GUIDELINE STATEMENT:
Texas Children's Health Plan (TCHP) performs authorization of all inpatient admissions including admissions to inpatient rehabilitation, long-term acute care and skilled nursing facilities.

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 note, admission and clinical notes, pertinent labs, consults, and treatment plans.
   2.1. TCHP requests notification of all admissions related to labor and delivery, however prior authorization is not a condition of payment for inpatient care and professional services relating to labor and delivery for our members for up to 48 hours after an uncomplicated vaginal delivery and 96 hours following an uncomplicated Caesarian delivery. Clinical documentation should be submitted in support of authorization for stays that extend beyond the above timeframes.

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 observation, acute, intermediate, critical, and extended stay levels of care for specific and general, medical, and surgical conditions. Pediatric criteria also include levels of nursery care: neonatal intensive care, special care, and newborn nursery.

4. 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.

5. 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:

Last approval by the Clinical & Administrative Advisory Committee (CAAC): 01/16/2020

- Texas Medicaid Provider Procedures Manual Accessed September 2019

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