



Date:

Aug-22

2024

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 09/01/2024, DHP will require prior authorization for the following procedure codes:

Genetic Laboratory Services:

- 81279, analyze specific gene sequences of the JAK2 (Janus kinase 2) gene
- 81305, detect the presence of specific changes in the myeloid differentiation primary response
 88 gene
- 81307, analyze the entire gene sequence for the partner and localizer of BRCA2 (PALB2) gene
- 81320, detect the presence of common changes in the phospholipase C gamma 2 gene (PLCG2)
- 81345, analyze targeted genes, such as promotor region for the telomerase reverse transcriptase gene
- 81425, identify and confirm the genetic etiology of a disorder in patients, once per lifetime
- 81426, comparator genomes used from a relative, such as parents or siblings, twice per lifetime
- 81427, re-evaluation of the genome for additional diagnostic yield, once per lifetime
- 81443, genetic testing that identifies whether a person carries a genetic mutation that could increase the risk of their children inheriting a genetic disorder

Laboratory Services:

- · 87505, infectious agent antigen detection to identify gastrointestinal pathogens
- 87506, detecting infectious agent antigens in gastrointestinal infections
- 87631, infectious agent antigen detection to detect 3 to 5 types or subtypes of respiratory pathogens
- 87632, infectious agent antigen detection to identify a respiratory virus
- 0115U, Respiratory Pathogen Panel, automated molecular multiplexed nucleic acid diagnostic test
- 0202U, Respiratory Panel, automated PCR test for most common bacterial and viral respiratory pathogens
- 0223U, automated PCR test for most common bacterial and viral respiratory pathogens, including SARS-CoV-2
- 0225U, multiplex RT-PCR test for common bacterial and viral respiratory pathogens, including SARS-CoV-2

Pharmacy Services:

- G0138, Intravenous infusion of cipaglucosidase alfa-atga (Pombiliti)
- J9230, mechlorethamine hydrochloride, nitrogen mustard

Effective 09/01/2024, DHP will not require prior authorization for the following procedure codes:

Neurotransmitters:

- 64553, percutaneous implantation of neurostimulator electrode array; cranial nerve
- 64555, percutaneous implantation of neurostimulator electrode array; peripheral
- 64590, insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver
- 64596, insertion or replacement of percutaneous electrode array, peripheral nerve, initial electrode array
- 64597, insertion/replacement of percutaneous electrode array, peripheral nerve, additional electrode array
- 64598, revision/removal of neurostimulator electrode array, peripheral nerve,

Preventative Medicine Services:

- 99386, preventive medicine evaluation and management (E/M)
- 99387, preventive medicine evaluation and management (E/M)
- 99396, preventive medicine evaluation and management (E/M)
- 99397, preventive medicine evaluation and management (E/M)

Dental Anesthesia Services:

G0330, facility services for dental rehabilitation procedures when monitored anesthesia or use
of an operating room is required, STAR and STAR Kids members greater than 6 years of age
with diagnosis: K02.3, K02.51, K02.53, K02.61, K02.63, K02.7, K02.9-K03.9, or K04.0

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