Denver Health Medical Plan, Inc. (DHMP) has published Internal Clinical Coverage Determination Criteria which can be found under Provider Forms and Materials on our website. Below are the Clinical Coverage Determination Criteria:

» Dental-Related General Anesthesia and Facility Charges
» Hair Prosthesis (wig)
» Oral / Enteral Feedings
» Sleep Apnea

DHMP considers the member’s medical needs by using established health care guidelines based on medical evidence and state regulations to determine the appropriate frequency and/or quantity of the service(s) requested. The DHMP Physician Reviewer reviews all requests that do not meet these criteria.

The new coverage policies apply to the benefit plans administered by DHMP and may not be covered by all DHMP plans. Please refer to the member’s handbook for specific coverage information. If there is a difference between this general information and the member’s benefit document, the member’s benefit document will be used to determine coverage.

Coverage determinations for individual requests require consideration of:

» The terms of the applicable benefit document in effect on the date of service
» Any applicable laws and regulations
» Any relevant collateral source materials including coverage policies
» The specific facts of the request

To discuss plan benefits more specifically, call DHMP Health Plan Services at 303-602-2100.