



DENVER HEALTH
MEDICAL PLAN INC.™

DENVER HEALTH MEDICAL PLAN AUTHORIZATION PORTAL USER GUIDE

For Provider Offices



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Introducing The Denver Health Medical Plan Authorization Portal

The Denver Health Medical Plan (DHMP) authorization portal is a tool for providers to electronically submit authorizations and receive automated responses and real-time updates.

Providers can check the status of authorizations, add supporting documentation, withdraw requests, make updates and submit appeals on denied authorizations in one easy-to-use interface.

The authorization portal is available through the DHMP Provider Portal.

For ease of use, it is recommended that users turn off their browser's pop-up blockers.

Please note that only one authorization portal session can be open at one time.

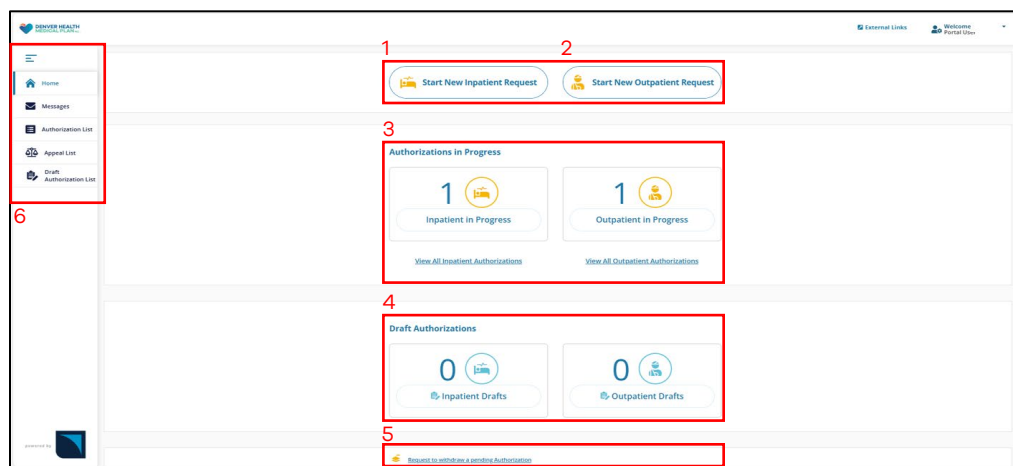
If the user has multiple profiles, the user will need to go into the Provider Portal and switch their profile to the provider that they need to submit an authorization for.

Please contact the Denver Health Medical Plan Provider Relations Department (managedcare.providerrelations@dhha.org) if there are any issues using the authorization portal.

Authorization Portal Home Page

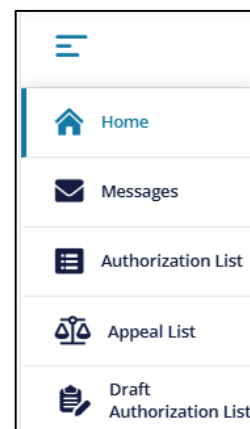
On the Authorization Portal Home Page, the user can:

1. Start a New Inpatient Request.
2. Start a New Outpatient Request.
3. View prior-authorization requests still in process.
4. View draft prior-authorizations the user has saved prior to submission.
5. Withdraw a pending authorization.
6. Use the Navigation Panel.



The Navigation Panel can be accessed from any page, from here the user can also:

1. Return to the homepage at any time.
2. Access their messages.
3. View their list of submitted authorizations.
4. View their list of appeals .
5. View their list of drafted authorizations.



Getting started with the Authorization Portal: Messages

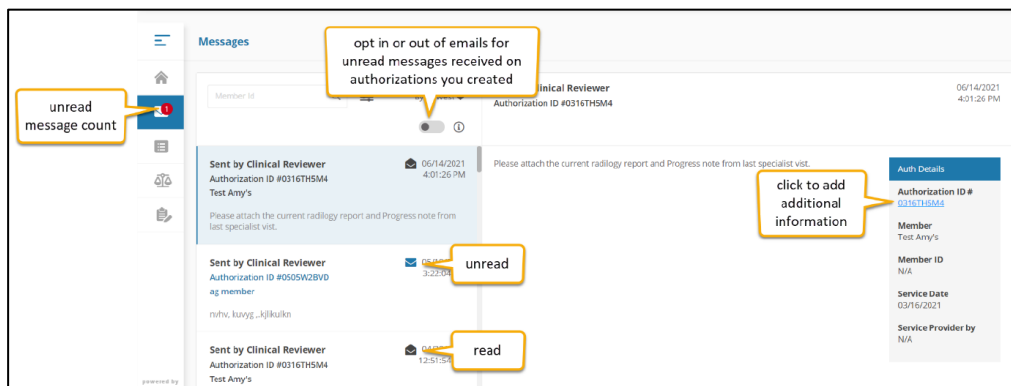
The **Messages** window displays any messages sent from Denver Health Medical Plan (DHMP) authorization reviewers. Reviewers usually send messages to request additional information.

If there are any unread messages, a red indicator of the unread message count displays on the Messages tab in the navigation menu.

Select a message on the left to open the full text in a reading pane on the right, along with details about the authorization. The **Auth ID** link opens Additional Information about the authorization.

A closed Messages button indicates an unread message, and an open Messages button indicates a read message.

The window includes a toggle that allows users to opt in or out of receiving system-generated emails for unread messages received on authorizations they created.



