



Driscoll Health Plan

News and Updates



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, page 1 of 2

Effective 12/01/2024, DHP **will not** require prior authorization for the following procedure codes within the benefit limit:

Pharmacy Services

- J0138, Combogesic IV injection of Tylenol and ibuprofen for pain
- J1171, hydromorphone, treatment of pain
- J2252, midazolam, to relieve anxiety
- J2601, vasopressin, to help regulate blood pressure, blood volume, and the amount of urine produced in members 18 years of age or older
- J8522, Xeloda, capecitabine, treatment of cancer including breast and colorectal cancer
- J8541, dexamethasone (hemady), corticosteroid used with anti-myeloma products for treatment of multiple myeloma in members 18 years of age or older

Effective 12/01/2024, DHP **will** require prior authorization for the following procedure codes:

Pharmacy Services

- C9169, Anktiva, nogapendekin alfa inbakicept-pmln, treatment of unresponsive non-muscle invasive bladder cancer with carcinoma in situ with or without papillary tumors
- C9170, Imdelltra, tarlatamab-dle, treatment of extensive stage small cell lung cancer with disease progression on or after platinum-based chemotherapy
- Q5135, tyenne, treatment of rheumatoid arthritis and juvenile idiopathic arthritis

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

Pharmacy Services

- J9329, Tevimbra, chemotherapy drug used to treat inoperable or metastatic esophageal squamous cell carcinoma
- 90684, pneumococcal conjugate vaccine

DME Services

- E0683, non-pneumatic, non-sequential, peristaltic wave compression pump to increase venous and lymph flow in the lower extremities
- E0715, intravaginal device intended to strengthen pelvic floor muscles during kegel exercises
- E0716, supplies and accessories for intravaginal device intended to strengthen pelvic floor
- E0721, transcutaneous electrical nerve stimulator (TENS) to stimulate nerves in the ear
- L1653, prefab., adult sized, hip orthosis with bilateral thigh cuffs and an adjustable abductor spreader bar
- L1821, prefab., off the shelf knee orthosis which is elastic and has condylar pads and joints, with or without patellar control to provide support and stability of the knee joint
- P9027, unit of red blood cells that have had their leukocytes and oxygen/carbon dioxide reduced

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Attention: Authorization Requirement Updates, page 2 of 2

Home Infusion Therapies

- S5498, home infusion therapy, catheter care, and maintenance for a single lumen catheter
- S5501, home infusion therapy, catheter care, and maintenance, complex, more than one lumen
- S5502, home infusion therapy, catheter care, and maintenance, implanted access device
- S5517, home infusion therapy, all supplies necessary for restoration of catheter patency or declotting
- S5518, home infusion therapy, all supplies necessary for catheter repair
- S5520, home infusion therapy, all supplies necessary for peripherally inserted central venous catheter (PICC) line insertion
- S5521, home infusion therapy, all supplies necessary for a midline catheter insertion
- S5522, home infusion therapy, insertion of peripherally inserted central venous catheter (PICC)
- S5523, home infusion therapy, insertion of midline venous catheter
- S9326, home infusion therapy, continuous pain management infusion
- S9327, home infusion therapy, intermittent pain management infusion
- S9336, home infusion therapy, continuous anticoagulant infusion therapy
- S9338, home infusion therapy, immunotherapy
- S9345, home infusion therapy, anti-hemophilic agent infusion
- S9348, home infusion therapy, sympathomimetic/inotropic agent infusion
- S9351, home infusion therapy, continuous or intermittent anti-emetic infusion
- S9357, home infusion therapy, enzyme replacement IV therapy
- S9361, home infusion therapy, diuretic IV therapy
- S9365-S9368, home infusion therapy, total parenteral nutrition (TPN)
- S9370, home therapy, intermittent anti-emetic injection
- S9372, home therapy, intermittent anticoagulant injection
- S9374-S9377, home infusion therapy, hydration therapy
- S9379, home infusion therapy, hydration therapy
- S9470, nutritional counseling
- S9490, home infusion therapy, corticosteroid infusion
- S9500-S9504, home infusion therapy, antibiotic, antiviral, or antifungal therapy
- S9537, home therapy, hematopoietic hormone injection
- S9542, home injectable therapy, not otherwise specified
- S9560, home injectable therapy, hormonal therapy
- S9558, home injectable therapy, growth hormone
- S9562, home injectable therapy, palivizumab or other monoclonal antibody for RSV
- S9810, home therapy, professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified

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