



**COLORADO**  
Department of Health Care  
Policy & Financing

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# HEALTH FIRST COLORADO

## Pediatric Behavioral Therapy (PBT) Review

The Department of Health Care Policy & Financing administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify.



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# EPSDT

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Kepro follows to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements for all medical necessity reviews for Health First Colorado members. Medical necessity reviews on treatments, products or services requested or prescribed for all members ages 20 years of age and under are based on compliance with federal EPSDT criteria. Medical necessity is decided based on an individualized, child specific, clinical review of the requested treatment to 'correct or ameliorate' a diagnosed health condition in physical or mental illnesses and conditions. EPSDT includes both preventive and treatment components as well as those services which may not be covered for other members in the Colorado State Plan.

For more information, please review the EPSDT website: <https://hcpf.colorado.gov/early-and-periodic-screening-diagnostic-and-treatment-epsdt>



# About Kepro

In 2021, Kepro was awarded the Colorado Department of Health Care Policy and Financing (HCPF) contract with the state of Colorado for Utilization Management and Physician Administered Drug (PAD) UM review, including outpatient, inpatient, specialty, and EPSDT.

In addition, Kepro will administer or support in:

- Client Overutilization Program (COUP)
- Annual HCPCS code review
- Quality Program
- Reporting
- Review Criteria selection
- Customer Service Line
- Appeals, Peer-to-Peer, and Reconsiderations
- Fraud & False Claims reporting



**426M**  
In Savings through Care  
Management



**35 YEARS**  
Serving Government  
Sponsored Healthcare  
Programs



**1.8M**  
UM Reviews a year



# Scope of Services

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- Audiology
- Diagnostic Imaging
- Durable Medical Equipment
- Medical Services including, but not limited to, select surgeries such as bariatric, solid organ transplants, transgender services, and elective surgeries
- Molecular/Genetic Testing
- Inpatient Hospital Review Program (IHRP 2.0)
- Out-of-State Inpatient Services
- Outpatient Physical and Occupational Therapy
- Outpatient Speech Therapy
- **Pediatric Behavioral Therapy**
- Pediatric Private Duty Nursing
- Personal Care Services
- Physician Administered Drugs



# Kepro Services for Providers

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- 24-hour/365 days provider portal can be accessed at: <https://portal.kepro.com>
- Provider Communication and Support email: [coproviderissue@kepro.com](mailto:coproviderissue@kepro.com)
- Provider Education and Outreach, as well as system training materials (including Video recordings and FAQs) are located at: <https://hcpf.colorado.gov/par>
- Prior Authorization Review (PAR)
- Retrospective Review (when allowed by CO HCPF)
- PAR Reconsiderations & Peer-To-Peer Reviews
- PAR Revisions
- Access to provider reports and case statuses with Atrezzo Portal
- Provider Manual is posted at: <https://hcpf.colorado.gov/par>



# Provider Responsibilities

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- Providers must request prior authorization for services through our direct data entry portal, **Atrezzo**, unless criteria is met and approved for the exempt list.
- The Fax Exempt method of requests must be approved by submitting a Fax Exempt Request form and meeting specific criteria, such as: the provider is Out-of-State, or the request is for an out of area service; the provider group submits on average 5 or fewer PARs per month and would prefer to submit a PAR via fax; or the provider is visually impaired.
  - The form can be located at <https://hcpf.colorado.gov/par>.
- Utilization of the Atrezzo portal allows the provider to:
  - ✓ request prior authorization for services
  - ✓ upload clinical information to aid in review of prior authorization requests
  - ✓ submit reconsideration and/or peer-to-peer requests for services denied.
- The system will also give warnings if a PAR is not required.
- Always **VERIFY** the Member's eligibility for Health First Colorado prior to submission by contacting Health First Colorado.

**The generation of a Prior Authorization number does not guarantee payment.**



# PAR (Prior Authorization Request) Submission

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- PAR requests submitted within business hours: 8:00AM – 5:00PM (MST) will have the same day submission date
- Atrezzo portal is accessible 24/7. However, those submitted:
  - **After business hours will have a receipt date of the following day**
  - **Holidays – will have a receipt date of the following business day**
  - **Days following State approved closures, i.e, natural disasters; it will have a receipt date of the following business day**





# PAR Submission – General Requirements

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PAR submissions will require providers to provide the following:

- ✓ Member ID
- ✓ Name
- ✓ DOB
- ✓ CPT or HCPCS codes to be requested
- ✓ Dates of service(DOS)
- ✓ ICD10 code for the diagnosis
- ✓ Servicing provider (billing provider) NPI if different than the Requesting provider
- ✓ Number of units requested, i.e. visits, number of items, etc.
- ✓ Supporting Documentation: It will be necessary to provide supporting documentation with your submission. Supporting documentation may include office visit notes, laboratory results, imaging results, etc.
  - Requests for Additional Information will be initiated by Kepro if/when there is not substantial supporting documentation to complete a review.

