



## 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.