

**ForwardHealth Provider Portal
Prior Authorization**

June 4, 2019

User Guide

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1 Introduction

Prior authorization (PA) is the electronic or written authorization issued by ForwardHealth to a provider prior to the provision of a service. In most cases, providers are required to obtain PA *before* providing services that require PA. When granted, a PA request is approved for a specific period of time and specifies the type and quantity of service allowed.

Providers can use the PA features on the ForwardHealth Portal to do the following:

- Submit a new PA
- Complete a saved PA request
- Check on a previously submitted PA
- Amend an approved PA
- Correct a returned PA
- Correct a returned PA amendment
- Print PA cover sheet
- Upload documents for a PA

2 Access the Prior Authorization Page

1. Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.

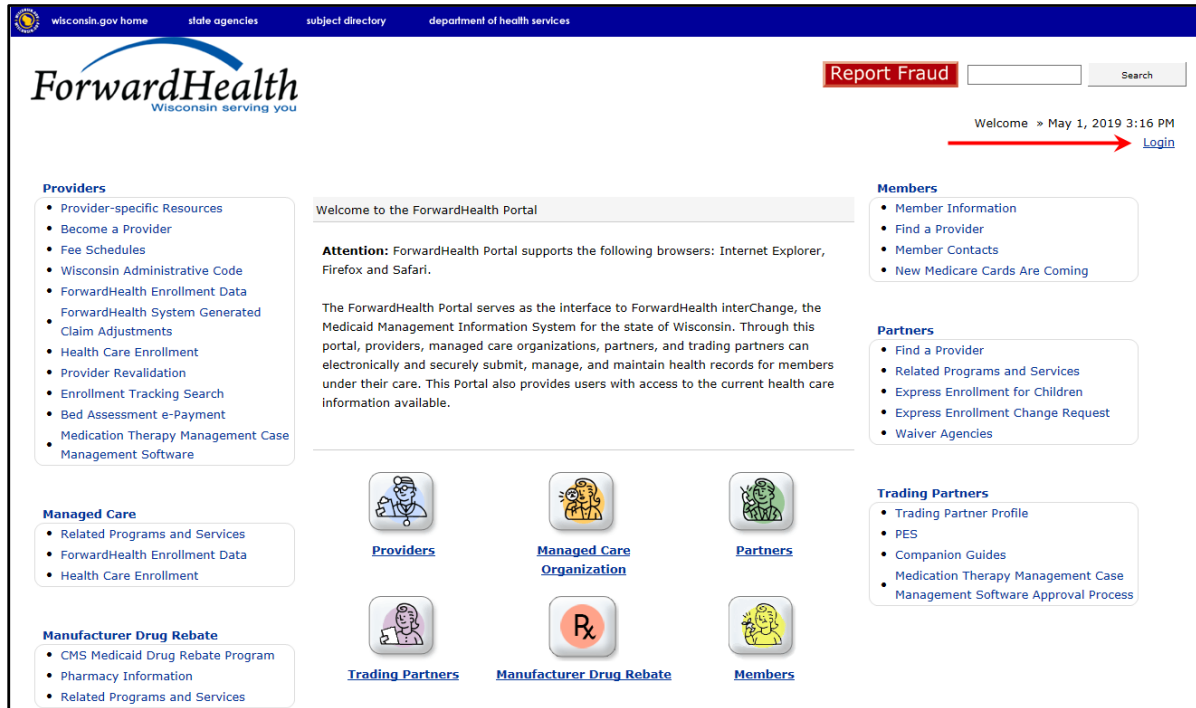


Figure 1 ForwardHealth Portal Page

2. Click **Login**. The ForwardHealth Portal Login box will be displayed.

Figure 2 ForwardHealth Portal Login

3. Enter the provider's username.
4. Enter the provider's password.

5. Click **Go!** The secure Provider page will be displayed.

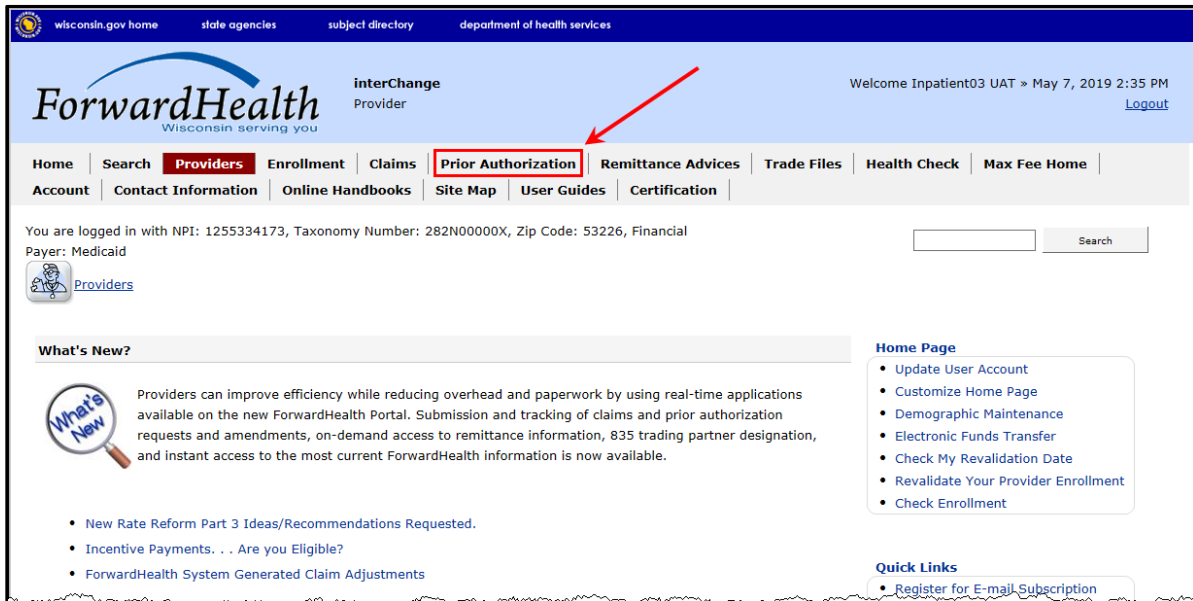
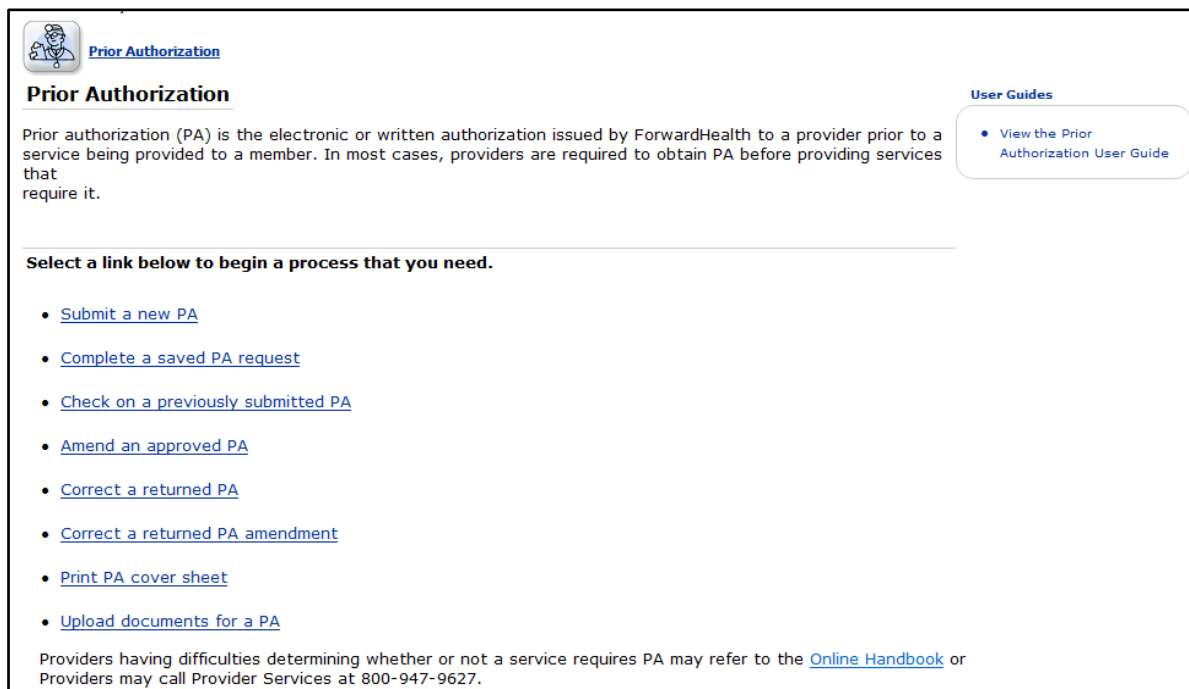


Figure 3 Secure Provider Page

- Click **Prior Authorization** on the main menu at the top of the page. The Prior Authorization page will be displayed.



Prior Authorization

Prior authorization (PA) is the electronic or written authorization issued by ForwardHealth to a provider prior to a service being provided to a member. In most cases, providers are required to obtain PA before providing services that require it.

User Guides

- [View the Prior Authorization User Guide](#)

Select a link below to begin a process that you need.

- [Submit a new PA](#)
- [Complete a saved PA request](#)
- [Check on a previously submitted PA](#)
- [Amend an approved PA](#)
- [Correct a returned PA](#)
- [Correct a returned PA amendment](#)
- [Print PA cover sheet](#)
- [Upload documents for a PA](#)

Providers having difficulties determining whether or not a service requires PA may refer to the [Online Handbook](#) or Providers may call Provider Services at 800-947-9627.

Figure 4 Prior Authorization Page

From the Prior Authorization page, providers can choose to do the following:

- [Submit a new PA](#)
- [Complete a saved PA request](#)
- [Check on a previously submitted PA](#)
- [Amend an approved PA](#)
- [Correct a returned PA](#)
- [Correct a returned PA amendment](#)
- [Print a PA cover sheet](#)
- [Upload documents for a PA](#)

3 Submit a New Prior Authorization

To save time, providers can copy and paste information from plans of care and other medical documentation into the appropriate fields on a PA request. Except for those providers exempt from National Provider Identifier (NPI) requirements, NPI and related data are required on PA requests submitted via the Portal.

1. On the Prior Authorization page, click **Submit a new PA**. The Initial Information page will be displayed.

Note: Fields marked with an asterisk (*) are required fields.

Initial Information ⓘ

Required fields are indicated with an asterisk (*).

Process Type

Select a process type:*

- 117 - J Codes
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers
- 117 - Synagis
- 118 - Chiropractic
- 120 - Home Care
- 120 - Home Health Therapy
- 120 - Private Duty Nursing
- 121 - Personal care services
- 122 - Vision services
- 123 - Hearing Aid
- 124 - Dental Services

HealthCheck "Other Service"

Is this a HealthCheck "Other Service"?*

Yes No

Program Financial Payer

Select one:*

BadgerCare Plus (TXIX)

Wisconsin Chronic Disease Program (WCDP)

Billing Provider Number

Select a billing provider number: *

999999999 NPI ▾

Next

Figure 5 Initial Information Page for Hospital Providers

- In the “Process Type” section, scroll to and select the desired process type.

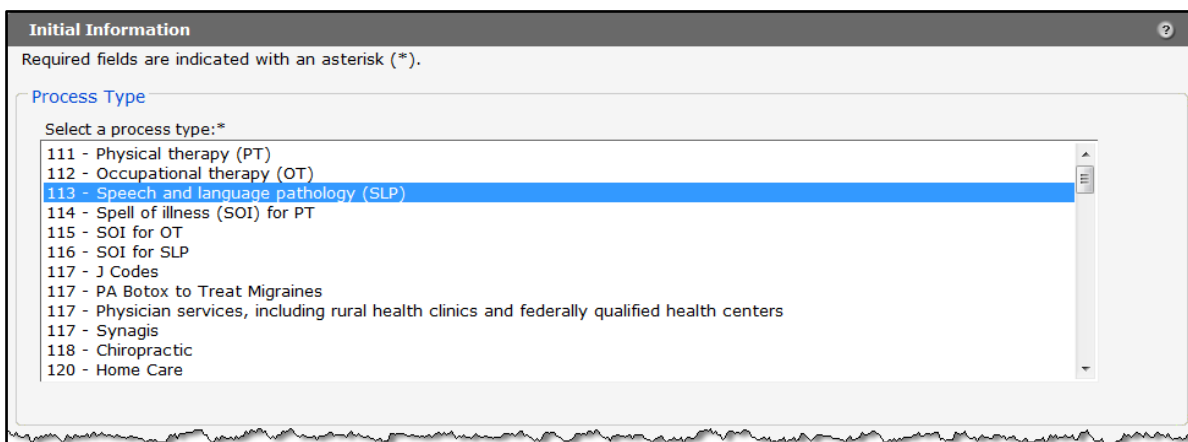


Figure 6 Process Type Section

- The “HealthCheck ‘Other Service’” section defaults to No. Select **Yes** if the PA request is for a HealthCheck “Other Service.”

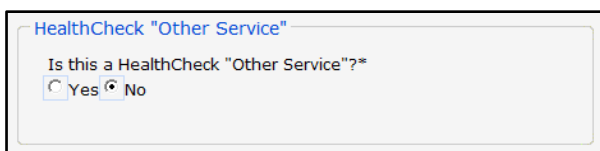


Figure 7 HealthCheck “Other Service” Section

Note: HealthCheck “Other Services” are available for members under 21 years of age to treat conditions identified during a HealthCheck screening.

- In the “Program Financial Payer” section, select either **BadgerCare Plus (TXIX)**, which includes BadgerCare Plus and Wisconsin Medicaid, or **Wisconsin Chronic Disease Program (WCDP)** as the financial payer.

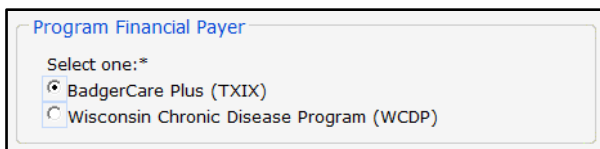


Figure 8 Program Financial Payer Section with BadgerCare Plus (TXIX) Selected

Note: If you are a hospital provider, you will need to select an NPI as the billing provider for the PA request from the drop-down menu in the “Billing Provider Number” section.

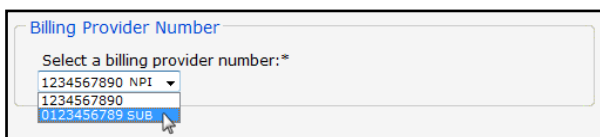


Figure 9 Select a Billing Provider Number

5. Click **Next**.
6. If there are not any processing notes for the selected process type, the Member Information page will be displayed. Proceed to [step 9](#).

If there are any processing notes for the selected process type, the Processing Notes page will be displayed.

Figure 10 Processing Notes Page

7. Review the processing notes information.
8. Click **Next**. The Member Information page will be displayed.

Figure 11 Member Information Page

9. Enter the member's ID in the Member ID field.
10. Enter the member's first name in the First Name field.
11. Enter the member's last name in the Last Name field.
12. Enter the PA's start date using MM/DD/CCYY format in the Requested Start Date field. The calendar icon located to the right of the Requested Start Date field may also be used to select a date.

Note: If process type 123 - Hearing Aid was selected, the Requested Start Date field will only display the current date.

Note: If process type 139 - DME (Oxygen and Oxygen-Related Services) was selected, a Place of Service (POS) field will be displayed under the Requested Start Date. Select the appropriate POS from the drop-down menu.

13. To verify the member's information, click **Verify**. The page will refresh and if the member information is valid, additional information will be displayed.

Member Information ?

Required fields are indicated with an asterisk (*).

Member ID*	<input type="text" value="0987654321"/>	Date of Birth	<input type="text" value="01/01/1999"/>
First Name*	<input type="text" value="IMA"/>	Address	<input type="text"/>
Last Name*	<input type="text" value="MEMBER"/>		<input type="text" value="123 MAIN ST"/>
Requested Start Date*	<input type="text" value="07/09/2013"/>		<input type="text"/>
		City	<input type="text" value="ANYTOWN"/>
		State/Zip	<input type="text" value="WI"/> <input type="text" value="55555"/>
		Gender	<input type="text" value="F"/>

F-11018e (10/08)
HFS 106.03(4), Wis. Admin. Code

Figure 12 Member Information Page with Verified Information

If the member is not found, an error message will be displayed at the top of the page. Correct the invalid information.

The following messages were generated:
Invalid member information. Check that the member's ID, first, and last name are correct and that the recipient is eligible on the Requested Start Date.

Figure 13 Example Error Message

Note: To clear information from all the fields on the page, click **Clear**.

14. Click **Next**. The Service Information page will be displayed.

Service Information

Required fields are indicated with an asterisk (*).

Primary Diagnosis Code* [Search] Primary Diag Description

Secondary Diagnosis Code [Search] Secondary Diag Description

Requested Start Date 07/09/2013 Requesting Provider Signature*

National Provider Identifier - Prescribing/Referring/Ordering Provider [Search] Name - Prescribing/Referring/Ordering Provider

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
01				0	\$0.00	
Total:					\$0.00	

Select row to update/delete -or- enter new line item information and select Add

Line Item

Rendering Provider ID [Search] (If blank, will default to Billing Provider)

Rendering Provider Taxonomy

Service Code Type* PROCEDURE CODE (After choosing, move off field, and wait for Service Code field to appear)

Service Code* [Search]

Service Code Description

Additional Service Code Description

Modifiers

Place of Service*

Quantity Requested*

Charge*

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Figure 14 Service Information Page

The fields on the Service Information page will vary depending on the process type selected on the Initial Information page. Enter all relevant information for the selected process type.

Note: If it is not possible to complete a PA request in one session, users may save a partially completed request at any time from this point until the request is submitted. For information on saving and retrieving partially completed PA requests, refer to [Section 4 Save a Partially Completed Prior Authorization Request](#).

15. Enter the appropriate and most-specific *International Classification of Diseases* (ICD) diagnosis code most relevant to the service or product being requested.

Note: Do not use a decimal point when entering a diagnosis code.

- To search for a code, click **Search** to the right of the Primary Diagnosis Code field. The Primary Diagnosis Code Search box will be displayed.

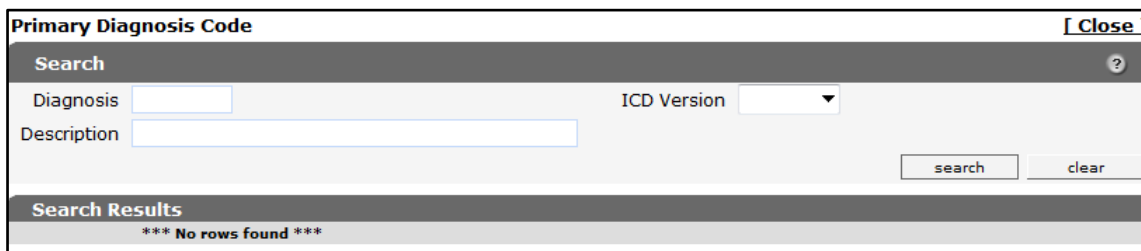


Figure 15 Primary Diagnosis Code Search Box

- Enter a description of the code.
 - o If the entire description is unknown, enter a key word.
 - o If the exact description is unknown, use the percent symbol (%) on either side of a word to display all codes containing that word.

