



Implemented 1/1/2017, Last Revised 4/2/21

IMPORTANT NOTE: All Family Care services require authorization through the Member's Care Team. All Family Care authorizations will be available in the MIDAS Provider Portal.

Prior Authorization Requirements for Partnership, Medicaid SSI, Family Care, and Medicare Dual Advantage Programs

The following services, procedures or equipment are subject to prior authorization (PA) requirements (unless indicated as notification required only), under the applicable line of business. All services are subject to member eligibility, benefit plan coverage and medical necessity. When faxing a request, please attach pertinent medical records, treatment plans, test results, and evidence of conservative treatment to support the medical appropriateness of the request. This is a general list of service categories with prior authorization requirements for My Choice Wisconsin's Family Care, Partnership, Medicaid SSI, and Dual Advantage programs. This is not a comprehensive benefits list. Consult your My Choice Wisconsin contract for additional information.

Coordination of Benefits for Partnership, Medicaid SSI, and Medicare Dual Advantage- My Choice Wisconsin does not require prior authorization for outpatient services for secondary coverage, when Medicare or other commercial insurance is providing primary coverage consistent with DHS 107.02. NOTE: If Medicare or other primary insurance does not cover a service and you are seeking primary coverage from My Choice Wisconsin, all prior authorization requirements apply.

Referrals to participating specialists -- Providers are not required to obtain prior authorization from My Choice Wisconsin for referrals to My Choice Wisconsin participating specialists, unless otherwise noted below. This does not change the requirement that Partnership, Dual Advantage, and Medicaid SSI members must coordinate their care through their primary care physician (PCP).

Out of Network-- All non-emergency services rendered by a provider outside of our network require prior authorization for primary coverage.

To submit a prior authorization request*:

Visit www.mychoicewi.org to utilize the My Choice Wisconsin Prior Authorization form(s)

Please fax the completed prior authorization form and supporting documentation to 608-210-4050

Customer Service Center

1-800-963-0035

Monday - Friday

8 a.m. - 4 p.m.

***All Family Care Services and Home & Community Based Waiver Covered Services for Partnership:**

All Family Care services and the Home & Community Based Waiver covered services under the Partnership program are subject to prior authorization through the Member's Care Team. Contact the Member's Care Team for prior authorization. If you require assistance in connecting with the Member's Care Team, contact the My Choice Wisconsin Customer Service Center at 1-800-963-0035.



Prior Authorization Requirements Table of Contents

[Inpatient Services](#)

[Outpatient Services](#)

[Dental Services](#)

[Supplemental Medicare Benefits](#)

[Outpatient Prescriptions](#)

[Home and Community Based Waiver Services*](#)

Clicking on the link above will take you directly to that section of this document.

***All Family Care Services and Home & Community Based Waiver Covered Services for Partnership:**

All Family Care services and the Home & Community Based Waiver covered services under the Partnership program are subject to prior authorization through the Member's Care Team. Contact the Member's Care Team for prior authorization. If you require assistance in connecting with the Member's Care Team, contact the My Choice Wisconsin Customer Service Center at 1-800-963-0035.

INPATIENT SERVICES		PRIOR AUTHORIZATION REQUIRED?			
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Acute rehabilitation facility	Yes	Yes	Yes	Not covered by My Choice Wisconsin	Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)
Inpatient and Observation— Medical and Psychiatric	Yes	Yes	Yes	Not covered by My Choice Wisconsin	<p>For urgent admissions, notification is required no later than the next business day. Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)</p> <p>Elective admissions require prior authorization</p>
Mental Health and Substance Abuse: Residential SUD Tx H0018	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Residential SUD benefit is carved out of the HMO and reimbursed under the Medicaid members Forward Health card on a fee-for-service basis. Providers should follow all Prior Auth requirements according to the Forward Health Provider handbook policy on Residential SUD Tx. https://www.forwardhealth.wi.gov/kw/pdf/2020-42.pdf
Sub-Acute Psychiatric Community-based Center Services (H0018)	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Yes	Not covered by My Choice Wisconsin	
Hospice facility	Yes— See additional clarification	No—See additional clarification	Yes	Not covered by My Choice Wisconsin	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.
ICF-IID	Yes— See additional clarification	Not covered by this benefit plan	Not covered by My Choice Wisconsin	Yes— Contact Care Team for authorization	<p>Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)</p> <p>Physical, Occupational, and Speech Therapies provided under a Medicaid covered Skilled Nursing Facility stay requires prior authorization for treatment.</p>

