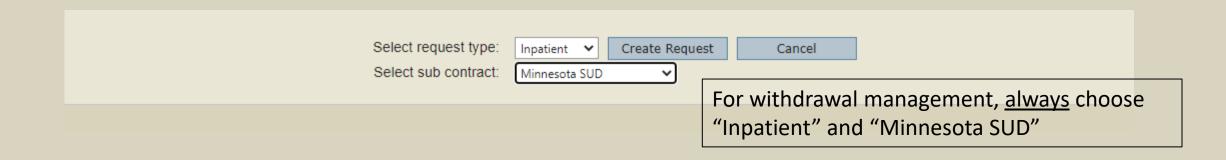


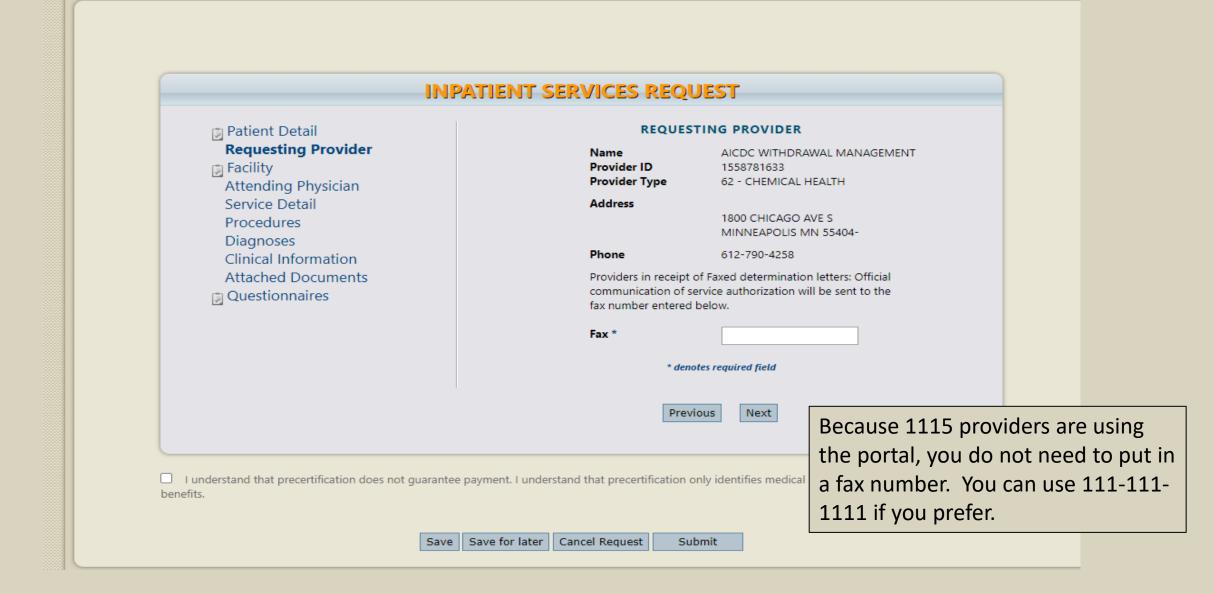
HOME REQUESTS SEARCH REPORTS MY ACCOUNT HELP MANAGEMENT MEMBER SEARCH Search for a member using the criteria below. Member ID: Enter the member ID or (the MHCP Subscriber). Member Last Name: Member Birthdate: (mm/dd/yyyy) Search

