



COLORADO
Department of Health Care
Policy & Financing

HEALTH FIRST COLORADO

Physician Administered Drugs

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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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.



ACCREDITED
Health
Utilization
Management
Expires 12/01/2021



ACCREDITED
Case Management
Expires 12/01/2021



ACCREDITED
Disease
Management
Expires 10/01/2020



ACCREDITED
Independent Review
Organization:
Internal
Expires 09/01/2022



426M
In Savings through Care
Management



35 YEARS
Serving Government
Sponsored Healthcare
Programs



1.8M
UM Reviews a year

Scope of Services

- 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 (PLTHH)
- Pediatric Private Duty Nursing (PDN)
- Personal Care Services
- **Physician Administered Drugs (PAD)**

Kepro Services for Providers

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/coloradopar-utilization-management-um-vendor-transition-from-eqhealth-to-kepro>
- Provider Portal User Guide is posted here: <https://hcpf.colorado.gov/sites/hcpf/files/Atrezzo%20Provider%20Portal%20User%20Guide.pdf>
- Provider Communication and Support email: coloradopad@kepro.com

PAR (Prior Authorization Request) Submission

- Atrezzo portal is accessible 24/7. However, those submitted:
 - **Standard prospective reviews completed in 24 hours or less**
 - **Urgent (expedited) prospective reviews completed in four (4) hours or less**
 - **After hours coverage will be available for review**

Turnaround Times – Part 1

- From time of completed PAR submission Kepro will have 24 hours to review standard (non-urgent) request.
- If more information is requested and we pend for additional information: the Provider will have **72 hours** to respond, and if there is no response Kepro will technically deny the review for insufficient information.
- When the provider responds with requested information, Kepro will have **24 hours** to review that information and make a determination.

Turnaround Times -

24 hours – PAD Prospective Standard

4 hours – PAD Urgent (Expedited)

Turnaround Times – Part 2

PAD Expedited is a PAR that is urgent (expedited) because a delay could:

- Jeopardize Life/Health of member
- Jeopardize ability to regain maximum function

***Requests must meet the above standards to be submitted as urgent (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 24 hours.

PAR Submission – Helpful Links

- Kepro's PAR request information can be found at: <https://hcpf.Colorado.gov/par>
 - Includes:
 - Kepro training information
 - Kepro PAR portal login and registration
- Information on general requirements and other frequently asked questions (FAQs) is also located at the PAD Pharmacy Resources Page: <https://hcpf.colorado.gov/physician-administered-drugs>
 - Includes links to:
 - Appendix Y
 - PAD Billing Manual
 - PAD Fee Schedule
 - Appendix X : HCPCS-NDC Crosswalk
- All providers are encouraged to sign up for general and specific news and communication (policy changes, bulletins, emails, newsletters, etc.) by signing up at: <https://hcpf.colorado.gov/provider-news>

PAR Process

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. Providers will have 72 hours to provide requested information.

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: Pharmacist level reviewer determines that medical necessity has not been met as submitted and has been reviewed under EPSDT as appropriate. The Pharmacist 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 **five days** from the date of the medical necessity adverse determination. A P2P cannot be performed on a technical or administrative denial.

Appeal Process: Kepro will work with Attorney General's Office and the Department as required for provider appeals. Additional information will be provided in denial letters.

Physician Administered Drugs(PAD)

Physician Administered Drugs

PADs are medications administered in a doctor's office, clinic, outpatient hospital, or dialysis unit are only to be billed by those facilities through the Health First Colorado medical benefit using the standard buy-and-bill process and following procedures outlined in the PAD Billing Manual (located at <https://www.colorado.gov/hcpf/physician-administered-drugs>).

Drug	HCPCS	Drug	HCPCS
Prolia, Xgeva	J0897	Gammagard S/D	J1566
Botox	J0585	Octagam 5%, 10%	J1568
Dysport	J0586	Gammagard Liquid	J1569
Myobloc	J0587	Flebogamma DIF	J1572
Xeomin	J0588	Asceniv, Panzyga	J1599
Cinqair	J2786	Nucala	J2182
Entyvio	J3380	Ocrevus	J2350
Fasenra	J0517	Remicade	J1745
Privigen	J1459	Soliris	J1300
Bivigam	J1556	Tysabri	J2323
Gammaplex	J1557	Xolair	J2357
Gammaked, Gamunex-C, Gamunex	J1561	Aduhelm	J0172

Providers should refer to the Code of Colorado Regulations, Program Rules (10 C.C.R. 2505-10 8.520), for specific information when providing PAD

