

Provider Network News

PCHP Prior Authorization Requirement Update

Ad Hoc Review: 2/24/2025

Effective date of all prior authorization removals, addendums, and adds in this notice: 4/22/2025.

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

The following codes are being **added** to the PCHP prior authorization list. The following codes will require prior authorization for all providers starting 4/22/2025.

Update	Code	Medical Service Category	Description	PA Effective Date	Supporting Documentation
Add	82233	Lab Services – Genetic Testing	Beta-amyloid; 1-40 (Abeta 40)	4/22/2025	See Appendix A
Add	82234	Lab Services – Genetic Testing	Beta-amyloid; 1-42 (Abeta 42)	4/22/2025	See Appendix A
Add	93896	Radiology, Imaging, and X-Rays	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (list separately in addition to code for primary procedure)	4/22/2025	See Appendix A
Add	93897	Radiology, Imaging, and X-Rays	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (list separately in addition to code for primary procedure)	4/22/2025	See Appendix A

Update	Code	Medical Service Category	Description	PA Effective Date	Supporting Documentation
Add	93898	Radiology, Imaging, and X-Rays	VEN-ARTL SHUNT DET MBUBB NJX	4/22/2025	See Appendix A
Add	C1606	Radiology, Imaging, and X-Rays	Adapter, single-use (i.e., disposable), for attaching ultrasound system to upper gastrointestinal endoscope	4/22/2025	See Appendix A
Add	C1738	Radiology, Imaging, and X-Rays	Powered, single-use (i.e., disposable) endoscopic ultrasound-guided biopsy device	4/22/2025	See Appendix A
Add	38225	Specialty Physician Services	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	4/22/2025	See Appendix A
Add	38226	Specialty Physician Services	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage)	4/22/2025	See Appendix A
Add	38227	Specialty Physician Services	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	4/22/2025	See Appendix A
Add	38228	Specialty Physician Services	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	4/22/2025	See Appendix A
Add	49186	Specialty Physician Services	Excision or destruction, open, intra-abdominal (i.e., peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	4/22/2025	See Appendix A
Add	49187	Specialty Physician Services	Excision or destruction, open, intra-abdominal (i.e., peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	4/22/2025	See Appendix A
Add	49188	Specialty Physician Services	Excision or destruction, open, intra-abdominal (i.e., peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	4/22/2025	See Appendix A
Add	49189	Specialty Physician Services	Excision or destruction, open, intra-abdominal (i.e., peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	4/22/2025	See Appendix A
Add	49190	Specialty Physician Services	Excision or destruction, open, intra-abdominal (i.e., peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	4/22/2025	See Appendix A
Add	64466	Specialty Physician Services	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	4/22/2025	See Appendix A

Update	Code	Medical Service Category	Description	PA Effective Date	Supporting Documentation
Add	64467	Specialty Physician Services	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	4/22/2025	See Appendix A
Add	64468	Specialty Physician Services	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed	4/22/2025	See Appendix A
Add	64469	Specialty Physician Services	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed	4/22/2025	See Appendix A
Add	64473	Specialty Physician Services	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	4/22/2025	See Appendix A
Add	64474	Specialty Physician Services	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	4/22/2025	See Appendix A
Add	C7562	Specialty Physician Services	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed with intraprocedural coronary fractional flow reserve (FFR) with 3d functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	4/22/2025	See Appendix A
Add	G0562	Specialty Physician Services	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	4/22/2025	See Appendix A
Add	92137	Vision and Hearing Services	Computerized ophthalmic diagnostic imaging (e.g., optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography	4/22/2025	See Appendix A

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.