

AUTHORIZATION FOR CSHCN PROGRAM SERVICES

Prior authorization is required for DHEC reimbursement for delivery of CSHCN services. Written authorization for provision of DHEC Division of Children's Health, Children with Special Health Care Needs (CSHCN) Program services Authorization is issued using the DHEC 0727 or DHEC 0792. The authorization form must be signed by the provider and returned with request for reimbursement after delivery of authorized services.

Signature indicates that the provider:

- Will accept DHEC payment as payment in full. *Click to view or download current reimbursement rates for: [orthodontic treatment](#); [hearing aids and related supplies](#); [physician services](#); [pediatric sub-specialist services](#); [dental services](#); [physical therapy \(PT\)](#); [occupational therapy \(OT\)](#); [speech therapy](#), [hospital inpatient](#); and [hospital outpatient services](#).*
- Will bill Medicaid, private insurance or other third party sources of payment before billing DHEC, accept reimbursement limited to the amount remaining after payment by third parties, and refund DHEC if third party payment is received after DHEC reimbursement.
- Will seek additional approval from issuing office if cost of a single item or prescription is \$2,500 or more.
- Will submit request for reimbursement as soon as possible, and no later than 12 months, after completion of authorized service to assure DHEC payment.
- Will comply with applicable terms and conditions contained in DHEC written agreements. *Click to view or download terms and conditions applicable to delivery of authorized CSHCN Program services; or contact the CSHCN Program office to receive a copy of the posted document.*
- Certifies that the information contained in the request for reimbursement is true, accurate, and complete; and that authorized services were provided in accordance with applicable laws, regulations, professional practice standards, and/or DHEC guidance.

Contact the CSHCN office listed on the authorization form, or CSHCN Program office at 803-898-0784, 803-898-0613 (fax), or cshcn@dhec.sc.gov for additional information.