COLORADO
Department of Health Care Policy & Financing

HEALTH FIRST COLORADO

Outpatient Durable Medical Equipment 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

Kepro follows 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

urac ACCREDITED
Health Utilization Management
Expires 12/01/2021

urac ACCREDITED
Case Management
Expires 12/01/2021

urac ACCREDITED
Disease Management
Expires 10/01/2020

urac 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

Kepro
COLORADO
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Scope of Services

- Audiology
- Diagnostic Imaging
- **Durable Medical Equipment**
- Inpatient Hospital Review Program (IHRP 2.0)
- 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 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

- 24-hour/365 days provider portal can be accessed at: https://portal.kepro.com
- Provider Communication and Support email: 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

- 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

- 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 – Part 1

All PARs must be submitted by the supply provider that intends to submit the claim for the service and have an attached prescription from the prescribing authority and any other required documentation.

- Prior Authorization Request dates typically have a date span for one (1) year less one (1) day. Exceptions for decreased span dates less than one (1) year are allowed in certain circumstances such as short-term rental or WIC application period. Dates must not exceed one (1) year and must match the dates on individual line items, or the PAR will be denied.

- All submissions must include an order for specific items and quantities with dates that match the dates of the PAR request. All orders must be signed by the MD/NP/PA/DO with either a wet signature or valid CMS compliant E-signature.

Mobility Equipment (Manual Wheelchairs, Power Wheelchairs and Scooters)

- All mobility equipment purchases require a PAR and must be accompanied by a signed letter of medical necessity from a physician, physician assistant or nurse practitioner

- Members who meet medical criteria guidelines may receive one (1) primary device and, when deemed necessary, one (1) secondary device within a five (5)-year time period. Replacement of stolen equipment requires a police report that conforms to criteria outlined in the Colorado Revised Statutes. Primary and secondary equipment cannot be duplicates.

Disposable Supplies

- Disposable supplies are a benefit of Health First Colorado for use by the member in his/her home. With the exception of gloves, the Home Health agency is responsible for providing all supplies necessary to meet the universal precaution requirement during a visit.

PAR Submission – Part 2

Continuous and Bilevel Positive Airway Pressure Devices (CPAP/BiPAP)

- CPAPs and BiPAPs require a trial (rental) period of 30-90 days, in which the member must demonstrate compliance, before a purchase request will be approved.

CPAP/BiPAP Replacement and Supplies

- If a device is replaced within five (5) years because of loss, theft, or irreparable damage there is no requirement for a new sleep test or trial period.
- If a device is replaced after five (5) years, there must be a face-to-face evaluation by the members treating physician (within six (6) months of the request) that documents that the beneficiary continues to use and benefit from the device. There is no requirement for a new sleep test or trial period.
- When supplies are needed for a member-owned device, the PAR must include either a download from the device that demonstrates compliance or a face-to-face evaluation by the members treating physician (within six (6) months of the request) that documents that the beneficiary continues to use and benefit from the device.
- Compliance is defined as usage that is 4 hours per night on 70% of nights during a consecutive thirty (30) day period anytime during the approved trial/rental period.
- If a member received a device prior to enrollment with Health First Colorado and is in need of a new device or supplies, then documentation that the beneficiary had a sleep test must be provided with the initial PAR. There is no requirement for a new sleep test unless the documentation from the prior test cannot be provided.

PAR Submission – Part 3

- **Prior Authorization for Repairs and Modifications**
  PARs submitted with multiple pieces of equipment on the same request will be denied; each wheelchair or scooter that requires PAR must be submitted on separate requests.
- **The following information must be included in the request; requests lacking any of the following information will result in a denial or will be returned to the provider for the missing information:**
- Equipment type indication: manual, power; or scooter and
- Manufacturer, make, and model; and
- Serial number: PARs for repair and modification must identify the serial number of the base equipment in field 16 (paper) or field 12 (electronic) on the PAR form; and
- If available, the original wheelchair purchase date or PAR number; and
- Beginning July 1, 2017, the PAR must contain the RA or RB modifier depending on the request.

