

# Services Requiring Prior Authorization

## Definitions

### Participating Provider is identified and described by:

- 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 1 Capitated Providers – receive reimbursement from Denver Health Medical Plan on a per member per month (PMPM) contract.
    - Prior Authorizations are not required for any services
    - Only applies to DHHA Medical Care HMO, Elevate and Denver Health Medicaid Choice
- 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 require Prior Authorization and a One Time Agreement. Services must meet Medical Necessity and be a covered benefit.
  - Please be aware Tier level participation may be different based on a specific line of business.

## General Rules

- Urgent and Emergency Care DO NOT require Prior Authorization.
- Excluded services are not covered. Excluded services will be denied as a non-covered benefit, per the Member's Evidence of Coverage (EOC).
- Providers are responsible for verifying eligibility and benefits before providing services to all DHMP members. Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitations/exclusions, evidence of medical necessity during the claim review and provider status with DHMP.
- Failure to obtain Prior Authorization prior to giving care for the services listed below will result in a denial for reimbursement.
- Services not requiring Prior Authorization will be subject to audit. If in an audit those services did not meet medical necessity, there will be a possibility of recoupment.
- If a DHMP member is admitted to your facility, you must notify DHMP within 24 hours. If you fail to notify DHMP during this window of time, the member's admission and continued stay could be denied for "not timely notification."
- Non-Participating (Out of Network Providers) **require authorization** for all services, except for Urgent and Emergency Services.

## Resources

- Prior Authorization Form: [denverhealthmedicalplan.org/um-prior-authorization-request-form](http://denverhealthmedicalplan.org/um-prior-authorization-request-form)
- Once completed, fax the form to the numbers below:
  - Inpatient Admit and Discharge Notification fax – 303-602-2127
  - Inpatient Clinical Records fax – 303-602-2004
  - Outpatient – 303-602-2128
  - Urgent/Expedited – 303-602-2160
- Questions? Contact Health Plan Services at 303-602-2100

Authorization Service Category	Authorization Service Details
Acute Rehabilitation	<ul style="list-style-type: none"> <li>• All Acute Rehabilitation</li> </ul>
Ambulance	<ul style="list-style-type: none"> <li>• Air Ambulance (Non-Emergent) Covered ambulance services include fixed wing, rotary, wing and ground ambulance services, to the nearest facility that can provide care only if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by the plan.</li> </ul>
Any Experimental/Investigational Services	<ul style="list-style-type: none"> <li>• Experimental/Investigational medical and surgical procedures, equipment, and medications</li> </ul>
Behavioral Health Services	<ul style="list-style-type: none"> <li>• Behavioral Health Services               <ul style="list-style-type: none"> <li>○ Applied Behavioral Analysis (ABA)</li> <li>○ Electroconvulsive Therapy (ECT) Applied</li> <li>○ Neuropsychological and Psychological Testing</li> </ul> </li> <li>• <b>Medicare Tier 1 Providers do not require authorization for Behavioral Health Services</b></li> </ul>
Durable Medical Equipment (DME) and Prosthetics	<ul style="list-style-type: none"> <li>• All DME and Prosthetics with a purchase price of \$500 or greater</li> </ul>
Durable Medical Equipment (DME) Rental	<ul style="list-style-type: none"> <li>• All DME Rental</li> </ul>
Early Intervention Services	<ul style="list-style-type: none"> <li>• Early Intervention Services (EIS)</li> </ul>
Enteral and Total Parenteral Nutrition	<ul style="list-style-type: none"> <li>• All Enteral and Parenteral Nutrition</li> </ul>
Genetic Testing	<ul style="list-style-type: none"> <li>• Genetic Testing</li> </ul> <p>**Exception - The following genetic codes 81229 &amp; 81243 do not require authorization for Tier 1 Providers Only. **</p>

