



## 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, please complete this form and either upload to your case in Atrezzo or fax to the PAR fax number listed above. For any questions about this process, please contact Kepro customer service at 720-689-6340.**

**\* Type of Request (Select One):**

New Request	
Revision – Prior Authorization Number:	
Cancel – Prior Authorization Number:	

* Date of PAR Request (MM/DD/YYYY):	
* Admission Date (MM/DD/YYYY):	

* Admission Status (Select One):	Prior Auth	Retro	Rapid	Expedited
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* Billing Provider Name:			
* Billing Provider NPI/Health First Colorado ID Number:			
* Requesting/Ordering/Referring 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:		

* Setting:	Inpatient	* Service Type:	
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**(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 & Applicable Modifier (s)	* Narrative Descriptions	* Units Requested	* Dates of Service From (MM/DD/YYYY)	* Dates of Service To (MM/DD/YYYY)

* Severity of Illness:	
* Intensity of Services:	
* Additional Comments:	

* Contact Name:	
* Contact Phone Number:	
* Contact FAX Number:	

Revised: April 2021

Improving health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.  
www.colorado.gov/hcpf