Note: The ICD Version drop-down menu can be used to limit search results to either *International Classification of Diseases, Ninth Revision (ICD-9)* or *International Classification of Diseases, 10th Revision (ICD-10)* diagnosis codes.

- Click **Search**. Any results matching the query will be displayed in the “Search Results” section.

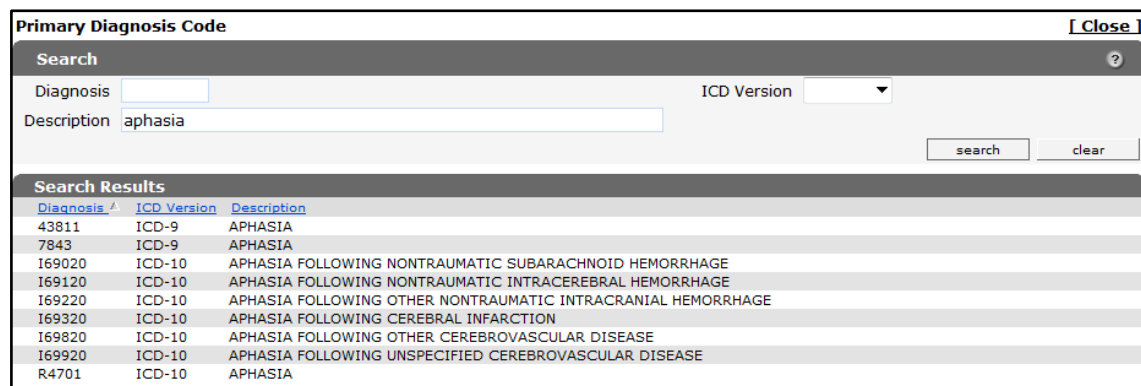


Figure 16 Primary Diagnosis Code Search Box with Search Results Section

Note: Click the **Description** column heading to sort the results alphabetically. Click the heading once to sort the results in ascending order. Click the heading again to sort the results in descending order. Click **Next** or one of the page numbers at the bottom of the section to display additional results.

- Click the applicable code. The Primary Diagnosis Code Search box will close and the selected code information will populate the Primary Diagnosis Code and Primary Diag Description fields.

The screenshot shows a web form titled "Service Information" with a help icon in the top right corner. Below the title, a note states: "Required fields are indicated with an asterisk (*)." The form contains several input fields and search buttons:

- Primary Diagnosis Code***: Input field containing "R4701" and a "[Search]" button to its right.
- Primary Diag Description**: Input field containing "APHASIA".
- Secondary Diagnosis Code**: Empty input field with a "[Search]" button to its right.
- Secondary Diag Description**: Empty input field.
- Requested Start Date**: Input field containing "11/18/2018".
- Requesting Provider Signature***: Empty input field.
- National Provider Identifier - Prescribing/Referring/Ordering Provider**: Empty input field with a "[Search]" button to its right.
- Name - Prescribing/Referring/Ordering Provider**: Empty input field.

Figure 17 Primary Diagnosis Code and Description Populated

16. Enter the secondary diagnosis code in the Secondary Diagnosis Code field, if applicable.

Note: The date entered on the Member Information page will already be populated in the Requested Start Date field. If the date is incorrect, it must be corrected on the Member Information page.

17. In the Requesting Provider Signature field, enter the name of the provider who is requesting the service.
18. Enter the NPI of the prescribing/referring/ordering provider in the National Provider Identifier - Prescribing/Referring/Ordering Provider field when required.
19. Enter the name of the prescribing/referring/ordering provider in the Name - Prescribing/Referring/Ordering Provider field when required.
20. In the "Line Items" section, although not all the fields are required, enter as much information as possible.
 - a. The Line Item field populates each time information is entered in the PA. The Line Item field starts with 01.

Note: Up to 26 line items may be entered.
 - b. Enter the ID of the provider who will provide the service in the Rendering Provider ID field. If the field is left blank, the billing provider's number will be used by default.
 - c. In the Rendering Provider Taxonomy field, enter the taxonomy code that identifies the rendering provider's provider type and area of specialization.
 - d. Select the type of service code being indicated from the Service Code Type drop-down menu.

Note: For HealthCheck "Other Services," include the procedure code that most accurately describes the service or product, even if the code is not ordinarily covered.
 - e. Enter the service code in the Service Code field. To search for the code, click **Search** to the right of the field.

- f. Once a service code has been entered, information will populate in the Service Code Description field.
- g. Enter any additional information about the service code that is needed to describe the service requested in the Additional Service Code Description field.
- h. Enter any appropriate modifier codes that apply to this PA process in one or more of the four Modifier fields.
- i. Enter the appropriate POS code in the Place of Service field.
- j. Enter the amount being requested (e.g., number of services, days' supply) for the selected procedure code in the Quantity Requested field.
- k. Enter the provider's usual and customary charge for each service, procedure, or item requested in the Charge field.

If the quantity is greater than 1.0, multiply the quantity by the charge for each service, procedure, or item requested.

21. Click **Verify** to ensure the information entered is valid.

If a required field is left blank or if the information entered is invalid, an error message will be displayed at the top of the page. Correct the error and click **Verify** again.



Figure 18 Example Error Message

If there is a policy rule issue related to the PA request, a message will be displayed at the top of the page. Users submitting a HealthCheck “Other Services” PA request can bypass the edit(s) by checking **Ignore** and clicking **Continue**.

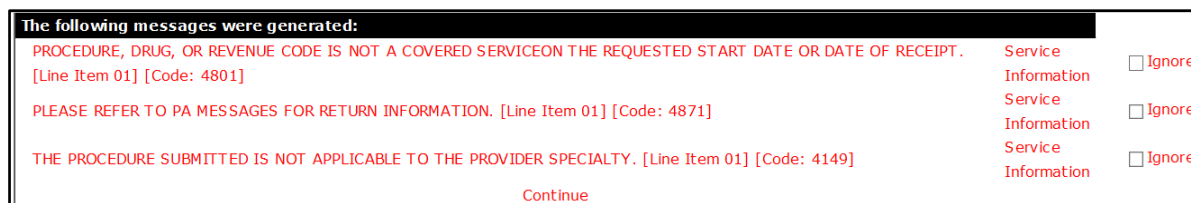


Figure 19 Policy Rule Based Edit Message

If the entered information is valid, a validation message will be displayed at the top of the page.

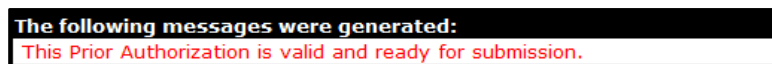


Figure 20 Validation Message

- To add additional line items to the PA request, click **Add** and enter the appropriate information.
- To cancel the PA request or delete a saved PA request, click **Cancel**.

- To save the partially completed request to be completed at a later time, click **Save and Complete Later**. For information on saving and retrieving partially completed PA requests, refer to [Section 4 Save a Partially Completed Prior Authorization Request](#).

22. Click **Next** to continue. The Required Attachments page will be displayed.

Figure 21 Required Attachments Page

The Required Attachments page indicates the following information:

- Attachment — Displays the title of the required attachment.
- Submission Method — Displays submission options users can select.
 - o If you wish to submit documentation via the web, refer to [Section 3.1 Submission Method — Web](#).
 - o If you wish to submit documentation via Electronic Upload, refer to [Section 3.2 Submission Method — Electronic Upload](#).
 - o If you wish to submit documentation via Mail or Fax, refer to [Section 3.3 Submission Method — Mail or Fax](#).
 - o If you wish to submit a HealthCheck “Other Services” request, refer to [Section 3.4 Health check request – No Attachment is needed](#).
- Notes — Explain the steps required to complete the submission using the selected submission method.

Note: If more than one attachment is required, choose a submission method for each of the attachments before clicking Next.

3.1 Submission Method — Web

If the service-specific PA attachment (e.g., Prior Authorization/Therapy Attachment, Prior Authorization/Physician Attachment) will be completed on the Portal, the PA attachment form

must be completed online before the PA request can be submitted. If needed, providers can use the Additional Information field at the end of the PA attachment to enter up to five pages of text.

Note: Certain PA attachments cannot be completed online or uploaded. These PA attachments can only be submitted via mail or fax.

1. Select **Web** from the Submission Method drop-down menu.
2. Read the Notes for further instructions.
3. Click **Next**. The required attachment form for your specific PA will be displayed. The example below shows a Therapy Attachment form.

THERAPY ATTACHMENT (PA/TA) ?

Required fields are indicated with an asterisk (*).

SECTION I — MEMBER /PROVIDER INFORMATION

Name - Member (Last) MEMBER

Name - Member (First) IMA

Middle Initial - Member

Member ID 0987654321

Age - Member 14

Name - Therapist

Credentials - Therapist

Therapist Provider ID

Telephone Number - Therapist Ext

Name - Referring/Prescribing Physician

Total Time Per Day Requested (Minutes)

Total Sessions Per Week Requested

Total Number of Weeks Requested

Requested Start Date (mm/dd/ccyy)

SECTION II — PERTINENT DIAGNOSES / PROBLEMS TO BE TREATED

Provide a description of the member's current treatment diagnosis, any underlying conditions, and problem(s) to be treated, including dates of onset.

SECTION III — BRIEF PERTINENT MEDICAL / SOCIAL INFORMATION

Include referral information, living situation, previous level of function, any change in medical status since previous PA request(s), and any other pertinent information.

ADDITIONAL INFORMATION

Enter any additional clinical information pertinent to this PA request that has not been covered previously

SIGNATURE - Providing Therapist*

Date Signed - Providing Therapist* (mm/dd/ccyy)

SIGNATURE - Member or Member Caregiver (optional)

Date Signed - Member or Member Caregiver (optional) (mm/dd/ccyy)

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Figure 22 Example Attachment Form

Refer to the [ForwardHealth Forms](#) page of the Portal for instructions for specific attachments.

4. Complete the attachment form.
5. Click **Verify**.

If a required field is left blank or if the information entered is invalid, an error message will be displayed at the top of the page.

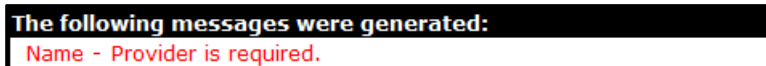


Figure 23 Example Error Message

If there are *no* problems with the form, no message will appear.

6. Click **Next**. The PA Summary page will be displayed.

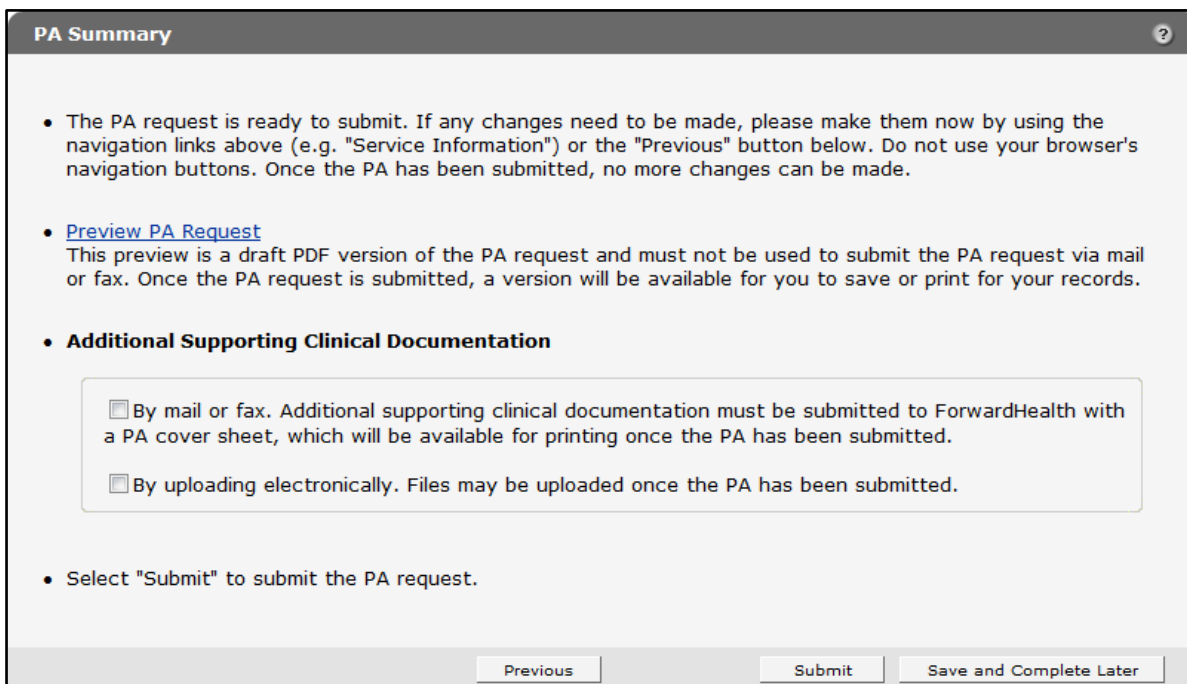


Figure 24 PA Summary Page

- 7. To view a draft of your PA request, click **Preview PA Request**. A draft PDF version of the PA request will open in a new window.

DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)							
Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 66, 313 Bleiweiser Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.							
SECTION I — PROVIDER INFORMATION							
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)		2. Process Type 113 - Speech and language pathology					
		3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000					
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890					
		5b. Billing Provider Taxonomy Code 987654321X					
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
SECTION II — MEMBER INFORMATION							
7. Member Identification Number 0987654321		8. Date of Birth — Member 03/03/1999					
		9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555					
10. Name — Member (Last, First, Middle Initial) IMA MEMBER		11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female					
SECTION III — DIAGNOSIS / TREATMENT INFORMATION							
12. Diagnosis — Primary Code and Description R4701 - APHASIA		13. Start Date — SOI 11/18/2018					
14. First Date of Treatment — SOI		15. Diagnosis — Secondary Code and Description					
		16. Requested PA Start Date 11/18/2018					
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN	11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	\$250.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.						25. Total Charges	\$250.00
26. SIGNATURE — Requesting Provider I.M. Requesting Provider						27. Date Signed 11/10/2018	

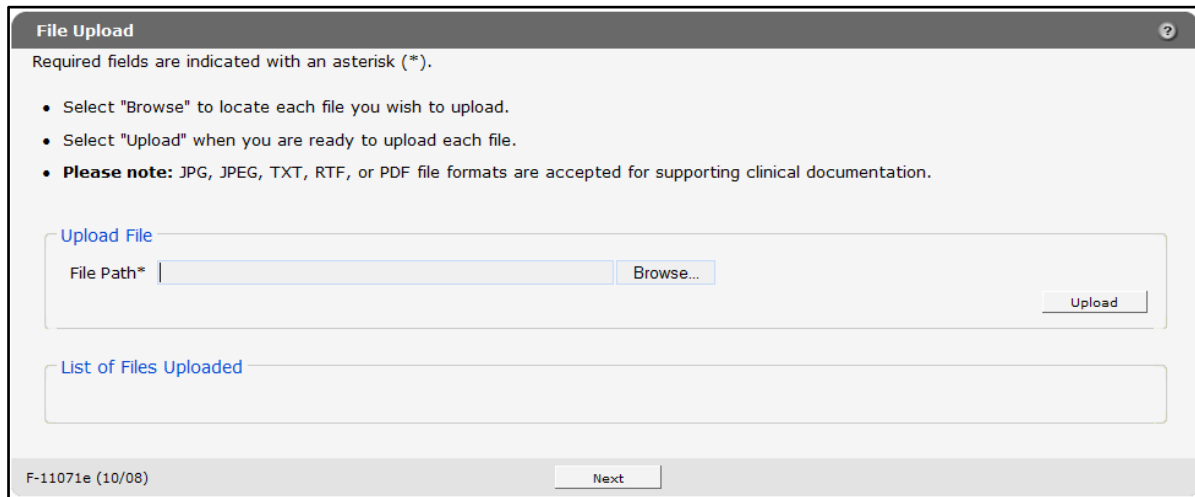
-DRAFT 
 DT-PA049-049

Figure 25 Draft PDF Version of PA Request

8. Review the draft to ensure the entered information is accurate.
9. Place a check in the appropriate box indicating how you are submitting additional supporting clinical information (mail or fax or uploading electronically).
10. Click **Submit**.

Note: This is the last opportunity to save the request and complete it at a later time. The request cannot be edited once it is submitted.

If you chose to upload additional supporting clinical information electronically, the File Upload page will be displayed.



File Upload

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

[Upload File](#)

File Path*

[List of Files Uploaded](#)

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Figure 26 File Upload Page

- a. Click **Browse**. The Choose file window will be displayed.

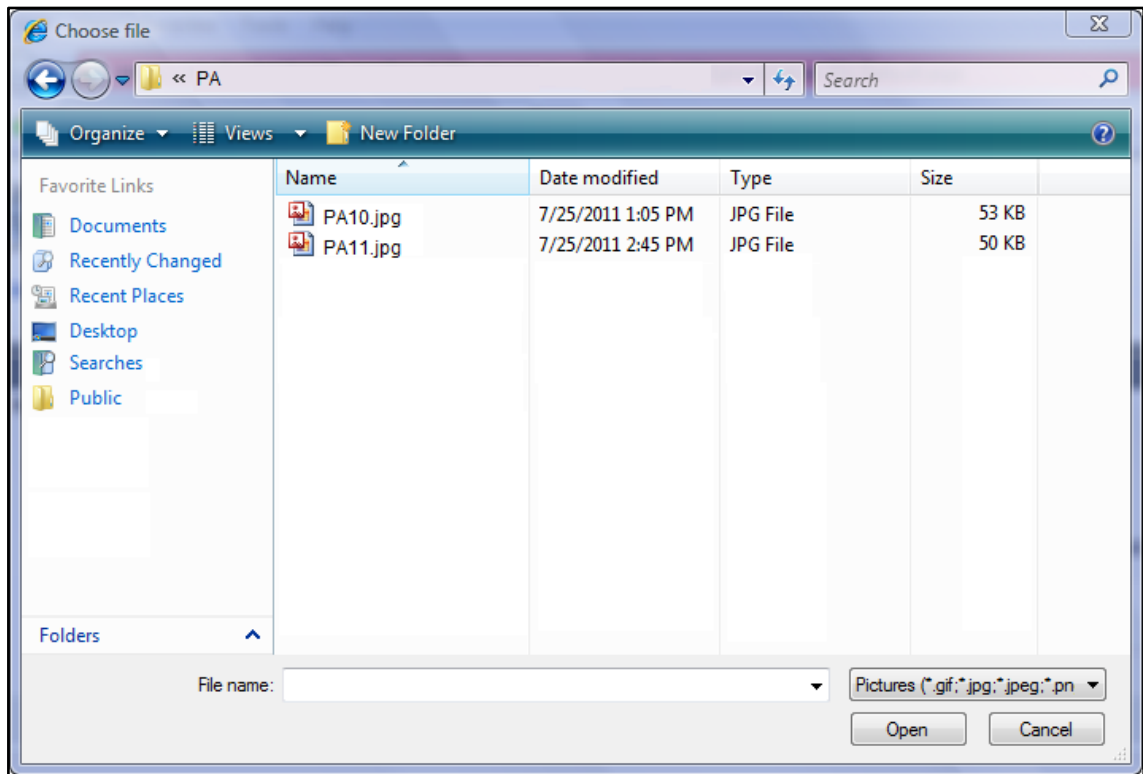


Figure 27 Choose File Window

- b. Browse to and select the desired file.
- c. Click Open. The Choose file window will close and the file path will display in the File Path field.
- d. Click **Upload**. The uploaded file will be displayed in the “List of Files Uploaded” section.

