



**TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR**

**Confidential
FAX COVER SHEET**

To: TOBII ATI
Company:
Fax: 17814612449
Phone:

From: Texas Medicaid & Healthcare Partnership (TMHP)

Home Health Care Prior Authorization
P.O. Box 202977
Austin, TX 78720-2977
Phone (800) 925-8957 Fax (512) 514-4209

Reference Number: 747009832

NOTES: If you are provided a Reference Number above, please include that number in your returned fax cover sheet. This will assist us in the correct and timely processing of your request.

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A STATE MEDICAID CONTRACTOR

Home Health Care Prior Authorization
12357-B Riata Trace Parkway
P.O. Box 202977
1-800-925-8957

June 03, 2014

ASSISTIVE TECHNOLOGY PROJ
333 ELM STREET
DEDHAM, MA 02026-4530

Client Name: ILE HOWARD
Medicaid Number: ****0858
Authorization #: 10958112/0
Effective Dates: 5/28/2014 - 11/27/2014
Provider Number: 001504401

Dear Provider:

We are pleased to inform you that the Home Health Care service(s) has been authorized for the client identified above.

Type Of Service	Procedure Code	Modifier	Number Of Services
J	E2510		1
J	E2599		1
J	E2512		1
J	E2512		1

File all services provided to the client on the same claim form whenever possible. However, the 95-day filing deadline is applied to each date of service; therefore, multiple claims may be filed for cases requiring an extended period of time to complete.

The procedure(s)/service(s) is paid according to Medicaid Reimbursement guidelines. An authorization is invalid if:

- (1) the client becomes ineligible;
- (2) client's benefits are exhausted;
- (3) third party resources will cover the services;
- (4) any other condition exists that makes the client/services not payable (e.g., failure to submit the claim within the filing deadline).

We appreciate your cooperation in helping us provide the most appropriate services for the Texas Medicaid client. If you have any questions or concerns, please call the In Home Care Customer Service at 1-800-846-7470.

Cordially,
Home Health Care Prior Authorization Unit
FAX 1-512-514-4209