



Prior Authorization Requirements

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* AIM Specialty Health is an independent company providing some utilization review services on behalf of Dell Children’s Health Plan. Availity, LLC is an independent company providing administrative support services on behalf of Dell Children’s Health Plan. Superior Vision, offered by Versant Health, is an independent company providing routine and medical optometry services on behalf of Dell Children’s Health Plan.



Utilization Management Program

Utilization management (UM) decisions are based on medical necessity of the requested care and services, as well as the member's coverage according to their benefit plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization.

Dell Children's Health Plan will ensure that services for members are sufficient in the amount, duration or scope to reasonably achieve the purpose for which services are furnished. We will not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition of the member (42 CFR §438.210(a)(ii)).

Regarding UM issues, staff are available at least eight hours a day Monday through Friday during normal business hours for inbound collect or toll-free calls and can receive inbound communication by fax after normal business hours. Messages will be returned within one business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls. TDD/TTY services and language assistance services are available for members as needed, free of charge.

For questions about the UM process, including requesting a free copy of our UM criteria/guidelines, call Provider Services at 888-821-1108.

Medical Policies, Clinical UM Guidelines, and medical drug benefit Clinical Criteria

There are several factors that impact whether a service or procedure is covered under a member's benefit plan. *Medical Policies, Clinical UM Guidelines, and medical drug benefit Clinical Criteria* are resources that help us determine if a procedure is medically necessary. These guidelines are available to you as a reference when interpreting prior authorization and claim decisions through the following websites:

- [Medical Policies & Clinical UM Guidelines](#)
- [Medical Drug Benefit Clinical Criteria](#)

In addition, the following criteria/guidelines may be used:

- MCG Care Guidelines (based on specific provider contracts, McKesson InterQual® Level of Care criteria) are also used when no specific Dell Children's Health Plan medical policies exist.

AIM Specialty Health®* guidelines are utilized for high-tech radiology services.

Please refer to their website, aimspecialtyhealth.com/goweb, for additional information.

For behavioral health services, the American Society for Addiction Medicine (ASAM) *Patient Placement Criteria* is utilized for substance use disorder treatment authorizations, with the exception of detoxification which uses MCG Care Guidelines.

The prior authorization catalog is a comprehensive, searchable document containing a list of codes and code descriptions and an effective date for each prior authorization. The catalog can be viewed on the Dell Children's Health Plan website under the Prior Authorization section of the provider home webpage ("Medicaid and CHIP Precertification Effective Dates").

Federal law, state law, contract language, including definitions and specific contract provisions/ exclusions, Centers for Medicare & Medicaid Services (CMS) requirements as well as the *Texas Medicaid Provider Procedure Manual (TMPPM)*, <https://www.tmhp.com/resources/provider-manuals/tmppm>, are used when determining eligibility for coverage and supersede any other UM criteria.

Precertification Look-Up Tool and submission portal

Determine if specific outpatient procedures and/or services require prior authorization through the Precertification Look-Up Tool, which can be found on the Availity Portal* through Payer Spaces or the Dell Children's Health Plan provider website through the following link:

Precertification Look-Up Tool

Inpatient services always require prior authorization and all elective services provided by or arranged at a nonparticipating provider or facility require prior authorization, except for emergency medical conditions, emergency behavioral health conditions and minimum required maternity stays where a prior authorization is not required. Some services/procedures have Medicaid allowable limits or age restrictions and should be verified through the Texas Medicaid & Healthcare Partnership (TMHP) *Texas Medicaid Provider Procedures Manual (TMPPM)*. Nonparticipating providers must submit a prior authorization request for all services by contacting Provider Services at **888-821-1108**. Staff are available at least eight hours a day Monday through Friday during normal business hours.

Prior authorization requests or notifications can be submitted digitally through the Interactive Care Reviewer (ICR) tool, which is accessed through the Availity Portal and is the preferred method.

Availity Portal — <https://www.availity.com>

Interactive Care Reviewer (ICR)

ICR offers a streamlined and efficient experience for providers requesting inpatient and outpatient medical or behavioral health services for our members. Additionally, providers can use this tool to make inquiries on previously submitted requests, regardless of how they were sent (phone, fax, ICR or other online tool).

Capabilities and benefits of the ICR include:

- Initiating preauthorization requests online — eliminating the need to fax. The ICR allows detailed text, photo images and attachments to be submitted along with your request.
- Making inquiries on previously submitted requests via phone, fax, ICR or other online tool.
- Having instant accessibility from almost anywhere, including after business hours.
- Utilizing a dashboard that provides a complete view of all utilization management requests with real-time status updates, including email notifications if requested using a valid email address.

To access the ICR through Availity, select **Patient Registration > Authorization & Referrals** and select the **Authorizations** tile. For an optimal experience with the ICR, use a browser that supports 128-bit encryption. This includes Internet Explorer, Chrome, Firefox and Safari.

The ICR is not currently available for:

- Transplant services.
- Services administered by vendors such as AIM Specialty Health.

