

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:

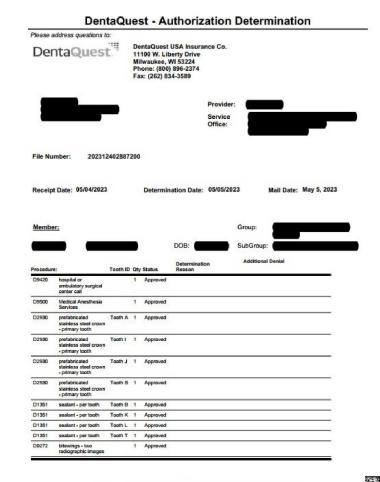
Dental Services:

• 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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