



Date:

Oct-23

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 Related to COVID-19 Vaccines

Effective 12/01/2024, DHP <u>will</u> require prior authorization for the following Non-covered Benefit procedure codes:

COVID-19 Vaccines 91304, Novavax VOVID-19 vaccine 91318, Pfizer SARS-COV-2 vaccine 91319, Pfizer SARS-COV-2 vaccine 91321, Moderna COVID-19 vaccine

Procedure codes 91320 and 91322, monovalent vaccine products for immunization against COVID-19 (Pfizer, Moderna), are both FDA approved and a covered benefit. No authorization is required when administered to ageappropriate members for procedure codes 91320 and 91322.

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