



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

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# HEALTH FIRST COLORADO

## Private Duty Nursing

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.

# Table of Contents

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- [About Kepro](#)
- [Scope of Services](#)
- [Provider Responsibilities](#)
- [Turn around Times](#)
- [PAR Requirements and Guidance](#)
- [Medical Necessity](#)
- [PDN Documentation requirements and Benefit information](#)
- [Units Requirements in Kepro System](#)

# 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 (suspended), specialty, and EPSDT.



**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 (DME)
- Medical Services including, but not limited to, select surgeries such as bariatric, solid organ transplants, transgender services, and elective surgeries
- Molecular Genetic Testing
- Out-of-State (OOS) Inpatient Services
- Outpatient Physical and Occupational Therapy
- Outpatient Speech Therapy
- Pediatric Behavioral Therapy (PBT)
- Pediatric Long-Term Home Health (LTHH)
- **Private Duty Nursing (PDN)**
- Personal Care Services
- Physician Administered Drugs (PAD; Start date TBD)

# Kepro Services for Providers

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24-hour/365 days provider portal access that may be accessed here: <https://portal.kepro.com>

Please see the below links to view the recordings on our system and how to enter cases into the portal:

- System Training materials (including Video recordings and FAQ ) are located: <https://hcpf.colorado.gov/par>
- Provider Manual is posted here: <https://hcpf.colorado.gov/par>
- Provider Communication and Support email: [coproviderissue@kepro.com](mailto:coproviderissue@kepro.com)

# Provider Responsibilities

- Providers may request prior authorization for services through our direct data entry portal, Atrezzo.
- Utilization of this portal allows the provider to request prior authorization for services, upload clinical information to aid in review of prior authorization requests, and submit reconsideration and/or peer-to-peer requests for services denied.
- Check the code you are requesting against the fee schedule to ensure a PAR is required.

The fee schedule is located at <https://hcpf.colorado.gov/provider-rates-fee-schedule>

**The Rev codes for PDN are:**

0552	0559	0580	0581	0582
RN providing services	LPN providing services	Group RN rate (e.g., siblings)	Group LPN rate (e.g., siblings)	Blended rate

**\*\*\*\*Always VERIFY the Member's eligibility 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**



# Turnaround Times – Part 1

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- From time of submission Kepro will have 10 business days to review the request.
- If more information is requested and we pend for additional information pends: The Provider will have **7 Business Days** to respond, and if there is no response Kepro will Technically deny the review for insufficient information.
- If the provider respond with additional information, Kepro will have **2 Business Days** to review that information and make a determination as appropriate.

**Turnaround Time --** The turnaround time (TAT) for PAR review completion will be extended to ensure:

- A thorough and quality review of all PARs.
- Decrease number of unnecessary pends to request additional documentation or information.
- Improved care coordination and data sharing between Kepro and the Department's partners, like the Regional Accountable Entities (RAEs) and Case Management Agencies (CMAs).

# 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

\*\*\*Requests must meet the above standards to be submitted as Expedited.

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

# PAR Submission – General Requirements

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- Kepro’s PAR Request Form for OOS and fax exempt providers is located here: <https://hcpf.colorado.gov/par>
- Information on General requirements is also located in the Provider Manual.
- 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.
  - PDN providers have a 10-day window to submit a case to Kepro once services have begun. If submitted beyond the 10 days the dates will be adjusted to account for this delay according to 10 C.C.R. 2505-10, Section 8.540.7.A
- Requests for Additional Information will be initiated by Kepro if/when there is not substantial supporting documentation to complete a review.
- It will be necessary to provide supporting documentation with your submission. Supporting documentation may include, but is not limited to, Plan of Care (485), Physician orders, PDN acuity tool, etc.

# 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 be submitted to complete the review.

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

- Requested information not received/Lack of Information
- Duplicate to another request approved
- Service approved with another provider
- Request submitted untimely

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

**Reconsideration Request:** the **servicing** provider may request a reconsideration to Kepro within **10 days** of the initial denial. Additional information and documentation must be submitted.

