



## Home Health Prior Authorization Request Form

Effective February 1, 2020, all Family Care services require authorization through the member's care team. Do not use this form for authorization. If you require assistance connecting with the member's care team, contact the My Choice Wisconsin Customer Service Center at 1-800-963-0035. For other programs, please fax this completed form to 608-210-4050. Please provide clinical information and the plan of care to support medical necessity of all requests and fill form completely.

Member Name:	D.O.B.:	Medicaid ID #:
Member Phone:	Member address:	
Requesting Provider Name/Clinic:		Tax ID:
Address:		
Clinical Contact/Title:	Phone Number:	Fax Number:
Servicing Provider Name/Clinic:		Tax ID:
Address:		
Clinical Contact/Title:	Phone Number:	Fax Number:

Request Type? Standard Expedited: Please explain rationale for urgency:  
Expedited is defined as: Care and services that the physician indicates or the HMO determines that following the ordinary time frame could jeopardize the member's health or ability to regain maximum function.

Diagnosis or description of symptoms:	ICD-10:
For prompt and accurate determination, please fax this completed form to 608-210-4050. The initial evaluation and first eight visits for home nursing and therapies do not require prior authorization for contracted providers. Submit a prior authorization request along with evaluation, summary, and progress notes prior to the 9th visit.	
Date 8th visit is scheduled or occurred:	
Note: All home-based physician visits required prior authorization.	

Physician visit at home		
CPT code(s):	No. of visits:	No. of units:
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Home Health Aide	Skilled Nursing	
CPT code(s):	CPT code(s):	CPT code(s):
No. of visits:	No. of visits:	No. of visits:
Plan of Care Start and End Date:		
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PT	OT	SLP/ST
CPT code(s):	CPT code(s):	CPT code(s):
No. of visits:	No. of visits:	No. of visits:
Plan of Care Start and End Date:		

### Privacy and Confidentiality:

The information within this fax message is intended for the recipient(s) only. If you have received this fax in error, please contact us at 1-800-963-0035 (phone) or 608-210-4050 (fax) and destroy this document received. State and Federal Law prohibits any unauthorized use of this information. Thank you for your cooperation.

### No Guarantee of Payment

A prior authorization or precertification does not imply or guarantee payment, nor is it a verification of a member's eligibility at the point of service. Payments of benefits are subject to all terms, conditions, limitations, and exclusions of the program's contract and eligibility of the member at the time services are rendered.