



## Prior Authorization Subacute Request Form

**Receipt of an approved prior authorization does not guarantee coverage or payment by iCare.** Benefits are determined based on the dates that the services are rendered. Please fill out this form completely and fax to **(414) 231-1026**. An incomplete form may delay processing and/or claims payment.

Member Information			
Plan:	<input type="checkbox"/> iCare Medicare	<input type="checkbox"/> iCare Medicaid	<input type="checkbox"/> iCare BadgerCare-Plus
Member Name:		DOB:	
Member ID#:		Phone:	
Current Setting/Hospital Stay			
Location:			
Admit Date:			
Admitting Diagnosis:			
Inpatient/Observation status:			
Current Day Count of stay:			
Requesting/Service Provider Information			
<input type="checkbox"/> IRF	<input type="checkbox"/> LTAC	<input type="checkbox"/> SNF	Are you requesting a Medicare Stay? <input type="checkbox"/> Yes <input type="checkbox"/> No
Requesting Subacute Facility Name:		NPI:	
Contact at Subacute Facility	Name:	Phone:	Fax:
ICD 10 Diagnosis Code & Description:			
Anticipated Admission Date:			
Estimated Subacute Length of Stay:			

**iCare completes concurrent reviews of all subacute prior authorization requests. Clinical notes and supporting documentation are required to review for medical necessity.**

**\*\*All subacute requests require a prior authorization for admission. The requesting provider should not admit an iCare member to their facility without a prior authorization determination from iCare.\*\***

### INDEPENDENT CARE HEALTH PLAN

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