Prior Authorization Changes for Saline Procedure Code A4217

Information posted July 2, 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.

Effective July 1, 2018, procedure code A4217 for saline will no longer require prior authorization within the allowable limit of ten per month.

Affected claims with dates of service from July 1, 2018, through June 13, 2019, may be reprocessed and providers may receive an additional payment. Additional payments will be reflected on Remittance and Status Reports.

Providers can refer to the current *Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*, section 2.2.27.7 “Wound Care Procedures and Limitations,” for limits and additional information.

For more information, call the TMHP Contact Center at 1-800-925-9126.