Mississippi's State and School
Employees' Health Insurance Plan

Acentra HEALTH

Prior Authorization Request Form – Confidential

Instructions: Please complete this form in its entirety. Fax the completed form to Acentra at 833505-1992 or request a prior authorization (PA) by contacting Acentra's Customer Service Department at 888-801-1910. Registered users may also request a PA through Acentra's online provider portal at https://portal.kepro.com/.

Request Type (Select One)

□ Concurrent □ Prior Authorization □ Retrospective

Date of Request: ______________________________

Provider Information

Requesting/Ordering/Referring Provider Name: ______________________________
Requesting Provider NPI: ______________________________
Servicing Provider Name: ______________________________
Servicing Provider NPI: ______________________________
Contact Person Name: ______________________________
Contact Person Phone Number: ____________________ Fax: ____________________

Participant Information

FirstName: ______________________________
LastName: ______________________________
Participant ID: ______________________________
Date of Birth: ______________________________

Service Type

Select either Outpatient or Inpatient and the applicable service type below; Inpatient must include Length of Stay (LOS) start and end dates

□ **Outpatient** *Select applicable service type below* ***Reminder:*** *Procedure codes <u>must</u> be provided on Page 2 for Outpatient procedures*	□ **Inpatient** *Enter LOS and select applicable service type below* **LOS Start Date**: ____________________ **LOS End Date**: ____________________
□ Home Health □ Home IV Therapy □ Hospice □ Outpatient Surgery (*Bariatric Surgery <u>Only</u>*)	□ Hospice □ Inpatient Surgery □ Inpatient Hospital □ Inpatient Rehab □ LTAC □ Residential Treatment Facility □ Skilled Nursing □ Transplant

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Diagnosis 1☐✓*Mark Primary Diagnosis, use additional pages as*

Primary	Diagnosis Code	Primary	Diagnosis Code
☐		☐	
☐		☐	
☐		☐	
☐		☐	
☐		☐	
☐		☐	
☐		☐	

Services Requested *Use additional pages as necessary*

Modifier	Procedure Code	Requested Start Date	Requested End Date	Requested Quantity

Additional Comments or Information