



## Parkland Community Health Plans, Inc. Prior-Authorization List for Participating Providers Effective May 1, 2011

Parkland Prior-Authorization list for **participating providers** for 2011:

**Applies to: Parkland HEALTHfirst, KIDSfirst, CHIP Perinate and CHIP Perinate Newborn**  
*The May 1, 2011 Prior-Authorization list supersedes all Prior-Authorization lists.*

**ALL TEXAS REFERRAL / AUTHORIZATION FORMS MUST BE SIGNED BY THE PCP OR ORDERING PHYSICIAN THAT HAS A VALID REFERRAL FROM THE PCP.**

### PROCEDURE DESCRIPTION

### PROCEDURE CODES

#### Inpatient

##### Hospitalizations / inpatient admissions

- **All elective admissions** to a facility including acute, skilled, hospice, rehabilitation and partial hospitalization for behavioral health conditions. Exception: Well babies (v30.0 who go home with their mothers in less than 3 days for vaginal deliveries or less than 5 days for c-section deliveries.)
- **All inpatient facility to facility transfers** — the transferring facility is responsible for obtaining pre-certification prior to the transfer to the new facility
- **All non-elective admission notification is required.** Please submit clinical information for medical necessity for admission and level of care within two business days of the admission date.

#### In-office specialty care referrals

Any non-urgent referral for out of network specialist office visits, regardless of specialty

Any non-covering primary care provider who is not the member's PCP on the date of service. Exception: Well child exams (v20.2) by any provider with an EPSDT TPI number.

Dermatologists

10040 – 19499 Surgery skin  
30620 Septal / intranasal dermatoplasty  
36400 – 36550 Surgery (Venous)  
85007 – 85048 Hematology and coagulation  
99201 – 99215 Office and other outpatient service  
99241 – 99245 Office and other outpatient consultations

Podiatrists (except for services related to diabetic foot care — diabetes must be primary diagnoses)

All related codes except for services related to diabetes 250.x



All neuropsych evaluations	96101, 96118
Obstetrical and perinatology — notification required after the first visit to ensure member is screened for OB case management	
<b>Diagnostic testing</b>	
Genetic testing for those over 1 year of age	83890 – 84999 Pathology and lab / chemistry 86805 – 86849 Tissue typing 88230 – 88299 Cytogenic studies 99201 – 99215 Office and other outpatient services 99241 – 99245 Office and other outpatient consultations S3820, S3822, S3823 Brach genetic testing 76801 – 76828 OB ultrasounds for CHIP Perinate ONLY (PCHP will allow one OB ultrasound without prior authorization and any additional requests require prior authorization).
<b>Ambulance</b>	
Non-emergent ambulance transportation — air or ground	
<b>Home health care</b>	
Skilled nursing	
Rehabilitation / physical, occupational, speech therapy	
Private duty nursing	
Infusion therapy	
Home health aide / personal care assistant	
<b>Medical injectables — in-office, outpatient setting, or home (including but not limited to):</b>	
Growth hormone	J2170, J2940, J2941, Q0515, S9558, 83003
IVIG	J1561, J1562, J1566, J1567, J1568, J1569, J1572 90281, 90283, 90284, 90399
Synagis®	C9003, J1565, S9562, 90378, 90379
Remicade	
17 Alpha hydroxyprogesterone caproate (17P)	
Pain management — intrathecal, epidural, trigger point injections, facet injections, joint injections, etc.	
Intrathecal baclofen pump	
Xolair	



<b>Transplants</b>	
All transplant work-ups and procedures	
<b>Outpatient rehabilitation / habilitation / therapies — excluding evaluations</b>	
Physical therapy	
Occupational therapy	
Speech therapy	
Respiratory therapy	
<b>Outpatient procedures</b>	
Removal of premalignant, malignant lesions	11600 – 11646
<b>Dental / oral maxillofacial / craniofacial</b>	
Orthognathic surgery procedures / osteotomies	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21159, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215 <b>D codes:</b> D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7995, D7996
TMJ	
<b>Cosmetic procedures</b> (including but not limited to):	
Reconstructive repairs, injection of filling material (including collagen)	11950, 11951, 11952, 11954
Excision of skin	15831 – 15839
Removal of benign lesion	11400 – 11446
Otoplasty	69300, 69399
Breast reconstruction	19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, S2066, S2067, S2068
Reconstructive repair of pectus excavatum or carinatum	21740, 21742, 21743
Reduction mammoplasty / gynecomastia	19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342



Lipectomy	15876, 15877, 15878, 15879
Venous ligation	36475, 36476, 36478, 36479, 37204, 37700, 37718, 37722, 37735, 37760, 37765, 37766, 37780, 37785, 75894
Sclerotherapy	36468, 36469, 36470, 36471
Rhinoplasty	30120, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30620
Blepharoplasty	15820, 15821, 15822, 15823, 21280, 21282, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67916, 67917, 67923, 67924, 67950
Canthopexy	21282
Canthoplasty	67950
Cervicoplasty	15819
Rhytidectomy	15824, 15825, 15826, 15828, 15829
Gastroplasty / gastric bypass	43631, 43632, 43633, 43634, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43999, 49999
Uvulopalatopharyngoplasty (UP3 or LAUP)	42145, 42140, 42299
Circumcision in children over 1 year of age	54152, 54161
Abortion	59840-59857, 59866
<b>Durable medical equipment, supplies, prosthetics, orthotics</b>	
All requests where the total amount of the request is greater than \$1,000 (including but not limited to):	
Hospital beds	
Electric scooter	
Customized braces / orthotics	
Upper limb prosthetics	
Lower limb prosthetics	
Wheelchairs	
Cranial molding helmets	S1040