



Driscoll Health Plan

News and Updates



Date:

Aug-15
2023

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 09/01/2023, DHP will not require prior authorization for the following procedure codes within the benefit limits:

Pharmacy Services

- J0137, Acetaminophen
- J0206, Allopurinol
- J0457, Axtreonam
- J0655, Bupivacaine, in members 18 years and older
- J0736-J0737, Clindamycin phosphate
- J1805-J1806, Esmolo Hydrochloride, in members 18 years and older
- J1836, Metronidazole
- J1920-J1921, Labetalol, in members 1 year and older
- J2249, Remimazolam, in members 18 years and older
- J2305, Nitroglycerin, in members 18 years and older
- J2371-J2372, Phenylephrine Hydrochloride
- J2561, Phenobarbital sodium (sezaby)
- J2598-J2599, Vasopressin, in members 18 years and older
- J7213, Coagulation factor IX (Recombinant)—Ixinity, in members 12 years and older
- J9063, Mirvetuximab soravtansine-gynx
- J9347, Tremelimumab-actl
- J9380, Teclistamab-cqyv, in members 18 years and older

Effective 09/01/2023, DHP will require prior authorization for the following procedure codes:

Pharmacy Services

- J1812, insulin, Fiasp, in members 18 years and older
- J1814, insulin, Lyumjev, in members 18 years and older
- Q5131, Adalimumab-aacf (idacio)
- C9151, Pegcetacoplan, in members 18 years and older
- J1440, Fecal Microbiota, live-jslm, in members 18 years and older with diagnoses A04.71 or A04.72
- J1576, Immune Globulin (Panzyga) non-lyophilized, in members 2 years of age and older
- J1941, Furosemide, in members 18 years and older
- J1961, Lenacapavir, in members 18 years and older
- J2329, Ublituximab-xiyy, in members 18 years and older
- J2427, Paliperidone Palmitate, in members 18 years and older

Effective 09/01/2023, DHP will require prior authorization for the following non-covered benefit procedure codes:

- J0216, Alfentanil hydrochloride
- J0174, Leqembi
- J1811, insulin, Fiasp
- J1813, insulin, Lyumjev
- J2806, Sincalide (maia)
- J9029, Nadofaragene firadenovec-vncg
- J9058, Bendamustine hydrochloride (apotex)
- J9259, Paclitaxel protein-bound particles
- J9322, Pemetrexed
- C9150, Xenon xe-129 hyperpolarized gas
- C9784-C9785, Xenon xe-129 hyperpolarized gas
- C9786, Echocardiography image post processing
- C9787, Gastric electrophysiology mapping
- Q4272-Q4275, Esano, per square centimeter
- Q4276, Orion, per square centimeter
- Q4277, WoundPlus membrane or e-graft, per square centimeter
- Q4278, EpiEffect, per square centimeter
- Q4280, Xcell amnio matrix, per square centimeter
- Q4281, Barrera sl or barrera dl, per square centimeter
- Q4282, Cygnus dual, per square centimeter
- Q4283, Biovance tri-layer or biovance 3l, per square centimeter
- Q4284, Dermabind sl, per square centimeter

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