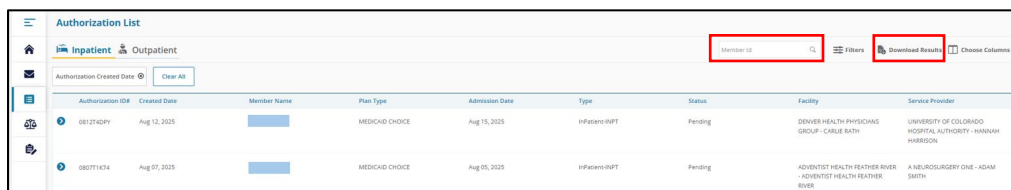
Messages in the authorization portal are one-way: from the DHMP reviewer to the portal user. No messages can be sent from the portal to DHMP.

Getting started with the Authorization Portal: Authorization List

The **Authorization List** window contains information about the authorizations submitted by the user's organization. The Authorization List is split into tabs for each authorization type: **Inpatient** and **Outpatient**.

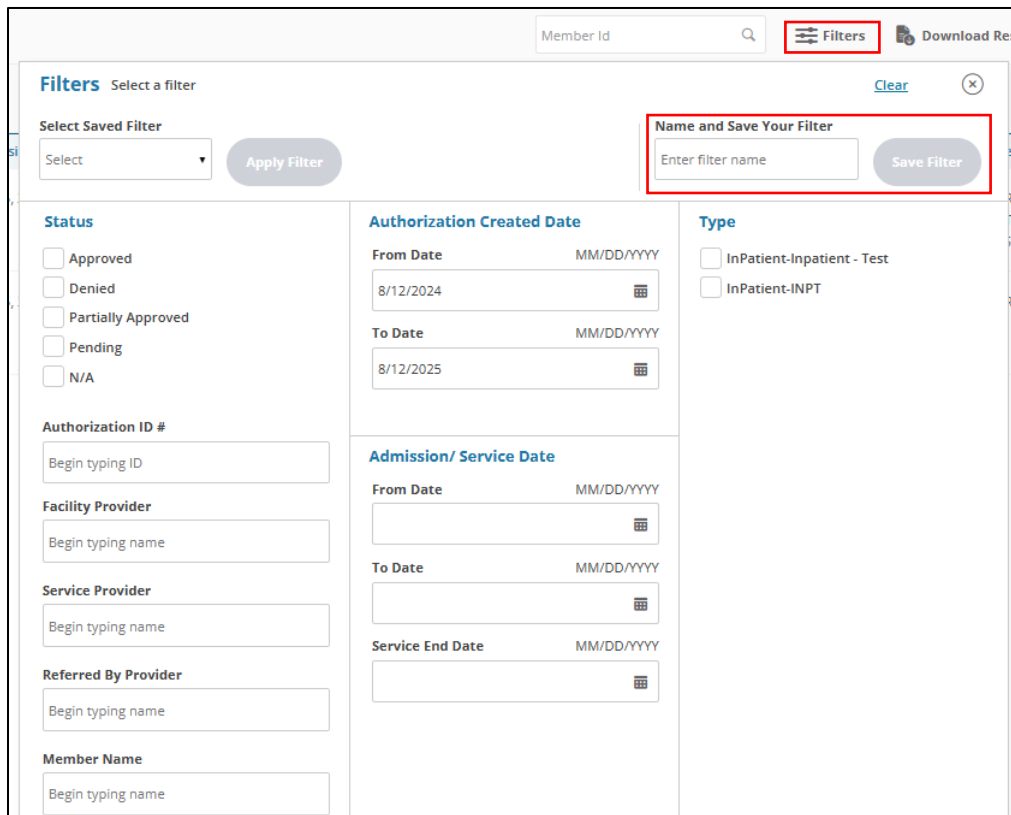
Users can use the **Member Id** field to search the list by a specific member.

The displayed list can be downloaded as an Excel file by clicking on **Download Results**.



Authorization ID#	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
08127409Y	Aug 12, 2025	[REDACTED]	MEDICARE CHOICE	Aug 15, 2025	InPatient-INPT	Pending	DENVER HEALTH PHYSICIANS GROUP - CARLE ROTH	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY - HANNAH HARRISON
080771974	Aug 07, 2025	[REDACTED]	MEDICARE CHOICE	Aug 05, 2025	InPatient-INPT	Pending	ADVENTIST HEALTH FEATHER RIVER - ADVENTIST HEALTH FEATHER RIVER	A NEUROSURGERY ONE - ADAM SMITH

Users can click on **Filters** to display only authorizations of the selected criteria. Filters can be named and saved by the user for future use by clicking on **Save Filter**.



