



Driscoll Health Plan

News and Updates



Date:

Oct-31
2023

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 12/1/2023, DHP will require prior authorization for the following procedure codes: Equipment and Supplies Services:

- E0118, Crutch substitute, lower leg platform, with or without wheels (not a covered benefit)

Pharmacy codes:

- J0174, Lecanemab-irmb, Leqembi, treatment of Alzheimer's disease
- J1411, Hemgenix, treatment of adult members with Hemophilia B (congenital factor IX deficiency)
- Q5111, pegfilgrastim-cbgv, Udenyca, colony stimulating factor
- Q5108, pegfilgrastim-jmdb, Fulphila, colony stimulating factor
- Q5127, pegfilgrastim-fpgk, Stimufend, colony stimulating factor
- J1442, filgrastim, Neupogen, colony stimulating factor
- Q5101, filgrastim-sndz, Zarxio, colony stimulating factor
- Q5110, filgrastim-aafi, Nivestym, colony stimulating factor
- Q5125, filgrastim-ayow, Releuko, colony stimulating factor
- J2820, sargramostim, Leukine, colony stimulating factor
- J3590, Zynteglo, treatment of beta-thalassemia
- J3590, Skysona, treatment of male members with early active cerebral adrenoleukodystrophy
- J3590, Elevidys, treatment of Duchenne Muscular Dystrophy (not a covered benefit)
- J3590, Roctavian, treatment of Hemophilia A (not a covered benefit)

Dental Service Codes:

- CHIP line of business – prior authorization is always required
 - o 00170, anesthesia for procedure on head
 - o 41899, surgical procedures on the Dentoalveolar Structures
- STAR/STAR Kids line of business – prior authorization is required for members 6 years of age and younger, for members greater than 6 years of age prior authorization is required when diagnosis code is not one of the following: K02.3, K02.51, K02.53, K02.61, K02.63, K02.7, K02.9-K03.9, K04.0
 - o 00170, anesthesia for procedure on head
 - o 41899, surgical procedures on the Dentoalveolar Structures

Effective 12/1/2023, DHP will not require prior authorization for the following procedure codes: ENT Services.

- 30130, submucous resection of the inferior turbinate where bone is resected and removed
- 21086, impression and custom preparation; Auricle Prosthesis

Telemedicine and Telehealth—to include when done at FQHC .

- Q3014, Facility fee for telehealth services performed at Medicaid enrolled FQHC

Other Services.

- 12031 & 12032, intermediate repair of wounds to the scalp, axillae, trunk, and/or extremities

Pharmacy Services

- C9145, aprepitant, Aponvie, antiemetic for prevention of postoperative nausea and vomiting (PONV) in adult members
- 90476, Administration of a single vaccine dose adenovirus type 4; for age appropriate members 19-50 years of age
- 90477, Administration of a single vaccine dose adenovirus type 7; for age appropriate members 19-50 years of age
- 90581, Administration of anthrax vaccine; for age appropriate members 19-65 years of age
- 90625, Administration of Cholera vaccine; for age appropriate members 19-64 years of age
- 90626, Administration of Tick-borne encephalitis virus vaccine; for age appropriate members 19 years and older
- 90627, Administration of Tick-borne encephalitis virus vaccine; for age appropriate members 19 years and older
- 90690, Administration of Typhoid vaccine; for age appropriate members 19 years and older
- 90691, Administration of Typhoid Vi capsular polysaccharide (VICPs); for age appropriate members 19 years and older
- 90717, Administration of Yellow fever vaccine; for age appropriate members 19 years and older
- 90738, Administration of Japanese encephalitis virus vaccine; for age appropriate members 19 years and older
- 90675, Administration of rabies vaccine
- 90678, Administration of the respiratory syncytial virus vaccine, bivalent; for age appropriate members 60 years and older
- 90679, Administration of the respiratory syncytial virus vaccine, recombinant, adjuvanted; for age appropriate members 60 years and older

Behavioral Health Services:

- T1017, Targeted case management when not an ECI provider

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