

Provider Network News – Update

**Inpatient Prior Authorization Fax number is 1-844-303-2807.
All other Prior Authorizations should be faxed to 1-844-303-1382.**

Request a Prior Authorization

Verify member eligibility prior to providing services.

- Eligibility can be verified by:**
- PCHP Provider Portal
 - Calling the Provider Services Call Center

Verify that a Prior Authorization (PA) is required

Use our Prior Authorization PDF list or Excel list to determine if prior authorization (PA) is required for services. The PCHP Prior Authorization List can be found on our website:

<https://parklandhealthplan.com/providers/prior-authorization>

How to Request a Prior Authorization?



Electronic Submission

PCHP Provider Portal

- The Texas Referral Authorization form must be completed with each portal submission.
- A phone number and fax number are needed with each submitted request.



Paper/Hard Copy Submission

Complete the entire Prior Authorization form and attach supporting documentation prior to submitting.

Essential information required to initiate the PA process:

- Member name
- Member number or Medicaid number
- Member date of birth
- Requesting provider name
- Requesting provider’s National Provider Identifier (NPI)
- Rendering provider’s name
- Rendering provider’s National Provider
- Rendering provider’s Tax Identification Number Identifier (NPI)
- Service requested – Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS)
- Quantity of service units requested based on the CPT, HCPCS or Current Dental Terminology (CDT)
- Service-requested start and end date(s)



Prior Authorization Timeline

(From Date of Request)

- **Non-urgent pre-service:** Three (3) business days
- **Urgent/expedited pre-service:** 72 hours
- **Urgent concurrent:** made within 1 business day – not to exceed 72 hours
- **Post-service:** 30 calendar days
- **Approval or Denial:** notification made based on urgency of request

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: 1-844-303-2807.