



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:

Authorization Requirement Update

Effective 07/01/2023, DHP will require prior authorization for the following procedure codes:

Pharmacy Services:

- J9381 Tzield (Teplizumab-mzwv), a CD3 direct antibody indicated to delay the onset of Stage 3 Type 1 diabetes (T1D) in members 8 years and above with Stage 2 T1D

Telephone Services:

- 99441-99443—E/M TELEPHONE EVALUATION (99441- 5-10 Min; 99442- 11-20 Min; 99443- 21-30 Min)

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