

STATE OF LOUISIANA
 DEPARTMENT OF HEALTH AND HOSPITALS
 BUREAU OF HEALTH SERVICES FINANCING
 P O BOX 91030, BATON ROUGE, LOUISIANA 70821-9030

DATE 08/01/2006

RECIPIENT NAME

PRIOR AUTH. NBR

RECIPIENT NUMBER

PROVIDER NUMBER

DEAR PROVIDER,

THE RECIPIENTS REQUEST FOR PRIOR AUTHORIZATION OF SERVICE(S) HAS BEEN

A P P R O V E D .

THE FOLLOWING SERVICE(S) WAS REQUESTED THROUGH OUR PRIOR AUTHORIZATION SERVICE

 PROCEDURE: T4526 ADULT SIZE PULL-ON MED
 REQUESTED: 917 APPROVED: 917
 DATES OF SERVICE: 08/01/2006 - 12/31/2006 STATUS: APPROVED

PROCEDURE: T4526 ADULT SIZE PULL-ON MED
 REQUESTED: 1 APPROVED: 1
 DATES OF SERVICE: 08/01/2006 - 12/31/2006 STATUS: APPROVED

THIS RECIPIENT HAS BEEN DEEMED AS A "CHRONIC NEEDS CASE". WRITE "CHRONIC
 NEEDS CASE" ON TOP OF THE NEXT PRIOR AUTHORIZATION REQUEST.

SUBMIT ONLY THE PRIOR AUTHORIZATION FORM AND THE DOCTORS STATEMENT STATING
 THE CONDITION OF THE PATIENT HAS NOT CHANGED.

IF YOU DISAGREE WITH OUR DECISION, YOU HAVE THE RIGHT TO APPEAL, AND MAY BRING
 ADDITIONAL EVIDENCE TO THE HEARING TO SUPPORT YOUR REQUEST FOR SERVICES.

IN ORDER TO APPEAL, PLEASE WRITE TO:

OFFICE OF THE SECRETARY
 BUREAU OF APPEALS
 P.O. BOX 4183
 BATON ROUGE, LA 70821-4183

YOUR REQUEST FOR APPEAL MUST BE RECEIVED OR POSTMARKED WITHIN 30 DAYS OF THE
 NOTICE DATE.

THIS AUTHORIZATION IS NOT A GUARANTEE OF RECIPIENT MEDICAID ELIGIBILITY.

CLAIMS FOR COMMUNITY CARE RECIPIENTS MUST HAVE PCP REFERRAL NUMBER ON THE CLAIM IN
 ORDER TO BE REIMBURSED BY MEDICAID.

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICES FINANCING
P O BOX 91030, BATON ROUGE, LOUISIANA 70821-9030

DATE 06/25/2009

RECIPIENT NAME

PRIOR AUTH. NBR

RECIPIENT NUMBER 9382978155180

AAA CARE LLC
P O BOX 640402
KENNER

LA 70064

PROVIDER NUMBER 1461610

DEAR PROVIDER,

THE RECIPIENTS REQUEST FOR PRIOR AUTHORIZATION OF SERVICE(S) HAS BEEN

P A R T I A L L Y A P P R O V E D.

THE FOLLOWING SERVICE(S) WAS REQUESTED THROUGH OUR PRIOR AUTHORIZATION SERVICE

PROCEDURE: T1019 EP PERSONAL CARE SERVICE, EACH 15 MIN
REQUESTED: 2912 APPROVED: 1456
DIFFERENCE: 1456
DATES OF SERVICE: 05/12/2009 - 11/12/2009 STATUS: PARTIALLY APPROVED

YOU ASKED FOR 4 HOURS PER DAY, 7 DAYS A WEEK OF PERSONAL CARE SERVICES. BASED ON THE MEDICAL AND SOCIAL INFORMATION PROVIDED, WE HAVE APPROVED FOR YOU TO BEGIN RECEIVING 2 HOURS A DAY, 7 DAYS A WEEK OF PERSONAL CARE SERVICES.

