

**Department of Children's Services**  
**INSTRUCTIONS FOR USE OF FORM**  
**CS-0533**

**Health Services Authorization for Non-TennCare Eligible**

**Purpose of Health Services Delegated Authority (DA)**

The Health Services DA is utilized to provide medical treatment for children and families who, have no private health insurance or TennCare. This form is ONLY to be used to access health services for children who are undocumented or placed in the YDC facility. If a child or youth does not have TennCare and does not belong to one of those categories, please contact your regional Health Advocacy Representative.

**How to use the Health Services DA**

**INFORMATION FOR DCS STAFF**

When DCS believes, prior to accessing health services, that the child does not have private health insurance and will not be eligible or approved for TennCare, the requesting and authorizing staff should complete and sign the designated portions of the attached [CS-0533, Health Services Authorization for Non-TennCare Eligible](#), and provide the form to the Health Services Provider (Supplier). The FSW will provide the completed form and instructions to the provider at the time the youth receives service.

When DCS is not aware prior to the service that there is no health insurance or TennCare, and such service need is imminent, DCS will complete the form [CS-0533, Health Services Authorization for Non-TennCare Eligible](#) and send to the provider as soon as possible.

**INFORMATION FOR THE HEALTH SERVICES PROVIDER (SUPPLIER)**

**The Health Service Provider (Supplier)** will then complete the supplier section of [CS-0533](#), SIGN the form, and submit their standard health claim invoice with the form to DCS Payables Health Section for Processing.

**Claims processing**

Standard Claim forms to be submitted by providers include: CMS 1500, UB92, ADA (dental), or Pharmacy standard invoice. Note that invoices submitted in a format other than the Standard Claim form will not be processed. The form **must include** the federal tax ID and the provider signature block certifying the treatment was provided.

Reimbursement for services is authorized through state regulation, and includes reimbursement with the Medicare fee schedule or rates otherwise set forth in the DA.

By signature, the Supplier is agreeing to delegated authority requirements, Attachment A.

The Standard Claim form must be attached to [Health Services Authorization for non TennCare eligible](#) and Sent to:

**DCS Health Payables**  
**315 Deaderick Street**  
**UBS Building, 10<sup>th</sup> Floor**  
**Nashville, TN 37243-1290**