

# CHIP PERINATAL PROVIDER QUICK REFERENCE GUIDE

<b>ELIGIBILITY</b>	<b>SERVICE AREA</b> Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Wharton				
	<b>MEMBER SERVICES</b> Monday – Friday, 8:00 a.m. – 6:00 p.m. Local: 713.295.2294 Toll-free: 1.888.760.2600 Fax: 713.295.2293 TDD (hearing impaired): 7-1-1 E-mail: MemberServices@CommunityHealthChoice.org		<b>MEMBER AND PROVIDER RESOURCES</b> <ul style="list-style-type: none"> <li>Care Management Center</li> <li>Member Eligibility Center</li> <li>Patient Management Center</li> </ul> Create a secure account at <a href="http://www.CommunityHealthChoice.org">www.CommunityHealthChoice.org</a> .		<b>EMERGENCY SERVICES</b> Emergency ground, air, and water transportation for labor and threatened labor directly related to the delivery of the unborn child is a covered benefit.
	<b>LABORATORY SERVICES</b> <ul style="list-style-type: none"> <li>Clinical Pathology Laboratory</li> <li>LabCorp</li> <li>Quest Diagnostics</li> </ul>		Click "Register Today" at the top of the screen. <ul style="list-style-type: none"> <li>Help Members find a doctor or specialist</li> <li>Help Members make appointments</li> <li>Schedule an interpreter</li> <li>Help with Medicaid recertification</li> <li>Verify coverage/eligibility</li> </ul>		<b>POSTPARTUM CARE</b> <ul style="list-style-type: none"> <li>Community will pay for two postpartum visits within 60 days of birth.</li> <li>Family planning is not included.</li> <li>CHIP Perinatal eligibility for the mother ends with delivery. Bill 59430 for postpartum care. All claims are subject to the benefit limitations as outlined in the schedule of benefits.</li> </ul>
	<b>PRENATAL CARE</b> <b>Up to 20 Prenatal visits:</b> <ul style="list-style-type: none"> <li>First 28 weeks of pregnancy: one visit every four weeks</li> <li>28–36 weeks of pregnancy: one visit every two–three weeks</li> <li>36 weeks to delivery: one visit every week</li> <li>Additional prenatal visits will be paid if medically necessary and with prior approval by Community</li> </ul> <b>Ultrasounds:</b> <ul style="list-style-type: none"> <li>For routine pregnancies: two ultrasounds</li> <li>For high-risk pregnancies: authorization required (excluded for MFMs and geneticists)</li> <li>For high-risk pregnancy notification, complete the High-Risk Notification Form at <a href="http://www.CommunityHealthChoice.org">www.CommunityHealthChoice.org</a> or call 713.295.2303.</li> </ul>		<b>FREE TRANSPORTATION:</b> Available to CHIP Members where transportation services are available. Call Member Services for scheduling assistance. Local: 713.295.2294 * Toll-free: 1.888.760.2600 <b>CHIP PROGRAM HELP LINE:</b> Toll-free: 1.800.647.6558 <b>FRAUD, WASTE AND ABUSE:</b> Phone: 1.877.888.0002		<b>PHARMACY</b> Navitus Health Solutions   Toll-free: 1.877.908.6023 Web site: <a href="http://www.navitus.com">www.navitus.com</a>
