

Provider Network News

PCHP Prior Authorization Requirement Update

Ad Hoc Review: 5/8/2025 (Behavioral Health Services), 6/26/2025 (MCO Notice)

Effective Date of all prior authorization removals, addendums, and adds in this notice: 9/1/2025

Summary

PCHP has performed an ad hoc review of all services requiring prior authorization. This communication is for notification purposes only and does not determine if a benefit is covered by PCHP. For specific CPT codes requiring prior authorization by PCHP, please review PCHP's Prior Authorization List located at <https://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:



1. PCHP Provider Portal

providers.parklandhealthplan.com/login



2. Fax

Fax Prior Authorization Requests to:

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

Fax Inpatient Prior Authorization Requests to:

- Fax Number: 214-266-2084
- Toll-Free Fax: 1-844-303-2807

Effective September 1, 2025, the following codes will be added to the PCHP Prior Authorization List:

Update	Code	Medical Service Category	Description	PA Effective Date	Supporting Documentation
Add	H0012	Behavioral Health Services	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	9/01/2025	Appendix A
Add	H0015	Behavioral Health Services	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention, and activity therapies or education	9/01/2025	Appendix A
Add	H0016	Behavioral Health Services	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	9/01/2025	Appendix A

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Guidance on Asthma Education Coverage in Medicaid and CHIP

Update	Code	Medical Service Category	Description	PA Effective Date	Supporting Documentation
Add	H0031	Behavioral Health Services	Mental health assessment, by non-physician	9/01/2025	Appendix A
Add	H0035	Behavioral Health Services	Mental health partial hospitalization, treatment, less than 24 hours	9/01/2025	Appendix A
Add	H0037	Behavioral Health Services	Community psychiatric supportive treatment program, per diem	9/01/2025	Appendix A
Add	H0050	Behavioral Health Services	Alcohol and/or drug services, brief intervention, per 15 minutes	9/01/2025	Appendix A
Add	H2035	Behavioral Health Services	Alcohol and/or other drug treatment program, per hour	9/01/2025	Appendix A
Add	H2040	Behavioral Health Services	Coordinated specialty care, team-based, for first episode psychosis, per month	9/01/2025	Appendix A
Add	H2041	Behavioral Health Services	Coordinated specialty care, team-based, for first episode psychosis, per encounter	9/01/2025	Appendix A
Add	S0201	Behavioral Health Services	Partial hospitalization services, less than 24 hours, per diem	9/01/2025	Appendix A
Add	S9445	Behavioral Health Services	Patient education, not otherwise classified, nonphysician provider, individual, per session	9/01/2025	Appendix A
Add	S9480	Behavioral Health Services	Intensive outpatient psychiatric services, per diem	9/01/2025	Appendix A
Add	S9484	Behavioral Health Services	Crisis intervention mental health services, per hour	9/01/2025	Appendix A
Add	S9485	Behavioral Health Services	Crisis intervention mental health services, per diem	9/01/2025	Appendix A
Add	T1007	Behavioral Health Services	Alcohol and/or substance abuse services, treatment plan development and/or modification	9/01/2025	Appendix A
Add	C9175	Behavioral Health Services	Treosulfan (Gradfapex)	9/01/2025	Appendix A
Add	J3391	Behavioral Health Services	Atisarsagene autotemcel (Lenmeldy)	9/01/2025	Appendix A
Add	J9038	Behavioral Health Services	Axatilimab-csfr (Niktimvo)	9/01/2025	Appendix A

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 <https://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 UCMCM 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.
