



8278 Bellaire Blvd, Ste B | Houston, TX 77036
www.vanlangipa.com



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www.tecqpartners.com

TO: All Van Lang contracted PCPs, Specialist, Ancillaries and Hospitals
From: Van Lang IPA
Subject: **- PRE AUTHORIZATION REQUEST**
- AUTO APPROVED PROCEDURES
Date: Jan 2022
CC: TECQ Partners, Inc staff

HOW TO SUBMIT A PREAUTHORIZATION REQUEST

Pre authorization (PA) request

To accelerate your routine preauthorization request, submit your PA request to our portal.

- If you are a new user, register at payer.tecqpartners.com

Urgent PA requests will be processed in 72 hours. Routine PA requests will be processed within 14 days.

NCQA definition of urgent request:

- **Urgent request is a request for medical care or service where application of the time frame for making a routine or non-life threatening care determination:**
 - Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on the prudent layperson's judgement, or
 - Could seriously jeopardize the life health or safety of the member or others, due to the member's psychological state, or
 - In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request

To prioritize care appropriately, we ask that providers categorize PA requests correctly as routine or urgent.

- Providers that continuously submit urgent PA requests that are considered routine PA requests will be monitored and will be reclassified as routine if appropriate..
- If providers continue to submit urgent PA requests that are deemed routine after notification by Van Lang, then administrative processes will begin to include 100% monitoring of all requests, focus reviews, with remediation actions including the removal of providers from the Network.

Pre authorization requests

Department	Activity	Action Steps for your practice
Pre-authorization (PA) request	Obtain preauthorization request electronically via the portal	Enroll NOW at payer.tecqpartners.com
PA request	Submit via Fax <i>[submit via our portal is faster to process a response to your PA request in lieu of a fax]</i>	+1-833-585-5298 PA Requests faxed without the provider signature will be returned as not processed. <i>[enter "1" before fax or fax will fail]</i>
Auto Approved Procedures	Review if your procedure is on our list of auto approved codes	Providers do not need to submit a PA for a procedure if the CPT code is on our auto approved list
		Check tecqpartners.com/resources periodically for additional resources

Contact Information

Department	Name	Email	Phone
Medical Management	Holly Truong, RN	clinical@tecqpartners.com	888-319-0777 ext 699
Claims	Claims Customer Service	claims@tecqpartners.com	888-319-0777 ext 899
Provider Services		provider-support@tecqpartners.com	888-319-0777 ext 799
	Jeff Ngo	jeff.ngo@tecqpartners.com	888-319-0777 ext 750
	Tiffany Dao	tiffany.dao@tecqpartners.com	888-319-0777 ext 751

PRIOR AUTHORIZATION FORM

Van Lang IPA
c/o TECQ Partners
8278 Bellaire Blvd., Ste. B; Houston TX 77036
- To accelerate processing of PA request, submit PA request to our portal at (payer.tecqpartners.com)
- Fax PA request to (+1-833-585-5298) [enter +1 or fax will fail]
Telephone No: (888) 319-0777 ext 699

(Sections A - C must be filled out completely. Failure to complete these sections will delay the approval process.)

SECTION A PATIENT INFORMATION

REFERRAL DATE: ___ / ___ / ___ HEALTH PLAN ☐ Amerigroup / Anthem | SERVICE LINE ☐ Medicare Advantage
SERVICE TYPE: ☐ Routine ☐ Urgent ☐ Retro
PATIENT / MEMBER NAME _____
DOB: ___ / ___ / ___ GENDER: ☐ F ☐ M MEMBER ID: _____

SECTION B PROVIDER INFORMATION

Please indicate whether the referral is to a participating or non-participating provider:

☐ Participating Provider ☐ Non-Participating (NOTE: Approval must be obtained **before appointment is scheduled**.)

