

Acentra Health Resources



Provider Website:

<http://ar.acentra.com/>

(Provider Forms/Education and Training Material)

Phone: 888-660-3831, option 3

Fax: 855-997-3707

(General inquiries/questions/status updates)

Provider Outreach Email:

arkansaspr@acentra.com

(Provider Education/Training Assistance)