

	<p align="center"><b>Hospital Inpatient Care Guidelines</b></p>	
<p align="center"><b>Guideline #</b> 6185</p>	<p align="center"><b>Categories</b> Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM</p>	<p align="center"><b>This Guideline Applies To:</b> Texas Children's Health Plan</p>
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**GUIDELINE STATEMENT:**

Texas Children's Health Plan (TCHP) performs authorization of all inpatient admissions.

**PRIOR AUTHORIZATION GUIDELINES**

1. All requests for prior authorization for inpatient admissions are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. TCHP requires clinical documentation to be provided to support the medical necessity of the inpatient care, including but not limited to: emergency room notes, admission and clinical notes, pertinent labs, consults, and treatment plans.
  - 2.1. TCHP requests notification of all admissions related to labor and delivery. Inpatient admissions related to spontaneous labor or induction of labor that result in delivery do not require prior authorization for inpatient care and professional services provided that the inpatient admission length of stay is within federal mandate limits of 2 days for vaginal delivery and 4 days for uncomplicated C-section delivery. Antepartum days are allowed up to 3 days before delivery.
  - 2.2. Notifications or requests outside of these time-frames require clinical documentation and are reviewed for medical necessity.
  - 2.3. Inpatient admissions for CHIP Perinate members do not require authorization
3. TCHP covers medically-necessary inpatient level of care when the services meet accepted standards of InterQual® Level of Care Criteria. These criteria address the acute, intermediate, critical, and extended stay levels of care for specific and general, medical, surgical condition and psychiatric conditions. Pediatric criteria also include levels of nursery care: neonatal intensive care, special care, and newborn nursery.
4. Observation hospital services do not require authorization for all providers/facilities unless there is an authorization requirement for the specific service (e.g. bariatric surgery)

5. All requests for Inpatient admissions that do not meet the guidelines referenced here will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
6. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

**REFERENCES:**

Government Agency and Medical Society, and Other Publications:

- Texas Medicaid Provider Procedures Manual Accessed September 20, 2021  
<https://www.tmhp.com/resources/provider-manuals/tmppm>

<b>Status</b>	<b>Date</b>	<b>Action</b>
Approved	10/14/2021	Clinical & Administrative Advisory  Committee Reviewed and Approved for Implementation

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