Authorization Service Category	Authorization Service Details
	<ul style="list-style-type: none"> <li>• Tier 2 and Tier 3 Non-Participating (Out of Network) Providers require authorization for all genetic testing.</li> </ul>
Home Health	<ul style="list-style-type: none"> <li>• Home Health <ul style="list-style-type: none"> <li>○ Tier 1 Providers Only <ul style="list-style-type: none"> <li>▪ No authorization required day 1 – 30</li> <li>▪ Authorization required day 31 forward</li> </ul> </li> <li>○ Tier 2 and Tier 3 Non-Participating (Out of Network) Providers require authorization on day 1 of service.</li> </ul> </li> </ul>
Outpatient Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)	<ul style="list-style-type: none"> <li>• Physical Therapy <ul style="list-style-type: none"> <li>○ Tier 1 Providers <ul style="list-style-type: none"> <li>▪ No authorization for first 30 visits</li> <li>▪ Authorization required for visit 31 forward</li> </ul> </li> </ul> </li> <li>• Occupational Therapy <ul style="list-style-type: none"> <li>○ Tier 1 Providers <ul style="list-style-type: none"> <li>▪ No authorization for first 30 visits</li> <li>▪ Authorization required for visit 31 forward</li> </ul> </li> </ul> </li> <li>• Speech Therapy <ul style="list-style-type: none"> <li>○ Tier 1 Providers <ul style="list-style-type: none"> <li>▪ No authorization for first 30 visits</li> <li>▪ Authorization required for visit 31 forward</li> </ul> </li> </ul> </li> <li>• Tier 2 and Tier 3 Non-Participating (Out of Network) Providers require authorization on day 1 of service.</li> </ul>
The following surgeries when performed in an Inpatient, Outpatient, or office location.	<ul style="list-style-type: none"> <li>• Bariatric Surgery</li> <li>• Blepharoplasty - Brow Lift</li> <li>• Breast Procedures</li> <li>• Chemical Peels Dermabrasion</li> <li>• Electrolysis Epilation</li> <li>• Intersex Surgical Remediation</li> <li>• Penile Implants</li> <li>• Varicose Veins</li> </ul>
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> <li>• All SNF stays <ul style="list-style-type: none"> <li>○ Tier 1 Providers – No authorization required</li> </ul> </li> <li>• Tier 2 and Tier 3 Non-Participating (Out of Network) Providers require authorization on day 1 of service</li> </ul>
Some Specialty Rx/Infusions*	<ul style="list-style-type: none"> <li>• See list at the end of this document</li> </ul>

Authorization Service Category	Authorization Service Details
Transplants	<ul style="list-style-type: none"> <li>• Transplants               <ul style="list-style-type: none"> <li>○ Includes Transplant Evaluations, Pre- &amp; Post-Operative Services/Care</li> </ul> </li> </ul>

Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code
J0129	J0588	J1300	J1566	J2323	J3032	J7168	J7332	J7648	J8705	J9153	J9229	J9316	M0240
J0130	J0591	J1301	J1568	J2326	J3060	J7169	J7333	J7649	J8999	J9155	J9245	J9317	M0241
J0135	J0593	J1303	J1569	J2350	J3110	J7170	J7336	J7650	J9010	J9160	J9246	J9318	M0249
J0180	J0597	J1305	J1572	J2353	J3111	J7175	J7352	J7657	J9015	J9165	J9247	J9319	M0250
J0205	J0598	J1322	J1595	J2354	J3121	J7177	J7401	J7658	J9017	J9173	J9261	J9320	Q0240
J0220	J0599	J1324	J1599	J2357	J3145	J7179	J7525	J7659	J9019	J9176	J9262	J9325	Q2041
J0221	J0638	J1325	J1602	J2406	J3241	J7196	J7599	J7660	J9020	J9177	J9266	J9330	Q2042
J0222	J0691	J1380	J1620	J2440	J3245	J7197	J7604	J7667	J9022	J9179	J9268	J9348	Q0243
J0223	J0699	J1410	J1628	J2503	J3262	J7198	J7605	J7668	J9023	J9198	J9269	J9352	Q0244
J0224	J0717	J1426	J1632	J2505	J3285	J7199	J7606	J7669	J9030	J9199	J9271	J9353	Q0249
J0256	J0725	J1429	J1640	J2507	J3304	J7200	J7622	J7670	J9033	J9202	J9281	J9354	Q2054
J0257	J0740	J1430	J1675	J2562	J3315	J7201	J7624	J7677	J9034	J9204	J9295	J9355	Q5111
J0270	J0741	J1438	J1743	J2724	J3316	J7202	J7627	J7680	J9035	J9210	J9299	J9356	Q5115
J0275	J0742	J1444	J1744	J2760	J3355	J7203	J7628	J7681	J9036	J9212	J9300	J9357	Q5117
J0400	J0775	J1445	J1745	J2778	J3357	J7204	J7629	J7682	J9041	J9213	J9302	J9358	Q5122
J0401	J0791	J1448	J1746	J2783	J3380	J7207	J7632	J7683	J9042	J9214	J9303	J9395	S9562
J0490	J0800	J1458	J1786	J2786	J3385	J7208	J7635	J7684	J9044	J9215	J9304	J9399	90378
J0517	J0896	J1459	J1823	J2793	J3396	J7209	J7636	J7685	J9047	J9216	J9305	J9400	
J0565	J0897	J1460	J1930	J2798	J3397	J7212	J7637	J7686	J9050	J9217	J9306	J9600	
J0567	J1000	J1556	J1931	J2840	J3398	J7310	J7638	J8498	J9055	J9218	J9307	J9999	
J0575	J1071	J1557	J1950	J2910	J3399	J7311	J7640	J8499	J9057	J9223	J9311	C9081	
J0584	J1096	J1558	J1951	J2940	J3489	J7314	J7641	J8562	J9118	J9225	J9312	C9082	
J0585	J1097	J1559	J2062	J2941	J3490	J7316	J7642	J8565	J9119	J9226	J9313	C9083	
J0586	J1201	J1560	J2170	J2950	J3590	J7321	J7643	J8597	J9144	J9227	J9314	C9084	
J0587	J1290	J1561	J2182	J3031	J3591	J7330	J7647	J8650	J9145	J9228	J9315	C9399	