

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 may 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

Providers can find the **UM Prior Authorization Request Form** at:

<https://www.denverhealthmedicalplan.org/um-prior-authorization-request-form>

- Once completed, fax the form to the numbers below:
 - o Inpatient – 303-602-2127
 - o Outpatient – 303-602-2128
 - o Urgent/Expedited – 303-602-2160
- Questions? Contact Health Plan Services at 303-602-2100

Provider Tip Documents and Forms

DHMP also has the following prior authorization Provider Tip Documents and Forms. Please refer to Provider Tips for Outpatient for guidance and additional information on select services and benefit limitations by each Line of Business.

denverhealthmedicalplan.org/provider-forms-and-materials

Provider Tips - Applied Behavior Analysis (ABA)

Provider Tips - Authorization Submissions

Provider Tips - Behavioral Health

Provider Tips - Cochlear Implant Tip Sheet

Provider Tips - DHMP Medicaid Choice Attribution Process

Provider Tips - Early Intervention Services (EIS)

Provider Tips - Home Health Care

Provider Tips - Neuropsychology Testing

Provider Tips - Newborn Enrollment

Provider Tips - Outpatient Therapy

Clinical Coverage Determination Criteria

Adult Orthotics and Prosthetics Form

Transition of Care / Continuation of Care Request Form

Medicaid Provider Forms

Oral/Enteral Nutrition Form

Oxygen Request Form

Authorization Service Category	Authorization Service Details
Acute Rehabilitation	<ul style="list-style-type: none"> • All Acute Rehabilitation
Ambulance	<ul style="list-style-type: none"> • 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.
Any Experimental/Investigational Services	<ul style="list-style-type: none"> • Experimental/Investigational medical and surgical procedures, equipment, and medications
Behavioral Health Services	<ul style="list-style-type: none"> • Behavioral Health Services <ul style="list-style-type: none"> o Applied Behavioral Analysis (ABA)

	<ul style="list-style-type: none"> ○ Electroconvulsive Therapy (ECT) Applied ○ Neuropsychological and Psychological Testing ● Medicare Tier 1 Providers do not require authorization for any Behavioral Health Services
Durable Medical Equipment (DME) and Prosthetics	<ul style="list-style-type: none"> ● All DME and Prosthetics with a purchase price of \$500 or greater
Durable Medical Equipment (DME) Rental	<ul style="list-style-type: none"> ● All DME Rental
Early Intervention Services	<ul style="list-style-type: none"> ● Early Intervention Services (EIS)
Enteral and Total Parenteral Nutrition	<ul style="list-style-type: none"> ● All Enteral and Parenteral Nutrition
Genetic Testing	<ul style="list-style-type: none"> ● Genetic Testing <p>**Exception - The following genetic codes 81229 & 81243 do not require authorization for Tier 1 Providers Only. **</p> <ul style="list-style-type: none"> ● Tier 2 and Tier 3 Non-Participating (Out of Network) Providers require authorization for all genetic testing.
Home Health	<ul style="list-style-type: none"> ● Home Health <ul style="list-style-type: none"> ○ Tier 1 Providers Only <ul style="list-style-type: none"> ▪ No authorization required day 1 – 30 <ul style="list-style-type: none"> ● For first occurrence per calendar year regardless of servicing provider ▪ Authorization required day 31 forward ○ Tier 2 and Tier 3 Non-Participating (Out of Network) Providers require authorization on day 1 of service.
Outpatient Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)	<ul style="list-style-type: none"> ● Physical Therapy <ul style="list-style-type: none"> ○ Tier 1 Providers <ul style="list-style-type: none"> ▪ No authorization for first 30 visits <ul style="list-style-type: none"> ● For first occurrence per calendar year regardless of servicing provider ▪ Authorization required for visit 31 forward ● Occupational Therapy <ul style="list-style-type: none"> ○ Tier 1 Providers <ul style="list-style-type: none"> ▪ No authorization for first 30 visits

