



Date:

Apr-01
2026

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 (page 1 of 3)

Effective 05/01/2026, DHP **will** require prior authorization for the following non-covered benefit procedure codes:

Neurosurgery Services

- 62330- Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance, for one lumbar interspace
- 62331- add on to code 62330 for each additional lumbar interspace treated for Decompression
- 64567- Percutaneous electrical nerve field stimulation, cranial nerves, without implantation.
- G0571- Add on code for intraoperative cryoablation of nerves to manage post-operative pain

Radiology Service

- 47384- percutaneous irreversible electroporation (IRE) ablation of one or more liver tumors, including imaging.

Pharmacy Service

- 90482- Immunization counseling, at least 3 minutes.
- 90483- Immunization counseling, 10 to 30 minutes.
- 90484- Immunization counseling.
- Q5160- bevacizumab-nwgd (Jobevne), biosimilar to Avastin, bevacizumab (J9035), treatment for various cancers, including metastatic colorectal cancer, non-squamous non-small cell lung cancer, and glioblastoma.

Non-opioid Medical Devices

- C9810- Water circulating motorized cold therapy device including all system components.
- C9811- Water circulating motorized cold therapy device including all system components.
- C9812- Echogenic nerve block needles (e.g. Sono plex, Sono block, Sono tap).
- C9813- Perforated continuous infusion catheter set (e.g. Infiltralong).
- C9814- Continuous anesthesia echogenic conduction catheter set (e.g. Sono long).
- C9815- Linear peristaltic pain management infusion pump (e.g. CADD Solis ambulatory infusion pump), and all disposable system components.
- C9816- Rotary peristaltic infusion pump (e.g., reusable Ambit pump) including all disposable system components.
- C9817- Electronic cryo-pneumatic compression, pain management system (e.g. game ready Grpro 2.1 system), including control unit, anatomically correct wrap(s), and other system component(s).

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



Date:

Apr-01

2026

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 (page 2 of 3)

Urology Service

- 52443- minimally invasive cystourethroscopy procedure for treating Benign Prostatic Hyperplasia (BPH) using the Optilume® BPH Catheter System.
- 55868- Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing.
- 55869- bilateral pelvic lymphadenectomy when performed during a radical retropubic laparoscopic prostatectomy.
- 55877- ablation of one or more prostate tumors using irreversible electroporation (IRE).

Behavioral Health Services

- G0568- Initial psychiatric collaborative care management.
- G0569- Subsequent psychiatric collaborative care management.
- G0570- Care management services for behavioral health conditions.

Audiology Services and Hearing Devices

- 92642- Hearing assistive device, supplemental technology fitting services

Surgery Services

- 43889- Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation.

Oncology Service

- 97007- initial, one-time setup for mechanical scalp cooling to prevent chemotherapy-induced hair loss.
- 97008- mechanical scalp cooling to reduce chemotherapy-induced alopecia.
- 97009- mechanical scalp cooling provided after the discontinuation of chemotherapy to reduce chemotherapy-induced alopecia.

Pulmonology Service

- C7567- Bronchoscopy, rigid or flexible, including fluoroscopic guidance when performed, with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i), with computer-assisted image-guided navigation.

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



Date:

Apr-01
2026

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 (page 3 of 3)

Wound Care- Skin Substitutes

- Q4398- Skin substitute, Summit ac, per square centimeter.
- Q4399- Skin Substitute, Summit ac, per square centimeter.
- Q4400- Skin Substitute, Polygon3 membrane, per square centimeter.
- Q4401- Skin Substitute, Polygon3 membrane, per square centimeter.
- Q4402- Skin Substitute, Polygon3 membrane, per square centimeter.
- Q4403- Skin Substitute, Xwrap dual plus, per square centimeter.
- Q4404- Skin Substitute, Xwrap hydro plus, per square centimeter.
- Q4405- Skin Substitute, Xwrap fenestra plus, per square centimeter.
- Q4406- Skin Substitute, Xwrap fenestra, per square centimeter.
- Q4407- Skin Substitute, Xwrap tribus, per square centimeter.
- Q4408- Skin Substitute, Xwrap hydro, per square centimeter.
- Q4409- Skin Substitute, Amniomatrixf3x, per square centimeter.
- Q4410- Skin Substitute, Amchomatrixdl, per square centimeter.
- Q4411- Skin Substitute, mniomatrixf4x, per square centimeter.
- Q4412- Skin Substitute, Choriofix, per square centimeter.
- Q4413- Skin Substitute, Cygnus solo, per square centimeter.
- Q4414- Skin Substitute, Simplichor, per square centimeter.
- Q4415- Skin Substitute, Alexiguard sl-t, per square centimeter.
- Q4416- Skin Substitute, Alexiguard tl-t, per square centimeter.
- Q4417- Skin Substitute, Alexiguard dl-t, per square centimeter.
- Q4420- Skin Substitute, Nuform, per square centimeter.
- Q4431- Skin Substitute, Pma skin substitute product, not otherwise specified.
- Q4432- Skin Substitute, 510(k) skin substitute product, not otherwise specified.
- Q4433- Skin Substitute, 361 hct/p skin substitute product, not otherwise specified.

Telehealth Service

- G0660-Team remote evaluation and management for new patient; 10mins.
- G0661- Team remote evaluation and management new patient; 20mins.
- G0662- team remote evaluation and management new patient; 30 mins.
- G0663- Team remote evaluation and management new patient; 45mins.
- G0664- Team remote evaluation and management new patient; 60mins.
- G0665- Team remote evaluation and management established patient; 10mins.
- G0666- Team remote evaluation and management established patient; 15mins.
- G0667- Team remote evaluation and management established patient; 25mins.
- G0668- Team remote evaluation and management established patient; 40mins.
- G9871- Behavioral counseling for prevention of diabetes, online, group; 60 mins.

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