



- ✓ Important phone numbers
- ✓ Precertification/
notification requirements

PROVIDER QUICK REFERENCE FOR MEDICAID/CHIP

1-888-821-1108
DellChildrensHealthPlan.com
<https://www.availity.com>

TSPEC-0414-18



Easy access to **precertification/notification requirements** and other important information

For more information about requirements, benefits and services, including the most recent, full version of the Dell Children's Health Plan provider manual, visit the provider website at DellChildrensHealthPlan.com. If you have questions about this *Quick Reference Card (QRC)* or recommendations to improve it, call your local Provider Relations representative. We want to hear from you and improve our service so you can focus on serving your patients.

Precertification/notification instructions and definitions

Request precertification and give us notification by fax, phone, or electronically (precertification forms can be found at DellChildrensHealthPlan.com):

- Inpatient/outpatient surgeries and other general requests fax: 1-800-964-3627
- Behavioral Health fax – inpatient: 1-877-434-7578
- Behavioral Health fax – outpatient: 1-866-877-5229
- Durable medical equipment (DME) fax: 1-866-249-1271
- Therapy (physical, occupational and speech) fax: 1-844-756-4608
- Back and spine procedures fax: 1-800-964-3627
- Pain management injections fax: 1-866-249-1271
- Radiology (high-tech) phone: 1-844-423-0882 (AIM Specialty Health®) www.aimspecialtyhealth.com/goweb
- Home health nursing fax: 1-866-249-1271
- Nonemergent transportation other than ambulance when MTP is not available should be requested by contacting Provider Services at 1-888-821-1108
- Nonemergent ambulance transportation fax: 1-866-249-1271
- Telephone (if urgent): 1-888-821-1108
- For any physician peer-to-peer discussions regarding a request that is being reviewed by our Medical Directors, someone from your office can call 1-817-861-7768 and set up a time for our Medical Director to call you to discuss the case
- Website: DellChildrensHealthPlan.com

For code-specific requirements for all services, visit DellChildrensHealthPlan.com, log in to the provider portal and select Precertification Lookup Tool from our Quick Tools menu on the provider self-service site. Requirements listed are for network providers.

Nonparticipating providers must submit a precertification request for all services by calling 1-888-821-1108. The provider website may not be used to submit a precertification request for an out-of-network provider.

Precertification — the act of authorizing specific services or activities before they are rendered or occur

Notification — telephonic, fax or electronic communication received from a provider to inform us of your intent to render covered medical services to a member:

- Give us notification prior to rendering services as outlined in this document.
- For emergency or urgent services, give us notification within 24 hours or the next business day. For emergency services, there is no review against medical necessity criteria; however, member eligibility and provider status (network and non-network) are verified.

The information in this QRC applies to Medicaid- and CHIP-covered benefits.

Behavioral health/substance abuse

Members may self-refer to a network provider:

- Behavioral health providers must request precertification of certain services through the Behavioral Health fax numbers: 1-877-434-7578 for inpatient services or 1-866-877-5229 for outpatient services. Coordination of physical and behavioral health care is essential.
- All services require precertification except routine outpatient services. Inpatient mental health and substance abuse services can be obtained at acute care or freestanding psychiatric or substance abuse facilities.
- Substance use disorder benefits:
 - Outpatient: Members can self-refer or be referred to receive an assessment. No primary care provider referral is needed. Benefits include ambulatory detoxification, chemical dependency

counseling and medication-assisted treatment.

— Inpatient: Benefits include residential detoxification and residential treatment. Precertification is required.

- STAR member benefits include Mental Health Rehabilitative Services and Targeted Case Management.

Chemotherapy

- Procedures related to chemotherapy do not require precertification when performed in a participating facility or provider office, outpatient hospital, or ambulatory surgery center. For information on coverage and precertification requirements for chemotherapy drugs, please refer to the Precertification Lookup Tool on our website.
- Precertification is required for coverage of inpatient services.

- Limitations and exclusions apply for experimental and investigational treatments.

