



Hospice Prior Authorization Request Form

For prompt and accurate determination, please fax this completed form to 608-210-4050.
Please attach a copy of the plan of care and medication list
indicating what medications the hospice benefit will cover.

Member Name:	DOB:	Member Phone:
Member address:		
*Medicare #:	Medicaid #:	
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:

*Partnership and Medicare Dual Advantage: Original Medicare pays for hospice services for Medicare eligible members who elect the Medicare hospice benefit. In these situations notification is requested. Prior authorization is required for Hospice services for Members without Medicare coverage. If member has Medicare, Medicare Fee for Service is responsible for the acute and primary costs not covered by the hospice benefit.

Date of Hospice Election:	CPT code(s) requested:
Level of Care: Routine Home Care Respite Inpatient Continuous Care	
Certification period: to	
Primary Hospice Diagnosis:	
Related Diagnosis:	Related Diagnosis:
Related Diagnosis:	Related Diagnosis:
<u>Disciplines and Frequency:</u>	
Nurse Frequency	PT/OT/SLP Frequency:
Hospice Aids Frequency:	Social Worker Frequency:
Personal Care	Volunteer Services Frequency:
Homemaker	
<u>DME/DMS Provided by Hospice:</u>	
Bedside Commode Elevated Toilet Seat Walker Splint Oxygen Cane Wheelchair	
Tub/Shower Bench Grab Bars Hospital Bed Specialty Mattress Transfer Equipment	
Incontinence Supplies Other:	

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, limitation, and exclusions of the program's contract and eligibility of the member at the time services are rendered.