



Driscoll Health Plan

News and Updates



Date:

Oct-19
2026

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

Subject: Authorization Requirement Updates

Effective 11/1/2026 DHP **will not** require prior authorization for the following procedure codes:

Lab Service

- 87638 – detection by nucleic acid (DNA or RNA); rubeola (measles) virus

Durable Medical Equipment

- L1972- ankle foot orthotic with ankle joint, with or without dorsiflexion assist, prefabricated off the shelf, birth through 20 years of age.
- L8697- External accessory for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, to treat moderate to severe central sleep apnea.
- A4228- Device-drug combination catheter supplies- Supplies for maintenance of non-insulin, device-drug combination infusion catheter, per week.

Pharmacy

- J0643- Leucovorin calcium- for methotrexate rescue, folic acid-deficiency megaloblastic anemia, cerebral folate deficiency and colorectal cancer.
- J0644- Leucovorin calcium (Avyxa)- for methotrexate rescue, folic acid-deficiency megaloblastic anemia, cerebral folate deficiency and colorectal cancer.
- J1749- iloprost- to treat pulmonary arterial hypertension (PAH), scleroderma, Raynaud's phenomenon, frostbite, and other conditions in which the blood vessels are constricted, and blood cannot flow to the tissues for members 18 years of age or older.
- J1947 – Furosemide (Furoscix)- to treat edema in chronic heart failure or chronic kidney disease, including nephrotic syndrome, for members 6 years of age and older, restricted to diagnoses: I50.1, I50.20, I50.22, I50.23, I50.30, I50.32, I50.33, I50.40, I50.42, I50.43, I50.810, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9.
- J1957- Levetiracetam- treat certain types of seizures in people with epilepsy, including partial onset seizures, myoclonic seizures, and tonic-clonic seizures.
- J1958- Levetiracetam in sodium chloride- antiepileptic medication.
- J3424- Hydroxocobalamin- to treat cyanide poisoning for members 18 years of age or older.
- J7176- Fesifty- to treat acute bleeding in patients with congenital fibrinogen deficiency, members 18 years and older.

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Subject: Authorization Requirement Updates (Page 2 of 2)

Pharmacy (Continued)

- J7524- Mycophenolate mofetil- used to prevent organ rejection in people who have received a liver, kidney, or heart transplant.
- J7526- Mycophenolate mofetil- used to prevent organ rejection in people who have received a liver, kidney, or heart transplant.
- J7529 – Mycophenolate mofetil- used to prevent organ rejection in people who have received a liver, kidney, or heart transplant.
- J7530- Mycophenolate mofetil (Myhibbin)- used to prevent organ rejection in kidney, heart, or liver transplant patients.
- J7531- Prednisolone sodium phosphate- reduce inflammation, suppress an overactive immune system, or replace natural cortisol.
- J9186- Etoposide (Avyxa)- chemotherapy to treat testicular cancer refractory and small cell lung cancer for members 18 years of age and older.
- J9191 – Fluorouracil (Avyxa)- chemotherapy to treat colorectal, breast, gastric, and pancreatic cancer.
- J9192- Fluorouracil- chemotherapy used to treat colorectal, breast, gastric, and pancreatic cancer for members 18 years of age or older.
- J9362- Trabectedin- chemotherapy to treat liposarcoma, metastatic or unresectable, and leiomyosarcoma metastasis for members 18 years old age and older.
- Q5161- denosumab-kyqq (Aukelso/Bosaya)- treats osteoporosis and certain cancer-related bone conditions for members 12 years of age or older.

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