



**Inpatient Prior Authorization Request Form - Confidential**

Prior Authorization FAX: 800-922-3508  
Kepro Customer Service Phone: 720-689-6340

For Out-of-State (OOS) inpatient or for Transplant PAR requests, complete this form and either upload to the case in Atrezzo or fax to the PAR fax number listed above. Contact Kepro customer service at 720-689-6340 with any questions about this process.

New Request       Revision – Prior Authorization Number \_\_\_\_\_

Cancel – Prior Authorization Number \_\_\_\_\_

Date of PAR Request (MMDDYYYY) \_\_\_\_\_

Admission Date (MMDDYYYY) \_\_\_\_\_

Admission Status (select one):  Prior Auth    Retro    Rapid    Expedited

Billing Provider name: \_\_\_\_\_

Billing Provider NPI/Health First Colorado ID Number: \_\_\_\_\_

Requesting/Ordering Provider Name: \_\_\_\_\_

Requesting Provider NPI/Health First Colorado ID Number: \_\_\_\_\_

Member Last Name: \_\_\_\_\_ Member First Name: \_\_\_\_\_

Member Health First Colorado ID Number: \_\_\_\_\_ Member DOB: \_\_\_\_\_

Does the member have primary insurance?  Yes  No

Primary Insurance Name: \_\_\_\_\_

Does the member reside in a nursing facility?  Yes  No

Setting:  Inpatient

Service Type: \_\_\_\_\_

(Service Types: OOS, Inpatient, Transplant)

**Primary Diagnosis Codes and Descriptions:**

Diagnosis Code	Description

**FOR TRANSPLANT SERVICE: Each service being requested must list each procedure code separately on this form.**

Procedure Code	Narrative Description	Units Requested	Dates of Service	
			From (mm/dd/yyyy)	To (mm/dd/yyyy)

Severity of Illness: \_\_\_\_\_

Intensity of Services: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact FAX Number: \_\_\_\_\_

Revised: April 2021