Chiropractic services

- Chiropractic manipulation therapy provided by a chiropractor is covered for STAR members. Treatment is limited to an acute condition or an acute exacerbation of a chronic condition for a maximum of 12 visits in a consecutive 12-month period and a maximum of one visit per day.
- CHIP members are limited to spinal subluxation at 12 visits in a 12-month period.

Dental services

- Members under age 21 receive dental services through one of the dental maintenance organizations listed below:
 - DentaQuest: 1-800-516-0165 (Medicaid), 1-800-508-6775 (CHIP)
 - MCNA Dental: 1-800-494-6262

For temporomandibular joint (TMJ) services, see the “Plastic/cosmetic/reconstructive surgery” section of this QRC.

Dermatology services

- No precertification is required for evaluation & management (E&M), testing and most procedures.
- Services considered cosmetic in nature or related to previous cosmetic procedures are not covered.

Diagnostic testing

- No precertification is required for routine diagnostic testing.
- Precertification through AIM Specialty Health is required for MRA,* MRI,* CT/CTA scan,* nuclear cardiology, PET scan,* echocardiogram, stress echocardiography (SE), resting transthoracic echocardiography (TTE) and transesophageal echocardiography (TEE).
- Contact AIM Specialty Health at 1-844-423-0882 or visit www.aimspecialtyhealth.com/goweb to submit a request.

**Including cardiac.*

Dialysis

- No precertification is required for dialysis procedures through network providers or facilities.
- Precertification is required for medications related to dialysis treatment.

Disposable medical supplies

- No precertification is required for coverage of disposable medical supplies.
- Coverage for CHIP members includes diabetic supplies and equipment; there is a \$20,000 per

12-month period limit for DME, prosthetics, devices, and disposable medical supplies (implantable devices and diabetes supplies and equipment are not counted against this cap).

See the “Durable medical equipment (DME)” section for more information.

Durable medical equipment (DME)

- A signed physician order is required.
- No precertification is required for coverage of nebulizers, gradient pressure aids and sphygmomanometers for members under the age of 21.
- Precertification is required for coverage of certain DME, prosthetics and orthotics. For code-specific precertification requirements for DME, prosthetics and orthotics, refer to our online Precertification Lookup Tool.
- Prosthetics and orthotics are not covered for Texas Medicaid members age 21 and older.
- All DME billed with an RR modifier (rental) requires precertification.
- Precertification may be requested by submitting a physician order and a *Precertification Request Form*, found on the provider website at DellChildrensHealthPlan.com. A properly completed and signed *Certificate of Medical Necessity (CMN)* must accompany each claim for the following services: hospital beds, support surfaces, motorized wheelchairs, manual wheelchairs, continuous positive airway pressure, lymphedema pumps, osteogenesis stimulators, transcutaneous electrical nerve stimulator, power-operated vehicle, external infusion pump, parenteral nutrition, enteral nutrition and oxygen.
- The requested Healthcare Common Procedure Coding System (HCPCS) and/or other codes for billing covered services must be on the contracted Dell Children’s Health Plan fee schedule and/or be a Texas Medicaid & Healthcare Partnership (TMHP) payable service code.
- The Medical Director’s review is necessary for custom wheelchair precertification requests if the cost is greater than \$3,000 per the Dell Children’s Health Plan fee schedule.

CHIP members are limited to \$20,000 per 12-month period for DME, prosthetics, devices and disposable medical supplies (implantable devices and diabetes supplies and equipment are not counted against this cap).

See the “Disposable medical supplies” section of this QRC for guidelines relating to disposable medical supplies.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits

See the “Texas Health Steps” section of this QRC.

Emergency services

- Members may self-refer.
- No notification is required for emergency care given in the emergency room. If emergency care results in admission, notification to Dell Children's Health Plan is required within 24 hours or the next business day.

For observation precertification requirements, see the "Observation" section of this QRC.

Ear, nose and throat (ENT) services (otolaryngology)

- No precertification is required for E&M, testing and most procedures.
- Precertification is required for tonsillectomy and/or adenoidectomy, nasal/sinus surgery, and cochlear implant surgery and services.

