Horizon
Horizon NJ Health

Personal Care Assistant Authorization Request Form

As of Oct. 1, 2015, ICD-10 codes are required.

❑ **Adult Request** ❑ **Pediatric Request** ❑ **Group Request**

Fax Completed Form to: **1-609-583-3048**

Please check type of request:

❑ **Initial Request**
❑ **With new MD Order**

❑ **Re-Assessment**

❑ **Agency Transfer**
❑ **With Letter of Intent By member**

❑ **HMO Transfer**
❑ **With Prior HMO Approval Letter**

❑ **Change Request**
❑ **With new MD Order**

Date Submitted to Horizon NJ Health:

Please provide the following member demographic information:

Member County: # _____

Member Name: _____ HNJH Mbr ID # : _____ DOB: _____

Member Address *(Street/City)* _____

Member Phone # : _____ **Member Alternate Phone # :** _____

Translation Needed: ❑ **Yes** ❑ **No** **If Yes, language:** _____

Please provide the following information:

Current Authorization Expires on: _____ Current Hours, if any, member is receiving: _____

Has member had a lapse in service for 30 consecutive days during the prior authorization period? ❑ Yes ❑ No

Requesting Authorization from _____ to _____ Hours Requested : _____

Is Member in Assisted Living?: ❑ Yes ❑ No

(ICD-10 codes are required for all requests and claims)

Primary DX: _____ ICD-10: _____ Other DX: _____ ICD-10: _____

Other DX: _____ ICD-10: _____ Other DX: _____ ICD-10: _____

Is this a Group Case?: ❑ Yes ❑ No If yes, please provide the Name & DOB member is grouped with:

Member Name: _____ HNJH Mbr ID # : _____ DOB: _____

Please check one of the following codes:

❑ **PCA Services (Individual, Hourly, Weekday) – T1019**

❑ **PCA Services (Group, Hourly, Weekday) – T1019 HQ**

Change in Service Request ❑ Increase ❑ Decrease

Information to support service request change *(must provide specifics)* : _____

_____

REQUIRED ADDITIONAL INFORMATION:

Agency Name: _____ Provider ID # : _____

Phone # of Agency: _____ Fax # of Agency: _____

Contact Person at Agency: _____

Horizon NJ Health reserves the right to request necessary clinical information on a case-by-case basis. Services should not be rendered without an authorization. Providing services without an authorization could result in a denial of payment. All PCA services require prior authorizations.