New Jersey long-term care prior authorization fax request form

Fax to: 855-583-4041 or 855-489-1553

Date:	Member name:
Member date of birth:	If applicable, caregiver or contact name:
Member ID:	Member phone number:
Member address:	
Diagnosis:	
Requesting provider:	Signature stamp:

Purpose of service requested		
For **new** services?	☐ Yes	☐ No
Change in services (**increase** or **decrease**)?	☐ Increase	☐ Decrease
For **reauthorization** of services?	☐ Yes	☐ No
A member **approved** provider transfer?	☐ Yes	☐ No
To **continue** services approved by another managed care organization (MCO)?	☐ Yes MCO name:	☐ No

Service requested/code (hours/day/week)	Frequency			
Managed long-term services and support (MLTSS) private day nursing (PDN) services (T1000)		**# hours per day**		**# days/week**
MLTSS PDN services (T1002)		**# hours per day**		**# days/week**
MLTSS PDN services (T1003)		**# hours per day**		**# days/week**
Adult medical day care (S5102)		**# hours per day**		**# days/week**

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Service requested/code (cont.) (hours/day/week)	Frequency (cont.)			
Pediatric medical day care (T1024)		**# hours per day**		**# days/week**
Adult personal care services (T1019)		**# hours per day**		**# days/week**
	*** If group hours, please provide information for other member:**	Name:		
		UnitedHealthcare ID number:		

* PDN and MDC: Submit required clinical information when submitting the request for services.

If servicing provider is already in place, or a specific provider is requested, please fill out the information below	
Servicing provider:	Servicing provider contact name:
Servicing provider ID number:	Servicing provider TIN and NPI number:
Servicing provider phone number:	Servicing provider fax:
Servicing provider address:	

For MLTSS PDN: T1000, T1002 and T1003 requests, please fill out the information below.	
Requesting provider:	Requesting provider contact name:
Requesting provider ID number:	Requesting provider TIN and NPI number:
Requesting provider phone number:	Requesting provider fax:
Requesting provider address:	
Additional comments:	

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