A detailed step by step process for submitting both outpatient and inpatient requests can be found in the provider training manual at <https://hcpf.colorado.gov/par>

Timely Submission means entering the request before services are rendered and with enough advanced notice for the review to be completed.



# PAR Requirements

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**Behavioral Therapy providers will need to submit the following documents with the PAR request:**

- Order for services requested signed by a MD, DO, NP, PA dated within the last 12 months for admission only
- The client's Plan of Care detailing the requested services.



# PAR Requirements Continued

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## Codes and Department Descriptions

**97153** Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, one unit = 15 minutes

**97154** Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, one unit = 15 minutes

**97155** Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, one unit = 15 minutes

**97158** Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, one unit = 15 minutes

**97151** Behavior identification assessment, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the guardian(s)/caregiver(s), and preparation of report. **Code can be billed one unit every 12 months.**

**97151 TJ** Behavior identification re-assessment, limited to 2 units per six months



# Pediatric Behavioral Therapy (PBT) Guidance

Manual Link	Duration of a PAR
<a href="https://hcpf.colorado.gov/pbt-manual">https://hcpf.colorado.gov/pbt-manual</a>	Limited to 6 months

Submission Requirements at a Glance	Details
<b>Provider Timely Submission Requirement</b>	Prior to rendering services
<b>Retroactive Authorization (Member not eligible at time of service)</b>	Not accepted by Kepro *Exceptions may be made by HCPF
<b>Servicing Provider (Billing Provider)</b>	Organizations with a <b>TAX ID</b> must enroll as <b>type 83 -Behavioral Therapy Clinic</b> . Eligible individuals are: <b>Psychologist with a doctorate degree-type 37</b> <b>Licensed Behavioral Health Clinician - type 38</b> <b>Behavioral Therapist - type 84</b>
<b>Requesting (Ordering) Provider</b>	Physician, Physician's Assistant, Nurse Practitioner

If the provider needs to request backdating a PAR, email [HCPF\\_EPSDT@state.co.us](mailto:HCPF_EPSDT@state.co.us) with your reason and supporting documentation for the need of the request.



# Pediatric Behavioral Therapy (PBT) Guidance Continued

Behavioral therapy is available to all children currently eligible for Health First Colorado when the service is medically necessary.

## Member Eligibility

- Presence of one or more of the following for an individual age 20 and younger:
- The member has been diagnosed with a condition for which behavioral therapy services are recognized as therapeutically appropriate (i.e. evidence-based or evidence-informed), including autism spectrum disorder.
- The member cannot adequately participate in home, school, or community activities because behavior or skill deficit interferes with these activities.
- The client must have a standardized assessment of maladaptive behaviors to show their abilities to function in these activities.
- The member presents a safety risk to self or others. Examples include self-injury, aggression towards others, and destruction of property, stereotyped or repetitive behaviors, or elopement.

Providers may find more information regarding Pediatric Behavioral Therapies at <https://hcpf.colorado.gov/pediatric-behavioral-therapies-information-providers>



# What is NOT Covered under PBT (list is not exhaustive)

- Services that are primarily respite, daycare or educational in nature
- Services to reimburse a parent for participating in the treatment program
- Services that are duplicative and equal to the medically necessary frequency and duration under an individualized family service plan (IFSP) or an individualized educational program (IEP), as required under the federal Individuals with Disabilities Education Act (IDEA)
- Treatment whose purpose is vocationally based
- Custodial care such as care that is provided primarily to assist in the activities of daily living
- Treatment that is unproven or investigational



# PAR Process

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After submission of a request, you will see one of the following actions occur:

**Approval:** Met criteria/CCR applied for the service requested at first level review or was approved at physician level.

**Request for additional information:** Information for determination is not included and vendor requests this to be submitted to complete the review.

**Technical Denial:** Health First Colorado Policy is not met for reasons including, but not limited to, the following reasons:

- \*\*\* *Untimely Request*
- \*\*\* *Requested information not received/Lack of Information (LOI)*
- \*\*\* *Duplicate to another request approved for the same provider*
- \*\*\* *Service is previously approved with another provider*

**Medical Necessity Denial:** Physician level reviewer determines that medical necessity has not been met and has been reviewed under appropriate guidelines. The Physician may fully or partially deny a request.



# PAR Process Continued

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## Denials:

If a **Technical Denial** is determined, the provider can request a **Reconsideration**.

If a **Medical Necessity Denial** was determined, it was determined by the Medical Director. The Medical Director may fully or partially deny a request. For a medical necessity denial, the provider may request a **Reconsideration** and/or a **Peer-to-Peer**.

## Steps to consider after a Denial is determined:

- ❖ **Reconsideration Request:** the **servicing** provider may request a reconsideration to Kepro within **10 days** of the initial denial. If the reconsideration is not overturned, the next option is a Peer to Peer (**Physician to Physician**).
- ❖ **Peer to Peer Request:** an **ordering** provider may request a Peer-to-Peer review within **10 business days** from the date of the medical necessity adverse determination by placing the request in the case notes, providing the physician's full name, phone number, and three dates and times of availability. The peer-to-peer will be arranged on one of the provided dates and times for the conversation to be conducted. You may also call Customer Service at 720-689-6340 to request the peer-to-peer.





