



## Manual Prior Authorization Request Form – Personal Care Services Fax to: 1-855-997-3707 and <u>attach required documentation</u>

ATTN: Intake Department

Requestor's Information			
(Please print or type)			
First Name:	Last Name:		
E-mail Address:			
Requestor's Phone Number:			
Provider/Facility Name:			
Prior Authorization Request Information			
Member Name: Member DOB: Member ID#:			
Provider MCD ID#: Place of Service:			
Procedure Start Date:			
Procedure End Date:			
ICD-10 Diagnosis Code(s):			
Procedure code ( <u>circle one</u>	e): <mark>T-1019</mark>	T-1020	
T-1019 Modifier	Choose Modifier Below	T-1020 Modifier	Choose modifier below
None – Under 21 in		1-100 (U1)	
home		101-119 (U2)	
		120-139 (U3)	
U3 – 21 and up in home		140-158 (U4)	
		159-177 (U5)	
<mark>U4 – Under 21 in school</mark>	X	178-196 (U6)	
		197-216 (U7)	
U5 – 16-20 at jobsite		217-235 (U8)	
		236-255 (U9)	
		256 (UA)	