my choice WISCONSIN BY MOLINA HEALTHCARE

My Choice Wisconsin– Pre Service Request Form Fax to 608-210-4050

MEMBER INFORMATION

Line of Business:	☐ **Medicaid**	☐ **Medicare**		**Date of Request:**
Member Name:			**DOB** (MM/DD/YYYY):	
Member ID#:			**Member Phone**:	
Service Type:	☐ Non-Urgent/Routine/Elective ☐ Urgent/Expedited – Clinical Reason for Urgency (**Required**):_____ ☐ Emergent Inpatient Admission ☐ EPSDT/Special Services			

REFERRAL/SERVICE TYPE REQUESTED

Request Type:	☐ **Initial Request**	☐ **Extension/ Renewal / Amendment**	**Previous Auth#:**

Inpatient Services:	**Outpatient Services:**		
☐ Inpatient Hospital	☐ Chiropractic	☐ Laboratory Services	☐ Physical Therapy
☐ Inpatient or SNF Hospice	☐ CGM/supplies	☐ Non Par	☐ Radiation Therapy
☐ Long Term Acute Care (LTAC)	☐ DME/DMS	☐ Occupational Therapy	☐ Speech Therapy
☐ Acute Inpatient Rehabilitation (AIR)	☐ Genetic Testing	☐ Outpatient Procedures	☐ Transplant/Gene Therapy
☐ Skilled Nursing Facility Medicare A	☐ Home Health	☐ Pain Management	☐
☐ Skilled Nursing Facility Medicaid	☐ Hospice	☐ Palliative Care	☐ Wound Care/Hyperbaric
☐ Skilled Nursing Facility Custodial	☐ Imaging/Special Tests	☐ Pharmacy/Infusion Therapy	☐ Other: _____
☐ Other Inpatient:_____			

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code: **Description:**

DATES OF SERVICE START	DATES OF SERVICE STOP	PROCEDURE/ SERVICE CODES	DIAGNOSIS CODE	REQUESTED SERVICE	REQUESTED UNITS/VISITS

PROVIDER INFORMATION

REQUESTING PROVIDER / FACILITY:

Provider Name:	**NPI#:**	**TIN#:**	
Phone:	**FAX**:	**Email**:	
Address:	**City:**	**State:**	**Zip:**
PCP Name:	**PCP Phone**:		
Office Contact Name:	**Office Contact Phone**:		

SERVICING PROVIDER / FACILITY:

Provider/Facility Name (Required):			
NPI#:	**TIN#:**	**Medicaid ID# (If Non-Par):**	☐**Non-Par** ☐**COC**
Phone:	**FAX:**	**Email:**	
Address:	**City:**	**State:**	**Zip:**

Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.