INPATIENT SERVICES **PRIOR AUTHORIZATION REQUIRED?**

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Long-term acute care hospital (LTACH)	Yes	Yes	Yes	Not covered by My Choice Wisconsin	Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)
IMD Hospitalizations	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	Not covered by My Choice Wisconsin	<p>Urgent admissions- Notification required no later than the next business day. Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)</p> <p>Partnership and Family Care– Members age 21-64 are disenrolled upon admission.</p> <p>Partnership Dual Eligible Members may still have coverage under the Medicare Benefit with My Choice Wisconsin following disenrollment from the Partnership Medicaid.</p>
Skilled nursing facility	Yes– See additional clarification	Yes	Yes– See additional clarification	Yes– Contact Care Team for authorization	<p>Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)</p> <p>Physical, Occupational, and Speech Therapies provided under a Medicaid covered Skilled Nursing Facility stay require separate prior authorization for treatment.</p>

OUTPATIENT SERVICES						PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification						
Abortion	Yes- see additional clarification	Yes	Yes- see additional clarification	Not covered by My Choice Wisconsin	Subject to Wisconsin Medicaid rules. The following documentation is required: Abortion Certification Statement or similar form attesting to one of the conditions of coverage.						
Acupuncture	Yes- see additional clarification	Yes- see additional clarification	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Partnership & Medicare Dual Advantage: Prior Auth required. Up to 12 visits in 90 days can be covered for Medicare Beneficiaries with a dx of chronic low back pain as defined by Medicare following the Medicare NCD.						
Ambulance-Emergency transport	No	No	No	Not covered by My Choice Wisconsin							
Ambulatory/Outpatient Surgery	Yes- PA required unless on the Outpatient Procedure Prior Authorization Exception List	Yes- PA required unless on the Outpatient Procedure Prior Authorization Exception List	Yes- PA required unless on the Outpatient Procedure Prior Authorization Exception List	Not covered by My Choice Wisconsin							
Audiology	No	No	No	Not covered by My Choice Wisconsin	See Hearing Aids for specific prior authorization requirements for hearing aids						
Cardiac rehabilitation	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes- Contact Care Team for authorization							
Chiropractic care	Yes- See additional clarification	Yes- See additional clarification	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Prior authorization is required for services beyond the initial visit and 20 spinal manipulations per spell of illness. A new spell of illness must start, at a minimum, 30 days after the end of the previous spell of illness. Chiropractic Prior Authorization Request Form						
Continuous Glucose Monitor and supplies	Yes	Yes	Yes	Yes- Contact Care Team for authorization							
Diabetes Prevention Program (Medicare)	Yes- See additional clarification	Yes- See additional clarification	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Core sessions (G9873-G9879) require prior authorization. Submit Prior Authorization using the Procedure and Imaging Prior Authorization Request Form						

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Diabetes self-management training	No	No	No	Not covered by My Choice Wisconsin	This service includes outpatient diabetes self-management training (DSMT) to teach members to cope with and manage their diabetes
Diabetes services: diabetic shoes, foot orthotics	See additional clarification	See additional clarification	See additional clarification	Yes– Contact Care Team for authorization	Partnership and Medicare Dual Advantage: PA required for exceptions to Basic Coverage: for Diabetics with foot disease-1 pair of therapeutic custom-molded or depth shoes and 3 sets of inserts per calendar year. Medicaid SSI- Coverage criteria follows the "Diabetic Shoes and Inserts" coverage criteria available on Forward Health.
Diabetic testing supplies– glucometer, test strips, and lancets	See additional clarification	See additional clarification	Not covered by My Choice Wisconsin	Yes– Contact Care Team for authorization	Partnership and Medicare Dual Advantage- No PA required. Physician order is required. Supplies can be obtained through a contracted provider. Claims are not submitted to Elixir, but instead, are submitted on a medical claim to My Choice Wisconsin. Medicaid SSI-Diabetic testing supplies are covered by Forward Health under the Forward Health Pharmacy benefit. Syringes, alcohol, insulin pen needles– See Insulin Administration Supplies
Dialysis services and supplies	No	No	No	Not covered by My Choice Wisconsin	