**Peer to Peer (P2P) Request:** an **ordering** provider may request a Peer-to-Peer review within **10 business days** from the date of the medical necessity adverse determination. A P2P cannot be performed on a technical or administrative denial.

# Definition of Medical Necessity

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10 CCR 2505-10; 8.076.1

<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=9295&fileName=10%20CCR%202505-10%208.000>

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.

# PDN Authorization/Documentation Requirements

The Private Duty Nursing (PDN) program provides skilled nursing services on an intermittent basis to Health First Colorado members in their place of residence. **All PDN services will require a Prior Authorization**

- All PDN Prior Authorization Requests (PARs) must be submitted via [Atrezzo](#). All documentation must be uploaded at the time of submission. Documentation includes but not limited to: Plan of care (485), Physician order for services, PDN acuity tool, etc..

The complete and current plan of care using the HCFA-485 or other document that is identical in content which must include a clear listing of:

- Member's diagnoses that will be addressed by Home Health
  - The specific frequency and expected duration of the visits for each discipline ordered
  - The duties/treatments/tasks to be performed by each discipline during each visit
  - Orders must specify how often treatment or visits will be and the length of visit
- All PDN services obtain prior authorization prior to starting services or within 10 days from start of service. If submitted after the 10 days, The units will be adjusted to account for this delay. 10 C.C.R. 2505-10, Section 8.540.7.A

\*\*\*Please note: 24 -7 allowable for members ages 0 - 20 (Pediatrics); 16-hour max for 21+ (Adults)

# PDN PAR Guidance

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## Manual Link

Learn more at: <https://hcpf.colorado.gov/pdn-manual>

## Duration

365 days

## Submission Requirements At-a-Glance:

**Provider Timely Submission Requirement**

Prior to requested date of service

**Retroactive Authorization**

Up to 10 business days

**Servicing Provider (Billing Provider)**

Home Health Agency or Private Duty Nurse

**Requesting (Ordering) Provider**

Physician (M.D. or D.O.)

Physician Assistant

Nurse Practitioner

# PAR Revisions

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- 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.
- When a member receiving PDN services changes providers during an active PAR certification, the receiving Home Health Providers shall complete a Change of Provider Form, located on the Provider Forms web page under the Prior authorization Request (PAR) Forms drop-down menu, in order to transfer the member's care from the previous provider to the receiving agency.
- To make a revision, simply enter a note in the existing approved case of what revisions you are requesting and upload additional documentation to support the request as appropriate
- Kepro cannot review revisions or modifications on expired PARs



# PDN Acuity Tool

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- <https://hcpf.colorado.gov/sites/hcpf/files/PDN%20Acuity%20Tool.pdf>

# PDN- Unit Calculation

When requesting units for PDN services you would enter the total units for the entire length of the PAR in the “Requested Quantity” section. For example:

RN visit for 8 hours a day/ 7 days a week for 30 days.  $8 \text{ (units)} \times 7 \text{ days} \times 30 \text{ days} = 1680 \text{ units}$

\*The system does not calculate it for you, you must calculate the units and enter the total number for the time frame requested

Enter rev code 0552 and then enter the following:

0552		SKILLED NURSING - HOURLY CHARGE	
UNIT QUALIFIER			
<input type="text" value="Select One"/>			
REQUESTED START DATE *	REQUESTED END DATE *	REQUESTED DURATION *	REQUESTED QUANTITY *
<input type="text" value="07/01/2021"/>	<input type="text" value="07/30/2021"/>	<input type="text" value="30"/>	<input type="text" value="1680"/>

# Kepro Services for Providers - Recap

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- 24-hour/365 days provider portal access that may be accessed here: <https://portal.kepro.com>

For those that were unable to attend System 2.1 or 2.2 training, please see the below links to view the recordings

- System Training materials (including Video recordings and FAQ ) are located: <https://hcpf.colorado.gov/par>
- Provider Manual is posted here: <https://hcpf.colorado.gov/par>
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# Conclusion

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Thank you for your time and participation!

## Contact Info



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



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



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

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