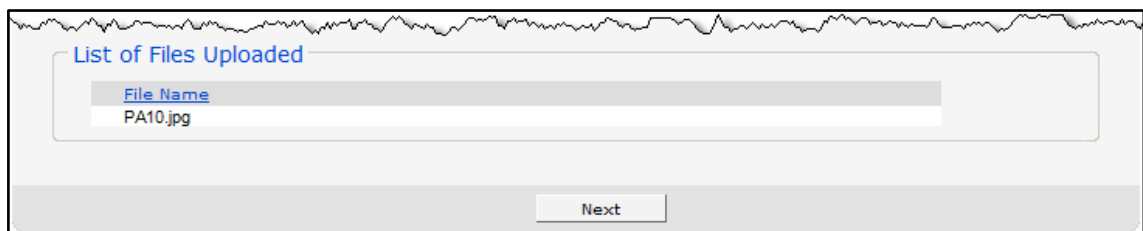


Figure 28 Lists of Files Uploaded Section

- e. Upload as many files as necessary.

- f. Click **Next**. The Confirmation of Receipt page will be displayed.

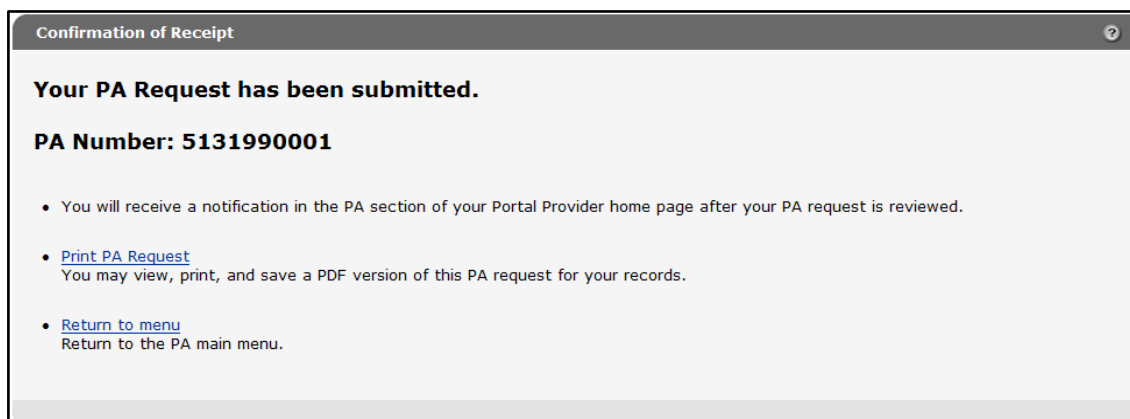


Figure 29 Confirmation of Receipt Page

- g. Proceed to [step 11](#).

If you chose to mail or fax additional supporting clinical information, the Print the PA Cover Sheet page will be displayed.

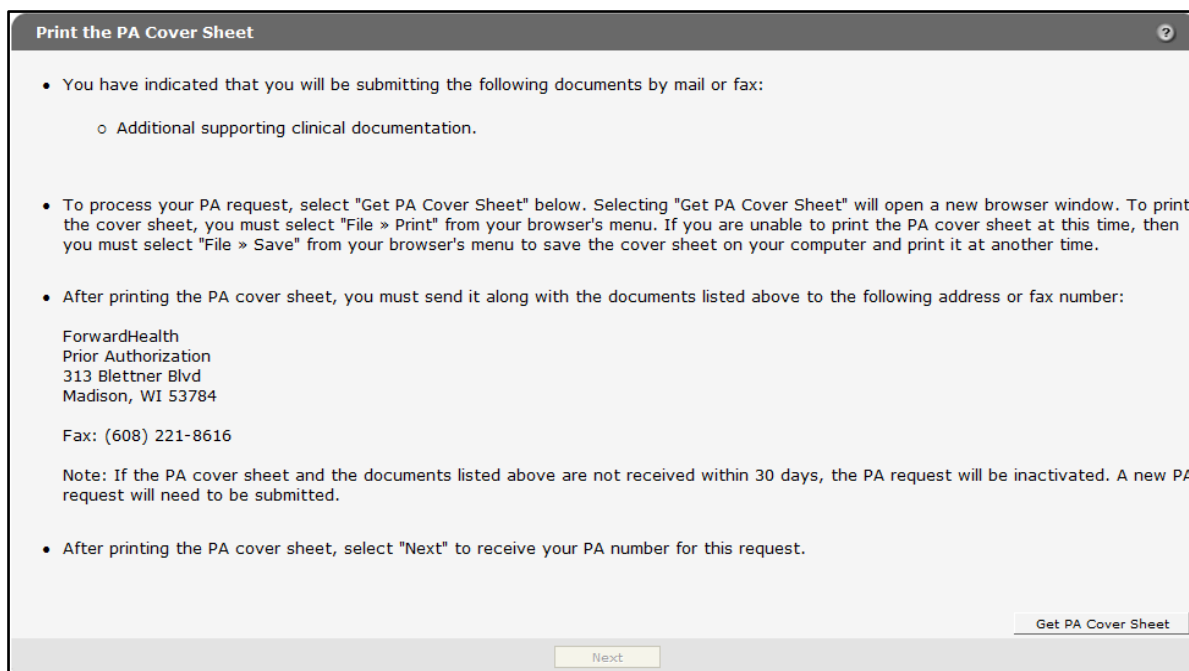


Figure 30 Print the PA Cover Sheet Page

- a. Read the instructions on the Print the PA Cover Sheet page.

- b. Click **Get PA Cover Sheet**. A PDF version of the PA cover sheet will open in a new window.

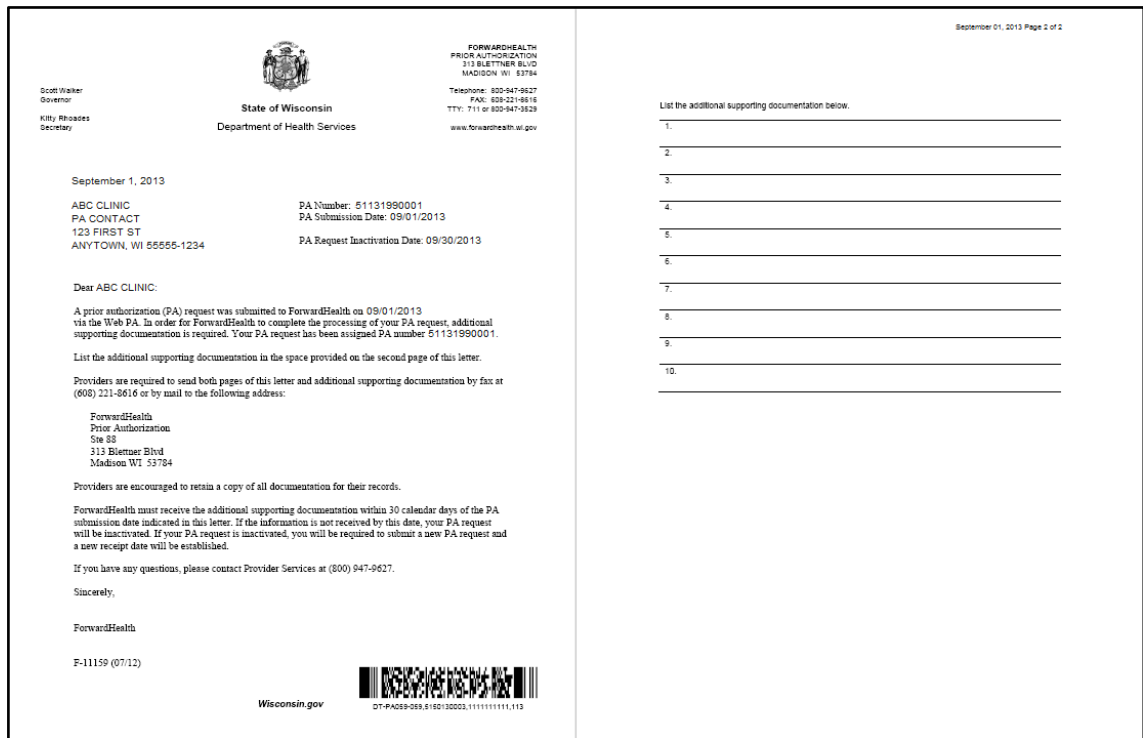


Figure 31 PDF Version of the PA Cover Sheet

- c. To print or save the PA cover sheet to your hard drive or network location, use the Print or Save As function of the browser. If you have problems printing or saving the PA cover sheet, click the link that appears at the top of the Print the PA Cover Sheet page.

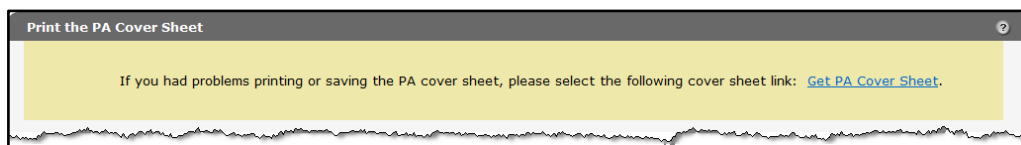


Figure 32 Get PA Cover Sheet Link

Note: If the PA cover sheet and required attachments are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.

- d. Click **Next**. The Confirmation of Receipt page will be displayed.

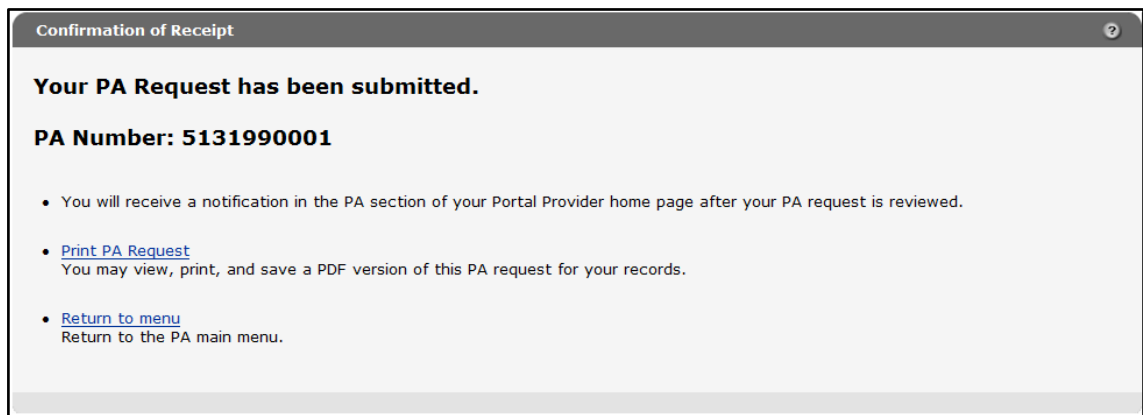


Figure 33 Confirmation of Receipt Page

- 11. Click **Print PA Request** to view, print, or save a PDF version of the PA request for your records.


DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)							
Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.							
SECTION I — PROVIDER INFORMATION							
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)		2. Process Type 113 - Speech and language pathology					
3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000		4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234					
5a. Billing Provider Number 1234567890		5b. Billing Provider Taxonomy Code 987654321X					
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
SECTION II — MEMBER INFORMATION							
7. Member Identification Number 0987654321		8. Date of Birth — Member 03/03/1999					
9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555		10. Name — Member (Last, First, Middle Initial) IMA MEMBER					
11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female							
SECTION III — DIAGNOSIS / TREATMENT INFORMATION							
12. Diagnosis — Primary Code and Description R4701 - APHASIA		13. Start Date — SOI	14. First Date of Treatment — SOI				
15. Diagnosis — Secondary Code and Description		16. Requested PA Start Date 11/18/2018					
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN	11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	\$250.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.						25. Total Charges	\$250.00
26. SIGNATURE — Requesting Provider I.M. Requesting Provider						27. Date Signed 11/10/2018	
						DT-PA049-049	

Figure 34 PDF Version of PA Request

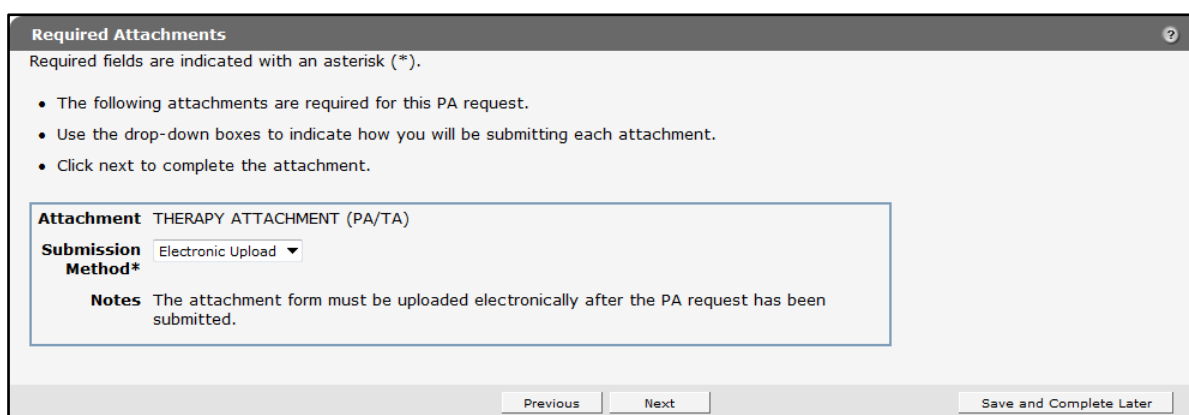
12. To print or save the PA request to your hard drive or network location, use the Print or Save As function of the browser.
13. Click **Return to menu** to be redirected to the Prior Authorization page.

3.2 Submission Method — Electronic Upload

To help reduce the chance of a PA request being returned for clerical errors, ForwardHealth recommends completing the PA attachment online as opposed to uploading an electronically completed version of the paper attachment form.

Note: Certain PA attachments cannot be completed online or uploaded. These PA attachments can only be submitted via mail or fax.

1. Select **Electronic Upload** from the Submission Method drop-down menu.



Required Attachments

Required fields are indicated with an asterisk (*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

Attachment THERAPY ATTACHMENT (PA/TA)

Submission Method* Electronic Upload ▼

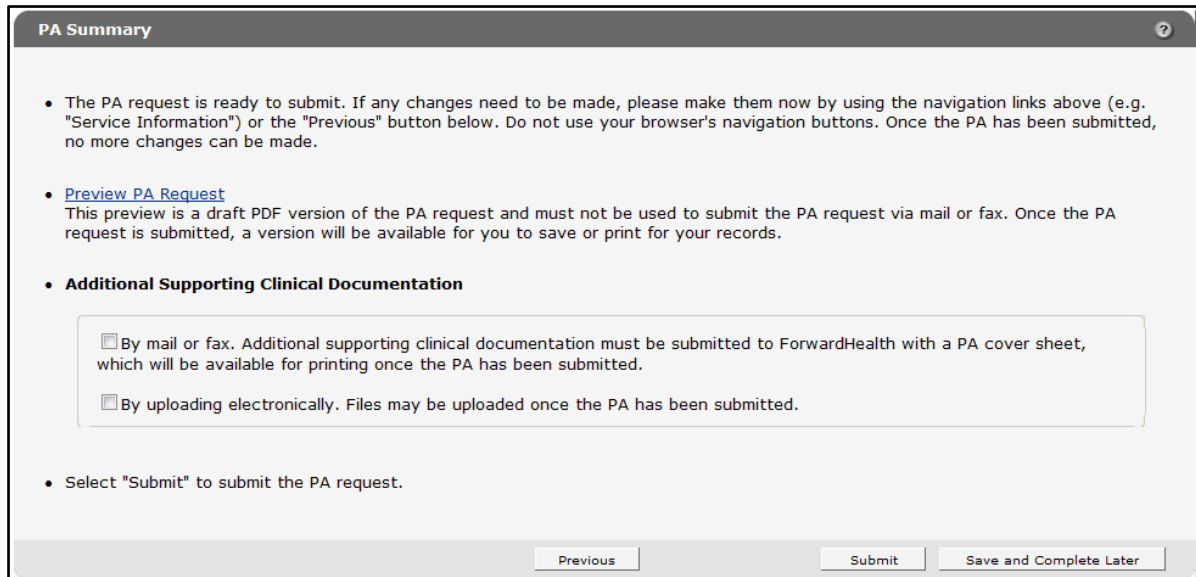
Notes The attachment form must be uploaded electronically after the PA request has been submitted.

Previous Next Save and Complete Later

Figure 35 Required Attachments Page

2. Read the Notes for further instructions.

3. Click **Next**. The PA Summary page will be displayed.



PA Summary

- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.
- [Preview PA Request](#)
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.
- **Additional Supporting Clinical Documentation**
 - By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
 - By uploading electronically. Files may be uploaded once the PA has been submitted.
- Select "Submit" to submit the PA request.

[Previous](#) [Submit](#) [Save and Complete Later](#)

Figure 36 PA Summary Page

- 4. To view a draft of your PA request, click **Preview PA Request**. A draft PDF version of the PA request will open in a new window.

DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)							
Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.							
SECTION I — PROVIDER INFORMATION							
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)		2. Process Type 113 - Speech and language pathology					
3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000		4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234					
5a. Billing Provider Number 1234567890		5b. Billing Provider Taxonomy Code 987654321X					
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
SECTION II — MEMBER INFORMATION							
7. Member Identification Number 0987654321		8. Date of Birth — Member 03/03/1999					
9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555		10. Name — Member (Last, First, Middle Initial) IMA MEMBER					
11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female							
SECTION III — DIAGNOSIS / TREATMENT INFORMATION							
12. Diagnosis — Primary Code and Description R4701 - APHASIA		13. Start Date — GOI	14. First Date of Treatment — GOI				
15. Diagnosis — Secondary Code and Description		16. Requested PA Start Date 11/18/2018					
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN	11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	\$250.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.						25. Total Charges	\$250.00
26. SIGNATURE — Requesting Provider I.M. Requesting Provider						27. Date Signed 11/10/2018	

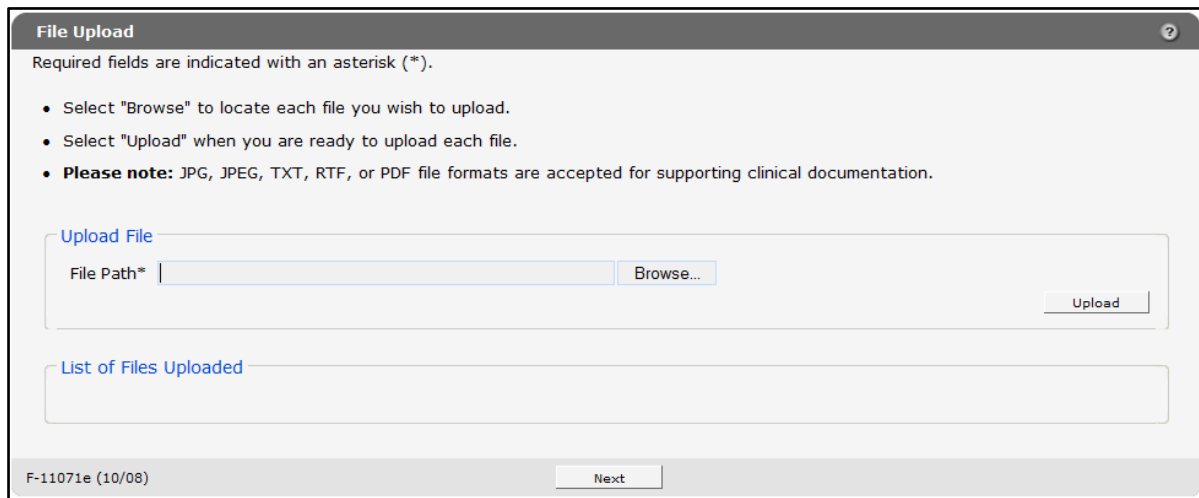
-DRAFT 

DT-PA049-049

Figure 37 Draft PDF Version of PA Request

5. Review the draft to ensure the entered information is accurate.
6. Check the **By uploading electronically** box.
7. Click **Submit**. The File Upload page will be displayed.