Member Id

Filters

Filters Select a filter

Select Saved Filter:

Name and Save Your Filter

Enter filter name

Status

☐ Approved

☐ Denied

☐ Partially Approved

☐ Pending

☐ N/A

Authorization ID #

Begin typing ID

Facility Provider

Begin typing name

Service Provider

Begin typing name

Referred By Provider

Begin typing name

Member Name

Begin typing name

Authorization Created Date

From Date

To Date

Admission/ Service Date

From Date

To Date

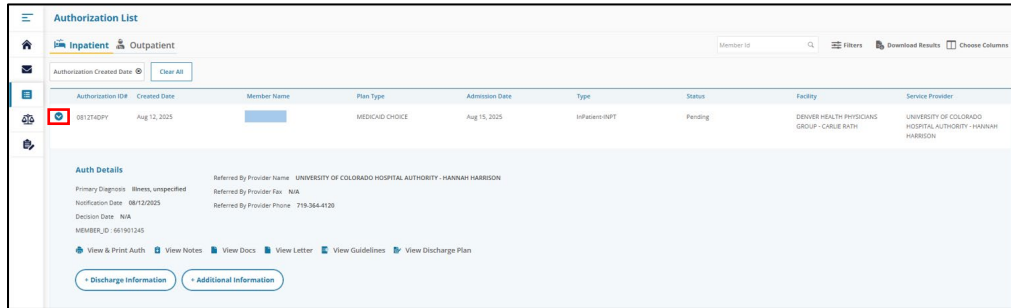
Service End Date

Type

☐ InPatient-Inpatient - Test

☐ InPatient-INPT

From the list of authorizations, clicking the  icon will display the **Auth Details**.



The following options are available for an authorization:

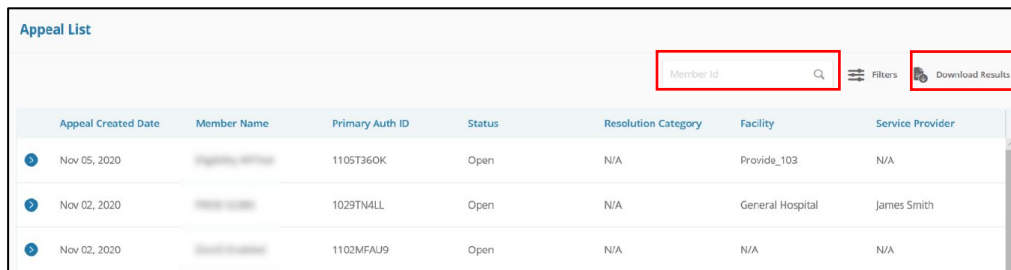
Option	Description
View & Print Auth	View a summary of the authorization in a printable and download-able format.
View Notes	View any authorization notes, extension notes, or discharge notes associated with the authorization. Tip: Selecting View Notes displays the most recently added notes for the authorization. The user can select View Notes > View All to view all of the notes for the authorization.
View Docs	View any documents associated with the authorization in a new window.
View Letter	View any letters associated with the authorization in a new window.
View Guidelines	View and/or print assessment responses.
View Discharge Plan	View discharge plan responses.

Getting started with the Authorization Portal: Appeal List

The **Appeal Lists** contains information about the appeals the user's organization has submitted.

Users can use the **Member Id** field to search the list by a specific member.

The displayed list can be downloaded as an Excel file by clicking on **Download Results**.



The screenshot shows the 'Appeal List' interface. At the top right, there is a search bar labeled 'Member Id' with a magnifying glass icon, a 'Filters' button with a funnel icon, and a 'Download Results' button with a download icon. Below these is a table with the following columns: Appeal Created Date, Member Name, Primary Auth ID, Status, Resolution Category, Facility, and Service Provider. The table contains three rows of data, each with a blue circular icon to the left of the 'Appeal Created Date' column.

Appeal Created Date	Member Name	Primary Auth ID	Status	Resolution Category	Facility	Service Provider
Nov 05, 2020	[REDACTED]	1105T36OK	Open	N/A	Provide_103	N/A
Nov 02, 2020	[REDACTED]	1029TN4LL	Open	N/A	General Hospital	James Smith
Nov 02, 2020	[REDACTED]	1102MFAU9	Open	N/A	N/A	N/A

Users can click on **Filters** to display only authorizations of the selected criteria. Filters can be named and saved by the user for future use by clicking on **Save Filter**.

From the list of appeals, clicking the  icon will display the **Appeal Details**.

Option	Description
View & Print	View a summary of the appeal in a printer-friendly/downloadable format.
View Notes	View any notes associated with the appeal.
View Docs	View any documents associated with the appeal.
View Letter	View any letters associated with the appeal.

Getting started with the Authorization Portal:

Draft Authorization List

Draft authorizations are authorizations that have been saved by selecting **Save as Draft** during authorization entry but not submitted for review and adjudication. The Draft Authorization List is very similar to the Authorization List, but with fewer options.

Draft authorizations will be automatically archived and disappear from the Draft Authorization List 7 days from creation date.

Draft ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
D22FDMJP	Jan 22, 2021	FN LN &	Federal Employees Program	N/A	Acute Medical	Draft	N/A	N/A

Users can use the **Member Id** field to search the list by a specific member.

The displayed list can be downloaded as an Excel file by clicking on **Download Results**.

Authorization ID#	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
081274QVY	Aug 12, 2025	[REDACTED]	MEDICAID CHOICE	Aug 15, 2025	Inpatient/OP	Pending	DENVER HEALTH PHYSICIANS GROUP - CARLE BATH	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY - HANNAH HARRISON
080719X74	Aug 07, 2025	[REDACTED]	MEDICAID CHOICE	Aug 05, 2025	Inpatient/OP	Pending	ADVENTIST HEALTH FEATHER RIVER - ADVENTIST HEALTH FEATHER RIVER	A NEUROSURGERY ONE - ADAM SMITH

Users can click on **Filters** to display only draft authorizations of the selected criteria. Filters can be named and saved by the user for future use by clicking on **Save Filter**.

