Personal Care Prior Authorization Request Form

Provider Information			
Provider Name:		☐ Initial Request	☐ Concurrent Request
Date Submitted:		Contracted:	☐Yes ☐No
NPI (N/A if Atypical):		Provider Tax ID (TIN):	
Medicaid ID:			
Contact Name:		Email Address:	
Phone:		Fax Number:	
Address:			
Member Information			
Member Name:		Member Date of Birth:	
CareSource PASSE ID#:		Member Medicaid ID:	
Care Coordinator Name:			
ICD-10 Diagnosis Code:		Diagnosis Description:	
Type of Request			
Routine ☐ Urgent ☐ Retrospective ☐			

INSTRUCTIONS:

1.) All services should be reflected in the Person-Centered Service Plan (PCSP) and developed in collaboration between member, family/guardian, service providers and Care Coordination. Care Coordination assignment can be found in the Provider Portal or by emailing CareCoordination@CareSourcePASSE.com.

2.) The following are the current methods for submitting an authorization. This form is required.
   a. Email: ServiceDeterminations@CareSourcePASSE.com
   b. Fax: 1-844-542-2605

3.) The CareSource Provider Portal is not available for submission; however, you will be able use the portal for viewing the status.

4.) CareSource PASSE integrates with the CareBridge Electronic Visit Verification system (EVV). For claims to pay, you or your EVV vendor must connect with CareBridge. Click here to find out how to connect:

Personal Care	Limits/Guidelines:	Prior Authorization Required; up to six months		
	Start Date		End Date	
T1019, (4-17)	Total units: (1 unit = 15 min)			
T1019 U3, (18+)	Total units: (1 unit = 15 min)			
Recommended documentation.				

AR-PAS-P-2417206a

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

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