



Notification of Services Requiring Authorization

NOTIFICATION OF CHANGES: Effective July 1, 2021

Denver Health Medical Plan (DHMP) recently reviewed and made changes to the 'Services Requiring Prior Authorization' document located on the DHMP website:

denverhealthmedicalplan.org/services-requiring-prior-authorization

Listed below are just a few of the changes that have been made. Please be sure to review the full document on the DHMP website to determine if authorization is required before submitting a request to DHMP.

Here are a few of the key areas changing within the 'Services Requiring Prior Authorization' document:

DEFINITIONS SECTION:

You will now notice that DHMP has changed provider participation statuses.

» **TIER 1**

Providers are contracted Providers considered In-Network, listed in the Provider Directory, and do not require authorization unless service is on the PA Grid for specific Lines of Business. Services must meet Medical Necessity and be a covered benefit.

» **TIER 2**

Providers are contracted Providers considered Out-of-Network, not listed in the Provider Directory, and require prior authorization for all Lines of Business. Services must meet Medical Necessity and be a covered benefit.

» **TIER 3**

Providers are Non-Participating Providers (Out-of-Network Provider) for all Lines of Business requiring Prior Authorization and a One-Time Agreement. Services must meet Medical Necessity and be a covered benefit.

AUTHORIZATION GRID SECTION:

Home Health

- » Tier 1 Providers require no authorization day 1 - 30. Services after day 30 require authorization
- » Tier 2 and Tier 3 Providers require authorization on day 1 of Home Health service

Genetic Testing

- » Genetic Testing specific to codes 81229 & 81243 do not require authorization for a Tier 1 Provider
- » Genetic Testing will continue to require authorization for Tier 2 and Tier 3 Providers

Outpatient Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)

- » Physical Therapy
 - No authorization for first 30 visits for a Tier 1 Provider
 - Authorization required for visit 31 forward for a Tier 1 Provider
- » Occupational Therapy
 - No authorization for first 30 visits for a Tier 1 Provider
 - Authorization required for visit 31 forward for a Tier 1 Provider
- » Speech Therapy
 - No authorization for first 30 visits for a Tier 1 Provider
 - Authorization required for visit 31 forward for a Tier 1 Provider
 - Tier 2 and Tier 3 Providers require authorization on day 1 of service for Physical Therapy, Occupational Therapy and Speech Therapy

Our DHMP Health Plan Services Department is available to assist with Utilization Management (UM) issues during normal business hours, Monday - Friday, 8 a.m. to 5 p.m. (excluding holidays). Providers may contact UM by fax to send authorization requests and clinical information. The DHMP UM Department can receive faxes seven days a week (including holidays). Please use the DHMP Prior Authorization Forms available on our website: denverhealthmedicalplan.org/um-prior-authorization-request-form

Questions? Call Health Plan Services at 303-602-2100