



Date:

Oct-23

2025

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 12/01/2025, DHP <u>will</u> require prior authorization for the following procedure codes:

Durable Medical Equipment

- C9807- Nerve stimulator, including electrode and all disposable system components, non-opioid medical device.
- C9808- Nerve cryoablation probe, including probe and all disposable system components, non-opioid medical device.
- L1007- Scoliosis orthosis, includes all accessory pads, straps, and interface, custom fabricated, in members birth through 20 years of age.
- L6034- Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, including flexible or non-flexible interface, not including inserts in members birth through 20 years of age.
- E0658- Segmental pneumatic appliance for use with pneumatic compressor, 2 full arms and chest, in members 18 years of age and older with diagnosis: 189.0, 189.8, 197.2, and Q82.0.
- E0659- Segmental pneumatic appliance for use with pneumatic compressor, head, neck and chest, in members 18 years of age and older.

Pharmacy Services

- C9305- Nipocalimab-aahu (Imaavy)- treats myasthenia gravis in members 12 years of age and older with diagnosis G70.00 and G70.01.
- J0570- Buprenorphine- six-month implant for treatment of opioid dependence in members 16 years of age and older.
- J1809- Fosdenopterin (Nulibry)- treats hypophosphatasia-molybdenum cofactor deficiency.
- J2428-Paliperidone Palmitate extended release (Erzofri)- atypical antipsychotic used for the treatment of schizophrenia and schizoaffective disorder in members 18 years of age and older.
- J3402- remestemcel-I-rknd Inj (Ryoncil)- steroid refractory acute graft vs host disease for members 2 months of age and older with diagnosis: D89.810.
- J3403- Revakinagene Taroretcel-lwey (Encelto) implant- gene therapy for macular telangiectasia type 2 in members 18 years of age and older.
- Q5151- Eculizumab-aagh (Epysqli)- treats autoimmune conditions, paroxysmal nocturnal hemoglobinuria, and atypical hemolytic uremic syndrome in members with diagnosis: D59.32, D59.39, D59.5, G70.00, and/or G70.01.
- Q5152- Eculizumab-aeeb (Bkemv)- treats autoimmune conditions, paroxysmal nocturnal hemoglobinuria, and atypical hemolytic uremic syndrome in members with diagnosis: D59.32, D59.39, D59.5, G70.00, and/or G70.01.

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