Note: This is the last opportunity to save the request and complete it at a later time. The request cannot be edited once it is submitted.



File Upload ?

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Upload File

File Path*

List of Files Uploaded

F-11071e (10/08)

Figure 38 File Upload Page

- Click **Browse**. The Choose file window will be displayed.

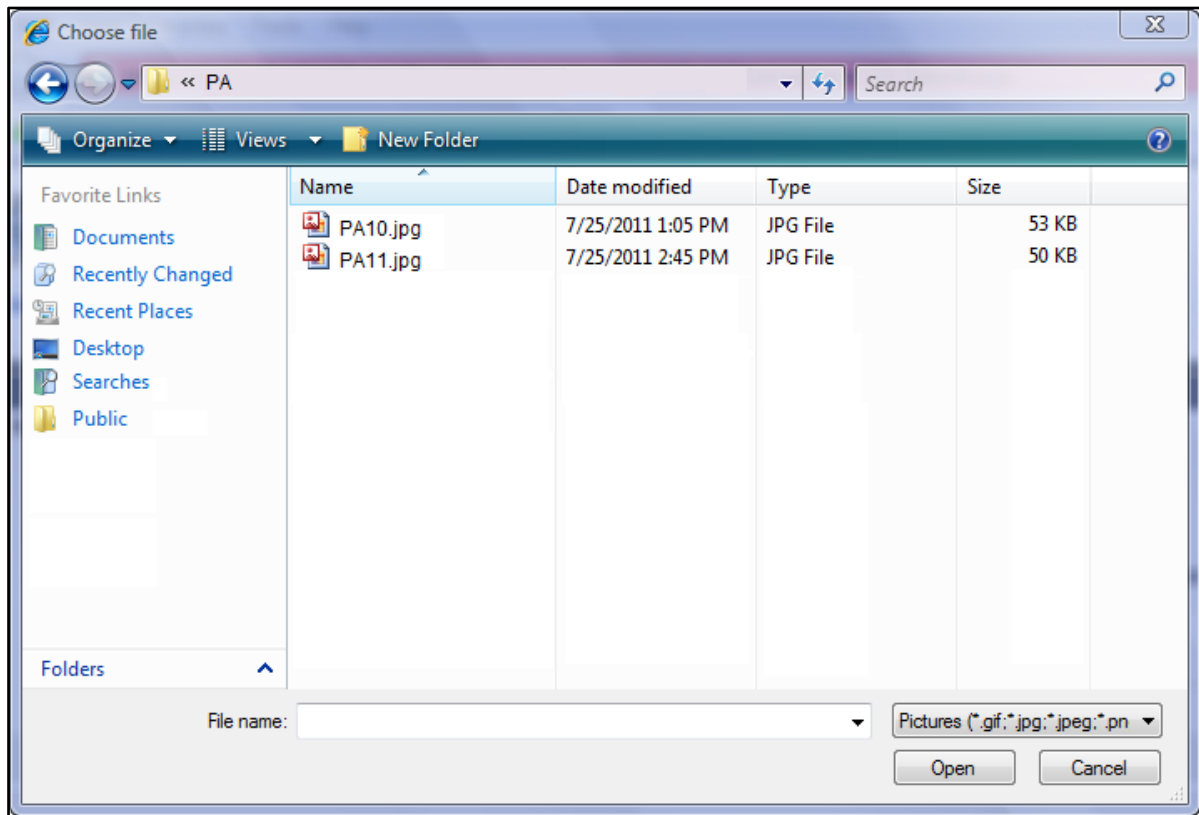


Figure 39 Choose File Window

- Browse to and select the desired file.
- Click **Open**. The Choose file window will close and the file path will display in the File Path field.
- Click **Upload**. The uploaded file will be displayed in the “List of Files Uploaded” section.

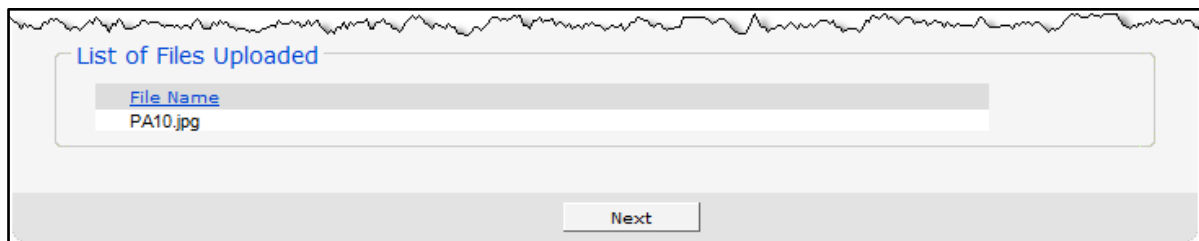


Figure 40 Lists of Files Uploaded Section

- Upload as many files as necessary.

13. Click **Next**. The Confirmation of Receipt page will be displayed.

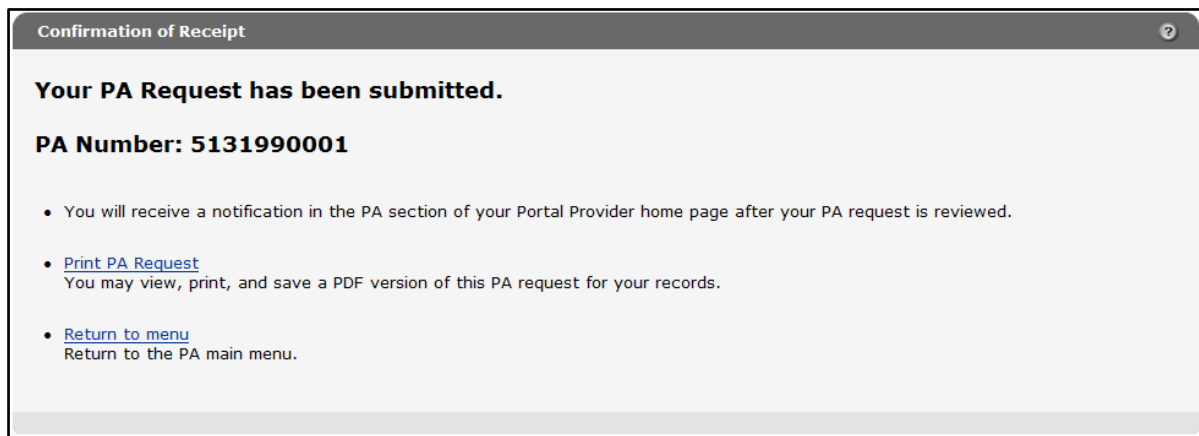


Figure 41 Confirmation of Receipt Page

- 14. Click **Print PA Request** to view, print, or save a PDF version of the PA request for your records.


DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)							
Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.							
SECTION I — PROVIDER INFORMATION							
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)		2. Process Type 113 - Speech and language pathology					
3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000		4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234					
5a. Billing Provider Number 1234567890		5b. Billing Provider Taxonomy Code 987654321X					
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
SECTION II — MEMBER INFORMATION							
7. Member Identification Number 0987654321		8. Date of Birth — Member 03/03/1999					
9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555		10. Name — Member (Last, First, Middle Initial) IMA MEMBER					
11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female							
SECTION III — DIAGNOSIS / TREATMENT INFORMATION							
12. Diagnosis — Primary Code and Description R4701 - APHASIA		13. Start Date — SOI 11/18/2018	14. First Date of Treatment — SOI				
15. Diagnosis — Secondary Code and Description		16. Requested PA Start Date 11/18/2018					
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN	11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	\$250.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.						25. Total Charges	\$250.00
26. SIGNATURE — Requesting Provider I.M. Requesting Provider						27. Date Signed 11/10/2018	
						DT-PA049-049	

Figure 42 PDF Version of PA Request

15. Click **Return to menu** to be redirected to the Prior Authorization page.

3.3 Submission Method — Mail or Fax

1. Select **Mail or Fax** from the Submission Method drop-down menu.

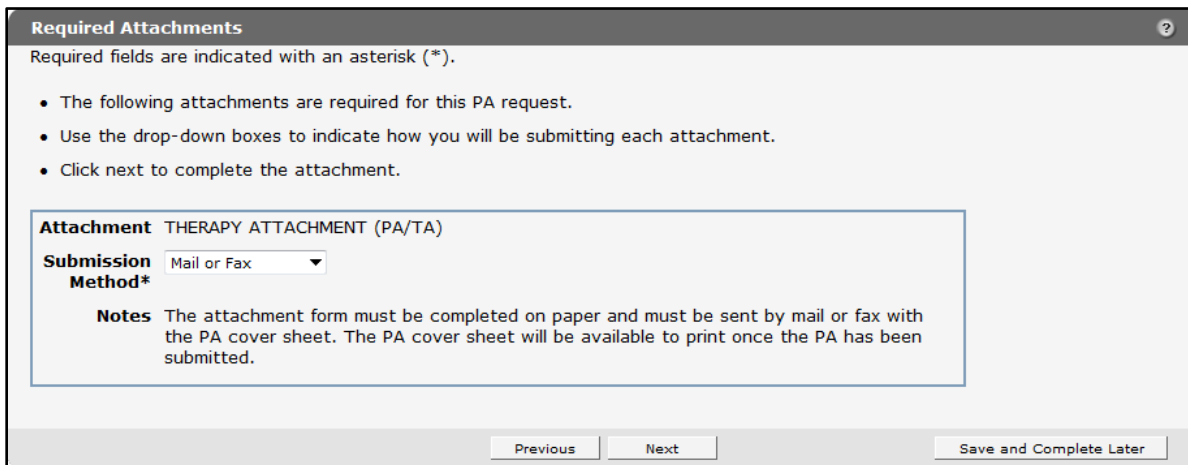


Figure 43 Required Attachments Page

2. Read the Notes for further instructions.

3. Click **Next**. The PA Summary page will be displayed.

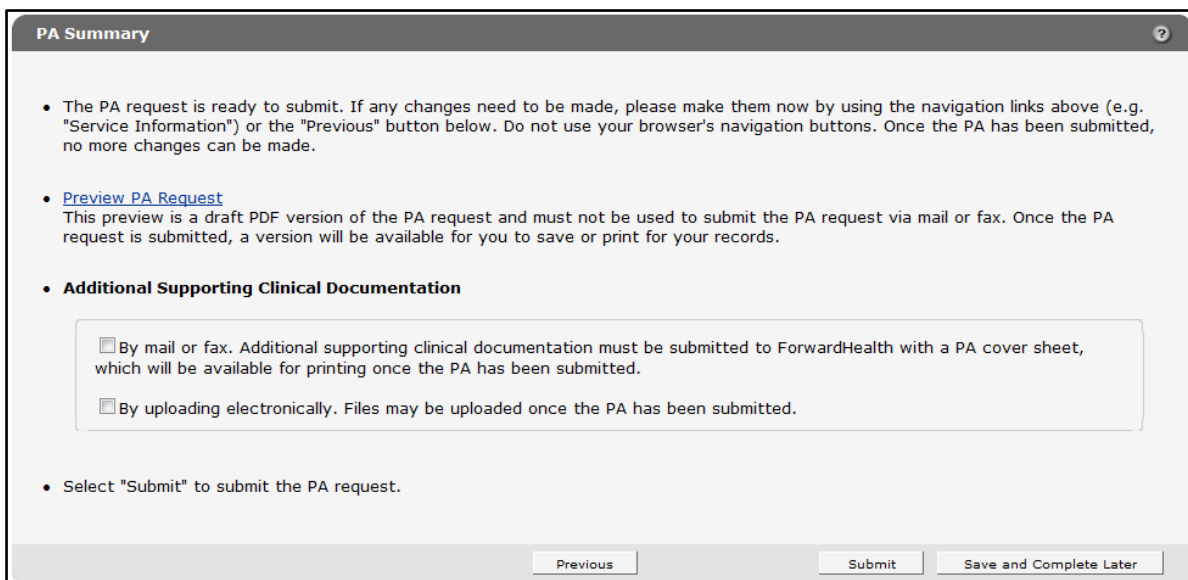


Figure 44 PA Summary Page

- To view a draft of your PA request, click **Preview PA Request**. A draft PDF version of the PA request will open in a new window.

DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)							
Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blethner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.							
SECTION I — PROVIDER INFORMATION							
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)		2. Process Type 113 - Speech and language pathology	3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000				
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890	5b. Billing Provider Taxonomy Code 987654321X				
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
SECTION II — MEMBER INFORMATION							
7. Member Identification Number 0987654321	8. Date of Birth — Member 03/03/1999	9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555					
10. Name — Member (Last, First, Middle Initial) IMA MEMBER		11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female					
SECTION III — DIAGNOSIS / TREATMENT INFORMATION							
12. Diagnosis — Primary Code and Description R4701 - APHASIA		13. Start Date — SOI	14. First Date of Treatment — SOI				
15. Diagnosis — Secondary Code and Description		16. Requested PA Start Date 11/18/2018					
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN	11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	\$250.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.						25. Total Charges	\$250.00
26. SIGNATURE — Requesting Provider I.M. Requesting Provider						27. Date Signed 11/10/2018	
-DRAFT						DT-PA049-049	

Figure 45 Draft PDF Version of PA Request

Note: This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.

5. Review the draft to ensure the entered information is accurate.
6. Check the **By mail or fax** box.
7. Click **Submit**. The Print the PA Cover Sheet page will be displayed.

Note: This is the last opportunity to save the request and complete it at a later time. The request cannot be edited once it is submitted.

Print the PA Cover Sheet

- You have indicated that you will be submitting the following documents by mail or fax:
 - Additional supporting clinical documentation.
 - THERAPY ATTACHMENT (PA/TA)
- To process your PA request, select "Get PA Cover Sheet" below. Selecting "Get PA Cover Sheet" will open a new browser window. To print the cover sheet, you must select "File > Print" from your browser's menu. If you are unable to print the PA cover sheet at this time, then you must select "File > Save" from your browser's menu to save the cover sheet on your computer and print it at another time.
- After printing the PA cover sheet, you must send it along with the documents listed above to the following address or fax number:
ForwardHealth
Prior Authorization
313 Blettner Blvd
Madison, WI 53784
Fax: (608) 221-8616
- Note: If the PA cover sheet and the documents listed above are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.
- After printing the PA cover sheet, select "Next" to receive your PA number for this request.

[Get PA Cover Sheet](#)

[Next](#)

Figure 46 Print the PA Cover Sheet Page

8. Read the instructions on the Print the PA Cover Sheet page.

- Click **Get PA Cover Sheet**. A PDF version of the PA cover sheet will open in a new window.

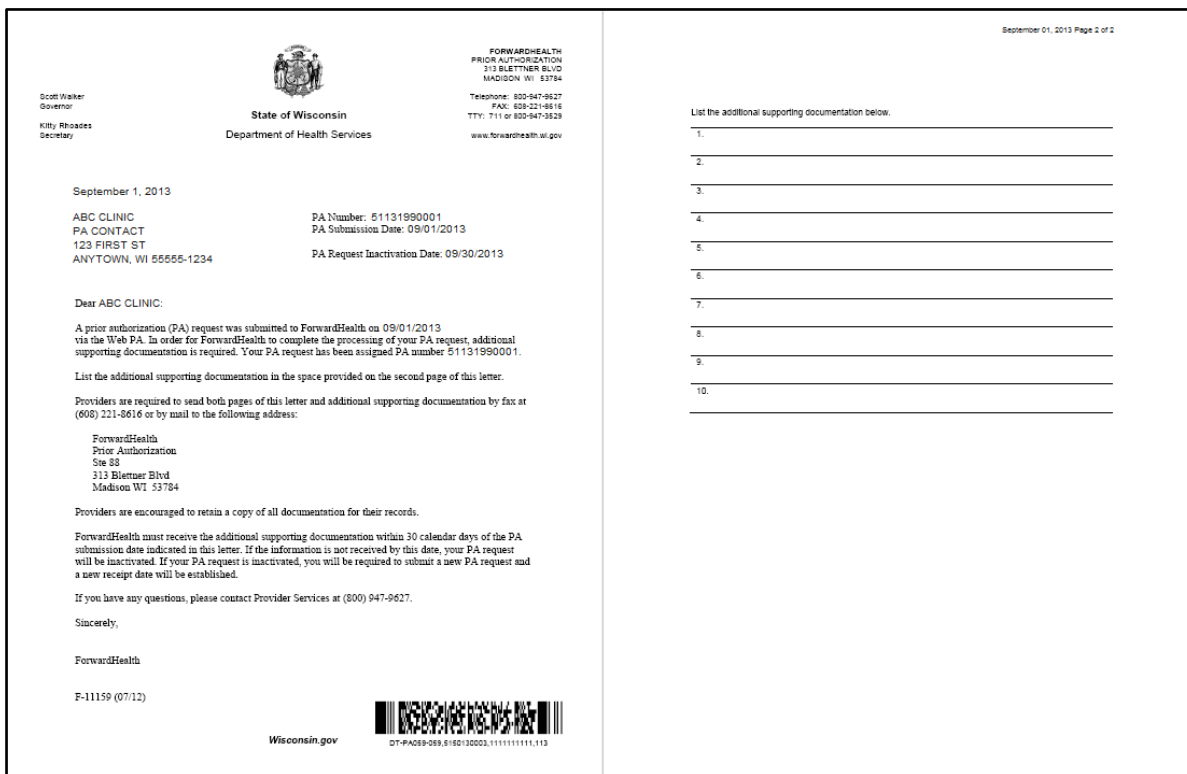


Figure 47 PDF Version of the PA Cover Sheet

- To print or save the PA cover sheet to your hard drive or network location, use the Print or Save As function of the browser. If you have problems printing or saving the PA cover sheet, click the link that appears at the top of the Print the PA Cover Sheet page.