PLEASE NOTE THAT ALL TIME ALLOTMENTS FOR ACTIVITIES OF DAILY LIVING ARE APPROVED AS REQUESTED EXCEPT FOR MEAL PREPARATION AND MEDICAL APPOINTMENTS.

35 MINUTES FOR BATHING

15 MINUTES FOR DRESSING

15 MINUTES FOR GROOMING

15 MINUTES FOR TOILETING

15 MINUTES FOR EATING

20 MINUTES FOR INCIDENTAL HOUSEHOLD SERVICES

WE DID NOT APPROVE TIME FOR MEAL PREPARATION AS THE INFORMATION INDICATES THAT YOUR MOTHER PREPARES REGULAR MEALS. PLEASE EXPLAIN THE NEED FOR PERSONAL CARE SERVICE WORKER TO PREPARE MEALS OR HELP THE MOTHER.

PLEASE PROVIDE INFORMATION AS TO THE NEED FOR THE PERSONAL CARE SERVICE WORKER TO ACCOMPANY RECIPIENT TO THE DOCTOR'S OFFICE.

THE HOURS NOT APPROVED WERE REFERRED TO THE PRIOR AUTHORIZATION LIAISON IN ORDER TO OBTAIN THE INFORMATION NEEDED TO MAKE A DETERMINATION AS TO WHETHER THE ADDITIONAL HOURS CAN BE APPROVED. WE ARE GOING TO REQUEST ADDITIONAL INFORMATION TO JUSTIFY THE HOURS OF SERVICE NOT APPROVED. YOU WILL RECEIVE A SEPARATE NOTICE APPROVING OR DENYING THESE HOURS.

THIS INFORMATION SHOULD BE PROVIDED BY YOUR PRIMARY CARE PHYSICIAN.

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IF CLARIFICATION ON THIS DECISION IS NEEDED, CONTACT THE PRIOR AUTHORIZATION UNIT AT UNISYS 1-800-488-6334.

SINCERELY,

BUREAU OF HEALTH SERVICES FINANCING

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICES FINANCING
P O BOX 91030, BATON ROUGE, LOUISIANA 70821-9030

DATE 06/25/2009

PROVIDER NAME AAA CARE LLC

PRIOR AUTH. NBR

915550860

PROVIDER NUMBER

1461610

* THIS IS NOT A BILL *

RECIPIENT NUMBER
CCN NUMBER

DEAR

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P A R T I A L L Y A P P R O V E D .

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YOU MAY HAVE YOUR CASE MANAGER ASSIST YOU WITH OBTAINING MEDICAID SERVICES. IF YOU DO NOT HAVE A CASE MANAGER AND WOULD LIKE TO OBTAIN ONE, YOU SHOULD CALL STATISTICAL RESOURCES, INC (SRI) AT 1-800-364-7828.

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BUREAU OF HEALTH SERVICES FINANCING

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICES FINANCING
P O BOX 91030, BATON ROUGE, LOUISIANA 70821-9030

DATE 06/25/2009

RECIPIENT NAME

PRIOR AUTH. NBR

RECIPIENT NUMBER

SHARING AND CARING INC
1986 DALLAS DR/STE 4
BATON ROUGE LA 70806

PROVIDER NUMBER 1464384

DEAR PROVIDER,

THE RECIPIENTS REQUEST FOR PRIOR AUTHORIZATION OF SERVICE(S) HAS BEEN

P A R T I A L L Y D E N I E D .

THE FOLLOWING SERVICE(S) WAS REQUESTED THROUGH OUR PRIOR AUTHORIZATION SERVICE

PROCEDURE: T1019 EP PERSONAL CARE SERVICE, EACH 15 MIN
REQUESTED: 2096 APPROVED: 1860
DIFFERENCE: 836
DATES OF SERVICE: 05/14/2009 - 11/13/2009 STATUS: PARTIALLY DENIED

THIS REQUEST IS RE-REVIEWED WITH MD'S LETTER. BASED ON THE NEW INFORMATION
WE HAVE APPROVED THIS REQUEST FOR 3 HOURS A DAY, 5 DAYS A WEEK FOR 26 WEEKS
OF PERSONAL CARE SERVICES. THIS REQUEST IS APPROVED AS FOLLOWS:

