

# Provider Network News

## PCHP Prior Authorization Requirement Update

Ad Hoc Review: 01/02/2025

Effective Date of all prior authorization removals, addendums, and adds in this notice: 2/25/2025.

### Summary

PCHP 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 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

**Summary:** The prior authorization requirements for the following code has been updated: 2/25/2025 the below code will not require a Prior Authorization for all INN providers.

### Removed:

Update	Code	Medical Service Category	Description	Effective Date	Termination Date
Remove	J0172	Medical Injectables	Injection, aducanumab-avwa, 2 mg	04/01/2024	02/25/2025