

# Prior Authorization Request Form for Personal Care Workers (PCW)

Please fill out this form completely and fax to (414) 231-1026

For PA Status call Customer Service at (414)-223-4847

iCare Prior Authorization Department (414)-299-5539 or (855)-839-1032

**Requests submitted with incomplete forms or missing documentation will be returned**

Member Information			
Line of Business:	<input type="checkbox"/> iCare Medicaid <input type="checkbox"/> iCare BadgerCare Plus		
Member Name:		DOB:	
Member Address:		Phone:	
PCW Request Type			
<input type="checkbox"/> Initial Request <input type="checkbox"/> Authorization Renewal/Extension <input type="checkbox"/> Continuity of Care <input type="checkbox"/> Updates/Corrections to the authorization		<input type="checkbox"/> Temporary increase in service due to change in condition amount # units _____ # of weeks _____ <input type="checkbox"/> Temporary increase to now be permanent	
PCW Provider			
Agency Name:		Contact:	
Phone:		Fax:	
Agency NPI:		Tax ID:	
Ordering Physician/PCP			
Provider Name:			
Phone:		Fax:	
ICD-10 Diagnosis & Description			
	CPT/HCPCS Code	Units (daily or weekly)	
PCW services	T1019		
Travel time	T1019-U3 <input type="checkbox"/> N/A	# units: <input type="checkbox"/> Map included	
RN visits	99509	# visits:	
Live-in caregiver	T1019 - KX	<input type="checkbox"/> EVV f0217 form attached <input type="checkbox"/> Proof of residency attached	
PRN visits	T1019	#units:	
Dates of Service:			