

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

Labor with Delivery charges at or below 198% FPL

Labor with delivery charges >198-202% FPL

All services subsequent to birth for newborns at or below 198% FPL

All services subsequent to birth for newborns >198-202% FPL

Postpartum Care: Eligibility for mother ends with delivery.

Bill postpartum with delivery date or bill CPT code 59430.

Professional Claims

Bill to DHP

Bill to DHP

Bill to TMHP

Bill to DHP

Bill to DHP

Facility Claims

Bill to TMHP

Bill to DHP

Bill to TMHP

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

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| 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.dhppproviderportal.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 | | |

| 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 |