REFERRED TO (PHYSICIAN/PROVIDER/FACILITY):

REFERRING PHYSICIAN (PCP/PROVIDER):

NAME: _____

PCP NAME: _____

SPECIALTY: _____

ADDRESS: _____

ADDRESS: _____

PHONE NO: (_____) _____

PHONE NO: (_____) _____

FAX NO: (_____) _____

FAX NO: (_____) _____

SECTION C REASON(S) FOR REFERRAL

Place of Service: ☐ Inpatient ☐ Outpatient ☐ Office Facility Name: _____

ICD10-Code: _____	ICD10-Code: _____	CPT CODE 1: _____	<div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin: 0 auto;"># of Visits</div>	CPT CODE 3: _____	<div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin: 0 auto;"># of Visits</div>
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ICD10-Code: _____	ICD10-Code: _____	CPT CODE 2: _____	<div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin: 0 auto;"># of Visits</div>	CPT CODE 4: _____	<div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin: 0 auto;"># of Visits</div>
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ICD10-Code: _____	ICD10-Code: _____	CPT CODE 5: _____	<div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin: 0 auto;"># of Visits</div>	CPT CODE 6: _____	<div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin: 0 auto;"># of Visits</div>
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Accident?: ☐ Yes ☐ No

DX/Significant Reason(s) for Referral (Attach H&Ps, Progress Notes):

PROVIDER SIGNATURE (PCP OR SPECIALIST): X _____ DATE _____

(Disclaimer: SIGNATURE REQUIRED or will be returned unprocessed. If signed by rubber stamp, you accept full responsibility/liability for request.)

Please submit your PA request via TECQ Partners payer system (payer.tecqpartners.com) or by faxing the request and all attached relevant documentation to + 1 – 833- 585 – 5298 [enter +1 or fax will fail].

For processing and Medical Review.

IMPORTANT INSTRUCTIONS: TO CONSULTING PROVIDERS AND PCPS. PLEASE READ CAREFULLY.

- Physician Reviewer is available to discuss the outcome of this authorization at (888) 319-0777 ext 699
- **Important Notice:** Authorization Referral Form must include ICD-10 and CPT Codes; it will be returned for incompleteness, delaying the approval process. Documentation supporting medical necessity must accompany referral. If medical necessity cannot be established, referral may be denied.
- **SPECIALIST:** If further diagnosis, therapeutic services or consults are indicated, contact the PCP for additional referral information and/or modification to services requested.
- This is not an authorization to admit the member to any inpatient facility. Please contact the PCP if hospitalization is needed. In the event eligibility has been terminated, this referral is no longer valid. **PROVIDERS SHOULD ALWAYS VERIFY ELIGIBILITY PRIOR TO RENDERING SERVICE(S) BY CALLING THE MEMBER'S HEALTH PLAN.**
- To insure prompt and accurate payment of your fees, attach one copy of this Authorization Referral Form and Progress Notes to your standard bill and send to the above address. **Do Not Bill The Patient/Member.**
- Your claim form must include the CPT Code with charges, DOS, and ICD-10 Diagnosis Code. **Incomplete Claims Will Be Deferred.**
- Services will be reimbursed according to the Provider Agreement, the patient's type of insurance coverage and/or UC&R. Rev 01.2018