## Selecting a Request Type

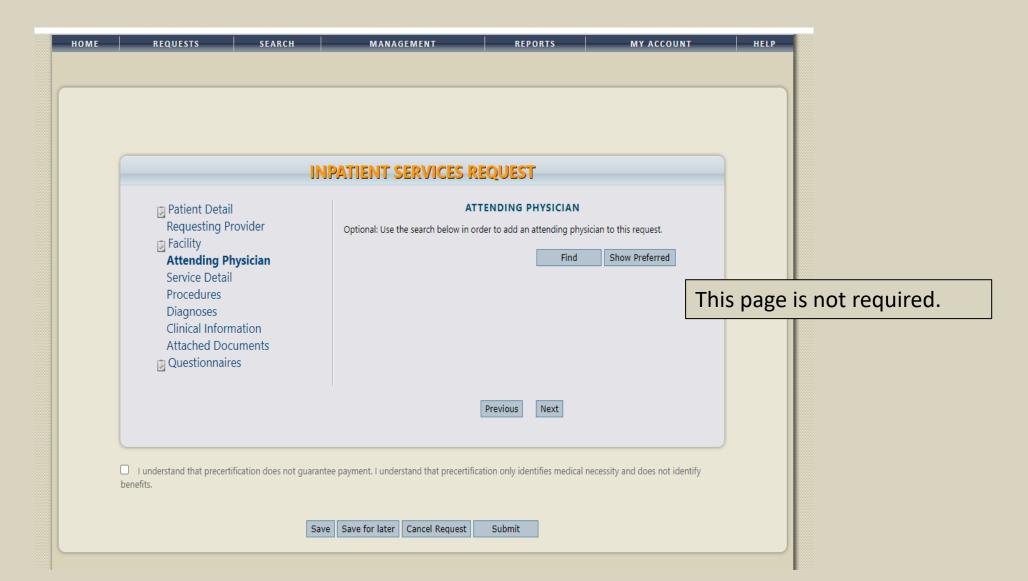




### Requesting Provider information



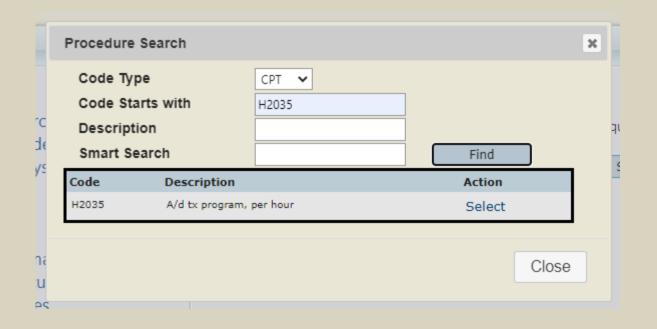
## Attending Physician information not needed



## Service Detail page



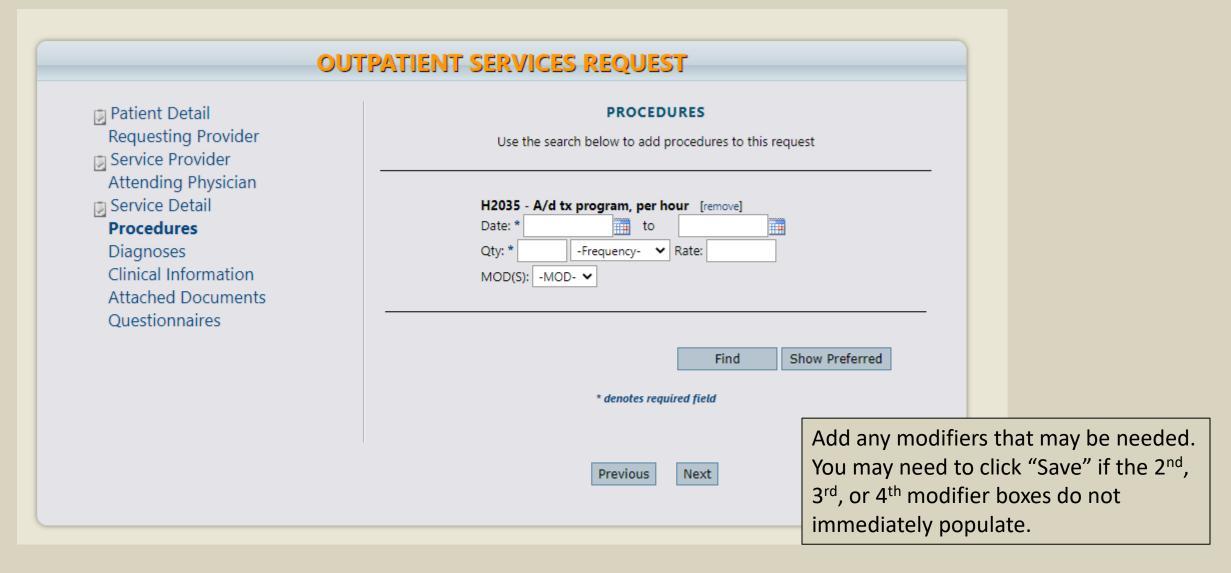
### Add the Procedure Code to the request



