DHMP PROVIDER NEWSLETTER

DENVER HEALTH MEDICAL PLAN INC.™

September 17, 2026

Utilization Management: How providers can can obtain UM Criteria

Denver Health Medical Plan, Inc. (DHMP) evaluates requests for health care services using nationally recognized, evidence-based clinical criteria, while also considering the individual clinical needs and circumstances of each member. Requests that do not meet the criteria are reviewed by Board Certified Physicians. The Physician Reviewer consults with other appropriate specialists if needed.

The criteria used to make a decision are available, upon request, at no cost to the member, practitioner or provider. To get a copy of specific criteria, call DHMP Health Plan Services at **303-602-2140**. Please provide the authorization number, when available, to expedite the criteria request. Criteria are considered proprietary information and are copyright protected.

Providers can directly access copies of our 4 Internal Clinical Coverage Criteria on our main Denver Health Medical Plan website at

https://www.denverhealthmedicalplan.org/for-providers/prior-authorizations > Provider Resources >Clinical coverage Determination Criteria

Criteria include:

- **Dental related General Anesthesia and Facility Charges**
- **Hair Prosthesis**
- **Oral/Enteral Feedings**
- **Positive Airway Pressure Device or Ventilator**

DHMP also utilizes the CMS National coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) for our Medicare Members when prior authorization is required.

If a specific MCG Health Care Guideline is used, providers can register and access the guideline on the link above under “Clinical Care Guidelines”.