



Driscoll Health Plan

News and Updates



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 (Page 1 of 2)

Effective 01/01/2025, DHP **will not** require prior authorization for the following procedure codes within the benefit limit:

Pharmacy Services

- J0879, Difelikefalin (Korsuva), treatment for moderate to severe itching in members 18 years and older with chronic kidney disease who are undergoing hemodialysis, restricted to diagnosis codes: L29.89, N17.0-N17.2, N17.8, N17.9, N18.1, N18.2, N18.30-N18.32, N18.4-N18.6, N18.9, N99.0, T79.5XXA, T79.5XXD, T79.5XXS
- J0889, Daprodustat (Duvroq), treatment for anemia in members 18 years and older with chronic kidney disease (CKD) who have been on dialysis for at least four months, restricted to diagnosis codes: D63.1, N17.0-N17.2, N17.8, N17.9, N18.1, N18.2, N18.30-N18.32, N18.4-N18.6, N18.9, N99.0, T79.5XXA, T79.5XXD, T79.5XXS
- Q5105, Epoetin Alfa-epbx (Ratacrit), treatment for anemia in members with chronic kidney disease (CKD) who may or may not be on dialysis, restricted to diagnosis codes: D63.1, N17.0-N17.2, N17.8, N17.9, N18.1, N18.2, N18.30-N18.32, N18.4-N18.6, N18.9, N99.0, T79.5XXA, T79.5XXD, T79.5XXS

DME Services

- E0445, rental of a noninvasive pulse oximeter including all cords, batteries, alarms, sensors, probes, printers, and all supplies, members 20 years of age or younger with a diagnosis of Z99.81 for a quantity of one month
- A4651, Calibrated microcapillary tube
- A4652, Microcapillary tube sealant
- A4690, Dialyzer, all types, all sizes, for hemodialysis
- A4706, Bicarbonate concentrate, solution, for hemodialysis, per gallon
- A4707, Bicarbonate concentrate, powder, for hemodialysis, per packet
- A4708, Acetate concentrate solution, for hemodialysis, per gallon
- A4709, Acid concentrate, solution, for hemodialysis, per gallon
- A4714, Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon
- A4719, Y set tubing for peritoneal dialysis
- A4720, Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc
- A4721, Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc
- A4722, Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc
- A4723, Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc
- A4724, Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc
- A4725, Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc
- A4726, Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis
- A4730, Fistula cannulation set for hemodialysis
- A4736, Topical anesthetic, for dialysis, per gram
- A4737, Injectable anesthetic, for dialysis, per 10 ml
- A4740, Shunt accessory, for hemodialysis, any type
- A4750, Blood tubing, arterial or venous, for hemodialysis
- A4755, Blood tubing, arterial and venous combined, for hemodialysis
- A4760, Dialysate solution test kit, for peritoneal dialysis, any type
- A4765, Dialysate concentrate, powder, additive for peritoneal dialysis
- A4766, Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml
- A4774, Ammonia test strips, for dialysis, per 50
- A4802, Protamine sulfate, for hemodialysis, per 50 mg
- A4918, Venous pressure clamp, for hemodialysis

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



Driscoll Health Plan

News and Updates



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 (Page 2 of 2)

Effective 01/01/2025, DHP **will** require prior authorization for the following procedure codes:

Pharmacy Services

- J3392, Casgevy, treatment of members 12 years and older with Sickle cell disease with recurrent vaso-occlusive crises or transfusion-dependent β -thalassemia
- J3394, Lyfgenia, treatment of members 12 years of age or older with sickle cell disease and a history of vaso-occlusive events

DME Services

- L1833, knee orthosis with adjustable knee jointsts

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