OUTPATIENT SERVICES		PRIOR AUTHORIZATION REQUIRED?			
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Disposable medical supplies (DMS)	Yes-See additional clarification	Yes-See additional clarification	Yes-See additional clarification	Yes – Contact Care Team for authorization	Medicaid SSI and Partnership-See the DMS Exception List for supplies that do not require prior authorization. For all other items, prior authorization is required for: A) All DMS items that are not used for their intended purpose; B) All DMS that exceed the Medicaid maximum quantity limits listed in the DMS maximum allowable fee schedule ; C) Prescribed DMS that are not included in the DMS max fee schedule Medicare Dual Advantage– Medically necessary ostomy supplies for member’s who have had a colostomy, ileostomy, or urinary ostomy and wound care supplies are covered consistent with Original Medicare and do not require prior authorization
Durable medical equipment and repairs (DME)	See additional clarification	See additional clarification	See additional clarification	Yes– Contact Care Team for authorization	Prior authorization is required for requests for primary coverage for purchases over \$300* per unit, requests for DME that does not have an established rate* (such as E 1399), rentals for Medicaid or Medicare covered DME over 30 days, and labor in excess of 8 units. See the Durable Medical Equipment, Prosthetics, and Orthotics Prior Authorization Guide for more information. *based on Medicaid/Medicare reimbursement rate
Emergency Care	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by My Choice Wisconsin	Partnership and Medicare Dual Advantage- Emergency care is not covered outside the U.S. and its territories Medicaid SSI-Any service, including emergency services, provided outside of the U.S., Canada and Mexico is not covered. If emergency services are needed while in Canada or Mexico, My Choice Wisconsin will cover the service only if the doctor or hospital’s bank is in the U.S.
Enteral nutrition therapy	Yes	Yes	Yes	Yes– Contact Care Team for authorization	See the Enteral and Parenteral Nutritional Therapy Prior Authorization Guide for more information

OUTPATIENT SERVICES		PRIOR AUTHORIZATION REQUIRED?			
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Family planning services/ Reproductive Health	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by My Choice Wisconsin	Fertility services are not covered, including: artificial insemination, infertility counseling, infertility testing, reversal of female sterilization, fertility enhancing drugs, vasectomy reversal, other fertility enhancing services/office visits/consultation, impotence devices/services, testicular prosthesis, surrogate parenting Medicare Dual Advantage only– Coverage consistent with original Medicare
Health Check screenings for children (under 21)	No	No– See additional clarification	No	Not covered by My Choice Wisconsin	Coverage consistent with original Medicare's yearly wellness visit
Hearing aids, Hearing aids replacements and hearing aids accessories including batteries	Yes	Not covered by this benefit plan	Yes	Not covered by My Choice Wisconsin	Partnership and Medicaid SSI - Hearing aids may be authorized following clinical review of the Medicaid HCPCS code submitted. Hearing aid models allowed align with models noted in the Forward Health handbook .
Hearing aid fitting and refitting and hearing aid repairs	No	Not covered by this benefit plan	No	Not covered by My Choice Wisconsin	
Home Health Services	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	Yes– Contact Care Team for authorization	No prior authorization is needed for evaluation and initial 8 home health visits, per discipline. For additional information see The Medicaid Home Health Prior Authorization Resource and the Medicare Home Health Prior Authorization Resource
Hospice Services	Yes– See additional clarification	See additional clarification	Yes– See additional clarification	Not covered by My Choice Wisconsin	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 Medicaid covered Hospice services.

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Immunizations/Vaccines, including but not limited to: Influenza, Hepatitis B, Shingles, Pneumococcal vaccines	No– See additional clarification	No– See additional clarification	No	Not covered by My Choice Wisconsin	Partnership and Medicare Dual Advantage– Coverage is consistent with original Medicare Part B including: <ul style="list-style-type: none"> • Hepatitis B vaccine (for patients at high or intermediate risk) • Influenza virus vaccine • Pneumococcal pneumonia vaccine • Vaccines directly related to the treatment of an injury or direct exposure to a disease or condition such as Tetanus vaccine following potential exposure These vaccines do not require a PA when administered by a physician in an office setting. Consult the My Choice Wisconsin Formulary for additional vaccine coverage. Non-formulary vaccines provided by a pharmacy require prior authorization.
Incontinence products	No	Not covered by this benefit plan	No	Yes– Contact Care Team for authorization	No prior authorization required for Medicaid covered supplies. Physician order is required. Miscellaneous codes require prior authorization.
Mental health and substance abuse: outpatient psychological testing	No	No	No	Yes– Contact Care Team for authorization	
Mental health and substance abuse: Psychotherapy- outpatient visits including home visits	No– see additional clarification	No– see additional clarification	No– see additional clarification	Yes– Contact Care Team for authorization	PA is not required; however please fax a copy of the treatment plan with accompanying diagnosis prior to the 4th visit
Mental health and substance abuse: programs including day treatment, partial hospitalization, intensive outpatient programs	Yes	Yes	Yes	Yes– Contact Care Team for authorization	

