



Dear Provider,

Changes have been made to Prior Authorization Request (PAR) requirements and PAR processes for several Fee-For-Service Health First Colorado benefits to help facilitate hospital responses to the current COVID-19 surge.

The following changes will be in effect from November 8, 2021, until December 31, 2021, or until further communication from the Department. This applies to Dates of Service within that date span:

- **Diagnostic Imaging:** The PAR requirement has been suspended for a subset of Diagnostic Imaging codes.

74150	74160	74170	74174
74175	74176	74177	74178
72191	72193	72194	

- **Timeliness:** PAR timeliness requirements are waived across *all* outpatient benefit areas that do not currently have a retroactive PAR submission in Rule.
- **Automated PAR Reviews:** Select surgical procedures and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items are temporarily changed from a manual review process to being reviewed by an automated review process to decrease the Turn Around Time (TAT) for review determinations. PAR requirements, including supporting clinical documentation, remain the same as a PAR being reviewed manually.
- **DMEPOS:** These include select oral, enteral, parenteral supplies, wound care and supplies, select oxygen equipment and supplies, and select rental DME. Provider may see an additional question when submitting PARs in the PAR portal, Atrezzo, asking if this is related to a hospital discharge and Providers should fully answer all questions but this may not guarantee an automated review. DMEPOS items under a miscellaneous code or manually priced items are excluded from automated processes.
- **Rapid Reviews:** Providers can select a rapid review as a request type when submitting a prior authorization request when a case meets rapid case review criteria. Rapid case reviews are conducted on the same day as submitted, when received by 2:00 p.m. MT and *when Rapid Case Review criteria are met* One example of when a rapid review can be requested is when a service or benefit that requires a PAR is needed prior to a Member’s inpatient hospital discharge. The [Provider Manual](#) includes the full list of criteria for when a rapid review can be requested and explains the other types of request types Providers are able to select when submitting a PAR to Kepro.

Additional information and resources can be found on the [ColoradoPAR Program web page](#). Providers with questions for Kepro should contact coproviderissue@kepro.com. Contact hcpf_UM@state.co.us for any questions or concerns regarding the PAR process or PAR policy. Be sure to include the Case ID or PAR number if contacting the Department regarding a specific case or PAR.

Thank you,

Department of Health Care Policy & Financing

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