



Prior Authorization Requirements for Partnership, Medicaid SSI, Family Care, and Medicare Dual Advantage Programs

The following services, procedures or equipment are subject to prior authorization (PA) requirements (unless indicated as notification required only), under the applicable line of business. All services are subject to member eligibility, benefit plan coverage and medical necessity. When faxing a request, please attach pertinent medical records, treatment plans, test results, and evidence of conservative treatment to support the medical appropriateness of the request. This is a general list of service categories with prior authorization requirements for Care Wisconsin's Family Care, Partnership, Medicaid SSI, and Dual Advantage Plan programs. This is not a comprehensive benefits list. Consult your Care Wisconsin contract for additional information.

Coordination of Benefits- Care Wisconsin does not require prior authorization for outpatient services for secondary coverage, when Medicare or other commercial insurance is providing primary coverage consistent with DHS 107.02. NOTE: If Medicare or other primary insurance does not cover a service and you are seeking primary coverage from Care Wisconsin, all prior authorization requirements apply.

Referrals to participating specialists -- Providers are not required to obtain prior authorization from Care Wisconsin for referrals to Care Wisconsin participating specialists, unless otherwise noted below. This does not change the requirement that Partnership, Dual Advantage, and Medicaid SSI members must coordinate their care through their primary care physician (PCP).

Out of Network– All non-emergency services rendered by a provider outside of our network require prior authorization for primary coverage.

To submit a prior authorization request:

Visit www.carewisc.org to download the Care Wisconsin Prior Authorization form(s)

Please fax the completed prior authorization form and supporting documentation to 608-210-4050

Customer Service Center
1-800-963-0035
Monday-Friday
8 a.m.- 4:30 p.m.

Billing & Claims Questions
1-855-878-6699
Monday-Friday
8 a.m.- 11:30 a.m. and noon - 4 p.m.

*Home & Community Based Waiver Covered Services for Family Care and Partnership:

Home & Community Based Waiver Covered Services under the Partnership and Family Care program are subject to prior authorization through the Member's Care Team. Contact the Member's Care Team for prior authorization. If you require assistance in connecting with the Member's Care Team, contact the Care Wisconsin Customer Service Center at 1-800-963-0035.



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***Home & Community Based Waiver Covered Services for Family Care and Partnership:**

Family Care program benefits and the Home & Community Based Waiver Covered Services under the Partnership program are subject to prior authorization through the Member's Care Team. Contact the Member's Care Team for prior authorization. If you require assistance in connecting with the Member's Care Team, contact the Care Wisconsin Customer Service Center at 1-800-963-0035.

INPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Acute rehabilitation facility	Yes	Yes	Yes	Not covered by Care Wisconsin	Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)
Behavioral health/mental health inpatient	Yes	Yes	Yes	Not covered by Care Wisconsin	Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)
Hospice facility	Yes– See additional clarification	No-See additional clarification	Yes	Not covered by Care Wisconsin	Partnership and Medicare Dual Advantage-Original Medicare pays for hospice services for Medicare eligible members who elect the Medicare hospice benefit. In these situations notification is requested. Prior authorization is required for Hospice services for Members without Medicare coverage.
Hospital	Yes	Yes	Yes	Not covered by Care Wisconsin	Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)
Long-term acute care hospital	Yes	Yes	Yes	Not covered by Care Wisconsin	Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)
Skilled nursing facility	Yes– See additional clarification	Yes	Yes– See additional clarification	Yes– See additional clarification	Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review) Physical, Occupational, and Speech Therapies provided under a Medicaid covered Skilled Nursing Facility stay requires prior authorization for treatment.
Urgent/emergent admission	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	Not covered by Care Wisconsin	Notification required only as soon as possible, but no later than the next business day. Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)

