Kepro™

DOCUMENTING PROPHYLAXIS D1110 IN ATREZZO

12/28/2020

Our Mission

KEPRO's mission is to improve lives through healthcare quality and clinical expertise.

We work on behalf of government and private healthcare payers to maximize healthcare quality, improve accuracy and increase efficiency.

As a result, we drive real change in the healthcare system that allow healthcare dollars to reach more people by ensuring the right care is delivered at the right time.

Provider Benefits

- Secure submittal of Service Authorization Request (SAR) and additional clinical documentation.
- Receipt of a Kepro Case ID# to confirm all requirements have been met and Kepro has successfully received your submission.
- Tracking of case status (approval, denial or pended -for additional information requests).
- Kepro Questionnaires to help reduce “pends” of additional clinical Information.
- Search and review requests by date of submission.

Retrospective “Retro” Requests

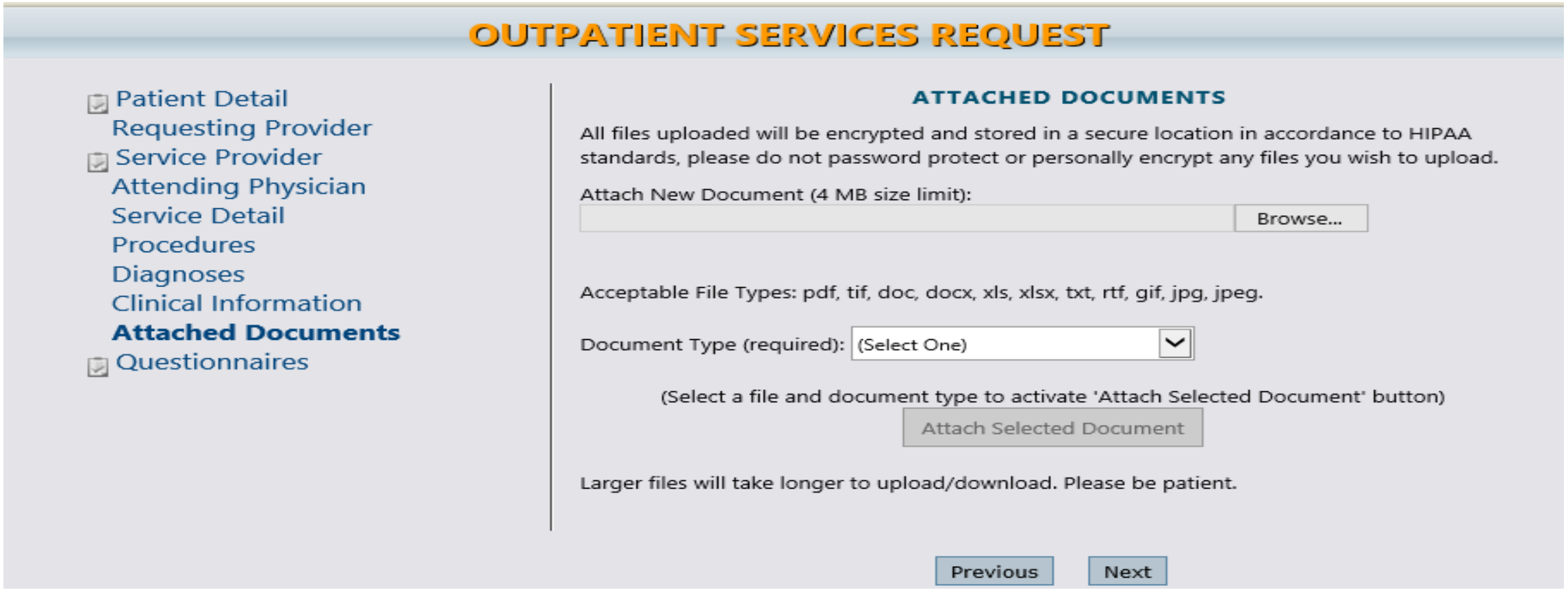
Please submit Retrospective Requests manually. We are unable to auto-approve Dates of Service with today’s date or prior to today. Prior authorization requests must have a future date.

