



Date:

Oct-09

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 11/01/2024, DHP will not require prior authorization for the following procedure codes within the benefit limit:

Pharmacy Services

• 90683, respiratory syncytial virus (RSV) vaccine, for members 60 years and older

Allergy Services

 95165, used to report the preparation of non-venom antigen vials for allergy immunotherapy

Effective 11/01/2024, DHP <u>will</u> require prior authorization for the following non-covered procedure codes:

Allergy Services

- 95120, single injection of an allergenic extract during an allergen immunotherapy session
- 95130-95134, allergen immunotherapy services

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