



# Driscoll Health Plan

## News and Updates



### Date:

**May-6**

**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](https://driscollhealthplan.com/providers)

To verify authorization requirements via the Authorization Requirement Portal, visit [driscollhealthplan.com/priorauthcheck](https://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 6/1/2024, DHP will not require prior authorization for the following procedure codes:

#### Pharmacy Services:

- 90589, Chikungunya vaccine, for age-appropriate members 19 years and older.
- J0391, Artesunate: treatment of malaria.
- J0650, Levothyroxine sodium, treatment of myxedema coma.
- J0651, Levothyroxine sodium (manufacturer: Fresenius Kabi), treatment of myxedema coma.
- J0652, Levothyroxine sodium (manufacturer: Hikma Pharmaceuticals), treatment of myxedema coma.
- J1010, Methylprednisolone acetate, a corticosteroid to treat several different conditions.
- J1596, Glycopyrrolate, treatment of peptic ulcers.
- J1939, Bumetanide (Bumex), diuretic.
- J2277, Motixafortide, treatment of multiple myeloma, pancreatic cancer, and acute myeloid leukemia, for age-appropriate members 18 years and older.
- J2404, Nicardipine, calcium channel blocker to treat severe angina or hypertension.
- J2679, fluphenazine hcl, to treat schizophrenia and psychotic symptoms, for age-appropriate members 18 years and older.
- J2919, methylprednisolone sodium succinate (Solu-Medrol), glucocorticoid steroid to treat a variety of health issues.
- J3425, hydroxocobalamin, injectable vitamin B12 for the treatment of macrocytic anemia and Leber optic atrophy.
- J7165, prothrombin complex concentrate (Kcentra), treatment of bleeding with hemophilia B and other clotting disorders, for age-appropriate members 18 years and older.
- J9052, carmustine (accord), chemotherapy for brain tumors, non-Hodgkin's Lymphoma and Hodgkin's Lymphoma.
- J9073, cyclophosphamide (ingenus), chemotherapy to treat cancer mainly in children.
- J9075, cyclophosphamide, chemotherapy to treat cancer mainly in children.

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### Attention: Authorization Requirement Updates (cont'd)

Effective 6/1/2024, DHP will require prior authorization for the following procedure codes:

#### Pharmacy Services:

- C9166, secukinumab (Cosentyx), treatment of psoriasis, ankylosing spondylitis, and psoriatic arthritis, restricted to 2 years and older and diagnosis codes: L40.0-L40.5, L40.50-L40.54, L40.59, L40.8, L40.9, M08.80, M45.0-M45.9, M46.80-M46.89.
- C9168, mirikizumab-mrkz (Omvoh), treatment of ulcerative colitis, restricted to 18 years and older and diagnosis codes: K51.00, K51.011-K51.014, K51.018, K51.019, K51.20, K51.211-K51.214, K51.218, K51.219, K51.30, K51.311-K51.314, K51.318, K51.319, K51.80, K51.811-K51.814, K51.818, K51.819, K51.90, K51.911-K51.914, K51.918, K51.919.
- J0873, daptomycin (Xellia), lipopeptide antibiotic active against gram-positive bacteria.
- J1202, miglustat (Zavesca), treatment of Gaucher disease type 1, restricted to 18 years and older.
- J1304, tofersen (Qalsody): treatment of amyotrophic lateral sclerosis.
- G0138, Intravenous infusion of cipaglucosidase alfa-atga (Pombiliti, procedure code J1203), including provider/supplier acquisition and clinical supervision of oral administration of miglustat (Zavesca, procedure code J1202), in preparation of receipt of cipaglucosidase alfa-atga.

#### Durable Medical Equipment – Neurostimulators:

- E0736, Transcutaneous electrical nerve stimulation (TENS) unit, Transcutaneous tibial nerve stimulator which stimulates the nerve root fibers of L5-S3, restricted to 18 years and older.

#### Durable Medical Equipment:

- A4438, Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, restricted to 18 years and older
- A4564, Pessary, treatment of pelvic organ prolapse or stress incontinence.
- L1320, Pectus brace, Thoracic, pectus carinatum orthosis
- L5841, Endo skeletal knee system additions, endoskeleton knee-shin system, polycentric, pneumatic swing, restricted to birth through 20 years.

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