Entering Prophylaxis D1110

ENTERING INFORMATION AND UPLOADING DOCUMENTATION FOR A PROPHYLAXIS D1110 IN ATREZZO IS A SIMPLE PROCESS. ***IT IS ESSENTIAL THAT ALL QUESTIONS BE ANSWERED CORRECTLY AND ACCURATELY BASED ON THE SOAP NOTES AND ANY ADDITIONAL CLINICAL INFORMATION UPLOADED TO THE ATREZZO CASE.***

ONCE COMPLETED AND SIGNED, THE INFORMATION IN THIS QUESTIONNAIRE IS LEGALLY BINDING AND MAY BE USED AS EVIDENCE IN AN APPEAL AND IS ALSO SUBJECT TO ROUTINE AUDITS.

IN THE EVENT YOU HAVE QUESTIONS OR CONCERNS ABOUT ANY OF THE REQUESTED INFORMATION, PLEASE STOP AND REFER YOUR CONCERN TO THE CLINICIAN WHO COMPLETED THE PROCEDURE. (PLEASE REFER TO YOUR MHCP MANUAL IF YOU HAVE QUESTIONS REGARDING ROUTINE POLICIES OR PROCEDURES.)



To attach documents:

1. Select the **Attached Documents** menu option.
2. Click the **Browse…** button.
3. **Locate correct file document.**
4. **Double-click the file document** to populate “Attach New Document” field
5. Click on **Attach Selected Document** button.
6. Click **Next** button to repeat above steps until all documentation is attached.

Question #1:

Prophylaxis D1110

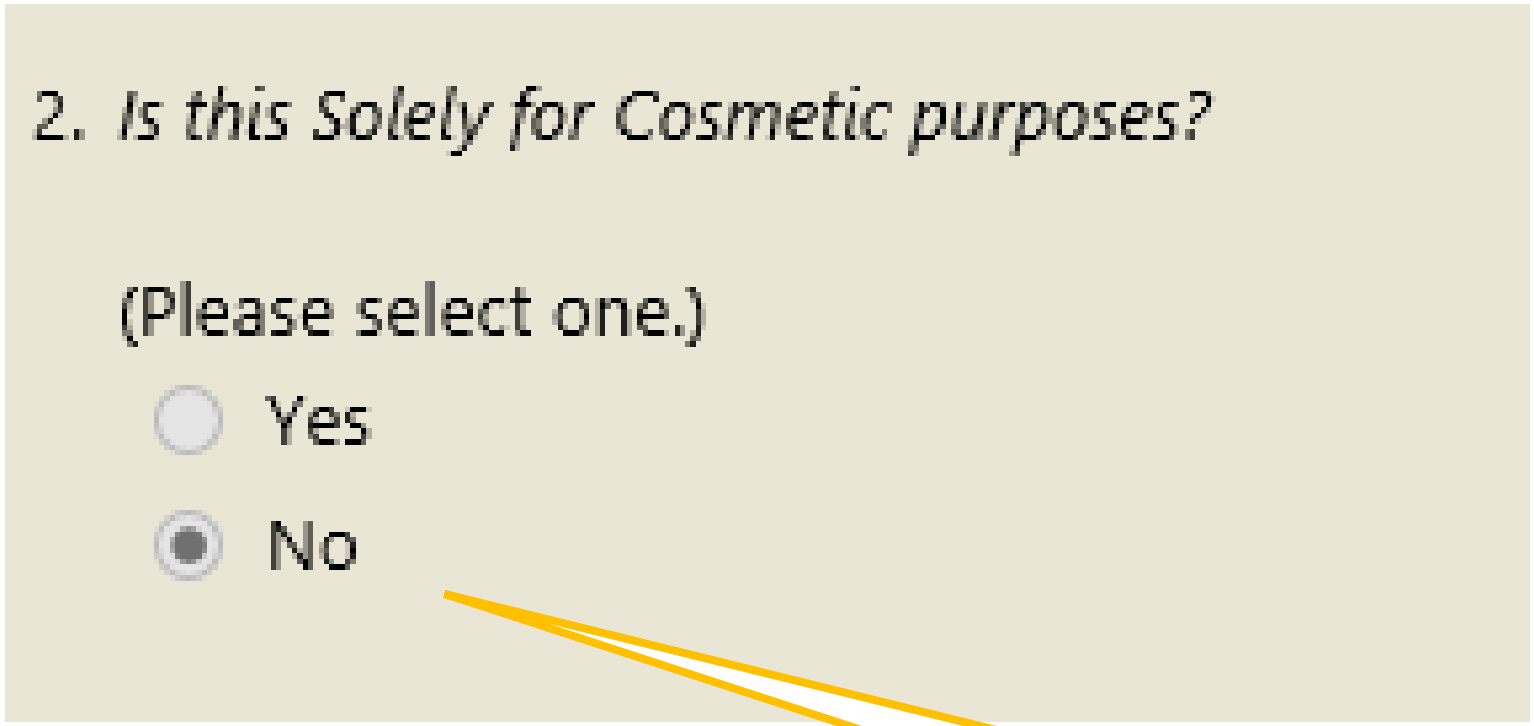
1. *Does this patient meet DHS Criteria for additional Prophylaxis (D1110) for any of the following? Please check all that apply.*

