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# MN SUD PRIOR AUTHORIZATION SUBMISSION REQUIREMENTS

Utilization Management Provider Training

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9/26/2022



## PART ONE

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# Registering for the Provider Portal

# Atrezzo Login

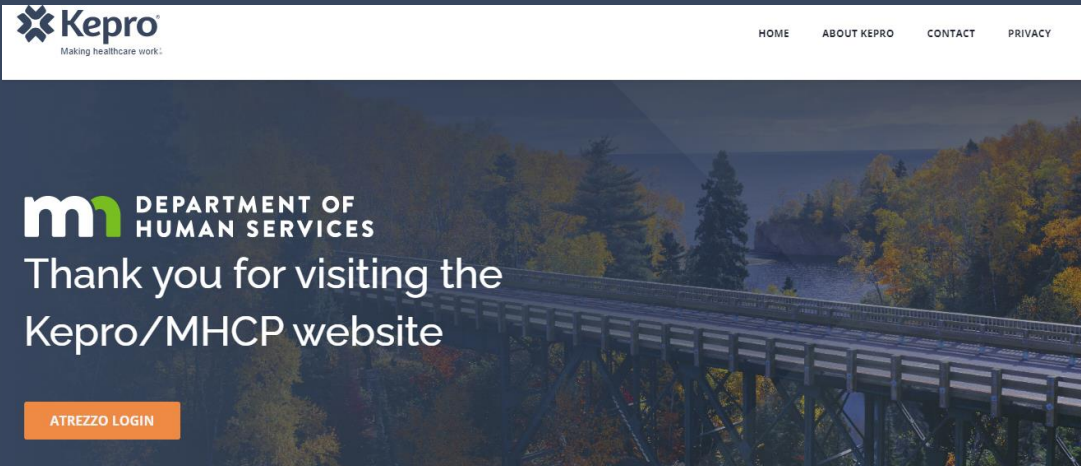
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**STOP!**

**Do not use this process if you have already created a Username and Password as a MN Mental Health provider or an 1115 SUD Demonstration provider!**

**Contact Becky at:  
[rmeyer@kepro.com](mailto:rmeyer@kepro.com) to have the  
new location(s) added to your  
existing account.**

# Atrezzo Login



1. Contact [MNProviderIssues@kepro.com](mailto:MNProviderIssues@kepro.com) to obtain your registration code.
2. Have your NPI on hand
3. Go to: <http://mhcp.Kepro.com>
4. Click on "Atrezzo Login"

# Atrezzo Login

**LOGIN**

Please enter your username and password to access the Atrezzo Provider Portal.

If you don't already have a Kepro account, you can Register here .

**USERNAME:**

**PASSWORD:**

Login

[Forgot Password?](#)

1. Click on "Register Here"
2. Enter your NPI
3. Enter your "Provider Registration Code"
4. Enter your Organizational Information
  - Username, password, First and Last names, email address, and fax numbers are required
  - If you do not have a fax number, use **111-111-1111**
5. Successful completion will take you to the homepage

