



Driscoll Health Plan

News and Updates



Date:

Mar-12
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

Effective 04/01/2025, DHP **will** require prior authorization for the following procedure codes:

Pharmacy Services

- J9285, Olaratumab, monoclonal antibody for treatment of advanced soft tissue sarcoma (STS) (non-covered benefit)
- J0130, abciximab, blood thinner, used with aspirin and heparin (non-covered benefit)
- J7316, ocriplasmin, treat symptomatic vitreomacular adhesion (VMA) (non-covered benefit)
- J9015, aldesleukin, treat metastatic renal cell carcinoma and melanoma (non-covered benefit)

DME Services

- L1320, Pectus brace; Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated
- L5841, Endoskeletal knee system additions; endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control

Other Services – Skin Substitutes

- Q4184, Cellesta or Cellesta Duo, per square centimeter
- Q4188, Amnioarmor, per square centimeter
- Q4191, Restorigin, per square centimeter
- Q4221, Amniowrap2, per square centimeter
- Q4231, Corplex
- Q4238, Derm-maxx, per square centimeter
- Q4263, Surgraft TL, per square centimeter
- Q4267, Neostim DL
- Q4271, used to report the cost of a complete foot of skin substitute per square centimeter
- Q4281, dehydrated amniotic membrane allograft intended to serve as a protective wound cover or barrier to offer protection from the surrounding environment in wounds, including surgically created wounds
- Q4282, Cygnus Dual amniotic allograft
- Q4283, Biovance 3L
- Q4310, Procenta
- Q4106, Dermagraft, cryopreserved, human fibroblast-derived dermal substitute (non-covered benefit)
- Q4110, PriMatrix, dermal repair scaffold (non-covered benefit)

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