



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. To reach the iCare Prior Authorization Department directly, please call 414-299-5539 or 855-839-1032. 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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 For PA Status call Customer Service Tel 414-223-4847 Fax: 414-231-1026
www.icare-wi.org