



Texas Children's Health Plan

PROVIDER ALERT

TCHP Provider Relations ☎ 832-828-1008 or 1-800-731-8527 ☎ www.texaschildrenshealthplan.org

January 1, 2009

To: TCHP Network

Subject: Changes in Prior Authorization

Effective: January 1, 2009

Below is a list of updated changes to the Prior Authorization list found in your Provider Manual and on the TCHP Web site. Please be sure to update your material by printing this memo and placing it in the appropriate section.

1	All out-of-network services
2	Abortion
3	Ambulance services (non-emergent)
4	Augmentative communication devices
5	Behavioral health rehabilitation
6	Baclofen injections/pumps
7	Botox injections
8	Canned nutritional supplements
9	Chemotherapy non-FDA approved
10	Circumcision greater than 1 year of age
11	Cochlear implant
12	Contact lenses, with disease
13	Cosmetic surgery
14	Dental medically necessary (except for cleft palate)
15	Gait trainer (codes E8000, E8001, E8002)
16	Helmets
17	Home health care
18	Hospital beds and accessories
19	Hospital inpatient care (physical and behavioral health)
20	Intensive outpatient treatment (behavioral health)
21	Neurological Testing
22	Obesity surgery
23	Oral surgery

24	Organ acquisition
25	Outpatient behavioral health visits after the 30th session
26	Partial hospitalization for behavioral health services
27	PET/SPECT
28	Psychological Testing
29	Prevnar for children older than 5 years of age
30	Private duty nursing at home
31	Prosthetics
32	Physical Therapy, Speech Therapy and Occupational Therapy [excluding initial evaluation]
33	Residential treatment facility (behavioral health)
34	Respiratory vest
35	Skilled nursing facility
36	Skills training (behavioral health)
37	TMJ diagnosis
38	Transplant evaluation
39	Therapeutic foster care
40	Vision care, medically necessary
41	Wheelchairs and accessories

Authorization of Clinician-Directed Care Coordination for Medically Complex Members

1. Services require an authorization by the Member's TCHP Case Manager.
2. Authorization must be obtained within seven days of the initial date of service.
3. Each authorization is for a period of six months and must be preceded by a face-to-face visit within the preceding six months.
4. Authorizations for Care Plan Oversight will only be made to the Members' Medical Home provider. The authorization will be for two services every six months and require a care plan and emergency medical plan be in place for the member (both evidenced in documentation as multidisciplinary care documents) which include a problem list, interventions, short and long term goals as well as responsible parties.
5. Medical Team Conference authorizations allow one service every six months to be authorized to the PCP or a Specialist for a member who is currently enrolled in a TCHP Case Management program.
6. Non-Face-to-Face Prolonged Services are billable for Member's enrolled in a TCHP case management program when a significant condition change occurs (complex discharge planning, trauma complications to current condition, or a new diagnosis). Each of the preceding is to require interdisciplinary care coordination by the billing provider.
7. Medical records are subject to retrospective review to establish documentation and times of services.

Definitions of medically complex and multidisciplinary care are defined by TCHP as documented in the Texas Medicaid Bulletin, No. 209 p. 163.

Calls for authorization may be placed at 832-828-1004. Texas Children's Health Plan will respond within three business days of the request for authorization. Failure to comply with this process may result in non-payment of claims.

If you need further assistance or clarification, please contact your Network Manager or call the Provider Relations telephone line at 832-828-1008.

Network Development

Texas Children's Health Plan

The Best Decision a Family Can Make!