

Request for Reconsideration of PCS Authorization

United HealthCare Community & State North Carolina LTSS Preservice Utilization Team

Following a PCS Service Authorization for less than 80 hours per month, the beneficiary or representative may submit a Request for Reconsideration of PCS Authorization form to request additional hours.

For questions call United HealthCare Community & State NC Provider Call Center at 1-800-638-3302. Incomplete or illegible forms will not be processed.

Section A: Member Information:

Member Demographics

Name: First: _____ MI: _____ Last: _____ DOB: _____

UHC ID: _____ Contact Number: _____

Address (if Different from Initial Request): _____

City: _____ County: _____ Zip: _____

Alternate Contact (optional)

Name: First: _____ MI: _____ Last: _____

Relationship to Member: _____ Phone: _____

Section B: Reconsideration:

Please specify which ADL(s) and Task(s) are not being supported by the current authorized hours of PCS.

- Bathing
- Dressing
- Mobility
- Toileting
- Eating
- Other – If other, describe

Section C: Supporting Documentation



Supporting documentation must be submitted that specifies, explains, and supports why more authorized hours of PCS are needed and which ADL(s) and Task(s) are not being met by the current hours. The documentation should also provide information indicating why the member believes that the prior assessment did not accurately reflect the member's functional capacity or why the prior determination is otherwise insufficient.

_____ / ____ / _____

Signature of UHC C&S Member or Legal Guardian/POA Date

Name (Print) Relationship to Member