

# **Fax Blast**



### Date:



## Contact Information

For questions or additional assistance, please contact:

Provider Relations 956-632-8308

To enter authorization requests and upload clinical via the Provider Portal, visit <u>https://driscollhealthplan.</u> <u>com/providers</u> To verify authorization requirements via the Authorization Requirement Portal, visit <u>https://driscollhealthplan.</u> <u>com/priorauthcheck</u>

#### **Attention:**

#### **Authorization Requirement Updates**

Effective 4/1/2023, DHP will require prior authorization for the following procedure codes:

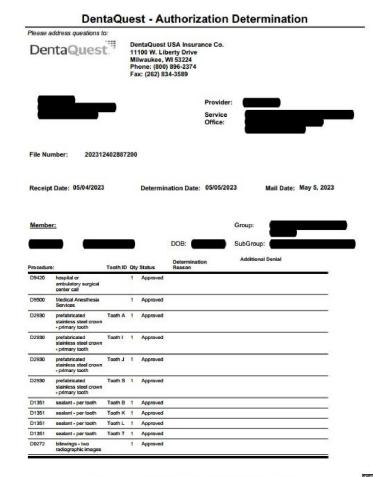
**Dental Services:** 

 00170 and 41899, general anesthesia/deep sedation in conjunction with dental treatment services for members 6 years of age and younger

Per UMCM 16.1.25.2, prior authorization of general anesthesia/deep sedation provided in conjunction with therapeutic dental services is required for children under the age of seven.

**If Dentaquest is the DMO, DHP requires the Provider Determination Letter (PDL) be provided to DHP** along with the request for anesthesia. Example attached. This is available via Dentaquest's portal.

Requests lacking the PDL will be rejected as incomplete as lacking information.



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