Code Type: CPT
(check with your billing person on which one you use)

Click on "Find"
And then, "Select"

## Add the date, quantity, and any modifiers



Warning: A Required questionaire has been added for you to complete **INPATIENT SERVICES REQUEST** Patient Detail **PROCEDURES** Requesting Provider Use the search below to add procedures to this request Facility Attending Physician Service Detail 0919 - BEHAVORIAL HEALTH TREATMENTS/SERVICES - EXTENSION [remove] Date: \* 09/08/2021 **Procedures** Diagnoses Rate: To get a 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> Clinical Information MOD(S): -MOD- ✓ modifier box to populate Attached Documents ΗН Questionnaires HK after the 1<sup>st</sup> one, click HN Find Show Preferred HQ "Save" at the bottom of TF TG \* denotes required field the screen. U4 U5 U6 U8 Previous Next U9 UA UB uc ☐ I understand that precertification does not guarantee payment. I understand that UD ion only identifies medical necessity and does not identify benefits. Save | Save for later | Cancel Request Submit

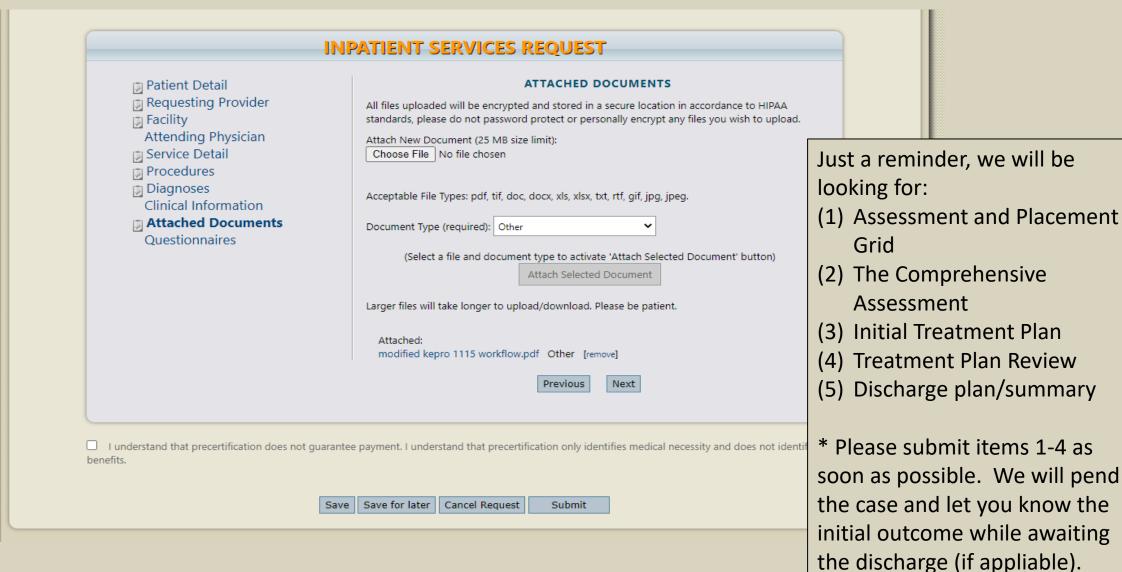
Error: You must complete the questionnaire before submitting the request **INPATIENT SERVICES REQUEST** Patient Detail DIAGNOSES Requesting Provider Use the search below in order to add diagnoses to this request Facility Primary Type Code Description ICD10 ALCOHOL ABUSE WITH INTOXICATION F10.12 [remove] Attending Physician Service Detail Procedures Find Show Preferred Diagnoses Clinical Information Attached Documents Questionnaires Next Previous ☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits. Save | Save for later | Cancel Request Submit Privacy Policy/Terms of Use | Powered by Kepro | Contact | Copyright © 2011-2021 Kepro | All Rights Reserved | Version 6.1.0.25310 (ATREZZO\_UAT\_TEST)

