



PRIOR AUTHORIZATION NOTICE



The WV Children with Special Health Care Needs Program is authorizing the services detailed below. If the service to be provided is not the approved procedure code or there are other discrepancies in the services approved, contact one of the offices listed below.

Bill using the specific service information printed below. Enter the PA number in the designated area on the claim form or electronic format. Non-compliance will result in denial of your claim.

NAME PHARMACY CO
490 VACANT STREET
NOWHERE.WV 25000

ALL INVOICES SHOULD BE SUBMITTED TO MOLINA HEALTHCARE SOLUTIONS EITHER ELECTRONICALLY OR BY PAPER BILLING ADDRESSED TO: MOLINA HEALTH CARE, PO BOX 3767, CHARLESTON, WV 25337.

Provider ID: 0000000000
Approver ID: CSHCN
Date: 3/16/2011

PRIOR AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. VALIDATION OF THE MEMBER'S ELIGIBILITY RESTS WITH THE PROVIDER. YOU MAY CONTACT PROVIDER SERVICES AT 1-888-483-0793.

DIRECT INQUIRIES TO

Direct questions about billing
to Molina Healthcare, Inc.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BPH/CSHCN
ROOM 427
350 CAPITOL STREET
CHARLESTON, WV 25301-3714

CSHCN:

PHONE: (304) 558-5388

FAX: (304) 558-2866

Member ID: **99000000000**

Box 1a on Health Insurance Claim Form 1500 - All invoices submitted for billing **MUST** be billed using the Member ID.

Name: **SMITH, JOE C**

Box 4 on Health Insurance Claim Form 1500 - Insured's Last Name, First Name, and Middle Initial must be entered.

PA Number: **WXUTH0000345547**

Box 23 on Health Insurance Claim Form 1500 - The prior authorization number must be indicated to avoid claim denial.

Diagnosis Code: **741.0**

Box 21 & 24E on Health Insurance Claim Form 1500 - The diagnosis code that is submitted for billing must match the code on the PA.

PA Template: 1005 Children with Special Needs

Date Range: 03/01/2011 to 07/31/2011

| UNITS | DOLLARS | PA CONTRACT TERM |
|-------|---------|--------------------------|
| 165 | \$0.00 | |
| 2255 | \$1.01 | Negotiated Rate per unit |

PROCEDURE(S)

B4155
B4160

Box 24D on Health Insurance Claim Form 1500 - The HCPCS code that is submitted for billing must match the PA.

* Contains HIPAA PHI Sensitive Data *

Run Date and Time: 3/16/2011 9:29:19 AM

ALL authorizations are processed at the local Children with Special Health Care Needs field office. Please contact the Nurse Case Manager serving client's geographic area.