



## Date:

**Mar-13** 

2025

## **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 for Certified Family Partner Services (CFP)

Effective 04/01/2025, DHP <u>will not</u> require prior authorization for Certified Family Partner (CFP) Services, procedure code S9482, within the benefit limit when the following criteria is met:

- Member is 20 years of age or younger;
- Request is ≤ 104 units in a rolling 6 months; and
- CFP modifiers MUST be provided with the authorization request and claim submission.

Prior authorization will always be required regardless if DHP is secondary payer when member is 21 years of age or older or if the request is for > 104 units in a rolling 6 months.

CFP modifiers include:

- HE mental health program
- HF substance use program

Additional modifiers which may be applicable include:

- 95 delivered by synchronous audiovisual technology
- FQ delivered by synchronous audio-only technology
- HQ group-delivered services

\* To access the DHP provider portal , visit <u>driscollhealthplan.com</u>