



Driscoll Health Plan

News and Updates



Date:

Dec-15
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 (page 1 of 2)

Effective 02/01/2026, DHP **will** require prior authorization for the following procedure codes:

Pharmacy Services

- J0485, belatacept (Nulojix), prevention of kidney transplant rejection; particularly in EBV-seropositive members 18 years and older.
- J0717, certolizumab pegol (Cimzia), treatment of rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, non-radiographic axial spondylarthritis, and plaque psoriasis in members 2 years and older.

Effective 02/01/2026, DHP **will** require prior authorization for the following non-covered benefit procedure codes:

Pharmacy Services

- Q5156, tocilizumab-anoh (avtozma), treatment of RA, polyarticular juvenile idiopathic arthritis, cytokine release syndrome and Covid 19.
- Q5157, denosumab-bmwo (stoboclo/osenvelt), treatment of osteoporosis, multiple myeloma and giant cell tumor of the bone.
- Q5158, Denosumab-bnht, treatment of osteoporosis, multiple myeloma, giant cell tumor and hypercalcemia.
- Q5159, denosumab-dssb (ospomyv/xbryk), treatment of osteoporosis, multiple myeloma, giant cell tumor, prostate and breast cancer.

Durable Medical Equipment Services

- E0150, Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height for mobile assistance.
- L5657, Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management
- L6035, Single prosthetic digit, mechanical, can include metacarpophalangeal (mcp), proximal interphalangeal (pip), and/or distal interphalangeal (dip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement.
- L6036, Prosthetic thumb, mechanical, can include metacarpophalangeal (mcp), interphalangeal (ip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement.
- L6038, Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material.
- L6039, Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb.

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



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Attention: Authorization Requirement Updates (page 2 of 2)

Wound Care Services / Skin Substitutes

- A2036, Cohealyx collagen dermal matrix, used for Full-thickness wound management.
- A2037, G4derm plus, a synthetic wound matrix designed for advanced wound management.
- A2038, Marigen pacto, fish skin for the management of chronic wounds such as diabetic wounds, pressure ulcers, vascular ulcers, and draining wounds commonly treated in hospital-based outpatient departments.
- A2039, Innovamatrix fd, management of wounds
- Q4383, Axolotl graft ultra, used as a dehydrated human amnion membrane allograft derived from the amniotic lining of the placenta.
- Q4384, Axolotl dualgraft ultra, used for wound covering and structural barrier applications. It is a bi-layered dehydrated human amnion membrane allograft derived from the amniotic lining of the placenta
- Q4385, Apollo ft, skin graft.
- Q4386, Acceso trifaca, skin graft.
- Q4387, Neothelium ft, skin graft.
- Q4388, Neothelium 4l, skin graft
- Q4389, Neothelium 4l, skin graft
- Q4390, Ascendion, Skin Substitutes Grafts/Cellular Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers.
- Q4391, Amnioplast double, non-viable cellular amnion chorion membrane allograft for homologous use. It is an allogeneic matrix cellular and tissue-based skin substitute for wound healing.
- Q4392, Graftix duo, treat acute and chronic wounds.
- Q4393, Surgraft ac, skin graft.
- Q4394, Surgraft aca, skin graft.
- Q4395, Acelagraft, skin graft.
- Q4396, Natalin, skin substitute.
- Q4397, Summit aaa, skin graft.

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