

	Behavioral Health Level of Care TCHP Guideline	
Guideline # 6660	Categories Clinical → Care Coordination	This Guideline Applies To: Texas Children's Health Plan
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GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all behavioral health and substance use disorder acute inpatient admissions, residential treatment services, partial hospitalization services, and intensive outpatient treatment.

DEFINITIONS:

GUIDELINE

1. All requests for prior authorization for behavioral health level of care services 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.
3. TCHP covers medically necessary behavioral health and substance use disorder level of care services when the services meet accepted standards of medical necessity based on InterQual® Level of Care Criteria as well as medically necessary detoxification inpatient level of care when the services meet accepted standards of ASAM American Society of Addiction Medicine (ASAM) Criteria Criteria. These criteria address the observation, acute, intermediate, critical, and extended stay levels of care for specific and general, medical, and surgical conditions, Substance Detoxification and psychiatric conditions.
4. In Lieu of Services such as Coordination Specialty Care (CSC), partial hospitalization, and Intensive Outpatient Program (IOP) services are covered when criteria for services are met medical necessity is met and the member agrees to the services.
5. All requests that do not meet the guidelines referenced here will be referred to a Behavioral Health Medical Director or their Physician Reviewer designee 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, Medical Society, and Other Publications:

Texas Medicaid Provider Procedures Manual, Accessed March 3, 2025.

[Volume 2: Behavioral Health and Case Management Services Handbook Texas Medicaid Provider Procedures Manual | TMHP](#)

[Texas Resilience and Recovery Utilization Management Guidelines: Child and Adolescent Services TRR Utilization Management Guidelines: Child and Adolescent Services \(texas.gov\)](#)

[Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services](#)

[American Society of Addiction Medicine \(ASAM\) Criteria, 3rd edition or the most up to date version of the 4th edition, Volume I, Adults, of the ASAM Criteria: for any utilization review of treatment required under Insurance Code Chapter 1368.](#)

Status	Date	Action
Approved	03/13/2025	Clinical & Administrative Advisory Committee Reviewed And Approved for Implementation