



EQ Health Prior Authorization Change Request Form – Confidential

Prior Authorization FAX: 800-922-3508
Kepro Customer Service Phone: 720-689-6340
Email: coproviderissue@kepro.com

To request a change to a PAR originally completed by eQHealth, please complete this form and either fax to 800-922-3508, or securely email to coproviderissue@kepro.com. For any questions about this process, please contact Kepro customer service at 720-689-6340.

* Request To:

| | | |
|--|------------------------------------|--|
| | Modify Prior Authorization Number: | |
| | Cancel Prior Authorization Number: | |

| | |
|---|--|
| * Date of PAR Change Request (MM/DD/YYYY) | |
|---|--|

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|---|--|----------------------|--|
| * Member Last Name: | | * Member First Name: | |
| * Member Health First Colorado ID Number: | | * Member DOB: | |

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|--|--|
| * Current Billing Provider Name: | |
| * Current Billing Provider NPI/Health First Colorado ID Number: | |
| * Current Requesting/Ordering/Referring Provider Name: | |
| * Current Requesting Provider NPI/Health First Colorado ID Number: | |

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|-------------------------|--|
| * Current Service Type: | |
|-------------------------|--|

(Service Types: OOS Inpatient, Transplant, PT, OT, ST, Personal Care Services, OOS Inpatient, Transplant, Genetics Lab, Imaging, PBT, Audiology, Wheelchairs & Accessories, Disposable Medical Supplies, Oxygen & Respiratory, Orthotics/Prosthetics, CRT, Oral/Enteral/Parenteral, Bedroom & Bathroom, Ambulation Devices, Hot & Cold Applications/Phototherapy/Wound, Trapeze Traction & Fracture Frames, Nerve Stimulator, Monitoring Equipment & Diabetic Supplies, Lymphedema Pumps & Compressors)

*** Current Primary Diagnosis**

| * Diagnosis Code | * Description |
|------------------|---------------|
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| | |

*** Current CPT / HCPC Codes**

| * Procedure Code & Applicable Modifier(s) | * Narrative Descriptions | * Units Requested | * Dates of Service From (MM/DD/YYYY) | * Dates of Service To (MM/DD/YYYY) |
|---|--------------------------|-------------------|--------------------------------------|------------------------------------|
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REQUESTED CHANGES (where applicable)

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| * New Billing Provider Name: | |
| * New Billing Provider NPI/Health First Colorado ID Number: | |
| * New Requesting/Ordering/Referring Provider Name: | |
| * New Requesting Provider NPI/Health First Colorado ID Number: | |

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|---------------------|--|
| * New Service Type: | |
|---------------------|--|

(Service Types: OOS Inpatient, Transplant, PT, OT, ST, Personal Care Services, OOS Inpatient, Transplant, Genetics Lab, Imaging, PBT, Audiology, Wheelchairs & Accessories, Disposable Medical Supplies, Oxygen & Respiratory, Orthotics/Prosthetics, CRT, Oral/Enteral/Parenteral, Bedroom & Bathroom, Ambulation Devices, Hot & Cold Applications/Phototherapy/Wound, Trapeze Traction & Fracture Frames, Nerve Stimulator, Monitoring Equipment & Diabetic Supplies, Lymphedema Pumps & Compressors)

| | |
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| * New Admitting Date/Dates of Service: | |
|--|--|

*** New Primary Diagnosis**

| * Diagnosis Code | * Description |
|------------------|---------------|
| | |
| | |

*** Changes to CPT / HCPC Codes**

| * Procedure Code & Applicable Modifier(s) | * Narrative Descriptions | * Units Requested | * Dates of Service From (MM/DD/YYYY) | * Dates of Service To (MM/DD/YYYY) |
|---|--------------------------|-------------------|--------------------------------------|------------------------------------|
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| Additional Comments: | |
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|-------------------------|--|
| * Contact Name: | |
| * Contact Phone Number: | |
| * Contact FAX Number: | |

Revised: April 2021

