PCHP Prior Authorization Requirement Update

Adhoc Review: 7/20/2026
Effective date of all prior authorization removals, addendums, and adds in this notice: 9/1/2026

Summary

PCHP has completed an ad hoc review of all services requiring prior authorization. This Provider Network News alert is notification only of updates and does not determine if the benefit is covered by PCHP. For specific CPT codes requiring prior authorization by PCHP, please review PCHP's Prior Authorization List located at **Providers.ParklandHealthPlan.com/Prior-Authorization**.

Policy Updates: Prior authorization is required for all service requests over the benefit limitations within the Texas Medicaid Provider Procedures Manual.

Reminder: A request for prior authorization is not a guarantee of payment. Unauthorized services will not be reimbursed.

Ways to Submit a Prior Authorization Request to PCHP

PCHP Provider Portal:
Essentials.Availity.com

Fax Prior Authorization Requests:
- Fax Number: 214-266-2085
- Toll-Free Fax: 1-844-303-1382

Fax Inpatient Prior Authorization Requests:
- Fax Number: 214-266-2084
- Toll-Free Fax: 1-844-303-2807

Effective September 1, 2026, the following codes will be **added** to the PCHP Prior Authorization List[1]

Update	Code	Medical Service Category	Description	Effective Date
ADD	J3405	Medical Injectables	Injection, onasemnogene abeparvovec-brve (ITVISMA)	9/1/2026
ADD	J7330	Specialty Physician	Autologous cultured chondrocytes, implant	9/1/2026
ADD	27412	Specialty Physician	Autologous chondrocyte implantation (ACI) in the knee	9/1/2026

Effective August 1, 2026, the following codes will be **removed** from the PCHP Prior Authorization List[1]

Update	Code	Medical Service Category	Description	Effective Date of Removal[2]
REMOVED	J1412	Medical Injectables	Injection, valoctocogene roxaparvovec-rvox (*Roctavian*)	8/1/2026

[1]See supporting documentation (Appendix A)
[2]Retro terminated by HHSC

Parkland Community Health Plan

Appendix A

Prior Authorization Submission Requirements for Medical Necessity

All prior authorization requests should be submitted with supporting clinical documentation demonstrating medical necessity. This can include but is not limited to test results (labs, X-rays, scans, etc.), consultations and progress notes, history and physicals, medication records, and inpatient and emergency room documentation along with the **Texas Standard Prior Authorization Request Form for Health Care Services** or designated form specific to the request.

Forms can be accessed at **Providers.ParklandHealthPlan.com/Resources/Forms**, the **PCHP Provider Portal**, and **TMHP | Forms**. Examples of forms include:

- **Texas Standard Prior Authorization Request Form for Health Care Services**
- Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Form
- Prior Authorization Request for Extension of Outpatient Therapy (TP2) Form
- Prior Authorization Request for Oxygen Therapy Devices and Supplies
- PDN Prior Authorization Forms
- DME Medical Supplies Order Form
- Non-Emergency Ambulance Prior Authorization Request
- Home Health Skilled Nursing Request and Plan of Care Form

Upon completing the designated form for services that are being requested, the provider should ensure that all essential information is included. The essential information required to initiate the prior authorization process, per UMCM 3.22:

- Member name
- Member number or Medicaid number
- Member date of birth
- Requesting provider name
- Requesting provider's National Provider Identifier (NPI)
- Service requested: Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), or Current Dental Terminology (CDT)
- Service requested start and end date(s)
- Quantity of service units requested based on the CPT, HCPCS, or CDT requested

PCHP also requires the following information to initiate and process a prior authorization:

- Rendering provider's name
- Rendering provider's National Provider Identifier (NPI)
- Rendering provider's Tax Identification Number

If a prior authorization request is missing documentation to determine medical necessity and it will likely result in an Adverse Benefit Determination, the request must be limited to the prior authorization requirements listed on PCHP's website on the date the request is received. An incomplete prior authorization request is a request for a service that is missing information needed to decide medical necessity. PCHP will notify the requesting provider and member, by phone and in writing, of missing information no later than 3 business days after the prior authorization received date.

Refer to the **PCHP Provider website** and **Provider Manual** for more information regarding the prior authorization process.