



# Therapy Services:

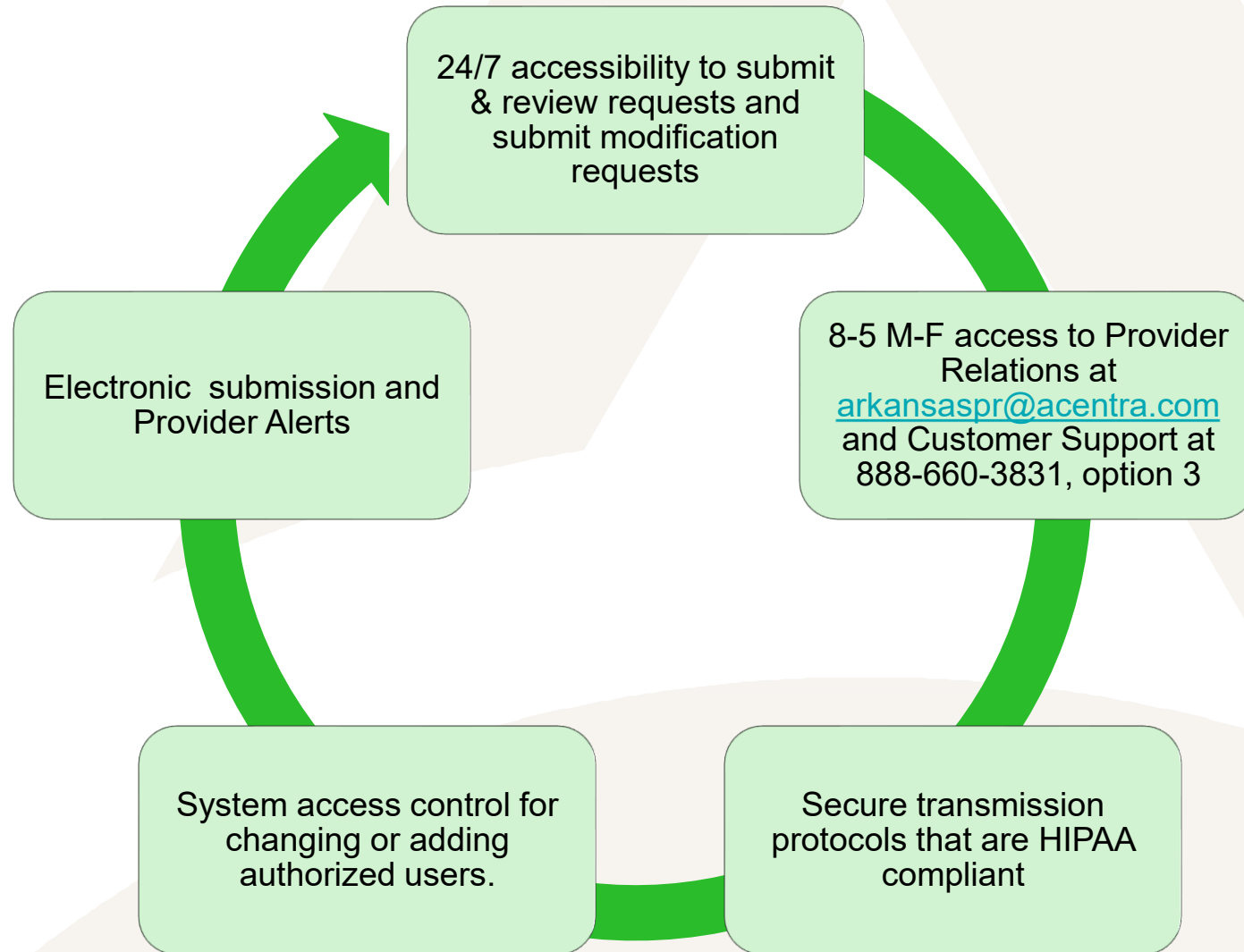
## OT/PT/SLP

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Updated November 2025

# Overview of Atrezzo Provider Portal

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# Clinic Based Therapies

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- Acentra Health began processing prior authorization requests for Clinic Based Therapies for Medicaid beneficiaries under 21 on January 1, 2019
- Make certain that the provider ID used on a PA is a provider type that will allow successful claims for the services
  - Provider type 21
  - Provider type 42
- PAs cannot exceed 52 weeks (one year/365 days)
- In order to request time beyond 365 days, a new PA is required
- PA Dates must not exceed what is covered by both the DMS-640 and the Evaluation
- Certified PAs are not a guarantee of payment for services
- Providers have 65 days after the date of an adverse determination to request a reconsideration or appeal



# Required Documentation: Clinic Based Therapies

## ➤ DMS-640

- Must contain an appropriate Dx and the date the child was last seen
- Must be signed and dated by MD

## ➤ Current Evaluation

- Must be dated and signed by a therapist within the last 12 months

## ➤ Current Plan of Treatment with Goals

- Must be signed and dated by a therapist within the last 12 months
- Must include short term and functional goals
- Inclusion of a long term goal preferred



# School Based Therapies

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- Acentra Health began processing prior authorization requests for Clinic Based Therapies for Medicaid beneficiaries under 21 on January 1, 2019
- Make certain that the provider ID used on a PA is a provider type that will allow successful claims for the services
  - Provider type 43
- PAs cannot exceed the school year
- In order to request a PA for the next school year, a new PA is required
- PA Dates must not exceed what is covered by both the DMS-640 and the IEP
- PA is required for School Based Therapy if the total services received, between school and clinic equal more than 90 minutes
- Certified PAs are not a guarantee of payment for services
- Providers have 65 days after the date of an adverse determination to request a reconsideration or appeal



# Required Documentation: School Based Therapies

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- DMS-640, including the designation “for the school year of 20\_\_ - 20\_\_”
  - Must contain an appropriate Dx and the date the child was last seen
  - Must be signed and dated by MD
- Current IEP – Pages 1&2, goals, signature page, and schedule of services
- Evaluation
  - Updated evaluation required every 3 years
  - Annual Review required yearly, when no evaluation is performed
- Current Plan of Treatment with Goals – necessary if/when PT or OT services/goals are not incorporated into the IEP

# Review Completion Times

Prior Authorization	Review Turn Around Times
Initial Request	Three (3) business days
Renewal Request	Three (3) business days
Retrospective Requests	Three (3) business days
EIDT Therapy Requests	Nine (9) business days
Prior authorization determination Reconsideration request	35 calendar days

# Review Status and Determinations

- Approved: PA has been approved in total
- Partially Approved: PA was approved for only appropriate dates and units
- Denied: PA was denied typically due to the documentation submitted not supporting the need for services requested
- Rejected: At the request of the provider or a critical error was identified by the review team
- Pending: Reviewer has requested additional information and/or documentation
- Void: PA was voided after transmission, typically due to error or duplication
- Submitted: Case was received and is awaiting review
- Unsubmitted: Case creation was initiated, but submission was not completed and Acentra Health has not received the case.

# 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)*