



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 Provider Name and NPI
- RequestedService
- 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 Medicaid member under age 21, and the request does not contain complete documentation and/or information:

TCHP will:

- Return the request to the Medicaid provider with a letter describing the 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

If the documentation/information is not provided within sixteen (16) business hours of TCHP's request to the Medicaid provider, TCHP will send a letter to the member explaining that the request cannot be acted upon until the documentation/information is provided, along with a copy of the letter sent to the Medicaid provider describing the documentation/information that needs to be submitted.

If the documentation/information is not provided to the TCHP within seven calendar days (7) of its letter to the member, TCHP will send a notice to the member informing the member of its denial of the requested service due to the incomplete documentation/information, and providing the member an opportunity to request an appeal through the TCHP's internal appeals process and the Health and Human Services Commission state fair hearing process.