(Please select between 1 and 7 items.)

- ☐ Physically disabled
- ☐ Residing in a supported residence (including nursing homes or group home setting)
- ☐ Patient physically unable to adequately perform daily oral hygiene without support
- ☐ Have a cognitive impairment or brain injury
- ☐ Have a medical condition that puts them at high risk for complications, including xerostomia
- ☐ Taking medications known to cause gingival hyperplasia or xerostomia
- ☐ Have a mental health condition
- ☐ N/A

Please ☑ check <u>ONLY</u> the options that are supported by the clinical documentation SUBMITTED that apply to this recipient

Question #2:



Indicate the correct answer to Question #2.

Question #3:

Instructions: WARNING: Attached documentation is subject to audit. Insure all information below is submitted. Level of plaque Level of calculus Tissue condition Periodontal class type Education/oral hygiene instruction

3. *Please provide the date the first prophy of this calendar year was completed. (Please attach the SOAP note to this case.*

Date: 07/12/2019

WARNING: Documentation is required and subject to audit.

Question #4:

4. *Is the Clinicians recommended recall frequency stated clearly in the clinical notes?*

(Please select one.)

- (•) Yes
- ( ) No

4.1.1. *Recall Frequency*

(Please select one.)

- (•) 3 month
- ( ) 4 month
- ( ) 6 month

If you selected

(•) Yes

please indicate the frequency.

Question #5:

5. *What length of approval is being requested 1 year or 2 year?*

(Please select one.)

- ○ 1 Year
- ● 2 Year

Indicate the correct answer to Question #5.

