

## NEW KEPRO MODIFICATION PROCEDURE

Attention Providers:

Beginning May 1, 2016, KEPRO modification process is changing. Service end dates and unit changes to existing authorizations are the only changes that will successfully update in the new Healthpas 5.0 Molina system. Servicing Provider, Service Start Dates, CPT code/Service Code corrections and other changes will require a new authorization number to be generated for billing purposes. All authorization changes will require justification documentation.

Providers will now be required to submit these corrections via the DDE (Direct Data Entry) KEPRO Provider Portal. These changes will require a copy for correction of the original request. You will find instructions to assist here: <http://wvaso.kepro.com>

Please indicate the reason for the copy for correction as the retrospective reason. For example, use "Servicing Provider incorrect. Authorized for (name) and needs to be for (new name and NPI number). Servicing Provider and date changes do not require a second clinical review.

Authorized service(s) codes should contain the CPT code to be billed. In some workflows (e.g. Imaging), the service code group is considered a "bucket" by Molina meaning the CPT code must be found in the "bucket" for successful payment processing. If the wrong service code or group was requested for the service performed, a copy for correction will have to be submitted. The original CPT code MUST be included in the retrospective reason and this change will NOT require a new clinical review. However, CPT code changes, the addition of new codes or HCPCS code changes DO require clinical review. Service code changes must be requested within 10 business days of the service start date/date the service was performed. For code changes where multiple units were authorized, please include units authorized/units billed so the new authorization can be adjusted. This allows the appropriate code in a procedure group to be billed (eg. with or without contrast testing).

Only the submitting organization can request a copy for correction. If you are the servicing provider and did not create the request, please make every effort to contact physician's office to submit a correction. However, if this is not successful, the servicing provider will have to submit a new request. A claim form or remittance advice showing denial of service is required with each request. Please indicate the reason, ex. Servicing Provider incorrect for authorization number \_\_\_\_\_. Approved for (name) and performed by (name). The authorization number and approved for name is REQUIRED. Please note: For CPT/HCPCS code changes, the code approved on the original authorization must be included. Only the Physician's office can request a CPT code change or request authorization of additional services. If the CPT/HCPCS code billed is NOT what was previously authorized, the new request will be closed with a note that the requesting provider will need to be contacted.

If you have questions or need assistance please contact us at 1-800-346-8272 or [wvmedicalsolutions@Kepro.com](mailto:wvmedicalsolutions@Kepro.com).