

Aetna Assure Premier Plus (HMO D-SNP)
PO Box 818051
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Fax: 1-860-907-4598



Aetna Assure Premier Plus (HMO D-SNP)

Medical day care/personal care attendant service authorization request form

Fax completed form to 1-860-907-4598

☐ **Adult request** ☐ **Pediatric request**

Please check type of request:

☐ **Initial request** ☐ **Re-authorization request** ☐ **Facility/Provider transfer**

☐ **Change in Managed Care Organization**

Date submitted to Aetna Assure Premier Plus (HMO D-SNP): _____

Please provide the following member demographic information:

Member name: _____

Aetna Assure Premier Plus Member ID # _____ DOB: _____

Member address (Street/City) _____

Member phone number: _____ Alternative phone number: _____

Translation needed: Yes / No If yes - language: _____

Member Email address: _____

Please provide the following information:

Current authorization expires on: _____

Requesting # days per week: _____ Requested number of hours/units per week: _____

Has member had a lapse in service for 30 consecutive days during the prior authorization period?

Yes / No

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

Please check one of the following codes:

____ PCA T1019 ____ Pediatric Medical Day (technologically dependent) T1024 w/modifier 22

____ Adult Medical Day S5102 ____ Pediatric Med Day (medically fragile) T1024 w/modifier 5

www.aetnabetterhealth.com/new-jersey-hmosnp

NJ-15-01-29

Change in service request:

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

To facilitate the service authorization process, please include the following information: physician/PCP orders, previous authorization if transferring from another plan and a copy of the most recent assessment if available.

Service Request Type:	<input type="checkbox"/> New <input type="checkbox"/> Continuation of current hours/days <input type="checkbox"/> Increase in Hours/Days <input type="checkbox"/> Decrease in Hours/Days
Information to support service request change (Specific information required)	<input type="checkbox"/> Physician Order Form <input type="checkbox"/> Previous HMO Authorization Form <input type="checkbox"/> Most recent Assessment if Available

Required additional information:

Medical day care /personal care assistant service provider name:			
Provider ID# (NPI):			
Facility address:			
Facility phone #:		Facility Fax #:	

All medical day care services and PCA services require prior authorization. Aetna Assure Premier Plus may require additional clinical information on a case-by-case basis.

All medical day care services and PCA services require prior authorization. Aetna Assure Premier Plus may require additional clinical information on a case-by-case basis. Please submit request for continued service no more than 30 days prior to current authorization end-date. Both pages of request form must be completed.