Additional information is available in the Prior Authorization Submission Information section of this document.

Required documentation

A completed prior authorization request is required to eliminate delays in processing, which includes all required essential information, documentation, current clinical information and a signed authorization form by the requesting provider.

The following essential information, per HHSC Uniform Managed Care Manual Chapter 3.22 is required for all prior authorization request submissions:

- Member name
- Member number or Medicaid/CHIP number
- Member date of birth
- Requesting provider's name and National Provider Identifier (NPI)
- Rendering provider's name, NPI and Tax Identification Number
- Service requested — Current Procedural Terminology (CPT[®]), Healthcare Common Procedure Coding System (HCPCS), or Current Dental Terminology (CDT)
- Service requested start and end date(s)
- Quantity of service units requested based on the CPT, HCPCS, or CDT requested

To prevent delays, Dell Children's Health Plan requests the following information be included with the request to allow for timely processing:

- Diagnosis code
- Physician signature

These are critical fields we need to build a prior authorization in our system.

Note: Requests that have essential information missing, incorrect, or illegible will be considered incomplete and the following will occur:

- The requesting provider will receive a notification that the submitted request could not be processed due to missing essential information.
- The notification will outline an explanation of why the submitted request was not processed as submitted and will include instructions to resubmit the prior authorization request with complete essential information.
- The request will be processed when the requested information is received.
- The date we receive the fully completed request will be designated as the prior authorization request received date.

To ensure timely processing, providers should respond to requests for missing or incomplete information as quickly as possible.

Additional information is available in the Forms and Documentation Required for Prior Authorization Requests section of this document.

Information needed for a member that is hospitalized

For prior authorization requests for a member who is hospitalized at the time of the request, please clearly document at the top of the request to indicate that the member is hospitalized and has discharge planning needs. To eliminate delays in processing, please ensure all required documentation is submitted with the request along with any required signatures. For additional information and submission information, please refer to the Discharge Planning section of this document.

Submission timelines

Initial requests

For prior authorization with all supporting documentation is recommended to be submitted a minimum of three business days prior to the start of care. Failure to comply with notification rules may result in an administrative denial. Additional information is available in the Administrative Denials section of this document.

The start of care date is the date care is to begin as listed on the prior authorization request form. Exceptions to the start of care date may include requests for home health skilled nursing, aide services, private duty nursing, physical therapy, occupational therapy, and speech therapy services. Additional information regarding exceptions is discussed below.

Exceptions:

- **Therapy (PT/OT/ST) Services:** Initial prior authorization requests must be received no later than five business days from the date therapy treatments are initiated. Requests received after the five business day period will be denied for dates of service that occurred before the date that the prior authorization request was received.
- **Home Health Skilled Nursing:** Following the RN's initial assessment or evaluation of the client in the home setting for home health service needs, the agency-employed RN who completed the home evaluation must contact Dell Children's Health Plan for prior authorization within three business days of the start of care (SOC).
- **Private Duty Nursing:**
 - Initial requests must be submitted within three business days of the SOC date.
 - Initial requests may be prior authorized for a maximum of 90 days.
 - Completed initial requests must be received and dated by the Dell Children's Health Plan Prior Authorization department within three business days of the SOC. The request must be received by the Dell Children's Health Plan Prior Authorization department no later than 5 p.m., Central time, on the third day to be considered received within three business days. If a request is received more than three business days after the SOC, or after 5 p.m., Central time, on the third day, authorization is given for dates of service beginning three business days before receipt of the completed request.

Prior authorization recertification process

A physician or health care provider can submit a medical prior authorization recertification request at least 60 calendar days prior to the expiration of the current authorization of service(s) on file.

Exceptions:

Dell Children's Health Plan requires the following prior authorization recertification requests be received up to 30 calendar days before the expiration of the current authorized service(s):

- **Physical, Occupational and Speech Therapy:**
 - A complete recertification request must be received no earlier than 30 calendar days before the current authorization period expires. Requests for recertification services received after the current authorization expires will be denied for dates of service that occurred before the date the submitted request was received.
- **Private Duty Nursing (PDN)/Prescribed Pediatric Extended Care Centers (PPECC):**
 - A recertification request must be submitted at least seven calendar days before, but no more than 30 calendar days before, a current authorization period will expire.
 - All authorization timelines apply to recertifications.
 - Completed extension requests must be received and dated by the Dell Children's Health Plan Prior Authorization department at least seven calendar days before, but no more than 30 days before, the current authorization expiration date. The request must be received by the Prior Authorization department no later than 5 p.m., Central time, on the seventh day, to be considered received within seven calendar days. If a request is received less than seven calendar days before the current authorization expiration date, or after 5 p.m., Central time, on the seventh day, authorization is given for dates of service beginning no sooner than seven calendar days after the receipt of the completed request by the Prior Authorization department.

Extension process

If the member requests an extension, there is justification for a need for additional information, or an extension is in the best interest of the member, Dell Children's Health Plan may extend the time frame up to 14 calendar days for standard authorization requests. For expedited extensions, Dell Children's Health Plan can extend the 72-hour time frame up to 14 calendar days if the member requests an extension or there is a justification for a need for additional information and the extension is in the best interest of the member.

