



**HHSC UNIFORM MANAGED CARE MANUAL**

CHAPTER **5.27**

**Prior Authorization Annual Review Deliverable**

EFFECTIVE DATE **August 1, 2024**

**Version 2.2**

**DOCUMENT HISTORY LOG**

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
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.
Revision	2.2	August 1, 2024	Updated the instructions tab, Row 20 by adding "Format = Text", so that the Procedure Code columns are set to "Text" and MCOs are aware of this requirement. Revised the name from "report" to "deliverable".

<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.

## Deliverable 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 deliverable submission to TexConnect by emailing MCS\_ManagedCareUR@hhsc.state.tx.us. Use the following naming convention in the email subject line: PA Annual Deliverable\_ACUR\_MCO Name.
3. The Prior Authorization Annual Review Deliverable 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 deliverable is due October 1, 2020. The dates covered in the deliverable 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 Deliverable

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.  Format = Text
<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 Deliverable

PROCEDURE CODE	DATE OF MOST RECENT REVIEW	DATE OF PREVIOUS REVIEW	STAR	STAR Kids	STAR+ PLUS	STAR Health	Dental
D0367	08/25/2025	08/26/2024					X
D0999	08/25/2025	08/26/2024					X
D2510	08/25/2025	08/26/2024					X
D2520	08/25/2025	08/26/2024					X
D2530	08/25/2025	08/26/2024					X
D2542	08/25/2025	08/26/2024					X
D2543	08/25/2025	08/26/2024					X
D2544	08/25/2025	08/26/2024					X
D2650	08/25/2025	08/26/2024					X
D2651	08/25/2025	08/26/2024					X
D2652	08/25/2025	08/26/2024					X
D2662	08/25/2025	08/26/2024					X
D2663	08/25/2025	08/26/2024					X
D2664	08/25/2025	08/26/2024					X
D2710	08/25/2025	08/26/2024					X
D2720	08/25/2025	08/26/2024					X
D2721	08/25/2025	08/26/2024					X
D2722	08/25/2025	08/26/2024					X
D2740	08/25/2025	08/26/2024					X
D2750	08/25/2025	08/26/2024					X
D2751	08/25/2025	08/26/2024					X
D2752	08/25/2025	08/26/2024					X
D2780	08/25/2025	08/26/2024					X
D2781	08/25/2025	08/26/2024					X
D2782	08/25/2025	08/26/2024					X
D2783	08/25/2025	08/26/2024					X
D2790	08/25/2025	08/26/2024					X
D2791	08/25/2025	08/26/2024					X
D2792	08/25/2025	08/26/2024					X
D2794	08/25/2025	08/26/2024					X
D2960	08/25/2025	08/26/2024					X
D2961	08/25/2025	08/26/2024					X
D2962	08/25/2025	08/26/2024					X
D2999	08/25/2025	08/26/2024					X
D3346	08/25/2025	08/26/2024					X
D3347	08/25/2025	08/26/2024					X
D3348	08/25/2025	08/26/2024					X
D3351	08/25/2025	08/26/2024					X
D3352	08/25/2025	08/26/2024					X
D3353	08/25/2025	08/26/2024					X
D3410	08/25/2025	08/26/2024					X
D3421	08/25/2025	08/26/2024					X
D3425	08/25/2025	08/26/2024					X
D3426	08/25/2025	08/26/2024					X
D3430	08/25/2025	08/26/2024					X
D3450	08/25/2025	08/26/2024					X
D3460	08/25/2025	08/26/2024					X
D3470	08/25/2025	08/26/2024					X
D3999	08/25/2025	08/26/2024					X
D4210	08/25/2025	08/26/2024					X
D4211	08/25/2025	08/26/2024					X
D4230	08/25/2025	08/26/2024					X
D4231	08/25/2025	08/26/2024					X
D4240	08/25/2025	08/26/2024					X
D4241	08/25/2025	08/26/2024					X
D4245	08/25/2025	08/26/2024					X
D4249	08/25/2025	08/26/2024					X
D4260	08/25/2025	08/26/2024					X
D4261	08/25/2025	08/26/2024					X
D4266	08/25/2025	08/26/2024					X
D4267	08/25/2025	08/26/2024					X
D4270	08/25/2025	08/26/2024					X
D4273	08/25/2025	08/26/2024					X
D4274	08/25/2025	08/26/2024					X
D4275	08/25/2025	08/26/2024					X
D4276	08/25/2025	08/26/2024					X
D4277	08/25/2025	08/26/2024					X
D4278	08/25/2025	08/26/2024					X
D4283	08/25/2025	08/26/2024					X
D4285	08/25/2025	08/26/2024					X
D4322	08/25/2025	08/26/2024					X
D4323	08/25/2025	08/26/2024					X
D4341	08/25/2025	08/26/2024					X
D4342	08/25/2025	08/26/2024					X
D4999	08/25/2025	08/26/2024					X
D5110	08/25/2025	08/26/2024					X
D5120	08/25/2025	08/26/2024					X
D5130	08/25/2025	08/26/2024					X
D5140	08/25/2025	08/26/2024					X
D5211	08/25/2025	08/26/2024					X
D5212	08/25/2025	08/26/2024					X
D5213	08/25/2025	08/26/2024					X
D5214	08/25/2025	08/26/2024					X
D5810	08/25/2025	08/26/2024					X
D5811	08/25/2025	08/26/2024					X
D5820	08/25/2025	08/26/2024					X
D5821	08/25/2025	08/26/2024					X



D8680	08/25/2025	08/26/2024					X
D8999	08/25/2025	08/26/2024					X
D9222	08/25/2025	08/26/2024					X
D9223	08/25/2025	08/26/2024					X
D9239	08/25/2025	08/26/2024					X
D9243	08/25/2025	08/26/2024					X
D9248	08/25/2025	08/26/2024					X
D9500	08/25/2025	08/26/2024					X
D9610	08/25/2025	08/26/2024					X
D9612	08/25/2025	08/26/2024					X
D9630	08/25/2025	08/26/2024					X
D9920	08/25/2025	08/26/2024					X
D9930	08/25/2025	08/26/2024					X
D9944	08/25/2025	08/26/2024					X
D9950	08/25/2025	08/26/2024					X
D9951	08/25/2025	08/26/2024					X
D9952	08/25/2025	08/26/2024					X
D9999	08/25/2025	08/26/2024					X



FIELD OR FIELD TOPIC HEADING	Field Definition	Enter responses for lines 2 through 9 in the space below
<b>MCO NAME</b>	Formal Name of MCO Example: Example Health Plan	UnitedHealthcare Dental Texas Children's Medicaid and CHIP
<b>CONTACT NAME</b>	Full Name of person to contact about this report and contents Example: John Smith	Justin Washington
<b>CONTACT TITLE</b>	Full title of contact person Example: Compliance Officer	Associate Dental Director, Clinical Consultant
<b>CONTACT PHONE</b>	Complete phone number of contact person Example: (888) 123-4567	952-251-5917
<b>CONTACT EMAIL</b>	Complete email address of contact person Example: name@company.com	justin.washington@uhc.com
<b>REPORT DATE MM/DD/YYYY</b>	Date report was generated Example: 02/28/2020	08/25/2025
<b>FISCAL YEAR REPORTED</b>	State Fiscal Year for which the report data applies Example: SFY2020	SFY2025
<b>SUBMISSION TYPE</b>	Type of submission. Options would be Initial or Corrected	Initial