



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
**A STATE MEDICAID CONTRACTOR**

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## **FAX COVER SHEET CONFIDENTIAL**

**Date:** June 10, 2005

**To:** PCCM Facility Providers: Administration, Admissions,  
Business Office, Case Management, Utilization Review

**From:** PCCM Inpatient/Outpatient Prior Authorization  
Departments

**Subject:** PCCM Authorization Changes Effective 7-11-05

**Number of Pages:** **Cover +** 2

### **Message/Comments:**

This fax contains important changes to the PCCM authorization process **effective July 11, 2005**, including a new revised inpatient/outpatient authorization form.

Please distribute the information and form to all areas of your facility involved in the authorization and billing processes for PCCM.

Please contact TMHP for any questions about the form or information contained in this fax.

CONFIDENTIALITY NOTICE: This fax is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please call us immediately and return the original facsimile to us at the above address via the U.S. Postal Service, COD.

# Primary Care Case Management Prior Authorizations

**Effective July 11, 2005, the Primary Care Case Management (PCCM) authorization process is changing. Although concurrent review is no longer required, please see below for the specific requirements for each request type:**

- Urgent/Emergent Admissions and Admissions from Observation Services will only require notification prior to claim submission
- Non-routine Newborn/Obstetrical length of stays or services will require notification with clinical information prior to claim submission
- Scheduled Admissions will require prior authorization
- Outpatient Services that required prior authorization will continue to require prior authorization
- The various request forms previously used by providers were simplified into the Primary Care Case Management (PCCM) Inpatient/Outpatient Authorization Form which is contained in this fax
- The new form must be used beginning **July 11, 2005** by facilities and PCPs for inpatient notification/prior authorization and outpatient prior authorization requests
- No other forms including multiple patient spreadsheets will be accepted from providers
- A complete PCCM Inpatient/Outpatient Authorization Form including TPI is required for each individual patient notification/authorization request

## ***The PCCM authorization process is changing!***

- If there is a change in an existing authorization (i.e., change in diagnosis, DRG, change in procedure or dates of service) providers are required to update their authorization by fax or by phone prior to claim submission
- Claims will be processed based on the lesser of the billed or authorized amount

The above changes are described in detail in the June PCCM Special Bulletin and the July/August 2005 *Texas Medicaid Bulletin*, Number 189.

Provider telephone numbers will remain the same, 1-512-302-5039 for faxed requests and 1-888-302-6167, Option 1 for the PCCM Inpatient Prior Authorization Department and Option 2 for the PCCM Outpatient Prior Authorization Department.

For more information visit the TMHP website at [www.tmhp.com](http://www.tmhp.com) or call the TMHP Contact Center at 1-800-925-9126.

# PCCM Inpatient/Outpatient Authorization Form

This form is used to obtain prior authorization (PA) for elective inpatient admission/procedures and outpatient services, update an existing inpatient or outpatient authorization and provide notification of emergency admissions.

Phone: 1-888-302-6167 (Option 1 Inpatient, Option 2 Outpatient) Fax: 1-512-302-5039

*Please check the appropriate action you are requesting*

## Inpatient Services:

- ☐ **Notification** (complete fields in Sec 1 excluding clinical documentation)
- ☐ **DRG or clinical update** (complete Sec 2)
- ☐ **Non Routine OB/NB** (complete Sec 1)
- ☐ **Prior Authorization of scheduled admission/procedure** (complete Sec 1)

## Outpatient (OP) Services:

- ☐ **Prior authorization for outpatient services** (complete Sec 1)
- ☐ **Update/change codes from original OP PA request** (complete Sec 2)

Facility TPI # \_\_\_\_\_ Facility Name: \_\_\_\_\_ Reference # (if available) \_\_\_\_\_

PCN # \_\_\_\_\_ Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Requesting (Admitting) Physician TPI #: \_\_\_\_\_ Requesting (Admitting) Physician Name: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Section 1

Service Type: ☐ Outpatient Service(s) ☐ Emergent/Urgent Admit ☐ Scheduled Admission/Procedure ☐ Admit Following Observation

Date of Service: \_\_\_\_\_ Procedure Code(s): \_\_\_\_\_

Diagnosis Codes: Primary - \_\_\_\_\_, Secondary - \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\*DRG Code: \_\_\_\_\_ Discharge Date (if available): \_\_\_\_\_

Clinical Documentation Supporting Medical Necessity for a scheduled admission/procedure, outpatient services or non-routine OB/NB:

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## Section 2 Updated Information (When necessary)

Diagnosis Code(s): Primary - \_\_\_\_\_ Secondary - \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Date of Service: \_\_\_\_\_ Procedure Codes: \_\_\_\_\_ \*DRG Code: \_\_\_\_\_

Clinical Documentation to Support Medical Necessity of DRG or Procedure Code Change:

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*\*Only required for DRG inpatient admission*



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