

Provider Network News



Parkland
Community Health Plan

PCHP Therapy Provider Quick Guide Parkland Community Health Plan (PCHP) Therapy Extensions & Recertifications

MISSED VISITS

✓ DO

- Make up missed visits within the active authorization period.
- Ensure total visits do not exceed approved amount.
- Document reasons for sessions outside normal frequency inside the member's clinical record. Authorization updates are not required for making up "missed visits" during the certification period.
- Complete all visits before authorization expiration.

✗ DON'T

- Carry forward unused visits.
- "Bank" missed sessions.
- Request extensions to restore unused visits.
- Deliver visits after authorization expiration.

Reminder:

- Reevaluation required every 180 calendar days (chronic therapy).
- No extensions beyond 180 calendar days.

RECERTIFICATION TIMING

✓ DO

- Submit recertifications before authorization expires.
- Submit at least 30 calendar days early but no later than current authorization expiration date to avoid delays and denials.
- Monitor visit utilization throughout the authorization period.

✗ DON'T

- Submit recertifications after authorization expiration if continuation of services is warranted.
- Expect backdated approvals.
- Submit overlapping dates of service.

Rule:

Expired authorization = no extension allowed.

EXPIRED AUTHORIZATION

REQUIRED FOR RECERTIFICATION

- Current reevaluation.
- Updated measurable goals.
- Baseline functional assessment.
- Medical necessity justification.
- New/updated plan of care.
- All Texas Medicaid Provider Procedures Manual (TMPPM) requirements.

If visits were unused from previous request, include:

- Reason visits were missed.
- Impact on progress.
- Provider actions.
- Plan to improve attendance.

✗ NOT ALLOWED

- Carrying unused visits into a new period
- Requesting extensions for expired authorizations.

EXTENSIONS

EXTENSIONS (RARE & EXCEPTION-ONLY) MAY BE CONSIDERED FOR:

- Public health emergencies.
- Natural disasters or extreme weather.
- Unplanned prolonged hospitalization (unless addressed via new evaluation/revision).

Must Document:

- Dates & description of event.
- How attendance was impacted.
- Remaining goals showing medical necessity.
- Why visits could not be completed on time.

✗ WILL NOT BE APPROVED FOR:

- No-shows or cancellations.
- Scheduling conflicts.
- Staffing shortages or vacations.
- Clinic closures not tied to emergencies.
- Late submissions or admin issues.

These are the provider's responsibility.

DATES OF SERVICE (DOS) LIMITS

Ages 20 & Under

- Acute: Max 60 calendar days per request (up to 2 authorizations).
- Chronic: Max 180 calendar days per request.

Ages 21 & Over

- Max 60 calendar days per request; up to 2 authorizations.

Tip:

- Count duration in days; this will ensure TMPPM limitations are not being exceeded.
- Verify therapy limitations within TMPPM before submitting prior authorization.
- Exceeding limits requires clear medical necessity.

DOS Calculator:

<https://providers.parklandhealthplan.com/providers/dates-of-service-dos-calculator>

- Be sure to validate that your Dates of Service are not exceeding TMPPM day limitations.
- If requiring over limitation, medical necessity justification must be submitted with request.