



Personal Care Prior Authorization Request Form

Provider Information			
Provider Name:			
Date Submitted:		Contracted (Y / N)	
Provider NPI:		Provider Tax ID (TIN):	
Provider Medicaid ID:		Provider Email Address:	
Provider Contact Name:		Provider Fax Number:	
Provider Phone:			
Provider Address:			
Member Information			
Member Name:		Member DOB:	
CareSource PASSE ID#:		Member Medicaid ID:	
Care Coordinator Name:			
PCSP Start Date:		PCSP End Date:	
ICD-10 Diagnosis Code:		Diagnosis Description:	
Start Date:		End Date:	

INSTRUCTIONS:

- 1.) This form should be submitted for service code(s) that require an authorization.
- 2.) Under each service category, you will find associated codes, frequency and recommended supporting documentation for submission.
- 3.) Please submit completed/signed prior authorization form and supporting documentation to the Care Coordinator’s email or Care Coordination fax: 937-396-3532.
- 4.) If you are unsure of the member’s Care Coordinator, please email CareCoordination@CareSourcePASSE.com.

By signing, I agree and acknowledge: the listed authorizations have been reviewed and are correct for the identified CareSource PASSE member. I, as a provider of services, agree the submission of this request for Prior Authorization reflects the treatment needed for the CareSource PASSE member. I understand that this form, supporting documentation, and valid PCSP are part of the review process. Failure to actively participate in any of these processes can result in delayed authorizations.

Please sign below.

Your Signature (Provider Representative)	Date:
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CareSource PASSE integrates with the CareBridge Electronic Visit Verification system (EVV).

PERSONAL CARE	Authorization Time Period: Up to 6 months or end of PCSP		Limits/Guidelines:	Prior Authorization Required		
			Care Type:	Elective	Frequency:	
	T1019	< 18	Total units: (1 unit = 15 min)			
	T1019 U3	> 18	Total units: (1 unit = 15 min)			
Recommended supporting Documentation		PCSP, Personal Care Assessment, Schedule, checklist of planned activities / tasks, family /natural supports				

Disclaimer: An authorization is not a guarantee of payment; Member must be eligible at time of services are rendered.

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