PCHP Prior Authorization Lookup Tool User Guide

Accessing PCHP's Prior Auth Lookup Tool

The PA Lookup Tool is accessed through a standard web browser. Currently, all modern browsers are supported such as Chrome, Firefox, and Safari.

The link to the tool can be accessed by navigating to the [PCHP Provider website](#), then select [Prior Authorization in the top menu](#), and select the [Prior Auth Lookup Tool tile](#) on the page.
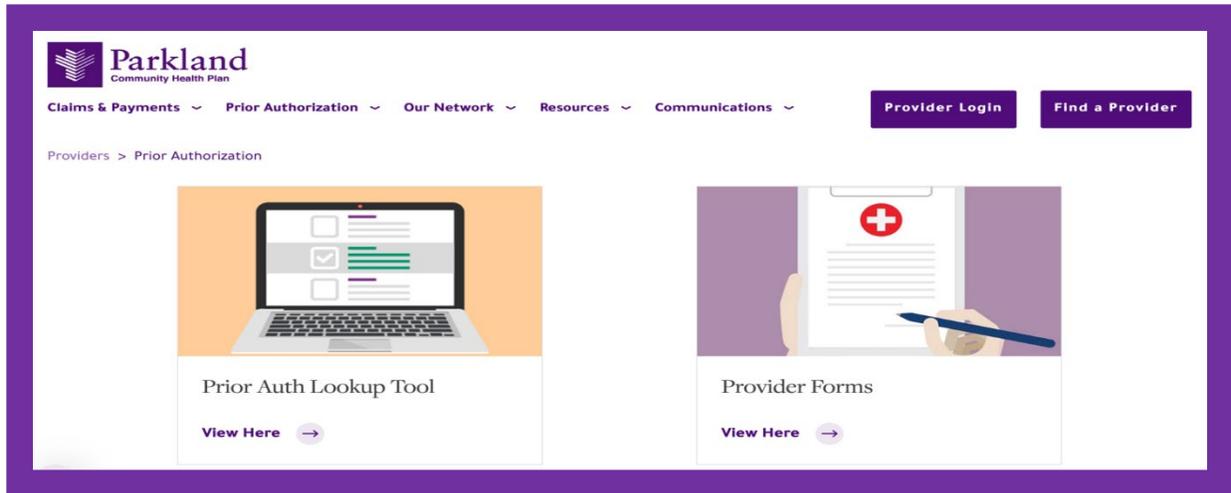
The Prior Auth Lookup Tool is in the lower portion of this page. The top of the page provides links to specific pages for submitting prior authorizations for Behavioral Health, Pharmacy and Vision procedures.
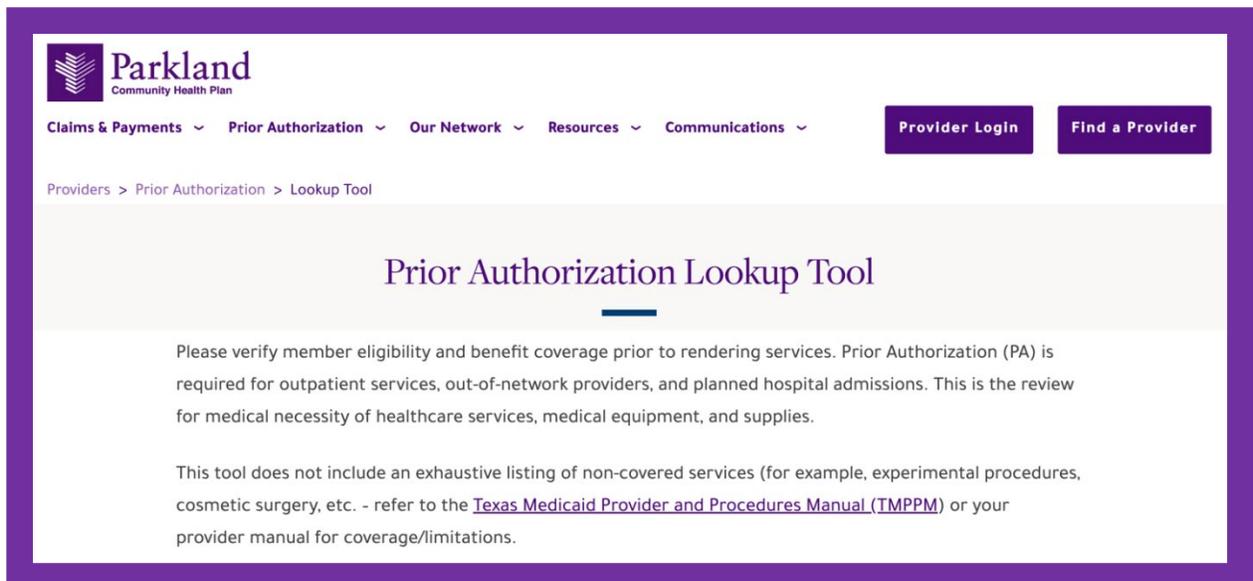
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Scrolling down in the page, there are three fields that can be entered to determine if a prior authorization is required or not.

