

Driscoll Health Plan Inpatient and Observation Admission Authorization Requirements

The following criteria apply for all lines of business: CHIP, CHIP Perinate, STAR Medicaid, and STAR Kids Medicaid:

Type of Admission	All Facilities		
	Admit Notification Required within 24 Hours and Prior Auth Required	Admit Notification Only Required within 24 Hours	NO Prior Auth Required
Care for Urgent or Emergent Acute Medical or Behavioral Health Conditions (resulting admissions may be subject to medical necessity review post stabilization)		X	
Elective Admission (non-maternity or delivery-related) – Acute or Behavioral Health	X		
Admissions for Delivery – up to 4 days for vaginal or 6 days for C-section			X
Admissions for Delivery extending beyond 4 days for vaginal and 6 days for C-section	X		
Admissions for Delivery-related Circumstances where Delivery is not Anticipated (e.g. pre-term labor)		X	
Newborn Nursery and NICU Level II admissions with length of stay 5 days or less			X
Newborn Nursery and NICU Level II admissions exceeding 5 day lengths of stay	X		
All NICU Level III and Level IV admissions regardless of length of stay	X		
Court-ordered Admissions		X	
OBSERVATION for non-OB Circumstances	X		
OBSERVATION for Diagnoses Related to Pregnancy			X
OBSERVATION for Diagnoses Unrelated to Pregnancy	X		

To enter prior authorization requests and upload clinical information to support medical necessity via the Provider Web Auth Portal, visit <https://driscollhealthplan.com/providers>.

To verify authorization requirements via the Authorization Requirement Portal, visit <https://driscollhealthplan.com/priorauthcheck>.

To submit inpatient and observation prior authorization requests and admission notifications via fax, send to 1-833-808-2175.

CRITERIA: Driscoll Health Plan uses InterQual criteria to determine Medical Necessity. All admissions subject to prior authorization or admissions where admission notification is required are subject to review for Medical Necessity.

MEDICAL DOCUMENTATION REQUIRED: When submitting for prior authorization or when submitting admission notification after emergency admission, the hospital or requesting physician should provide current progress notes, history and physical, radiology or laboratory results, consult notes/reports, or similar medical record documentation to illustrate medical necessity

NON-PAR FACILITIES: Providers must be enrolled as a State of Texas Medicaid provider in order to receive payment for services. Please refer to www.tmhp.com for instructions and application to become a Texas Medicaid provider.