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Mental health and substance abuse: community support program	Yes– Contact Care Team for authorization	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Yes– Contact Care Team for authorization	
Mental Health and Substance Abuse: Residential SUD Tx H0018	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Residential SUD benefit is carved out of the HMO and reimbursed under the Medicaid members Forward Health card on a fee-for-service basis. Providers should follow all Prior Auth requirements according to the Forward Health Provider handbook policy on Residential SUD Tx https://www.forwardhealth.wi.gov/kw/pdf/2020-42.pdf
Non-emergent surgeries and procedures	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	Not covered by My Choice Wisconsin	Prior authorization is required unless the surgery/procedure is listed on the Outpatient Procedure Prior Authorization Exception List
Occupational therapy, Outpatient (OT)	Yes– PA is required after 8 visits	Yes– PA is required after 8 visits	Yes– PA is required after 8 visits	Yes– Contact Care Team for authorization	No prior authorization required for the evaluation and 8 sessions per episode of care. Episode of Care is defined as the time that a member is under treatment by an individual discipline for outpatient therapy. A new episode of care may be initiated 30 days following the discharge of the member from services. Treatment within 30 days from a discharge of treatment requires prior authorization. Treatment of multiple distinct conditions during the same time period is considered within the SAME episode of care. For outpatient service authorization requests, please use the Outpatient Therapy/Cardiac/ Pulmonary Rehab Prior Authorization Request Form

NOTE: For in-home OT, see Home Health Services

OUTPATIENT SERVICES						PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification						
Opioid Treatment Programs to deliver opioid use disorder services/Narcotic Treatment Services	No	No	No	Not covered by My Choice Wisconsin	Partnership Medicare and Medicare Dual Advantage– Services are billable under G1067- G2080 and subject to the coverage criteria established by original Medicare. For more information see the Medicare Billing and Payment Fact Sheet						
Orthotics NOTE: For diabetic shoes and inserts, see service category: Diabetes services: diabetic shoes, foot orthotics	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	Yes– Contact Care Team for authorization	Prior authorization is required for requests for primary coverage for purchases over \$300* per unit and requests for items that does not have an established Medicaid/Medicare rate *based on Medicaid/Medicare reimbursement rate						
Outpatient laboratory services	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by My Choice Wisconsin	PA not required for outpatient labs, except: 1. Genetic testing when NOT billed in conjunction with amniocentesis. 2. Prenatal quadruple test or AFP (alpha- fetoprotein), HCG (human chorionic gonadotropin), and Estriol when provided in conjunction with bone marrow biopsy						
Oxygen and oxygen supplies	No– See additional clarification	No– See additional clarification	No– See additional clarification	Yes– Contact Care Team for authorization	Prior authorization is not required for oxygen, oxygen concentrator or portable oxygen system, although a notification of services is required. For all other respiratory equipment and supplies, see authorization requirements: "Durable Medical Equipment and Disposable Medical Supplies".						
Personal Care Services	Yes– Contact Care Team for authorization	Not covered by this benefit plan	Yes	Yes– Contact Care Team for authorization	SSI– See the Medicaid Personal Care Prior Authorization Guide for more information.						

