



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

Attention: Authorization Requirement Updates (page 1 of 2)

Effective 07/01/2025, DHP <u>will not</u> require prior authorization for the following procedure codes within the benefit limit:

Pharmacy Services

- J1650, enoxaparin sodium, prevention and treatment of blood clots.
- 90287, Botulinum antitoxin, equine, to treat symptoms of botulism in patients who are exposed to botulinum toxin.
- 90291, Cytomegalovirus immune globulin (CMV-IgIV), human, indicated for the prophylaxis of cytomegalovirus disease associated with transplantation of kidney, lung, liver, pancreas and heart; restricted to member's with diagnosis codes Z94.0-Z94.4 and Z94.83.
- 90748, administration of the Hepatitis B vaccine in the adult dosage for a three-dose series
- J1830, interferon beta-1b at a dose of 0.25 mg, to reduce flare-ups of multiple sclerosis (MS).
- J3535, used to report the cost of a drug that's administered through a metered dose inhaler.
- A9150, used to report non-prescription drugs, over-the-counter (OTC) medications, a miscellaneous supply code used when a medical practice has incurred costs for these medications.

Family Planning

- H1010, report non-medical family planning education services provided by a health care professional or paraprofessional, including clinic aides; restricted to member's with diagnosis codes Z30.011, Z30.018, Z30.02, Z30.09, Z30.2, Z30.40-Z30.42, Z30.430-Z30.433, Z30.49, Z30.8, Z30.9, Z98.51, Z98.52 excluding CHIP and CHIP Perinate.
- A4261, Cervical cap for contraceptive use; restricted to member's with diagnosis codes Z30.011, Z30.012, Z30.018, Z30.09, Z30.2, Z30.40-Z30.42, Z30.431, Z30.432, Z30.49, Z30.8, Z30.9, Z64.1 excluding CHIP and CHIP Perinate.
- A4266, diaphragm for contraceptive use; restricted to member's with diagnosis codes Z30.011, Z30.012, Z30.018, Z30.09, Z30.2, Z30.40-Z30.42, Z30.431, Z30.432, Z30.49, Z30.8, Z30.9, Z64.1 excluding CHIP and CHIP Perinate.
- 57170, fitting a diaphragm or cervical cap and providing instructions on its use; restricted to member's with diagnosis codes Z30.011, Z30.012, Z30.018, Z30.09, Z30.2, Z30.40-Z30.42, Z30.431, Z30.432, Z30.49, Z30.8, Z30.9, Z64.1 excluding CHIP and CHIP Perinate.

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





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

Attention: Authorization Requirement Updates (page 2 of 2)

Audiology Services

- 92594, auditory evoked potentials (AEP) testing for evoked response audiometry and/or testing of the central nervous system, including interpretation and reporting, also used for electroacoustic evaluation of a monaural (one ear) hearing aid.
- 92595, auditory evoked potentials testing for both ears (binaural), specifically for evoked response audiometry or testing of the central nervous system; members 20 years and younger.

E/M Services

 99429, unlisted preventative medicine services, prolonged office or other outpatient evaluation and management (E/M) service for each additional 15 minutes, requiring direct patient contact beyond the usual service time. 99429 should only be used when a more specific preventative medicine service code does not exist.

Equipment and Supplies

- A4457, enema tube, with or without adapter, any type, replacement only, each.
- S5036, home infusion therapy service, specifically the repair of an infusion device, such as a pump.

OB/MFM Services

• S4005, Interim labor facility global (labor occurring but not resulting in delivery); excluding CHIP Perinate.

Specialized Skills Training Services

• T1027, used to bill for services provided to educate and support families in fostering healthy child development.