Prior authorization review

Upon receipt of a request for prior authorization, a Dell Children's Health Plan assistant verifies eligibility and benefits prior to forwarding to the nurse or other qualified reviewer. The reviewer examines the request and supporting medical documentation to determine the medical appropriateness of diagnostic and therapeutic procedures using criteria/guidelines. When the clinical information received meets medical necessity criteria, we issue a reference number to the requesting provider.

Prior authorization not required

If a request is submitted for a service for which prior authorization is not required, the provider will receive a response stating that prior authorization is not required. This is not an approval or a guarantee of payment. Claims for services are subject to all plan provisions, limitations and patient eligibility at the time services are rendered.

Incomplete prior authorization requests

If the prior authorization documentation is incomplete or inadequate, the reviewer is unable to process the request. In such instances, Dell Children's Health Plan will notify the provider and member in writing no later

than three business days after the prior authorization request received date to submit the additional documentation necessary to make a decision. Dell Children’s Health Plan will send the notice to the member based on their preferred method for receiving prior authorization request notices. If the member does not choose a preferred method, Dell Children’s Health Plan will mail the notice to the member.

The written request for additional information will include the following information:

- A statement that Dell Children’s Health Plan has reviewed the prior authorization request and is unable to make a decision about the requested services without the submission of additional information.
- A clear and specific list and description of the incomplete documentation/information that must be submitted in order to consider the request complete.
- An applicable timeline for the provider to submit the missing information.
- Information on the manner through which a provider may contact Dell Children’s Health Plan.

Dell Children’s Health Plan may also contact the provider by phone to obtain the information necessary to resolve the incomplete request.

Final determination of the prior authorization request will be completed within three business days after the date the missing information is provided.

If no additional information is received by the end of the third business day from the date Dell Children’s Health Plan sent the notice to the provider and the prior authorization request will result in an adverse determination, Dell Children’s Health Plan will refer the request for physician review with all information received with the request no later than seven business days after the prior authorization request received date. The Dell Children’s Health Plan medical director will make a determination based on the information previously received within three business days of the referral but no later than the tenth business day after the prior authorization request received date. If a holiday will result in the process exceeding 14 calendar days, Dell Children’s Health Plan will adjust the timeline accordingly to not exceed 14 calendar days to make a determination for the prior authorization request.

Additionally, if the request does not meet criteria for approval, the requesting provider will be afforded the opportunity to discuss the case with the medical director prior to issuing the denial. For information on this process, refer to the Peer-to-Peer Review Process section of this document.

Determination timelines

Utilization review timeliness standards are as follows:

Program	Authorization type	Decision time frame
Medicaid	Routine/non-urgent	3 business days
CHIP	Routine/non-urgent	2 business days (approval)
		3 business days (adverse determination)
Medicaid and CHIP	Urgent/expedited	3 calendar days
Medicaid and CHIP	Concurrent	1 business day
Medicaid and CHIP	Post-service	30 calendar days

- A written notice of final determination will be provided no later than the next business day following a prior authorization request determination.
- CHIP notifications:
 - For routine and urgent approvals, written/letter notification is required no later than the second business day after the date of the request.
 - For a member that is not hospitalized at the time of an adverse determination, notification will be provided within three business days in writing to the requesting provider and the member.
- Within one hour for post-stabilization or life-threatening conditions, except for emergency medical conditions and emergency behavioral health conditions where a prior authorization is not required.
- Providers can confirm that an authorization is on file by accessing the Availity Portal, [availity.com](https://www.availity.com), or by calling Provider Services at **888-821-1108**. If coverage of an admission has not been approved, the facility should contact Provider Services to resolve the issue.

Expedited requests

A member or physician may request to expedite a determination when the member, or his or her physician, believes that waiting for a decision under the standard time frame could place:

- Serious jeopardy to the life, health, or safety or the member's ability to regain maximum function, based on a prudent layperson's judgement.
- Serious jeopardy to the life, health or safety of the member or others, due to the member's psychological state.
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.
- In the case of a pregnant woman, serious jeopardy to the life, health, or safety of the fetus.
- In the opinion of a practitioner with knowledge of a member's medical condition, subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request. The practitioner must be allowed to act as the authorized representative of that member.

The following situations are examples that do not meet criteria for an expedited request:

- The date of service is greater than one week from the request date
- Clinical documentation does not support criteria for an expedited request as defined above
- Any request for therapy (occupational, speech or physical therapy) greater than two days from the request date

Request for services as Urgent, Expedited, or STAT are processed as non-urgent if the request does not meet Expedited/Urgent Care/STAT as defined above.