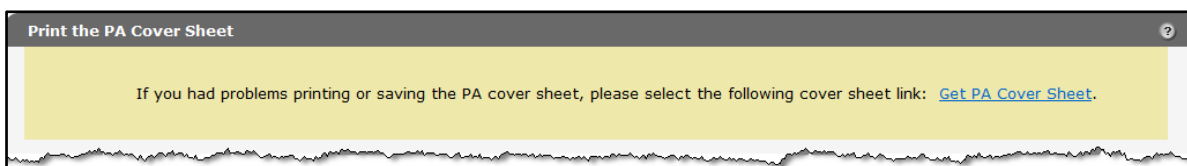


Figure 48 Get PA Cover Sheet Link

Note: If the PA cover sheet and required attachments are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.

11. Click **Next**. The Confirmation of Receipt page will be displayed.

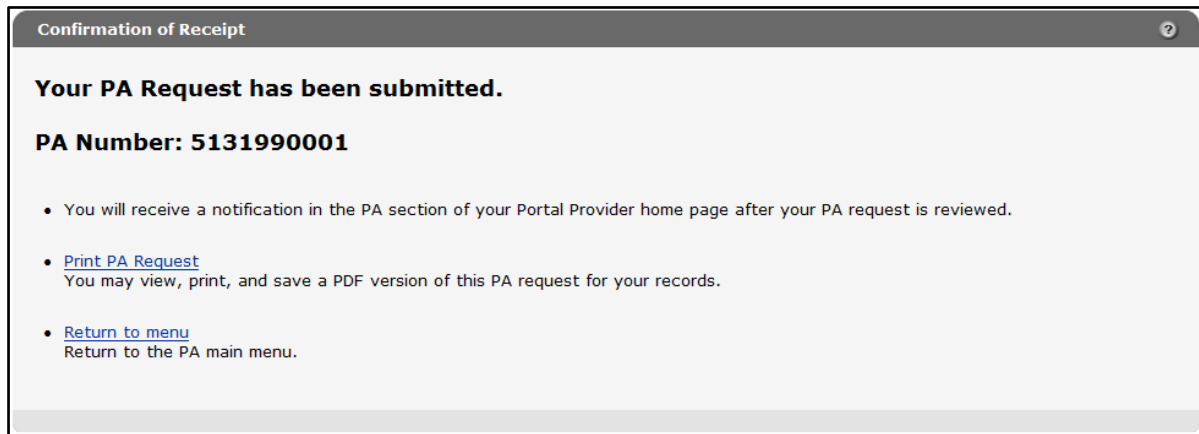


Figure 49 Confirmation of Receipt Page

- 12. Click **Print PA Request** to view, print, or save a PDF version of the PA request for your records.


DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)							
Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.							
SECTION I — PROVIDER INFORMATION							
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)		2. Process Type 113 - Speech and language pathology	3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000				
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890	5b. Billing Provider Taxonomy Code 987654321X				
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
SECTION II — MEMBER INFORMATION							
7. Member Identification Number 0987654321	8. Date of Birth — Member 03/03/1999	9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555					
10. Name — Member (Last, First, Middle Initial) IMA MEMBER	11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female						
SECTION III — DIAGNOSIS / TREATMENT INFORMATION							
12. Diagnosis — Primary Code and Description R4701 - APHASIA		13. Start Date — GOI	14. First Date of Treatment — GOI				
15. Diagnosis — Secondary Code and Description		16. Requested PA Start Date 11/18/2018					
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN	11	THERAPEUTIC EXERCISES - 15 MIN X 3WKS X 11 WKS	33.000	\$250.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.						25. Total Charges	\$250.00
26. SIGNATURE — Requesting Provider I.M. Requesting Provider						27. Date Signed 11/10/2018	
						DT-PA049-049	

Figure 50 PDF Version of PA Request

13. Click **Return to menu** to be redirected to the Prior Authorization page.

3.4 Submission Method – Health check request – No Attachment is needed

Providers submitting a PA request for HealthCheck “Other Services,” can submit the request without including a specific PA attachment. If the provider is unclear which attachment form to use, the provider can submit the clinical rationale and documentation (e.g., test results or clinical notes) with the PA/RF.

1. Select **Health check request – No Attachment is needed** from the Submission Method drop-down menu.

Required Attachments ?

Required fields are indicated with an asterisk (*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

Attachment PRIOR AUTHORIZATION DRUG ATTACHMENT FOR SYNAGIS

Submission Method* Health check request – No Attachment is needed

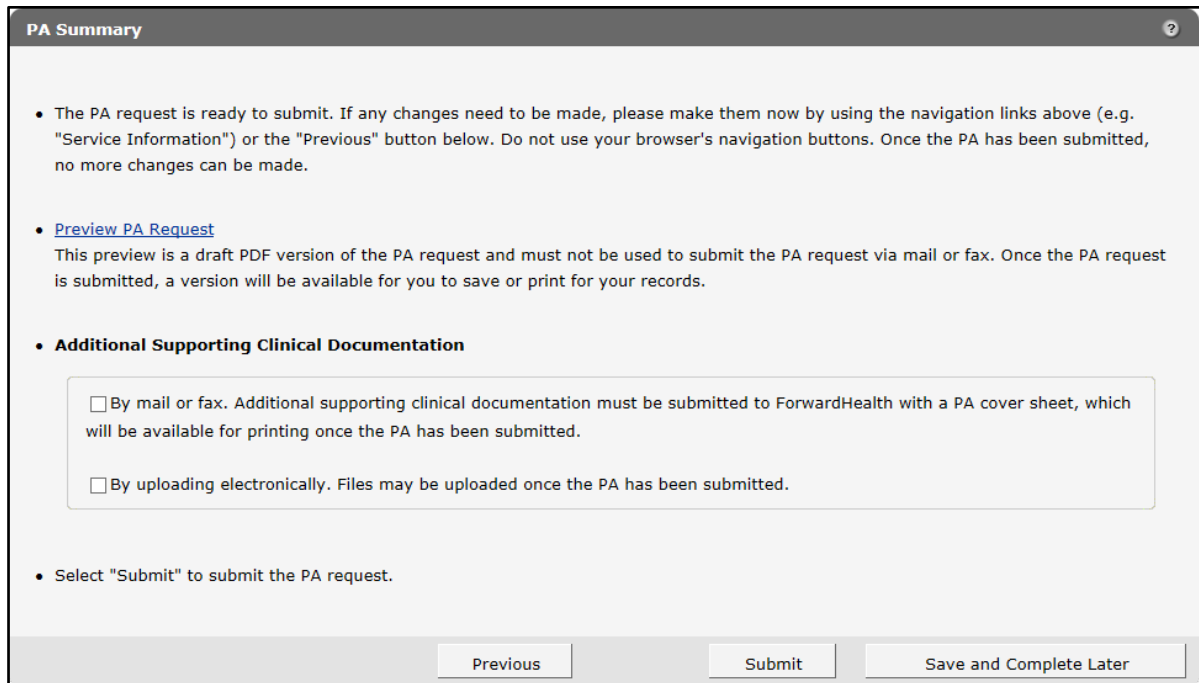
Notes The attachment form does not need to be completed.

Previous Next Save and Complete Later

Figure 51 Required Attachments Page

2. Read the Notes for further instructions.

3. Click **Next**. The PA Summary page will be displayed.



PA Summary

- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.
- [Preview PA Request](#)
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.
- **Additional Supporting Clinical Documentation**
 - By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
 - By uploading electronically. Files may be uploaded once the PA has been submitted.
- Select "Submit" to submit the PA request.

Previous Submit Save and Complete Later

Figure 52 PA Summary Page

4. To view a draft of your PA request, click **Preview PA Request**. A draft PDF version of the PA request will open in a new window.


DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code									
FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)											
Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.											
SECTION I — PROVIDER INFORMATION											
1. Check only if applicable <input checked="" type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)		2. Process Type 117 - Synagis	3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000								
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) ABC CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890	5b. Billing Provider Taxonomy Code 987654321X								
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider									
SECTION II — MEMBER INFORMATION											
7. Member Identification Number 0987654321	8. Date of Birth — Member 03/03/1999	9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555									
10. Name — Member (Last, First, Middle Initial) MEMBER, IMA	11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female										
SECTION III — DIAGNOSIS / TREATMENT INFORMATION											
12. Diagnosis — Primary Code and Description F10 - ALCOHOL RELATED DISORDERS		13. Start Date — SOI	14. First Date of Treatment — SOI								
15. Diagnosis — Secondary Code and Description		16. Requested PA Start Date 10/16/2018									
17. Rendering Provider Number 2345678901	18. Rendering Provider Taxonomy Code 123456789X	19. Service Code 99205	20. Modifiers <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">1</td> <td style="width:25%;">2</td> <td style="width:25%;">3</td> <td style="width:25%;">4</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	1	2	3	4				
1	2	3	4								
21. POS 12	22. Description of Service OFFICE/OUTPATIENT VISIT NEW	23. QR 2.000	24. Charge \$360.00								
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.			25. Total Charges \$360.00								
26. SIGNATURE — Requesting Provider I.M. Requesting Provider			27. Date Signed 10/10/2018								
-DRAFT			 DT-PA049-049								

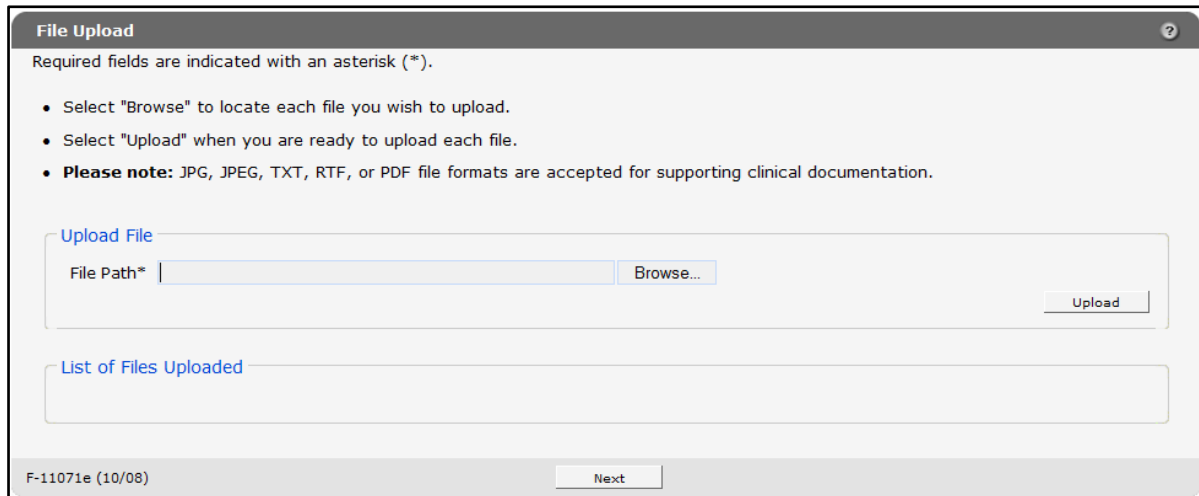
Figure 53 Draft PDF Version of PDF Request

- 5. Review the draft to ensure the entered information is accurate.

- Place a check in the appropriate box indicating how you are submitting additional supporting clinical information (mail or fax or uploading electronically).
- Click **Submit**.

Note: This is the last opportunity to save the request and complete it at a later time. The request cannot be edited once it is submitted.

If you chose to upload additional supporting clinical information electronically, the File Upload page will be displayed.



File Upload ?

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

[Upload File](#)

File Path*

[List of Files Uploaded](#)

F-11071e (10/08)

Figure 54 File Upload Page

- a. Click **Browse**. The Choose file window will be displayed.

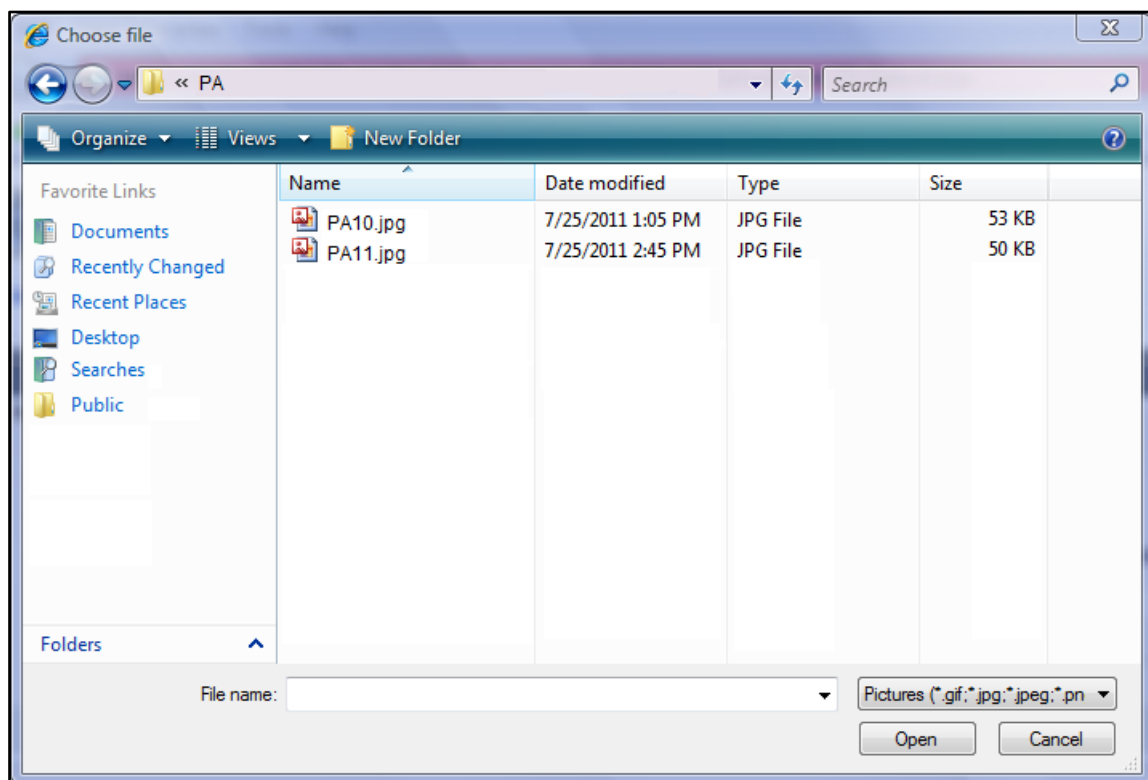


Figure 55 Choose File Window

- b. Browse to and select the desired file.
- c. Click **Open**. The Choose file window will close and the file path will display in the File Path field.
- d. Click **Upload**. The uploaded file will be displayed in the “List of Files Uploaded” section.

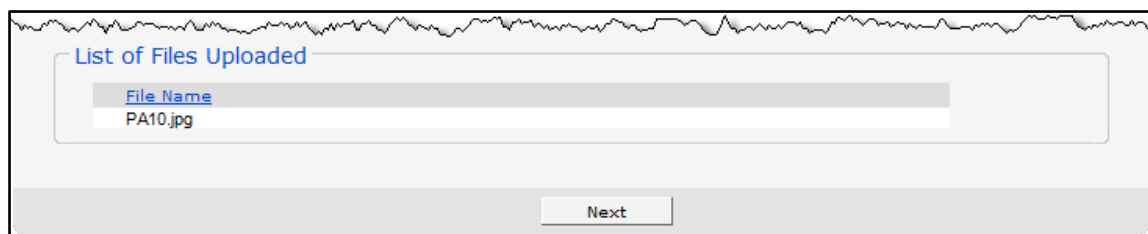


Figure 56 Lists of Files Uploaded Section

- e. Upload as many files as necessary.

- f. Click **Next**. The Confirmation of Receipt page will be displayed.

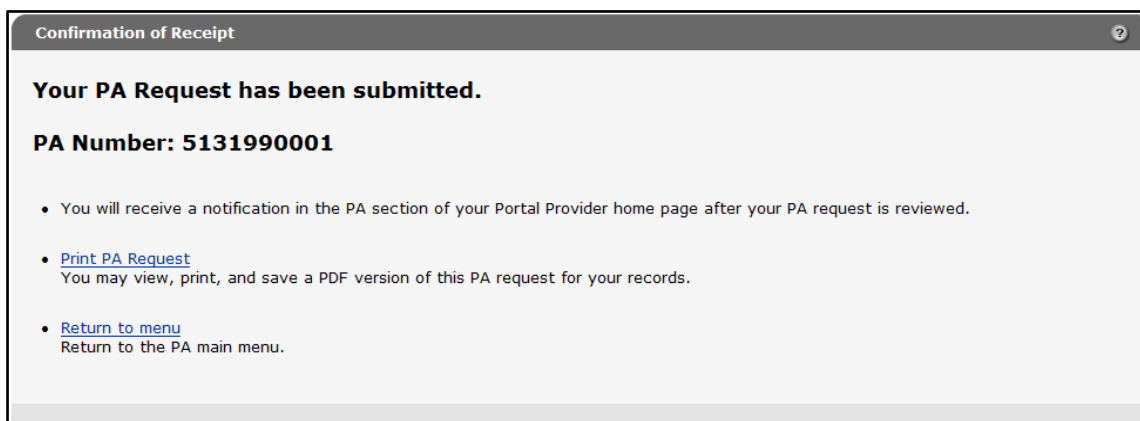


Figure 57 Confirmation of Receipt Page

- g. Proceed to [step 9](#).

If you chose to mail or fax additional supporting clinical information, the Print the PA Cover Sheet page will be displayed.

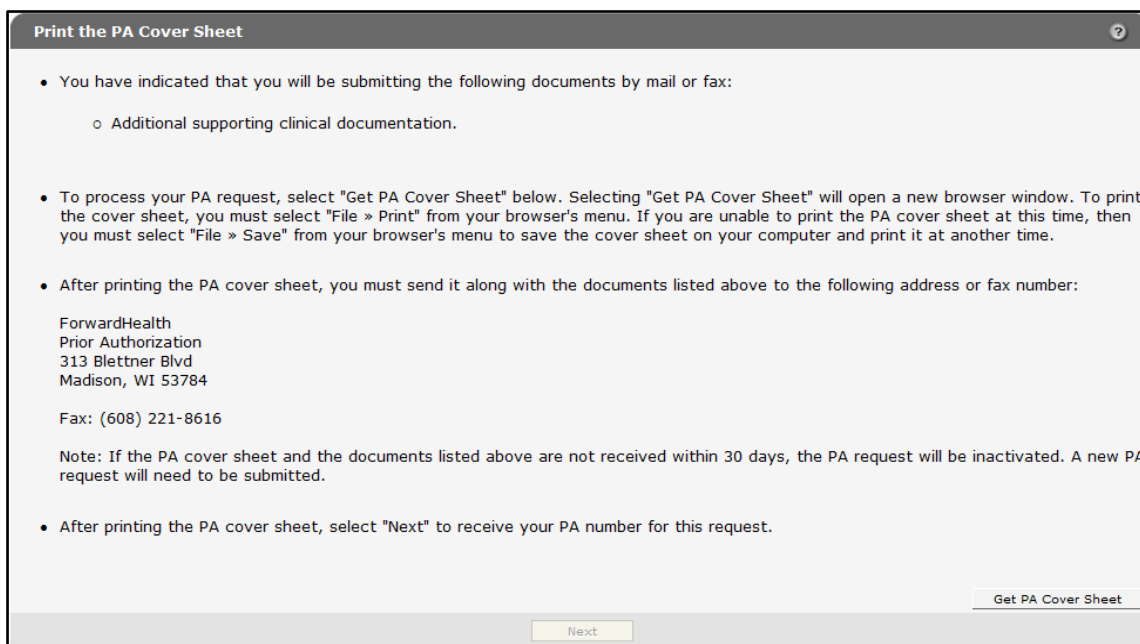


Figure 58 Print the PA Cover Sheet Page

- a. Read the instructions on the Print the PA Cover Sheet page.