Note: Repairs for members residing in a nursing facility may be covered if the wheelchair was owned by the member prior to entering the facility. In this instance, the PAR must indicate that the member is residing in the nursing facility by checking "yes" in the appropriate field on the PA request. The PAR will not be processed without this disclosure

PAR Submission – Part 4

Diabetic Supplies

Most diabetic supplies, such as glucose testing meters, test strips and other related supplies are a benefit with a prescription from a physician, physician assistant or nurse practitioner. Diabetic supplies are available for insulin, and non-insulin dependent members. Diabetic supplies MUST be billed as DMEPOS. Pharmacies billing supplies must follow Supply billing procedures and will not be reimbursed if billed as a pharmacy claim using NDC codes.

Continuous Glucose Monitor (CGM) Benefit Coverage

PARs, including requests for CGM supplies, will be limited to a 6-month period.

When requesting a CGM in the online PAR portal, providers will be asked whether the member has received or if there is documented plan to receive diabetes education specifically related to CGMs.

CGM replacement policy per 8.590.2.J. Repairs and replacement parts are covered under the following conditions:

- The item was purchased by Medicaid; or
- The item is owned by the member, member's family or guardian; and
- The item is used exclusively by the member; and
- The item's need for repair was not caused by member misuse or abuse; and
- The item is no longer under the manufacturer warranty.

PAR Submission – General Requirements

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.

DME PAR Requirements-Documentation

Overlapping PAR request dates for same items will not be accepted

Documentation for PAR requests may include but is not limited to:

- PAR requests require physician's order that includes the items being requested
- Questionnaires will be required as appropriate
- Specialty evaluations will be required as appropriate
- Documentation to support medical necessity should be included with every review

Please refer to the billing manual under PAR requirements to find the full list of required documentation:

https://hcpf.colorado.gov/DMEPOS-manual

DME PAR Guidance

Manual Link

Learn more at: https://hcpf.colorado.gov/billing-manuals

Duration

Limited to 12 months (Submission should NOT exceed 12-month increments)

Submission Requirements At-a-Glance:

Provider Timely Submission Requirement	Allowed up to 90 calendar days from date of delivery
Retroactive Authorization (Member not eligible at time of service)	When a member's eligibility is determined after the date of service, the member is issued a Load Letter. The Load Letter must be submitted with the supporting clinical documentation for the PAR for a retroactive request to be processed.
Servicing Provider / Billing Provider	Supply Provider, some Pharmacies, Prosthetic/Orthotic Only suppliers
Requesting Provider	All DMEPOS services must have a written order/prescription/referral by any of the following: Physician (M.D. or D.O.) Physician Assistant Nurse Practitioner

