

Medicaid SSI Personal Care Worker Prior Authorization Request Form

For prompt and accurate determination, 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.

For Family Care and Partnership, please reach out directly to the Care Team. If you require assistance connecting with the member's care team, contact the My Choice Wisconsin Customer Service Center at 1-800-963-0035.

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:
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Home health requests; please enclose the most recent PCST (SSI only), HCFA 485/HCFA 486.

Type of service:

PCW (SSI only)	No. of visits:	No. of units:
CPT code(s):	Certification Period:	to
Does PCW live with member? Yes No	Relationship to member:	
PCW address:	Travel time units:	CPT code(s):

Please include the following clinical documentation to support the request: (check each box to confirm you have completed it)

☐ PCST

☐ Physician order

☐ Documentation supporting current personal care activities
- PCW logs, RN 50-60 day assessment

☐ If requesting mileage, please include map demonstrating total mileage

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.