



IMPERIAL INSURANCE COMPANIES

Preauthorization requirements

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* <https://exchange.imperialhealthplan.com/texas/>

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.

Imperial Insurance Companies, Inc., 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.

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 800-595-0619.

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.

In addition, the following evidence based criteria/guidelines are used by Imperial Insurance Companies, Inc., in connection with clinical-medical decisions:

- The current MCG Care Guidelines are also used (i.e., the 26 edition at this time) when no specific Imperial Insurance Companies, Inc., medical policy exists.

Please refer to their website at <https://www.mcg.com/care-guidelines/care-guidelines/> 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.

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 also used to assist Imperial Insurance Companies, Inc., to determine eligibility for coverage services.

Precertification

Determine if specific outpatient procedures and/or services require prior authorization please contact Imperial Insurance Companies, Inc., at **800-595-0619**.

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 allowable limits or age restrictions and should be verified through the EOC. Nonparticipating providers must submit a prior authorization request for all services by contacting Provider Services at **800-595-0619**. 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 Imperial Provider Portal on the Imperial website at .

Additional information is available in the Prior Authorization Contact Information section of this document and is also available on the Imperial Insurance Companies, Inc., provider website at the following address:

<https://exchange.imperialhealthplan.com/texas/>

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 is required for all prior authorization request submissions:

- Member name
- Member ID 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, Imperial Insurance Companies, Inc., 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 (SOC) date is the date agreed to by the physician, the private duty nursing (PDN) provider, and the member or responsible adult and is indicated on the submitted plan of care (POC) as the SOC date. SOC date may include prior authorization requests for home health skilled nursing and aide services, PDN, physical therapy, occupational therapy, and speech therapy services. These services may require that the provider assess the member and initiate care prior to submitting a prior authorization request within three business days of the SOC date for initial or new PDN services. During the prior authorization process, providers are required to deliver the requested services from the SOC date. 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 Imperial Insurance Companies 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 Imperial Insurance Companies Prior Authorization department within three business days of the SOC. The request must be received by the Imperial Insurance Companies 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 every 60 calendar days prior to the expiration of the current authorization of service(s) on file.

Exceptions:

Imperial Insurance Companies, Inc., requires that 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 Imperial Insurance Companies, Inc., at least seven calendar days before, but no more than 30 days before, the current authorization expiration date.

The request must be received by Imperial Insurance Companies, Inc., 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 Imperial Insurance Companies.

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, Imperial Insurance Companies may extend the time frame up to 14 calendar days for standard authorization requests. For expedited extensions, Imperial Insurance Companies, Inc., 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, an Imperial Insurance Companies, Inc., 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, Imperial Insurance Companies 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. Imperial Insurance Companies, Inc., 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, Imperial Insurance Companies, Inc., will mail the notice to the member.

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

- A statement that Imperial Insurance Companies, Inc., 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 Imperial Insurance Companies.

Imperial Insurance Companies, Inc., 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. The SOC date will be honored when the provider is able to submit a complete request within the timelines discussed in this section and in the Determination Timelines section of this document, and Imperial Insurance Companies, Inc., has determined that the requested services meet medical necessity.

If no additional information is received by the end of the third business day from the date Imperial Insurance Companies sent the notice to the provider and the prior authorization request will result in an adverse determination, Imperial Insurance Companies, Inc., will refer the request for medical director review with all information received with the request no later than seven business days after the prior authorization request received date. Imperial Insurance Companies, Inc.'s 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, Imperial Insurance Companies, Inc., 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
Exchange	Routine/non-urgent	3 business days
Exchange	Urgent/expedited	3 calendar days
Exchange	Concurrent	1 business day
Exchange	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.
- Within one hour of receiving the request 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 calling Provider Services at **800-595-0619**. 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 of the member 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 Imperial Insurance Companies medical director prior to the determination. For additional information, refer to the Peer-to-Peer Review Process 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, 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 an Imperial Insurance Companies, Inc., 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 Imperial at **800-595-0619**.

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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 Imperial Insurance Companies 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 Imperial Insurance Companies, Inc., 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 Imperial Insurance Companies 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.