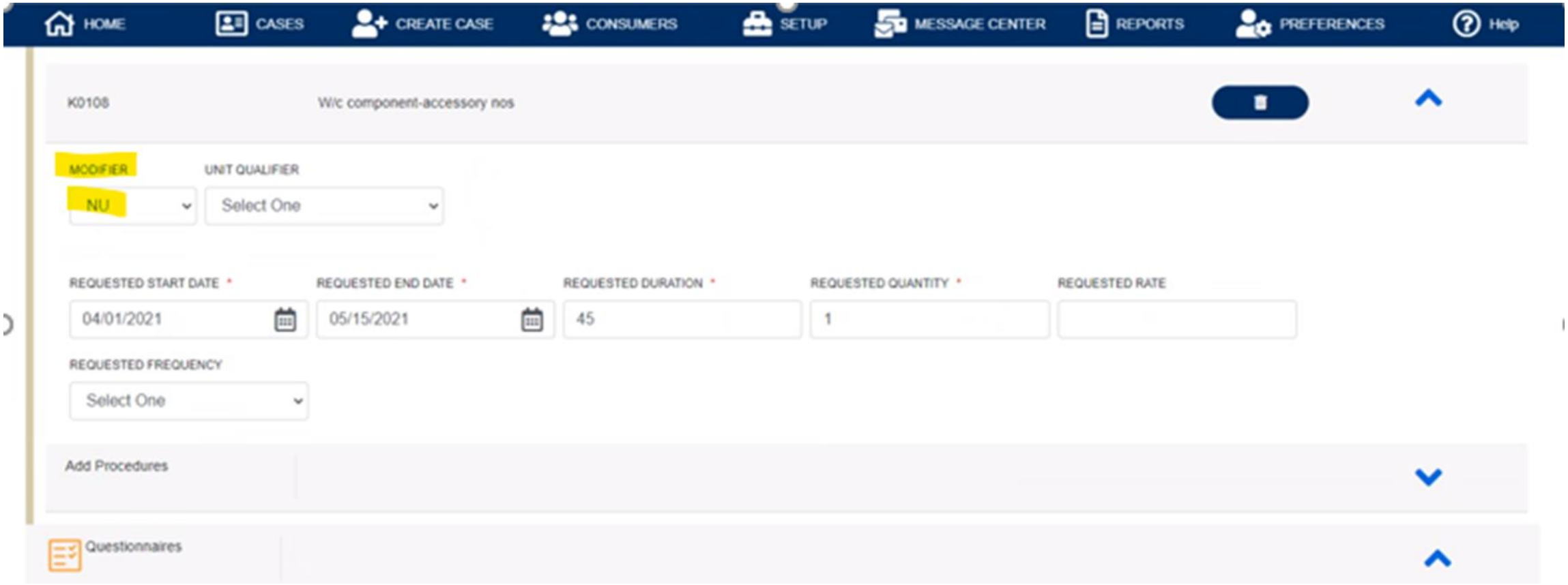
DMEPOS Modifier Requirements

Modifier codes must be included as appropriate for all DMEPOS requests. The same modifiers used on the PAR must be used on the claim, in the same order.

AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
BO	Orally administered nutrition, not by feeding tube
KH	DMEPOS item, initial claim, purchase or first month rental KI DMEPOS item, second or third month rental.
KR	Rental item, billing for partial month
MS	Six (6) month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty
RR	Rental (use the RR modifier when DME is to be rented)
SC	Medically Necessary Service or Supply - **To be used with MSRP priced codes only**
TT	Individualized service provided to more than one (1) member in same setting TW Secondary or back-up equipment
UB	Invoice cost - **To be used with "By Invoice" priced codes only**
NU	New Equipment
UE	Used Equipment
RA	Replacement of a DME, orthotic or prosthetic item
RB	Replacement of part of a DME, orthotic or prosthetic item furnished as part of a repair
KF	Item designated by the FDA as a Class III device

DME- Modifier Placement

Below is an example of placement for modifiers within the review.



Complex Rehabilitation Technology (CRT) PARs

Understanding CRT

- Complex Rehabilitation Technology (CRT) includes individually configured manual wheelchair systems, power wheelchair systems, adaptive seating systems, alternative positioning systems, standing frames, gait trainers, and specifically designed options and accessories classified as DME. Only qualified CRT suppliers may bill CRT procedure codes.

Prior Authorization Requests (PARs)

- There are two (2) levels of documentation requirements associated with PARs for CRT:

Basic Documentation

- This level of documentation does not require a specialty evaluation. Basic documentation requirements apply to all CRT wheelchairs and wheelchair-related items that require a PAR.

Specialty Evaluation Documentation

- This level of documentation provides further details in order to establish medical necessity. A specialty evaluation is an assessment performed by a licensed/certified medical professional (such as a Physical Therapist, Occupational Therapist, or physician) who has no financial relationship with the DME supplier and who has specific training and experience in complex rehab technology wheelchair evaluations. **NOTE:** Specialty evaluation is not required for CRT repair.