	<ul style="list-style-type: none"> • For first occurrence per calendar year regardless of servicing provider <ul style="list-style-type: none"> ▪ Authorization required for visit 31 forward • Speech Therapy <ul style="list-style-type: none"> ○ Tier 1 Providers <ul style="list-style-type: none"> ▪ No authorization for first 30 visits <ul style="list-style-type: none"> • For first occurrence per calendar year regardless of servicing provider ▪ Authorization required for visit 31 forward • Tier 2 and Tier 3 Non-Participating (Out of Network) Providers require authorization on day 1 of service.
<p>The following surgeries when performed in an Inpatient, Outpatient, or office location.</p>	<ul style="list-style-type: none"> • Bariatric Surgery • Blepharoplasty - Brow Lift • Breast Procedures • Chemical Peels Dermabrasion • Electrolysis Epilation • Intersex Surgical Remediation • Penile Implants • Varicose Veins
<p>Skilled Nursing Facility (SNF)</p>	<ul style="list-style-type: none"> • All SNF stays <ul style="list-style-type: none"> ○ Tier 1 Providers – No authorization required • Tier 2 and Tier 3 Non-Participating (Out of Network) Providers require authorization on day 1 of service
<p>Some Specialty Rx/Infusions*</p>	<ul style="list-style-type: none"> • See list at the end of this document
<p>Transplants</p>	<ul style="list-style-type: none"> • Transplants <ul style="list-style-type: none"> ○ Includes Transplant Evaluations, Pre- & Post-Operative Services/Care

Specialty Rx/Infusions Requiring Prior Authorization

Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code
90378	J0400	J0741	J1429	J1628	J2357	J3060	J3591	J7321	J7642	J8565	J9057	J9218	J9305	J9357	Q5111
C9084	J0401	J0742	J1430	J1632	J2406	J3110	J7168	J7330	J7643	J8597	J9061	J9223	J9305	J9358	Q5115
C9094	J0490	J0775	J1438	J1640	J2440	J3111	J7169	J7332	J7647	J8650	J9118	J9225	J9306	J9359	Q5121
C9095	J0491	J0791	J1444	J1675	J2503	J3121	J7170	J7333	J7648	J8705	J9119	J9226	J9307	J9395	Q5122
C9097	J0517	J0800	J1445	J1743	J2505	J3145	J7175	J7336	J7649	J8999	J9144	J9227	J9311	J9399	S9562
C9098	J0565	J0896	J1448	J1744	J2506	J3241	J7177	J7352	J7650	J9010	J9145	J9228	J9312	J9400	
C9399	J0575	J0897	J1458	J1745	J2507	J3245	J7179	J7401	J7657	J9015	J9153	J9229	J9313	J9600	
J0129	J0584	J1000	J1459	J1746	J2562	J3262	J7196	J7525	J7658	J9017	J9155	J9245	J9314	J9999	
J0130	J0585	J1071	J1460	J1786	J2724	J3285	J7197	J7599	J7659	J9019	J9160	J9246	J9315	M0240	
J0135	J0586	J1096	J1551	J1823	J2760	J3299	J7198	J7604	J7660	J9020	J9165	J9247	J9316	M0241	
J0172	J0587	J1097	J1556	J1930	J2778	J3304	J7199	J7605	J7667	J9021	J9173	J9261	J9317	M0249	
J0180	J0588	J1201	J1557	J1931	J2779	J3315	J7200	J7606	J7668	J9022	J9176	J9262	J9318	M0250	
J0205	J0591	J1290	J1558	J1950	J2783	J3316	J7201	J7622	J7669	J9023	J9177	J9266	J9319	Q0220	
J0219	J0593	J1300	J1559	J1951	J2786	J3355	J7202	J7624	J7670	J9030	J9179	J9268	J9320	Q0221	
J0220	J0597	J1301	J1560	J1952	J2793	J3357	J7203	J7627	J7677	J9033	J9198	J9269	J9325	Q0222	
J0221	J0598	J1303	J1561	J2062	J2798	J3380	J7204	J7628	J7680	J9034	J9199	J9271	J9330	Q0240	
J0222	J0599	J1305	J1566	J2170	J2840	J3385	J7207	J7629	J7681	J9035	J9202	J9272	J9331	Q0243	
J0223	J0638	J1306	J1568	J2182	J2910	J3396	J7208	J7632	J7682	J9036	J9204	J9273	J9332	Q0244	
J0224	J0691	J1322	J1569	J2323	J2940	J3397	J7209	J7635	J7683	J9041	J9212	J9281	J9348	Q0249	
J0248	J0699	J1324	J1572	J2326	J2941	J3398	J7212	J7636	J7684	J9042	J9213	J9299	J9352	Q2041	
J0256	J0717	J1325	J1595	J2350	J2950	J3399	J7310	J7637	J7685	J9044	J9214	J9300	J9353	Q2042	
J0257	J0725	J1380	J1599	J2353	J2998	J3489	J7311	J7638	J7686	J9047	J9215	J9302	J9354	Q2054	
J0270	J0739	J1410	J1602	J2354	J3031	J3490	J7314	J7640	J8498	J9050	J9216	J9303	J9355	Q2055	
J0275	J0740	J1426	J1620	J2356	J3032	J3590	J7316	J7641	J8499	J9055	J9217	J9304	J9356	Q5103	