See the "Diagnostic testing" section of this QRC for more information.

Family planning/sexually transmitted disease (STD) care

- Members may self-refer to a network or Medicaid family planning provider.
- No precertification is required for family planning services available for STAR members.
- Family planning services are not covered for CHIP members.
- Infertility services and treatment are not covered.
- Family planning claims for STAR members must be submitted to TMHP at the following address along with the Dell Children's Health Plan *Explanation of Payment (EOP)* denial:

Texas Medicaid & Healthcare Partnership
Attn: Claims
P.O. Box 200555
Austin, TX 78720-0555

Gastroenterology services

- No precertification is required for E&M, testing and most procedures.
- Precertification is required for upper endoscopy and bariatric surgery, including insertion, removal, and/or replacement of adjustable gastric restrictive devices and subcutaneous port components.

See the "Diagnostic testing" section of this QRC for more information.

Gynecology

- Members may self-refer to a participating provider.
 - No precertification is required for E&M, testing and procedures.
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Hearing aids

- Hearing aid instruments are covered for adults and children.

- Coverage includes hearing aids provided by licensed fitters enrolled in the Texas Medicaid program.
 - Dell Children's Health Plan covers hearing aid(s) for adults at the rate of one every five years. Children can receive one for each ear every five years.
 - Precertification is required for digital hearing aids.
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Hearing screening

- No notification or precertification is required for the coverage of diagnostic and screening tests, hearing aid evaluations or counseling.
 - Hearing screenings are not payable on the same day as a Texas Health Steps checkup.
 - Hearing screenings are covered for adults and children.
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Home health care

Precertification is required for all services.

Hospice care

- Hospice care is covered for CHIP members.
 - Precertification is required for coverage of inpatient services.
 - Notification is required for outpatient hospice services.
- STAR members receive hospice care through the Texas Health and Human Services Commission and will be disenrolled from managed care and transferred to Medicaid Fee-for-Service (FFS).

Hospital admissions

- Elective and nonemergent admissions require precertification.
- Emergency admissions require notification within one business day.
- To be covered, preadmission testing must be performed by a Dell Children's Health Plan-preferred lab vendor.
- Same-day admission is required for surgery.
- See the provider website at DellChildrensHealthPlan.com for a complete listing of participating vendors.

See exceptions to precertification and notification in the "Obstetrical care" section of this QRC.

Laboratory services (outpatient)

- All laboratory services furnished by non-network providers require precertification by Dell Children's Health Plan, except for hospital laboratory services in the event of an emergency medical condition.
- Laboratory services related to Texas Health Steps services may be sent to the state laboratory.
- For offices with limited or no office laboratory facilities, lab tests may be referred to one of the Dell Children's Health Plan-preferred lab vendors.
- See the provider website at DellChildrensHealthPlan.com for a complete listing of participating vendors.

Neurology

- No precertification is required for E&M and testing.
- Precertification is required for neurosurgery and spinal surgery.

See the “Diagnostic testing” section of this QRC for more information.

Observation

- No precertification or notification is required for observation.
 - If observation results in admission, notification to Dell Children’s Health Plan is required within one business day.
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Obstetrical care

- No precertification is required for coverage of obstetrical (OB) services, including OB visits, diagnostic testing and laboratory services.
 - Notification to Dell Children’s Health Plan is required at the first prenatal visit.
 - No precertification is required for an inpatient admission, as required under federal or state law, for in-network or out-of-network facility and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery or 96 hours following an uncomplicated delivery by Cesarean section. We require precertification of maternity inpatient stays for any portion in excess of these time frames.
 - No precertification is required for coverage of labor, delivery and circumcision for newborns up to 12 weeks in age.
 - Notification of delivery is required within 24 hours with newborn information.
 - OB case management programs are available.
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Ophthalmology

- Precertification is required for the repair of eyelid defects.
- Services considered cosmetic in nature are not covered.
- Certain laser eye treatment procedures are approved only for certain diagnosis codes.

