**Acentra Health Atrezzo Submission Form**

This is the Maine Behavioral Health ASO Acentra Health Submission Form. This form can be used to obtain authorization or submit data collection requests. **Fields with an (\*) next to them are required. Please submit this information via the Acentra Health Atrezzo system whenever possible. To view instructions on how to submit electronically, please click** [**here**](https://me.kepro.com/resources/training/)**.**

**\*\* Please Note:** Additional clinical information (i.e. questionnaires, treatment plan, eligibility letter, etc.) may be required depending on service code and service type. Please contact Acentra Health Provider Relations with any questions at 1-866-521-0027, Option 3, [ProviderRelationsME@kepro.com](mailto:ProviderRelationsME@kepro.com) or via our online chat feature.

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| **Member Information** | | | |
| MaineCare ID\*: | | First & Last Name\*: | |
| SSN\*: | Date of Birth\*: | | Phone Number\*: |
| Member Address\* (Please include address, city, state, and zip code): | | | |

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| **Requesting Provider Information** | | |
| Provider NPI\*  (Please indicate the NPI number that will be associated with your billing): |  | Requesting Facility/Agency Name\*: |
| Requestion Staff Phone Number\*: | | |
| Requesting Staff Email Address\*: | | |

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| **Service information** | | |
| Request Type\*: | Service Type\*: | |
| Procedure Code\*:       (Please use the Maine ASO Service Grid located [here](https://me.kepro.com/resources/manuals-forms/) to identify the procedure code) | | |
| Start Date\*: Click or tap to enter a date.  (Please Note: The start date can be no sooner than 10 calendar days before the submit date and no later than 5 calendar days past the submit date) | | End Date: Click or tap to enter a date.  (Please use the Maine ASO Service Grid located [here](https://me.kepro.com/resources/manuals-forms/) to calculate the service length based on procedure code) |
| Units\*:  (Please indicate the total number of units for this authorization request. Units should be tailored to each individuals needs and should be clinically justified. Please use the Maine ASO Service Grid located [here](https://me.kepro.com/resources/manuals-forms/) to view the auth unit default. | | Enter the Member’s DSM 5 Diagnosis Code\*(s): |

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| **Provider Acknowledgement** |
| I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits. |