

Organ Transplant Update

Effective immediately, Acentra Health will issue two separate prior authorization (PA) requests for Group II transplants.

For organ transplants requiring prior authorization, providers must submit:

1. An **organ transplant** PA request through Atrezzo, Acentra Health's online portal, when the member is added to the transplant list.
2. A separate **Inpatient** PA request through Atrezzo, Acentra Health's online portal, when the member is admitted to the hospital for the transplant.

**Reminder, transplant authorizations are valid for one year. Please keep the organ transplant authorization updated and current while awaiting transplant.*

To support a timely review and processing, providers must include the organ transplant case number in the "Notes" section of the Inpatient PA request so the two requests can be linked.

Claims Submission Requirements

When submitting the inpatient claim, providers must:

1. Include the inpatient PA number in the appropriate claim field.
2. Attach the approved organ transplant PA to support claims processing

Acute Admissions Requiring Surgery

If a member is admitted to the hospital for an acute illness and subsequently receives an inpatient transplant evaluation, an organ transplant authorization request must be submitted immediately to ensure coverage.

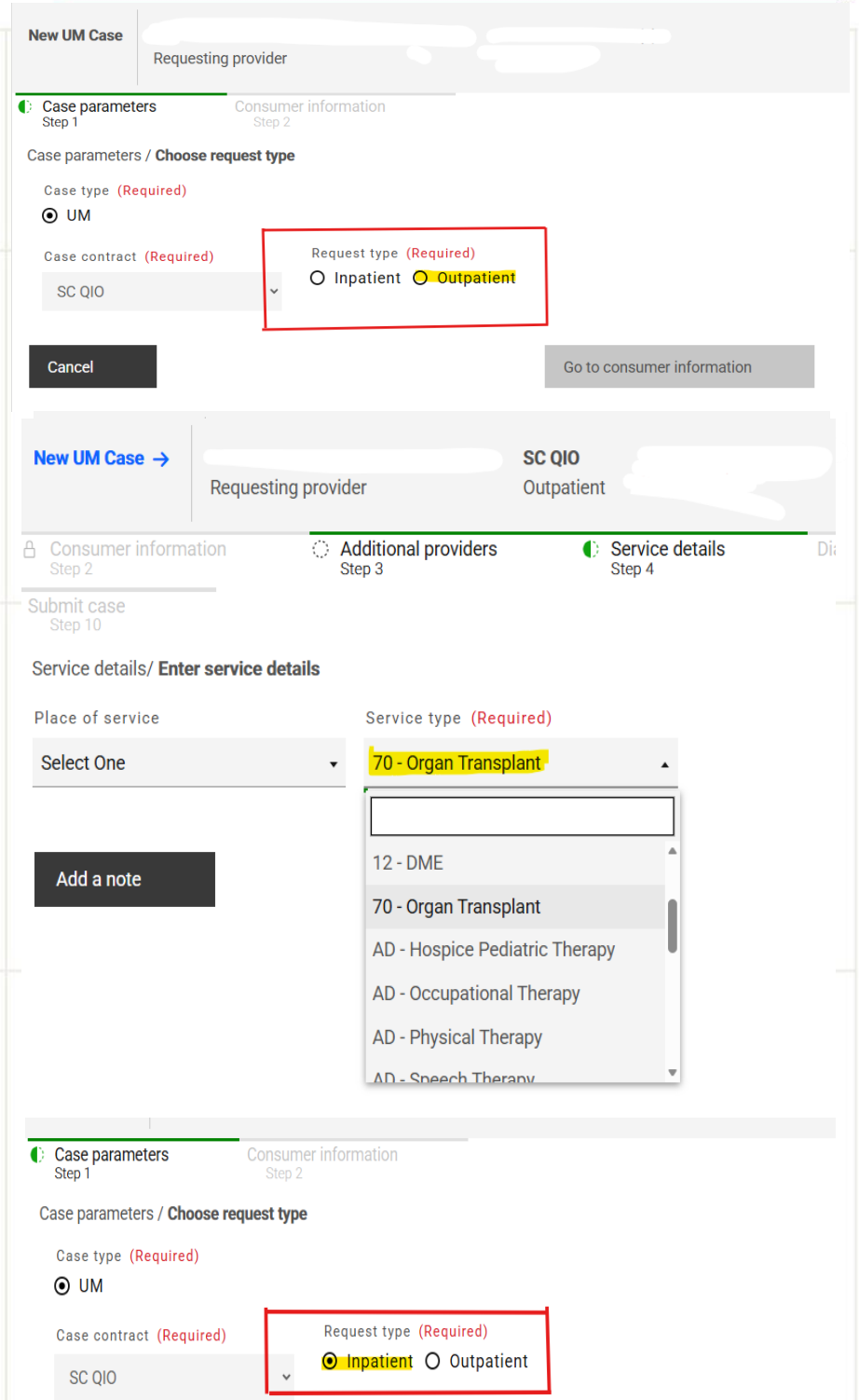
For questions or assistance regarding the Prior Authorization process, contact scproviderissues@acentra.com or call (855)326-5219

Transplant Procedures

1. Log into Atrezzo from the Atrezzo.Acentra.com website

2. Request an “outpatient” authorization with the 70-Organ Transplant service type.

3. Request an “inpatient” authorization from the request type. Include the Organ Transplant case number in the notes section of the request.



New UM Case

Requesting provider

Case parameters Step 1 **Consumer information** Step 2

Case parameters / **Choose request type**

Case type (Required)
☒ UM

Case contract (Required)
 SC QIO

Request type (Required)
☐ Inpatient ☒ Outpatient

Cancel Go to consumer information

New UM Case → SC QIO
 Requesting provider Outpatient

Consumer information Step 2 **Additional providers** Step 3 **Service details** Step 4 **Submit case** Step 10

Service details/ **Enter service details**

Place of service
 Select One

Service type (Required)
 70 - Organ Transplant

12 - DME
 70 - Organ Transplant
 AD - Hospice Pediatric Therapy
 AD - Occupational Therapy
 AD - Physical Therapy
 AD - Speech Therapy

Add a note

Case parameters Step 1 **Consumer information** Step 2

Case parameters / **Choose request type**

Case type (Required)
☒ UM

Case contract (Required)
 SC QIO

Request type (Required)
☒ Inpatient ☐ Outpatient