



November 8, 2018

Dear Provider,

Effective immediately, all therapy prior authorization requests may originate from the referring or rendering provider. The request must include the following two requirements:

All required clinical documentation including a copy of the applicable therapy evaluation or re-evaluation, for each therapy discipline requested.

Completed Cook Children's Health Plan Physical, Occupational, or Speech Prior Authorization Form* or a physician's order with all of the elements described on the instruction form.

Prior to providing care to Members, providers are responsible for verifying a Member's eligibility, verifying covered services, and whether services require a prior authorization.

If you have any questions regarding this prior authorization update, please email CCHPPriorauthorizations@cookchildrens.org.

Sincerely,

Cook Children's Health Plan

**Physical, Occupational, or Speech Prior Authorization Form is located on our website cookchp.org.*

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