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
<p>Physical therapy, Outpatient (PT)</p> <p>NOTE: For in-home PT, see Home Health Services</p>	<p>Yes– PA is required after 8 visits</p>	<p>Yes– PA is required after 8 visits</p>	<p>Yes– PA is required after 8 visits</p>	<p>Yes– Contact Care Team for authorization</p>	<p>No prior authorization required for the evaluation and 8 sessions per episode of care.</p> <p>Episode of Care is defined as the time that a member is under treatment by an individual discipline for outpatient therapy. A new episode of care may be initiated 30 days following the discharge of the member from services. Treatment within 30 days from a discharge of treatment requires prior authorization. Treatment of multiple distinct conditions during the same time period is considered within the SAME episode of care.</p> <p>For outpatient service authorization requests, please use the Outpatient Therapy/Cardiac/Pulmonary Rehab Prior Authorization Request Form</p>
<p>Physician/Practitioner Services including specialty services</p>	<p>No– See additional clarification</p>	<p>No– See additional clarification</p>	<p>No– See additional clarification</p>	<p>Not covered by My Choice Wisconsin</p>	<p>Exception: PA required for out of network services and home visits</p>
<p>Physician administered medications including outpatient injectable chemotherapy and related cancer therapies</p>	<p>Yes– see additional clarification</p>	<p>Yes– see additional clarification</p>	<p>Yes– see additional clarification</p>	<p>Not covered by My Choice Wisconsin</p>	<p>Prior authorization is required for the following codes: J0135, J0180, J0221, J0348, J0585, J0586, J0587, J0588, J0598, J0881, J0897, J1458, J1786, J1931, J2020, J2323, J2326, J2783, J3465, J3490, J3590, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7999, J9023, J9032, J9035, J9023, J9041, J9179, J9203, J9228, J9271, J9285, J9299, J9305, J9310, J9315, J9352, J9354</p> <p>SSI and Partnership Medicaid only– Please consult Forward Health for information on The Physician Administered Drug Carve Out Policy.</p> <p>Partnership and Dual Advantage only- For more information on Medicare Part B physician administered medication coverage, please consult the CMS website.</p> <p>All physician-administered medications do not have an assigned code and will be billed under a miscellaneous HCPC code require authorization</p>

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Podiatry Services	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by My Choice Wisconsin	Prior Authorization required for podiatric surgery not performed in a doctor's office or Skilled Nursing Facility
Prenatal care/Maternity Services including Nurse-Midwife Services	No	No	No	Not covered by My Choice Wisconsin	Includes Prenatal Care Coordination Care (PNCC) and preventative mental health and substance abuse screening and counseling
Preventative Services and Screenings	No	No	No	Not covered by My Choice Wisconsin	Includes: abdominal aortic aneurysm screening; alcohol misuse counseling; bone mass measurement; breast cancer screening (mammogram); cardiovascular screenings; cervical and vaginal cancer screenings; colonoscopy; colorectal cancer screenings; depression screening; diabetes screenings; fecal occult blood test; flexible sigmoidoscopy; glaucoma screening; Hepatitis C screening; HIV screening; medical nutrition screening; obesity screening and counseling; prostate cancer screening (PSA); sexually transmitted infections screening and counseling; tobacco use cessation counseling; "welcome to Medicare" preventative visit (one-time); yearly "wellness" visit
Private Duty Nursing	Yes	Not covered by this benefit plan	Yes	Yes– Contact Care Team for authorization	
Prosthetic Services and devices	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	Not covered by My Choice Wisconsin	Prior authorization is required for requests for primary coverage for purchases over \$300* per unit and requests for items that does not have an established Medicaid/Medicare rate Medicare Dual Advantage– Includes devices (other than dental) that replace all or part of a body part or function. For ostomy supplies directly related to ostomy care, refer to the section Disposable Medical Supplies *based on Medicaid/Medicare reimbursement rate

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Pulmonary rehabilitation	Yes– PA required after 8 visits	No	No	Not covered by My Choice Wisconsin	
Radiology services	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by My Choice Wisconsin	No prior authorization required EXCEPT for: MRI, PET scans, SPECT scans, CT scans, CTA scans, Cardiac CT scans for calcium scoring
Respiratory care for ventilator- assisted recipients	Yes	Not covered by this benefit plan	Yes	Yes– Contact Care Team for authorization	
Skilled nursing services	Yes*	Yes– See additional clarification	Yes	Yes– Contact Care Team for authorization	Medicare Dual Advantage– Skilled nursing services may be covered under home health services consistent with original Medicare
Speech and language pathology services For in-home Speech Therapy, see Home Health Services	Yes– PA required after 8 visits	Yes– PA required after 8 visits	Yes– PA required after 8 visits	Yes– Contact Care Team for authorization	No prior authorization required for the evaluation and 8 session per episode of care. Episode of Care is defined as the time that a member is under treatment by an individual discipline for outpatient therapy. A new episode of care may be initiated 30 days following the discharge of the member from services. Treatment within 30 days from a discharge of treatment requires prior authorization. Treatment of multiple distinct conditions during the same time period is considered within the SAME episode of care. For outpatient service authorization requests, please use the Outpatient Therapy/Cardiac/ Pulmonary Rehab Prior Authorization Request Form