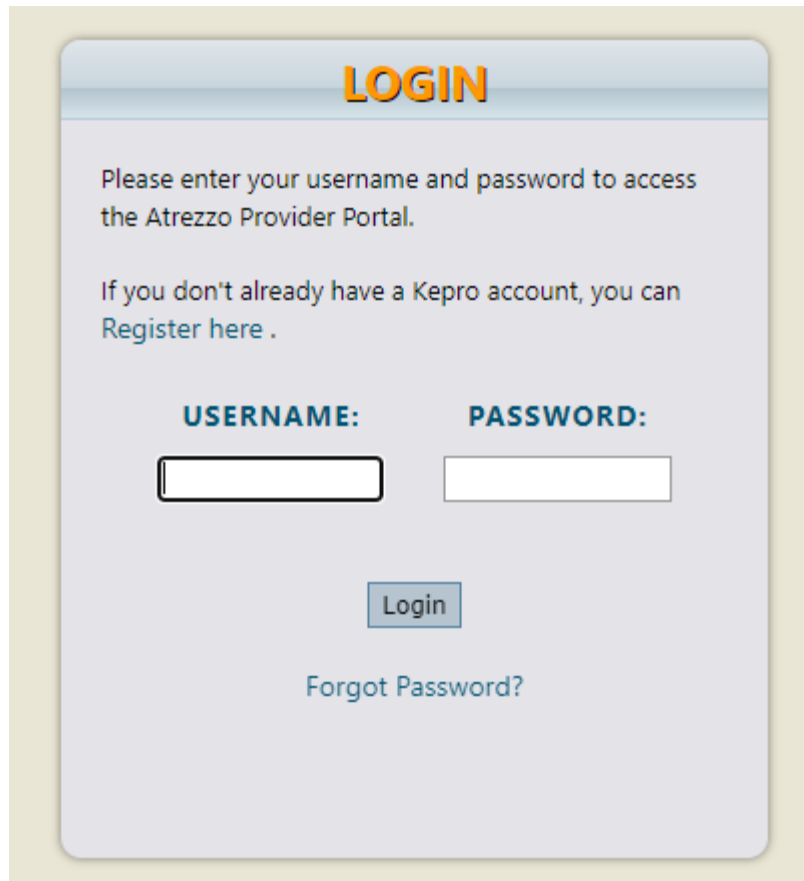


PART TWO

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# Case Submission

# Submitting Cases via the Provider Portal



The screenshot shows a login form titled "LOGIN" in orange text. Below the title, it says "Please enter your username and password to access the Atrezzo Provider Portal." and "If you don't already have a Kepro account, you can Register here ." There are two input fields: "USERNAME:" and "PASSWORD:". Below the fields is a "Login" button and a "Forgot Password?" link.

To submit cases via  
the Atrezzo  
Provider Portal,

Go To:  
<http://mhcp.Kepto.com>

Enter the Username  
and Password that  
you created during  
the registration  
process.

# Submitting Cases via the Provider Portal

The screenshot displays the Kepro Provider Portal interface. At the top left is the Kepro logo. To its right, a yellow box contains the text: "[Change Context] AICDC WITHDRAWAL MANAGEMENT REBECCA MEYER Contract: Minnesota". Further right is a "Logout" link. Below this is a dark blue navigation bar with the following menu items: HOME, REQUESTS, SEARCH, MANAGEMENT, REPORTS, MY ACCOUNT, and HELP. The main content area is titled "MEMBER SEARCH" with the instruction "Search for a member using the criteria below." Below this is a search form with the following fields: "Member ID:" with a text input box, "or" centered below it, "Member Last Name:" with a text input box, "Member Birthdate:" with a date picker (mm/dd/yyyy) and a calendar icon, and a "Search" button at the bottom.

This is the home page.

You should see your company and your name at the top in the center.

To begin your case submission

1. Enter the Member ID (MHCP Subscriber number) and click "Search"



# Submitting Cases via the Provider Portal

## MEMBER SEARCH

Member ID	Last Name	First Name	Address	DOB	Case Count	Contract	
		GAVIN		01/17/1999	0	Minnesota	<a href="#">Select</a>



2. Confirm that the member which is pulled up is the one that you are looking for by verifying name and date of birth.
3. Click on "Select" to continue.

# Submitting Cases via the Provider Portal

REQUESTS FOR GAVIN

**GAVIN**  
Member ID: Birth Date: 01/17/1999  
Address: Contact:

Results Sorted By: Case ID (descending) Go

Submitted Requests Servicing/Attending/PCP Requests

Case Level Member ID Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers
---	--------	--------------	--------------	-----------------	-----------

New Request 


Results Sorted By: Case ID (descending) Go

Submitted Requests Servicing/Attending/PCP Requests

Case Level Member ID Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers
---	--------	--------------	--------------	-----------------	-----------

Select request type: Outpatient

Select sub contract: Minnesota Medicaid



4. Click on New Request
5. Choose "Outpatient" for Select Request Type
6. Choose "Minnesota Medicaid" for Select sub contract
7. Click on "Create Request"

# Submitting Cases via the Provider Portal

REQUESTS FOR GAVIN

**GAVIN**  
Member ID: Birth Date: 01/17/1999  
Address: Contact:

Results Sorted By: Case ID (descending) Go

Submitted Requests Servicing/Attending/PCP Requests

Case Level Member ID Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers
---	--------	--------------	--------------	-----------------	-----------

New Request 


Results Sorted By: Case ID (descending) Go

Submitted Requests Servicing/Attending/PCP Requests

Case Level Member ID Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers
---	--------	--------------	--------------	-----------------	-----------

Select request type: Outpatient

Select sub contract: Minnesota Medicaid



4. Click on New Request
5. Choose "Outpatient" for Select Request Type
6. Choose "Minnesota Medicaid" for Select sub contract
7. Click on "Create Request"