Specialty evaluation is required for:

- A new CRT wheelchair or a replacement CRT wheelchair after the 5th year mark for adults and 3rd year mark for children.
- A new custom contoured seating system or modification.
- An addition of power seating or alternative drive control to a wheelchair.

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 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

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. Therefore, the next step would be requesting 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.

Covered DME Benefits

Health First Colorado (Colorado's Medicaid Program), covers Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DME POS).

- Durable Medical Equipment (DME) is defined as equipment that can withstand repeated use and that generally would be of no value to the member in the absence of a disability, illness, or injury.
- Prosthetics and Orthotics (P&O or O&P) are defined as replacement, corrective, or supportive devices that artificially replace a missing portion of the body, prevent or correct physical deformity or malfunction, or support a weak or deformed portion of the body.
- Disposable Medical Supplies (Supplies) are defined as supplies that are specifically related to the active treatment or therapy for an illness or physical condition; they are non-durable, disposable, consumable and/or expendable.

Some supply items and most DME items require prior authorization.

- Prior Authorization Requests must be submitted and approved before services are rendered. The service must be rendered by the identified supplier on the approved PAR. Services rendered must match the approved services exactly including any billed modifiers.

DME- Limitations and Exclusions

Benefit rules regarding limitations and exclusions have not changed and can be found in the DMEPOS billing manual: https://hcpf.colorado.gov/DMEPOS-manual

The following list limitations and exclusions is an example and is not all inclusive:

- Items covered under warranty
- Items intended for convenience

*** All requests for services for members under the age of 21 are reviewed for medical necessity under EPSDT

Turnaround Times – Part 1

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

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

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;

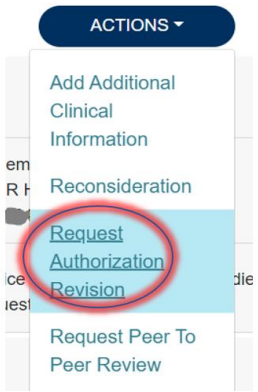
f. Is not experimental or investigational; and

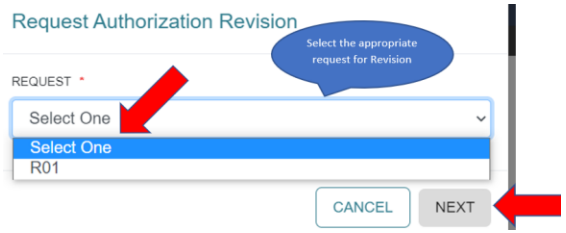
g. Is not more costly than other equally effective treatment options.

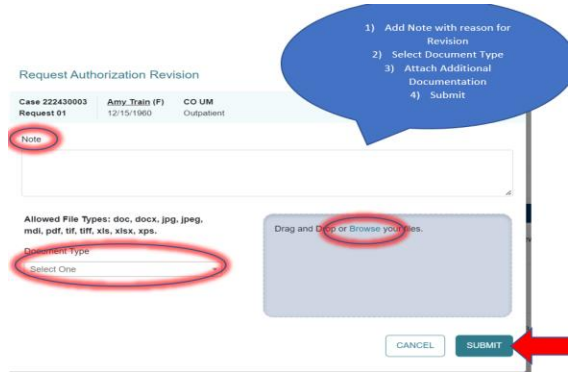
For EPSDT, medical necessity includes a good or service that will or is reasonably expected to, assist the member to achieve or maintain maximum functional capacity in performing one or more Activities of Daily Living, and meets the criteria, Code of Colorado Regulations, Program Rules (10 CCR 2505-10.8.280.4.E.2).

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.







- When a member receiving services, changes providers during an active PAR certification, the new provider will need to submit a member completed 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

- 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

Conclusion

Thank you for your time and participation!

Contact Info

Kepro Call Center: 720-689-6340

PAR-related Questions:
COproviderissue@kepro.com

Training-related Questions:
Coproviderregistration@kepro.com

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

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