

Texas Children's Health Plan  
UTILIZATION MANAGEMENT COVID GUIDANCE

<b>EXTENDED UNTIL JUNE 30, 2022: Item</b>	<b>Description</b>
Out of Network (OON) Primary Care	Prior authorization requirements for out of network Pediatrician, Family Practice/General Practice, Internal Medicine, Obstetrics and Gynecology office visits are waived and prior authorizations will not be required for these services while the Disaster Declaration is in place
Retrospective Prior Authorization Requests	<p>TCHP may accept prior authorization requests submitted within seven (7) calendar days of the requested service start date.</p> <ul style="list-style-type: none"> <li>• Requests are subject to medical necessity review from the start date of service.</li> <li>• Requests received after seven (7) calendar days of the requested service start date will be processed per TCHP's retrospective review procedure.</li> </ul>
Physician Signatures	<p>Waiver of prior authorization documentation requirement for timely signatures from physicians / providers when impacted by COVID-19.</p> <ul style="list-style-type: none"> <li>• Request MUST state— "Missing signatures, COVID-19."</li> <li>• Medical necessity documentation MUST be submitted</li> </ul>
Out of Network (OON) Outpatient Behavioral Health (BH) Care	<p>Approval of prior authorization requirements for the following Out of Network BH services:</p> <p>Outpatient visit for psychiatric evaluation</p> <ul style="list-style-type: none"> <li>• Texas Medicaid guidelines limitation of one (1) psychiatric evaluation per year applies</li> <li>• Prior Authorization requirements for ordered BH services remain in place and are subject to medical necessity review. Providers should visit the TCHP Prior Authorization List for BH services it is available on the Prior Authorization Information webpage at <a href="https://www.texaschildrenshealthplan.org/for-providers/provider-resources/prior-authorization-information">https://www.texaschildrenshealthplan.org/for-providers/provider-resources/prior-authorization-information</a>.</li> <li>• Ongoing BH clinician outpatient visits for medication management</li> <li>• Outpatient psychotherapy visits-Prior authorization requirements apply for visits in excess of 30 per year</li> </ul>
Speech therapy authorization requests	Hearing screening requirement remains waived.
Private duty nursing authorization requests	Yearly treating physician office visit requirement remains waived

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