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.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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 Imperial Insurance Companies, Inc., 800-595-0619.

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.

Prior authorization contact information

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

- **Electronic submission (preferred method):** exchange@imperialhealthholdings.com
- **Provider Services:** [1-800-595-0619](tel:1-800-595-0619)
- **Behavioral Health Services:** a [1-800-835-2362](tel:1-800-835-2362)
- **Vision:** [1-800-595-0619](tel:1-800-595-0619)
- **Nursing Triage:** [1-800-611-0744](tel:1-800-611-0744)
- **Urgent Services:** [1-800-595-0619](tel:1-800-595-0619)

For questions, call Provider Services at [1-800-595-0619](tel:1-800-595-0619). 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 at <https://exchange.imperialhealthplan.com/texas/contact-information>.

Member assistance with prior authorizations

Members who have questions regarding prior authorizations may contact Member Services at [1-800-595-0619](tel:1-800-595-0619). If you have any questions regarding pharmacy prior authorizations/preapprovals, contact Pharmacy Member Services at [1-800-595-0619](tel:1-800-595-0619).

Forms and documentation required for prior authorization requests

To request a prior authorization, Imperial Insurance Companies will accept the following standard form:

- Texas Standard Prior Authorization Request Form for Health Care Services

The Imperial Insurance Companies, Inc., provider website includes links to forms under the *Forms* section.

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	Documentation
Abortion	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Acupuncture	<ul style="list-style-type: none"> Completed <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>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
Allergy Testing	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation

Service	Forms	Documentation
Ambulatory Surgical Center services	<ul style="list-style-type: none"> Completed <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"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation.
Anesthesia	Dental (6 and under) <ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation.
Applied Behavior Analysis (ABA)	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician ABA Referral</i> Current clinical documentation as required per the <i>Texas Medicaid Provider Procedures Manual</i>
Assistive/Augmentative Communication Devices	<ul style="list-style-type: none"> Completed <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	Documentation
Audiology/Hearing Aids, Supplies & Fittings	Completed <i>TDI Standard Prior Authorization Request Form</i>	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation

Bariatric Surgery	<ul style="list-style-type: none"> Completed <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.
Behavioral Health – Crisis Intervention	Completed <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>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>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	Documentation
Behavioral Health – Hospital Based Services – MD Services	<ul style="list-style-type: none"> Completed <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>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>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>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>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/Ambulatory Detoxification Services	<ul style="list-style-type: none"> Completed <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>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>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>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	Documentation
Behavioral Health – Psychological Testing	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> <i>Current signed Physician Order or designee</i> Current clinical documentation
Birth Center	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Blood Administration and Other Blood Products	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Bone Mass/Density Study – Bone Biopsy/Photon Absorptiometry	<ul style="list-style-type: none"> Completed <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>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>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>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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation.

Service	Forms	Documentation
Chemotherapy	<ul style="list-style-type: none"> Completed <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>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 – Not a benefit.

Circumcisions	<ul style="list-style-type: none"> Completed <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>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>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>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>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)

Service	Forms	Documentation
Deep Brain Stimulators	<ul style="list-style-type: none"> Completed <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.	

Dental Services – Medical/Accidental	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<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>
Waiver Dental Services	Liberty Dental to review.	
Dermatology services	<ul style="list-style-type: none"> Completed <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>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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical See pharmacy guidelines in your EOC for glucometer and glucometer supplies
Diagnostic Testing Laboratory	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation

Service	Forms	Documentation
Dialysis (ESRD) – Locations Other Than Free-Standing Clinics	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation

DME – Durable Medical Equipment	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
DME and Supplies Exceptional Circumstances Provision (members 21 years of age or older)	<ul style="list-style-type: none"> Completed <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	Documentation
Donor Human Milk	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical
Drugs/Biologicals (Non-Self Administered)	<ul style="list-style-type: none"> Completed <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	Documentation
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Early Childhood Intervention (ECI) Services	Completed <i>TDI Standard Prior Authorization Request Form</i>	Imperial Insurance Companies will pay for all ECI covered services in the amount, duration, scope and service setting established by the Individual Family Service Plan (IFSP)
Electroconvulsive Therapy (ECT)	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
EPSDT/Texas Health Steps Services performed by a Texas Health Steps Provider	N/A – Not a benefit.	N/A – Not a benefit.
Erectile Dysfunction Treatment	<ul style="list-style-type: none"> Completed <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>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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation

