



Prior Authorization Request Form
Personal Care Worker (PCW)

Authorizations will be accepted for lengths up to 1 year
Please fill out this form completely and fax to:

(414) 231-1026

For PA Status call Customer Service at 414-223-4847 or 414-299-5539

All incomplete forms will be returned

Member Information- must be filled out completely	
Name:	DOB
Address:	
Language spoken: <input type="checkbox"/> English <input type="checkbox"/> other _____ (used for assessment purposes)	
Phone:	Alternate phone (PCW or family member):
Service Type: <input type="checkbox"/> Elective/Routine (14-day turnaround time)	<input type="checkbox"/> Expedited/Urgent*(72-hr. turnaround time)

***Definition of Urgent/Expedited:** when the treatment requested is required to prevent imminent, serious deterioration in the member's health or threatens to jeopardize the member's ability to regain maximum function. *iCare reserves the right to deny the request for urgent review for all requests outside of this definition.*

Servicing Provider	
Provider:	
Contact Name:	NPI:
Phone:	Fax:

PCP/Ordering Physician	
Provider:	
Phone:	Fax:

ICD 10 Diagnosis Codes & Description:	CPT/HCPC: Code	Units (daily or weekly)
	T1019	
	T1019-U3 (travel) <input type="checkbox"/> N/A	
	99509	_____supervisory visits
Date of Service	From: _____ To: _____	PCW visits per day: _____

MUST SELECT ONE:

- Caregiver and member do NOT live at same address and have specified travel time above
- Caregiver and member do NOT live at same address, however are NOT requesting travel time
- Caregiver and member live at same address

By selecting the option below, you are confirming that the caregiver and member live at the same address and are therefore exempt from EVV reporting. Authorization will be fully denied if F-02717 form is not completed.

PCW residence is: Same as member

-F-02717 form completed and submitted with authorization

****Please note that KX modifier will need to be submitted with claims**