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Transplant Services	Yes	Yes	Yes– See additional clarification	Not covered by My Choice Wisconsin	Medicaid SSI-corneal and kidney (all others revert to the State-member is permanently dis-enrolled from HMO)
Treatment Radiology	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by My Choice Wisconsin	No prior authorization required for treatment radiology and Chemotherapy covered under original Medicare or Fee-for-Service Medicaid.
Vision Care Services	No– See additional clarification	No– See additional clarification and also see section on Supplemental Medicare Benefits	No– See additional clarification	Not covered by My Choice Wisconsin	<p>Partnership and SSI Medicaid- No prior authorization for examinations to diagnose and/or treat. Basic eyeglass coverage consistent with fee-for-service Medicaid: 1 pair of glasses/frames and one replacement pair, per new prescription per 12-month period. PA required for the following procedure codes; S0516, V2118, V2218, V2318, V2744, V2745, V2755, V2762, V2782-V2784. No</p> <p>PA for minor repairs to eyeglasses, lenses, and frames. Sunglasses and cosmetic services are not covered.</p> <p>Medicare Dual Advantage– Coverage for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.</p>

Supplemental Medicare Benefits PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Supplemental Preventive and Comprehensive Dental including diagnostic (D0100-D0999), preventive (D1000-D1999), and restorative (D2000-D2999) coverage up to \$2500 per calendar year.	Not covered by this benefit plan	Yes	Not covered by this benefit plan	Not covered by this benefit plan	Submit prior authorization using the Supplemental Benefit-Dental Prior Authorization Request Form My Choice Wisconsin Medicare Dual Advantage Members are eligible for Medicaid covered dental services through their Medicaid coverage. Confirm Medicaid eligibility and benefits through the Forward Health Portal.
Personal Emergency Response System (PERS) Medicare Supplemental Benefit	Not covered by this benefit plan	No-See additional clarification	Not covered by this benefit plan	Not covered by this benefit plan	Contact My Choice Wisconsin for details. Partnership and Family Care– The PERS Medicare Supplemental benefit is not covered under these plans, but PERS may be still be covered. See the Home and Community based Waiver Services section of this document for details.
Supplemental Vision Services- Up to \$150 per calendar Year for eyewear including eyeglass lenses, eyeglass frames, and eyewear upgrades.	Not covered by this benefit plan	Yes	Not covered by this benefit plan	Not covered by this benefit plan	This benefit is administered through March Vision. For more information, call 855-516-2724
Over-the-Counter (OTC) Supplemental Benefit	Not covered by this benefit plan	No-See additional clarification	Not covered by this benefit plan	Not covered by this benefit plan	The My Choice Wisconsin OTC program allows members to make one purchase up to \$100 per month for over-the-counter "Drug Store" type items from a catalog. Order Form and catalog can be found at https://mychoicewi.org/medicare-dual-advantage/understanding-my-benefits/ or by calling 855-816-9469.

DENTAL SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Dental: Oral and maxillofacial surgery, including TMJ Surgery	Yes– See additional clarification	Yes– See additional clarification	Yes– see additional clarification	Not covered by My Choice Wisconsin	<p>Medicaid SSI- Dental Services are covered by My Choice Wisconsin in Waukesha County ONLY. Members outside of Waukesha County, dental care is covered by Forward Health. Care Wisconsin does not cover the dentist portion of the claim or any portion of the claim where oral surgery is performed in an office setting. Those services are covered by Forward Health. My Choice Wisconsin is responsible for all ancillary services to the dentist when the procedure does not take place in an office setting.</p> <p>Medicare Dual Advantage– Coverage is consistent with Original Medicare including dental services that are an integral part of a covered procedure (e.g., reconstruction of the jaw following accidental injury).</p> <p>Medicare Supplemental Dental benefit information can be found in the Supplemental Benefit section of this document.</p> <p>A list of dental services requiring prior authorization can be found at www.mychoicewi.org/providers/resource-library/ / Dental Professionals of Wisconsin processes prior authorizations for My Choice Wisconsin. Visit www.mydentalpro.net for more information or to submit a prior authorization request</p>
Dental: Medicaid covered dental services	Yes– See additional clarification	Not covered by My Choice Wisconsin	Yes– See additional clarification	Not covered by My Choice Wisconsin	<p>Medicaid SSI- Dental Services are covered by My Choice Wisconsin in Waukesha County ONLY. Members outside of Waukesha County, dental care is covered by Forward Health.</p> <p>A list of dental services requiring prior authorization can be found at www.mychoicewi.org/providers/resource-library/ / Dental Professionals of Wisconsin processes prior authorizations for My Choice Wisconsin. Visit www.mydentalpro.net for more information or to submit a prior authorization request</p>

