Outpatient Prior Authorization Request Form

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

Member Information			
Member Name:		**DOB:**	
Member ID#:		**Phone:**	
Service Type:	☐ Elective/Routine (14-day turnaround time)	☐ Expedited/Urgent* (72-hr. turnaround time)	☐ Clinical Trial* (72-hr. turnaround time)

Definition of Urgent/Expedited: when the treatment requested is required to prevent imminent, serious deterioration in the member's health or threatens to jeopardize the member's ability to regain maximum function. ***iCare reserves the right to deny the request for urgent review for all requests outside of this definition.***

Servicing Provider Information (facility/supplier who will perform service/procedure)		
Provider/ Supplier Name:		NPI:
Contact at Provider/Supplier:	Tax ID Number:	Phone:
Address:		Fax:
Contact Email:		
Ordering Practitioner Information (practitioner who ordered service/procedure)		
Practitioner Name:		NPI:
Contact Name:	Tax ID Number:	Phone:
Address:		Fax:

Referral/Service Requested		
Outpatient Therapy ☐ PT* ☐ OT* ☐ ST* ☐ Cardiac Rehab* ☐ Pulmonary Rehab* ***Date of initial eval:** _____*	☐ Procedure ☐ Home Health/Hospice ☐ Referral or Second Opinion ☐ Urine Drug Screen	**DME/DMS** ☐ New Rental ☐ Continued Rental ☐ Purchase ☐ Replacement ☐ DMS Overage
Continuity/Transition of Care request: ☐	*Please check if this request for an active course of treatment previously approved by another insurance carrier/HMO?*	

ICD 10 Diagnosis Code	**CPT/HCPCS Code**	**Description**	**# of Units, hours, or days**

Date of Service	From: To:	Number of Visits:	
Date Extension of previously approved services?	YES ☐	If yes, requested end date:	

Comments **(please do not mark level of urgency here, see top of form):**

Clinical Notes, Supporting Documentation, and Physician Order are Required to Review for Medical Necessity

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
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