Filters Select a filter Clear ×

Select Saved Filter Apply Filter

Name and Save Your Filter

Enter filter name Save Filter

Status

☐ Approved
☐ Denied
☐ Partially Approved
☐ Pending
☐ N/A

Authorization ID #
 Begin typing ID

Facility Provider
 Begin typing name

Service Provider
 Begin typing name

Referred By Provider
 Begin typing name

Member Name
 Begin typing name

Authorization Created Date

From Date MM/DD/YYYY
 8/12/2024

To Date MM/DD/YYYY
 8/12/2025

Admission/ Service Date

From Date MM/DD/YYYY

To Date MM/DD/YYYY

Service End Date MM/DD/YYYY

Type

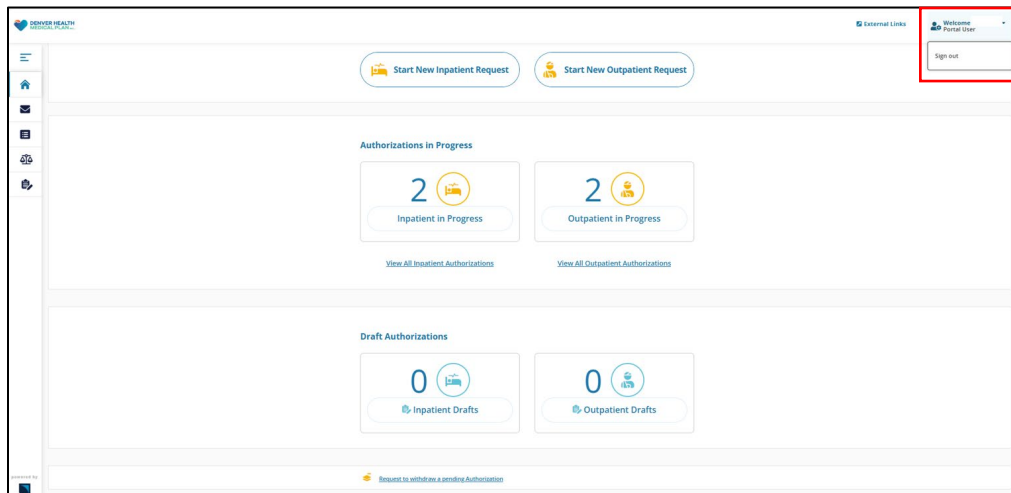
☐ InPatient-Inpatient - Test
☐ InPatient-INPT

From the list of draft authorizations, clicking the  icon will display the Draft Auth Details.

Draft ID #	Created Date	Member Name	Plan Type	Admission Date
 D22FDMJP	Jan 22, 2021	FN LN &	Federal Employees Program	N/A
Draft Details Primary Diagnosis N/A Notification Date N/A Decision Date N/A Referred By Provider Name N/A				

Getting started with the Authorization Portal: Logging Out

It is recommended to log out from the authorization portal through the **Sign Out** link in the upper right-hand corner instead of closing the browser.



Completing an Inpatient Prior-Authorization Request: Member Search

Click on **Start a New Authorization Request** on the Home Page to begin the process. This will take the user to the first step: **Member Search**.

Search for a member by:

1. Entering the **DHMP Member ID** or
2. Entering the Member's **First Name, Last Name** and **Date of Birth**.

Click **Find Member** once the member's information has been entered.

A list of members found based on the criteria that was entered will be displayed beneath the member search box. Users should confirm the correct member is displayed, then click on the member's information.

This will progress to the next step: **Member Eligibility**.

Completing an Inpatient Prior-Authorization Request: Member Eligibility

The **Member Eligibility** page will show the user:

1. The member's basic information displayed in a blue bar at the top of the screen.
2. The member's **Active Eligibility**. Members may have more than one active eligibility.

To confirm the member's eligibility:

3. Click the active eligibility that matches the member's DHMP insurance.

Member Eligibility

1 Member Search 2 Member Eligibility 3 Authorization Basics 4 Additional Details 5 Results

1

2

3

Happy Training Day!

Eligibility Select an eligibility

Filter by: ☒ Active Eligibility ☐ Inactive Eligibility

LOB: MEDICAID CHOICE	Code: MEDICAID CHOICE	Status: Active
Plan: MEDICAID CHOICE		Start Date: 02/02/2024
Code: MEDICAID CHOICE		End Date: 12/31/2099
LOB: COB PROGRAM	Code: COB PROGRAM	Status: Active
Plan: COB COMPREHENSIVE		Start Date: 02/01/2024
Code: COB COMPREHENSIVE		End Date: 12/31/2099

This will automatically progress to the next step: **Authorization Basics**.

Completing an Inpatient Prior-Authorization Request: Authorization Basics

The user will be asked to select the **Authorization Type** beneath the eligibility.

For inpatient authorizations there is only one option: **InPatient – INPT**.

Eligibility Select an eligibility

Filter by: ☒ Active Eligibility ☐ Inactive Eligibility ☐ View Full Eligibility

LOB	Code	Status
MEDICAID CHOICE	MEDICAID CHOICE	Active

Plan: MEDICAID CHOICE Start Date: 02/02/2024
Code: MEDICAID CHOICE End Date: 12/31/2099

Authorization Type

Select

InPatient-INPT

Next Reset Cancel

Completing the Authorization Type will generate additional fields. All fields marked with red asterisks are required.

