Driscoll Health Plan

CHIP Perinate Quick Reference Tool
August 2026

Driscoll Health Plan General Information

Address: 4525 Ayers Street
Corpus Christi, Texas 78415

Hours of Operation: 8 a.m. to 5 p.m. (CST), Mon – Fri
(Except State Holidays)

Eligibility Verification: Call Member Services or access web:
www.dhpproviderportal.com

Please submit authorizations online at:
www.dhpproviderportal.com

Claims Information

There are 2 types of payment sources for CHIP Perinate:
DHP and TMHP
Electronic claims are accepted through:
Change Healthcare Payer ID – 74284

For paper claims, send a completed claim form (CMS 1500 or UB04) to:
Driscoll Health Plan
P.O. Box 3668
Corpus Christi, Texas 78463-3668

Claims must be submitted within 95 days of the date of service.
THMP Claims:
Texas Medicaid & Healthcare Partnership
P.O. Box 200555
Austin, Texas

Billing Information

Income Level	Professional Claims	Facility Claims
Labor with Delivery charges at or below 198% FPL	Bill to DHP	Bill to TMHP
Labor with delivery charges >198-202% FPL	Bill to DHP	Bill to DHP
All services subsequent to birth for newborns at or below 198% FPL	Bill to TMHP	Bill to TMHP
All services subsequent to birth for newborns >198-202% FPL	Bill to DHP	Bill to DHP
Postpartum Care: Eligibility for mother ends with delivery. Bill postpartum with delivery date or bill CPT code 59430.	Bill to DHP	

Contact Information

Provider Services
1-877-324-3627 option 1

Member Services
CHIP:
1-877-451-5598

Prior Authorization
1-877-455-1053
Fax: 1-866-741-5650

Pharmacy-Prior Authorization
Navitus: 1-877-908-6023

Authorization Status
1-877-324-3627 option 1

Urgent After Hours On-Call Nurse for Authorization
1-877-455-1053 option 2

Case and Disease Management
1-877-222-2759
Fax: 1-866-704-9824

Provider Complaints
Email:
DHP_QM_Complaints@dchstx.org
Nueces SA: 1-877-220-6376
Hidalgo SA: 1-855-425-3247

Waste, Abuse and Fraud Hotline
1-844-808-3170

Interpreter Services
1-866-421-3463
Note: When you use this service, you will need to provide:
Language Needed
Member DHP ID Number
Physician's First and Last Name

Member Complaints
1-877-324-7543

For Newborns at or below 198% FPL: Call the Medicaid Helpline at: **1-800-964-2777**	Newborn receives Medicaid benefits for 12 months. Newborn will receive an enrollment package from the state to choose a Medicaid Health Plan.
For Newborns >198-202% FPL:	Newborn will be enrolled with DHP and receive CHIP benefits for the remainder of the CHIP Perinatal coverage period.

Please submit authorizations online at www.dhpproviderportal.com or fax to 1-866-741-5650.
All services must be medically indicated, evidenced by supporting clinical documentation.
COB – Authorization is required for inpatient services and observation services (for diagnoses not related to pregnancy or stays greater than 2 days) regardless of if DHP is secondary payer. Some outpatient services/procedure codes may require prior authorization regardless of DHP as secondary payer. Providers should verify authorization requirements on the DHP Prior Authorization Portal at https://driscollhealthplan.com/priorauthcheck. In cases where DHP is secondary payer and no prior authorization is required, as based on directive within the DHP Prior Authorization Portal, providers should verify the services are a covered benefit by the primary payer. If the services are known to be a non-covered benefit by the primary payer, prior authorization is required by DHP and proof of non-coverage of benefit must accompany the claim submission.
Authorization requests received after hours or during holiday closures will be processed with a start date of the following business day.
Office-based procedures rendered during extended hours will be processed with a start date of date of service, provided requests are submitted to DHP within one business day.
Elective surgical procedures unrelated to the primary reason for admission may not be a covered benefit and will require a prior authorization.
Unless otherwise specified below, all out-of-network services require prior authorization.
Unless otherwise specified below, authorization is required for ALL services which are either not a benefit or exceed the allowed benefit.

SERVICES	NO AUTH REQUIRED	AUTH REQUIRED	NON-COVERED SERVICES
Prenatal Care: Up to 20 Prenatal visit			
First 28 weeks of pregnancy: one visit every 4 weeks	x		
28-36 weeks of pregnancy: one visit every 2-3 weeks	x		
36 weeks to delivery: one visit every week	x		
Additional prenatal visits will be paid if medically necessary and with prior approval by DHP		x	
Referrals to Participating Maternal Fetal Medicine (MFM)	x		
Ultrasounds			
OB Ultrasounds ordered / performed by Maternal Fetal Medicine Specialists	x		
Biophysical Profile (BPP) with or without NST (Fetal Non-stress tests)	x		
Up to 4 OB ultrasounds per pregnancy	x		
Greater than 4 OB Ultrasounds		x	
Transvaginal OB ultrasound for short cervix (CPT 76817)	x		
Pharmacy			
CHIP Formulary: Navitus Toll free: 1-877-908-6023	x		
Limited Pregnancy injections for iron, Rhogam, insulin, and Tdap vaccine: J1750, J2790, J2791, J2792, J1815, J1817, 90384, 90385, & 90715; no auth required if <$300	x		
Laboratory Services			
Laboratory Services which directly relate to antepartum care and/or the delivery of the covered CHIP Perinate until birth done at any in-network laboratory	x		

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SERVICES	NO AUTH REQUIRED	AUTH REQUIRED	NON-COVERED SERVICES
Postpartum Care			
Two postpartum visits, within 60 days of birth, will be paid by DHP. Family planning is not included	x		
Emergency Services			
Emergency ground, air and water transportation for labor and threatened labor directly related to the delivery of the unborn child	x		
Emergency Medical Conditions	x		
Inpatient Admissions/Observations			
Inpatient and observation hospital care for the mother of the unborn child for diagnoses unrelated to pregnancy, not related to labor with delivery, such as a broken arm, labor without delivery of the baby (false labor), PIH, and other medically complicating conditions			x
OB Observations for diagnoses related to pregnancy for up to 2 days	x		
Routine deliveries and well-baby admissions in and out of network	x		
Deliveries extending beyond 4 days vaginal/6 days cesarean-section (allows for 2 laboring days)		x	
Other Services			
Cordocentesis if not performed by MFM		x	
Fetal Intrauterine Transfusion (FUIT) if not performed by MFM		x	
Cervical cerclage placement (Inpatient, Observation, or Outpatient)		x	
Cervical cerclage removal in office or facility	x		
D&Cs related to miscarriages (57558, 59160, 59812, 59820-59830, 59870)	x		
Elective surgical procedures unrelated to the primary reason for admission may not be a covered benefit		x	
Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate			x
Limited Diabetic Supplies: A4245, A4253, A4206, A4250, A4258; no auth required if <$300 paid per item	x		
Electric breast pump (non-hospital grade) E0603 – one per pregnancy or one per three years	x		
Other durable medical equipment, prosthetic devices, and disposable medical supplies			x
Mental health, chemical dependency and any other care not related to pregnancy			x
Sterilization and family planning services are not a benefit for CHIP Perinate members			x