



## Date:

Sept-19

2025

# **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 11/01/2025, DHP <u>will not</u> require prior authorization for the following procedure codes:

#### Cardiovascular Services:

- 92987, Percutaneous balloon valvuloplasty; mitral valve.
- 93457, cardiac catheterization and coronary angiography.
- 93459, cardiac catheterization and coronary angiography.
- 93461, cardiac catheterization with right and left heart. catheterization, coronary angiography, and bypass graft angiography.
- 93581, percutaneous transcatheter closure of a congenital ventricular septal defect (VSD) with implant.

#### Gastroenterology Services:

- 91110, Wireless capsule endoscopy of the gastrointestinal tract from the esophagus through the ileum.
- 91111, Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with interpretation and report.
- 91112, gastrointestinal transit and pressure measurement using a wireless capsule, extending from the stomach through the colon.

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