Dear Medicaid Services Provider:

During the 2008 Legislative session, House Bill 5001 directed the Agency for Health Care Administration (Agency) to implement prior authorization of elective Cesarean section services for all Florida Medicaid fee for service and MediPass beneficiaries.

Effective January 1, 2009, all elective Cesarean section requests must be reviewed by the Peer Review Organization (PRO) for medical necessity. **It will be the responsibility of the ordering physician’s office to request prior approval of the elective cesarean through the PRO prior to scheduling the procedure with the hospital.** Prior authorization may be obtained by submitting a request to the PRO via fax or via the PRO’s web based system. Provider training for submission of requests via the web based system will be made available to interested parties via the current contracted PRO, Keystone Peer Review Organization (KePRO).

KePRO is in the process of developing a tool which allows for an expedited review of these cases, and approval/denial will be posted to the KePRO website within 4 hours of requests if providers utilize the web based system. Faxed requests will be reviewed for medical necessity within 48 hours of the request. Certain conditions will warrant an automatic approval for these services, such as, repeat Cesarean sections, or services provided to high medical risk pregnant women.

High medical risk pregnant women are described as beneficiaries whose medical history and diagnosis indicate, without consideration of Cesarean section, that a normal uncomplicated pregnancy or delivery will not occur.

Certain beneficiary eligibility categories will remain exempt from this process. These include beneficiaries enrolled in Medicaid Health Maintenance Organizations (HMO’s), Provider Service Networks (PSN’s), or Children’s Medical Services (CMS).

Thank you for the services you provide to Medicaid beneficiaries. If you have any questions about this process, please visit the KePRO website at www.keprosouth.com for more information on review submission process and/or how to obtain training.

Sincerely,

Beth Kidder, Chief
Bureau of Medicaid Services