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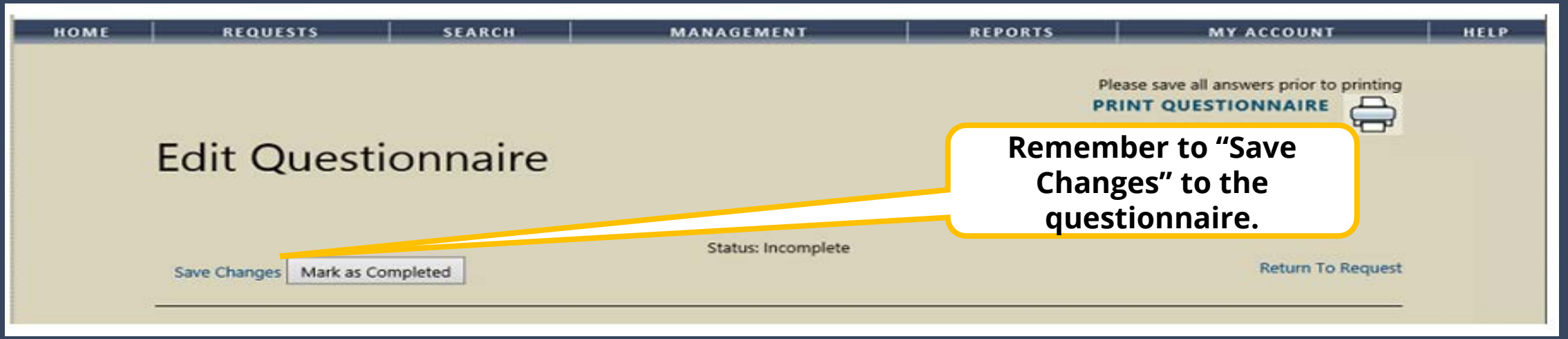
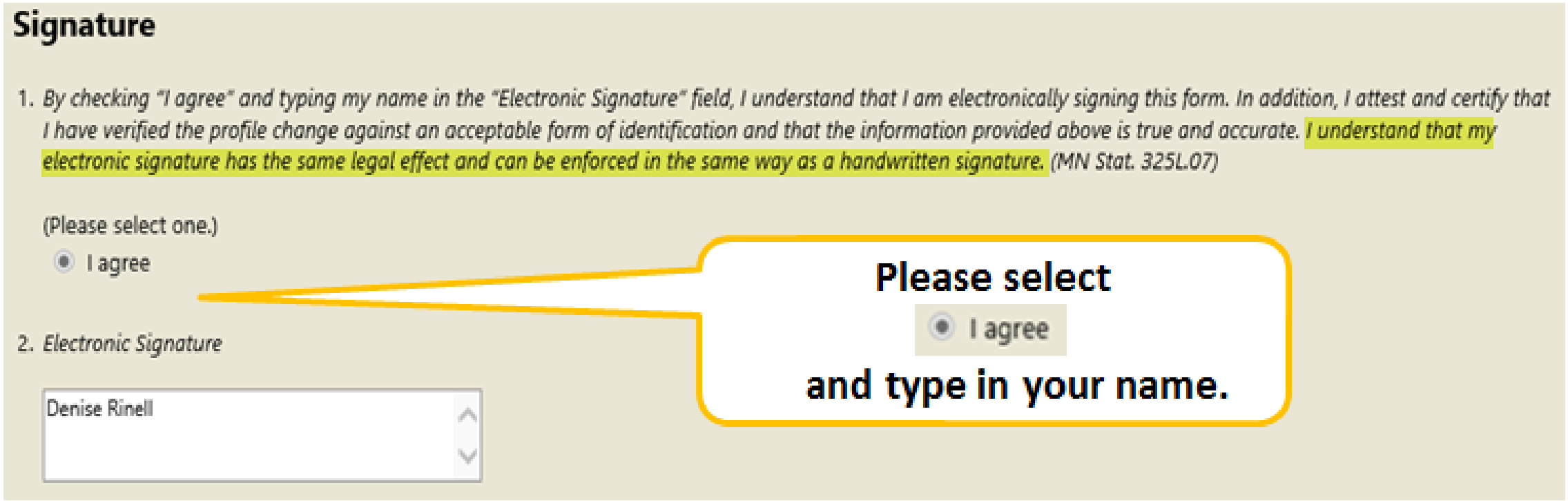
REVIEW YOUR ANSWERS!!!

Review all answers to ensure complete and accurate information and remember to save any changes that you make to the questionnaire



Electronic Signature

- (Attest and certify that the information provided is true and accurate!)

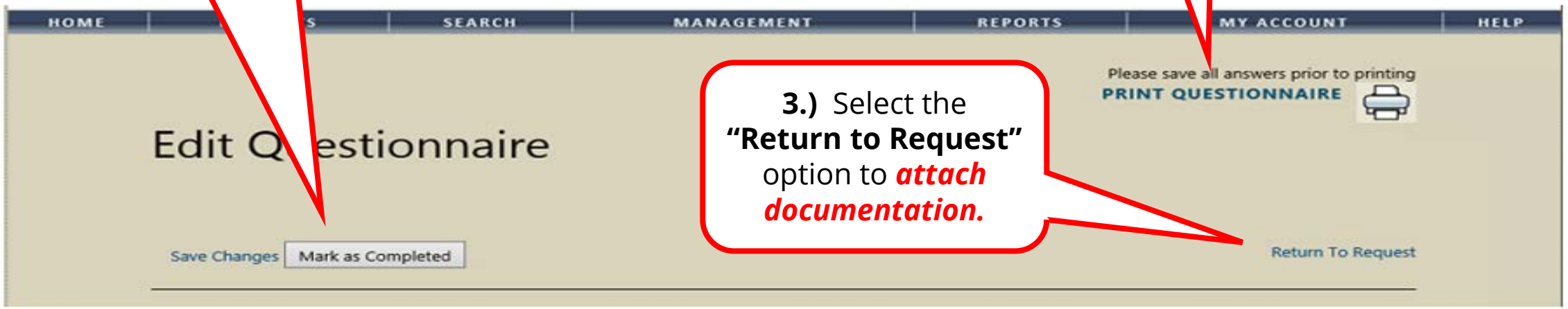


Mark as Complete and Print Copy

1.) Once the questionnaire is complete, click the "**Mark as Completed**" button.

