**Kepro Atrezzo Submission Form**

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

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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\*: |
| Requesting Staff Phone Number \*: | | |
| Requesting Staff Email Address\*: | | |

\*\*Please Note: Additional clinical information (i.e., questionnaire, treatment plan, eligibility letter, etc.) may be required depending on service and service type. Please call or email Kepro Provider Relations with any questions at 1-866-521-0027. Option 3 or [ProviderRelationsME@kepro.com](mailto:ProviderRelationsME@kepro.com)

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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): | | | | |
| Gender\*: | | | Ethnicity: | |

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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\*:       (Please Note: A request may only be backdated up to 5 calendar days from submit date) | | End 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 ICD-10 Diagnosis Code\*: |

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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. |