Authorization Type

InPatient-INPT

*** Referred By Provider Name**

Provider Name Begin typing name or code to select Referred By Provider Name & Servicing Provider are same

*** Servicing Provider**

Provider Name Begin typing name or code to select

*** Facility Provider Name**

Provider Name Begin typing name or code to select

Actual Admission Date and time

MM/DD/YYYY

Place Of Service

Select

*** Diagnosis Description** *** Diagnosis Code**

Begin typing at least 3 characters Begin typing code Primary Diagnosis

*** Procedure Description** *** Procedure Code** *** From Date** *** To Date** *** Unit Type** *** Req.**

Begin typing at least 3 characters Begin typing code MM/DD/YYYY MM/DD/YYYY Days Primary Procedure

Save as Draft Next Reset Cancel

Select the providers involved with the procedure in the **Referred By**, **Servicing** and **Facility** sections.

To enter providers:

1. Search by **Provider Name, Provider Code, NPI, or Tax ID.**
2. Type the provider's name or code in the search bars and hit **Enter** to display the closest search results or

3. Click on the magnifying glass for advanced search. Enter the provider information and click **Search** to display results.

4. Whichever option was used, confirm the correct provider is displayed and select the provider.
5. If the **Referred By** and **Servicing Provider** are the same, click the **Referred By Provider Name & Servicing Provider are same** box to save time.

When all providers have been selected

1. Enter the **Actual Admission Date and Time** if known. Times are entered in 15 minutes increments.
2. Select the **Place of Service**, from the dropdown list.

Diagnoses can be entered by **Diagnosis Description** or **Diagnosis Code**.

Hitting Enter after making an entry in the search bars will provide a list of suggestions. Click the correct diagnosis or code.

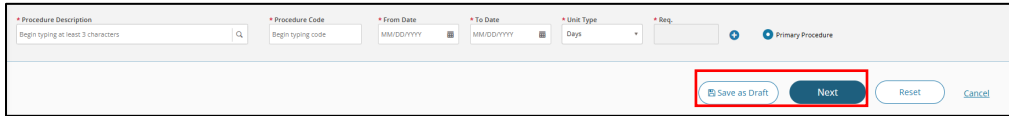
1. Multiple diagnoses can be entered by clicking on the + button.

Procedures can be entered in a similar manner as diagnoses.

1. Search for and select the appropriate **Procedure Description** or **Procedure Code**.
2. Enter the **From Date** and **To Date** for the procedure (dates older than 90 days will be rejected by the system).
3. Select the correct **Unit Type** if it does not auto-populate.
4. Click + to add secondary procedures.

Once procedures are entered, the user has two options:

1. Click **Save as Draft** to save a draft prior-authorization request. This will allow the user to return to the draft to make changes before submission.
2. The user can click **Next** to finalize and submit the request.



The screenshot shows a form with the following fields: Procedure Description (with a search icon and placeholder text), Procedure Code (with a search icon and placeholder text), From Date (MM/DD/YYYY), To Date (MM/DD/YYYY), Unit Type (Days), and Req. (a dropdown menu). Below these fields is a red box containing two buttons: 'Save as Draft' and 'Next'. To the right of the 'Next' button are two more buttons: 'Reset' and 'Cancel'.

Completing an Inpatient Prior-Authorization Request: Additional Details

The user will need to acknowledge that Payment is contingent upon the member's eligibility on the date of service and that authorization is not a guarantee of payment. Click both boxes and click **Next**.

AP IP CHP_MCD Priority

* 1. Please see below regarding your authorization request. Please read and select the check boxes to proceed.

☐ Payment is contingent upon the member's eligibility on the date of service. Authorization is not a guarantee of payment.

☐ Acknowledge

Next Cancel

The user will be asked to submit contact information. This information will be used by DHMP to follow-up on the authorization if needed.

AP IP CHP_MCD Priority

* 2. Please select the checkbox and enter the requesting provider contact information.

☒ Click To enter

* Contact Name

* Contact Phone (Please include Extension)

* Contact Fax

Contact Email

Previous Next Cancel

Select the priority of the authorization. On review, DHMP may change this.

AP IP CHP_MCD Priority

* 3. Authorization Priority

☐ Standard 10 Days

☐ Urgent Concurrent 72 hours

☐ Retrospective 30 Days

☐ Expedited Preservice 72 Hrs

Previous Next Cancel

Before final submission the user will have the opportunity to:

1. **Add Notes** relevant to the authorization request.
2. **Add Attachments** such as medical records.

Medical Records and Notes

* Add Note ⓘ

Begin typing

* Add Attachments ⓘ

Submit Cancel

Click **Submit** to send the request to DHMP Utilization Management for review.

Once the request has been submitted, the user will have the opportunity to:

1. Print the request submitted.
2. Receive the Authorization ID for reference.
3. View the information that was submitted.

Results

Member Search ····· Member Eligibility ····· Authorization Basics ····· Additional Details ····· **Results**

Warning: Your request #0812T4DPY has been pending. [Click to print](#)

Happy Training Day!

DENVER HEALTH MEDICAL PLAN

Primary Language: ENG, Address: , Primary Phone: , Member ID# MEMBER_ID

Authorization ID #0812T4DPY

Authorization Details

Authorization Class: Inpatient	Authorization Type: Inpatient INPT	Authorization Status: Open
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Authorization Basic Details

Auth Created On: 08/12/2025 03:48:50 PM	Request Sent: Partial	Actual Admission Date and time: 08/15/2025 02:15:00 PM
Place Of Service: Inpatient Hospital	Notification Date and Time: 08/12/2025 03:48:50 PM	Service End Date: 08/17/2025

Provider Details

DHMP Utilization Management will review the submission and will notify the provider on approval, denial or if additional information is required.