Inpatient admission reviews

For inpatient admissions, our utilization review clinician determines the member's medical status through onsite review and/or communication with the hospital's utilization review department. Appropriateness of stay is documented, and concurrent review is initiated. Cases that do not meet medical necessity or have quality care concerns may be referred to the medical director for review. If a case does not meet medical

necessity criteria, the attending provider will be afforded the opportunity to discuss the case with the Dell Children's Health Plan medical director prior to the determination. For additional information, refer to the Peer-to-Peer Review Process section of this document. When appropriate, members may be referred to an Dell Children's Health Plan Population Health Program.

Information needed for a member that is hospitalized

For prior authorization requests for a member who is hospitalized at the time of the request, please clearly document at the top of the request to indicate that the member is hospitalized and has discharge planning needs. To eliminate delays in processing, please ensure all required documentation is submitted with the request along with any required signatures. For additional information, please refer to the Discharge Planning section of this document.

Inpatient concurrent reviews

Each network hospital will have an assigned UM clinician that will conduct a concurrent review of the hospital medical record to determine the authorization of coverage for a continued stay. The review will be performed either at the hospital or by fax, telephone or through accessing electronic medical records.

The UM clinician will conduct continued stay reviews daily and review discharge plans unless the patient's condition is such that it is unlikely to change within the upcoming 24 hours, at which time the reviews can be done less frequently than daily.

We will authorize the covered length of stay one day at a time based on the clinical information supporting the continued stay. Exceptions to the one-day length of stay authorization will be made for confinements when the length of stay is predetermined by state law. Examples of confinement and/or treatment include Cesarean section or vaginal deliveries. Exceptions are made by the medical director on a case-by-case basis.

When the clinical information received meets medical necessity criteria, approved days and bed level (if appropriate) coverage will be communicated to the hospital for the continued stay. If medical necessity criteria are not met for the ongoing inpatient stay, the medical director will afford the attending physician the opportunity to discuss the case prior to making a determination. For additional information, refer to the Peer-to-Peer Review Process section of this document.

If the medical director's decision is to deny the request, the appropriate notice of action will be mailed to the hospital, treating or attending practitioner, and member. The notice of action includes an explanation of the member's appeal rights and state fair hearing/Independent Review Organization (IRO) rights and process.

When a Dell Children's Health Plan UM clinician reviews the medical record at the hospital, he or she also may attempt to meet with the member (and member's family if appropriate) to discuss any discharge planning needs. The UM clinician will also attempt to verify that the member or family is aware of the name, address and telephone number of the member's PCP. The UM clinician will conduct continued stay reviews daily and review discharge plans unless the patient's condition is such that it is unlikely to change within the upcoming 24 hours and discharge planning needs cannot be determined. In that situation, reviews can be done less frequently than daily.

Peer-to-peer review process

Prior to issuing an adverse determination, a medical director will offer a reasonable opportunity to the requesting provider to discuss the member's plan of treatment and the clinical basis for the medical necessity determination. If you receive a notification that a case is under review and would like to discuss the case with our medical director, please contact the applicable department shown below.

Contact numbers:

- Physical Health: **817-861-7768**
- Behavioral Health: **757-473-2737, ext. 106-128-2008**

Staff are available at least eight hours a day Monday through Friday during normal business hours.

Be prepared to provide the following information:

- Name of person/physician our medical director needs to call
- Contact number
- Convenient time for a return call
- Authorization/reference number for the case
- Member's name, DOB and Dell Children's Health Plan ID number

If you or your office staff reach our voicemail, leave the name of the best contact person and his or her phone number so we can reach out for additional information. The Dell Children's Health Plan medical director will make every effort to return calls within one business day.

The peer-to-peer review timeline is as follows:

- No less than one business day prior to issuing a prospective utilization review adverse determination
- No less than five business days prior to issuing a retrospective utilization review adverse determination
- Prior to issuing a concurrent or post-stabilization review adverse determination

If the notification received indicates the case was denied, you may contact us within two business days of the generation of the adverse determination letter to set up a peer-to-peer review for possible reconsideration. After two business days, the case will need to follow the appeal process outlined in the denial letter received.

If services are not approved based on medical necessity, the appropriate notice of action will be mailed to the member, the servicing provider, and the requesting/ordering provider. The notice includes an explanation of the medical director's determination and the member's internal appeal rights and state fair hearing/external independent review rights and process.

Administrative denials

An administrative denial is a denial of services based on reasons other than medical necessity. Administrative denials are made when a contractual requirement is not met, such as late notification of admissions, failure to obtain a prior authorization, or benefit limitations.

If Dell Children's Health Plan overturns its administrative decision, the case will be reviewed and, if approved, the claim will be reprocessed or the requestor will be notified of the action that needs to be taken.

Discharge planning

Discharge planning is designed to assist the provider in the coordination of the member's discharge when acute care (hospitalization) is no longer necessary to ensure a seamless transition from the inpatient setting to outpatient services to improve health outcomes for our members. Our UM clinician will help coordinate discharge planning needs with the hospital utilization review staff and attending physician. The attending physician is expected to coordinate with the member's provider(s) regarding follow-up care after discharge and the provider(s) is responsible for contacting the member to schedule all necessary follow-up care.