OUTPATIENT SERVICES
PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Abortion	Yes- see additional clarification	Yes	Yes- see additional clarification	Not covered by Care Wisconsin	Subject to Wisconsin Medicaid rules. The following documentation is required: Abortion Certification Statement or similar form attesting to one of the conditions of coverage.
Ambulance-Emergency transport	No	No	No	Not covered by Care Wisconsin	
Ambulatory/Outpatient Surgery	Yes- PA required unless on the Outpatient Procedure Prior Authorization Exception List	Yes- PA required unless on the Outpatient Procedure Prior Authorization Exception List	Yes- PA required unless on the Outpatient Procedure Prior Authorization Exception List	Not covered by Care Wisconsin	
Audiology	No	No	No	Not covered by Care Wisconsin	See Hearing Aids for specific prior authorization requirements for hearing aids
Cardiac rehabilitation	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes- PA required after 8 visits	
Chiropractic care	Yes- See additional clarification	Yes- See additional clarification	Not covered by Care Wisconsin	Not covered by Care Wisconsin	Prior authorization is required for services beyond the initial visit and 20 spinal manipulations per spell of illness. A new spell of illness must start, at a minimum, 30 days after the end of the previous spell of illness. Chiropractic Prior Authorization Request Form
Diabetes Prevention Program (Medicare)	Yes- See additional clarification	Yes- See additional clarification	Not covered by Care Wisconsin	Not covered by Care Wisconsin	Core sessions (G9873-G9879) require prior authorization. Submit Prior Authorization using the Procedure and Imaging Prior Authorization Request Form
Diabetes self management training	No	No	No	Not covered by Care Wisconsin	This service includes outpatient diabetes self-management training (DSMT) to teach member's to cope with and manage their diabetes.

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Diabetes services: diabetic shoes, foot orthotics	See additional clarification	See additional clarification	See additional clarification	See additional clarification	Partnership and Medicare Dual Advantage: PA required for exceptions to Basic Coverage: for Diabetics with foot disease-1 pair of therapeutic custom-molded or depth shoes and 3 sets of inserts per calendar year. Medicaid SSI and Family Care-Coverage criteria follows the "Diabetic Shoes and Inserts" coverage criteria available on Forward Health.
Diabetic testing supplies– glucometer, test strips, and lancets	See additional clarification	See additional clarification	Not covered by Care Wisconsin	See additional clarification	Partnership, Medicare Dual Advantage, and Family Care- No PA required. Physician order is required. Supplies can be obtained through a contracted provider. Claims are not submitted to EnvisionRX, but instead, are submitted on a medical claim to Care Wisconsin. Family Care Members with primary coverage, such as Medicare, must use a provider covered by the primary insurance. Medicaid SSI-Diabetic testing supplies are covered by Forward Health under the Forward Health Pharmacy benefit.
Dialysis services and supplies	No	No	No	Not covered by Care Wisconsin	
Disposable medical supplies (DMS)	Yes-See additional clarification	Yes- See additional clarification	Yes- See additional clarification	Yes- See additional clarification	Medicaid SSI, Family Care, and Partnership- See the DMS Exception List for supplies that do not require prior authorization. For all other items, prior authorization is required for: A) All DMS items that are not used for their intended purpose; B) All DMS that exceed the Medicaid maximum quantity limits listed in the DMS maximum allowable fee schedule ; C) Prescribed DMS that are not included in the DMS max fee schedule Medicare Dual Advantage– Medically necessary ostomy supplies for member's who have had a colostomy, ileostomy, or urinary ostomy and wound care supplies are covered consistent with Original Medicare and do not require prior authorization

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Durable medical equipment and repairs (DME)	See additional clarification	See additional clarification	See additional clarification	See additional clarification	<p>Prior authorization is required for requests for primary coverage for purchases over \$300* per unit, requests for DME that does not have an established rate* (such as E1399), rentals for Medicaid or Medicare covered DME over 30 days, and labor in excess of 8 units. See the Durable Medical Equipment, Prosthetics, and Orthotics Prior Authorization Guide for more information.</p> <p>*based on Medicaid/Medicare reimbursement rate</p>
Emergency Care	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by Care Wisconsin	<p>Partnership and Medicare Dual Advantage– Emergency care is not covered outside the U.S. and its territories</p> <p>Medicaid SSI– Any service, including emergency services, provided outside of the U.S., Canada and Mexico is not covered.. If emergency services are needed while in Canada or Mexico, Care Wisconsin will cover the service only if the doctor or hospital's bank is in the U.S.</p>
Enteral nutrition therapy	Yes	Yes	Yes	Yes	See the Enteral and Parenteral Nutrition Therapy Prior Authorization Guide for more information
Family planning services/ Reproductive Health	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by Care Wisconsin	<p>Fertility services are not covered, including: artificial insemination, infertility counseling, infertility testing, reversal of female sterilization, fertility enhancing drugs, vasectomy reversal, other fertility enhancing services/office visits/consultation, impotence devices/services, testicular prosthesis, surrogate parenting</p> <p>Medicare Dual Advantage only– Coverage consistent with original Medicare</p>
Health Check screenings for children (under 21)	No	No– See additional clarification	No	Not covered by Care Wisconsin	Coverage consistent with original Medicare's yearly wellness visit

