



PROVIDER QUICK REFERENCE FOR MEDICAID/CHIP

- ✓ Important contact information
- ✓ Prior authorization (PA) requirements

888-821-1108

DellChildrensHealthPlan.com

TDCPEC-0498-21



Easy access to **PA 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 Guide (QRG)* 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.

Prior authorization general information

Prior authorization (PA) requests may be submitted for review and approval as indicated below. Documentation and forms required for PA requests are available on our provider website:

- **Preferred method is digital submission accessed at <https://www.availability.com>.***
- Inpatient/outpatient surgeries and other general requests:
 - **800-964-3627** (fax); **800-821-1108** (phone)
- Inpatient discharge planning (fax only):
 - Physical health: **888-708-2599**
 - Behavioral health (BH): **844-445-6648**
- Specialized care services (fax only):
 - Back and spine procedures: **800-964-3627**
 - Durable medical equipment (DME): **866-249-1271**
 - Home health nursing (PDN, SNV, HHA): **866-249-1271**
 - Medical injectable/infusible drugs fax: **844-512-8996** (for other services, refer to the **Pharmacy** section of this *QRG*)
 - Pain management injections and wound care: **866-249-1271**
 - Therapy (physical, occupational, speech): **844-756-4608**
- BH services (fax only):
 - BH — Inpatient: **844-445-6648**
 - BH — Outpatient: **844-442-8011**

- AIM Specialty Health®*: **844-423-0882** (phone); <https://aimspecialtyhealth.com/goweb> (online)
 - Radiology (high-tech)
- Ambulance transportation:
 - Nonemergent ambulance transportation: Refer to the Ambulance Transportation Services (Nonemergent) section of the Medicaid/CHIP Provider Manual
- Urgent services: **888-821-1108** (phone)

If you have questions, call Provider Services at **888-821-1108**. Staff are available Monday through Friday from 8 a.m. to 5 p.m. local time excluding state-observed holidays. You may leave a confidential voicemail after hours, and your call will be returned the next business day.

Documentation and forms required for PA requests are available on our provider website.

For code-specific requirements for outpatient procedures and/or services, visit the Precertification Lookup Tool on the Dell Children's Health Plan provider website or the Availability Portal through Payer Spaces.

Requirements listed are for network providers. Nonparticipating providers must submit a PA request for all services by calling **888-821-1108**. The Availability Portal may not be used to submit a PA request for an out-of-network provider.

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

Behavioral health/substance use

Members may self-refer to a network provider:

- BH providers must request PA of certain services through the BH fax numbers: **844-445-6648** for inpatient services or **844-442-8011** for outpatient services.
- All services require PA except routine outpatient services. Inpatient mental health and substance use disorder services can be obtained at acute care or freestanding psychiatric or substance use disorder 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. PA is required.
- STAR member benefits include Mental Health Rehabilitative Services and Targeted Case Management.

Chemotherapy

- Procedures related to chemotherapy do not require PA when performed in a participating facility or provider office, outpatient hospital, or ambulatory surgery center. For information on PA requirements for chemotherapy drugs, please refer to the Precertification Lookup Tool on our website.
- PA 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 in the *Our service partners* section of this QRG.

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

Dermatology services

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

¹ Including cardiac

Dialysis

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

Disposable medical supplies

- No PA 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 of this QRG for more information.

Durable medical equipment (DME)

- A signed physician order is required.
- PA is required for coverage of certain DME, prosthetics, and orthotics. For code-specific PA 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.
- PA may be requested by submitting a physician order and a *Prior Authorization Request Form*. Refer to the *Forms and documentation* section of the *Prior Authorization Requirements* document found on our provider website for additional information.
- The requested Healthcare Common Procedure Coding System (HCPCS) and/or other codes for billing covered services must be on the Dell Children's Health Plan contracted fee schedule and/or be a Texas Medicaid & Healthcare Partnership (TMHP) payable service code, unless authorized as an exceptional circumstance.
- The Medical Director's review is necessary for custom wheelchair PA requests if the cost is equal to or greater than \$3,000. Detailed manufacturer's retail pricing information is needed.

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 QRG for guidelines on disposable medical supplies.

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

See the *Texas Health Steps* section of this QRG.

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 PA requirements, see the *Observation* section of this QRG.

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

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

See the *Diagnostic testing* section of this QRG for more information.

Family planning/sexually transmitted diseases (STD) care

- Members may self-refer to a network or Medicaid family planning provider.
- No PA 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 Texas Medicaid & Healthcare Partnership (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 PA is required for E&M, testing, and most procedures.
- PA 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 QRG for more information.