See the “Diagnostic testing” section of this QRC for more information.

Oral maxillofacial

See the “Plastic/cosmetic/reconstructive surgery” section of this QRC for more information.

Otolaryngology (ENT Services)

See the “Ear, nose and throat (ENT) services (otolaryngology)” section of this QRC.

Out-of-area/out-of-plan care

- Precertification is required except for coverage of emergency care, including self-referral.

- No coverage for out-of-country care.
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Outpatient/ambulatory surgery

Precertification requirement is based on the service performed. Refer to the Precertification Lookup Tool on our website.

Pain management

Non-E&M level testing and procedures require precertification.

Pharmacy

- Pharmacy providers can call the Navitus Pharmacy Help Desk at 1-877-908-6023.
 - Pharmacy providers needing to check benefits eligibility can call our Provider Services line at 1-888-821-1108.
 - Prior authorization requests can only be made by prescribers or their authorized agents. Prescribers can submit requests by fax to 1-855-668-8553 for prior authorization of nonpreferred drugs and other drugs requiring prior authorization. For prior authorization questions, call Navitus at 1-877-908-6023.
 - Members can call Member Services at 1-888-596-0268 (TTY 711). The Texas Medicaid formulary applies to STAR and CHIP members. The *Texas Medicaid Preferred Drug List (PDL)* applies to STAR members only.
 - Dell Children’s Health Plan is required to follow the Texas Medicaid Formulary and *PDL*.
 - The Texas Medicaid Formulary and *PDL* are available on the Vendor Drug Program website at www.texasvendordrug.com.
 - Certain injectable drugs and their counterparts in the same therapeutic class require precertification by the Dell Children’s Health Plan Pharmacy department by fax at 1-844-512-8996 or by phone at 1-888-821-1108 when administered in any outpatient setting. Please refer to the Precertification Lookup Tool on our website.
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Plastic/cosmetic/reconstructive surgery (including oral maxillofacial services)

- Services considered cosmetic in nature and services related to previous cosmetic procedures are not covered.
- No precertification is required for coverage of E&M codes.
- Reduction mammoplasty requires a Dell Children’s Health Plan Medical Director’s review.
- Precertification is required for coverage of trauma to the teeth and oral maxillofacial medical and surgical conditions, including TMJ.

See the “Diagnostic testing” section of this QRC for more information.

Primary care

- Primary care provider services include addressing the member's health needs, coordinating the member's health care, promoting disease prevention and health maintenance (including coverage of seasonal inoculations), treating illnesses or injuries, maintaining the member's health records, and furnishing 24 hours a day, 7 days a week access and availability for members.
- For STAR members age 21 and older, annual physical exams are covered. For members under age 21, see the "Texas Health Steps" and "Well-child preventive care" sections of this QRC.
- A sports/school physical every 12 months by the member's assigned Dell Children's Health Plan primary care provider for STAR and CHIP members ages 18 and under is covered as a value-added benefit.

Podiatry

- No precertification is required for coverage of E&M, testing and procedures.
- For CHIP members, routine foot care such as hygiene care is excluded.

Radiation therapy

No precertification is required for coverage of radiation therapy procedures when performed by a network facility or provider office, outpatient hospital, or ambulatory surgery center.

Radiology

See the "Diagnostic testing" section of this QRC for more information.

Rehabilitation therapy (short-term): physical, occupational, respiratory and speech

- Treatment requires precertification.
- Precertification requests must be submitted by the PCP or medical home. Requests are not accepted directly from therapy providers.
- No precertification is required for coverage of Early Childhood Intervention services for STAR or CHIP members under age three.

Sleep studies

Precertification is required.

Sterilization

- No precertification or notification is required for sterilization procedures, including tubal ligation and vasectomy for Medicaid members age 21 and older.
- A *Sterilization Consent Form* is required for claims submission.
- Reversal of sterilization is not a covered benefit.
- Sterilization is not a covered benefit for CHIP members.

