



## Date:

Dec-12

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**

Effective 02/01/2025, DHP <u>will</u> require prior authorization for the following procedure codes:

**DME Services** 

• E0218, fluid circulating cold pad with pump, any type

**Infusion Services** 

C9507, fresh frozen plasma, high titer COVID-19 convalescent

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