



Date:



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 <u>driscollhealthplan.com/providers</u>

To verify authorization requirements via the Authorization Requirement Portal, visit <u>driscollhealthplan.com/</u> <u>priorauthcheck</u>

To submit authorization requests or clinical to the UM Dept. via fax, send to 1-866-741-5650

* To access the DHP provider portal , visit <u>driscollhealthplan.com</u>

Attention: Authorization Requirement Updates for Behavioral Health Services - Second Notification Part 2

Effective 11/01/2024, DHP $\underline{\textbf{will}}$ require prior authorization for the following procedure codes:

CHIP, STAR, and STAR Kids Line of Businesses

Substance Use Disorder (SUD) Residential Treatment Center (RTC) provided by a licensed CDTF: prior authorization will always be required for in network and out of network providers

H2036, alcohol and drug treatment program

STAR and STAR Kids Line of Businesses

In Lieu of Services

Partial Hospitalization Program (PHP): members 21 years and older - prior authorization will always be required for in network and out of network providers

- H0035, Mental health partial hospitalization, treatment, less than 24 hours
- S0201, Partial hospitalization services, less than 24 hours

Intensive Outpatient Program (IOP): members 21 years and older - prior

- authorization will always be required for in network and out of network providers
 - H0015, Alcohol and/or drug services; intensive outpatient
 - S9480, Intensive outpatient psychiatric services

Inpatient Services for acute psychiatric conditions in a freestanding psychiatric hospital for up to 15 calendar days each month for members 21-64 years of age - prior authorization will always be required for in network and out of network providers.