

Behavioral Health Partial Hospital Program (PHP)/ Intensive Outpatient Program (IOP)

Authorization Requirement Checklist



When submitting a prior authorization request for a Superior HealthPlan member to receive Behavioral Health (BH) Partial Hospital Program (PHP) or Intensive Outpatient Program (IOP) services, clinical documentation must be included. This documentation must be sent via fax or electronically submitted through Superior's [Secure Provider Portal](#).

Before submitting the prior authorization request, please ensure all of the following items are included:

- **Completed Prior Authorization Request Form:**
 - [Ambetter Prior Authorization Request Form \(PDF\)](#)
 - [Medicaid \(STAR, STAR Health, STAR Kids, STAR+PLUS\) Prior Authorization Request Form \(PDF\)](#)
 - [Texas Standard Prior Authorization Request Form for Health Care Services \(PDF\)](#)

Please include any additional clinical information or documentation to support the treatment request. If Superior needs more information to process this request, please include the best contact information to reach you/your office. Below are examples of clinical information or documentation needed based on request.

- **Initial request of services:**
 - All relevant, updated information and medical records related to the level of care necessary to complete the review [28 TAC §19.1707(b)], including:
 - Member family/social dynamics, living environment, transportation and support system.
 - Symptoms within the last week that require admission.
 - Functional impairment in the last month regarding role performance and social relationships.
 - Psychiatric/medical history.
 - Treatment history, outpatient providers and current medication list with frequency and dosage.
- **Continued request of services:**
 - All relevant and updated information and medical records related to the level of care, necessary to complete the review [28 TAC §19.1707(b)], including:
 - **PHP** – Information from within last **seven** calendar days:
 - MD/RN notes, relevant and updated information and medical records necessary to complete review, symptoms, functional impairments in role performance and/or social relationships, list of group attendance with date and times, safety plan, treatment plan, discharge plan, housing/support/transportation.
 - **IOP** – Information from within last **seven** calendar days:
 - Relevant and updated information and medical records to complete review, symptoms, functional impairments in role performance and/or social relationships, list of group attendance with date and times, treatment plan, discharge plan and housing/support/transportation.

For any questions, please contact your Superior HealthPlan assigned [Account Manager](#).

A special license for Utilization Review Agents (URA) is issued through the Texas Department of Insurance (TDI) and necessary to perform medical necessity reviews. Centene Company of Texas, LP (CCTX) is the licensed URA (#4167) contracted with Superior HealthPlan. CCTX may not require as a condition of approval of a health care service, or for any other reason, the observation of a psychotherapy session or the submission or review of a mental health therapist's process or progress notes that relate to the mental health therapist's treatment of an enrollee's mental or emotional condition or disorder. This prohibition extends to requiring an oral, electronic, facsimile, or written submission or rendition of a mental health therapist's process or progress notes. This prohibition does not preclude the URA from requiring submission of an enrollee's mental health medical record summary; or medical records or process or progress notes that relate to treatment of conditions or disorders other than a mental or emotional condition or disorder.