



Skilled Nursing Facility (SNF) and Long Term Acute Care 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 provide the following clinical information to support medical necessity of all requests and fill form completely.

- H&P
- Discharge Summary
- Therapy Notes
- MD Progress Notes
- Labs/Radiology Studies
- Supporting Nursing Notes

Member Name:	D.O.B.:	Medicaid ID #:
Member Phone:	Member address:	
Requesting Provider Name/Clinic:		Tax ID:
Address:		
Clinical Contact/Title:	Phone:	Fax:
Facility Name:		Tax ID:
Address:		
Facility Utilization Review Dept./ Clinical Contact/Title:	Phone Number:	Fax:
Facility Medical Records Dept. Phone Number:		Fax:

Type of Request:	Elective	Urgent	Retrospective (only within 14 business days from urgent/emergent admission)
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Date of admission:	/	/	
Admitting ICD10 Code:			
Admission Type:	SNF Rehabilitative - Medicare	SNF Rehabilitative - Medicaid	SNF - Hospice
	SNF Long Term Care/Custodial	LTACH	

For Rehabilitative Medicaid Stays only, rehabilitative services are authorized separately. Please complete the following for prompt determination:

PT _____ x per day _____ x per week
 OT _____ x per day _____ x per week
 Speech _____ x per day _____ x per week

Servicing Provider: Enter servicing provider information here or check for same as above
 Servicing Provider Name/Clinic: Medicaid ID #:
 Address: Tax ID:
 Clinical Contact/Title: Phone: Fax:

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.