OUTPATIENT PRESCRIPTIONS		PRIOR AUTHORIZATION REQUIRED?			
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Prescription medications	See Medicare Part D Partnership Formulary	Medicare Dual Advantage Part D Formulary	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Pharmacy benefits are administered by Elixir. Some prescriptions are subject to step therapy, quantity limits, and prior authorization requirements. For more information, see the program specific links listed to the left. Medicaid SSI, Partnership Medicaid Only, and Family Care- My Choice Wisconsin does not cover this benefit. Prescription and certain over-the-counter items are covered by Forward Health.
Over-the-counter medications	See Additional Clarification	See Supplemental Medicare Benefits page for details	OTC medications are not a covered benefit	See Additional Clarification	Partnership, Family Care - OTC medications on the Medicaid Supplemental Formulary are covered through Forward Health (FC, Medicaid or My Choice Wisconsin (Medicare)). Non-formulary OTC may be covered and must be submitted as a medical claim. Please contact your care team to request prior authorization.
Insulin Administration Supplies—syringes, alcohol, insulin pen needles	No- See additional clarification	No- See additional clarification	Not covered by My Choice Wisconsin	Yes— Contact Care Team for authorization	Partnership and Medicare Dual Advantage— Part D Pharmacy benefits are administered by Elixir. Partnership Medicaid only Members (Members without Medicare)- No PA required, supplies can be obtained through a contracted provider. Claims are not submitted to Elixir, but instead, are submitted on a medical claim to My Choice Wisconsin. Medicaid SSI— My Choice Wisconsin does not cover this benefit. It is covered by Forward Health.

To submit a prior authorization for outpatient prescriptions-

Outpatient Prescriptions Coverage Determinations- To ask for a Coverage Determination or Exception about Medicare Part D prescription drugs, you may need to complete the [Medicare Prescription Drug Coverage Determination Form](#). You may also ask us for a coverage determination by phone at 1-800-963-0035 or at this [web link](#). **Online Coverage Determination Requests with PromptPA-** The [PromptPA website](#) lets you and your health care providers submit Coverage Determination/Prior Authorization requests online for your prescription drugs. You can also see the status and outcome of these requests on the site.

HOME AND COMMUNITY BASED WAIVER SERVICES PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Adaptive Aids	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Adult Day Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Assistive technology/communication aids	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Consultative Clinical & Therapeutic Services for Caregivers	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Consumer Education and Training	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Counseling and Therapeutic Resources	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Community Support Program	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Environmental accessibility adaptations (home modifications)	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Financial Management Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Habilitation Services including: Daily living skills training and day habilitation	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Home Delivered Meals	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Housing Counseling	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Personal emergency response system (PERS)	Yes*	Yes- See the Supplemental Benefit section for details	Not covered by this benefit plan	Yes*	
Prevocational Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	

HOME AND COMMUNITY BASED WAIVER SERVICES PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Relocation Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Residential Services including long term nursing home placement	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Respite Care Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Self-directed Personal Care Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Specialized Medical equipment and supplies (not covered under the Medicaid State Plan)	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Support Broker	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Supported Employment Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Supportive Home Care (SHC) Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Training Services for Unpaid Caregivers	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Non-emergency Transportation Services: Common Carrier and Specialized; medical and non-medical	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Vocational futures planning and support (VFPS)	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	

*All Family Care Services and Home & Community Based Waiver Covered Services for Partnership:

All Family Care services and the Home & Community Based Waiver covered services under the Partnership program are subject to prior authorization through the Member's Care Team. Contact the Member's Care Team for prior authorization. If you require assistance in connecting with the Member's Care Team, contact the Care Wisconsin Customer Service Center at 1-800-963-0035.