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In the case of a behavioral health discharge, the attending facility is also responsible for ensuring the member has secured an appointment for a follow-up visit with a HEDIS® qualified behavioral health provider. The follow-up visit must occur within seven calendar days of discharge.

When additional or ongoing care is necessary after discharge, we work with the provider to plan the member's discharge to an appropriate setting for extended services. These services can often be delivered in a nonhospital facility such as a:

- Hospice facility
- Convalescent facility
- Home health care program (e.g., home I.V. antibiotics) or skilled nursing facility

When the provider identifies medically necessary and appropriate services for the member, we will assist the provider and the discharge planner in providing a timely and effective transfer to the next appropriate level of care.

For prior authorization requests for a member who is hospitalized at the time of the request, please clearly document at the top of the request to indicate that the member is hospitalized and has discharge planning needs. To eliminate delays in processing, please ensure all required documentation is submitted with the request along with any required signatures to the applicable department shown below.

Contact numbers (fax):

- Inpatient Discharge Planning — Physical Health: **888-708-2599**
- Inpatient Discharge Planning — Behavioral Health: **844-445-6648**

Staff are available at least eight hours a day Monday through Friday during normal business hours.

Discharge plan authorizations for ongoing outpatient care follow nationally recognized standards of care and medical necessity criteria. Authorizations include but are not limited to transportation, home health, durable medical equipment (DME), pharmacy, follow-up visits to practitioners, and outpatient procedures.

Medicaid/CHIP prior authorization contact information

Requests for prior authorization may be submitted for review and approval as indicated below:

- **Preferred method** is digital submission through Interactive Care Reviewer (ICR) accessed at [availity.com](https://www.availity.com)
- **Inpatient/Outpatient surgeries; other general requests:** 800-964-3627 (fax); 888-821-1108 (phone)
- **Inpatient Discharge Planning (fax only):**
 - Physical Health: 888-708-2599
 - Behavioral Health: 844-445-6648
- **Specialized Care Services (fax only):**
 - Back and spine procedures: 800-964-3627
 - Durable Medical Equipment (DME): 866-249-1271
 - Home Health Nursing (PDN, SNV, HHA): 866-249-1271
 - Medical injectable/infusible drugs: 844-512-8996 (for other services, refer to pharmacy prior authorizations document on provider website)
 - Pain management injections and wound care: 866-249-1271
 - Therapy (physical, occupational and speech): 844-756-4608
- **Behavioral Health Services (fax only):**
 - Behavioral Health - Inpatient: 844-445-6648
 - Behavioral Health - Outpatient: 844-442-8011
- **AIM Specialty Health:** 844-423-0882 (phone); aimspecialtyhealth.com/goweb (online)
 - Radiology (high-tech)
- **Ambulance Transportation:**
 - Nonemergent Ambulance Transportation: Refer to the Ambulance Transportation Services (Nonemergent) section of the Medicaid/CHIP provider manual
- **Urgent Services:** 888-821-1108 (phone)

For questions, call Provider Services at 888-821-1108. Staff are available Monday through Friday from 8 a.m. to 5 p.m. local time excluding state-observed holidays. You may leave a confidential voicemail after-hours and your call will be returned the next business day.

Documentation and forms required for prior authorization requests are available on our provider website.

Member assistance with prior authorizations

Members who have questions regarding prior authorizations may contact Member Services. Members can also **live chat** with a representative or send a **secure message** once a member logs into their account.

- STAR and CHIP: 888-596-0268 (TTY 711), available Monday through Friday from 7 a.m. to 6 p.m. Central time

If you have any questions regarding pharmacy prior authorizations/preapprovals, contact Pharmacy Member Services, available 24/7, using the information below:

- STAR and CHIP: 888-596-0268 (TTY 711), available Monday through Friday from 7 a.m. to 6 p.m. Central time

Forms and documentation required for prior authorization requests

To request a prior authorization, Dell Children's Health Plan will accept the following standard forms:

- *Dell Children's Health Plan Prior Authorization Request Form*
- *Texas Standard Prior Authorization Request Form for Health Care Services*

These forms are available on the Dell Children's Health Plan provider website in the *Provider Resources* section under *Downloadable Forms*.

Other forms available on the Dell Children's Health Plan provider website include:

- *Therapy Prior Authorization Request Form*
- Behavioral health
 - *Initial Review Form*
 - *Concurrent Review Form*
- Nonemergency ambulance
 - *Nonemergency Ambulance Prior Authorization Request Form*
 - *Nonemergency Ambulance Exception Form*
- Pharmacy
 - *Texas Standard Prior Authorization Request Form for Prescription Drug Benefits*

The following table outlines the required forms and documentation needed for prior authorization requests. Current clinical documentation includes, but not limited to, applicable progress notes, imaging reports, lab or test reports, and consultation reports.

This list does not represent whether the service requires prior authorization or is a covered benefit. Verification that the service/procedure requires prior authorization is recommended prior to submitting the request.

Note: For any specified service with a change in provider, a signed notification by the member will be required.

