

SERVICES REQUIRING PRIOR AUTHORIZATION

Providers are responsible for verifying eligibility and benefits before providing services to Denver Health Medical Plan, Elevate, Medicare Select & Choice, Medicaid Choice and CHP+ members. Except for emergency care and observation stays less than 48 hours at a hospital, failure to obtain Prior Authorization for the services listed below will result in a denial for reimbursement.

The Following Services Require Authorization before the Service is Performed

****All Medical or Behavioral Health Services provided by an Out of Network Provider require Prior Authorization****

All DME Rental	Hospice
DME Purchase price over \$500	Outpatient PT > 20 visits per plan year
Inpatient Hospital	Outpatient OT > 20 visits per plan year
Acute Rehab	Outpatient ST > 20 visits per plan year
SNF	CT, MRI, MRA, and PET
Outpatient Surgery	Any Experimental/Investigational Services
Cosmetic, Plastic and Reconstructive Procedures	Colonoscopies other than Preventive Screening
Neuropsychological and Psychological Testing	Sleep Studies
Transplants	Genetic Testing
Home Health	Pain Management Services
Oral / Enteral / Parenteral Nutrition	Air Ambulance (Non-Emergent)
Some Specialty Rx/Infusions (See List on Next Page)	Early Intervention Services

The following Behavioral Health Services Require Authorization before the Service is Performed

Inpatient	Intensive Outpatient Treatment (IOP)
Residential Treatment	Electroconvulsive Therapy (ECT) Applied
Partial Hospitalization Day Treatment	Behavioral Analysis (ABA)
	Neuropsychological and Psychological Testing

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, evidence of medical necessity during the claim review and provider status with Denver Health Medical Plan.

Prior Authorization Request Forms can be found on the Denver Health Medical Plan Website at:
<http://www.denverhealthmedicalplan.org/provider-forms-and-materials>

Specialty RX/Infusions Requiring Authorization (See List Below)

Code	Code	Code	Code	Code	Code	Code	Code	Code	Code
J0129	J0130	J0135	J0178	J0180	J0205	J0215	J0220	J0221	J0256
J0257	J0270	J0275	J0400	J0401	J0490	J0571	J0572	J0573	J0574
J0575	J0585	J0586	J0587	J0588	J0597	J0598	J0638	J0717	J0725
J0740	J0775	J0795	J0800	J0881	J0882	J0885	J0886	J0887	J0888
J0890	J0897	J1000	J1071	J1110	J1260	J1290	J1300	J1322	J1324
J1325	J1330	J1380	J1410	J1430	J1435	J1438	J1442	J1446	J1452
J1457	J1458	J1459	J1460	J1556	J1557	J1559	J1560	J1561	J1562
J1566	J1568	J1569	J1572	J1595	J1599	J1602	J1620	J1626	J1640
J1652	J1655	J1675	J1725	J1730	J1740	J1743	J1744	J1745	J1786
J1826	J1830	J1930	J1931	J1950	J2170	J2320	J2323	J2353	J2354
J2357	J2358	J2426	J2440	J2469	J2503	J2504	J2505	J2507	J2562
J2675	J2724	J2760	J2778	J2783	J2793	J2794	J2820	J2910	J2940
J2941	J2950	J3030	J3060	J3110	J3121	J3145	J3262	J3280	J3285
J3315	J3355	J3357	J3385	J3396	J3489	J3490	J3590	J7196	J7197
J7198	J7199	J7200	J7201	J7308	J7309	J7310	J7311	J7312	J7316
J7321	J7323	J7324	J7325	J7326	J7327	J7336	J7507	J7508	J7513
J7520	J7525	J7527	J7599	J7604	J7605	J7606	J7622	J7624	J7627
J7628	J7629	J7632	J7635	J7636	J7637	J7638	J7640	J7641	J7642
J7643	J7647	J7648	J7649	J7650	J7657	J7658	J7659	J7660	J7667
J7668	J7669	J7670	J7680	J7681	J7682	J7683	J7684	J7685	J7686
J8498	J8499	J8501	J8515	J8520	J8521	J8562	J8565	J8597	J8650
J8705	J8999	J9010	J9015	J9017	J9019	J9020	J9025	J9033	J9035
J9041	J9042	J9047	J9050	J9055	J9155	J9160	J9165	J9179	J9202
J9207	J9212	J9213	J9214	J9215	J9216	J9217	J9218	J9219	J9225
J9226	J9228	J9261	J9262	J9266	J9268	J9270	J9293	J9300	J9302
J9303	J9305	J9306	J9307	J9310	J9315	J9320	J9330	J9354	J9355
J9357	J9395	J9400	J9600	J9999	---	---	---	---	---