

# Medical Assistance Program Prior Authorization Request (PAR) Form

Is client age 18, 19, 20?  Y  N      HCBS eligible?  Y  N      Extraordinary HH?  Y  N

Revision:  Y  N      Effective Date of Revision: \_\_\_\_\_      PAR Number being revised: \_\_\_\_\_

Please provide supporting documentation with this form★ See instructions on the reverse side of form.

Client Name: \_\_\_\_\_      Today's Date: \_\_\_\_\_

Client Birth Date: \_\_\_\_\_      Colorado Medicaid Client ID#: \_\_\_\_\_

PAR Start Date: \_\_\_\_\_      PAR End Date: \_\_\_\_\_

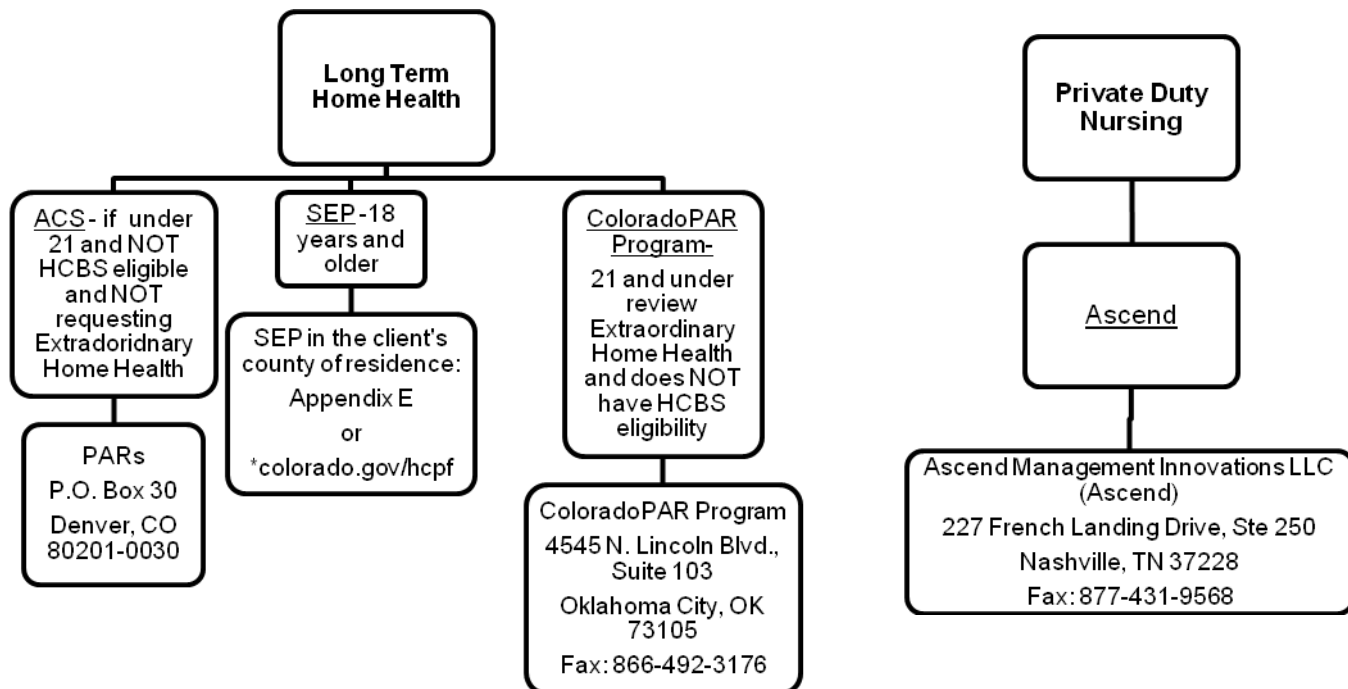
<input type="checkbox"/> Home Health <input type="checkbox"/> Extraordinary HH	Specify Order	Units Requested	Revenue Code	Unit Reimb Rate	Over Daily Max Amt (✓)	Units Authorized	Total Amount Authorized	Approved (A) Pended (P) Denied (D)
HH RN LPN			551					
Brief Nursing Visit-1			590					
Brief Nursing Visit- 2+			599					
CNA Basic			571					
CNA Extended			579					
PT – Benefit of Extraordinary HH ONLY			421					
OT – Benefit of Extraordinary HH ONLY			431					
ST – Benefit of Extraordinary HH ONLY			441					

Private Duty Nursing	Specify Order	Units Requested	Revenue Code	Unit Reimb Rate	Units Authorized	Total Amount Authorized
PDN RN			552			
PDN LPN			559			
RN Group			580			
LPN Group			581			
RN/LPN Blended			582			

**Reviewers Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Requesting Agency:</b>		<b>Provider ID #:</b>	
<b>SEP Agency, if appropriate:</b>		<b>Provider Local Phone #:</b>	
<b>Narrative Information:</b>			
<b>Denial Reason Codes:</b>			
<b>Signature of Authorizing Party:</b>		<b>Date PAR processed:</b>	

## PAR Completion Instructions



### Notes:

\*colorado.gov/hcpf > Clients & Applicants>Long-Term Care> Single Entry Point (SEP) Agencies

(<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1205189474220>)

\*\*colorado.gov/cdhs>Home> Developmental Disabilities> Service Providers> Community Centered Boards

(<http://www.colorado.gov/cs/Satellite/CDHS-VetDis/CBON/1251586997819>)

Complete this form for Prior Authorization Requests for Private Duty Nursing, Long Term Home Health, and Extraordinary Home Health (EPSDT). Submit appropriate documentation to support your request including detailed demographics, diagnosis, physician's orders, treatment plans, medications, etc.

Acceptable documentation includes a complete CMS-485 form, MD orders, and Admission paperwork for PDN and EPSDT HH.

Complete the Revision section at the top of the form **only** if you are revising a current approved PAR.

### Remember

For LTHH PAR revisions you must add the number of units being requested to the original number of units approved and include all services that were approved on the original PAR

**At the top of the form** - Answer all questions completely.

#### Top of form complete the following fields

**Client Name** - Required      **Date** - Required

**Client Birth Date**- Required

**Colorado Medicaid Client ID #** – Required

**PAR start date** – Required      **PAR end date** - Required

**Specify Order**- Enter visit frequency daily/weekly, etc.

**Units Requested**-Enter the number of units next to the services for which you are requesting reimbursement.

Do **NOT** enter anything to the right of the double vertical line.

This is for the authorizing agency use only.

#### Bottom of form complete the following

**Enter your agency name** - Required

**Sign your name** - Required

**Enter the Colorado Medical Assistance Provider ID**

**number** - Required

**Enter the SEP Provider ID** - Only as appropriate for revisions. The SEP will complete this portion for all others when appropriate.

**Narrative information** - Home Health Agencies may use this field to explain the reasons for requested frequency, duration, medical necessity, or by SEP to explain reasons for denial or approval of a reduced amount, as needed.

#### Do NOT write in the following sections:

**Denial Reason Codes** - Authorizing agent use only.

**Signature of Authorizing Party** - Authorizing agent use only.

**Date PAR processed** - Authorizing agent use only