

# Provider Network News

## 2024 Annual Review of Prior Authorization and 2025 Prior Authorization Updates

**Annual Review:** 12/10/2024

**Provider Notification Date:** 12/13/2024

**Effective Date of all prior authorization removals, addendums, and adds in this notice:** 01/29/2025

### Summary

PCHP has completed an annual 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 request over 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

The prior authorization requirements for the following codes have been updated: 1/29/2025 the below codes will require a Prior Authorization for all providers.

**Adds:**

Update	CPT Code	Medical Service Category	Code Description	Effective Date	Annual Review	Supporting Documentation
Add	J3393	Medical Injectables	Betibeglogene Autotemcel	1/29/2025	12/10/2024	See Appendix A
Add	J7171	Medical Injectables	Injection, adams13, recombinant-krhn, 10 iu	1/29/2025	12/10/2024	See Appendix A
Add	J1203	Medical Injectables	Injection, cipaglucoasidase alfa-atga, 5mg	1/29/2025	12/10/2024	See Appendix A
Add	J1322	Medical Injectables	Injection, elosulfase alfa, 1mg	1/29/2025	12/10/2024	See Appendix A
Add	J1458	Medical Injectables	injection, galsulfase, 1mg	1/29/2025	12/10/2024	See Appendix A
Add	J1743	Medical Injectables	injection, idursulfase, 1mg	1/29/2025	12/10/2024	See Appendix A
Add	J1931	Medical Injectables	injection, laronidase, 0.1mg	1/29/2025	12/10/2024	See Appendix A
Add	J2508	Medical Injectables	injection, pegunigalsidase alfa-iwxj, 1 mg	1/29/2025	12/10/2024	See Appendix A
Add	J2724	Medical Injectables	Protein C concentrate, human	1/29/2025	12/10/2024	See Appendix A
Add	J2840	Medical Injectables	Sebelipase alfa	1/29/2025	12/10/2024	See Appendix A
Add	J3060	Medical Injectables	Taliglucerase alfa	1/29/2025	12/10/2024	See Appendix A
Add	J3385	Medical Injectables	Velaglucerase alfa	1/29/2025	12/10/2024	See Appendix A
Add	J0217	Medical Injectables	Velmanase alfa-tycv	1/29/2025	12/10/2024	See Appendix A
Add	J7504	Medical Injectables	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 MG	1/29/2025	12/10/2024	See Appendix A
Add	J7511	Medical Injectables	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 MG	1/29/2025	12/10/2024	See Appendix A
Add	J3394	Medical Injectables	Lyfgenia	1/29/2025	12/10/2024	See Appendix A
Add	J3392	Medical Injectables	Casgevy	1/29/2025	12/10/2024	See Appendix A
Add	81279	Lab Services – Genetic Testing	JAK2 TARGETED SEQUENCE ANALYSIS	1/29/2025	12/10/2024	See Appendix A
Add	81305	Lab Services – Genetic Testing	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	1/29/2025	12/10/2024	See Appendix A
Add	81307	Lab Services – Genetic Testing	PALB2 GENE ANALYSIS FULL GENE SEQUENCE	1/29/2025	12/10/2024	See Appendix A
Add	81320	Lab Services – Genetic Testing	PLCG2 GENE ANALYSIS COMMON VARIANTS	1/29/2025	12/10/2024	See Appendix A
Add	81345	Lab Services – Genetic Testing	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	1/29/2025	12/10/2024	See Appendix A
Add	64596	Specialty Physician Services	INSJ/RPLCMT PERQ ELTRD RA PN W/INT NSTIM 1ST RA	1/29/2025	12/10/2024	See Appendix A
Add	64597	Specialty Physician Services	INSJ/RPLCMT PERQ ELTRD RA PN INT NSTIM EA ADD RA	1/29/2025	12/10/2024	See Appendix A
Add	64598	Specialty Physician Services	REVISION/REMOVAL NSTIM ELTRD ARRAY PN INT NSTIM	1/29/2025	12/10/2024	See Appendix A

Update	CPT Code	Medical Service Category	Code Description	Effective Date	Annual Review	Supporting Documentation
Add	45399	Specialty Physician Services	UNLISTED PROCEDURE COLON	1/29/2025	12/10/2024	See Appendix A
Add	C9169	Medical Injectables	Inj. nogapendekin Pmln 1mcg	1/29/2025	12/10/2024	See Appendix A
Add	C9170	Medical Injectables	Inj. Tarlatamab-Dlle 1mg	1/29/2025	12/10/2024	See Appendix A
Add	99366	Applied Behavior Analysis/Child Services	Team Conference with Patient By Healthcare Professional	1/29/2025	12/10/2024	See Appendix A
Add	81443	Lab Services-Genetic Testing	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	1/29/2025	12/10/2024	See Appendix A