Genetic testing

PA is required for all genetic testing.

Gynecology

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

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.

Hearing screening

- No notification or PA 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.

Home health care

PA is required for all services.

Hospice care

- Hospice care is covered for CHIP members.
 - PA 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 PA.
- 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 exceptions to PA and notification in the *Obstetrical care* section of this QRG.

Laboratory services (outpatient)

- All laboratory services furnished by non-network providers require PA 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.
- Use *Find a Doctor* at DellChildrensHealthPlan.com to locate plan lab vendors.

Neurology

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

See the *Diagnostic Testing* section of this QRG for more information.

Observation

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

Obstetrical care

- No PA 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 PA 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 PA of maternity inpatient stays for any portion in excess of these time frames.
- No PA is required for coverage of labor, delivery, and circumcision for newborns through 12 weeks in age.
- Notification of delivery is required within 24 hours with newborn information.
- OB case management programs are available.

Ophthalmology

- PA 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 QRG for more information.

Oral maxillofacial

See the *Plastic/cosmetic/reconstructive surgery* section of this QRG for more information.

Otolaryngology (ENT Services)

See the *Ear, nose and throat (ENT) services (otolaryngology)* section of this QRG.

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

- PA is required except for coverage of emergency care, including self-referral.
- No coverage for out-of-country care.

Outpatient/ambulatory surgery

PA 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 PA.

Pharmacy

- Pharmacy providers can call the Navitus* Pharmacy Help Desk at **877-908-6023**.
- Pharmacy providers needing to check benefits eligibility can call our Provider Services line at **888-821-1108**.
- PA requests can only be made by prescribers or their authorized agents. Prescribers can submit requests by fax to **855-668-8553** for PA of nonpreferred drugs and other drugs requiring PA. For PA questions, call Navitus at **877-908-6023**.
- Members can call Member Services at **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 PA by the Dell Children's Health Plan Pharmacy department by fax at **844-512-8996** or by phone at **888-821-1108** when administered in any outpatient setting. Refer to the Precertification Lookup Tool on our website.

Plastic/cosmetic/reconstructive surgery (including oral maxillofacial services)

- Services considered cosmetic in nature and services related to previous cosmetic procedures are not covered.
- No PA is required for coverage of E&M codes.
- Reduction mammoplasty requires a Medical Director's review.
- PA 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 QRG for more information.

Primary care

- Primary care provider services include addressing the member's health needs, coordinating the member's healthcare, promoting disease prevention and health maintenance (including coverage of seasonal inoculations), treating illnesses or injuries, maintaining the member's health records, and furnishing 24/7 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 QRG.
- A sports/school physical every 12 months by a 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 PA is required for coverage of E&M, testing, and procedures.
- For CHIP members, routine foot care such as hygiene care is excluded.

Radiation therapy

PA is required for certain radiation therapy procedures. Refer to the Precertification Lookup Tool on our website.

Radiology

See the *Diagnostic testing* section of this QRG for more information.

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

- Treatment requires PA.
- PA requests must be submitted by the primary care provider or medical home. Requests are not accepted directly from the therapy provider.
- No PA is required for coverage of Early Childhood Intervention services for STAR or CHIP members under age 3.

Sleep studies

PA is required.

Sterilization

- No PA 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 QRG.

Tobacco cessation programs

- Texas Medicaid includes benefits for smoking and tobacco cessation counseling services for members age 10 and older. Up to eight services may be received in a 12-month period. Additional services can be received if medically necessary and documented by the provider.
- Prescription nicotine replacement and other smoking or tobacco cessation medications are also covered by Texas Medicaid if the medication is on the Texas Vendor Drug Program formulary.
- 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 CHIP members who are age 18.

Transportation

- Nonemergency Medical Transportation (NEMT) services for STAR members are provided by Dell Children's Health Plan through our vendor Access2Care.* Members can schedule rides by calling **844-867-2742 (TTY 711)**. Use of this benefit generally requires a two business day notice except for urgent care, hospital discharge, and trips to the pharmacy to pick up medication or approved medical supplies. Ambulance transportation is excluded from this benefit.
- Dell Children's Health Plan offers value-added benefits for some transportation not covered by Medicaid. CHIP members receive rides to doctor visits for chronic illnesses.
- All nonemergent ambulance transportation must be authorized by fax to **866-249-1271**. Required forms are available on the provider website at **DellChildrensHealthPlan.com** under *Provider Resources*.
- PA by Dell Children's Health Plan is required for coverage of fixed-wing transportation.