- b. Click **Get PA Cover Sheet**. A PDF version of the PA cover sheet will open in a new window.

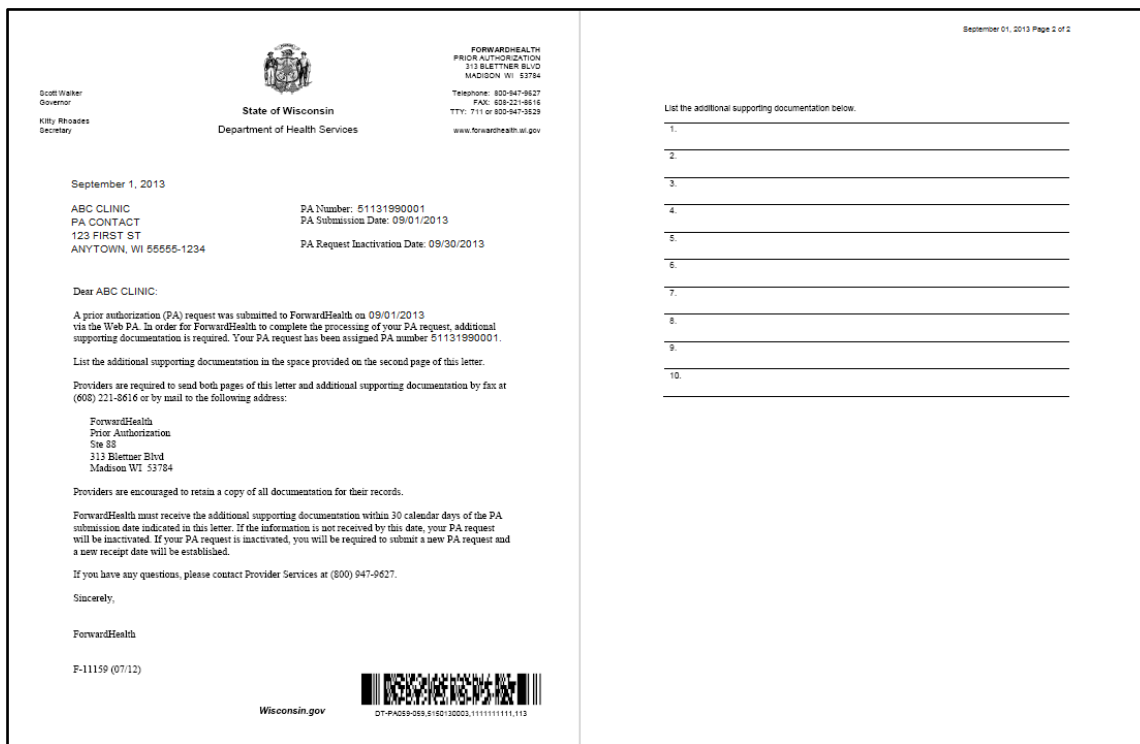


Figure 59 PDF Version of the PA Cover Sheet

- c. To print or save the PA cover sheet to your hard drive or network location, use the Print or Save As function of the browser. If you have problems printing or saving the PA cover sheet, click the link that appears at the top of the Print the PA Cover Sheet page.

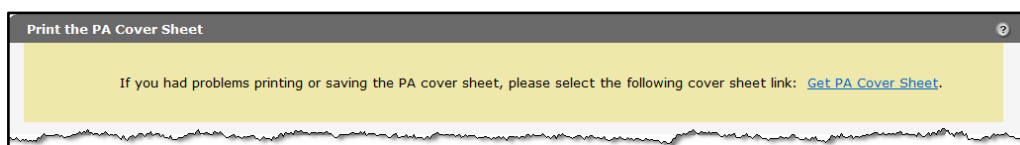


Figure 60 Get PA Cover Sheet Link

Note: If the PA cover sheet and required attachments are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.

8. Click **Submit**. The Confirmation of Receipt page will be displayed.

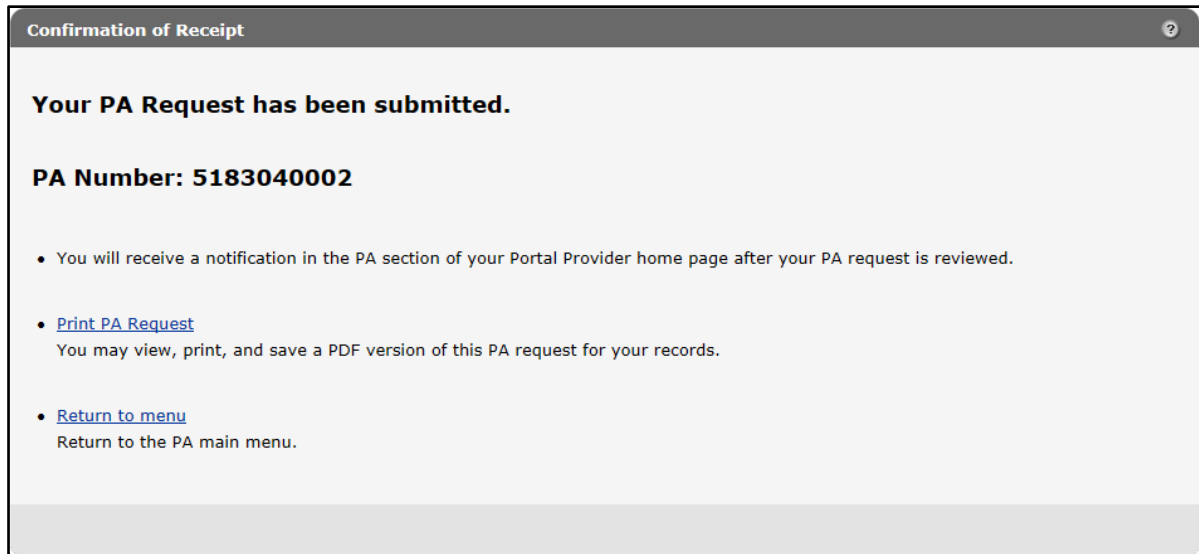


Figure 61 Confirmation of Receipt Page

- 9. Click **Print PA Request** to view, print, or save a PDF version of the PA request for your records.


DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code	
FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)			
Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 86, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.			
SECTION I — PROVIDER INFORMATION			
1. Check only if applicable <input checked="" type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)		2. Process Type 117 - Synagis	3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) ABC CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890	5b. Billing Provider Taxonomy Code 987654321X
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider	
SECTION II — MEMBER INFORMATION			
7. Member Identification Number 0987654321	8. Date of Birth — Member 03/03/1999	9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555	
10. Name — Member (Last, First, Middle Initial) MEMBER, IMA	11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
SECTION III — DIAGNOSIS / TREATMENT INFORMATION			
12. Diagnosis — Primary Code and Description F10 - ALCOHOL RELATED DISORDERS		13. Start Date — SOI	14. First Date of Treatment — SOI
15. Diagnosis — Secondary Code and Description		16. Requested PA Start Date 10/16/2018	
17. Rendering Provider Number 2345678901	18. Rendering Provider Taxonomy Code 123456789X	19. Service Code 99205	20. Modifiers 1 2 3 4
			21. POS 12
			22. Description of Service OFFICE/OUTPATIENT VISIT NEW
			23. QR 2.000
			24. Charge \$360.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.			25. Total Charges \$360.00
26. SIGNATURE — Requesting Provider I.M. Requesting Provider			27. Date Signed 10/10/2018
 DT-PA049-049			

Figure 62 PDF Version of PA Request

10. Click **Return to menu** to be redirected to the Prior Authorization page.

4 Save a Partially Completed Prior Authorization Request

If a PA request cannot be completed in one session, users may save the partially completed request without losing entered data.

Users may save PA requests at any point after the Member Information page and any required processing notes have been completed. Once a request is submitted, users will not be able to save the request to complete at a later date.

Users are able to retrieve the partially completed PA request at a later time and either complete the request and submit it or delete it. For additional information, refer to [Section 5 Complete a Saved Prior Authorization Request](#).

Note: The ability to save partially completed PA requests only applies to new PA requests. Providers will not be able to save partially completed PA amendments or corrections to returned PA requests or amendments.

A Save and Complete Later button is available at the bottom of the Service Information page and each succeeding page until the request is submitted.

1. Click **Save and Complete Later** on any page where the button is available.



Figure 63 Save and Complete Later Button

The Save Confirmation page will be displayed.

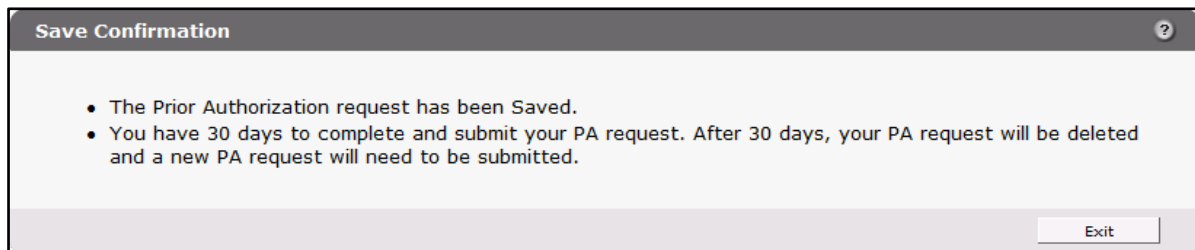


Figure 64 Save Confirmation Page

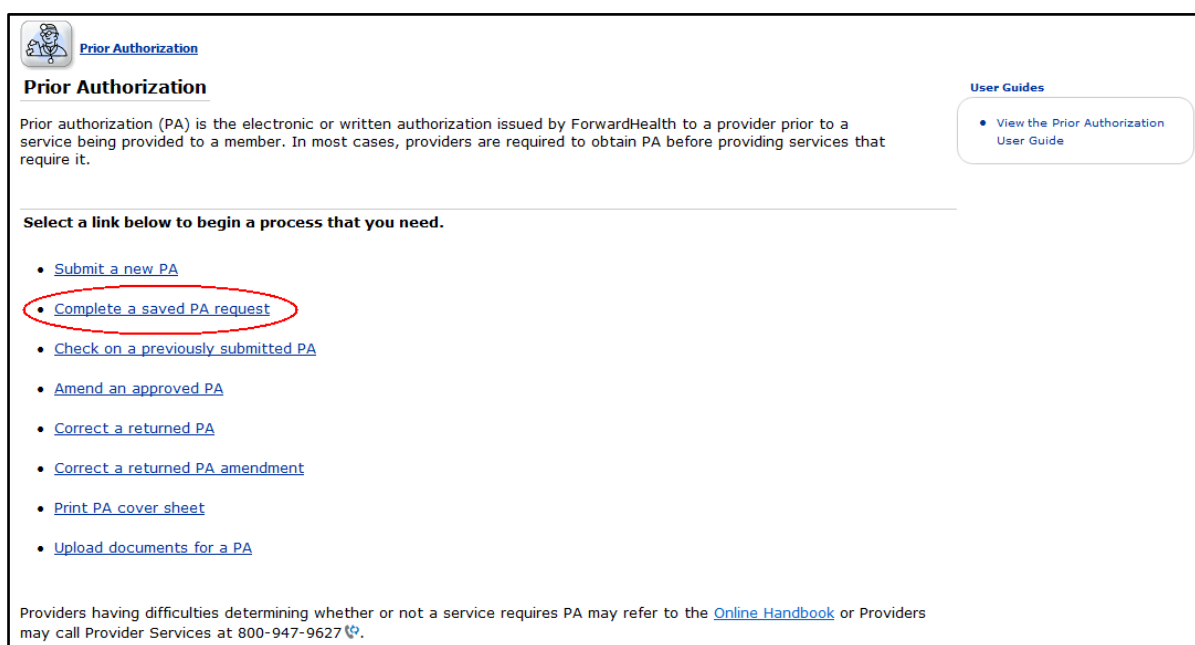
2. Click **Exit** to be redirected to the Prior Authorization page.

5 Complete a Saved Prior Authorization Request

A partially completed PA request can be retrieved at any time within 30 days from the last time it was saved.

Providers are required to submit or re-save a PA request within 30 calendar days of the date the PA request was last saved. After 30 calendar days of inactivity, a PA request will be automatically deleted, and the provider will have to re-enter the request.

1. On the Prior Authorization page, click **Complete a saved PA request**.



The screenshot shows the 'Prior Authorization' page. At the top left is a user icon and the text 'Prior Authorization'. Below this is the heading 'Prior Authorization' and a paragraph explaining that PA is electronic or written authorization issued by ForwardHealth. To the right is a 'User Guides' section with a link 'View the Prior Authorization User Guide'. Below the heading is a section titled 'Select a link below to begin a process that you need.' containing a list of links: 'Submit a new PA', 'Complete a saved PA request' (circled in red), 'Check on a previously submitted PA', 'Amend an approved PA', 'Correct a returned PA', 'Correct a returned PA amendment', 'Print PA cover sheet', and 'Upload documents for a PA'. At the bottom, there is a note for providers having difficulties, with a link to the 'Online Handbook' and a phone number.

Figure 65 Complete a Saved PA Request Link

The Complete a Saved PA Request page will be displayed.

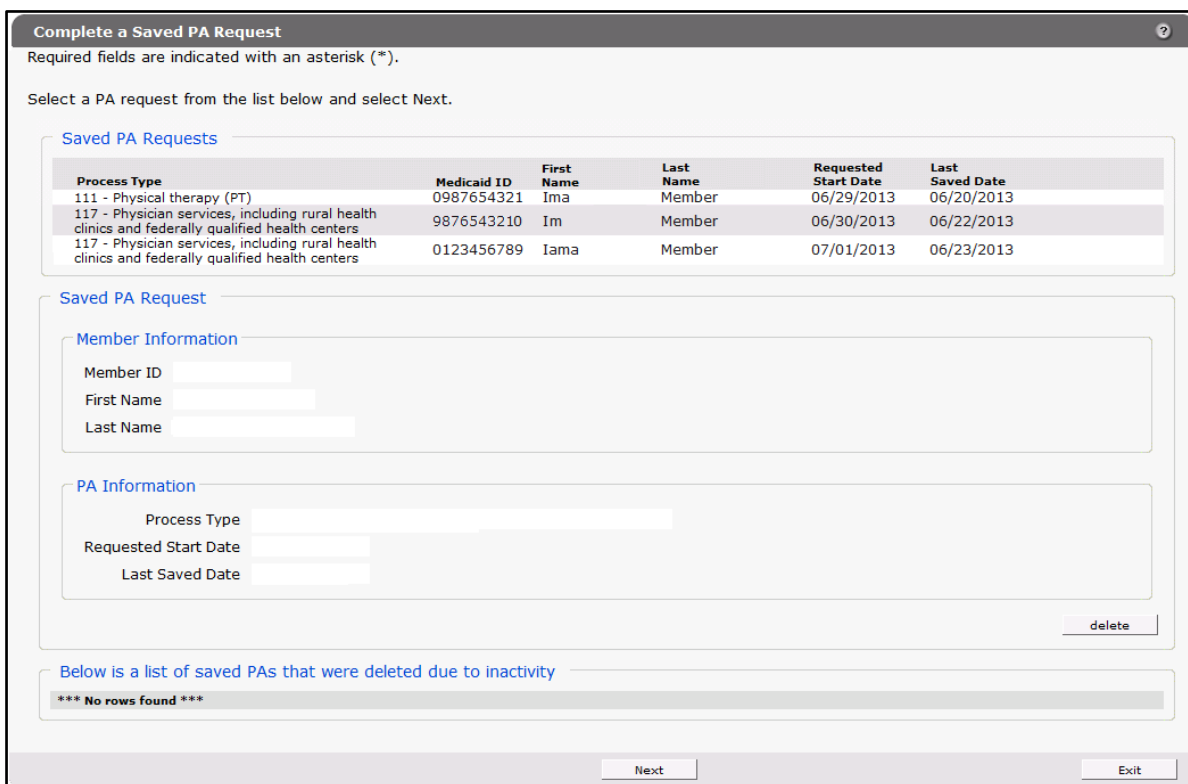


Figure 66 Complete a Save PA Request Page

The Complete a Saved PA Request page displays all of the provider’s PA requests that have been saved.

Any saved requests that have been deleted due to inactivity will be listed at the bottom of the page. The list will *not* include PA requests deleted by the provider. This list is for informational purposes only. Neither providers nor ForwardHealth will be able to retrieve PA requests that have been deleted.

- Click the PA request you wish to complete or delete. The fields will populate with information regarding the selected PA request.

Complete a Saved PA Request ?

Required fields are indicated with an asterisk (*).

Select a PA request from the list below and select Next.

Saved PA Requests

Process Type	Medicaid ID	First Name	Last Name	Requested Start Date	Last Saved Date
111 - Physical therapy (PT)	0987654321	Ima	Member	06/29/2013	06/20/2013
117 - Physician services, including rural health clinics and federally qualified health centers	9876543210	Im	Member	06/30/2013	06/22/2013
117 - Physician services, including rural health clinics and federally qualified health centers	0123456789	Iama	Member	07/01/2013	06/23/2013

Saved PA Request

Member Information

Member ID 0987654321

First Name Ima

Last Name Member

PA Information

Process Type 111 - Physical therapy (PT)

Requested Start Date 06/29/2013

Last Saved Date 06/20/2013

Below is a list of saved PAs that were deleted due to inactivity

*** No rows found ***

Figure 67 Complete a Saved PA Request Page with Populated Information

To delete the selected request, click **Delete**. A dialog box will be displayed. Click **OK** to delete the request.

- Click **Next** to open a saved PA request. The Initial Information page will be displayed.

Figure 68 Saved Initial Information Page

- Verify the information on this page. Users *cannot* change the process type after the PA has been saved. If the process type needs to be changed, the saved PA request should be deleted, and a new PA request started.
- If the information is correct, click **Next**. The Member Information page will be displayed.

Figure 69 Saved Member Information Page

- Verify the information on this page. Information on this page may have changed.

- Click **Next**. The Service Information page will be displayed.

Service Information
?

Required fields are indicated with an asterisk (*).

Primary Diagnosis Code* [Search]

Secondary Diagnosis Code [Search]

Requested Start Date

National Provider Identifier - Prescribing/Referring/Ordering Provider [Search]

Primary Diag Description CEREBR THROMBOSIS W INFA

Secondary Diag Description TPA WI LAST 24 HOURS

Requesting Provider Signature*

Name - Prescribing/Referring/Ordering Provider

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
02				0	\$0.00	
01		97116		33.000	\$0.00	
Total:					\$0.00	

Select row to update/delete -or- enter new line item information and select Add

Line Item

Rendering Provider ID [Search] (If blank, will default to Billing Provider)

Rendering Provider Taxonomy

Service Code Type* PROCEDURE CODE (After choosing, move off field, and wait for Service Code field to appear)

Service Code* [Search]

Service Code Description

Additional Service Code Description

Modifiers

Place of Service*

Quantity Requested*

Charge*

F-11018e (10/08)
HFS 106.03(4), Wis. Admin. Code
Previous Next
Save and Complete Later Clear Verify

Figure 70 Saved Service Information Page

- To continue completing the PA request, follow the instructions beginning at [step 15](#) under Section 3 Submit a New Prior Authorization.