- Sterilization claims must be submitted to TMHP at the following address along with the Dell Children's Health Plan EOP denial:

Texas Medicaid & Healthcare Partnership
Attn: Claims
P.O. Box 200555
Austin, TX 78720-0555

Texas Health Steps

- Members may self-refer; Texas Health Steps services apply to STAR members under age 21.
- Use the Texas Health Steps Periodicity Schedule and document visits.
- Texas Health Steps services may be provided by any Texas Health Steps provider, whether or not the provider is the member's primary care provider or in the Dell Children's Health Plan network.
- Vaccine serum is available under the Texas Vaccines for Children (TVFC) program.
- Dell Children's Health Plan does not reimburse providers for serum available through TVFC.
- CHIP members do not receive Texas Health Steps services. CHIP members receive preventive services under the "Well-child preventive care" section of this QRC.

Tobacco cessation program

- Tobacco use cessation counseling is a benefit of Texas Medicaid for pregnant clients who are 10 through 55 years of age.
- For CHIP members, up to \$100 for a 12-month period is covered for a plan-approved program defined by the health plan.
- Smoking/tobacco cessation help with personal coaching and nicotine replacement therapy is a value-added benefit for STAR and CHIP.

Transportation

- Nonemergent transportation for STAR members is provided through Medicaid fee-for-service by the Medical Transportation Program (MTP) at 1-877-633-8747. Use of this benefit generally requires 48 hours' notice.
- Dell Children's Health Plan also offers a value-added benefit if MTP is not available.
- This benefit is available for all members. CHIP members receive rides to doctor visits for chronic illnesses.
- Nonemergent transportation other than ambulance when MTP is not available should be requested by contacting Provider Services at 1-888-821-1108.
- All nonemergent ambulance transportation must be authorized by fax to 1-866-249-1271.
- Precertification by Dell Children's Health Plan is required for coverage of fixed-wing transportation.

Urgent care center visits

No notification or precertification is required for participating facilities.

Vision care (routine) and supplies

- Members may self-refer for routine vision care and supplies.
- The contracted vendor is Superior Vision of Texas; call 1-800-879-6901.
- For STAR members under age 21, one complete eye exam is covered per Texas fiscal year (September 1 through August 31). Frames and regular lens types, including polycarbonate lenses, or contact lenses when medically necessary, are covered once every 24 months.
- For STAR members age 21 and older, one complete eye exam is covered per two Texas fiscal years (September 1 through August 31). These members may receive eyeglasses or contact lenses if medically necessary.
- The benefit period begins with the month the glasses are first dispensed. If there is a change

in visual acuity of +.50 diopter in one eye, the member is eligible for new nonprosthetic eyeglasses regardless of when the first pair was dispensed.

- CHIP: one eye examination to determine the need and prescription for corrective lenses per 12-month period, and one pair of nonprosthetic eyewear per 12-month period is covered.

Well-child preventive care

- Members may self-refer; for STAR members, see the “Texas Health Steps” section of this QRC.
- CHIP members receive preventive services. CHIP well-child care visits should be provided in accordance with the American Academy of Pediatrics periodicity schedule.
- Vaccine serum is available through the TVFC program for qualified members.

Well-woman exam

Members may self refer; one exam is covered per calendar year.

Provider Experience program

Our Provider Services team offers precertification, case and disease management, automated member eligibility, claims status, health education materials, outreach services, and more. The Provider Services team is a go-to resource for questions about contracts, community events, quality and incentive programs, training, etc. They are your one-stop shop for information. Call 1-888-821-1108 Monday-Friday from 7 a.m.-7 p.m. CT.

For initial provider credentialing questions, please contact Provider Engagement at shpproviderservices@seton.org or 512-324-3125.

The provider website is available 24 hours a day, 7 days a week: To verify member eligibility and benefits, file claims, check claims status, appeal claim payments, and use

Patient360 and other helpful tools, access <https://www.availity.com>. For other functions, such as looking up precertification/notification requirements; submitting preauthorization requests and checking request status; and finding forms, reimbursement policies and other general information, visit DellChildrensHealthPlan.com and log in to the provider portal. You can also access the provider portal directly through the Availity Portal.