VAN LANG IPA
AUTO APPROVAL AUTHORIZATION AWW

PLEASE NOTE: THIS EXCLUDES ALL MEMORIAL HERMANN HEALTHCARE SYSTEM PROVIDERS. PLEASE GENERATE PRIOR AUTHORIZATION.		(X)
Evaluation and Management - Outpatient Visits		
99201-99205; 99211-99215 New and Established Consultations, Outpatient and Other Visits		()
Diagnostic Radiology / X-Rays (Except: 70170, 70992, 70336, 70350, 70355, 70371, 70373, 70390)		
70030-70390 Radiography: Head, Neck, Orofacial Structures		()
70450 Radiography: Computed tomography, head or brain, without contrast material		()
71010-71130 Radiography: Thorax/Chest, Rib etc		()
72192 Computed tomography, pelvis; without contrast material		()
73000-73085 Radiography: Shoulder and Upper Arm		()
73090-73140 Radiography: Forearm and Hand		()
73500-73550 Radiography: Pelvic Region and Thigh		()
73560-73600 Radiography: Lower Leg, Ankle, and Foot		()
74150 Computed tomography, abdomen; without contrast material		()
93571-93572 Coronary Artery Doppler Studies		()
93990-93998 Noninvasive Vascular Studies: Hemodialysis Access		()
DXA Scan		
77080-77081 Dual-Energy X-ray Absorptiometry (DEXA)		()
Mammography		
77053-77057 Radiography: Breast		()
76641 and 76642 Breast Ultrasound		()
Ultrasound (Except 76831)		
76813-76817 Ultrasound: Other Fetal Evaluations		()
76536-76800 76536-76800 Ultrasound: Neck, Thorax, Abdomen, Spine, Liver, Renal, Breast, Pelvic, Soft Tissue & Thyroid		()
76830-76873 76830-76873 Ultrasound: Male and Female Genitalia		()
CT Scan		
70450 CT Brain without contrast material		()
70460 CT HEAD/BRAIN W/CONTRAST MATERIAL		()
70470 CT Brain with and without contrast material		()
70480 CT Orbit(s) without contrast material		()
70488 CT Maxillofacial without contrast material		()
71250 CT Chest without contrast material		()
71260 CT Chest with contrast material		()
71270 CT Chest with and without contrast material		()
72192 CT Pelvis without contrast material		()
72193 CT Pelvis with contrast material		()
73700 CT Lower Extremity without contrast material		()
74150 CT Abdomen without contrast material		()
74160 CT Abdomen with contrast material		()
74170 CT Abdomen with and without contrast material		()
74176 CT Abdomen and Pelvis without contrast material		()
74177 CT Abdomen and Pelvis with contrast material		()
74178 CT Abdomen and Pelvis with and without contrast material		()
MRI /MRA Scan		
70540 MRI Orbits with and without contrast material		()
70543 MRI ORBIT/FAC/NCK W/O &W/DYE		()
70547 MR ANGIOGRAPHY NECK W/O DYE		()
70549 MR ANGIOGRAPHY NECK W/O&W/DYE		()
70551 MRI Brain without contrast material		()
70553 MRI Brain with and without contrast material		()
70554 MR ANGIOGRAPHY HEAD W/O DYE		()
72141 MRI Cervical Spine without contrast material		()
72146 MRI Thoracic Spine without contrast material		()
72148 MRI Lumbar Spine without contrast material		()
72156 MRI Cervical Spine without contrast material		()
72157 MRI Thoracic Spine with and without contrast material		()
72158 MRI Lumbar Spine with and without contrast material		()
72195 MRI Pelvis (or sacrum) without contrast material		()
