



Prior Authorization Procedures and Requirements

Texas Children's Health Plan requires the completed Texas Standard Prior Authorization Form with the following information:

- Member Name
- Member Date of Birth
- Member Medicaid/CHIP Identification Number
- Requesting Provider Name and National Provider Identifier (NPI)
- Requested Service
- Current Procedures Terminology (CPT) Codes Requested
- Number of Units Requested
- Dates of Service
- Adequate Supporting Clinical Documentation

Supporting Clinical Documentation for Incomplete Prior Authorization Requests:

Prior authorization requests must include complete and sufficient clinical information. [Prior Authorization Determinations](#)

When Texas Children's Health Plan (TCHP) receives a request for prior authorization for a service, and the request does not provide enough clinical information or supporting documentation for us to determine if these services are medically necessary, TCHP will:

Send the Medicaid provider a letter describing the specific documentation that needs to be submitted, and

- When possible, TCHP will contact the Medicaid provider by telephone and obtain the information necessary to complete the prior authorization process.
- The member will receive a written notice of the request for submission for the incomplete clinical information that was sent to the provider.

Providers must supply the requested clinical information/documentation within three (3) business days after the date of the TCHP letter.

If the clinical information/documentation is not received within the required timeframe, we will make a decision regarding the requested services based on the information previously received.

The requested clinical information should be sent to Utilization Management.

Prior Authorization Fax Lines

- Medical Inpatient Admissions and Discharge Notifications - 832-825-8462 or Toll-Free 844-663-7071
- Medical Services Fax Line - 832-825-8760 or Toll-Free 1-844-473-6860
- Behavioral Health Services Fax Line - 832-825-8767 or Toll-Free 1-844-291-7505
- LTSS and Private Duty Nursing Fax Line - 346-232-4757 or Toll-Free 1-844-248-1567
- Post Hospital Discharge Authorizations Fax Line - Toll-Free 866-839-9879

Utilization Management provides written notice of the determination of approval or denial of the prior authorization request within three business days after receipt of a complete prior authorization request.