Forms and documentation required for prior authorization requests

Service	Forms	PA documentation
Acupuncture	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Adaptive Equipment/Aids	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation • If applicable, documentation of primary insurance denial of coverage of services
Adult Foster Care	N/A	
Allergy Testing	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i>; or • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Allergy Treatment	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Ambulatory Surgical Center services	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Ambulance – NEMT	<ul style="list-style-type: none"> • <i>Completed Nonemergency Ambulance Prior Authorization Request Form</i> • If applicable, the <i>Nonemergency Ambulance Exception Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>. • Please note, completed forms may not be submitted by ambulance provider as per <i>Texas Medicaid Provider Procedures Manual</i>.

Service	Forms	PA documentation
Anesthesia	Dental (6 and under) <ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> • <i>Criteria for Dental Therapy Under General Anesthesia Form</i> • <i>THSteps Dental Mandatory Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>.
Assisted Living/ Residential Care	N/A	
Assistive/ Augmentative Communication Devices	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>.
Attendant Care Services	N/A	
Audiology/Hearing Aids, Supplies & Fittings	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>.
Bariatric Surgery	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation (Preoperative psychological evaluation) • Surgery must be provided by a facility in Texas that is one of the following: <ul style="list-style-type: none"> ○ Accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). ○ A children’s hospital that has a bariatric surgery program and provides access to an experienced surgeon who employs a team that is capable of long-term follow-up of the metabolic and psychosocial needs of the client and family.

Service	Forms	PA documentation
Behavioral Health – Crisis Intervention	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Crisis Stabilization	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Hospital Based Detoxification Services	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Hospital Based Services – MD Services	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Hospital Based Services – Inpatient Professional	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Inpatient – Psychiatric/ Chemical Dependency	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Intensive Outpatient Program (IOP), Psychiatric	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Substance Abuse/Chemical Dependency	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation

Service	Forms	PA documentation
Behavioral Health – Outpatient/Ambulatory Detoxification Services	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Outpatient Mental Health – MD Services	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Outpatient Substance Abuse	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Partial Hospital, Psychiatric	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Psychological Testing	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Behavioral Health – Respite Care	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order or designee</i> • Current clinical documentation
Birthing Center	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order</i> • Current clinical documentation
Blood Administration and Other Blood Products	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • <i>Current signed Physician Order</i> • Current clinical documentation

Service	Forms	PA documentation
Bone Mass/Density Study – Bone Biopsy/Photon Absorptiometry	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Botox Injections	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Breast Reduction	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Burn Pressure Garments	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Cardiac Rehabilitation Services	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.
Chemotherapy	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Chiropractic Services	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Chore Services	N/A – Not a benefit	N/A

Service	Forms	PA documentation
Circumcisions	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Clinical Trials	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Cochlear Implants	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>.
Colorectal Cancer Screening – <ul style="list-style-type: none"> • Barium Enema • Flexible Sigmoidoscopy • FOBT (Fecal Occult Blood Test) • Screening Colonoscopy 	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Corrective Vision Surgery	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Court Ordered Services	Notification from Courts	<ul style="list-style-type: none"> • Current signed Court Order • Current clinical documentation (if available)
Deep Brain Stimulators	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Dental – Routine	Dental MCO to review.	

Service	Forms	PA documentation
Dental Services – Medical/Accidental	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i>; or • <i>TDI Standard Prior Authorization Request Form</i>; and • Criteria for Dental Therapy Under General Anesthesia 	<p>Health Plan reviews for Level 4 sedation/general anesthesia and facility for 6 years of age and under.</p> <p>Dental MCO to review for procedure.</p>
Dermatology services	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Diabetic Screening	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Diabetic Supplies	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>. • See pharmacy guidelines for glucometer and glucometer supplies
Diagnostic Testing Laboratory	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Dialysis at Free-Standing Clinic	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Dialysis (ESRD) – Locations Other Than Free-Standing Clinics	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation

Service	Forms	PA documentation
<p>DME – Durable Medical Equipment</p>	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> <p>Additional requirements:</p> <ul style="list-style-type: none"> • Home Health Services (Title XIX) DME/ Medical Supplies <i>Physician Order Form</i> • For Wheelchairs including Power Wheelchairs: <i>Wheelchair/Scooter/Stroller Seating Assessment Form</i> (THSteps-CCP/Home Health Services) • Applicable forms as per <i>Texas Medicaid Provider Procedures Manual</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>. <p>Miscellaneous codes (for example E1399) either the Title XIX form or a detailed and itemized list of parts with descriptions, quantity and cost must be submitted</p> <p>Custom Wheelchairs</p> <ul style="list-style-type: none"> • Documentation must include either the Title XIX or a detailed and Itemized list of parts, quantity and cost • If applicable, documentation of primary insurance denial of coverage of services
<p>DME and Supplies Exceptional Circumstances Provision (members 21 years of age or older)</p>	<ul style="list-style-type: none"> • Completed Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form, Special Medical Prior Authorization (SMPA) Request Form, Prior Authorization Request for Oxygen Therapy Devices and Supplies, Wound Care Equipment and Supplies Order Form etc. 	<p>To request prior authorization for home health DME and supplies under the Exceptional Circumstances provision, providers must submit a written notice to Dell Children’s Health Plan. The written notice must include:</p> <ul style="list-style-type: none"> • Completed copies of all of the necessary forms for the requested home health DME or supplies, such as the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form, Special Medical Prior Authorization (SMPA) Request Form, Prior Authorization Request for Oxygen Therapy Devices and Supplies, Wound Care Equipment and Supplies Order Form etc. The forms must be signed and dated by the prescribing physician along with a cover letter indicating the forms are being submitted under the Home Health DME and Supplies Exceptional Circumstances provision.

