



**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:	

* 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:	

* Current Service Type:	
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(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

**\* 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)



**REQUESTED CHANGES (where applicable)**

* 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:	

* New Service Type:	
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(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)

* New Admitting Date/Dates of Service:	
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**\* 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)

Additional Comments:	
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* Contact Name:	
* Contact Phone Number:	
* Contact FAX Number:	

Revised: April 2021

