



# Driscoll Health Plan

## News and Updates



### Date:

**Jan-16**  
**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](https://driscollhealthplan.com/providers)

To verify authorization requirements via the Authorization Requirement Portal, visit [driscollhealthplan.com/priorauthcheck](https://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

Effective 02/01/2024

DHP will not require prior authorization for the following procedure codes within the benefit limits:

#### Pharmacy Services:

- 90623 - Meningococcal vaccine
- C9163 - Talquetamab-tgvs, (Talvey), treatment of relapsed or refractory multiple myeloma.
- C9165 - Elranatamab-bcmm, treatment of multiple myeloma.
- J0184 - Amisulpride, prevent and treat post-operative nausea and vomiting.
- J1105 - Dexmedetomidine, treatment of withdrawal from benzodiazepines, opioids, alcohol, and recreational drugs.
- J9286 - Glofitamab-gxbm, treatment of B-cell non-Hodgkin lymphoma (NHL).
- J9321 - Epcoritamab-bysp, (Epkinly), treatment of diffuse large B-cell lymphoma.
- Q5118 - Bevacizumab-bvzr, (Zirabev), used in combination with chemotherapy medications to treat certain types of cancer.
- Q5129 - Bevacizumab-adcd (vegzelma), used in combination with chemotherapy medications to treat certain types of cancer.

#### Other Services: Injections and Injection Administration

- G0011 - Individual counseling for pre-exposure prophylaxis by physician or qualified health care professional.
- G0012 - Injection of pre-exposure prophylaxis drug for HIV prevention.
- G0013 - Individual counseling for pre-exposure prophylaxis by clinical staff.

#### Radiology Services

- 75580 - Coronary computed tomography angiography.

#### Laboratory Services:

- 87523 - Infectious Agent Antigen Detection, Hepatitis D.
- 82166 - chemistry test for Anti-Mullerian Hormone (AMH)

Effective 02/01/2024, DHP will require prior authorization for the following procedure codes:

#### Pharmacy services:

- C9164 - Cantharidin, treatment for molluscum contagiosum.
- J0217 - Velmanase alfa-tycv, treatment for non-central nervous system (CNS) symptoms of alpha-mannosidosis.
- J0402 - Aripiprazole (abilify asimtufii), treatment for schizophrenia and as maintenance monotherapy treatment of bipolar I disorder.
- J2508 - Pegunigalsidase alfa-iwxj, (Elfabrio), enzyme replacement therapy (ERT) for Fabry disease.
- J2799 - Risperidone (uzedy), treatment of schizophrenia.
- J9333 and J9334 - Rozanolixizumab-noli, b (Rystiggo), treatment for myasthenia gravis .

#### ENT Services:

- 92622 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes.
- 92623 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes.

#### Neurology Services:

- 27278 - Sacro-Iliac Joint Fusion.

#### DME Services:

- 95250 - Ambulatory Continuous Glucose Monitor of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours.
- 95251 - Analysis and interpretation of CGM data by physician or midlevel provider.

\* To access the DHP provider portal , visit [driscollhealthplan.com](https://driscollhealthplan.com)