Service	Forms	PA documentation
		<ul style="list-style-type: none"> • The client's specific diagnosis, medical needs and the reasons why they can only be met by the requested home health DME or supply. • A clear, concise description of the requested DME or supply. • The manufacturer's suggested retail price (MSRP) for the requested DME or supply or an invoice documenting the provider's cost. • Letters of Medical Necessity (LOMN) from the client's prescribing physician and other clinical professionals, as appropriate, documenting the alternative measures and alternative DME or supplies that have been tried and have failed to meet the client's medical needs, or have been ruled out and an explanation of why they have failed or have been ruled out.
Donor Human Milk	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> <p>Additional requirements:</p> <ul style="list-style-type: none"> • <i>Donor Human Milk Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
Drugs/Biologicals (Non-Self Administered)	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Early Childhood Intervention (ECI) Services	None	Dell Children's Health Plan will pay for all ECI covered services in the amount, duration, scope and service setting established by the Individual Family Service Plan (IFSP)

Service	Forms	PA documentation
Electroconvulsive Therapy (ECT)	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Emergency Services	None	None
Enteral Nutrition	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> <p>Additional Requirements:</p> <ul style="list-style-type: none"> • <i>CCP Prior Authorization Request Form (if applicable)</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
EPSDT/Texas Health Steps Services performed by a Texas Health Steps Provider	N/A	N/A
Erectile Dysfunction Treatment	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Experimental and Investigational	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Family Planning Benefit, Consults, Supplies, and Equipment	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation • No prior authorization for family planning services available for STAR/STAR Kids/STAR+PLUS nondual (not covered for CHIP)
Abortion	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Financial Management	N/A	N/A

Service	Forms	PA documentation
Federally Qualified Healthcare Clinic (FQHC) Services	None	None
Genetic Testing or DNA Testing	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed Physician Order • Current clinical documentation
Glaucoma Screening	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
HIV/AIDS Testing/Treatment	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Home Delivered Meals	N/A	N/A
Home Environment Evaluation	N/A	N/A
Home Infusion/Total Parenteral Nutrition	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
Home Modification	N/A	
Hospice Care	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<p>For STAR, hospice care is through Texas Health and Human Services Commission (HHSC).</p> <p>For CHIP members, the following is required for inpatient services:</p> <ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation <p>Notification is required for outpatient hospice services.</p>

Service	Forms	PA documentation
Hyperbaric Oxygen Therapy	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> • <i>Special Medical Prior Authorization (SMPA) Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
Hypnosis	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Hysterectomy	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> • <i>Sterilization Consent Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Immunizations	N/A	N/A
Incontinence/Ostomy Supplies	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
Infertility Services and Treatment	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Injections	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Inpatient Hospital Facility Services (Acute)	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation

Service	Forms	PA documentation
Intermediate Care Facility Services	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Lead Blood Screening	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Mammograms (Screening and Diagnostic)	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Methadone	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current <i>Physician Order</i> signed by MD/DO • Complete current supporting clinical documentation
Nebulizers, Kits and Spacers (Supplies)	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
Newborn Care Services	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Nurse Midwife Services	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Nursing Facility Services (Nursing Home Add-on services)	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation

Service	Forms	PA documentation
Nursing Services: See PDN and SNV section	N/A	N/A
Nutritional Assessment/Risk Reduction/ Education	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
OB Ultrasound (Routine and High Risk)	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Obesity Surgery (for Bariatric Surgery see Bariatric Surgery section)	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Observation	N/A	N/A
Obstetrical Care Services	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Occupational Therapy	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Therapy Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> • <i>THSteps-CCP Prior Authorization Request Form</i> • <i>Texas Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Request Form</i> • <i>Special Medical Prior Authorization (SMPA) Request Form</i> 	<ul style="list-style-type: none"> • Signed <i>Physician Order</i> or signed <i>Prior Authorization Form</i> or signed <i>Plan of Care (cannot be older than 60 days from DOS)</i> including frequency and duration <p>Duration requirements:</p> <ul style="list-style-type: none"> • Under 21 years of age: Request cannot exceed 180 days • Over 21 years of age: Request cannot exceed 60 days <p>Current clinical documentation including:</p> <ul style="list-style-type: none"> • <i>Evaluation and Treatment Plan or Plan of Care (POC)</i> with the required elements • Clinical documentation cannot be older than 60 days from

