

### **Claim Details for Services Must Match Prior Authorization Letter Information**

Providers submitting claims for services for which prior authorization has been obtained must follow certain guidelines as a condition of reimbursement.

**Reminder:** Providers that submit claims for prior-authorized services must bill using the authorization number, the provider identifier, procedure codes, dates of service, required modifiers, and the *Pay Price* for manually priced procedure codes as detailed on the authorization letter. If the authorization letter shows itemized details and the provider rendered all services listed, the details on the claim must match the details on the authorization letter. Claims processing and payment may be delayed if the detailed information on the authorization letter and the claim details do not match exactly.

For prior authorization guidelines, providers can refer to the appropriate sections of the *2008 Texas Medicaid Provider Procedure Manual* or the *2008 CSHCN Services Program Provider Manual*.

Prior authorization is a condition for reimbursement; it is not a guarantee of payment.

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