



Date:

Oct-1

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: Prior Authorization Requirements for Therapy Re-evaluations Have Changed.

Driscoll Health Plan heard your concerns, and we are taking action.

In an effort to decrease administrative burden effective 11/01/2024: DHP <u>will not</u> require prior authorization for the following re-evaluation codes for up to 2 re-evaluations per year.

All In-Network Providers (ST/OT/PT)

ST: S9152 OT: 97168 PT: 97164

If there are more than 2 re-evaluations per year, prior authorization <u>will</u> always be required. Please submit your request via fax noting on the cover page the "request is for greater than 2 per year". Therapy providers may submit the authorization requests related to therapy re-evaluations directly to Driscoll Health Plan when accompanied by the appropriate forms - a signed TARF or a Therapy Attestation with a signed physician order.

Therapy treatments would still require prior authorization.

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