72197 MRI PELVIS W/O & W/DYE		()
73218 MRI UPPER EXTREMITY W/O DYE		()
73220 MRI UPPER EXTREMITY W/O&W/DYE		()
73221 MRI Upper Extremity Joint without contrast		()
73222 MRI Lower Extremity Joint with contrast material		()
73223 MRI JOINT UPPER EXTR W/O&W/DYE		()
73718 MRI Lower Extremity without contrast material		()
73721 MRI Lower Extremity joint without contrast		()
74181 MRI ABDOMEN W/O DYE		()
74183 MRI ABDOMEN W/O & W/DYE		()
74185 MRI ANGIO ABDOM W/O&W/DYE		()
77021 MRI GUIDANCE NDL PLMT RS&I		()
77059 Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral		()
Audiology		
92550 Hearing screening via audiometer (for Medicare AWW)		()
Biopsy & Dermatology		
19100-19191 Breast Biopsy Without Imaging Guidance		()
20200-20206 Muscle Biopsy		()
21550-21550 Soft Tissue Biopsy of Chest or Neck		()
21920-21925 Biopsy Soft Tissue of Back and Flank		()
23065-23066 Shoulder Biopsy		()
25065-25068 Biopsy Forearm/Wrist		()
27040-27041 Biopsy of Hip/Pelvis		()
27323-27324 Biopsy Femur or Knee		()
27613-27614 Biopsy Lower Leg and Ankle		()
27323-27324 Biopsy Femur or Knee		()
30000-30115 I&D, Biopsy, Excision Procedures of the Nose		()
37197-37202 Transcatheter Procedures: Infusions, Biopsy, Foreign Body Removal		()
49180-49180 Biopsy of Mass. Abdomen/Retroperitoneum		()
Cardiovascular Disease / ECG		
43465 A9502 J2735 Nuclear Treadmill Stress Test		()
93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		()
93005 Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report		()
93010 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only		()
93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic		()
93015-93018 Stress Test		()
93303-93369 Echocardiography		()
93660-93662 Other Tests for Cardiac Function		()
93380 Carotid Ultrasound		()
93458 (left) or 93453 (left and right) Anqiogram		()
93922-93971 Noninvasive Vascular Studies: Extremities		()
DME (HCPCS)		
E105 Cane, 3 prong or quad		()
E0570 Nebulizer		()
L0625 Lower back brace (orthosis)		()
Gastroenterology		
0249T - 0255T, Protoscopic Procedures		()
43201 EGD with injection		()
43231 Endoscopic ultrasound- upper W/o bx		()
43235 EGD		()
43239 EGD with bx		()
43242 Esophagoastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound		()
43243 EGD with banding of varices		()
43249 EGD with dilatation		()
43251 EGD with hot snare		()
43255 EGD with control of bleeding		()
45341 Endoscopic ultrasound lower 45341 for cancer staging		()
45378 Colonoscopy without bx		()
45380 Colonoscopy to control bleeding		()
45381 Colonoscopy with saline injection or tattoo to mark or lift a lesion.		()
45383 Colonoscopy with ablation		()
45385 Colonoscopy with biopsy and/ or to remove small polyp		()
45385 Colonoscopy with snare polypectomy of larger polyp		()
46600-46615 Anoscopic Procedures		()
General		
10061 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single		()
11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less		()
11041 Debridement; skin, full thickness		()
20550 Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")		()

