



Out of Network Provider 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 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:	Fax:
Referring To Provider Name/Clinic:		Tax ID:
Address:		
Clinical Contact/Title:	Phone:	Fax:
Specialty:		

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 symptom description:	ICD-10:
--	----------------

Care Wisconsin offers a comprehensive Provider Network. Prior to submitting a prior authorization request, please review our provider directory for a list of contracted providers by specialty. Reason for out of network referral:
 Specialty not available within the member's network
 Other-specify:

Services Requested:

- One time consultation (one visit only)
- Evaluation and recommendations to the Primary Clinician (one visit only)
- Consultation and Treatment of the specific condition(s) listed above as needed and limited to (indicate # of visits)
- Renewal for extended Medical Management of the specific conditions(s) listed and limited to (indicate # of visits)

CPT code:	CPT code:	CPT code:	CPT code:
-----------	-----------	-----------	-----------

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.