Add the appropriate diagnosis. You may add as many as pertinent to this client.

Error: You must complete the questionnaire before submitting the request **INPATIENT SERVICES REQUEST** Please click Save button before proceeding to the next section of the case submission process. patient Detail Requesting Provider **CLINICAL INFORMATION** Unable to enter modifier, please add... Attending Physician Service Detail Your screen to communicate with the reviewers. Procedures Diagnoses **Clinical Information** Attached Documents Questionnaires Next Previous

Use the clinical information box to communicate with the review team. No need to write a synopsis of care received or being provided since you'll be attaching clinical documentation.

# Adding Required Documents



### Questionnaire

#### **SUD Provider - Treatment**

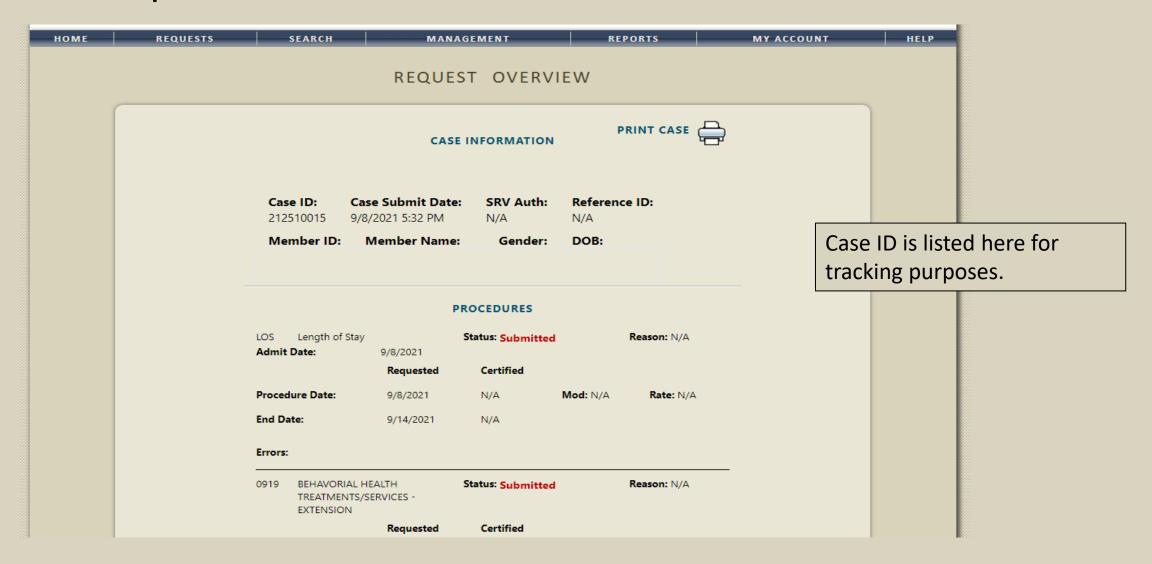
1.	what is the Highest Level of Care (LOC) recommended for this client?						
	(Please select one.)						
	O 1.0						
	O 2.1						
	O 3.5						
	○ WM-3.2						
	○ WM-3.7						
2.	Is the ASAM recommended Level of Care the same as the received Level of Care?						
	(Please select one.)						
	○ Yes						
	O No						

3.	Please select any ancillary services the client is receiving:					
	(Please select between 1 and 4 items.)  Housing  Vocational services  Transportation assistance  Other					
4.	Would Partial Hospitalization (LOC 2.5) be appropriate if available?					
	(Please select one.)					
	○ Yes					
	O No					
5.	Has a medical consultation addressed if this client would benefit from Medically Assisted Therapy (MAT)?					
	(Please select one.)					
	○ Yes					
	O No					

This is occasionally updated.