<b>PROVIDER RESOURCES</b>	<b>PROVIDER SERVICES</b> Monday - Friday, 8:00 a.m. - 5:00 p.m. Local: 713.295.2295 Toll-free: 1.888.760.2600 ProviderWebInquiries@CommunityHealthChoice.org <ul style="list-style-type: none"> <li>Claims Inquiries</li> <li>Contract Clarification/Interpretation</li> <li>Provider Education In-Services</li> <li>Provider Updates (Address/Phone/Tax ID)</li> </ul>		<b>PROVIDER WEBSITE TOOLS</b> Website: <a href="https://provider.CommunityHealthChoice.org/">https://provider.CommunityHealthChoice.org/</a> <ul style="list-style-type: none"> <li>Submit Prior Authorization Requests/Clinical Information</li> <li>View Prior Authorization Guide</li> <li>Authorization Status</li> <li>Medical Appeals Status</li> <li>Sterilization Consent Forms</li> <li>Submit Claim</li> <li>Claims Status Check</li> <li>Submit Claim Inquiry</li> <li>Check Tracer</li> <li>Retrieve ALL EOP (Review Recoupment EOPs)</li> <li>Pharmacy Formulary</li> <li>Policies and Guidelines</li> <li>Provider Resources (Manuals, Forms, etc.)</li> <li>Web Account Management</li> </ul>		
	<b>REFERRAL CENTER</b> Monday – Friday, 8:00 a.m. – 5:00 p.m. Local: 713.295.2303 Fax: 713.295.7028 Toll-free: 1.888.760.2600				
	<b>CARE MANAGEMENT</b> <ul style="list-style-type: none"> <li>Asthma</li> <li>Diabetes</li> <li>Congestive Heart Failure</li> <li>Care Coordination</li> <li>Home and Hospital Visits</li> </ul> E-mail: <a href="mailto:CMCoordinators@CommunityHealthChoice.org">CMCoordinators@CommunityHealthChoice.org</a> Local: 832.242.2273 Toll-free: 1.844.297.4450		<b>SPECIALIST SCHEDULING</b> <ul style="list-style-type: none"> <li>Free assistance with locating a specialist</li> <li>Schedule the appointment</li> <li>Update the referring and receiving provider</li> <li>Locate a nearby hospital</li> <li>Assist with scheduling difficulties</li> <li>Assist with benefit inquiries</li> <li>Fax: 713.295.7050</li> </ul>		<b>HIGH-RISK PERINATAL PROGRAM</b> <ul style="list-style-type: none"> <li>High-risk pregnancy counseling and support</li> <li>Care coordination</li> <li>Home and hospital visits</li> </ul> E-mail: <a href="mailto:PerinatalGroup@CommunityHealthChoice.org">PerinatalGroup@CommunityHealthChoice.org</a> Local: 832.242.2273 Toll-free: 1.844.297.4450
		<b>WELLNESS SERVICES</b> Monday – Friday, 8:00 a.m.– 6:00 p.m.  Assist with Well-Child checkup appointments Local: 713.295.6789 Toll-free: 1.844.882.7642 E-mail: <a href="mailto:Wellness@communityhealthchoice.org">Wellness@communityhealthchoice.org</a>		<b>COMPLEX CASE MANAGERS</b> <ul style="list-style-type: none"> <li>Transplant</li> <li>Strokes</li> <li>Tramatic Brain Injury</li> <li>Cancer</li> </ul> E-mail: <a href="mailto:UMCCM@CommunityHealthChoice.org">UMCCM@CommunityHealthChoice.org</a>	