30 MINUTES FOR BATHING
30 MINUTES FOR DRESSING
30 MINUTES FOR GROOMING
30 MINUTES FOR TOILETING
30 MINUTES FOR EATING
30 MINUTES FOR INCIDENTAL HOUSEHOLD SERVICES

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STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICES FINANCING
P O BOX 91030, BATON ROUGE, LOUISIANA 70821-9030

DATE 06/25/2009

PROVIDER NAME SHARING AND CARING I

PRIOR AUTH. NBR

PROVIDER NUMBER 1464384

* THIS IS NOT A BILL *

RECIPIENT NUMBER
CCN NUMBER

DEAR :

YOUR REQUEST FOR PRIOR AUTHORIZATION OF SERVICE(S) HAS BEEN

P A R T I A L L Y D E N I E D .

THE FOLLOWING SERVICE(S) WAS REQUESTED THROUGH OUR PRIOR AUTHORIZATION SERVICE

PROCEDURE: T1019 EP PERSONAL CARE SERVICE, EACH 15 MIN
REQUESTED: 2086 APPROVED: 1560
DIFFERENCE: 536
DATES OF SERVICE: 06/14/2009 - 11/13/2009 STATUS: PARTIALLY DENIED

THIS REQUEST IS RE-REVIEWED WITH MD'S LETTER. BASED ON THE NEW INFORMATION
WE HAVE APPROVED THIS REQUEST FOR 3 HOURS A DAY, 5 DAYS A WEEK FOR 26 WEEKS
OF PERSONAL CARE SERVICES. THIS REQUEST IS APPROVED AS FOLLOWS:

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DATE 06/26/2009

RECIPIENT NAME

PRIOR AUTH. NBR

RECIPIENT NUMBER

DELAUNES FAMILY DRUG STORE
308 N LEWIS
NEW IBERIA LA 70563

PROVIDER NUMBER 1218210

DEAR PROVIDER,

THE RECIPIENTS REQUEST FOR PRIOR AUTHORIZATION OF SERVICE(S) HAS BEEN

D E N I E D .

THE FOLLOWING SERVICE(S) WAS REQUESTED THROUGH OUR PRIOR AUTHORIZATION SERVICE

PROCEDURE: A6251 ABSORPT DRG <=16 SQ IN W/O B
REQUESTED: 132.00 APPROVED: .00
DATES OF SERVICE: 06/01/2009 - 11/30/2009 STATUS: DENIED

THE FOLLOWING REQUEST IS DENIED BECAUSE THE PROVIDER, RECIPIENT AND OR THE CASE
MANAGER FAILED TO RESPOND TO THE NOTICE OF INSUFFICIENT PRIOR AUTHORIZATION
DOCUMENTATION. THE DATE ON THE NOTICE THAT WAS SENT OUT WAS DATED 08/22/2009
PLEASE NOTE THAT THE FOLLOWING INFORMATION IS NEEDED FOR A DETERMINATION TO BE
MADE ON THE REQUESTED SERVICES FOR STERILE GAUZE:

1. SUBMIT WHAT THE STERILE IV GAUZE IS BEING USED FOR.
2. IF THE GAUZE IS BEING USED FOR THE GASTRO-TUBE THEN NEEDS TO SUBMIT CORRECT
PROCEDURE CODE FOR THAT GAUZE.
3. SUBMIT A LETTER OF MEDICAL NECESSITY FROM THE PHYSICIAN AS TO WHY IV STERILE
GAUZE ARE NEEDED FOR GASTRO-TUBE SITE.

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P O BOX 91030, BATON ROUGE, LOUISIANA 70821-9030

DATE 06/26/2009

PROVIDER NAME DELAUNES FAMILY DRUG

PRIOR AUTH. NBR

PROVIDER NUMBER 1215210

* THIS IS NOT A BILL *

RECIPIENT NUMBER
CCN NUMBER

DEAR :

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