



**HHSC UNIFORM MANAGED CARE MANUAL**

CHAPTER **5.27**

**Prior Authorization Annual Review Report**

EFFECTIVE DATE **November 10, 2020**

**Version 2.1**

**DOCUMENT HISTORY LOG**

<b>STATUS<sup>1</sup></b>	<b>DOCUMENT REVISION<sup>2</sup></b>	<b>EFFECTIVE DATE</b>	<b>DESCRIPTION<sup>3</sup></b>
Baseline	2.0	July 24, 2020	Initial version Uniform Managed Care Manual Chapter 5.27, "Prior Authorization Annual Review Report." Chapter 5.27 applies to contracts issued as a result of HHSC RFP number(s) 529-12-0002, 529-10-0020, 529-13-0042, 529-15-0001, 529-13-0071, and 529-12-0003. Chapter 5.27 adds a new report deliverable. Refer to UMCM Chapter 15.6 for reporting guidelines.
Revision	2.0.1	September 15, 2020	Accessibility approved version.
Revision	2.1	November 10, 2020	Administrative changes made to the Instructions worksheet as follows: Annual report is to be submitted to TexConnect instead of TexMedCentral with notification to Acute Care Utilization Review (ACUR), and language added that the annual report will contain data from the previous state fiscal year.

<sup>1</sup> Status should be represented as "Baseline" for initial issuances and "Revision" for changes to the Baseline version.

<sup>2</sup> Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

<sup>3</sup> Brief description of the changes to the document made in the revision.

## Report Submission Instructions

1. The MCO must submit report to Contract Deliverables page in TexConnect using the following naming convention: PA Annual Report ACUR\_MCO Name (abbreviated)
2. Notify ACUR of the report submission to TexConnect by emailing MCS\_ManagedCareUR@hhsc.state.tx.us. Use the following naming convention in the email subject line: PA Annual Report\_ACUR\_MCO Name.
3. The Prior Authorization Annual Review Report must be submitted annually on October 1 and will contain data from the previous state fiscal year (SFY).
4. The reporting period for the deliverable must align with the SFY.  
For example: SFY 2020 report is due October 1, 2020. The dates covered in the report are September 1, 2019 through August 31, 2020.
5. The MCO will add additional rows as needed to complete its submission.

## Reporting Details Instructions

(Provides general MCO information)

<b>Reporting Details</b>	Populate the fields with required information.
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## Prior Authorization Annual Review Report

This worksheet reflects all procedure codes that require a prior authorization throughout the reporting period.

Field	Instructions
<b>Procedure Codes</b>	HCPCS or CPT procedure code that currently require prior authorization
<b>Date of Most Recent Review</b>	The most recent prior authorization annual review date the MCO reviewed the prior authorization requirements for the service type or procedure code.  Format = MM/DD/YYYY
<b>Date of Previous Review</b>	The date the MCO previously completed the review of the prior authorization requirements for the service/item Format = MM/DD/YYYY *If the prior authorization was implemented within the last year and has not undergone a subsequent review enter N/A.
<b>Program</b>	Identifies which program(s) the prior authorization applies to. - Mark with an "X" if prior authorization applies to the program. STAR, STAR+PLUS, STAR Health, STAR Kids or Dental

## Change Log Instructions

(Provides the history of all changes after 9/1/2019 for the reporting period)

Field	Instructions
<b>Prior Authorization Procedure Code</b>	HCPCS or CPT procedure code
<b>Added, Terminated, or Revised</b>	Identifies if a procedure code was added to the list of services/items requiring prior authorization (ADDED), removed from the list of services/items requiring prior authorization (TERMINATED), or changes were made to the requirements for a prior authorized service/item (REVISED). THE MCO MAY ONLY CHOOSE ONE OF THE THREE ACTIONS.
<b>Effective Date</b>	The date the MCO imposed or will impose the prior authorization. Format = MM/DD/YYYY
<b>Program</b>	Identifies which program(s) the prior authorization applies to. - Mark with an "X" if prior authorization applies to the program. STAR, STAR+PLUS, STAR Health, STAR Kids or Dental

