

# Provider Network News

## Prior Authorization Updates

**Provider Notification Date:** 4/30/2024

**Effective Date of all prior authorization termed, addendums, and adds in this notice:** 5/30/2024.

### Summary

PCHP has made updates for services requiring a prior authorization. This is 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 <https://providers.parklandhealthplan.com/prior-authorization/>

**Policy Updates:** Prior Authorization is required for all service request over benefit limitations within the Texas Medicaid Provider Procedures Manual. For pregnancies that require close monitoring or are high-risk, OB ultrasounds (CPT76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817) can be provided without prior authorization.

Prior authorization is required for the following durable medical equipment, prosthetics, orthotics, supplies, and related services:

Durable medical equipment and related, necessary accessories where the purchase amount exceeds \$5,000.00. Single use items do not require prior authorization unless the total purchase amount of all items for the request exceeds \$5,000.00.

- Prosthetic and orthotic equipment and related, necessary accessories where the purchase amount exceeds \$5,000.00.

- DME modifications and adjustments needed more than six-months after the purchase date.
- DME equipment repairs.
- DME rentals whose total rental cost for the duration of the rental period exceeds \$5,000 or whose total rental cost exceeds 75% of the equipment purchase price.

Any DME services/items that are beyond TMPPM quantity limitations.

**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**



**2. Fax**

**Fax Prior Authorization Request to:**

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

**Fax Inpatient Prior Authorization Requests to:**

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

The prior authorization requirements for the following codes have been updated:

**Termed:**

Termed	CPT Code	Medical Service Category	Code Description	Effective Date	Termed Date
Termed	81220	Lab Services – Genetic Testing	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ ACOG guidelines)	4/1/2021	5/30/2024
Termed	81222	Lab Services – Genetic Testing	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	4/1/2021	5/30/2024
Termed	81223	Lab Services – Genetic Testing	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	4/1/2021	5/30/2024
Termed	81224	Lab Services – Genetic Testing	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	4/1/2021	5/30/2024
Termed	81243	Lab Services – Genetic Testing	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	4/1/2021	5/30/2024
Termed	81244	Lab Services – Genetic Testing	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	4/1/2021	5/30/2024
Termed	81257	Lab Services – Genetic Testing	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	4/1/2021	5/30/2024

The prior authorization requirements for the following codes have been updated:

**Adds:**

Added	Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date
Added	75580	Radiology, Imaging, and X-Rays	Augmentative software analyzes data from a separate coronary computed tomography angiography to estimate coronary fractional flow reserve. A physician or other qualified healthcare professional provides an interpretation and report.	See Appendix A	5/30/2024
Added	E2298	Durable Medical Equipment	COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP	See Appendix A	5/30/2024
Added	L1320	Durable Medical Equipment	THORACIC PC ORTHOSIS STERNAL COMP CUSTOM FAB	See Appendix A	5/30/2024
Added	C9166	Medical Injectables	INJECTION SECUKINUMAB INTRAVENOUS 1 MG	See Appendix A	5/30/2024
Added	J1304	Medical Injectables	INJECTION TOFERSEN	See Appendix A	5/30/2024
Added	J1323	Medical Injectables	INJECTION ELRANATAMAB-BCMM 1 MG	See Appendix A	5/30/2024
Added	J2277	Medical Injectables	INJECTION MOTIXAFORTIDE 0.25 MG	See Appendix A	5/30/2024
Added	E0736	Specialty Physician Services	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR	See Appendix A	5/30/2024
Added	27278	Specialty Physician Services	Arthrodesis Procedures on the Pelvis and Hip Joint-minimally invasive percutaneous approach to place one or more stabilization implants into the sacroiliac joint for joint fusion.	See Appendix A	5/30/2024
Added	J9021	Medical Injectables	Injection, asparaginase, recombinant (Rylaze) 0.1 MG	See Appendix A	5/30/2024

## APPENDIX A: Prior Authorization (PA) Submission Requirements for Medical Necessity

All PA requests should be submitted with supporting clinical 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, 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 are:

- [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 request, the provider should ensure that all essential information is included. The essential information required to initiate the PA 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 PA request must be limited to the PA 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. Parkland Community Health Plan will notify the requesting provider and member, by phone and in writing, of missing information no later than three (3) business days after the prior authorization receive date.

Refer to [PCHP Provider website](#) and the [provider manual](#) for more information regarding the prior authorization process.

---