



Date:



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 <u>driscollhealthplan.com/providers</u>

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

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

DME requests upon discharge from a facility

Attention DME Providers:

DME and supplies delivered to the hospital in preparation for discharge or delivered to the member's home after discharge, may require authorization. PIs visit our website to determine which items require prior authorization: https://driscollhealthplan.com/priorauthcheck It is the responsibility of the DME provider to request authorization.

The following information is needed in order for DHP to process the request timely:

Member Name Member Medicaid ID Member DOB Diagnosis Physician Order (with electronic or physical signature) Requesting/ordering physician name Requesting/Ordering physician National Provider Identifier (NPI) DME provider name DME provider NPI HCPCS codes for DME items Service start and end dates Quantity requested Supporting clinical information if available

DHP does not require a Title XIX for discharge planning requests if accompanied by a signed physician order that contains all the needed information above.

Prior authorization requests for DME services should be submitted to DHP within 3 days of the Start of Care date. DHP will honor the Start of Care date, for STAR and STAR Kids members, when the prior authorization request is submitted in a timely manner with complete clinical information to support medical necessity.