(Rev. 07/2015)

CFC/PAS Personal Emergency Response System (PERS)
Prior Authorization Request to MPQH

☐CFC PERS Referral ☐Change of PERS Provider ☐CFC Discharge Date: _____

➢Plan Facilitator Name: _____ ➢Plan Facilitator Phone: _____

Member Name: _____ Medicaid ID number: _____

PERS Provider: _____ Medicaid Provider ID number: _____

Service	Procedure Code	Mod	Requested Units	Authorized Units	Date Span
PERS Installation	S5160				
PERS Rental	S5161				

U9 = Modifier for Self Direct

Comments:

_____ _____ _____
Agency Signature Phone Date

Fax to MPQH 1-800-268-5767

MPQH Authorization for PERS Services

PERS Prior Authorization #:	# PERS of Units Authorized:	Date Span

_____ _____
MPQH Reviewer Date