

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 ID:		Phone:	
Member Address:			
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:			