



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

