



Outpatient Prior Authorization Request Form - Confidential

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

This form is only for new or revised PARs submitted to Kepro. Unless providers have approval to submit via fax, all requests should be made electronically via the Atrezzo portal. 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) _____

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: Outpatient

Service Type: _____

(Service Types: PT, OT, ST, Personal Care Services, 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)

Durable Medical Equipment (DME) Supply Requests

Only member-owned equipment can be authorized for repair.

Serial number : _____

Indicate how long will this equipment be needed (in months and years). _____

Estimated cost of equipment: _____

Medical necessity for Service Requested: _____

Primary Diagnosis Codes and Descriptions:

Diagnosis Code	Description

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)

Additional comments: _____

Contact Name: _____

Contact Phone Number: _____

Contact FAX Number: _____

Revised: April 2021

