

# Resubmission of Denied Authorization and Prior Authorization Requests

Information posted September 25, 2015

This is an update to the “Authorization and Prior Authorization Denials” section of the *Children with Special Health Care Needs Services Program Provider Procedures Manual*. Providers may correct and resubmit Children with Special Health Care Needs (CSHCN) Services Program prior authorization and authorization requests that have been denied.

To correct a denied request, the provider must strike through the error with a single line. The original content and the corrected information must be legible. The provider must initial and date the alteration. See the following example:

Prescribing Physician Information							
Name: Dr. M. Physician			Telephone: 512-555-RRRR		Fax number: 512-555-SSSS		
Item Number	HCPCS Code	Description of	Quantity	Price	Prior authorization required?	Beyond quantity limit? <sup>1</sup>	Custom item? <sup>1</sup>
		M.P. 06/29/15 <sup>DME/medical supplies</sup>					
1	<del>B9998</del>	B9998U2 Gastrostomy tube	1/6 mo		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
2	B9998U3	Extension Set	4/month		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
3	B4034	Enteral feeding kit bolus	30/month		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
4	B4160	Pediasure w/ fiber	155/month		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

1. If “Yes,” additional documentation must be provided to support determination of medical necessity.

Reminder: Resubmitted requests must meet submission deadlines to be considered for approval.

Refer to the “Authorization and Prior Authorization Denials” section of the *Children with Special Health Care Needs Services Program Provider Procedures Manual* for more information.

For more information, call the TMHP CSHCN Services Program Contact Center 1-800-568-2413.