

## Outpatient Prior Authorization Request Form – Confidential

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

**Fax Exempt Providers, please complete this form and 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):	
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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:	Outpatient	* Service Type:	
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**(Service Types: 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)**

**Durable Medical Equipment (DME) Supply Requests**  
*Only member-owned equipment can be authorized for repair.*

* Serial Number:	
* Indicate how long this equipment will be needed (in months and years):	
* Estimated Cost of Equipment:	

**\* Medical necessity for service(s) requested:**

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**\* Primary Diagnosis codes and Descriptions:**

* Diagnosis Code	* Description

**\* Each service being requested must list each procedure code separately on this form.**

* Procedure Code & applicable Modifier(s)	* Narrative Description	* Units Requested	* From Date of Service (MM/DD/YYYY)	* To Date of Service (MM/DD/YYYY)

**Additional Comments:**

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

Revised: April 2021

