

## PCA REQUEST FORM

Only for SeniorCare Complete and MSC+ members who are not on a waiver and need PCA services.

**Requesting services, indicate initial, renewal or increase request below. Assessments must be sent with request.**

☐ Initial Service

☐ Renewal of Service

☐ Increase of Service

**For Denial, Termination, or Reduction of service, complete form including DTR ONLY section on page 2.  
FORM MUST BE SENT WITHIN 1 BUSINESS DAY OF DISCUSSION WITH THE MEMBER.**

☐ Denial of Service

☐ Termination of Service

☐ Reduction of Service

### Member Information

Name:	ID Number:
Date of Birth:	Address:
Guardian Name:	Guardian Address:
Diagnosis Code(s):	

### Requesting Provider Information

Care Coordinator:	Care Coordinator / Case Manager <u>Facility Name</u> & Address:
CC / CM Phone #:	CC / CM Fax #:
Primary Care Provider Name:	Primary Care Provider <u>Facility Name</u> & Address:
Primary Care Provider Phone:	Primary Care Provider Fax:

### Servicing Provider Information

Provider Name:		Provider Address:		
Phone:	Fax:	NPI:		
Service Code:	Modifier(s):	Units	Start Date:	End Date:
<b>T1019</b>				
<b>T1019</b>	<b>UA</b>			

### Servicing Provider Information 2 – ONLY if provider information is different than Servicing Provider 1

Provider Name:		Provider Address:		
Phone:	Fax:	NPI:		
Service Code:	Modifier(s):	Units	Start Date:	End Date:
<b>T1019</b>				
<b>T1019</b>	<b>UA</b>			

<b>DTR ONLY - Reason Code for the Recommended Action only for denial, termination, or reduction</b>
Recommendation Date of Action:
Date of discussion with the member or legal representative:
ORWA Reason Code (examples below) with description:
Describe the recommended action and reason why it is being recommended.

ORWA Service Code	
Code	Description
0701	Home Care – PCA Service

Most Common ORWA Reason Codes – Not Limited To	
Code	Description
1604	Based on your assessment, your PCA services will be reduced. Supporting Statues M.S. § 256B.0625, Subd. 19a M.S. 256B.0659, Subd. 3a
1605	Based on your assessment, your PCA services will be terminated. Supporting Statues M.S. § 256B.0625, Subd. 19aM.S. § 256B.0655, Subd. 1b and Subd. 2
1606	Based on your assessment, PCA services are not necessary. Supporting Statues M.S. § 256B.0625, Subd. 19 M.S. § 256B.0655, Subd. 1b
1607	Your assessment did not support the need for the amount of PCA services requested. Supporting Statues M.S. § 256B.0655, Subd. 1a
1613	We were unable to locate you for the required face-to-face assessment. Your request for services is denied. Call Member Services at 866-567-7242 to ask what is needed to request another assessment. Supporting M.S. § 256B.0659, Subd. 3a (PCA) M.S. § 256B.0911 Subd. 3a (LTCC)