Service	Forms	PA documentation
		requested DOS
Oncology Services	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Ophthalmology Services (Surgical and Non-Surgical)	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Optometry (Medical Conditions of the Eye)	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Orthopedic Services	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Orthotics	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
Osteopathic Manipulation (Treatments)	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Other Alternative Medical Therapies	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation

Service	Forms	PA documentation
Out of State/ Country	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Outpatient Hospital Services	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Over-the-Counter (OTC) Drugs	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Oxygen and Related Respiratory Equipment	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
Pain Management	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation per AIM guidelines/Dell Children's Health Plan Medical and/or Clinical Policies
Personal Care Services	N/A	N/A
Personal Emergency Response	N/A	N/A
Pest Control	N/A	N/A

Service	Forms	PA documentation
Physical Therapy	<ul style="list-style-type: none"> • Completed Dell Children’s Health Plan <i>Therapy Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> • <i>THSteps-CCP Prior Authorization Request Form</i> • <i>Texas Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Request Form</i> • <i>Special Medical Prior Authorization (SMPA) Request Form</i> 	<ul style="list-style-type: none"> • Signed <i>Physician Order</i> or signed Prior Authorization Form or signed Plan of Care (<i>cannot be older than 60 days from DOS</i>) including frequency and duration <p>Duration requirements:</p> <ul style="list-style-type: none"> • Under 21 years of age: Request cannot exceed 180 days • Over 21 years of age: Request cannot exceed 60 days <p>Current clinical documentation including:</p> <ul style="list-style-type: none"> • <i>Evaluation and Treatment Plan or Plan of Care (POC)</i> with the required elements • Clinical documentation cannot be older than 60 days from requested DOS
Physician Home Visits	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Podiatry Services	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Portable X-Ray Service	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Pre-Admission Testing	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation

Service	Forms	PA documentation
Prescription Drugs – Self-Administered Drugs	<ul style="list-style-type: none"> • Completed <i>Pharmacy Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form for Prescription Drug Benefits</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Preventative Health Services – Adult	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Private Duty Nursing/Prescribed Pediatric Extended Care Center (PPECC) (age restriction birth-20 years of age)	<ul style="list-style-type: none"> • Completed <i>THSteps- CCP Prior Authorization Request Form</i> • <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> • <i>Plan of Care Form</i> • <i>Nursing Addendum to Plan of Care</i> for private duty nursing and/or PPECC 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
Prostate-Specific Antigen (PSA) Testing	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Prosthetics	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
Pulmonary Rehabilitation	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>

Service	Forms	PA documentation
Radiation Therapy	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Radiology – Diagnostic	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Radiology – Nuclear Medicine	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Reconstructive Procedures	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Respiratory Therapy	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Respite Care Services in Assisted Living Facility (ALF), Nursing Facility (NF), Adult Foster Care (AFC), In Home	N/A	N/A
Second Opinions	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation

Service	Forms	PA documentation
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Skilled Nursing Visits	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> • <i>Plan of Care Form</i> or <i>Oasis Form</i> • <i>Special Medical Prior Authorization (SMPA) Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
Sleep Studies and Sleep Therapy (Reviewed by AIM Specialty Health)	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Smoking Cessation Programs/Supplies	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Social Services	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation

Service	Forms	PA documentation
Speech Therapy	<ul style="list-style-type: none"> • Completed Dell Children’s Health Plan <i>Therapy Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> • <i>THSteps-CCP Prior Authorization Request Form</i> • <i>Texas Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Request Form</i> • <i>Special Medical Prior Authorization (SMPA) Request Form</i> 	<ul style="list-style-type: none"> • Signed <i>Physician Order</i> or signed Prior Authorization Form or signed Plan of Care (<i>cannot be older than 60 days from DOS</i>) including frequency and duration <p>Duration Requirements:</p> <ul style="list-style-type: none"> • Under 21 years of age: Request cannot exceed 180 days • Over 21 years of age: Request cannot exceed 60 days <p>Current clinical documentation including:</p> <ul style="list-style-type: none"> • <i>Evaluation and Treatment Plan</i> or <i>Plan of Care (POC)</i> with the required elements • Clinical documentation cannot be older than 60 days from requested DOS
Sports Physicals	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Sterilization and Reversal	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> • <i>Sterilization Consent Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Take Home Supplies	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Thermography/ Thermograms	<ul style="list-style-type: none"> • Completed <i>Dell Children’s Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Signed <i>Physician Order</i> • Current clinical documentation

Service	Forms	PA documentation
TMJ Treatment	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Transplant Donor	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Transplants	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Urgent Care Services	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Vision – <ul style="list-style-type: none"> • Optical Appliances (Lenses & Frames) • Routine Exams 	Reviewed by Superior Vision*	
Weight Reduction Program	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation
Well Baby and Child Care Services	<ul style="list-style-type: none"> • Completed <i>Dell Children's Health Plan Prior Authorization Request Form</i> • <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> • Current signed <i>Physician Order</i> • Current clinical documentation