



Driscoll Health Plan

News and Updates



Date:

Jan-4
2024

Contact Information

For questions or additional assistance, contact:

Provider Relations
956-632-8308

To enter authorization requests and upload clinical via the Provider Portal, visit driscollhealthplan.com/providers

To verify authorization requirements via the Authorization Requirement Portal, visit driscollhealthplan.com/priorauthcheck

To submit authorization requests or clinical to the UM Dept. via fax, send to 1-866-741-5650

Attention: Authorization Requirement Updates Related to Omnipod Devices

Effective 1/1/2024, DHP will not require prior authorization for the following procedure codes for STAR and STAR Kids members less than 21 years of age: Equipment and Supply Services

- A9274, external ambulatory insulin delivery system, disposable, up to the benefit limit of 15 per month

Prior authorization will be required for procedure code A9274 for members 21 years of age and older, CHIP members, out-of-network providers, and when quantities requested exceed the benefit limit of 15 per month.

DHP will continue to require prior authorization for procedure code E0784, external ambulatory infusion pump, insulin.

* To access the DHP provider portal , visit driscollhealthplan.com