



# Driscoll Health Plan

## News and Updates



### Date:

**Nov-22**  
**2023**

### 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 1/1/2024, DHP will require prior authorization for the following procedure codes:  
Pharmacy codes:

- C9152, Aripiprazole, (Abilify asimtufii), treatment of bipolar I symptoms, restricted to members 18 years and older.
- C9153, Amisulpride, prevention and treatment of nausea and vomiting after surgery, restricted to members 18 years and older.
- C9154, Buprenorphine, (brixadi), treatment of moderate to severe opioid use disorder (OUD)
- C9155, Epcoritama-bysp, treatment of adults with diffuse large B-cell lymphoma, restricted to members 18 years and older.
- C9157, Tofersen, Qalsody, treatment of amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease), restricted to members with diagnosis code G12.21 and 18 years and older.
- C9158, Risperidone, (uzedy), treatment of schizophrenia, restricted to members 18 years and older.
- J0801, Corticotropin (acthar gel), treatment of flares or maintenance for dermatomyositis or polymyositis (DM-PM) and systemic lupus erythematosus (lupus)
- J0802, Corticotropin (ani), (Acthar Gel and Purified Cortrophin Gel) treatment of Multiple Sclerosis, Rheumatic disorders, collagen diseases, dermatologic diseases, allergic states, ophthalmic diseases, respiratory diseases, and edematous state.
- J0174, Lacanemab-irmb, treatment of Alzheimer's disease.
- J1961, Lenacapavir, treatment of HIV infection
- J2781, Pegcetacoplan, treatment of the blood disease paroxysmal nocturnal hemoglobinuria (PNH), restricted to members 18 years and older.
- Q5127, Stimufend, treatment to decrease the incidence of infection, as manifested by febrile neutropenia, in non-myeloid malignancies when receiving myelosuppressive anti-cancer
- Q5130, Pegfilgrastim-pbbk (flynetra), treatment of infection, as manifested by febrile neutropenia, in non-myeloid malignancies when receiving myelosuppressive anti-cancer drugs
- J0877 and J0878, Daptomycin, treatment of various bacterial infections caused by Gram-positive bacteria, including methicillin-resistant Staphylococcus aureus (MRSA) and vancomycin-resistant Enterococci (VRE).

Effective 1/1/2024, DHP will not require prior authorization for the following procedure codes:  
Pharmacy codes

- J2359, Olanzapine, treatment of schizophrenia and bipolar disorders.
- J7214, Factor viii/Von Willebrand factor complex, recombinant (altuviio), high-sustained Factor VIII replacement therapy
- J7519, Mycophenolate mofetil, Mycophenolate treatment of lupus, rheumatoid arthritis (RA), vasculitis, inflammatory bowel diseases such as Crohn's disease, inflammatory eye disease, and some other kidney and skin disorders.
- J9051, Bortezomib (Maia), treatment of multiple myeloma in members with or without a previous history of treatment, and mantle cell lymphoma.
- J9345, Retifanlimab-dlwr, (Zynyz) treatment of metastatic or recurrent locally advanced Merkel cell carcinoma, restricted to members 18 years and older.

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



# Driscoll Health Plan

## News and Updates



### Date:

**Nov-22**

**2023**

### 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 1/1/2024, DHP will require prior authorization for the following procedure codes related to non-covered benefits:

#### Behavioral Health Services

- H2040, Coordinated specialty care, team-based, for first episode psychosis, per month.
- H2041, Coordinated specialty care, team-based, for first episode psychosis, per encounter.

#### Cardiology Services

- C9792, transcatheter implantation of left atrial to coronary sinus shunt for treatment of symptomatic new York heart association (nyha) class ii, iii, iva, heart failure including all imaging

#### Equipment and Supplies:

- L1681, Hip orthosis, bilateral hip joints and thigh cuffs with adjustable flexion, extension and abduction control of hip joint, postoperative hip abduction type
- L5991, Addition to lower extremity prostheses, osseointegrated external prosthetic connector.
- K1036, Supplies and accessories (transducer) for low frequency ultrasonic diathermy treatment device
- B4148, Enteral feeding supply kit
- E0490, Power source and control electronics unit for oral device/appliance, utilized for neuromuscular electrical stimulation of the tongue muscle
- E0491, Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit

#### Gastroenterology Services

- A9268, Programmer for transient, orally ingested capsule, treatment of constipation
- A9269, Programmable, transient, orally ingested capsule, for use with external programmer, treatment of constipation

#### Ophthalmology Services:

- V2526, Contact lens, hydrophilic, with blue-violet filter
- A9292, Prescription digital visual therapy, treatment of amblyopia (lazy eye)

#### Radiology Services:

- A9573, Gadopiclenol, contrast agent given before MRI
- A9697, Carboxydextran-coated superparamagnetic iron oxide, utilized for cell labeling or as diagnostic contrast media.
- C9156, Flutufolastat F 18, (Posluma), helps guide treatment selection for positron emission tomography (PET) in men with newly diagnosed, high-risk prostate cancer
- C9788, Opto-acoustic imaging, breast (including axilla when performed), image documentation, analysis and report, obtained with ultrasound examination.
- C9791, Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest

#### Pharmacy codes

- J0349, Rezafungin, treatment of candidemia and invasive candidiasis in adult members with limited or no alternative treatment options
- J0874, Daptomycin, treatment of various bacterial infections caused by Gram-positive bacteria, including methicillin-resistant Staphylococcus aureus (MRSA) and vancomycin-resistant Enterococci (VRE).
- J7353, Anacaulase-bcdb, treatment for eschar removal in adult members with deep partial thickness and/or full-thickness thermal burns.
- J9064, Cabazitaxel (sandoz), treatment of hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing regimen.
- A9156, Oral mucoadhesive, any type (liquid, gel, paste, etc.), drug delivery
- A9063, Pafolacianine, help in the identification and removal of ovarian cancer lesions
- J0889, Daprodustat, treatment of anemia due to chronic kidney disease in adult members

#### Other Services:

- A2022, Innovaburn or innovamatrix xl, xenograft for treatment of complex wounds
- A2023, Innovamatrix pd, management of complex surgical wounds, hard-to-heal wounds, and burns.
- A2024, Resolve matrix, utilized for wound management.
- A2025, Miro3d, management of complex wounds
- Q4285, Nudyn dl or nudyn dl mesh, per square centimeter.
- Q4286, Nudyn sl or nudyn slw mesh, per square centimeter.

#### Urology Services:

- C9789, Instillation of anti-neoplastic pharmacologic/biologic agent into renal pelvis, including all imaging guidance, including volumetric measurement if performed.
- C9790, Histotripsy (non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance.

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