* Required Fields

Date of Service*

Plan Name*

Please Select*

Procedure Code*

Add another Procedure Code

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Submit

Enter the planned Date of Service for the procedure and select the Plan Name for the member. The member's plan name can be found on the member's PCHP card.

* Required Fields

Date of Service*

07/31/2024

Plan Name*

Please Select*
STAR Medicaid
CHIP
CHIP Perinate

Add another Procedure Code

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The last element that is needed is the CPT code or HCPCS code for the procedure. Select "Add another Procedure Code" if more than one code is to be used for the member.

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When the required fields are complete, select "Submit" and the form will display the results if an authorization required or not.

Date of Service: Wednesday, July 31, 2024
Plan: STAR Medicaid
Transaction Id: TR-5f834906-5c95-4535-b910-548ef08a94f7

Instructions:
Prior Authorization is required for all service requests over benefit limitations within the Texas Medicaid Provider Procedures Manual (TMPPM).
Prior Authorization is required for all NON-Participating Provider requests.

Revision Of Lower Eyelid

Code: 15820
Authorization: Required

Medical Policies:
TMPPM - Cosmetic Procedures
Avesis - Ophthalmology

Additional Information:
Avesis manages Vision Prior Authorizations. Please contact them: Avesis Third Party Administrators, LLC Attention: Eye Care Prior Authorization P.O. Box 38300 Phoenix, AZ 85069 Please contact them at: Phone 1-866-563-3591
For services provided under the vision benefit, please refer to the Avesis-Ophthalmology policy
For services provided under the medical benefit, please refer to the TMPPM policy

Revision Of Upper Eyelid

Code: 15823
Authorization: Required

Medical Policies:
TMPPM - Cosmetic Procedures
Avesis - Ophthalmology

Additional Information:
Avesis manages Vision Prior Authorizations. Please contact them: Avesis Third Party Administrators, LLC Attention: Eye Care Prior Authorization P.O. Box 38300 Phoenix, AZ 85069 Please contact them at: Phone 1-866-563-3591
For services provided under the vision benefit, please refer to the Avesis-Ophthalmology policy
For services provided under the medical benefit, please refer to the TMPPM policy

Back to Form   Print

The results will include:
- The fields that you submitted: Date of Service, Plan and Procedure Code.
- Transaction ID included as a reference. The information submitted and the answer received are saved within the system to allow for an audit trail if there are questions regarding this response.
- Instructions are provided that are relevant to the member's health plan.

Each procedure code result will show:
- The name of the procedure code.
- The code that applies.
- Whether or not a prior authorization is required.
- A link to the source for the medical policy that applies.
- Additional Information – This section includes additional information that is relevant to the procedure code or medical policy. Examples include instructions for the submission of prior authorizations, benefit related instructions or frequently asked details regarding the medical policy for the procedure.

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A record of your request and results are available to print for your records by clicking the "Print" button on the bottom of the results page.