Service	Forms	Documentation
Financial Management	N/A – Not a benefit.	N/A – Not a benefit.
Federally Qualified Healthcare Clinic (FQHC) Services	None	None
Genetic Testing or DNA Testing	<ul style="list-style-type: none"> Completed <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>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>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 – Not a benefit.	N/A – Not a benefit.
Home Environment Evaluation	N/A – Not a benefit.	N/A – Not a benefit.
Home Infusion/Total Parenteral Nutrition	<ul style="list-style-type: none"> Completed <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	Documentation
Home Modification	N/A – Not a benefit.	N/A – Not a benefit.
Hospice Care	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Hyperbaric Oxygen Therapy	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Hypnosis	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Immunizations	None.	None.

Service	Forms	Documentation
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Incontinence/Ostomy Supplies	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Infertility Services and Treatment	<ul style="list-style-type: none"> Completed <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>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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Inpatient Rehabilitation – Freestanding (members 20 years of age and younger)	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation Therapy goals related to client individual needs and treatment plan
Intermediate Care Facility Services	<ul style="list-style-type: none"> Completed <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>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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation

Service	Forms	Documentation
Methadone	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation

Newborn Care Services	<ul style="list-style-type: none"> Completed <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>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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical 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>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>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>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 – Not a benefit.	N/A – Not a benefit.

Service	Forms	Documentation
Obstetrical Care Services	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization 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</i> (cannot be older than 60 days from DOS) 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
Oncology Services	<ul style="list-style-type: none"> Completed <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>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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation

Service	Forms	Documentation
Orthopedic Services	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Osteopathic Manipulation (Treatments)	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Out of State/ Country	<ul style="list-style-type: none"> Completed <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>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>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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation

Service	Forms	Documentation
Pain Management	<ul style="list-style-type: none"> Completed <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/Imperial Insurance Companies Medical and/or Clinical Policies
Personal Care Services	N/A – Not a benefit.	N/A – Not a benefit.
Personal Emergency Response	N/A – Not a benefit.	N/A – Not a benefit.
Pest Control	N/A – Not a benefit.	N/A – Not a benefit.

Physical Therapy	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization 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
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Service	Forms	Documentation
Physician Home Visits	<ul style="list-style-type: none"> Completed <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>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>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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Prescription Drugs – Self-Administered Drugs	<ul style="list-style-type: none"> Completed <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>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 birth20 years of age)	<ul style="list-style-type: none"> Completed <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	Documentation
Prostate-Specific Antigen (PSA) Testing	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Pulmonary Rehabilitation	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Radiation Therapy	<ul style="list-style-type: none"> Completed <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>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>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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation

Service	Forms	Documentation
Respiratory Therapy	<ul style="list-style-type: none"> Completed <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	Completed <i>TDI Standard Prior Authorization Request Form</i>	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Second Opinions	<ul style="list-style-type: none"> Completed <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 Facility (SNF)	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Sleep Studies and Sleep Therapy (Reviewed by AIM Specialty Health)	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation

Service	Forms	Documentation
Social Services	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Speech Therapy	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization 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>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>TDI Standard Prior Authorization Request 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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation
Service	Forms	Documentation
Thermography/ Thermograms	<ul style="list-style-type: none"> Completed <i>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Signed <i>Physician Order</i> Current clinical documentation

TMJ Treatment	<ul style="list-style-type: none"> Completed <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>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>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>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 	Completed <i>TDI Standard Prior Authorization Request Form</i>	
Weight Reduction Program	<ul style="list-style-type: none"> Completed <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>TDI Standard Prior Authorization Request Form</i> 	<ul style="list-style-type: none"> Current signed <i>Physician Order</i> Current clinical documentation