## Prior Authorization Annual Review Report

PROCEDURE CODE	DATE OF MOST RECENT REVIEW	DATE OF PREVIOUS REVIEW	STAR	STAR Kids	STAR+ PLUS	STAR Health	Dental
D0210	9/1/2021	6/10/2020					X
D0270	9/1/2021	6/10/2020					X
D0272	9/1/2021	6/10/2020					X
D0273	9/1/2021	6/10/2020					X
D0274	9/1/2021	6/10/2020					X
D0330	9/1/2021	6/10/2020					X
D1351	9/1/2021	6/10/2020					X
D1352	9/1/2021	6/10/2020					X
D2710	9/1/2021	6/10/2020					X
D2720	9/1/2021	6/10/2020					X
D2721	9/1/2021	6/10/2020					X
D2722	9/1/2021	6/10/2020					X
D2740	9/1/2021	6/10/2020					X
D2750	9/1/2021	6/10/2020					X
D2751	9/1/2021	6/10/2020					X
D2752	9/1/2021	6/10/2020					X
D2780	9/1/2021	6/10/2020					X
D2781	9/1/2021	6/10/2020					X
D2790	9/1/2021	6/10/2020					X
D2791	9/1/2021	6/10/2020					X
D2792	9/1/2021	6/10/2020					X
D2794	9/1/2021	6/10/2020					X
D3346	9/1/2021	6/10/2020					X
D4249	9/1/2021	6/10/2020					X
D4283	9/1/2021	6/10/2020					X
D4285	9/1/2021	6/10/2020					X
D4341	9/1/2021	6/10/2020					X
D4342	9/1/2021	6/10/2020					X
D4355	9/1/2021	6/10/2020					X
D5110	9/1/2021	6/10/2020					X
D5120	9/1/2021	6/10/2020					X
D5130	9/1/2021	6/10/2020					X
D5140	9/1/2021	6/10/2020					X
D5211	9/1/2021	6/10/2020					X
D5212	9/1/2021	6/10/2020					X
D5213	9/1/2021	6/10/2020					X
D5214	9/1/2021	6/10/2020					X
D5863	9/1/2021	6/10/2020					X
D5864	9/1/2021	6/10/2020					X
D5865	9/1/2021	6/10/2020					X
D5866	9/1/2021	6/10/2020					X
D7140	9/1/2021	6/10/2020					X
D7210	9/1/2021	6/10/2020					X
D7280	9/1/2021	6/10/2020					X
D7283	9/1/2021	6/10/2020					X
D7911	9/1/2021	6/10/2020					X
D7912	9/1/2021	6/10/2020					X
D7961	9/1/2021	6/10/2020					X
D7962	9/1/2021	6/10/2020					X
D8010	9/1/2021	6/10/2020					X
D8020	9/1/2021	6/10/2020					X
D8050	9/1/2021	6/10/2020					X
D8060	9/1/2021	6/10/2020					X
D8070	9/1/2021	6/10/2020					X
D8080	9/1/2021	6/10/2020					X
D8090	9/1/2021	6/10/2020					X
D8210	9/1/2021	6/10/2020					X
D8220	9/1/2021	6/10/2020					X
D8660	9/1/2021	6/10/2020					X
D8670	9/1/2021	6/10/2020					X
D8680	9/1/2021	6/10/2020					X
D8690	9/1/2021	6/10/2020					X
D8999	9/1/2021	6/10/2020					X
D9210	9/1/2021	6/10/2020					X
D9222	9/1/2021	6/10/2020					X
D9223	9/1/2021	6/10/2020					X
D9239	9/1/2021	6/10/2020					X
D9243	9/1/2021	6/10/2020					X
D9248	9/1/2021	6/10/2020					X
D9500	9/1/2021	6/10/2020					X
D9610	9/1/2021	6/10/2020					X
D9930	9/1/2021	6/10/2020					X
D9944	9/1/2021	6/10/2020					X