Can't access the internet? Call Provider Services at 1-888-821-1108 and the recording will guide you through our menu of options — just select the information or materials you need when you hear it. Then say your NPI when prompted by the recorded voice so that we can quickly help you get the right information.

Health services

Case Management services • 1-888-821-1108

We offer case management services to members who are likely to have extensive health care needs. Our Nurse Care Managers work with you to develop individualized care plans, including identifying community resources, providing health education, monitoring compliance, assisting with transportation, etc.

Disease Management Centralized Care Unit (DMCCU) services • 1-888-830-4300

DMCCU services include educational information like local community support agencies and events in the

health plan's service area. Services are available for members with the following medical conditions: asthma, bipolar disorder, COPD, CHF, CAD, diabetes, HIV/AIDS, hypertension, major depressive disorder, substance abuse disorder and schizophrenia.

24-hour Nurse HelpLine • 1-888-596-0268 (TTY 711)

Members can call our 24-hour Nurse HelpLine for health advice 7 days a week, 365 days a year. When a member uses this service, a report is faxed to your office within 24 hours of receipt of the call.

Member Services • 1-888-596-0268 (TTY 711)

Important contact information

Our service partners

AIM Specialty Health (high-tech radiology precertification)	1-844-423-0882 www.aimspecialtyhealth.com/ goweb
Availity Portal (for claim filing, claim status inquiries, member eligibility and benefits information and other functions)	https://www.availity.com 1-800-AVAILITY (1-800-282-4548) support@availity.com
DentaQuest (Dental MCO for members under 21)	CHIP: 1-800-508-6775 Medicaid: 1-800-516-0165
MCNA Dental (Dental MCO for members under 21)	1-800-494-6262
Medical Transportation Program (MTP)	1-877-633-8747
Nonemergent transportation other than ambulance when MTP is not available	1-888-821-1108
Navitus (pharmacy prior authorization)	1-877-908-6023
Superior Vision of Texas (vision services)	1-800-879-6901
Texas Health Steps Program	1-877-847-8377

Claim services

Timely filing is within 95 calendar days from the date of service.

Electronic data interchange (EDI)

Call our EDI hotline at 1-800-590-5745 to get started.

We accept claims through three clearinghouses:

- Availity (payer DCHPMCAID); 1-800-282-4548
- Emdeon (payer 74272); 1-866-858-8938
- Smart Data Solutions (payer 27182); 1-855-650-6590

Paper claims

Submit claims on original claim forms (*CMS-1500* or *CMS-1450*) printed with dropout red ink or typed (not handwritten) in large, dark font. AMA- and CMS-approved modifiers must be used appropriately based on the type of service and procedure code.

Mail to:

Claims
Dell Children's Health Plan
P.O. Box 61010
Virginia Beach, VA 23466-1010

Payment appeals

A claims payment appeal must be filed within 120 days of the adjudication date on your *EOP* or other denial notification. To submit a payment appeal, complete the *Payment Appeal Form* located on our website and mail it with supporting documentation to:

Payment Appeals Team
Dell Children's Health Plan
P.O. Box 61599
Virginia Beach, VA 23466-1599

Providers may also utilize the payment appeal tool at <https://www.availity.com>. Supporting documentation can be uploaded using the attachment feature on the *Web Payment Appeal Form*.

Medical appeals

A medical appeal can be initiated by a member or provider on behalf of the member and must be submitted within 60 calendar days from the date of the decision notification letter for Medicaid (30 days for CHIP). Medical appeals can be submitted in writing to:

Appeals
Dell Children's Health Plan
2505 N. Highway 360, Suite 300
Grand Prairie, TX 75050

A provider submitting an appeal on behalf of a member can send a letter or complete the *Appeal Request Form* included in the provider's copy of the decision notification letter. The provider must have written authorization from the member to act as the member's designated representative except for CHIP members.