# Submitting Cases via the Provider Portal

**OUTPATIENT SERVICES REQUEST**

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

**REQUESTING PROVIDER**

**Name** NYSTROM & ASSOCIATES LTD  
**Provider ID** 1902934565  
**Provider Type** 62 - CHEMICAL HEALTH

**Address**  
1600 HIGHWAY 55  
HASTINGS MN 55033-2368

**Phone** 651-628-9566

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

**Fax \***

*\* denotes required field*

8. Confirm that the name of your organization and the address is correct.

9. Begin filling in the relevant information

If you do not have a fax number just insert 111-111-1111

10. Click "Next" to move to the next screen

# Submitting Cases via the Provider Portal

## OUTPATIENT SERVICES REQUEST

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

### SERVICE DETAIL

Service Type \*  
Request Type  
FIPS Code

- 020 - Home Health
- 032 - DME
- 037 - Ambulance
- \* der 043 - Physician Services
- 045 - Dental – Office
- 046 - Mental Health Services
- 048 - EIDBI
- 048a - CMDE
- 057 - Chiropractic
- 062 - Substance Abuse
- 075 - Vision Care
- 076 - Prosthetics
- Prev 077 - Hearing Aids
- 079 - Imaging Studies
- 080 - Laboratory
- 089 - Home Care Nursing
- PCA - Personal Care Attendant

11. Choose “062” – Substance Abuse

# Submitting Cases via the Provider Portal

12. Choose "Prior Authorization" or "Retro" for the Request Type

**OUTPATIENT SERVICES REQUEST**

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

**SERVICE DETAIL**

Service Type \*    XXX - Substance Abuse

Request Type    --Select One--

FIPS Code    --Select One--

\* der

Admission

Appeals

Concurrent

CPC Request

Expedited

Prior Auth

Reconsideration

Retro

Previous    Next

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

## Prior Authorization

is for services that are currently being provided. (For example the date span that you are requesting services for includes the current date)

**Retro** is for services that have concluded or that the date span is completely in the past.

# Submitting Cases via the Provider Portal

**OUTPATIENT SERVICES REQUEST**

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

**PROCEDURES**

Use the search below to add procedures to this request

*\* denotes required field*

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

13. Click on “Find” to search for the HCPCS/CPT codes that you need an authorization.

The two procedures codes are:

H2035 (individual outpatient substance use treatment services)

H2035 HQ (group outpatient substance use treatment services)

# Submitting Cases via the Provider Portal

Procedure Search

Code Type: CPT

Code Starts with: H2035

Description:

Smart Search:

Find

Close

Procedure Search

Code Type: CPT

Code Starts with: H2035

Description:

Smart Search:

Find

Code	Description	Action
H2035	A/d tx program, per hour	Select

Close

13. Click on “Find” to search for the HCPCS/CPT codes that you need an authorization.

The two procedures codes are:

H2035 (individual outpatient substance use treatment services)

H2035 HQ (group outpatient substance use treatment services)



# Submitting Cases via the Provider Portal

14. To add a second Procedure Code, click "Save" at the bottom of the page; and then click on "Find" to search for the HCPCS/CPT codes that you are need an authorization.

The two procedures codes are:

H2035 (individual outpatient substance use treatment services)

H2035 HQ (group outpatient substance use treatment services)

**OUTPATIENT SERVICES REQUEST**

**PROCEDURES**

Use the search below to add procedures to this request

**H2035 - A/d tx program, per hour** [remove]

Date: \* 09/05/2022 to 10/05/2022

Qty: \* 30 -Frequency- Rate:

MOD(S): -MOD-

Find Show Preferred

\* denotes required field

Previous Next

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

# Submitting Cases via the Provider Portal

**OUTPATIENT SERVICES REQUEST**

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

**PROCEDURES**

Use the search below to add procedures to this request

**H2035 - A/d tx program, per hour** [remove]  
Date: \* 09/05/2022 to 10/05/2022  
Qty: \* 30 -Frequency- Rate:  
MOD(S): -MOD-

**H2035 - A/d tx program, per hour** [remove]  
Date: \* 9/5/2022 to 10/5/2022  
Qty: \* 30 -Frequency- Rate:  
MOD(S): HQ

Find Show Preferred

\* denotes required field

Previous Next

- To add a second Procedure Code, click “Save” at the bottom of the page; and then click on “Find” to search for the HCPCS/CPT codes that you are need an authorization.

The two procedures codes are:

H2035 (individual outpatient substance use treatment services)

H2035 HQ (group outpatient substance use treatment services)

# Submitting Cases via the Provider Portal

Diagnosis Search

Code Type: ICD10

Code Starts with: f10.12

Description:

Smart Search:

Search

Code	Description	Action
F10.12	ALCOHOL ABUSE WITH INTOXICATION	Select
F10.120	ALCOHOL ABUSE W/INTOX UNCOMPLICATED	Select
F10.121	ALCOHOL ABUSE INTOXICATION DELIRIUM	Select
F10.129	ALCOHOL ABUSE WITH INTOXICATION UNS	Select

Close

15. Add the Diagnosis Code to the request.
16. Click "Select" for the member's primary diagnosis.

Multiple diagnoses can be add using the same process.

