

Provider Network News

Provider Portal Update: Newborn Notification Form now available

PCHP has added a new provider form to the Provider Portal for providers to notify PCHP of a New Born. This form can be found under the Authorization tab on the portal. Below are the instructions of how to access and complete this form.

1. Sign into the HealthX Provider Portal
 - a. Select "NICU/Newborn Exceedingly Well Baby Stay" in the Submit a New Authorization section.

Authorizations

Home / Authorizations

Search Authorizations By:
 Authorization responses Submitted requests

Authorization types
 All authorization types Outpatient Inpatient

Authorization status
 Any authorization status Complete In Review
 All Authorization ID Member

Authorization date
 From: To:

Submit a new authorization

Would you like to submit a new authorization request?

Authorizations

- Authorizations
- Outpatient Authorization - Standard
- Outpatient Authorization - Expedited
- DME Authorization - Standard
- DME Authorization - Expedited
- Inpatient Authorization
- NICU/Newborn Exceedingly Well Baby Stay

*A prior authorization request will take up to 60 minutes to submit for clinician review processing.

Prior authorization is based on information provided to Parkland Community Health Plan at the time of request and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility

2. Enter the mother's Member ID and then click "Add this member"

Enter the mother's information in the Member Information section below.

Member Information

To search, please enter a Member ID or search for a member by selecting the link below.

Enter a Member ID*

[Search for a Member](#) ▼

Primary Subscriber IDs will end in '01'. Dependent IDs will end in '02','03', etc. Example: XXXXXX01

3. When the mother's name appears in the Review Type drop-down menu, choose NICU.

Enter the mother's information in the Member Information section below.

Member Information

To search, please enter a Member ID or search for a member by selecting the link below.

BROOKE ARMSTRONG [Change member](#)

Member:	BROOKE ARMSTRONG	Member ID:	733768768	Member Type:	Subscriber	Date of Birth:	12/31/2010
Address:	2602 LONGSHADOW LN MIDLOTHIAN, TX 76065		Phone:	7069929243			
Coverage Name	Effective Date	Termination Date	Plan				
064	11/1/2021						
064	11/1/2020	11/30/2020					

Review Type*

Select ▼

- Select
- ICU/Trauma/SICU/MICU
- NICU
- OB
- Med/Surg (Adults)
- Pediatric
- IP Acute Rehab
- SNF

name in the provider look-up, please fax the request to 844-303-1382.

4. Enter the information for the Referring Provider and Servicing Provider.

Provider Information

If you cannot find the provider name in the provider look-up, please fax the request to 844-303-1382.

Referring Provider

[Change Provider](#)

Provider Name: JONES, ANNA J **Specialty:** Nurse Practitioner

Facilities

UT SOUTHWESTERN MEDICAL SERVICE PLAN
1935 Medical District Dr # D207
Dallas, TX 752357701
2144567000

Servicing Provider

Provider Facility

[Change Facility](#)

Facility Name: UT SOUTHWESTERN UNIVERSITY HOSPITAL

Address: 6201 HARRY HINES BLVD
DALLAS, TX 753909200
2146335555

5. Enter the newborn's information.

Newborn Information

LastName: **FirstName:** **Type Of Delivery:*** **Delivery Date/DOB:*** **Gender:***

Admission Date*

For admission greater than 60 days, please fax to 1-844-303-2807.

Once the initial birth notification is submitted, a new option will be made accessible for multiple births.

6. Next, enter the diagnosis code and, if applicable, the procedure code

Diagnosis

Enter the Primary Diagnosis code. As you start typing a code or description, acceptable diagnoses will begin to auto-populate. Select 'Add Code' to submit multiple codes.

Primary Diagnosis Code*

Inpatient Stay

Enter the Procedure codes. As you start typing, a code or description, acceptable procedures will begin to auto-populate. Select 'Add Service' to submit multiple codes.

Procedure Code

Enter your Requested Imaging Study, Surgery, Procedure, Service, or Medication code

Modifier(s)

7. Attach the authorization form and clinical, and then enter your contact information.

Additional information

Notes about symptoms, clinical findings, or clinical management
0/8000 character limit

Attach Supporting Clinical Documentation

Maximum File size 8MB. Attachments are limited to PDF and Image file types only.

[Choose File](#)

TEST 1234.pdf [Remove File](#)

Please make sure you have attached all forms needed. Forms are located on [our website under Provider Forms](#).

Contact Info

Provider full name in lieu of signature *

Contact Phone *

Contact Email *

Contact Fax *

8. Continue with the InterQual check; after it is finished, a new option for entering multiple births will be offered.

Authorization Submission Summary

✔ Your authorization request was received and will be reviewed.

Message Number: 15620596

Requesting Provider:	JONES, ANNA J	Servicing Provider:	UT SOUTHWESTERN UNIVERSITY HOSPITAL		
Member Name:	ARMSTRONG, BROOKE	Member ID:	733768768	Date of Birth:	12/31/2010

Attachments
[TEST 1234.pdf](#)

[Add Another Newborn](#)

9. To add another newborn, choose Add Another Newborn, then go through steps 5 through 7.