State of Montana
Department of Public Health and Human Services

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

☐ CFC PERS Initial Referral ☐ Change of PERS Provider ☐ Prior Authorization Renewal

☐ Ending PERS Services – Date: _____ ☐ 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