# Turnaround Times – Part 1

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**Turnaround Time** -- The turnaround time (TAT) for completion of a PAR review ensures:

- A thorough and quality review of all PARs by reviewing all **necessary & required** documentation when it is **received**
- Decreases the number of unnecessary pends to request additional documentation or information
- Improves care coordination and data sharing between Kepro and the Department's partners, like the Regional Accountable Entities (RAEs) and Case Management Agencies (CMAs)

*\*\*For additional information pends: The Provider will have **10 Business Days** to respond, and if there is no response or insufficient response to the request, Kepro will complete the review and **technically deny for Lack of Information (LOI)**, if appropriate.*



# Turnaround Times – Part 2

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**Expedited review** is a PAR that is expedited because a delay could:

- Jeopardize Life/Health of member
- Jeopardize ability to regain maximum function
- And/or subject to severe pain

**Rapid review** is a PAR that is requested because a longer TAT could result in a delay in the Health First Colorado member receiving care or services that would be detrimental to their ongoing, long-term care. A Rapid review may be requested by the Provider in very specific circumstances including:

- A service or benefit that requires a PAR and is needed prior to a HFC member's inpatient hospital discharge.
- A Lack of DME supplies that immediately and adversely impacts a HFC Member's ability to perform activities of daily living.
- Same Day Diagnostic studies required for cancer treatments.
- Genetic or Molecular testing requiring amniocentesis

**Standard review** is one that majority of cases would fall under as a prior authorization request is needed. These requests will be completed in no more than 10 business days.



# Definition of Medical Necessity

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10 CCR 2505-10; 8.076.1

8. Medical necessity means a Medical Assistance program good or service:

- a. Will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, condition, injury, or disability. This may include a course of treatment that includes mere observation or no treatment at all;
- b. Is provided in accordance with generally accepted professional standards for health care in the United States;
- c. Is clinically appropriate in terms of type, frequency, extent, site, and duration;
- d. Is not primarily for the economic benefit of the provider or primarily for the convenience of the client, caretaker, or provider;
- e. Is delivered in the most appropriate setting(s) required by the client's condition;
- f. Is not experimental or investigational; and
- g. Is not more costly than other equally effective treatment options.

**For EPSDT, medical necessity includes a good or service that will or is reasonably expected to, assist the member to achieve or maintain maximum functional capacity in performing one or more Activities of Daily Living, and meets the criteria, Code of Colorado Regulations, Program Rules (10 CCR 2505-10.8.280.4.E.2).**



# PAR Revision

- If the number of approved units needs to be amended, the provider must submit a request for a PAR revision prior to the PAR end date. Kepro cannot make modifications to an expired PAR or a previously billed PAR.
- To make a revision, simply select “Request Revision” under the “Actions” drop-down, select the Request number, and enter a note in the existing approved case of what revisions you are requesting and upload additional documentation to support the request as appropriate.

The image shows three screenshots of the system interface for requesting a PAR revision. The first screenshot shows the 'ACTIONS' dropdown menu with 'Request Authorization Revision' highlighted. The second screenshot shows the 'Request Authorization Revision' form with a dropdown menu for 'REQUEST' set to 'R01' and a 'NEXT' button. The third screenshot shows the 'Request Authorization Revision' form with a 'Note' field, a 'Document Type' dropdown, and a 'SUBMIT' button. Red arrows and callouts highlight key elements: 'Request Authorization Revision' in the actions menu, 'R01' in the request dropdown, and the 'Note', 'Document Type', and 'SUBMIT' fields.

**1) Add Note with reason for Revision**  
**2) Select Document Type**  
**3) Attach Additional Documentation**  
**4) Submit**

- When a member receiving services, changes providers during an active PAR certification, the receiving provider will need to complete a [Change of Provider Form \(COP\)](#) in order to transfer the member’s care from the previous provider to the receiving agency. This form is located on the Provider Forms webpage under the Prior authorization Request (PAR) Forms, drop-down menu, along with [“How to Complete Change of Provider Form.”](#)



# Kepro Services for Providers - Recap

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- 24-hour/365 days provider **Atrezzo Portal** may be accessed at: <https://portal.kepro.com>
- **System Training** materials (including Video recordings and FAQs) and the **Provider Manual** are located at: <https://hcpf.colorado.gov/par>
- **Provider Communication and Support** email: [coproviderissue@kepro.com](mailto:coproviderissue@kepro.com)



# Conclusion

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Thank you for your time and participation!

## Contact Info



**Kepro Call Center: 720-689-6340**



**PAR-related Questions:**  
**COproviderissue@kepro.com**



**Training-related Questions:**  
**Coprovidertraining@kepro.com**

For escalated concerns please contact:  
[hcpf\\_um@state.co.us](mailto:hcpf_um@state.co.us)