Completing an Outpatient Prior-Authorization Request: Member Search

Click on **Start a New Authorization Request** on the Home Page to begin the process. This will take the user to the first step: **Member Search**.

Search for a member by:

1. Entering the **DHMP Member ID** or
2. Entering the Member's **First Name, Last Name** and **Date of Birth**.

Click **Find Member** once the member's information has been entered.

A list of members found based on the criteria that was entered will be displayed beneath the member search box. Users should confirm the correct member is displayed, then click on the member's information.

This will progress to the next step: **Member Eligibility**.

Completing an Outpatient Prior-Authorization Request: Member Eligibility

The **Member Eligibility** page will show the user:

1. The member's basic information displayed in a blue bar at the top of the screen.
2. The member's **Active Eligibility**. Members may have more than one active eligibility.

To confirm the member's eligibility:

3. Click the active eligibility that matches the member's DHMP insurance.

Member Eligibility

1 Member Search 2 Member Eligibility 3 Authorization Basics 4 Additional Details 5 Results

1

2

3

Happy Training Day!

Eligibility Select an eligibility

Filter by: ☒ Active Eligibility ☐ Inactive Eligibility

LOB: MEDICAID CHOICE	Code: MEDICAID CHOICE	Status: Active
Plan: MEDICAID CHOICE		Start Date: 02/02/2024
Code: MEDICAID CHOICE		End Date: 12/31/2099
LOB: COB PROGRAM	Code: COB PROGRAM	Status: Active
Plan: COB COMPREHENSIVE		Start Date: 02/01/2024
Code: COB COMPREHENSIVE		End Date: 12/31/2099

This will automatically progress to the next step: **Authorization Basics**.

Completing an Outpatient Prior-Authorization Request: Authorization Basics

The user will be asked to select the **Authorization Type** beneath the eligibility.

For outpatient authorizations there are two options:

1. **Outpatient Surgery-OPS.**
2. **Outpatient-OP.**

The screenshot shows the 'Eligibility' section with a filter for 'Active Eligibility'. Below the filter, there's a table with columns: LOS, MEDICAID CHOICE, Code, MEDICAID CHOICE, Status, Start Date, and End Date. The 'Authorization Type' dropdown is highlighted with a red box, showing options: Outpatient Surgery-OPS and Outpatient-OP. The status is 'Active'.

Completing the Authorization Type will generate additional fields. All fields marked with red asterisks are required.

The screenshot shows the 'Authorization Type' dropdown set to 'Outpatient-OP'. Below it, there are three sections: 'Referred By Provider', 'Servicing Provider', and 'Facility Provider Name', each with a 'Provider Name' dropdown and a search field. These sections are highlighted with a red box. Below these are the 'Diagnosis Code' and 'Procedure Code' sections, each with a search field and a 'Primary' checkbox. The 'Diagnosis Code' section also has a 'From Date' and 'To Date' dropdown. The 'Procedure Code' section has a 'From Date', 'To Date', 'Unit Type', and 'Seq.' dropdown. The 'Save as Draft', 'Next', 'Reset', and 'Cancel' buttons are at the bottom.

Select the providers involved with the procedure in the **Referred By**, **Servicing** and **Facility** sections.

To enter providers:

1. Search by **Provider Name, Provider Code, NPI, or Tax ID.**
2. Type the provider's name or code in the search bars and hit **Enter** to display the closest search results or

Authorization Type: InPatient-INPT

Referred By Provider Name:

Provider Search Results

Provider Name	Provider Type	Provider Code	NPI	Tax ID	Network	Network Status	Address	Contract Start Date	Contract End Date
No Records Found									

3. Click on the magnifying glass for advanced search. Enter the provider information and click **Search** to display results.

Referred By Provider Name:

Find Provider

Provider Information

Contains ☒ Exact Match ☐ Starts With

Specialty:

Provider Type:

Provider Code:

ZIP / Postal Code: In Miles:

Language Spoken:

Gender:

Network Name:

Provider Eligibility

Eligibility Level:

