



## Dell Children's Health Plan

### Referral and Prior Approval Reference Guide – Children and Pregnant Women (CPW) Program (Updated 7.2.2024)

#### Prior Approval Process:

To ensure case management services are coordinated between Dell Children's Service Coordination staff (Dell Children's Health Plan SCS) and CPW providers, Dell Children's Health Plan has established a prior approval process. Prior approval is required to bill Dell Children's Health Plan for CPW Services (CPT Code G9012 and related modifiers U2, U5, and TS).

CPW providers shall use the HHSC CPW forms when submitting the prior approval request to Dell Children's Health Plan. CPW Providers can access the most current HHSC forms located at: <https://www.hhs.texas.gov/providers/health-services-providers/case-management-providers-children-pregnant-women>

#### CPW Prior Approval/Care Coordination Process:

1. Prior approval requests for CPW services shall be submitted to Dell Children's Health Plan Service Coordination Staff (SCS) within 3 business days of the initial intake via fax, phone or email (see Contact box below).

If the member has urgent needs, the CPW provider should request an expedited review by documenting the urgency on the prior approval request and/or contacting Dell Children's Health Plan SCS.

If the CPW provider receives a referral for CPW services from a member, PCP or other healthcare provider, they should be directed to Dell Children's Health Plan SCS staff for evaluation and assessment of the member's needs.

- a. If the member's needs can be met by Dell Children's Health Plan SCS, no referral is made to an in-network Dell Children's Health Plan CPW Provider.
  - b. If the member's needs cannot be met by the Dell Children's Health Plan SCS, a referral is made to an in-network Dell Children's Health Plan CPW Provider.
2. Documentation required to process the prior approval request:
  - a. HHSC Request for Prior Authorization (Form CM-01)
  - b. HHSC Referral and Intake form (Form CM-01A)

3. Dell Children's Health Plan SCS will review the assessment and determine if any/all the member's case management needs can be met by Dell Children's Health Plan.
4. Dell Children's Health Plan will notify the CPW provider within 3 business days of receipt of the request
  - a. If needs can be met by Dell Children's Health Plan, services are not approved
  - b. If services cannot be met by Dell Children's Health Plan, services are approved
5. Notification shall be sent to the CPW provider and member within 1 business day.
6. Requests for Additional Visits:
  - Requests for additional visits must be submitted on HHSC "Prior Authorization Request for Additional Visits" (Form CM-06)
  - If documentation supports the need for additional visits, additional visits are approved
  - Notification is sent to CPW provider and member within 1 business day of determination

**Dell Children's Health Plan Service Coordination Contacts:**

Dell Children's Health Plan	Local Number	Toll Free Number
Dell Children's Health Plan CARE MANAGEMENT (CM)	512-324-3015	1-844-964-3015
Dell Children's Health Plan CM FAX	512-324-3016	
Dell Children's Health Plan CM EMAIL	dchp-CM@ascension.org	

**Provider Relations Representative**

Please contact your provider relations representative for any questions regarding claim processing and other operational items:

Email: [shpproviderservices@seton.org](mailto:shpproviderservices@seton.org)

Phone: **512-324-3125, Option 4**

**Eligibility, Claims and Billing:**

Providers can check eligibility, claim status and auth status by registering for an **ABS Provider Portal** account. For more Provider information, see Dell Children's Health Plan Provider Website: [dellchildrenshealthplan.com/for-providers](http://dellchildrenshealthplan.com/for-providers)

**Claims Status**

We offer two methods for accessing claim status 24 hours a day, 365 days a year:

- Provider Portal [https://secure.healthx.com/Provider\\_2022](https://secure.healthx.com/Provider_2022)

- Provider services at **1-844-781-2343**

## Electronic Data Interchange submission

We encourage electronic submission of claims through Electronic Data Interchange (EDI).  
Electronic claims submission is available through:

Clearinghouse	Dell Children's Health Plan Payer ID	Phone
Smart Data Solutions (SDS)	38261	1-844-781-2343

### Billing Address:

Dell Children's Health Plan  
PO Box 37502  
Oak Park, MI 48237  
Phone: 844-781-2343

## Quality Assurance (QA) / Utilization Review (UR) Process

CPW Providers will receive a QA audit within the first 3 months of enrollment with Dell Children's Health Plan and once a year thereafter to ensure compliance with policies. This audit includes a review of the CPW Provider's client records, quality management system, outreach materials, consent for release of information statements, provider webinar attendance verification and case manager's licensure.

