



Date:

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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: Exceeds Benefits

A referral reason titled "Exceeds Benefits" has been activated for the provider's offices if they know that an authorization request will exceed the benefits as defined in the TMPPM. Selecting this referral reason will pend the authorization for a review of medical necessity. It is a state requirement that authorization requests beyond the benefit limit be reviewed for medical necessity and, if approved as a benefit exception, noted as such in the authorization and the claim.

The screenshot shows the 'New Authorization' form in the Provider Portal. The 'General Information' tab is active. The 'Reason' field is highlighted with a red box. The form includes fields for Priority (Routine [1]), Type (Office visit [D24]), Number of visits (1), Start date, and Expiration date.

Figure 1 - Reason field for a New Authorization in the Provider Portal

The screenshot shows the 'Please make a selection' dialog box with a search bar and a table of referral reason options. The 'Exceeds Benefit' option is highlighted with a red box.

Title	Number
Cardiac	13
Child Protective Services	9
Continuity of Care	6
Continuity of Care- General	D01
Continuity of Care- Pregnancy	D02
Customer Relations	7
Cystic Fibrosis	20
Diabetes	15
Endocrine	16
Enteral/Parenteral Feeding	21
Exceeds Benefit	D06
Failure to Thrive	12

Figure 2 - Referral Reason options - Exceeds Benefit

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