

Mississippi State and School Employee Health Insurance Plan Precertification Requirements

Service Type – Requires Authorization by Acentra	Category	Notes from Benefit Plan
Inpatient Hospital Admission	Inpatient	Includes both medical, behavioral health, and maternity admissions Maternity Admissions: For routine deliveries, Acentra must be notified if the hospital maternity stay exceeds 48 hours after delivery. In the case of a cesarean section, Acentra must be notified if the stay exceeds four days. Acentra should also be notified if the newborn requires additional hospital days beyond the mother's length of stay, or if the mother is not a participant, but the child will be enrolled in the Plan.
Inpatient Rehabilitation	Inpatient	Limited to acute short-term care in a hospital or rehabilitation hospital
Residential Treatment Facility	Inpatient	
Inpatient Bariatric Procedures	Inpatient	Participants are required to use a facility that is BS COE/MBSAQIP or the request will be denied. COE Search: https://www.facs.org/search/bariatric-surgery-centers
Transplants	Inpatient	Participants are required to use BCBS Network Transplant Facilities or the request will be denied
Skilled Nursing Facility	Inpatient	
Long Term Acute Care Facility	Inpatient	
Inpatient Hospice	Inpatient	
Outpatient Bariatric Procedures	Outpatient	Participants are required to use a facility that is BS COE/MBSAQIP or the request will be denied.

		COE Search: https://www.facs.org/search/bariatric-surgery-centers
Private Duty/Home Health Care	Outpatient	Nursing services of a registered nurse (RN) or licensed practical nurse (LPN) are covered when those services meet the following criteria: • Ordered and supervised by a provider • Require the technical skills of an RN or LPN • Certified by Acentra to be provided in the home • Certified by Acentra as medically necessary before initiation No nursing benefits will be provided for: • Services of a nurse who ordinarily lives in the patient's home or is a member of the patient's family • Services of an aide, orderly, companion or sitter • Nursing services provided in a nursing facility or a personal care facility
Home Infusion	Outpatient	Covered expenses for home infusion therapy are limited to the following: • Prescription drugs • Intravenous solutions • Durable medical equipment • Pharmacy compounding and dispensing services • Fees associated with drawing blood for the purpose of monitoring response to therapy • Therapist services • Ancillary medical supplies • Nursing visits – including initiation of home infusion therapy, intravenous restarts, and emergency care when medically necessary to provide home infusion therapy
Outpatient Hospice	Outpatient	Covered up to 6 months

CPT Code Changes	
Date	Changes made
7/1/2021	List provided with Implementation
9/14/2026	Reviewed, no changes from Client