# CHIP PERINATAL PROVIDER QUICK REFERENCE GUIDE

## CLAIMS PAYMENT RECONSIDERATION AND MEDICAL NECESSITY APPEALS

### CLAIM SUBMISSIONS OR CORRECTIONS

Claims filing deadline is 95 days from date of service. Member ID cards will reflect correct information for claims submissions. Call Member Services to verify eligibility.

#### Corrected Claims:

- For CMS 1500 claims, use resubmission code 7 in Box 22 for corrected claim along with the original claim (Note: Not to be used if original claim was rejected).
- For UB 04 claims, submit with the appropriate resubmission code 7 in the third digit of the bill type (117- Inpatient claim or 137 Outpatient claim), the original claim number in Box 64 and a copy of the original EOP.

#### Paper Claims:

Community Health Choice, Inc. | PO Box 981840 | El Paso, TX 79998-1840  
This change is effective 2/15/2023

### REFUND LOCKBOX

Community Health Choice | P.O. Box 4818 | Houston, TX 77210-4818

### CLIA REQUIREMENT

If you provide CLIA-waived lab services, Community must have your CLIA certification on file.

Submit directly through the online Claims portal:  
CommunityHealthChoice.org > Provider > Claim Center.

#### Payer ID: 48145

- Availity: 1.800.282.4548 Web site: www.availity.com
- Change Healthcare (formerly Emdeon): 1.877.469.3263 Web site: www.changehealthcare.com
- RelayHealth: 1.866.735.2963 Web site: www.relayhealth.com
- Trizetto Provider Solutions: 1.800.556.2231 Web site: www.trizettoprovider.com

### ELECTRONIC PAYMENT/REMITTANCE

Payment methods: Virtual Card, EFT/ACH or Paper Check

- Enroll to receive EFT through Settlement Advocate for Community only:  
<https://view.echohealthinc.com/EFTERADirect/CommunityHealthChoice/index.html>.
- Enroll to receive EFT from all payers processing payments on the Settlement Advocate platform:  
<https://view.echohealthinc.com/EFTERA/afterainvitation.aspx>. A fee for this service may apply.

Contact ECHO Health toll-free at 1.833.629.9725 for questions regarding payment options.

**ERA:** Log into [www.providerpayments.com](http://www.providerpayments.com) to gain online access to detailed EOPs for all ECHO transactions.

### CLAIMS PAYMENT RECONSIDERATION

Requests for reconsideration must be made within 120 days from the date of the Explanation of Payment (EOP). Please use the form at [communityhealthchoice.org](http://communityhealthchoice.org) > Provider > Forms and Guides > Provider Payment Dispute Form. Include copy of Community Health Choice EOP along with all supporting documentation, e.g., office notes, authorization and practice management print screens.

Mail to: Community Health Choice

Attn: Claims Payment Reconsideration

2636 S. Loop West, Suite 125

Houston, TX 77054

Email: [ProviderWebInquiries@CommunityHealthChoice.org](mailto:ProviderWebInquiries@CommunityHealthChoice.org)

### TAXONOMY CODE

Include the taxonomy code and NPI number for both the rendering and the billing provider appropriately.

### MEDICAL NECESSITY APPEALS

Appeals submission deadline is 60 days from the date of last disposition of the authorization. Please include the reason for your appeal in your documentation, e.g., medical authorization denial, prior authorization denial appeals, Navitus Pharmacy denial.

Appeals of adverse determinations are processed within 30 calendar days of receipt of the completed Appeal request.

Mail to:

Community Health Choice, Attn: Medical Affairs – Appeals  
2636 S Loop West, Suite 125 | Houston, TX 77054

Fax: 713.295.7033

### BILLING

INCOME LEVEL	PROFESSIONAL CLAIMS	FACILITY CLAIMS
Labor with delivery charges at or below 198% FPL	Bill Community	Bill TMHP
Labor with delivery charges 198% - 202% FPL	Bill Community	Bill Community
All services subsequent to birth for newborns at or below 198% FPL	Bill TMHP	Bill TMHP
All services subsequent to birth for newborns 198% - 202% FPL	Bill Community	Bill Community

## AUTHORIZATIONS & NOTIFICATIONS

Authorization (also referred to as prospective, concurrent review) is the process by which certain medical services or medications are reviewed for medical necessity against healthcare management or evidenced-based guidelines. To learn more, visit the Authorization section of the Provider Manual, Online Provider Portal or call 713.295.2295. For a list of Authorization requirements, download the Prior Authorization Guide: Prior Authorization Guidelines. It is on the secure Provider Portal.

**Please note that payment is subject to the terms of the contract under which the Member is eligible to receive benefits. Member eligibility and benefits should always be verified in advance of providing service and authorization requirements followed.**

Phone: 713.295.2295 or 1.888.760.2600 | Web site: [www.CommunityHealthChoice.org](http://www.CommunityHealthChoice.org)

### FAX NUMBERS

Prior-Authorizations Fax: 713.295.2283 or 1.844.899.2495

Admission Notifications Fax: 713.295.2284 or 1.844.831.8323

Outpatient Perinatal Fax: 713.295.7028 or 1.844.247.4300

IP Concurrent Review Fax: 713.295.7030 or 1.844.899.2496

### UTILIZATION MANAGEMENT

• Medical Case Management

• Notification of Admissions

Phone: 713.295.2295 or 1.888.760.2600 | Web site: [www.CommunityHealthChoice.org](http://www.CommunityHealthChoice.org)

• Prior Authorizations

• Concurrent Review and Discharge Needs