

Aetna Better Health® of New Jersey
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Princeton, NJ 08540-6626
1-855-232-3596



AETNA BETTER HEALTH® OF NEW JERSEY

Medical day care/personal care assistant service authorization request form

Fax completed form to 1-860-975-3293 or Toll Free Fax 1-855-444-8694

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 Better Health of New Jersey: _____

Please provide the following member demographic information:

Member name: _____

Aetna Better Health of New Jersey 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 the member had a lapse in service for 30 consecutive days during the prior authorization period? YES / NO

Is there another Aetna member receiving PCA services in the home? YES / NO

Name: _____ Aetna ID: _____ DOB: _____

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

Please check the appropriate codes:

____ PCA T1019 ____ PCA T1019 HQ

____ Adult Medical Day S5102

____ PCA RN Assessment T1001 (limited to one submission per year)

____ Pediatric Med Day (medically fragile) T1024 w/modifier 52

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

To facilitate the service authorization process, please include the following information: physician/PCP orders, previous authorization if transferring from another health 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: (Physician order required for all initial request, and increase/decrease in hours/days)	<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#:			
Facility address:			
Facility phone #:		Facility Fax #:	

All medical day care services and PCA services require prior authorization. Aetna Better Health of New Jersey 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.