

# Provider Network News

## PCHP Prior Authorization Requirement Update

Ad Hoc Review: 4/18/2025

Effective Date of all prior authorization removals, addendums, and adds in this notice: 6/15/2025

### 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](https://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

**Summary:** The prior authorization requirements for the following codes have been updated. As of June 15, 2025, the following codes require prior authorization by all providers.

Update	Code	Medical Service Category	Description	Effective Date	Supporting Documentation
Add	J1072	Medical Injectables	Injection, testosterone cypionate (azmiro), 1 mg; (Androderm)	06/15/2025	See Appendix A
Add	J1299	Medical Injectables	Injection, eculizumab (Soliris), 2 mg	06/15/2025	See Appendix A
Add	Q2057	Medical Injectables	Afamitresgene Autoleucel (Tecelra)	06/15/2025	See Appendix A
Add	L6028	Durable Medical Equipment	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts	06/15/2025	See Appendix A

Add	L6029	Durable Medical Equipment	Upper extremity addition, test socket/ interface, partial hand including fingers	06/15/2025	See Appendix A
Add	L6030	Durable Medical Equipment	Upper extremity addition, external frame, partial hand including fingers	06/15/2025	See Appendix A
Add	L6031	Durable Medical Equipment	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	06/15/2025	See Appendix A
Add	L6032	Durable Medical Equipment	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber, or equal)	06/15/2025	See Appendix A
Add	L6033	Durable Medical Equipment	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	06/15/2025	See Appendix A
Add	L6037	Durable Medical Equipment	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	6/15/2025	See Appendix A

**Summary:** Effective June 15, 2025, the following code will be removed from the PCHP Prior Authorization List.

Update	Code	Medical Service Category	Description	Effective Date	Supporting Documentation
Remove	J1300	Medical Injectables	Injection, eculizumab (Soliris), 10 mg	03/15/2023	03/31/2025— Retro Terminated by HHSC

## 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.