DHMP PROVIDER NEWSLETTER

DENVER HEALTH MEDICAL PLAN INC.™

January 4, 2023

Updates from Utilization Management (UM)

NOTIFICATION OF NEW PROVIDER TIP SHEET – BREAST PUMPS

The Denver Health Medical Plan Utilization Management (UM) Department has recently added a new Provider Tip sheet for Breast Pumps, which can be found on the website here: **DenverHealthMedicalPlan.org/Provider-Forms-And-Materials**

NOTIFICATION OF EDITS TO PRIOR AUTHORIZATION REQUIREMENTS

1. **Clarified Acute Rehabilitation Prior Authorization Requirements**

   Prior authorization document updated to state prior authorization required for Acute "Physical" Rehabilitation.

2. **Added Verbiage for Electrolysis**

   Electrolysis Epilation:

   - Electrolysis/laser hair removal at surgical and non-surgical sites may be covered with prior authorization with confirmed diagnosis of gender dysphoria
   - Providers are responsible for or verifying eligibility and benefits before providing services to all DHMP members.

3. **Added DHMP Secondary Information**

   - Secondary Payer and Authorizations:

     Denver Health Medical Plan (DHMP) does not typically require authorization when the secondary payer. However, if the requested service was denied by the primary insurance as not a covered benefit or benefits have been exhausted, an authorization may be requested.

     Please submit clinical information with the primary insurances denial letter or limitation/exhaustion letter with the authorization request to the Utilization Management (UM) Department.

     As a courtesy, UM will accept prior authorization requests for certain items for DHMP Medicare Choice members for services that are never covered by Medicare without a denial from primary insurance. For example, excluded items that would not be covered by Medicare under any circumstances such as oral nutrition, personal hygiene items or group 4 wheelchairs.

     Note: 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, and evidence of medical necessity during the authorization review and provider status with DHMP at the time services are rendered.

   - Secondary Payer and Claims:

     Submit claims to the secondary insurance once you have billed the primary insurance and received payment or Explanation of Remittance (EOR). DHMP will need the bill total, how much the primary insurance paid and why primary didn't pay the remainder of the balance.

     Please include the adjustments and categories for the remaining balance for a seamless secondary claim process.

     Secondary coverage may only cover part or all the remaining costs or not pay any of the remaining costs. There are steps in place to ensure that both plan/coverages do not pay more than 100% of the bill based on contractual and benefit plan arrangements.