

Important Information for Submitting Prior Authorization Requests

Information posted May 30, 2019

Note: *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

Essential Fields on PA Forms

When filling out a prior authorization form, providers must fill out essential fields completely and correctly to avoid unnecessary denials or delays. Essential fields contain information needed to process a prior authorization request and include the following:

- Client name
- Client Medicaid number (patient control number [PCN]) or Children with Special Health Care Needs (CSHCN) Services Program client number
- Client date of birth
- Provider name
- Texas Provider Identifier (TPI) or CSHCN TPI
- National Provider Identifier (NPI)
- Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) procedure code
- Quantity of service units requested based on CPT or HCPCS code requested

Note: *Ambulance providers only need to submit a TPI or an NPI; both are not required.*

Information printed or typed in fields on a prior authorization request form must match the information entered into the fields on Prior Authorization (PA) on the Portal.

Links to PA on the Portal and prior authorization request forms can be found on the left-hand menu of the [Prior Authorization webpage](#) on this website.

Submitting Prior Authorization Requests

A separate prior authorization form must be completed for each request for each client. Requests received with multiple clients will be returned to the provider for resubmission to ensure Health Insurance Portability and Accountability Act (HIPAA) compliance.

If a provider is faxing prior authorization requests for more than one client, each client request must be faxed individually with a separate cover sheet.

Note: *The faxed cover sheet is not meant to replace the appropriate prior authorization form. Providers cannot include information on a cover sheet needed to complete the review of a request. Prior authorization cover sheets must not contain any protected health information (PHI) per HIPAA.*

Reminder: Providers must include the corresponding reference number on the prior authorization fax cover sheet to ensure that the information is attached to the correct request.

Prior Authorization Form Alterations

Providers needing to make changes to information on a prior authorization request form must strike through the incorrect information with a single line. The original content must remain legible, and the change must be initialed and dated by the original signatory or ordering physician, when applicable. Changes made using a correction fluid (e.g., Wite-Out) will not be accepted.

Providers may refer to the current *Texas Medicaid Provider Procedures Manual, Prior Authorization Handbook*, section 5.4 "Submitting Prior Authorization Forms" or the current *CSHCN Services Program Provider Manual, Prior Authorizations and Authorizations Handbook*, section 4.3.5 "How to Submit a Prior Authorization Request."

Providers that submit prior authorization requests online using PA on the Portal must follow the instructions for submitting requests found in the [Texas Medicaid & Healthcare Partnership Prior Authorization \(PA\) on the Portal Submission Guide](#).

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.