



How to Enter Prior Authorized Surgeries and Transplants

You will need to choose the following for prior authorization for surgeries: Please ensure that you review the appropriate Health First Colorado [Fee Schedule](#) to confirm whether a PAR is necessary to receive payment. You will first request the surgery code as outpatient surgery if it requires prior approval.

Once you receive your approval for the surgery and inpatient stay is required, the Inpatient Facility will then need to request an Inpatient Surgical Admission for the Inpatient Stay, you would not put in any CPT/HCPCS codes for the related inpatient surgical stay just your diagnosis and documentation to meet medical necessity.

The screenshot shows a web form titled "Review Entity". The "Review Header Information" section displays "Provider #: 99999992" and "Provider Name: INPATIENT PROVIDER". The "Review Type and Settings" section includes fields for "Requesting Provider ID" and "Requesting Provider Name" (both "99999992" and "INPATIENT PROVIDER"), "Billing Provider ID" and "Billing Provider Name" (both "99999992" and "INPATIENT PROVIDER"), and radio buttons for "Choose Setting" (Surg/Nonsurg is selected) and "Specify Type" (Outpt Surgical is selected). A "Review Type" dropdown menu is set to "Admission", and an "eQHealth PAR Number" field is empty. A "RETRIEVE DATA" button is highlighted with a blue arrow.

You will choose which Prior Auth you are requesting from the Type of Admission drop down box:

The screenshot shows a form with a "Type of Admission" section containing several questions. To the right, a dropdown menu is open, showing "Prior Auth - Reconstructive procedure" selected. Other options in the list include "(None)", "Prior Auth - Bariatric procedure", "Prior Auth - Restorative procedure", "Prior Auth - Other surgical procedure", "Prior Auth - Transplant procedure", "Prior Auth - Gastric Stimulator procedure", and "Prior Auth - Back Surgery". Below the dropdown are radio buttons for "Yes" and "No" answers.

Please view the fee schedule here for all codes requiring prior authorization: <https://www.colorado.gov/hcpf/provider-rates-fee-schedule>



Click on Health First Colorado Fee Schedule and download the most recent one.

All transplants, except kidney and cornea (which do not require authorization) are always authorized under the inpatient stay. Below shows you the options to choose.

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Review Entry

Review Header Information
 Provider #: 999999992 Provider Name: INPATIENT PROVIDER

Start

Review Type and Settings

Requesting Provider ID: Requesting Provider Name:
 Requesting Provider NPI:
 Are you the Billing Provider? Yes No
 Billing Provider ID: Billing Provider Name:
 Billing Provider NPI:
 Choose Settings: Surg/Nonsurg Outpt PT/OT/ST or CRT Eval Outpt Mol Testing Outpt Diag Imaging DME - Orthotics Immunization - Synagis Behav Therapy
 Specify Type: Inpt Surgical Inpt Nonsurgical Outpt Surgical
 Review Type: eQHealth PAR Number:

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Review Entry

Review Header Information
 Provider #: 999999992 Provider Name: INPATIENT PROVIDER

Start

Type	Medicaid #	NPI #	Name	Phone #
Ordering Provider	91663120		JONES, ALONZO H	8062960525
Consulting Surgeon				

Select type of request:

Start of care:
 Proposed D/C Date:
 Actual D/C Date:
 Is this an emergency admission? Yes No
 Type of Admission:
 The patient received related healthcare services prior to admission. No

Add	Search	Refresh			
DX Code	Description	Code Identified Date	Principal		
C9000	MULTIPLE MYELOMA NO REMISSION	04/24/2019	Y	Edit	Delete

Add	Search	Refresh			
Proc Code	Description	Procedure From Date	Procedure Thru Date		
30253Y0	TRANSFUSION AUTOLOG HSC INTO PERIPH ARTERY, PERQ	04/24/2019	04/23/2020	Edit	Delete



For those codes that do not require prior author for the surgery, the only thing that will need to be entered is the inpatient admission, if needed, after surgery by the hospital.