IMPORTANT!
No further edits to the questions will be allowed after this step!

2.) Print a copy of the questionnaire for your records**.**



3.) Select the **"Return to Request"** option to ***attach documentation.***

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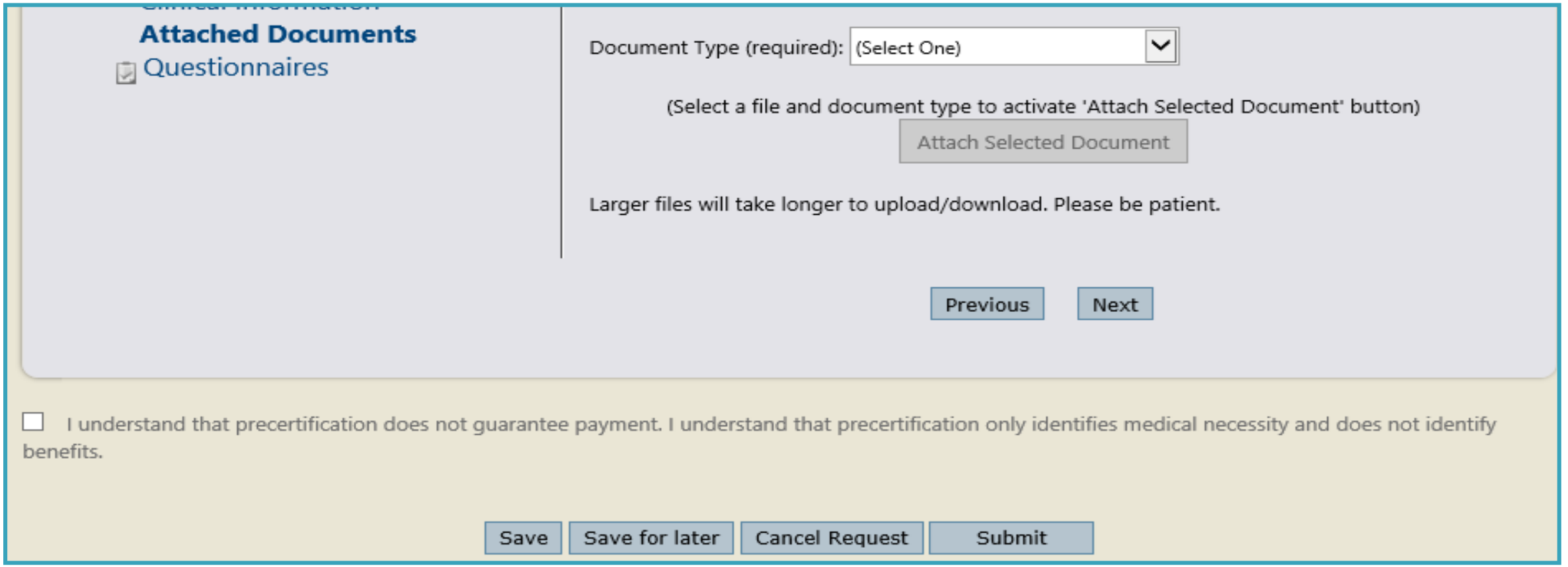

Once ALL documents have been attached:

1. Click the **white box** at bottom(left) of screen *(you must attest that you understand this submission is not a guarantee of payment).*
2. Click **Submit** button.

For additional assistance, please contact:

Kepro Customer Service Department

1-866-433-3658

OR

Refer to the **Provider User Guide**

located in the “HELP” tab within

the Atrezzo Provider Portal system.

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QUESTIONS?

COMMON FAQS

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