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Hearing aides, Hearing aids replacements and hearing aids accessories including batteries	Yes	Not covered by this benefit plan	Yes	Not covered by Care Wisconsin	
Hearing aide fitting and refitting and hearing aide repairs	No	Not covered by this benefit plan	No	Not covered by Care Wisconsin	
Home Health Services	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	No prior authorization is needed for evaluation and initial 8 home health visits, per discipline. For additional information see The Medicaid Home Health Prior Authorization Resource and the Medicare Home Health Prior Authorization Resource
Hospice Services	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	Not covered by Care Wisconsin	Partnership and Medicare Dual Advantage–Original Medicare pays for hospice services for Medicare eligible members who elect the Medicare hospice benefit. In these situations notification is requested. Prior authorization is required for Medicaid covered Hospice services.
Immunizations/Vaccines, including but not limited to: Influenza, Hepatitis B, Shingles, Pneumococcal vaccines,	No– See additional clarification	No– See additional clarification	No	Not covered by Care Wisconsin	Partnership and Medicare Dual Advantage– Coverage is consistent with original Medicare Part B including: <ul style="list-style-type: none"> • Hepatitis B vaccine (for patients at high or intermediate risk) • Influenza virus vaccine • Pneumococcal pneumonia vaccine • Vaccines directly related to the treatment of an injury or direct exposure to a disease or condition such as Tetanus vaccine following potential exposure These vaccines do not require a PA when administered by a physician in an office setting. Consult our Care Wisconsin Formulary for additional vaccine coverage. Non-formulary vaccines provided by a pharmacy require prior authorization.

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Incontinence products	No	Not covered by this benefit plan	No	No	No prior authorization required for Medicaid covered supplies. Physician order is required.
Mental health and substance abuse: outpatient psychological testing	No	No	No	No	
Mental health and substance abuse: Psychotherapy- outpatient visits including home visits	No– see additional clarification	No– see additional clarification	No– see additional clarification	No– see additional clarification	PA is not required; however please fax a copy of the treatment plan with accompanying diagnosis prior to the 4th visit
Mental health and substance abuse: programs including day treatment, partial hospitalization, intensive outpatient programs	Yes	Yes	Yes	Yes	
Mental health and substance abuse: community support program	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Non-emergent surgeries and procedures	Yes– see additional clarification	Yes– see additional clarification	Yes– see additional clarification	Not covered by Care Wisconsin	Prior authorization is required unless the surgery/procedure is listed on the Outpatient Procedure Prior Authorization Exception List .

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Occupational therapy, Outpatient (OT)	Yes– PA is required after 8 visits	Yes– PA is required after 8 visits	Yes– PA is required after 8 visits	Yes– PA is required after 8 visits	No prior authorization required for the evaluation and 8 sessions per episode of care. Episode of Care is defined as the time that a member is under treatment by an individual discipline for outpatient therapy. A new episode of care may be initiated 30 days following the discharge of the member from services. Treatment within 30 days from a discharge of treatment requires prior authorization. Treatment of multiple distinct conditions during the same time period is considered within the SAME episode of care. For outpatient service authorization requests, please use the Outpatient Therapy/Cardiac/Pulmonary Rehab Prior Authorization Request Form
NOTE: For in-home OT, see Home Health Services					
Orthotics	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	Prior authorization is required for requests for primary coverage for purchases over \$300* per unit and requests for items that does not have an established Medicaid/Medicare rate *based on Medicaid/Medicare reimbursement rate
NOTE: For diabetic shoes and inserts, see service category: Diabetes services: diabetic shoes, foot orthotics					
Oxygen and oxygen supplies	No– See additional clarification	No– See additional clarification	No– See additional clarification	No– See additional clarification	Prior authorization is not required for oxygen, oxygen concentrator or portable oxygen system, although a notification of services is required. For all other respiratory equipment and supplies, see authorization requirements: "Durable Medical Equipment and Disposable Medical Supplies" .
Outpatient laboratory services	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by Care Wisconsin	PA not required for outpatient labs, except: 1. Genetic testing when NOT billed in conjunction with amniocentesis. 2. Prenatal quadruple test or AFP (alpha-fetoprotein), HCG (human chorionic gonadotropin), and Estriol when provided in conjunction with bone marrow biopsy
Personal Care Services	Yes*	Not covered by this benefit plan	Yes	Yes*	SSI– See the Medicaid Personal Care Prior Authorization Guide for more information.