Clear Search

Provider Name	Provider Type	Provider Code	NPI	Tax ID	Address	Office Phone	Network	Network Status	Contract Start Date	Contract End Date
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY - HANNAH HARRISON	AUDIOLOGIST	MSC000094014-2311984	1639921588	N/A	595 CHAPEL HILLS DR STE 325, COLORADO SPRINGS, CO 809201061	7193644120	DENVER HEALTH MEDICAL PLAN	NP	05/08/2025	12
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY - HANNAH HARRISON	AUDIOLOGIST	MSC000094014-2311984	1639921588	N/A	595 CHAPEL HILLS DR STE 325, COLORADO SPRINGS, CO 809201061	7193644120	LARGE GROUP	NP	05/08/2025	12
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY - HANNAH HARRISON	AUDIOLOGIST	MSC000094014-2311984	1639921588	N/A	595 CHAPEL HILLS DR STE 325, COLORADO SPRINGS, CO 809201061	7193644120	CHP PLUS	P	05/08/2025	12
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY - HANNAH HARRISON	AUDIOLOGIST	MSC000094014-2311984	1639921588	N/A	595 CHAPEL HILLS DR STE 325, COLORADO SPRINGS, CO 809201061	7193644120	LARGE GROUP	P	05/08/2025	12
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY - HANNAH HARRISON	AUDIOLOGIST	MSC000094014-2311984	1639921588	N/A	595 CHAPEL HILLS DR STE 325, COLORADO SPRINGS, CO 809201061	7193644120	MEDICAD CHOICE	P	05/08/2025	12
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY - HANNAH HARRISON	AUDIOLOGIST	MSC000094014-2311984	1639921588	N/A	595 CHAPEL HILLS DR STE 325, COLORADO SPRINGS, CO 809201061	7193644120	MEDICARE ADVANTAGE	P	05/08/2025	12
UPLDBA UNIVERSITY OF COLORADO MEDICINE - LARSEN TRAUTMAN	UNLICENSED PROVIDER	MSC000094007-2311997	1871224923	N/A	12805 E 16TH AVE, AURORA, CO 800452545	7208480000	DENVER HEALTH MEDICAL PLAN	NP	05/08/2025	12
UPLDBA UNIVERSITY OF COLORADO MEDICINE - LARSEN TRAUTMAN	UNLICENSED PROVIDER	MSC000094007-2311997	1871224923	N/A	12805 E 16TH AVE, AURORA, CO 800452545	7208480000	LARGE GROUP	NP	05/08/2025	12

4. Whichever option was used, confirm the correct provider is displayed and select the provider.
5. If the **Referred By** and **Servicing Provider** are the same, click the **Referred By Provider Name & Servicing Provider are same** box to save time.

Referred By Provider Name:

Referred By Provider Name & Servicing Provider are same

Search

When all providers have been selected:

1. (Outpatient-OP Only) Select the **Treatment Type**, from the dropdown list.

The screenshot shows a form section titled 'Facility Provider Name' with a dropdown menu and a search bar. Below it, the 'Treatment Type' dropdown menu is highlighted with a red box, showing a 'Select' option.

Diagnoses can be entered by **Diagnosis Description** or **Diagnosis Code**.

Hitting Enter after making an entry in the search bars will provide a list of suggestions. Click the correct diagnosis or code.

1. Multiple diagnoses can be entered by clicking on the + button.

The screenshot shows the 'Diagnosis' section of the form. It includes search bars for 'Diagnosis Description' and 'Diagnosis Code', both highlighted with red boxes. A 'Diagnosis Code Search Results' popup is displayed, showing a table with 'Description' and 'Code' columns. The '+' button to add more diagnoses is also highlighted with a red box.

Procedures can be entered in a similar manner as diagnoses.

1. Search for and select the appropriate **Procedure Description** or **Procedure Code**.
2. Enter the **From Date** and **To Date** for the procedure (dates older than 90 days will be rejected by the system).
3. Select the correct **Unit Type** if it does not auto-populate.
4. Click + to add secondary procedures.

The screenshot shows the 'Procedure' section of the form. It includes search bars for 'Procedure Description' and 'Procedure Code', both highlighted with red boxes. It also includes 'From Date' and 'To Date' date pickers, and a 'Unit Type' dropdown, all highlighted with red boxes. The '+' button to add more procedures is also highlighted with a red box.

Once procedures are entered, the user has two options:

1. Click **Save as Draft** to save a draft prior-authorization request. This will allow the user to return to the draft to make changes before submission.
2. The user can click **Next** to finalize and submit the request.

The screenshot shows the bottom of the form with the 'Save as Draft' and 'Next' buttons highlighted with red boxes.

Completing an Outpatient Prior-Authorization Request: Additional Details

The user will need to acknowledge that Payment is contingent upon the member's eligibility on the date of service and that authorization is not a guarantee of payment. Click both boxes and click **Next**.

AP IP CHP_MCD Priority

* 1. Please see below regarding your authorization request. Please read and select the check boxes to proceed.

☐ Payment is contingent upon the member's eligibility on the date of service. Authorization is not a guarantee of payment.

☐ Acknowledge

Next Cancel

The user will be asked to submit contact information. This information will be used by DHMP to follow-up on the authorization if needed.

AP IP CHP_MCD Priority

* 2. Please select the checkbox and enter the requesting provider contact information.

☒ Click To enter

* Contact Name

* Contact Phone (Please include Extension)

* Contact Fax

Contact Email

Previous Next Cancel

Select the priority of the authorization. On review, DHMP may change this.

AP IP CHP_MCD Priority

* 3. Authorization Priority

☐ Standard 10 Days

☐ Urgent Concurrent 72 hours

☐ Retrospective 30 Days

☐ Expedited Preservice 72 Hrs

Previous Next Cancel

Before final submission the user will be required to:

1. **Add Notes** relevant to the authorization request.
2. **Add Attachments** such as medical records.

Medical Records and Notes

* Add Note ⓘ

Begin typing

* Add Attachments ⓘ

Submit Cancel

Click **Submit** to send the request to DHMP Utilization Management for review.

Once the request has been submitted, the user will have the opportunity to:

1. Print the request submitted.
2. Receive the Authorization ID for reference.
3. View the information that was submitted.

Results

Member Search ····· Member Eligibility ····· Authorization Basics ····· Additional Details ····· **Results**

Warning: Your request #081219152 has been pending. [Click to print](#)

Happy Training Day!

