

Provider Network News

Prior Authorization Updates

Provider Notification Date: 8/1/2024

Effective Date of all prior authorization termed, addendums, and adds in this notice: 9/1/2024.

Summary

PCHP has made updates for services requiring a prior authorization regarding genetic and anesthesia services. 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/>

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:

Adds:

| Added | Code | Medical Service Category | Code Description | Effective Date | Date of Annual Review | Termination Date |
|-------|-------|--|--|----------------|-----------------------|------------------|
| Added | 81425 | Lab Services – Genetic Testing | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis | 9/1/2024 | 7/31/2024 | |
| Added | 81426 | Lab Services – Genetic Testing | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure) | 9/1/2024 | 7/31/2024 | |
| Added | 81427 | Lab Services – Genetic Testing | Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome) | 9/1/2024 | 7/31/2024 | |
| Added | G0330 | Dental / Oral Maxillofacial / Craniofacial | Facility Services Dental Rehab | 9/1/2024 | 7/31/2024 | |

Termed:

| Termed | Code | Medical Service Category | Code Description | Effective Date | Date of Annual Review | Termination Date |
|--------|-------|--|--------------------------|----------------|-----------------------|------------------|
| Termed | 41899 | Dental / Oral Maxillofacial / Craniofacial | Dental Surgery Procedure | 4/1/2024 | 7/31/2024 | 8/31/2024 |

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.