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Physical therapy, Outpatient (PT) NOTE: For in-home PT, see Home Health Services	Yes– PA is required after 8 visits	Yes– PA is required after 8 visits	Yes– PA is required after 8 visits	Yes– PA is required after 8 visits	No prior authorization required for the evaluation and 8 sessions per episode of care. Episode of Care is defined as the time that a member is under treatment by an individual discipline for outpatient therapy. A new episode of care may be initiated 30 days following the discharge of the member from services. Treatment within 30 days from a discharge of treatment requires prior authorization. Treatment of multiple distinct conditions during the same time period is considered within the SAME episode of care. For outpatient service authorization requests, please use the Outpatient Therapy/Cardiac/Pulmonary Rehab Prior Authorization Request Form
Physician/Practitioner Services including specialty services	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by Care Wisconsin	Exception: PA required for out of network services and home visits
Physician administered medications	Yes– see additional clarification	Yes– see additional clarification	Yes– see additional clarification	Not covered by Care Wisconsin	Prior authorization is required for the following codes: J0135, J0180, J0221, J0348, J0585-J0588, J0598, J0881, J0897, J1458, J1786, J1931, J2020, J2323, J2326, J2783, J3490, J3590, J7321-J7328, J7999, J9035, J9305, J9310, J3465, J9023, J9032, J9041, J9179, J9203, J9228, J9271, J9285, J9299, J9315, J9352, J9354 SSI only– Please consult Forward Health for information on The Physician Administered Drug Carve Out Policy . Partnership and Dual Advantage only- For more information on Medicare Part B physician administered medication coverage, please consult the CMS website .
Podiatry Services	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by Care Wisconsin	Prior Authorization required for podiatric surgery not performed in a doctor's office or Skilled Nursing Facility

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Prenatal care/Maternity Services including Nurse-Midwife Services	No	No	No	Not covered by Care Wisconsin	Includes Prenatal Care Coordination Care (PNCC) and preventative mental health and substance abuse screening and counseling f
Preventative Services and Screenings	No	No	No	Not covered by Care Wisconsin	Includes: abdominal aortic aneurysm screening; alcohol misuse counseling; bone mass measurement; breast cancer screening (mammogram); cardiovascular screenings; cervical and vaginal cancer screenings; colonoscopy; colorectal cancer screenings; depression screening; diabetes screenings; fecal occult blood test; flexible sigmoidoscopy; glaucoma screening; Hepatitis C screening; HIV screening; medical nutrition screening; obesity screening and counseling; prostate cancer screening (PSA); sexually transmitted infections screening and counseling; tobacco use cessation counseling; "welcome to Medicare" preventative visit (one-time); yearly "wellness" visit
Private Duty Nursing	Yes	Not covered by this benefit plan	Yes	Yes	
Prosthetic Services and devices	Yes– See additional clarification	Yes– See additional clarification	Yes– See additional clarification	Not covered by Care Wisconsin	<p>Prior authorization is required for requests for primary coverage for purchases over \$300* per unit and requests for items that does not have an established Medicaid/Medicare rate</p> <p>Medicare Dual Advantage– Includes devices (other than dental) that replace all or part of a body part or function. For ostomy supplies directly related to ostomy care, refer to the section Disposable Medical Supplies</p> <p>*based on Medicaid/Medicare reimbursement rate</p>
Pulmonary rehabilitation	Yes– PA required after 8 visits	No	No	Not covered by Care Wisconsin	
Radiology services	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by Care Wisconsin	No prior authorization required EXCEPT for: MRI, PET scans, SPECT scans, CT scans, CTA scans, Cardiac CT scans for calcium scoring
Respiratory care for ventilator-assisted recipients	Yes	Not covered by this benefit plan	Yes	Yes	