Don't forget to mark as completed.

### Request Overview with Case Information



To extend a case, you will want to click on the [extend] option.

		Submitted	Outpatient	SUD OP - Substance Abuse	10/14/2021 -	[Servicing]	[Select]
212092097		Approved: 4	Letters: 0		12/16/2021		[Extend]
(N/A)		Denied: 0	Messages: 2				[Copy]
[Procedures]	Contract: Minnesota SUD	Pending: 0					
[Diagnosis]		Void: 0					

### **OUTPATIENT SERVICES REQUEST**

- Patient Detail
- Requesting Provider
- Service Provider
  Attending Physician
- Service Detail
- Procedures
- Diagnoses
   Clinical Information
   Attached Documents
- Questionnaires

#### REQUESTING PROVIDER

Name EFFECTIVE LIVING CENTER INC

Provider ID 1124133475

Provider Type 62 - CHEMICAL HEALTH

Address

821 W ST GERMAIN ST CLOUD MN 56301-

Phone 320-259-5381

Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below.

Fax \*

320-259-6171

\* denotes required field

Previous

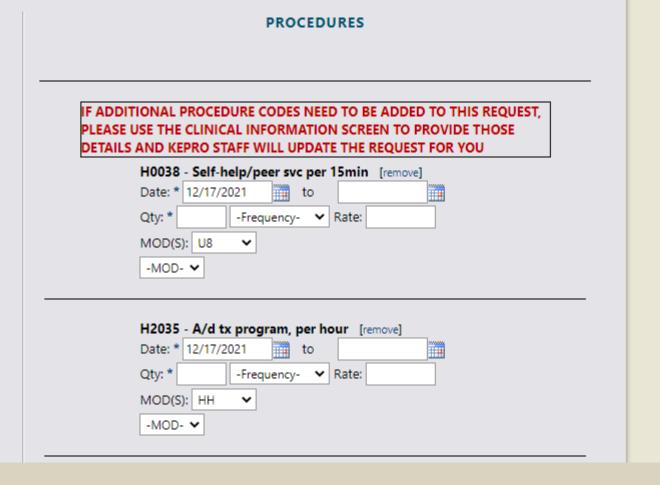
Next

Extending the case will prepopulate all of the information you had previously entered.

### **OUTPATIENT SERVICES REQUEST**

- patient Detail
- Requesting Provider
- Service Provider
  Attending Physician
- Service Detail
- Procedures
- Diagnoses
  Clinical Information
  Attached Documents
- Questionnaires

Go to the "Procedures" page. Update the <u>dates</u> and <u>quantities</u> that you are requesting. If you need to add add'l procedures codes, reach out to us and let us know which ones you are requiring.



### **OUTPATIENT SERVICES REQUEST**

- Patient Detail
- Requesting Provider
- Service Provider
  Attending Physician
- Service Detail
- Procedures
- Diagnoses Clinical Information

**Attached Documents** 

Questionnaires

Go to the "Attached Documents" page. Add the new clinical information to support ongoing services.

#### ATTACHED DOCUMENTS

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

Attach New Document (25 MB size limit):

Choose File | No file chosen

Acceptable File Types: pdf, tif, doc, docx, xls, xlsx, txt, rtf, gif, jpg, jpeg.

Document Type (required): (Select One)

(Select a file and document type to activate 'Attach Selected Document' button)

Attach Selected Document

Larger files will take longer to upload/download. Please be patient.

Previous

Next

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

After you have attached the new clinical information, don't forget to check the above box and submit the request.

The case ID for this client will stay the same and you do not need to complete the questionnaire again.

ave Save for later Cancel Request Submit