

Provider Network News

PCHP Prior Authorization Requirement Update

Ad Hoc Review: 01/17/2025

Effective date of all prior authorization removals, addendums, and adds in this notice: 3/19/2025.

Summary

PCHP has completed an ad-hoc review of all services requiring a prior authorization. This 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 [Prior Authorization | Parkland Community Health Plan | Parkland Community Health Plan](#).

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



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

Summary: The prior authorization requirements for the following codes have been updated. As of 3/19/2025, the below codes will require prior authorization by all providers.

Add:

Update	Code	Medical Service Category	Description	Effective Date	Termination Date
Add	E1803	Durable Medical Equipment	Dynamic adjustable elbow extension only device, includes soft interface material	3/19/2025	See Appendix A
Add	E1804	Durable Medical Equipment	Dynamic adjustable elbow flexion only device, includes soft interface material	3/19/2025	See Appendix A
Add	L1907	Durable Medical Equipment	Ankle Orthos Supramalleolar Custom	3/19/2025	See Appendix A

Add	E1807	Durable Medical Equipment	Dynamic adjustable wrist extension only device, includes soft interface material	3/19/2025	See Appendix A
Add	E1808	Durable Medical Equipment	Dynamic adjustable wrist flexion only device, includes soft interface material	3/19/2025	See Appendix A
Add	E1813	Durable Medical Equipment	Dynamic adjustable knee extension only device, includes soft interface material	3/19/2025	See Appendix A
Add	E1814	Durable Medical Equipment	Dynamic adjustable knee flexion only device, includes soft interface material	3/19/2025	See Appendix A
Add	E1822	Durable Medical Equipment	Dynamic adjustable ankle extension only device, includes soft interface material	3/19/2025	See Appendix A
Add	E1823	Durable Medical Equipment	Dynamic adjustable ankle flexion only device, includes soft interface material	3/19/2025	See Appendix A
Add	E1826	Durable Medical Equipment	Dynamic adjustable finger extension only device, includes soft interface material	3/19/2025	See Appendix A
Add	E1827	Durable Medical Equipment	Dynamic adjustable finger flexion only device, includes soft interface material	3/19/2025	See Appendix A
Add	E1828	Durable Medical Equipment	Dynamic adjustable toe extension only device, includes soft interface material	3/19/2025	See Appendix A
Add	E1829	Durable Medical Equipment	Dynamic adjustable toe flexion only device, includes soft interface material	3/19/2025	See Appendix A
Add	J0589	Medical Injectables	Injection -DaxibotulinumtoxinA-lanm (Daxxify Toxin Type A)	3/19/2025	See Appendix A
Add	J1552	Medical Injectables	Injection, immune globulin, 500 mg (Atgam)	3/19/2025	See Appendix A
Add	J9026	Medical Injectables	Injection, tarlatamab-dlle, 1 mg (Imdeltra)	3/19/2025	See Appendix A
Add	J9028	Medical Injectables	Injection, nogapendekin alfa inbakicept-pmln (Anktiva)	3/19/2025	See Appendix A

Add	C7563	Specialty Physician Services	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, initial artery and all additional arteries	3/19/2025	See Appendix A
Add	C7564	Specialty Physician Services	Percutaneous Transluminal Mechanical Thrombectomy	3/19/2025	See Appendix A
Add	C7565	Specialty Physician Services	Repair of Anterior Abdominal Hernia	3/19/2025	See Appendix A
Add	G0563	Specialty Physician Services	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	3/19/2025	See Appendix A

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

All PA 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, 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 requested, 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 received date.

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