OUTPATIENT SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Skilled nursing services	Yes*	Yes– See additional clarification	Yes	Yes*	Medicare Dual Advantage– Skilled nursing services may be covered under home health services consistent with original Medicare
Speech and language pathology services For in-home Speech Therapy, see Home Health Services	Yes– PA required after 8 visits	Yes– PA required after 8 visits	Yes– PA required after 8 visits	Yes– PA required after 8 visits	No prior authorization required for the evaluation and 8 session per episode of care. Episode of Care is defined as the time that a member is under treatment by an individual discipline for outpatient therapy. A new episode of care may be initiated 30 days following the discharge of the member from services. Treatment within 30 days from a discharge of treatment requires prior authorization. Treatment of multiple distinct conditions during the same time period is considered within the SAME episode of care. For outpatient service authorization requests, please use the Outpatient Therapy/Cardiac/Pulmonary Rehab Prior Authorization Request Form
Transplant Services	Yes	Yes	Yes– See additional clarification	Not covered by Care Wisconsin	Medicaid SSI-corneal and kidney (all others revert to the State-member is permanently dis-enrolled from HMO)
Treatment Radiology	No– See additional clarification	No– See additional clarification	No– See additional clarification	Not covered by Care Wisconsin	No prior authorization required for treatment radiology covered under original Medicare or Fee-for-Service Medicaid.
Vision Care Services	No– See additional clarification	No– See additional clarification and also see section on Supplemental Medicare Benefits	No– See additional clarification	Not covered by Care Wisconsin	Partnership and SSI Medicaid- No prior authorization for examinations to diagnose and/or treat. Basic eyeglass coverage consistent with fee-for-service Medicaid: 1 pair of glasses/frames and one replacement pair, per new prescription per 12 month period. PA required for the following procedure codes; S0516, V2118, V2218, V2318, V2744, V2745, V2755, V2762, V2782-V2784. No PA for minor repairs to eyeglasses, lenses, and frames .Sunglasses and cosmetic services are not covered. Medicare Dual Advantage– Coverage for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.

Supplemental Medicare Benefits

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Supplemental Dental Care: One laboratory-made porcelain Crown per year. Maximum is \$850 per year.	Not covered by this benefit plan	Yes	Not covered by this benefit plan	Not covered by this benefit plan	Submit prior authorization using the Supplemental Benefit-Dental Prior Authorization Request Form
Personal Emergency Response System (PERS) Medicare Supplemental Benefit	Not covered by this benefit plan	No-See additional clarification	Not covered by this benefit plan	Not covered by this benefit plan	Contact Care Wisconsin for details. Partnership and Family Care– The PERS Medicare Supplemental benefit is not covered under these plans, but PERS may be still be covered. See the Home and Community based Waiver Services section of this document for details.
Supplemental Vision Services- Up to \$150 per calendar Year for eyewear including eyeglass lenses, eyeglass frames, and eyewear upgrades.	Not covered by this benefit plan	Yes	Not covered by this benefit plan	Not covered by this benefit plan	This benefit is administered through March Vision. For more information, call 855-516-2724
Over-the-Counter (OTC) Supplemental Benefit	Not covered by this benefit plan	No-See additional clarification	Not covered by this benefit plan	Not covered by this benefit plan	The Care Wisconsin OTC program allows members to make one purchase up to \$60 per month for over-the-counter “Drug Store” type items from a catalog. Order Form and Catalog can be found at www.carewisc.org

