ColoradoPAR Program PAR temporary changes due to COVID

As of November 5th, 2021, the following temporary changes have been made to the Prior Authorization Request (PAR) requirements for Fee-For-Service medical benefits that fall under Colorado Medicaid’s ColoradoPAR Program. Please note that the Inpatient Hospital Review Program and associated components of hospital concurrent reviews have been suspended since April 1, 2020. Hospitals will be notified a minimum of 90 calendar days prior to restarting the program.

Fee For Service Prior Authorization Changes

There are several services and benefits provided in the outpatient setting that may impact hospital facilities and the changes below may help to facilitate hospital responses to the COVID-19 surge. The following changes will be in effect until December 31, 2021 or until further communication from the Department:

- **Diagnostic Imaging:** Removing PAR requirements for a subset of Diagnostic Imaging codes may help decrease Administrative/Provider burden not only for hospitals but also for associated outpatient facilities.
  - PARs will be suspended on the following CPT codes:
    - 74150
    - 74160
    - 74170
    - 74174
    - 74175
    - 74176
    - 74177
    - 74178
    - 72192
    - 72193
    - 72194

- **Outpatient Services:** The following changes will be applied across the following outpatient benefits:
  - PAR timeliness requirements will be waived cross all outpatient benefit areas that do not currently have a retroactive PAR submission in Rule, this will allow Providers to (reasonably) submit retroactive PARs.
  - PAR “Rapid Reviews” will be expanded for all benefit areas if the member is currently admitted inpatient with discharge pending. Rapid Review PARs are typically reviewed in 2 business days or less.
Automated PAR Reviews: PAR processes for select surgical procedures and other DME related items, including those listed below, will also be evaluated for more automated processes (DME items under a miscellaneous code or manually priced items will be excluded from automated processes).
- Disposable supplies.
- Oral, Enteral, Parenteral Supplies.
- Hot/Cold Therapy Supplies and Wound Care.
- Rental Wheelchair Equipment (with RR modifier if requested at Hospital discharge).
- Bath/Shower Transfer chairs (if requested at Hospital discharge).

Provider communication about the changes will be distributed in a special provider bulletin and is also available on www.ColoradoPAR.com. For additional questions, please contact the ColoradoPAR Program inbox at hcpf_um@state.co.us

Thank you,

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