Urgent care center visits

No notification or PA 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 **800-879-6901**.
- For STAR members under age 21, one complete eye exam is covered every 12 months. 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 every 24 months and 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.
- For CHIP members: 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 QRG.
- 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 Services program

Our Provider Services team offers PA, 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 888-821-1108 Monday to Friday from 8 a.m. to 7 p.m. Central time.**

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

The provider websites are available 24 hours a day, 7 days a week. To verify member eligibility and benefits, request PA and check status, file claims, check claims status, submit payment disputes, and use Patient360 and other helpful tools, access <https://www.availity.com>. For other functions, such as looking up PA/notification requirements and finding forms, reimbursement policies, and other general information, visit [DellChildrensHealthPlan.com](https://www.DellChildrensHealthPlan.com).

Can't access the internet? Call Provider Services at **888-821-1108** and the recording will guide you through our menu of options — Just 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 • 888-821-1108

We offer case management services to members who are likely to have extensive healthcare 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, and more.

Disease Management (DM) services • 888-830-4300

DM resources are designed to assist physicians and other healthcare professionals in managing members with chronic conditions. Services are available for members with the following medical conditions: asthma, bipolar disorder, COPD, CHF, CAD, diabetes, HIV/AIDS, hypertension, major depressive disorder, substance use disorder, and schizophrenia. DM services also include educational information like local community support agencies and events in the health plan's service area

Interpreter services

We can provide interpreter services in many different languages and dialects for members who do not speak English. We will set up and pay for an American Sign Language interpreter to assist members who are deaf or hard of hearing. These services are available at no cost to providers or members. Interpreter services should be requested at least 24 hours before the appointment. Services can be arranged by calling Provider Services.

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

Members can call our 24-hour Nurse HelpLine for health advice 7 days a week, 365 days a year.

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

Our service partners

Access2Care (nonemergent transportation other than ambulance)	844-867-2742 (TTY 711)
AIM Specialty Health (high-tech radiology PA)	844-423-0882 www.aimspecialtyhealth.com/goweb
Availity Portal (claim filing, claim status inquiries, member eligibility and benefits information, PA, and other functions)	https://www.availity.com 800-AVAILITY (282-4548)
DentaQuest (Dental managed care organization [MCO] for members under 21)	CHIP: 800-508-6775 Medicaid: 800-516-0165
MCNA Dental (Dental MCO for members under 21)	800-494-6262
Navitus (pharmacy PA)	877-908-6023
Superior Vision of Texas (vision services)	800-879-6901
Texas Health Steps Program	877-847-8377
UnitedHealthcare Dental (Dental MCO for members under 21)	877-901-7321

Claim services

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

Electronic data interchange (EDI)

Dell Children's Health Plan has designated Availity to operate and service your EDI entry point (EDI Gateway). You can also use a clearinghouse or billing company to submit your claims to the Availity EDI Gateway. Contact Availity with any questions at **800-AVAILITY (282-4548)**.

Online claims submission:

Use our free online claim submission tool at **https://www.availity.com**.

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

Claim payment disputes

A claim payment dispute must be filed within 120 calendar days of the date of the *Explanation of Payment (EOP)*.

Providers may utilize the payment dispute tool at **https://www.availity.com**. Supporting documentation can be uploaded using the attachment feature.

Providers may also fax a payment dispute request to **844-756-4607** or mail it to:

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

Member medical appeals

A member medical appeal for a pre-service denial 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. Member medical appeals can be submitted in writing to:

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

Member medical appeals may also be requested by calling Member Services at **888-596-0268 (TTY 711)**.

A provider submitting an appeal on behalf of a member must have written authorization from the member to act as the member's designated representative except for CHIP members.

Provider medical appeals

Providers may submit an appeal request for post-service medical denials. The appeal must be requested within 120 calendar days of the denial letter or *EOP* and should be sent to:

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

** Availity, LLC is an independent company providing administrative support services on behalf of Dell Children's Health Plan. AIM Specialty Health is an independent company providing some utilization review services on behalf of Dell Children's Health Plan. Navitus is an independent company providing pharmacy benefit services on behalf of Dell Children's Health Plan. Access2Care is an independent company providing nonemergency transportation services on behalf of Dell Children's Health Plan. Superior Vision of Texas is an independent company providing vision services on behalf of Dell Children's Health Plan.*