Triad HealthCare Network
Utilization Management

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# PRIOR AUTHORIZATION REQUEST
## Custodial Care Benefits Only

*****Form must be filled out completely and clinical information attached*****

*****Out of Network providers, please provide a copy of state licensure with the request.*****

| | |
|---|---|
| Submitted by: ❑ Agency | Today's Date: / / |
| Person to contact for this Submission: | Phone: |

| | | |
|---|---|---|
| **Patient's Name**: | **DOB:** | **Member ID**: |

| **Requesting Provider Section:** (i.e. Provider name not location or facility) | **Servicing Provider Section:** (i.e. Facility or Provider Name, May be the same as Requesting Provider) |
|---|---|
| Requesting Provider Name: | Custodial Care Agency: |
| NPI: | NPI: |
| Tax ID: | Tax ID: |
| Address: | Address: |
| Fax: | Fax: |
| Phone: | Phone: |

| | |
|---|---|
| Date of Admission: | Date of Discharge: |
| Name of Facility: | |

| | |
|---|---|
| Start of Care Date: | Authorization requests must be submitted within 7 days of the start of care. Retro requests beyond 7 days will be denied.<br>Custodial care hours must be used within 90 days of start of care date. |

| ICD-10 Code | Diagnosis | ICD-10 Code | Diagnosis |
|---|---|---|---|
| 1. | | 3. | |
| 2. | | 4. | |

| | CPT Code | Description | Units/Quantity |
|---|---|---|---|
| X | 99509 | Custodial Care<br>1 unit = 15 minutes | 20 Hours/80 units |

**Please document what the custodial care hours will be used for:**

_____

_____

_____

This request will be processed per the standard organization determination timeframes. If this request needs to be treated as "expedited", please note clinical justification why applying the standard timeframe for a determination could seriously **jeopardize the member's life, health or ability to regain maximum function:**

Authorization does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitation, provisions and exclusions. Please refer to www.healthteamadvantage.com for specific codes requiring a prior authorization.