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PLEASE NOTE: THIS **EXCLUDES** ALL MEMORIAL HERMANN HEALTHCARE SYSTEM PROVIDERS. PLEASE GENERATE PRIOR AUTHORIZATION. **(X)**

Injections (Orthopedics, Pain Management & Rheumatology)					
- 20526 Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel				()	
- 20551 Biceps tendonitis, medial/lateral epicondylitis				()	
- 20552 Trigger point injections (cervical/lumbar/ paraspinal injections)				()	
- 20600 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance				()	
- 20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or				()	
- 20610 Hip, knee, shoulder				()	
- 20650 Trigger finger, plantar fasciitis, de quervain's tenosynovitis injections				()	
Ophthalmology					
- 0191T ISENT AQUEOUS DRAINAGE DEVICE				()	
- 0376T ISENT ADDITIONAL AQUES DEVICE				()	
- 66030 with J3301 Kenalog during Cataract Surgery				()	
- 65426 Pterygium Removal of Eye Lesion				()	
- 65820 Relieve Inner Eye Pressure				()	
- 65855 Selective Laser Trabeculoplasty				()	
- 66761 Yag PI Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)				()	
- 66821 Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)				()	
- 66982 Simplex Cataract Surgery				()	
- 66984 Cataract removal, Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique				()	
- 67028 Intravitreal injection of a pharmacologic agent (separate procedure)				()	
- 67110 Retinopexy				()	
- 67210 FML - Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation				()	
- 67228 Panretinal photocoagulation				()	
- 76514 Pachymetry - Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)				()	
- 76519 Ophthalmic ultrasound				()	
- 92083 Visual field testing				()	
- 92100 Serial Tonometry				()	
- 92134 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina				()	
- 92136 IOL Master First Eye, 1 Eye				()	
- 92136-26 IOL Master Second Eye, 1 Eye				()	
- 92225 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial				()	
Optometry					
- 92015 Refraction Screening				()	
Orthopedics					
- 21310-21499 Care of Fractures/Dislocations of the Cranial and Facial Bones				()	
- 22325-22328 Open Treatment Vertebral Fractures; Posterior Approach				()	
- 25500- 25695 Casting for fractures				()	
- 27750-27848 Treatment of Fracture/Dislocation Lower Leg/Ankle				()	
Spirometer					
- 94010-94799 (CPTS: 94010, 94060, 94200, 94014, 94015, 94016, 94070, 94620, 94621, 94011, 94012; HPCS: A9150-A9300, 3E0424-E0487)				()	
- 94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal				()	
- 94060 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration				()	
- 94200 Maximum breathing capacity, maximal voluntary ventilation				()	
- 94014 Patient-initiated spirometry recording per 30-day period of time; includes reinforced education, transmission of spirometry tracing, data				()	
- 94015 Patient-initiated spirometric recording per 30-day period of time; recording includes hook-up, reinforced education, data transmission,				()	
- 94016 Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other				()	
- 94070 Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s]),				()	
- 94620 Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)				()	
- 94621 Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)				()	
Urgent Care/Minor Surgery, Lacerations					
- 10030-10180 Treatment of Fluid-filled Lesions: Skin and Subcutaneous Tissues				()	
- 12001-12021 Suturing of Superficial Wounds				()	
- 12031-12057 Suturing of Intermediate Wounds				()	
- 97597-97610 Treatment of Wounds				()	
Vaccines (*Any vaccine covered by Medicare)					
- 90389 Tetanus Shot				()	
- 90653, 90654, 90656, 90660-90662, 90672-90673, 90686, 90688 Influenza Vaccine				()	
- 90670 Prevnar 13 Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use				()	
- 90732 Pneumococcal Vaccine				()	
Well Woman/Man					
- 81025 Pregnancy Test				()	
- 88150, 88155 and 57410 Pap Smear/Pelvic Exam				()	
HEDIS Measure	Requirement	CPT Code/ICD-10	Description	(X)	Service Date
Initial Preventative Physical Exam (IPPE)	G0402		Initial Preventative Physical Exam (IPPE)	()	___/___/___
Annual Wellness Visit (AWV) Initial	G0438		Annual Wellness Visit (AWV) Initial	()	
Annual Wellness Visit (AWV) Subsequent	G0439		Annual Wellness Visit (AWV) Subsequent	()	
Annual Routine Physical	99381-99397		Annual Routine Physical	()	
Breast Cancer Screening	(Female 50-74 y/o) Every 2 years	77065, 77066, 77067	Mammography	()	___/___/___
Colorectal Cancer Screening	Colonoscopy: Every 10 Years	82270	Fecal Occult Blood Test (FOBT)	()	___/___/___
(Mbr 50-75 y/o)	Sigmoidoscopy: Every 5 Years	82274	Fecal Immunochemical Test (FIT)	()	
	FOBT/FIT: Every Year	45330	Flexible sigmoidoscopy	()	
		45378	Colonoscopy	()	
Osteoporosis Management	Every Year		Bone Mineral Density Study	()	___/___/___
(Female 67-85 y/o with fracture)	(Within 6 months of Fracture)	76977	Bone Density Measure Interpret - Peripheral	()	
		77078	Computed Tomography	()	
		77080, 77081, 77082, 77085	DXA	()	
		78350	Bone Density Study - Single Photon	()	
		78351	Bone Density Study - Dual Photon	()	
Plan All-Cause Readmission	Whenever Pt is Discharged	99203	Initial	()	___/___/___
	(Within 7 days)	99213	Followup	()	___/___/___
Annual Wellness Visit	(Within 7 days)	G0438	Annual Wellness - Prevention Plan - Initial	()	___/___/___
(All Members)		G0439	Annual Wellness - Prevention Plan - Subseq. Visit	()	___/___/___
DIABETIC PATIENT CARE					
Nephropathy Screening	(Up to 75 y/o) Every Year	82044	Microalbumin Test	()	___/___/___