Reimbursable PADs

- Providers must ensure a PAD is being used for a U.S. Food and Drug Administration (FDA) approved indication or an indication that is supported by certain compendia identified in section 1927(g)(1)(B)(i) of the Social Security Act.
- PAD PAs will apply to fee-for-service Medicaid members and does not include outpatient hospital claims- only professional claim types will be subject to PA requirements.
- PAD resources can be found at the following:
 - <https://hcpf.colorado.gov/physician-administered-drugs>
 - PAD Billing Manual (under the CMS 1500 dropdown) and Appendix X (under the appendices dropdown) <https://hcpf.colorado.gov/billing-manuals>
 - Fee Schedule link: <https://hcpf.colorado.gov/provider-rates-fee-schedule>

Non-Reimbursable PADs

The following are not benefits of the Health First Colorado program:

- DESI drugs and any drug if by its generic makeup and route of administration, it is identical, related, or similar to a less than effective drug identified by the FDA
- Drugs classified by the U.S.D.H.H.S. FDA as "investigational" or "experimental"
- Drugs manufactured by pharmaceutical companies not participating in the Colorado Medicaid Drug Rebate Program\
- Fertility drugs
- IV equipment (for example, Venopaks dispensed without the IV solutions)
- Personal care items such as mouth wash, deodorants, talcum powder, bath powder, soap (of any kind), dentifrices, etc.
- Spirituous liquors of any kind
- Drugs used for erectile or sexual dysfunction

The following are not PAD benefits of the Health First Colorado program:

- Durable Medical Equipment (DME), these are managed through the DME benefit, refer to the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Billing Manual](#)
- PADs when administered in a member's home or in a long-term care (LTC) facility, or when self-administered must be billed to the Pharmacy Benefit. Please see pharmacy provider resources link: <https://hcpf.colorado.gov/pharmacy-resources>

Please refer to the PAD Billing Manual: <https://hcpf.colorado.gov/pad-manual>

EPSDT

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 20 years of age and under, along with pregnant adults, 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>

PAD PARs Documentation Requirements

All PAD PAR submissions must include:

- Member's diagnoses that will be addressed by PAD
 - The specific dosage and expected duration of the PAD ordered
 - Complete questionnaires in system
 - Any other clinical documentation to support the request including but not limited to physician's orders.
 - Any other documentation deemed necessary by the Department or its authorizing agency.
- Please NOTE: providers have **72 hours** to respond to a request for additional information or the PAR will be denied

More information and details can be found at the PAD resources webpage: <https://hcpf.colorado.gov/physician-administered-drugs>

PAD PAR Guidance

Billing Manual Link

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

Submission Requirements At-a-Glance:

PA Approval Length

Up to 1 year

Provider Timely Submission Requirement

Prior to requested date of service

Retroactive Authorization

Not allowed



Servicing Provider (Billing Provider)

The requesting provider on the PA must be the billing provider on the claim

PAD Unit Calculations

It is important to note that the units requested must be for the entirety of the prior authorization requested duration.. For example, if the PAR is for one year, the provider will need to calculate the anticipated number of units for the entire year.

Total units will be entered in the requested line for each CPT code. The system does not calculate units so you must calculate the units and enter the total number for the time frame requested.

J0585		Injection,onabotulinumtoxina	
MODIFIER		UNIT QUALIFIER	
Select One ▾	Select One ▾	Units ▾	
REQUESTED START DATE *	REQUESTED END DATE *	REQUESTED DURATION *	REQUESTED QUANTITY *
12/29/2021 	12/28/2022 	365	400

CPT – J0585 (Botox)
DX – N32.81 – Overactive Bladder
Dosing – 100 units every 12 weeks

PAD Unit Calculations (Example #2)

J3380		Injection, vedolizumab	
MODIFIER		UNIT QUALIFIER	
<div>Select One</div>		<div>Select One</div>	
<div>Select One</div>		<div>Select One</div>	
REQUESTED START DATE *	REQUESTED END DATE *	REQUESTED DURATION *	REQUESTED QUANTITY *
<div>12/29/2021</div>	<div>06/26/2022</div>	<div>180</div>	<div>1500</div>

CPT – J3380 (Entyvio)
DX – K50 – Crohn’s Disease
Dosing – Initiation of therapy – 300 mg IV infusion at 0, 2, and 6 weeks then every 8 weeks (5 doses in 6-month period)

PA Revisions

- If the number of approved units needs to be amended, the provider must submit a request for a PA revision prior to the PA end date. Kepro cannot make modifications to an expired PA.
 - If the previously approved PA has expired, a new PAR will need to be submitted
- Should a member change providers during an active PA certification, the receiving Provider 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 new provider
 - The previous provider's PAR end date will be revised to match the information provided in the "last date of service" box, and a new PAR will be entered for the new provider.
- 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.

Kepto Services for Providers - Recap

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PAD Resources

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Conclusion

Thank you for your time and participation!

Contact Info



Kepro Call Center: 720-689-6340



PAD PAR-related Questions:
coloradopad@kepro.com



Training-related Questions:
Coproviderregistration@kepro.com

For escalated concerns please contact:
HCPF_PAD@state.co.us