# Submitting Cases via the Provider Portal

**OUTPATIENT SERVICES REQUEST**

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

Please click Save button before proceeding to the next section of the case submission process.

**CLINICAL INFORMATION**

Previous Next

Nothing is needed on this page.

# Submitting Cases via the Provider Portal

The screenshot shows a web interface for submitting an outpatient services request. The main heading is "OUTPATIENT SERVICES REQUEST". On the left, there is a navigation menu with the following items: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses, Clinical Information, Attached Documents (which is highlighted), and Questionnaires. The main content area is titled "ATTACHED DOCUMENTS" and contains the following text: "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." Below this is a section for "Attach New Document (4 MB size limit):" with a "Choose File" button and the text "No file chosen". Underneath, it lists "Acceptable File Types: pdf, tif, doc, docx, xls,xlsx, txt, rtf, gif, jpg, jpeg." and a "Document Type (required):" dropdown menu set to "(Select One)". A note says "(Select a file and document type to activate 'Attach Selected Document' button)" and there is an "Attach Selected Document" button. At the bottom, it says "Larger files will take longer to upload/download. Please be patient." and has "Previous" and "Next" buttons.

**This is a multi-step process!**

17. Add the required documents to the case.

Required documents include:

- Current comprehensive assessment *and* summary (initial request only)
- Initial services plan (initial request only)
- Individual treatment plan/treatment plan reviews (all requests)
- Documentation of clinical justification for exceeding 6 hours in a day or 30 hours of treatment service in a week (all requests)

# Submitting Cases via the Provider Portal

**OUTPATIENT SERVICES REQUEST**

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

**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 (4 MB size limit):  
 2022-01 AT...sByCase.xlsx

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

Document Type (required):

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

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

17. Add the required documents to the case.

18. Click on “Choose File” and choose the “Document Type”

19. Click on the blue box “Attach Selected Document”

d): (Select One) ▼

- (Select One)
- CMDE
- CMDE w/Signature Page
- Comprehensive Assessment
- Dental
- Diagnostic Assessment
- EIDBI ITP
- EIDBI ITP w/Signature Page
- Eligibility Form
- Individualized Treatment Plan
- Initial Services Plan
- Other
- Plan of Care DHS-7666
- Risk Management Assessment
- Signature Page
- Weekly Treatment Plan Review

# Submitting Cases via the Provider Portal

**OUTPATIENT SERVICES REQUEST**

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

**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 (4 MB size limit):  
 No file chosen

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

Document Type (required): Other

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

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

Attached:  
2022-01\_at\_op\_mn\_sud\_timelinessbycase.xlsx Other [remove]

17. Add the required documents to the case.
18. Click on “Choose File” and choose the “Document Type”
19. Click on the blue box “Attach Selected Document”
20. If the upload is successful, you will see it listed on the bottom of the page.
21. Repeat for additional documents.

Note: at this time you cannot upload multiple documents at one time.

22. Click “Next” to continue

# Submitting Cases via the Provider Portal

**OUTPATIENT SERVICES REQUEST**

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

**QUESTIONNAIRES**

There are no questionnaires to fill out for this request at this time

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

There are no required Questionnaires for the authorization request.

23. Click the bottom check box.
24. Click "Submit" to send the request to Kepro reviewers.





## PART THREE

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Determining if an  
Authorization has been  
Approved

# Determining if an Authorization has been Approved

HOME   REQUESTS   SEARCH   MANAGEMENT   REPORTS   MY ACCOUNT   HELP

Case or Reference ID:

Case Authorization Number:  \*

Currently Searching: Related Submitting Providers [\[Clear Context\]](#)

**Member Info:** Search Context:

Member ID:    Last Name:    DOB:

**Request Info:**

Request Status:    Type:

Service Type:

Service Dates:  To

Search for the request using the Case ID or the Member ID

# Determining if an Authorization has been Approved

Case ID (Reference ID)	Member Info	Status	Request Info	Service Type	Service Date(s)	Providers
222690002 (N/A) [Procedures] [Diagnosis]	ADAMS, ERIN  Contract: Minnesota Medicaid	Submitted Approved: 2 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	062 - Substance Abuse	9/5/2022 - 9/9/2022	[Servicing] [Select] [Extend] [Copy]
222690002 (N/A) [Procedures] [Diagnosis]	ADAMS, ERIN  Contract: Minnesota Medicaid	Submitted Approved: 2 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	062 - Substance Abuse	9/10/2022 - 9/30/2022	[Servicing] [Select] [Extend] [Copy]


Scroll to the bottom of the page.

