



Subacute Prior Authorization Request Form

**All subacute requests require a prior authorization for admission.
Please fill out this form completely and fax to (414) 231-1075.**

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

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

Clinical notes and supporting documentation are required for review of medical necessity.

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/Serviceing 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
Facility Name:		Facility NPI:	
Facility Contact:		Title:	
Phone:		Fax:	
Email:			
ICD 10 Diagnosis Code & Description:			
Anticipated Admission Date:		Estimated Length of Stay:	

The requesting provider should not admit an iCare member to their facility without a prior authorization determination from iCare.

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. An incomplete form may delay processing and/or claims payment.

INDEPENDENT CARE HEALTH PLAN

155 N. RiverCenter Dr. Suite 206 Milwaukee, WI 53212

Tel 414-223-4847 Fax 414-231-1075

www.iCareHealthPlan.org