



September 17, 2021

**RE: Inpatient Prior Authorization Requirements**

Cook Children's Health Plan has seen an increase in claim submissions for inpatient services for which a prior authorization was not on file. In an effort to minimize claim denials, we would like to remind Providers of the following prior authorization requirements:

- Observation < 48 hours does not require prior authorization unless the procedures performed require authorization.
  - An example of this would be a hysterectomy completed on an outpatient basis.
    - Prior authorization is required to ensure medical necessity is present.
- All inpatient level of care admissions require prior authorization.
- Vaginal deliveries
  - < 3 days with a normal DRG/LOC do not require prior authorization.
  - > 3 days or a non-normal DRG/LOC, prior authorization is required.
- Cesarean deliveries
  - < 5 days with a normal DRG/LOC do not require prior authorization.
  - > 3 days or a non-normal DRG/LOC, prior authorization is required.

Network Providers must submit prior authorization requests via our Secure Provider Portal. If you do not have access to the Secure Provider Portal reach out to your Site Administrator to request access or refer to the [Secure Provider Portal Reference Guide](#).

Providers may contact [CCHPPriorAuthorizations@cookchildrens.org](mailto:CCHPPriorAuthorizations@cookchildrens.org) for questions related to this guidance. For general health plan questions contact Provider Support Services at 888-243-3312.

Sincerely,

Cook Children's Health Plan

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