



Authorization Process Required Information

Texas Standard Prior Authorization Form including the following information:

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

Supporting Clinical Documentation:

When Texas Children's Health Plan (TCHP) receives a request for prior authorization for a service for a Medicaid member, 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
- Send the member a copy of the letter that was sent to the provider

The provider will need to submit the requested information by end of the day on the third business after the date of the TCHP letter.

If Texas Children's Health Plan does not receive the requested information or documentation by this date, we will make a decision regarding the requested services based on the information previously received.

