



HOME HEALTH/PCW  
REQUEST FOR PRIOR AUTHORIZATION (PA)

Must be completed by provider for request to be processed

Today's date: \_\_\_\_\_ Member Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Diagnosis/ ICD-9 \_\_\_\_\_  
Planned Dates of Treatment: \_\_\_\_\_  
Facility: \_\_\_\_\_ Phone: \_\_\_\_\_  
PA Contact: \_\_\_\_\_ FAX# \_\_\_\_\_

**Please check appropriate box:**

- Home Health/Skilled Nurse Visit
- Home Health/Aide Visit
- New Services
- Personal Care Worker/PCW
- Home Health/Therapy (PT, OT, ST)
- Modification to authorization #: \_\_\_\_\_

Certification/Recertification Dates: \_\_\_\_\_

**NOTE: Procedure Codes Required:** See page 2 to select procedure code(s).

Procedure Code: \_\_\_\_\_ Description: \_\_\_\_\_ Quantity: \_\_\_\_\_  
 Procedure Code: \_\_\_\_\_ Description: \_\_\_\_\_ Quantity: \_\_\_\_\_  
 Procedure Code: \_\_\_\_\_ Description: \_\_\_\_\_ Quantity: \_\_\_\_\_  
 Procedure Code: \_\_\_\_\_ Description: \_\_\_\_\_ Quantity: \_\_\_\_\_

PCW travel time # of units: \_\_\_\_\_ Is travel time included in above quantity?  Yes  No

PCW lives with member?  Yes  No

PCW Address \_\_\_\_\_ Relationship to member \_\_\_\_\_

Comments: \_\_\_\_\_

**FOR iCare USE ONLY:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Medicare iCare | <input type="checkbox"/> Medicare Other | <input type="checkbox"/> Medicaid iCare | <input type="checkbox"/> Medicaid Other |
| <input type="checkbox"/> BC Core        | <input type="checkbox"/> BC Benchmark   | <input type="checkbox"/> BC Standard    |   |
| <input type="checkbox"/> Approved       | <input type="checkbox"/> Denied         | <input type="checkbox"/> Modified       | <input type="checkbox"/> Returned       |

Comments: \_\_\_\_\_

Authorization Coordinator: \_\_\_\_\_ Date Received \_\_\_\_\_

Entered By/ Date: \_\_\_\_\_

Medicare Autho # \_\_\_\_\_ Medicaid Autho # \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** Receipt of an approved prior authorization does not guarantee payment by I-Care. A patient may become ineligible for I-Care benefits during the term of this prior authorization. Benefits eligibility will be determined at the time the claim is received.



**Skilled Nurse Visits**

- G0154 Services of skilled nurse in home health setting, each 15 minutes.
- T1001 Nursing assessment/evaluation.
- T1002 RN services, up to 15 minutes.
- T1502 Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit. (Medication Management)
- 97605 Wound therapy, vacuum assisted up to 50cm size.
- 97606 Wound therapy, vacuum assisted >50 cm size.
- 99503 Home visit for respiratory therapy care.
- 99504 Home visit for mechanical ventilation care.
- 99505 Home visit for stoma care including colostomy & cystostomy.
- 99506 Home visit for intramuscular injections.
- 99507 Home visit for care and maintenance of catheter.
- 99600 Unlisted home visit service or procedure.
- 99601 Home infusion/specialty drug administration (up to 2 hours).
- 99602 Home infusion (each additional hour).

**Personal Care Services**

- T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized treatment plan.
- 99509 Home visit for assistance with activities of daily living and personal care.

**Home Health Aide**

- T1021 Home health aide or certified nurse assistant, per visit.
- G0156 Home health aide, each 15 minutes.

**Physical Therapy**

- 97799 Unlisted physical medicine/rehabilitation service or procedure.
- G0151 Services of physical therapist in home setting, each 15 minutes.

**Occupational Therapy**

- 97139 Unlisted therapeutic procedure.
- G0152 Services of occupational therapist in home setting, each 15 minutes.

**Speech Therapy**

- 92507 Treatment of speech, language, voice, communication and/or auditory process.
- G0153 Services of speech and language pathologist in home, each 15 minutes.

**Social Services**

- G0155 Services of clinical social worker in home health setting, each 15 minutes.