

# Claim Status Inquiry Authorization

## This form is for ACUTE CARE providers only

If you are a Long Term Care provider, contact TMHP's EDI Help Desk at 888-863-3638 to request the correct form.

The following information MUST be completed before you can be granted Claim Status Inquiry (CSI) access.

**1. Enter your Production User ID:** \_\_\_\_\_

The TMHP **Production User ID** (Submitter ID) is the electronic mailbox ID used for downloading your Claim Status Inquiry reports. For assistance with identifying and using your Production User ID, contact your software vendor or clearinghouse.

- 2. Select Action:**     **A**  Add Claim Status Inquiry Privileges  
                              **B**  Revoke Claim Status Inquiry Privileges

**3. Enter organization information:**

List the billing Taxonomy Code and National Provider Identifier (NPI) number(s) you choose to access using the Production User ID given above. **Submit additional copies of this form if you need to add additional provider identification numbers.**

Provider Name <i>Must be the name associated with the taxonomy code listed at right.</i>	BILLING NPI/API*	Taxonomy Code*	Benefit Code (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*Note:** Performing Taxonomy Codes and NPI/API numbers do not have Claim Status Inquiry access. Enter only **BILLING** Taxonomy Codes and NPI/API numbers.

**4. Enter Requestor Information:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ ext. \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ ext. \_\_\_\_\_

**5. Return this form to:**

Texas Medicaid & Healthcare Partnership  
Attention: EDI Help Desk, MC-B14  
PO Box 204270  
Austin, TX 78720-4270

Or Fax to  
512-514-4228 or 512-514-4230

**DO NOT WRITE IN THIS AREA — For Office Use**

Input By: \_\_\_\_\_ Input Date: \_\_\_\_\_ Mailbox ID: \_\_\_\_\_