DENVER HEALTH
MEDICAL PLAN

Primary Language: ENG Member ID: MEMBER_ID

Address: Primary Phone:

Authorization ID #081219152

Authorization Details

Authorization Class: Outpatient	Authorization Type: Outpatient OP	Authorization Status: Open
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Authorization Basic Details

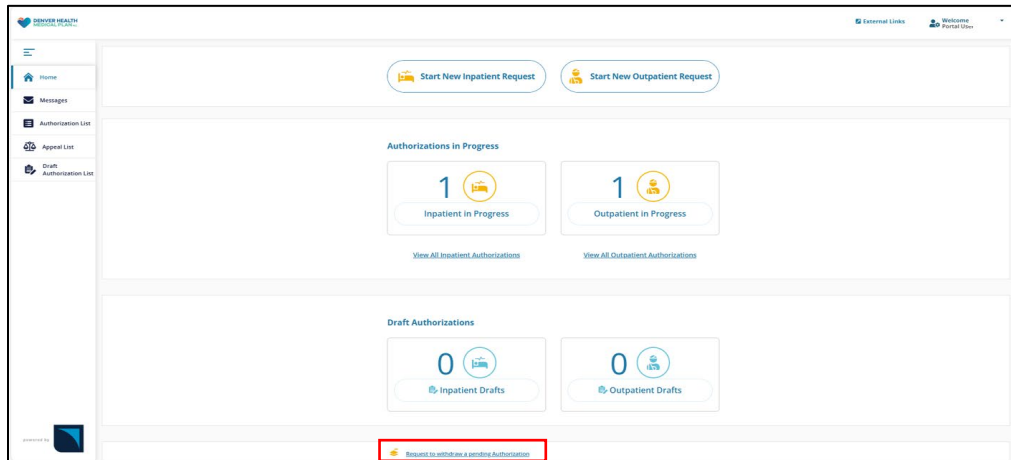
Auth Created On: 08/12/2025 05:37:12 PM	Request Sent: Partial	Notification Date and Time: 08/12/2025 05:37:12 PM
Treatment Type: Medical	Service End Date: 8/15/2025	

Provider Details

DHMP Utilization Management will review the submission and will notify the provider on approval, denial or if additional information is required.

Withdrawing a Submitted Request

Users can withdraw an authorization request after it has been submitted, but not yet decided. This ensures that there is no unnecessary processing of authorizations if they are no longer needed for the members.



When the user withdraws an authorization request, the system updates the authorization service status to **Void**, marks the status reason to **Request Withdrawn** and requested units are set to 0. Withdrawing one line, will void the entire authorization.

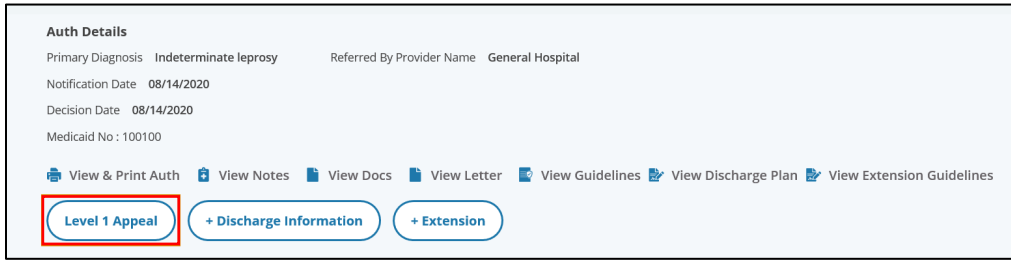
If the entire authorization is withdrawn, the authorization status is set to **Closed** and **Cancelled**.

Requesting an Appeal

Users may request an appeal of a denied authorization request.

From the **Authorization List**, click on the **Auth Details** of the denied authorization.

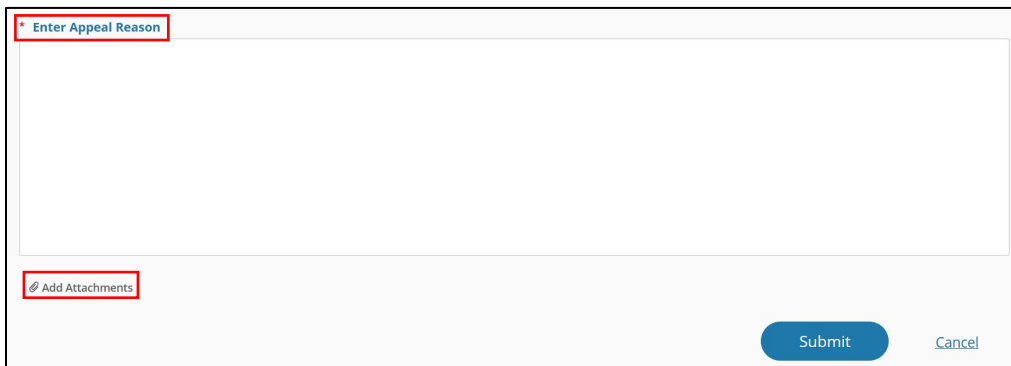
Click on the **Level 1 Appeal** button to begin the appeal process.



Scroll down and enter the reason for the appeal in the **Enter Appeal Reason** field.

Supporting documentation can be added as an attachment.

Click **Submit** once this is completed. The appeal will be sent to the DHMP Grievances and Appeals team.



After an appeal has been initiated, the following message replaces the Level 1 Appeal button in the Authorization List:

