



Prior Authorization | April 7, 2023

Webinar Questions & Answers (Q&A)

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Q) When a school requires a parent or an advocate to attend a synchronous audiovisual school meeting via sync audio/visual, how should we bill? Is the meeting considered a face-to-face visit?

A) Face-to-face visits are different from audiovisual visits. Each claim should be submitted with the appropriate modifier based on the type of visit. These modifiers are found in the [provider manual](#).

Q) Is the synchronous audiovisual school meeting considered a telephone follow-up?

A) No. There are separate modifiers for a telephone follow-up and a comprehensive visit, which includes synchronous audiovisual services. These modifiers are found in the [provider manual](#).

Q) Will the Children and Pregnant Women (CPW) services program be able to bill for pregnant women, STAR clients, or fee-for-service (FFS) clients through TMHP?

A) The claims process is not changing. The [place](#) where CPW providers will submit their prior authorization (PA) requests for FFS clients is changing. CPW is for Medicaid clients, and TMHP reviews PA requests for Medicaid clients. **Note:** Medicaid and FFS are used interchangeably.

Q) What changes go into effect on April 17, 2023?

A) CPW providers that submit FFS prior authorization requests will begin submitting their requests to TMHP, and the user interface of PA on the Portal is changing.

Q) Does this change include managed care organization (MCO) prior authorizations for the CPW program? In other words, will the CPW program go back to billing through TMHP instead of MCOs?

A) FFS prior authorizations and billing are the only things that will come through TMHP. MCO prior authorizations and billing will continue as it is today for CPW.

Q) If a claim has already been submitted and the Current Procedural Terminology (CPT) or diagnosis (DX) that was approved in the PA are different from what was performed/billed, are we allowed to do an amendment?

A) This information is available in [Section 6, Claims Filing](#), of the TMPPM.

Q) If a PA was not obtained prior to service completion, can an authorization be obtained after the date of service (DOS)?

A) Unless the exception is specified by the TMPPM, prior authorization must be obtained prior to services rendered.

Q) Do we have to contact each MCO in regard to prior authorization?

A) Providers are responsible for verifying client eligibility. Authorization requests for services administered by a client's MCO must be submitted to the client's MCO according to the guidelines that are specific to the plan under which the client is covered.

Q) What discipline will be reviewing CPW prior authorizations?

A) Prior authorization clinicians will review CPW requests. Medical directors will review the request if it doesn't meet policy criteria.

Q) Will there be a step-by-step guide or video on how to upload a PA request or begin the PA process?

A) Training is available on the [TMHP Learning Management System \(LMS\)](#). After logging into the LMS, click the **Provider Education** topic card, and then click **Prior Authorization**. The following trainings are available:

- Prior Authorization Webinar Recording (*Accessible PDF available*)
- PA on the Portal Submission Guide
- TMHP Portal Security Training Manual
- Prior Authorization (PA) on the Portal CBT (*Accessible PDF available*)
- Case Management for Children and Pregnant Women (CPW) Infographic

Q) What's the turnaround time for prior authorizations?

A) The turnaround time is 3 business days for all areas except for nonemergency ambulance requests.

Q) When Medicare is the primary insurance and Medicaid is secondary, are providers required to obtain authorization for Medicaid?

A) This is dependent on the service being requested. Providers must follow the guidelines and requirements listed in the handbook for that service.

Q) If I receive a referral from a primary care physician (PCP) and the client does not have active Medicaid benefits and the parent/client needs assistance with applying for Medicaid, will a CPW provider be able to submit a prior authorization request for the client? What if it takes HHSC several months to work the HHSC application for Medicaid but the client is requesting CPW services. What do I do in this case?

A) The client must be eligible for Medicaid at the time that the PA is requested. For [client retroactive eligibility](#), refer to the TMPPM for submission instructions.

Q) Is the CPW Case Management program now under the Children with Special Health Care Needs (CSHCN) Services Program?

A) No.