

TMHP Address for Paper Submissions Has Changed

Information posted May 3, 2013

The main physical address, which is used for most paper submissions to TMHP, has changed. The suite number is now Suite 100. The complete, revised main physical address is as follows:

Texas Medicaid & Healthcare Partnership
(Department)
12357-B Riata Trace Parkway, Suite 100
Austin, TX 78727

The following Texas Medicaid forms will be updated to reflect the change in suite number:

- Ambulatory (Outpatient) Detoxification Authorization Request Form
- Ambulatory (Outpatient) Substance Abuse Counseling Extension Request Form
- CSHCN Services Program Refund Information Form
- Physician's Examination Report
- Psychiatric Inpatient Extended Stay Request Form
- Psychiatric Inpatient Initial Admission Request Form
- Residential Detoxification Authorization Request Form
- Residential Substance Abuse Treatment Authorization Request Form
- Texas Medicaid Refund Information Form

The following Children with Special Health Care Needs (CSHCN) Services Program forms will be updated to reflect the change in suite number:

- Prior Authorization Request for Augmentative Communication Devices
- Prior Authorization Request for Medical Nutritional Services Form and Instructions
- Apnea Monitor Rental Authorization
- Prior Authorization Request for Chest Physiotherapy Devices Form and Instructions
- Authorization Request for Non-Face-to-Face Clinician-Directed Care Coordination Services and Instructions
- Prior Authorization Request for Dental or Orthodontia Services
- Prior Authorization Request for Diapers, Pull-ups, Briefs, or Liners Form and Instructions
- Prior Authorization and Authorization Request for Durable Medical Equipment (DME)
- Prior Authorization Request for External Insulin Pump
- Authorization and Prior Authorization Request (Generic)
- Authorization Request for Hemophilia Blood Factor Products

- Home Health (Skilled Nursing) Referral and Treatment Plan
- Prior Authorization Request for Hospice Services
- Prior Authorization Request for Inpatient Hospital Admission—For Use by Facilities Only
- Prior Authorization Request for Inpatient Psychiatric Care
- Prior Authorization Request for Inpatient Rehabilitation Admission
- Prior Authorization Request for Omalizumab Form and Instructions
- Prior Authorization Request for Medical Foods
- Prior Authorization Request for Pulse Oximeter Devices Form and Instructions
- CSHCN Services Program Refund Information Form
- Prior Authorization Request for Renal Dialysis Treatment
- Prior Authorization Request for Respiratory Care—CRCP
- Stem Cell or Renal Transplant
- Prior Authorization Request for Outpatient Surgery—For Outpatient Facilities and Surgeons Form and Instructions
- Prior Authorization Request for Inpatient Surgery—For Surgeons Only Form and Instructions
- Prior Authorization Request for Palivizumab (Synagis)
- Initial Outpatient Therapy (TP1) Form and Instructions
- Extension of Outpatient Therapy (TP2) Form and Instructions
- Wheelchair Seating Evaluation Form and Instructions

The revised forms will be posted on the TMHP website by May 15, 2013.

Note: *This address change affects only those paper submissions that use the main physical address. If the Texas Medicaid Provider Procedures Manual or the CSHCN Services Program Provider Manual indicates a different address for a paper submission (including, but not limited to, paper claim submissions), providers should continue to submit those paper documents to the address in the provider manual.*

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.