



### Date:

**Aug-16**

**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: Medical Necessity Guidelines

Driscoll Health Plan has 27 Medical Necessity Guidelines which contain clinical criteria utilized by our medical directors when determining medical necessity related to authorization requests received by providers. The 2024 approved versions can be found on the DHP Provider Portal, <https://driscollhealthplan.com/providers>, and the DHP Auth Requirement Portal, <https://driscollhealthplan.com/priorauthcheck7>

- Augmentative Communicative Devices
- Back Pain
- Backup Ventilator
- Beds and Support Surfaces
- Bell's Palsy
- Bilateral Tubal Ligation with Salpingectomy or Oophorectomy
- Bunionectomy
- Carpal Tunnel Syndrome
- Cranial Molding
- Cystic Fibrosis
- Flat Feet and Orthotics
- Gastrointestinal PCR Testing
- Genetic Testing for Suspected Disability
- Incontinence Supplies
- Lingual Frenulectomy
- Lumbago of Pregnancy
- Nutritional Supplements
- Osgood-Schlatter Disease
- PCS Medical Necessity Guideline
- PDN SNV PPECC Medical Necessity Guideline
- Patellofemoral Pain Syndrome
- Respiratory Virus PCR Testing
- Therapy Telehealth
- Umbilical Hernia Repair
- Using Large Genetic Testing Panels
- TMPPM Children Services Handbook Volume 2, Section 2.3, Medicaid Autism Services Policy
- Mobile X-Ray Guidelines
- Pediatric Sleep Study & Home Sleep Study

\* To access the DHP provider portal , visit [driscollhealthplan.com](https://driscollhealthplan.com)