



March 1, 2026

Subject: Pre-Authorization Requirements

Dear Valued CHRISTUS Health US Family Health Plan Provider:

CHRISTUS Health US Family Health Plan (USFHP) periodically reviews our Prior Authorization list and updates the list in accordance with state or federal regulations and generally accepted industry standards. As such, we have updated our Prior Authorization list, **effective for dates of service beginning on or after April 15, 2026.**

Please be advised prior authorization requirements to have been updated. New J codes and Q codes have been added for certain medications. These requirements apply to both in-network and out-of-network providers. Compliance with these updated authorization guidelines is required for claims processing and reimbursement.

The Prior Authorization List along with the Prior Authorization Form are available on our website for your convenience, at <https://www.christushealthplan.org/provider/prior-authorization>. Please remove any previous versions of the Prior Authorization list from your reference materials.

For urgent or emergent requests, please contact the Utilization Management (UM) and/or Case Management (CM) Department via phone at 800.446.1730 (Opt. 1 for UM, Opt. 2 for CM) or via urgent fax line at 210.766.8841. For a routine request, please fax the request to 800.277.4926.

If you have any questions about the USFHP Authorization list or your participation in the Health Plan, we are here to help. Contact us Monday – Friday, 8 a.m. - 5 p.m. CT. at **800.678.7347; TTY 711**

Thank you for being a dedicated CHRISTUS Health US Family Health Plan provider.

US Family Health Plan Provider Network

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