



JEB BUSH, GOVERNOR

ALAN LEVINE, SECRETARY

Dear Medicaid Provider:

This letter is to clarify Medicaid procedures located in the Prescribed Pediatric Extended Care (PPEC) Services Coverage and Limitations Handbook.

PPEC services require service authorizations (SA) for billing and payment through the Medicaid program. An SA is the approval process required prior to providing certain services to recipients under age 21. Medicaid will not reimburse for PPEC services without an SA. According to the PPEC Services Coverage and Limitations Handbook, October 2003, Service Authorization Nurses in each Medicaid area office provide the SA for PPEC services after receipt of required documentation.

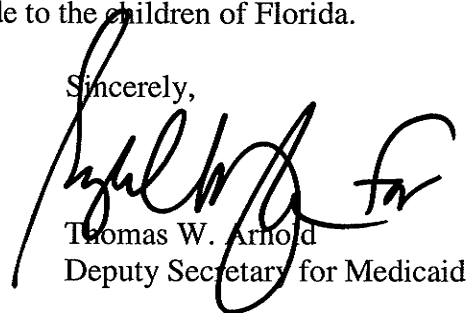
Beginning January 1, 2006, the following will be required for the initial PPEC service authorization prior to a PPEC rendering services to a Medicaid eligible child:

- A written physician's order, an unsigned Plan of Care (POC), and the SA request must be submitted to the authorizing Medicaid area office prior to the first day of service, or
- A physician signed POC (which will suffice as a physician's order) and the SA request must be submitted to the authorizing Medicaid area office prior to the first day of service.

If the first option is used, the PPEC will have 21 business days from the first day of service to submit a signed POC, for the initial SA period, to the authorizing Medicaid area office. For ongoing PPEC services, a signed POC must be submitted with the SA request. This change will be reflected in the next handbook update.

I hope this will expedite the authorization process and allow children to attend PPECs in a timely manner. Thank you for the services you provide to the children of Florida.

Sincerely,



Thomas W. Arnold  
Deputy Secretary for Medicaid

cc: Kathleen Core, RNC  
Child Health Unit

