



Driscoll Health Plan

News and Updates



Date:

Sept-24
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 10/01/2025

Per the TMHP bulletin, Hematopoietic Injection Updates for Texas Medicaid Effective October 1, 2025, dated 09/19/2025, the procedure codes listed below, which require prior authorization, have the following diagnosis requirement edits:

Pharmacy Services

- J0881 & J0882 Darbepoetin alfa, addition of diagnosis requirement D46.4, removal of diagnoses N18.5 and N18.6
- J0885 & Q4081 Epoetin alfa, addition of diagnosis requirement I12.0, removal of diagnoses N18.5 and N18.6
- J0888 Epoetin beta, removal of diagnoses I12.0, I13.11, I13.2, N18.5, and N18.6

* To access the DHP provider portal , visit driscollhealthplan.com