All requests for that case or member will populate.

Choose the one with the correct service dates by clicking "Select"

# Determining if an Authorization has been Approved

REQUEST OVERVIEW

CASE INFORMATION [PRINT CASE](#) 

<b>Case ID:</b>	<b>Case Submit Date:</b>	<b>SRV Auth:</b>	<b>Reference ID:</b>
222690002	9/26/2022 8:33 AM	123456789	N/A
<b>Member ID:</b>	<b>Member Name:</b>	<b>Gender:</b>	<b>DOB:</b>
	ERIN ADAMS	F	

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**PROCEDURES**

H2035	A/d tx program, per hour	<b>Status:</b> <b>Approved</b>	<b>Reason:</b> Clinical Reviewer - Approved
	<b>Requested</b>	<b>Certified</b>	
<b>Quantity:</b>	5	5	<b>Freq:</b> N/A
<b>Start Date:</b>	9/10/2022	9/10/2022	<b>Mod:</b> N/A <b>Rate:</b> N/A
<b>End Date:</b>	9/30/2022	9/30/2022	
<b>Errors:</b>			
H2035	A/d tx program, per hour	<b>Status:</b> <b>Approved</b>	<b>Reason:</b> Clinical Reviewer - Approved

You'll be able to see both the Prior Authorization number (SRV Auth) and the status of the request on this page.



## PART FOUR

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# Documentation Standards

# Documentation Standards

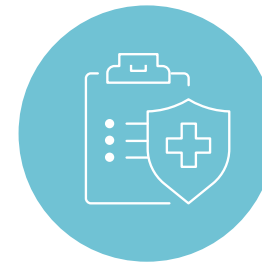
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Current comprehensive assessment and summary  
(initial request only)



Initial services plan  
(initial request only)



Individual Treatment Plan/Treatment Plan Reviews  
(Submit with all requests)

# Documentation Standards

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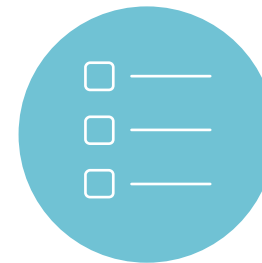
- Provide clear, clinical justification for exceeding 6 hours in a day or 30 hours of treatment service in a week  
(Submit with all requests)
- DHS-4695-ENG MHCP Authorization Form  
(if not using the Provider Portal)



Current comprehensive assessment and summary  
(initial request only)



Initial services plan  
(initial request only)



Individual Treatment Plan/Treatment Plan Reviews  
(Submit with all requests)

# Documentation Standards



## Comprehensive Assessment and Summary

THE COMPREHENSIVE ASSESSMENT AND SUMMARY MUST CLEARLY INDICATE THE MEDICAL NECESSITY FOR THE LEVEL OF CARE BEING PROVIDED

SEND THIS AT THE INITIAL REQUEST ONLY



## Initial Services Plan

THE PLAN MUST BE:

- PERSON-CENTERED AND CLIENT-SPECIFIC
- ADDRESS THE CLIENT'S IMMEDIATE HEALTH AND SAFETY CONCERNS
- IDENTIFY THE TREATMENT NEEDS OF THE CLIENT TO BE ADDRESSED DURING THE TIME BETWEEN THE DAY OF SERVICE INITIATION AND DEVELOPMENT OF THE INDIVIDUAL TREATMENT PLAN

SEND THIS AT THE INITIAL REQUEST ONLY



## Individual Treatment Plan/Treatment Plan Reviews

- MEMBER'S PROGRESS (OR LACK OF) TO OVERALL TREATMENT PLAN GOALS AND OBJECTIVES
- MEMBER'S RESPONSE OR REACTION TO TREATMENT INTERVENTION
- THE PRECEDING *FOUR* TREATMENT PLAN REVIEWS MUST BE SUBMITTED (IF AVAILABLE)

SUBMIT THESE WITH ALL REQUESTS



# Questions

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Feel free to reach out to the below contacts with any concerns or questions.

For additional information please go to the MHCP Provider Manual, "Substance Use Disorder Services"

 **Kepro Provider Services: 866-433-3658**

 **DHS Provider Services: 651-431-2700**

 **[MNProviderIssues@kepro.com](mailto:MNProviderIssues@kepro.com)**