If the PA request cannot be completed at this time, users can save the request and finish it at a later time by clicking **Save and Complete Later**. PA requests may be saved as many times as necessary as long as users submit or re-save the request within 30 calendar days of the date the request was last saved. After 30 calendar days of inactivity, the request will be automatically deleted, and users will need to start a new request.

6 Check on a Previously Submitted Prior Authorization

On the Prior Authorization Page, click **Check on a previously submitted PA**. The Find PA Record page will be displayed.

Figure 71 Find PA Record Page

You can find a PA by either entering a PA number or entering information in one or more of the data fields.

6.1 Search by Prior Authorization Number

1. Enter the PA number in the PA number field.

Figure 72 Search by PA Number

- Click **View PA Record**. If no results match the search, an error message will be displayed at the top of the page.

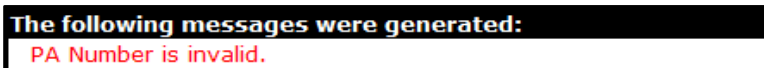


Figure 73 Example Error Message

If the entered PA number is valid, the PA Record page will be displayed.

The screenshot shows the PA Record page with the following details:

- PA Information:**
 - PA Number: 5131990001
 - Media Type: WEB
 - First Name: IMA
 - Member ID: 0987654321
 - Last Name: MEMBER
 - Date of Birth: 01/01/1999
 - PA Status: PENDING - FISCAL AGENT REVIEW
 - Amendment Status: [Empty]
 - Process Type: 113 - Speech and language pathology (SLP)
 - Program: Medicaid
 - HealthCheck Other Service: No
 - Start Date - SOI: [Empty]
 - Requested Start Date: 07/09/2013
 - First Date of Treatment - SOI: [Empty]
 - Primary Diagnosis Code: 7843
 - Description: APHASIA
 - Secondary Diagnosis Code: [Empty]
 - Description: [Empty]
 - National Provider Identifier - Prescribing/Referring/Ordering Provider: [Empty]
 - Name - Prescribing/Referring/Ordering Provider: [Empty]
- Line Item Information:**

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	PENDING	97110	33.000	\$250.00	0.000	\$0.00		

Select row above to display a different line item's data below.

 - Line Item: 01
 - Status: PENDING
 - Rendering Provider ID: 2345678901 NPI
 - Prescribing Provider ID: [Empty]
 - Service Code Type: Procedure Code
 - Service Code: 97110
 - Service Code Description: THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS
 - Tooth: [Empty]
 - Area of the Oral Cavity: [Empty]
 - Modifiers: GO
 - Place of Service: 11
 - Units Requested: 33.000
 - Dollars Requested: \$250.00
 - Units Authorized: 0.000
 - Dollars Authorized: \$0.00
 - Units Remaining: 0.000
 - Dollars Remaining: \$0.00
 - Grant Date: [Empty]
 - Expiration Date: [Empty]

Figure 74 PA Record Page

- Click **Exit** to return to the Prior Authorization page.

6.2 Search by Other Criteria

If the PA number is unknown, you can search for the PA using any of the remaining fields on the page. To refine your search, enter information in more than one field.

- Enter or select information for any of the following fields:

- Process Type
- Provider ID

Note: To search by Provider ID, you must be logged into a hospital account.

- Member ID
- Requested Start Date
- PA Status
- Amendment Status

To view all previously submitted PAs, leave all the fields blank.

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Member ID 0987654321

Requested Start Date

PA Status Any

Amendment Status Any

Search Clear Exit

Figure 75 Search by Other Criteria

2. Click **Search**.

If no results match the criteria entered, an error message will be displayed at the top of the page. Revise your search criteria and click **Search** again.

The following messages were generated:
 No PA records can be found in the system matching the criteria entered.

Figure 76 Example Error Message

If the entered information is valid, the Choose PA Record page will be displayed.

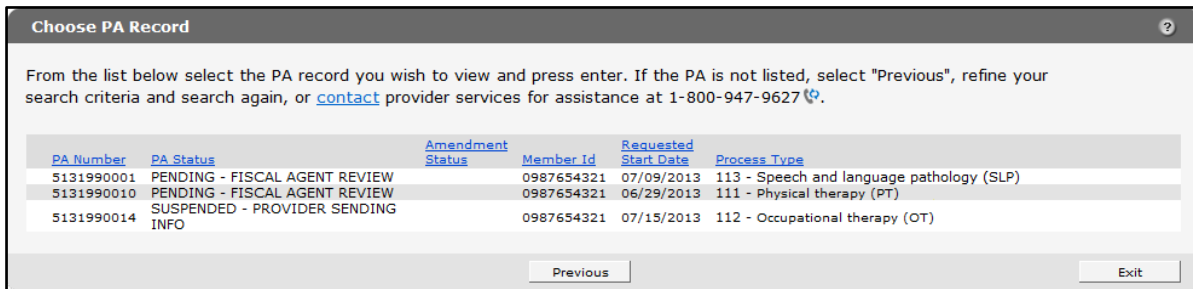


Figure 77 Choose PA Record Page

Note: To sort the results by category, click a column heading once to sort the results in ascending order. Click the heading again to sort the results in descending order.

3. Select the PA you wish to view. The PA Record page will be displayed.

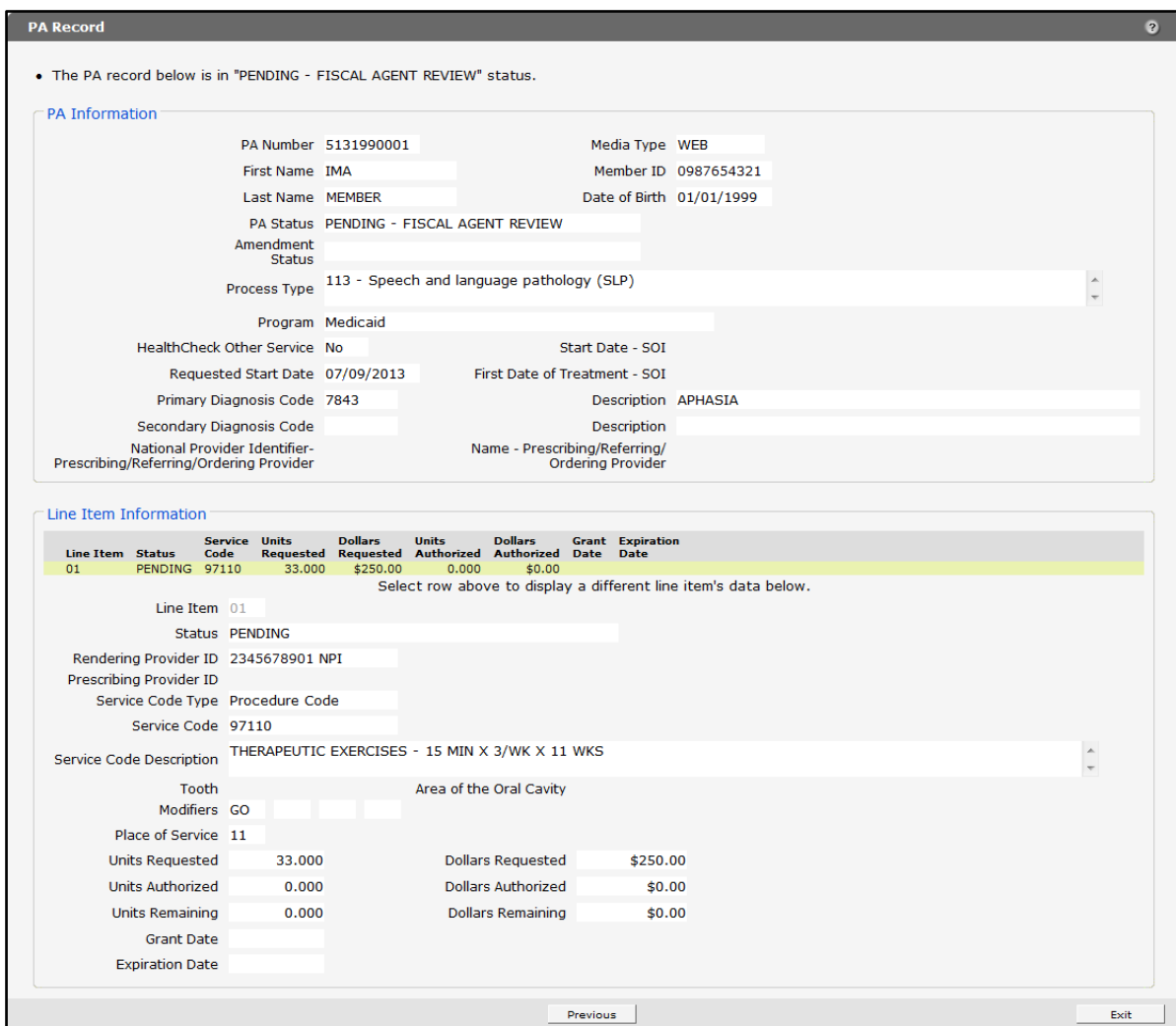


Figure 78 PA Record Page

4. Click **Exit** to return to the Prior Authorization page.

6.3 Change Suspended Prior Authorization Status

If the selected PA is in a status of *Suspended — Provider Sending Info*, providers have the option of changing the PA status from *Suspended* to *Pending* if it is determined that additional information will not need to be mailed or faxed.

1. On the Prior Authorization page, click **Check on a previously submitted PA**. The Find PA Record page will be displayed.

Find PA Record

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 79 Find PA Record Page

2. Search for the PA.

- If you search by PA number, the PA Record page will be displayed.
- If you search by other criteria, the Choose PA Record page will be displayed. Select the PA you wish to view to display the PA Record page.

PA Record

• The PA record below is in "SUSPENDED - PROVIDER SENDING INFO" status.

PA Information

PA Number 5131990014 Media Type WEB
 First Name IMA Member ID 0987654321
 Last Name MEMBER Date of Birth 01/01/1999
 PA Status SUSPENDED - PROVIDER SENDING INFO
 Amendment Status
 Process Type 112 - Occupational therapy (OT)
 Program Medicaid
 HealthCheck Other Service No Start Date - SOI
 Requested Start Date 07/15/2013 First Date of Treatment - SOI
 Primary Diagnosis Code 43401 Description CEREBR THROMBOSIS W INFARCT
 Secondary Diagnosis Code V4588 Description TPA WI LAST 24 HOURS
 National Provider Identifier- Prescribing/Referring/Ordering Provider Name - Prescribing/Referring/Ordering Provider

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	PENDING	97110	33.000	\$300.00	0.000	\$0.00		

Select row above to display a different line item's data below.

Line Item 01
 Status PENDING
 Rendering Provider ID 2345678901 NPI
 Prescribing Provider ID
 Service Code Type Procedure Code
 Service Code 97110
 Service Code Description STRENGTHENING EXERCISES, 15 MIN X 3/WK X 11 WKS
 Tooth Area of the Oral Cavity
 Modifiers GO
 Place of Service 11
 Units Requested 33.000 Dollars Requested \$300.00
 Units Authorized 0.000 Dollars Authorized \$0.00
 Units Remaining 0.000 Dollars Remaining \$0.00
 Grant Date
 Expiration Date

Change Prior Authorization Status

Check this box to change PA status from "Suspended" to "Pending". Enter text below to explain or comment on why the PA can be processed.

Comments (Optional)

Submit

Previous Exit

Figure 80 PA Record Page with Change Prior Authorization Status Section

3. Check the box in the “Change Prior Authorization Status” section of the PA Record page.

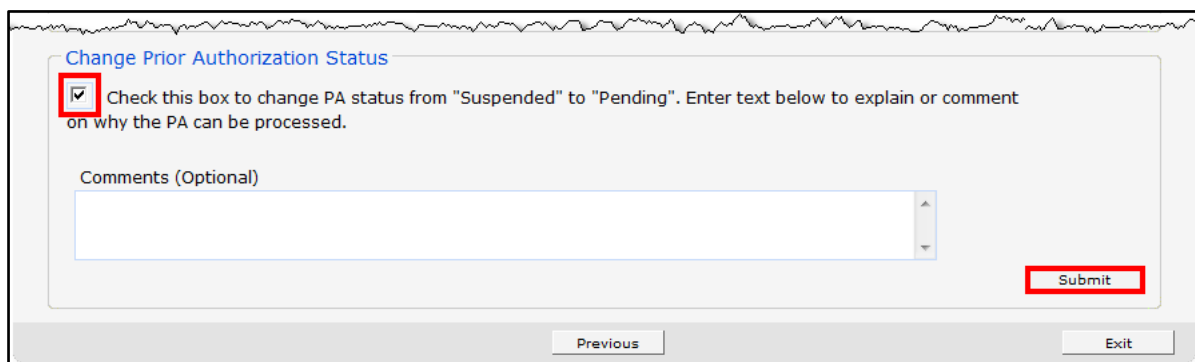


Figure 81 Change Prior Authorization Status Section

4. If necessary, add notes explaining or commenting on why the PA can be processed without additional clinical documentation in the Comments box.
5. Click **Submit**.

If there were any problems with the submission, an error message will be displayed at the top of the page.

The following messages were generated:
To update the PA status, the additional supporting documentation response is required.

Figure 82 Example Error Message

If the submission was successful, a confirmation message will be displayed at the top of the page.

The following messages were generated:
Your request to update the prior authorization status has been successfully sent.

Figure 83 Confirmation Message

Note: The PA will still show a suspended status even though the status change was successful. To verify the status change, search for the PA again using the PA number. The current status of the PA will be displayed at the top of the PA Record page.

6. Click **Exit** to return to the Prior Authorization page.

7 Amend an Approved Prior Authorization

1. On the Prior Authorization page, click **Amend an approved PA**. The Find PA Record page will be displayed.

Find PA Record

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Provider ID

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 84 Find PA Record Page

The PA Status field will already be populated with an *Approved* status.

2. Search for the PA you wish to amend.

For information on searching for a submitted PA, refer to [Section 6 Check on a Previously Submitted PA](#).

- If you search by PA number, the PA Record page will be displayed.
- If you search by other criteria, the Choose PA Record page will be displayed. Select the PA you wish to view to display the PA Record page.

PA Record

- The PA record below is in "APPROVED" status.
- To view the decision on this approved PA select "View PA Decision Notice" located in the PA Information section. If you wish to submit an amendment request for this PA, select "Amend this PA" located at the bottom of the page.

PA Information

PA Number	5133530001	Media Type	WEB
First Name	IM	Member ID	9876543210
Last Name	MEMBER	Date of Birth	01/01/1962
PA Status	APPROVED	View PA Decision Notice	
Amendment Status			
Process Type	120 - Home Care		
Program	Medicaid		
HealthCheck Other Service	No	Start Date - SOI	
Requested Start Date	12/21/2013	First Date of Treatment - SOI	
Primary Diagnosis Code	436	Description	CVA
Secondary Diagnosis Code		Description	
National Provider Identifier- Prescribing/Referring/Ordering Provider		Name - Prescribing/Referring/Ordering Provider	

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	APPROVED	T1021	50.000	\$1,500.00	50.000	\$0.00	12/21/2013	02/27/2014

Select row above to display a different line item's data below.

Line Item: 01

Status: APPROVED

Rendering Provider ID: 9999999999 NPI

Prescribing Provider ID:

Service Code Type: Procedure Code

Service Code: T1021

Service Code Description: HHA 1/D, SD/WK X 10 WK

Tooth: Area of the Oral Cavity

Modifiers: UF

Place of Service: 12

Units Requested	50.000	Dollars Requested	\$1,500.00
Units Authorized	50.000	Dollars Authorized	\$0.00
Units Remaining	50.000	Dollars Remaining	\$0.00

Grant Date: 12/21/2013

Expiration Date: 02/27/2014

Figure 85 PA Record Page

- To view the decision for this PA, click **View PA Decision Notice**. An OnBase Document Viewer window will open and display Document Results.

Note: If only one document is listed, a PDF version of the PA Decision Notice letter will automatically open in the same window.

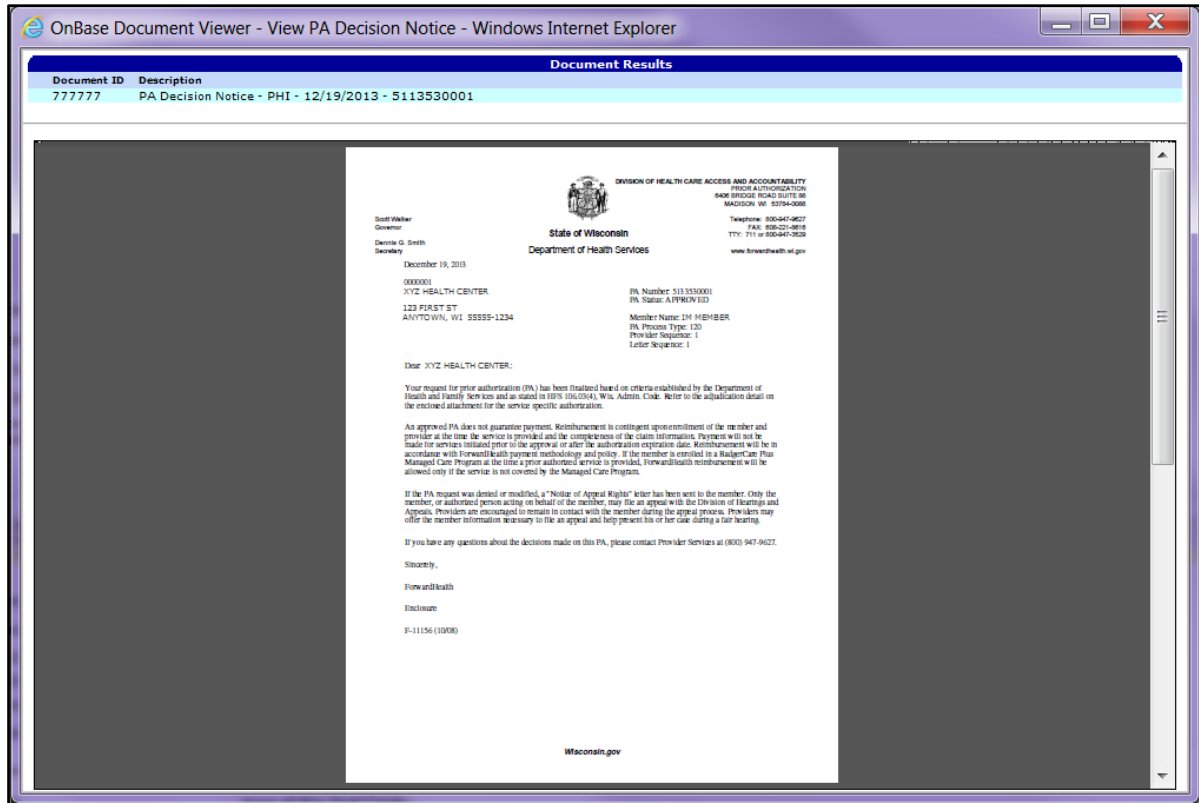


Figure 86 OnBase Document Viewer Window

- To print or save the PA Decision Notice to your hard drive or network location, use the Print or Save As function of the browser.
- Close the OnBase Document Viewer window.