DENTAL SERVICES

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Dental: Oral and maxillofacial surgery, including TMJ Surgery	Yes– See additional clarification	Yes– See additional clarification	Yes– see additional clarification	Not covered by Care Wisconsin	<p>Medicaid SSI- Dental Services are covered by Care Wisconsin in Waukesha County ONLY. Members outside of Waukesha County, dental care is covered by Forward Health. Care Wisconsin does not cover the dentist portion of the claim or any portion of the claim where oral surgery is performed in an office setting. Those services are covered by Forward Health. Care Wisconsin is responsible for all ancillary services to the dentist when the procedure does not take place in an office setting.</p> <p>Medicare Dual Advantage– Coverage is consistent with Original Medicare including dental services that are an integral part of a covered procedure (e.g., reconstruction of the jaw following accidental injury).</p> <p>Medicare Supplemental Dental benefit information can be found in the Supplemental Benefit section of this document.</p> <p>A list of dental services requiring prior authorization can be found at www.carewisc.org/providers/resource-library/. Dental Professionals of Wisconsin processes prior authorizations for Care Wisconsin. Visit www.mydentalpro.net for more information or to submit a prior authorization request</p>
Dental: Medicaid covered dental services	Yes– See additional clarification	Not covered by Care Wisconsin	Yes– See additional clarification	Not covered by Care Wisconsin	<p>Medicaid SSI- Dental Services are covered by Care Wisconsin in Waukesha County ONLY. Members outside of Waukesha County, dental care is covered by Forward Health.</p> <p>A list of dental services requiring prior authorization can be found at www.carewisc.org/providers/resource-library/. Dental Professionals of Wisconsin processes prior authorizations for Care Wisconsin. Visit www.mydentalpro.net for more information or to submit a prior authorization request</p>

OUTPATIENT PRESCRIPTIONS

PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Prescription medications	See Partnership Formulary	See Medicare Dual Advantage Formulary	Not covered by Care Wisconsin	Not covered by Care Wisconsin	Pharmacy benefits are administered by EnvisionRX. Some prescriptions are subject to step therapy, quantity limits, and prior authorization requirements. For more information, see the program specific links listed to the left. Medicaid SSI and Family Care- Care Wisconsin does not cover this benefit. Prescription and certain over-the-counter items are covered by Forward Health.
Over-the-counter medications	Medicaid Supplemental Formulary	See Supplemental Medicare Benefits page for details	Not covered by Care Wisconsin	Yes– See additional clarification	Family Care– The Medicaid Supplemental Formulary is administered through Forward Health. Additional OTCs may be covered; Contact the Care Team for prior authorization. Partnership and Family Care- For non-formulary OTC requests, contact the Care Team for prior authorization.
Insulin Administration Supplies– syringes, alcohol, insulin pen needles	No- See additional clarification	No- See additional clarification	Not covered by Care Wisconsin	No– see additional clarification	Partnership and Medicare Dual Advantage– Part D Pharmacy benefits are administered by EnvisionRx. Medicaid SSI– Care Wisconsin does not cover this benefit. It is covered by Forward Health. Family Care- For Medicaid only members, no PA required, supplies can be obtained through a contracted provider. Claims are not submitted to EnvisionRX, but instead, are submitted on a medical claim to Care Wisconsin. Family Care Member’s with Medicare coverage are eligible for coverage through their Medicare Part D plan.

To submit a prior authorization for outpatient prescriptions-

Outpatient Prescriptions Coverage Determinations- To ask for a Coverage Determination or Exception about Medicare Part D prescription drugs, you may need to complete the [Medicare Prescription Drug Coverage Determination Form](#). You may also ask us for a coverage determination by phone at 1-800-963-0035 or at this [web link](#). **Online Coverage Determination Requests with PromptPA–** The [PromptPA website](#) lets you and your health care providers submit Coverage Determination/Prior Authorization requests online for your prescription drugs. You can also see the status and outcome of these requests on the site.

HOME AND COMMUNITY BASED WAIVER SERVICES PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Adaptive Aids	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Adult Day Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Assistive technology/communication aids	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Consultative Clinical & Therapeutic Services for Caregivers	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Consumer Education and Training	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Counseling and Therapeutic Resources	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Community Support Program	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Environmental accessibility adaptations (home modifications)	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Financial Management Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Habilitation Services including: Daily living skills training and day habilitation	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Home Delivered Meals	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Housing Counseling	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Personal emergency response system (PERS)	Yes*	Yes- See the Supplemental Benefit section for details	Not covered by this benefit plan	Yes*	
Prevocational Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	

HOME AND COMMUNITY BASED WAIVER SERVICES PRIOR AUTHORIZATION REQUIRED?

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Relocation Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Residential Services including long term nursing home placement	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Respite Care Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Self-directed Personal Care Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Specialized Medical equipment and supplies (not covered under the Medicaid State Plan)	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Support Broker	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Supported Employment Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Supportive Home Care (SHC) Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Training Services for Unpaid Caregivers	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Non-emergency Transportation Services: Common Carrier and Specialized; medical and non-medical	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Vocational futures planning and support (VFPS)	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	

*Home & Community Based Waiver Covered Services for Family Care and Partnership:

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