

Dear Pediatric Long-Term Home Health Provider,

Prior Authorization Requirements (PAR) are being suspended for Certified Nursing Assistant (CNA) services, Physical Therapy (PT), Occupational Therapy (OT) and Speech Language Pathology (SLP) in the Pediatric Long-Term Home Health (PLTHH) benefit.

This suspension is effective November 1, 2021, through June 1, 2022, at the earliest. A minimum of 30 days' notice will be provided prior to reinstating the PAR requirements for these services.

This change impacts the following:

Pediatric Long-term Home Health Benefit	Billing Code	Secondary Billing Code	PAR Requirement
PLTHH CNA Services	Rev Code 571 (Basic)	Rev Code 579 (Extended)	PAR Paused
Physical Therapy (Pediatric Only)	Rev Code 0421 (pediatric LTHH only)		PAR Paused
Occupation Therapy (Pediatric Only)	Rev Code 0431 (pediatric LTHH only)		PAR Paused
Speech Language Pathology (Pediatric Only)	Rev Code 0441 (pediatric LTHH only)		PAR Paused

Kepro, at the direction of the Department of Health Care Policy & Financing, has issued Technical or Administrative Denials, for "No PAR Required" for PLTHH PARs that did not have a determination as of January 18, 2022. Kepro will send technical denials for "No PAR Required" for PAR denials for PLTHH CNA services and PT, OT, SLP services issued between November 1, 2021 and January 17, 2022. Members may work directly with their Home Health Agencies to continue to receive medically necessary services for PLTHH CNA, PT, OT and SLP in compliance with federal and state law.

Providers should continue to provide and bill for only medically necessary and ordered services in accordance with state law. Failure to comply with medical necessity and benefit limitations in the regulations noted below may result in compliance monitoring. This could include prospective and post-payment reviews of claims and recovery of any identified overpayment in accordance with state law.

Additional guidance will be issued through the provider bulletin before the PAR requirements temporary suspension ends. Information will also be posted on the ColoradoPAR: Health First Colorado Prior Authorization Request Program web page

Rule Requirements to Provide Services

- 10 Code of Colorado Regulations (CCR) 2505-10, Section 8.520 (Home Health Services) and 10 CCR 2505-10, Section 8.520.5.B. (Certified Nurse Aide Services) (Rev Codes: 571 & 579)
- 10 CCR 2505-10, Section 8.520.5.C. (Therapy Services) (Rev Codes: 421, 430 & 441)
- 10 CCR 2505-10, Section 8.076 (Program Integrity)

Contact hcpf UM@state.co.us for questions regarding prior authorization.

Contact homehealth@state.co.us for policy-related questions.

Thank you,

Department of Health Care Policy & Financing

Please do not reply to this email; this address is not monitored.

See what's happening on our social sites