**The Prior Authorization requirement for the following codes have been updated: Effective 1/29/2025 the below codes will not require a prior authorization for all INN Providers.**

**Remove:**

Update	CPT Code	Medical Service Category	Code Description	Effective Date	Date of Annual Review	Termination Date
Removed	E0168	Durable Medical Equipment	Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each	4/01/2021	12/10/2024	1/29/2025
Removed	E0170	Durable Medical Equipment	Commode chair with integrated seat lift mechanism, electric, any type	4/01/2021	12/10/2024	1/29/2025
Removed	E0171	Durable Medical Equipment	Commode chair with integrated seat lift mechanism, nonelectric, any type	4/01/2021	12/10/2024	1/29/2025
Removed	E0202	Durable Medical Equipment	Phototherapy (bilirubin) light with photometer	4/01/2021	12/10/2024	1/29/2025
Removed	E0276	Durable Medical Equipment	Bed pan, fracture, metal or plastic	4/01/2021	12/10/2024	1/29/2025
Removed	E0325	Durable Medical Equipment	Urinal; male, jug-type, any material	4/01/2021	12/10/2024	1/29/2025
Removed	E0326	Durable Medical Equipment	Urinal; female, jug-type, any material	4/01/2021	12/10/2024	1/29/2025
Removed	E1637	Durable Medical Equipment	Hemostats, each	4/01/2021	12/10/2024	1/29/2025
Removed	92626	Hearing Aid Services	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); One auditory rehabilitation evaluation and 12 visits per 180-day period may be reimbursed without prior authorization. Additional visits during a six-rolling month period for clients who are 12 months of age through 20 years of age require prior authorization.	4/01/2021	12/10/2024	1/29/2025

Update	CPT Code	Medical Service Category	Code Description	Effective Date	Date of Annual Review	Termination Date
Removed	92627	Hearing Aid Services	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	4/01/2021	12/10/2024	1/29/2025
Removed	Q5115	Medical Injectables	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	4/01/2024	12/10/2024	1/29/2025
Removed	14000	Transplant Services	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	4/01/2021	12/10/2024	1/29/2025
Removed	14001	Transplant Services	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	4/01/2021	12/10/2024	1/29/2025
Removed	14020	Transplant Services	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	4/01/2021	12/10/2024	1/29/2025
Removed	14021	Transplant Services	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	4/01/2021	12/10/2024	1/29/2025
Removed	14040	Transplant Services	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	4/01/2021	12/10/2024	1/29/2025
Removed	14041	Transplant Services	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	4/01/2021	12/10/2024	1/29/2025
Removed	14060	Transplant Services	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	4/01/2021	12/10/2024	1/29/2025
Removed	14061	Transplant Services	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	4/01/2021	12/10/2024	1/29/2025
Removed	14301	Transplant Services	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	4/01/2021	12/10/2024	1/29/2025
Removed	14302	Transplant Services	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	4/01/2021	12/10/2024	1/29/2025
Removed	14350	Transplant Services	Filletted finger or toe flap, including preparation of recipient site	4/01/2021	12/10/2024	1/29/2025
Removed	15002	Transplant Services	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children.	4/01/2021	12/10/2024	1/29/2025
Removed	15003	Transplant Services	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	4/01/2021	12/10/2024	1/29/2025

Update	CPT Code	Medical Service Category	Code Description	Effective Date	Date of Annual Review	Termination Date
Removed	15004	Transplant Services	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	4/01/2021	12/10/2024	1/29/2025
Removed	15005	Transplant Services	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	4/01/2021	12/10/2024	1/29/2025
Removed	15040	Transplant Services	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	4/01/2021	12/10/2024	1/29/2025
Removed	J1306	Medical Injectables	inclisiran (Brand:Leqvio)	4/01/2021	12/10/2024	1/29/2025
Removed	J2277	Medical Injectables	injection moxixafortide (Brand:Aphexda)	5/30/2024	12/10/2024	1/29/2025
Removed	J9063	Medical Injectables	mirvetuximab Soravtansine-gynx (Brand:Elahere)	4/01/2024	12/10/2024	1/29/2025
Removed	J9354	Medical Injectables	ado-trastuzumab entansine (Brand:Kadcyla)	4/01/2024	12/10/2024	1/29/2025

## 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.