

## PROVIDER COMMUNICATION

4888 Loop Central Dr. Suite 600  
Houston, TX 77081



October 29, 2025

**Dear Valued Provider Partner,**

As part of our ongoing commitment to deliver high-quality, cost-effective, and compliant care across Texas Medicaid, Medicare, and Health Insurance Marketplace plans, Community Health Choice will implement a Preferred Provider Arrangement (PPA) for certain laboratory services, effective February 1, 2026. Under this arrangement, LabCorp and Quest have been designated as the preferred providers for a defined set of lab codes (see attached list). In addition to this change, new prior authorization (PA) requirements will also take effect on February 1, 2026, for certain outpatient laboratory and pathology services listed on the attached Code List Summary (See Attachment A).

Decisions will continue to be based on medical necessity, using state and federal guidelines, the Texas Medicaid Provider Procedures Manual, MCG Health, InterQual®, and plan-specific coverage determinations. However, members may be redirected to our PPA providers, when appropriate.

Requests may be submitted electronically through the Secure Provider Portal (preferred method), or alternatively by phone or fax. Incomplete submissions may result in follow-up attempts, and if documentation remains incomplete, standardized denial processes will apply. Please review the list of codes that are part of this change (see Attachment A) and confirm that you have access to the Secure Provider Portal. The clinical criteria that may be used in making prior authorization determinations are listed in Attachment B.

For questions, please contact the Provider Services team by email at [ProviderWebInquiries@CommunityHealthChoice.org](mailto:ProviderWebInquiries@CommunityHealthChoice.org) or by phone at:

- Health Insurance Marketplace: 713-295-6704
- Medicaid (STAR/CHIP): 713-295-2295
- Medicaid (STAR+PLUS): 713-295-2300
- Medicare (DSNP): 713-295-5007

Thank you for your continued partnership in delivering high-quality and compliant care to our members.

Sincerely,

**Darrin Johnson**

Chief Operating Officer

Community Health Choice

## PROVIDER COMMUNICATION

4888 Loop Central Dr. Suite 600  
Houston, TX 77081



### **Attachment A: Code List Summary**

Pathology and laboratory services are primarily categorized under CPT codes (Current Procedural Terminology) within the range of 80047-89398.

This broad range is further broken into specific categories based on the type of procedure.

- Organ or Disease-Oriented Panels: Codes from 80047-80076 are used for groups of tests ordered for specific diseases or organs.
- Therapeutic Drug Assays: Codes 80150-80299 are for measuring drug levels in the blood to monitor therapy.
- Urinalysis: Codes 81000-81099 cover various procedures for analyzing urine samples.
- Molecular Pathology: Codes 81105-81599 are for genetic and molecular tests, such as those used for cancer diagnosis and hereditary conditions.
- Chemistry: The range of 82000-84999 includes a vast number of chemistry tests, such as blood glucose, cholesterol, and hormone levels.
- Hematology and Coagulation: Codes from 85002-85999 cover tests related to blood, including complete blood counts (CBC), coagulation studies, and blood typing.
- Immunology: Codes 86000-86849 are used for tests that measure the body's immune response, such as allergy tests and antibody screenings.
- Microbiology: The range 87001-87999 is for tests that identify microorganisms like bacteria, viruses, and fungi.
- Cytopathology: Codes 88104-88199 are used for the analysis of cells, often from fluid or tissue samples, to detect diseases like cancer.
- Surgical Pathology: Codes from 88300-88399 are for the examination of tissue specimens removed during surgery, with specific codes indicating the complexity of the examination.
- Reproductive Medicine Procedures: Codes in the 89250-89398 range are for services related to fertility and reproductive health.

### **Attachment B: Clinical Criteria Reference**

Prior authorization determinations will follow:

- Preferred Lab Provider participation
- Texas Medicaid Provider Procedures Manual (TMPPM)
- InterQual® evidence-based clinical guidelines
- MCG Health evidence-based guidelines
- Medicare National and Local Coverage Determinations (NCDs/LCDs)
- Community Health Choice Medical Coverage Policies

## PROVIDER COMMUNICATION

4888 Loop Central Dr. Suite 600  
Houston, TX 77081



### **Attachment C: Provider FAQ**

Q1: When does the new policy take effect?

A1: February 1, 2026

Q2: What services are affected?

A2: Please see the Code List Summary (Attachment A).

Q3: How do I submit prior authorization requests?

A3: Electronically via the Secure Provider Portal (preferred), or by phone/fax using the Authorization Request Form.

Q4: What if my request is incomplete?

A4: You will be contacted within 3 business days to provide missing documentation; if unresolved, the request may be denied.

Q5: Are emergency services subject to prior authorization?

A5: No. Emergency and post-stabilization services remain exempt.

Q6: Who can I contact with questions?

A6: For questions, please contact the Provider Services team by email at [ProviderWebInquiries@CommunityHealthChoice.org](mailto:ProviderWebInquiries@CommunityHealthChoice.org) or by phone at:

- Health Insurance Marketplace: 713-295-6704
- Medicaid (STAR/CHIP): 713-295-2295
- Medicaid (STAR+PLUS): 713-295-2300
- Medicare (DSNP): 713-295-5007