



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

<https://driscollhealthplan.com/providers>

To verify authorization requirements via the Authorization Requirement Portal, visit

<https://driscollhealthplan.com/priorauthcheck>

To submit authorization requests or clinical to the UM Dept. via fax, send to 1-866-741-5650

**Attention Hospital Facilities and Ambulatory Surgery Centers:
Removal of Authorization Requirement for 66984 – Cataract Extraction, Simple**

This notice is to inform you that as of April 1, 2023, CPT 66984 **Cataract Extraction, Simple** will no longer require prior authorization for in-network providers or in-network facilities for Driscoll Health STAR/STAR Kids/CHIP members.

Please Note: CPT 66982 (Cataract Extraction, Complex) will still require authorization with supporting clinical documentation as outlined in Envolve Vision Clinical Policy OC.UM.CP.0012.

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