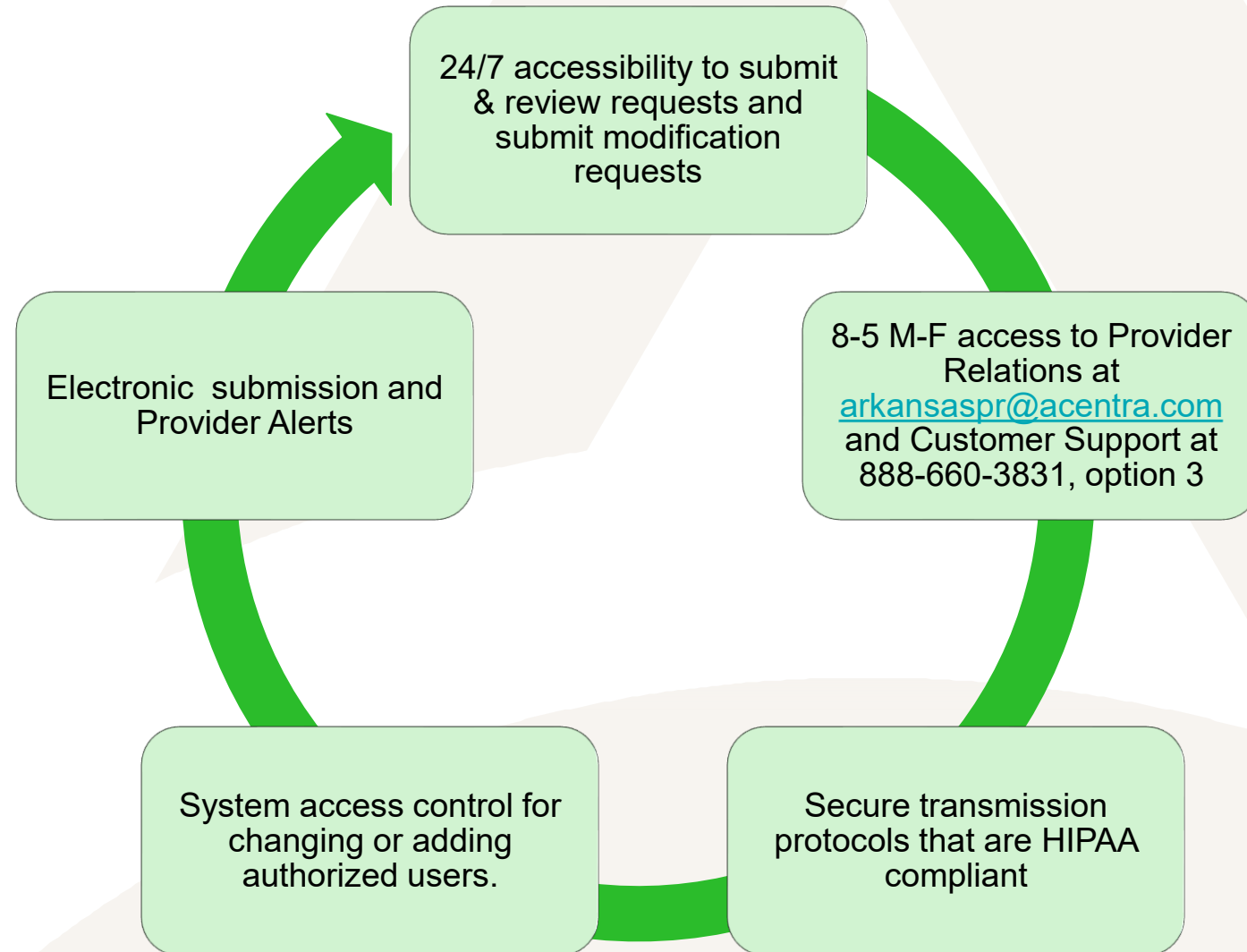




Behavioral Health: Outpatient and Crisis Service Requests

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](#)



Outpatient PA Services: Behavioral Health

- Documents: Supporting documentation is required when submitting a prior authorization request. The submitted materials must substantiate the medical necessity of the services being requested in accordance with the guidelines outlined below
- Prior Authorization
 - 3-4 recent progress notes
 - Intake assessment, if beneficiary is a new client
- Retroactive Authorization Request
 - Progress notes for each service being retroactively requested
 - If only one service is being requested, it is helpful to submit supporting documentation such as additional progress notes or the intake assessment
- Certified PAs are not a guarantee of payment for services



Outpatient Behavioral Health

- Acentra Health began processing fee for service (FFS) Outpatient Behavioral Health prior authorization (PA) and extensions of benefits (EOB) requests for eligible Medicaid beneficiaries on January 1, 2019.
- When submitting 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 19 – Independently Licensed Practitioners (ILP)
 - Provider type 26 – Behavioral Health Agencies (BHA)
 - Provider type 91 – School-Based Mental Health (SBMH)
 - Provider type 44 – ILP Group
 - Provider type 96 – Community Support Services Program
 - Provider types 01 and 02 – PCP offices providing integrated BH
- Service Categories for submitting Outpatient Behavioral Health (OP BH)/Counseling Services requests:
 - OP BH
 - OP SBMH
 - OP Infant Mental Health (IMH)
 - OP Acute Crisis
 - OP CSSP
- Certified PAs are not a guarantee of payment for services
- Providers have 65 days to request a reconsideration or appeal after an adverse determination



Optum Independent Assessments

- Requests for Optum assessments by an Outpatient BH provider must use the Referral Request.
 - [How to submit a **Behavioral Health** Independent Assessment Referral Quick Reference Guide](#)
- All referrals for Optum Independent Assessments by an Outpatient BH program must be submitted by an ILP, BHA, CSSP, or PCP with MHP provider types.
- If you attempt to submit a referral request with the wrong provider type, you will receive a “provider type invalid” message



Review Completion Times:

Review Type	Review Time
Initial Authorization Requests	Nine (9) calendar days
Concurrent Authorization Requests	Nine (9) calendar days
Retrospective Authorization Requests	Nine (9) calendar days
Reconsideration Authorization Requests	7 days
Claims Review Requests	Quarterly

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)