Dell Children's Health Plan may conduct UR for the contracted providers to identify trends in claims data that indicate potential concerns with the quality of case management services.

### The QA review includes the following:

- Random selection of five (5) percent of client records or a minimum of two (2) records, with a maximum fifteen (15) records
- Program compliance to include status of licensure, webinar attendance certificates, Quality Management Systems policy, client interviews, and independently developed outreach material. Dell Children's Health Plan will use [HHSC Form CM-16](#), Record Review Tool for Providers and [HHSC Form CM-15](#), Provider Systems Review
- Exit meeting to summarize the findings of the QA review with the provider
- Providers must submit copies of client records within 10 business days as designated on the notification letter.
- Providers unable to meet the ten (10) business day deadline may be granted one extension. NOTE: Only one extension will be granted through their time as a provider. The request for the extension must be sent via email to Dell Children's Health Plan SCS before the record request deadline and state the reason for an extension.

- CPW Providers will receive a written summary of the QA review and/or UR including any required actions

**Examples of Needs Addressed By Dell Children's Health Plan SCS:**

Case Management Services Addressed by Dell Children's Health Plan	
Program/Population	
STAR Members with Special Health Care Needs (MSHCN)	Service Coordination (assistance with accessing medical and social services)
<p><b>Examples of Needs Addressed:</b></p> <ul style="list-style-type: none"> <li>• Referral for mental/behavioral health specialist</li> <li>• Referral to other services (i.e., physical therapy, occupational therapy, speech therapy, Early Childhood Intervention)</li> <li>• Assistance with DME (diapers, wheelchair, lift, nebulizer, etc.)</li> <li>• Assistance in locating/scheduling appointments with a contracted PCP, OB/Gynecologist/ Specialist</li> <li>• Assistance with obtaining medical services with barriers documented</li> <li>• Referral for prenatal education for pregnant women with limited cognitive functioning</li> </ul>	

**Examples of Needs Addressed By Dell Children's Health Plan SCS:**

Case Management Services Addressed by In-network CPW Providers	
Program/Population	
STAR Members with Special Health Care Needs (MSHCN); STAR Non-MSHCN	Assistance with accessing educational services related to the Member's health condition, health risk, or high-risk condition
<p><b>Examples of Needs Addressed:</b></p> <ul style="list-style-type: none"> <li>• Home visits / comprehensive family assessment</li> <li>• Assistance in completing applications with documented barriers (STAR, SSI)</li> <li>• Accompany member/parent/guardian to advocate at appointments/meetings (Admission, Review, Dismissal (ARD), PCP, specialist, court, school)</li> <li>• Assistance with transition to adulthood, guardianship</li> <li>• Assistance with camps/child care/respite/parenting classes for children with special needs</li> </ul>	

SERVICE	CODING REQUIREMENTS
Comprehensive Visit (in person)	G9012 with modifiers U2 and U5
Comprehensive Visit (synchronous audiovisual)	G9012 with modifiers U2, U5 and 95
Follow-up Visit (in person)	G9012 with modifiers U5 and TS
Follow-up Visit (synchronous audiovisual)	G9012 with modifiers U5, TS and 95
Follow-up Visit telephone (audio-only)	G9012 with modifiers TS and 93

### Update contact to HHSC:

<p><b>5. MCO contacts for CPW referrals</b></p>	<p>How to send in updates to MCO contact list for CPW referrals</p> <p>If an MCO has updates to the MCO contact list for the CPW referrals, send the updated contact information to the following three mailboxes:</p> <p>LPH@dshs.Texas.gov  askcm@hhs.texas.gov  MCO Enrollment Broker@hhsc.state.tx.us</p>
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