6. On the PA Record page, click **Amend this PA**. The Amendment Request page will be displayed.

Amendment Request

Required fields are indicated with an asterisk (*).

SECTION I - MEMBER INFORMATION

Original PA Number 5133530001
 Today's Date 01/22/2014
 Process Type 120 - Home Care
 Member ID 9876543210 First Name IM
 Last Name MEMBER

SECTION II - PROVIDER INFORMATION

Name XYZ HEALTH CENTER
 Provider ID 9999999999 NPI
 Address Line 1 123 FIRST ST
 Address Line 2
 City ANYTOWN
 State/ZIP WI 55555 - 1234

SECTION III - AMENDMENT INFORMATION

Requested Start Date*
 Requested End Date (If different from end of current PA)

Reason for Amendment Request (Check All That Apply)

Change Billing Provider ID Change Procedure Code / Modifier
 Change Grant or Expiration Date Change Quantity
 Add Procedure Code / Modifier Change Diagnosis Code
 Discontinue PA Other (Specify)

Description and Justification for Requested Change*

Additional supporting clinical documentation to be mailed or faxed

Check this box if any additional supporting clinical documentation will be mailed or faxed. A PA cover sheet will be required with any additional documentation. The PA cover sheet will be available once the amendment request has been submitted.

Check this box if any additional supporting clinical documentation will be uploaded electronically. Documents can be uploaded once the amendment request has been submitted.

Signature - Requesting Provider*
 Date Signed - Requesting Provider*

F-11042e - (10/08)
 HFS 106.03(4), Wis. Admin. Code
 HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

Submit Cancel

Figure 87 Amendment Request Page

7. In “SECTION III - AMENDMENT INFORMATION”, although not all the fields are required, enter as much information as possible.
- In the Requested Start Date field, enter the start date requested for the amendment in MM/DD/CCYY format.
 - If the end date is different from the current expiration date, enter the end date requested for the amendment in MM/DD/CCYY format in the Requested End Date field.
 - In the “Reason for Amendment Request (Check All That Apply)” section, check a reason(s) for the amendment request.

- Enter a note describing and explaining the change in the Description and Justification for Requested Change box (enter information for each reason selected).
 - If additional supporting clinical documentation is needed, check the appropriate box indicating whether you plan to mail or fax or upload the additional documents.
 - In the Signature — Requesting Provider field, enter the signature of the provider that requested the original PA.
 - In the Date Signed — Requesting Provider field, enter the date the amendment request was signed by the requesting provider in MM/DD/CCYY format.
8. Click **Submit**.
- If no additional clinical documentation is needed and the amendment request was submitted successfully, the [Confirmation of Receipt](#) page will be displayed.
 - If you are mailing or faxing additional clinical documentation, the Cover Sheet page will be displayed.
 - o Click **Get PA Cover Sheet**. A PDF version of the PA cover sheet will open in a new window.
 - o Print or save the PA cover sheet.
 - o Close the window.
 - o On the Cover Sheet page, click **Next**. The [Confirmation of Receipt](#) page will be displayed.

- If you are uploading additional clinical documentation, the File Upload page will be displayed.

File Upload ?

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Upload File

File Path*

List of Files Uploaded

F-11042e - (10/08)
HFS 106.03(4), Wis. Admin. Code
HFS 152.06(3)(h), 153.06(3)(g),
154.06(3)(g), Wis. Admin. Code

Figure 88 File Upload Page

- o In the "Upload File" section, click **Browse**. The Choose file window will be displayed.
- o Browse to and select the desired file.
- o Click **Open**. The Choose file window will close and the file path will display in the File Path field.
- o Click **Upload**. The uploaded file will be displayed in the "List of Files Uploaded" section.
- o Upload as many files as necessary.

- o Click **Next**. The Confirmation of Receipt page will be displayed.



Figure 89 Confirmation of Receipt Page

- 9. To view, print, or save a copy of the amendment request, click **Print amendment request**. A PDF version of the amendment request will be displayed in a separate browser window.


DEPARTMENT OF HEALTH SERVICES Division of Health Care Access and Accountability F-11042 (07/12)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code	
FORWARDHEALTH PRIOR AUTHORIZATION AMENDMENT REQUEST			
Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8618 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Refer to the Prior Authorization Amendment Request Completion Instructions, F-11042A, for detailed information on completing this form.			
SECTION I — MEMBER INFORMATION			
1. Original PA Number	2. Process Type	3. Member Identification Number	
5133530001	120 - Home Care	9876543210	
4. Name — Member (Last, First, Middle Initial)			
MEMBER, IM			
SECTION II — PROVIDER INFORMATION			
5. Billing Provider Number		7. Address — Billing Provider (Street, City, State, ZIP+4 Code)	
9999999999 NPI		123 FIRST ST ANYTOWN, WI 55555-1234	
6. Name — Billing Provider			
XYZ HEALTH CENTER			
SECTION III — AMENDMENT INFORMATION			
8. Requested Start Date		9. Requested End Date (If Different from Expiration Date of Current PA)	
01/30/2014		03/12/2014	
10. Reasons for Amendment Request (Check All That Apply)			
<input type="checkbox"/> Change Billing Provider Number		<input type="checkbox"/> Add Procedure Code / Modifier	
<input type="checkbox"/> Change Procedure Code / Modifier		<input type="checkbox"/> Change Diagnosis Code	
<input type="checkbox"/> Change Grant or Expiration Date		<input type="checkbox"/> Discontinue PA	
<input checked="" type="checkbox"/> Change Quantity		<input type="checkbox"/> Other (Specify) _____	
11. Description and Justification for Requested Change			
Change quantity to 1/D, 4D/WK x 6WK			
12. Are Attachments Included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, specify attachments below.			
13. SIGNATURE — Requesting Provider		14. Date Signed — Requesting Provider	
I.M. Requesting Provider		01/22/2014	
 DT-PA002-002			

Figure 90 PDF Version of PA Amendment Request

10. Use the browser functions to print or save the amendment request.

Note: This copy of the amendment request is strictly for recordkeeping.

11. Click **Return to menu** to be redirected to the Prior Authorization page.

8 Correct a Returned Prior Authorization

1. On the Prior Authorization page, click **Correct a returned PA**. The Find PA Record page will be displayed.

Find PA Record

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 91 Find PA Record Page

The PA Status field will already be populated with *Returned — Provider Review*.

2. Search for the PA you wish to correct.

For information on searching for a submitted PA, refer to [Section 6 Check on a Previously Submitted PA](#).

If you search by PA Number, the PA Record page will be displayed.

Choose PA Record ?

From the list below select the PA record you wish to view and press enter. If the PA is not listed, select "Previous", refine your search criteria and search again, or [contact](#) provider services for assistance at 1-800-947-9627.

PA Number	PA Status	Amendment Status	Member Id	Requested Start Date	Process Type
5131080201	RETURNED - PROVIDER REVIEW		9876543210	08/17/2013	111 - Physical therapy (PT)
5121660006	RETURNED - PROVIDER REVIEW		8765432109	06/14/2013	123 - Hearing Aid

If you search by other criteria, the Choose PA Record page will be displayed. Select the PA request you wish to correct. Choose PA Record Page

PA Record ?

- The PA record below is in "RETURNED - PROVIDER REVIEW" status.

PA Information

PA Number: 5131080201 Media Type: WEB
 First Name: IM Member ID: 9876543210
 Last Name: MEMBER Date of Birth: 01/01/1962
 PA Status: RETURNED - PROVIDER REVIEW [View latest PA Returned letter](#)
 Amendment Status:
 Process Type: 111 - Physical therapy (PT)
 Program: Medicaid
 HealthCheck Other Service: No Start Date - SOI:
 Requested Start Date: 08/17/2013 First Date of Treatment - SOI:
 Primary Diagnosis Code: 71946 Description: JOINT PAIN LEG
 Secondary Diagnosis Code: Description:
 National Provider Identifier- Prescribing/Referring/Ordering Provider: Name - Prescribing/Referring/Ordering Provider:

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	PENDING	97001	1.000	\$100.00	0.000	\$0.00		
02	PENDING	97140	6.000	\$419.00	0.000	\$0.00		
03	PENDING	97110	7.000	\$210.00	0.000	\$0.00		
04	PENDING	97035	7.000	\$410.00	0.000	\$0.00		

Select row above to display a different line item's data below.

Line Item: 01
 Status: PENDING
 Rendering Provider ID: 888888888 NPI
 Prescribing Provider ID:
 Service Code Type: Procedure Code
 Service Code: 97001
 Service Code Description:
 Tooth: Area of the Oral Cavity:
 Modifiers: GP
 Place of Service: 22
 Units Requested: 1.000 Dollars Requested: \$100.00
 Units Authorized: 0.000 Dollars Authorized: \$0.00
 Units Remaining: 0.000 Dollars Remaining: \$0.00
 Grant Date:
 Expiration Date:

The PA Record page will be displayed.

Figure 92 PA Record Page

- To view the latest PA returned letter, click **View latest PA Returned letter**. An OnBase Document Viewer window will open and display Document Results.

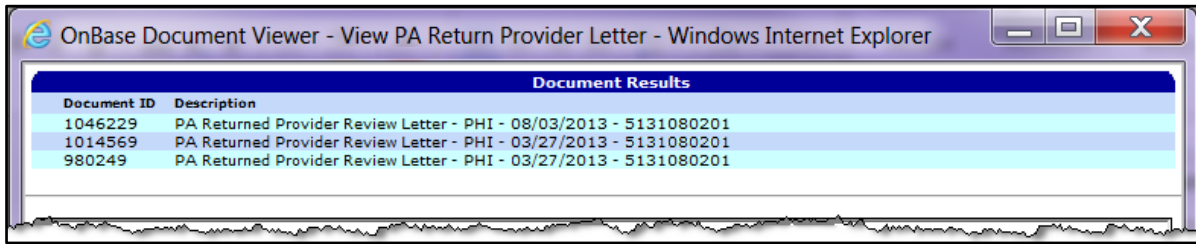


Figure 93 OnBase Document Viewer Window

If multiple documents are listed, select the letter you wish to view to open it.

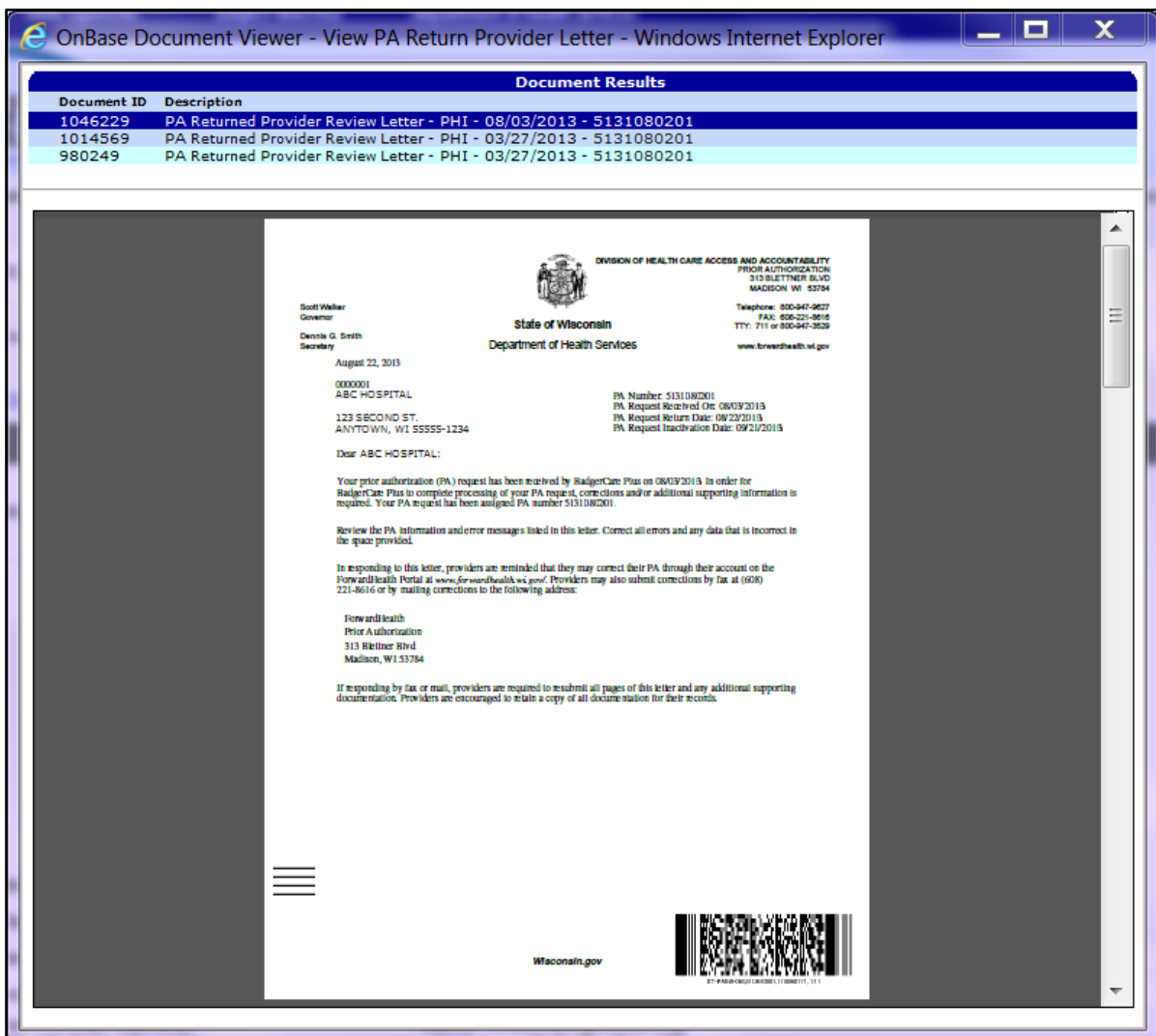


Figure 94 PDF Version of Returned Provider Review Letter

- To print or save the Returned Provider Review Letter to your hard drive or network location, use the Print or Save As function of the browser.

5. Close the OnBase Document Viewer and PDF viewer windows.
6. Review the information on the PA Record page.
7. Click **Correct this PA**. The Initial Information page will be displayed.

Initial Information

Required fields are indicated with an asterisk (*).
 Click the "View Letter" button to see the latest Returned Provider Review Letter.

Process Type

Select a process type:*

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT
- 116 - SOI for SLP
- 117 - J Codes
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers
- 117 - Synagis
- 118 - Chiropractic
- 120 - Home Care

HealthCheck "Other Service"

Is this a HealthCheck "Other Service"?*

Yes No

Program Financial Payer

Select one:*

BadgerCare Plus (TXIX)

Wisconsin Chronic Disease Program (WCDP)

Billing Provider Number

Select a billing provider number:*

777777777 NPI

Figure 95 Initial Information Page

8. Click **View Letter** to review the latest Returned Provider Review Letter. The letter indicates what information needs to be changed or corrected in the PA. An OnBase Document Viewer window will open and display Document Results.

Document Results	
Document ID	Description
1046229	PA Returned Provider Review Letter - PHI - 08/03/2013 - 5131080201
1014569	PA Returned Provider Review Letter - PHI - 03/27/2013 - 5131080201
980249	PA Returned Provider Review Letter - PHI - 03/27/2013 - 5131080201

Figure 96 OnBase Document Viewer Window

If multiple documents are listed, select the letter you wish to view to open it.

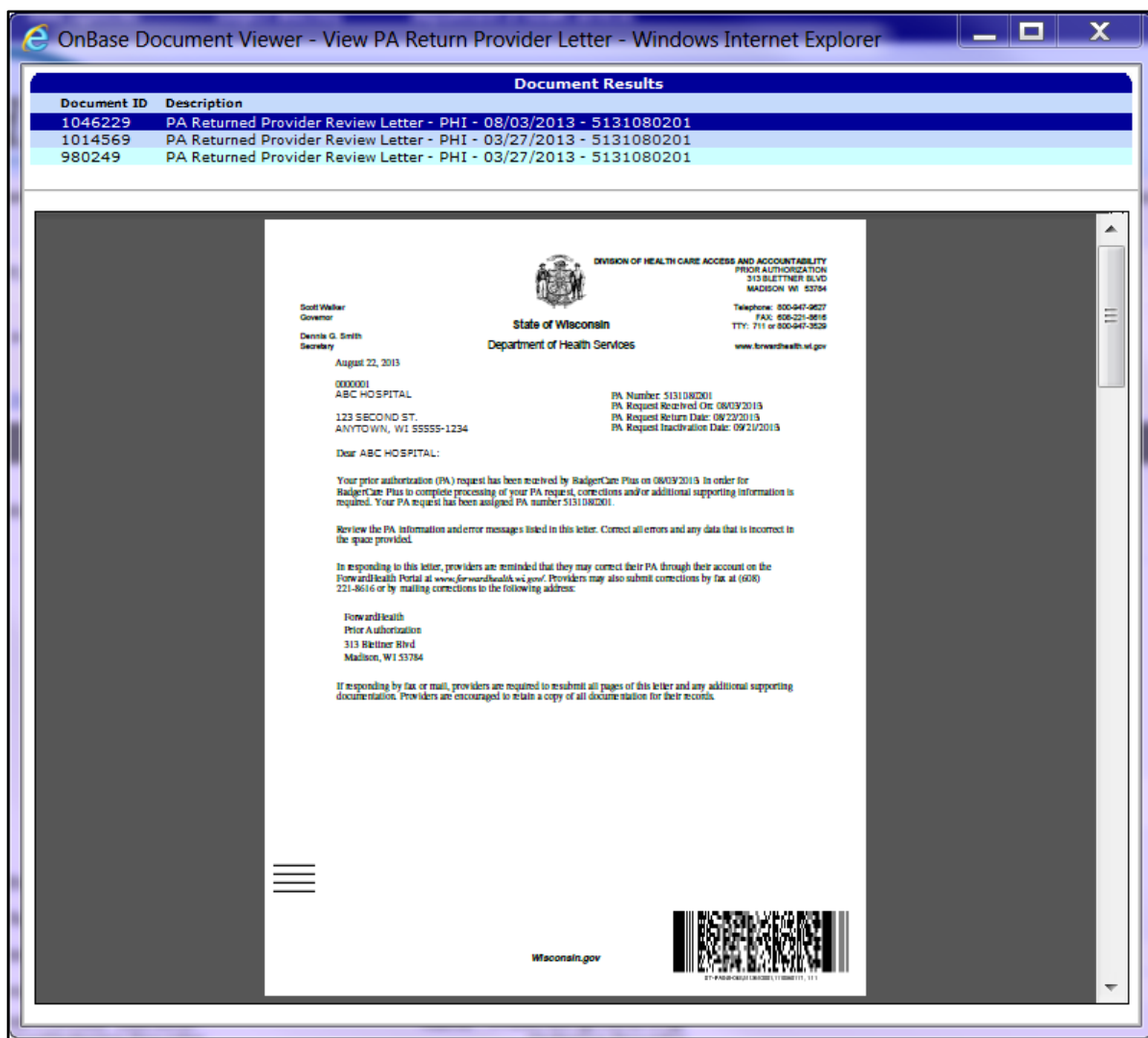
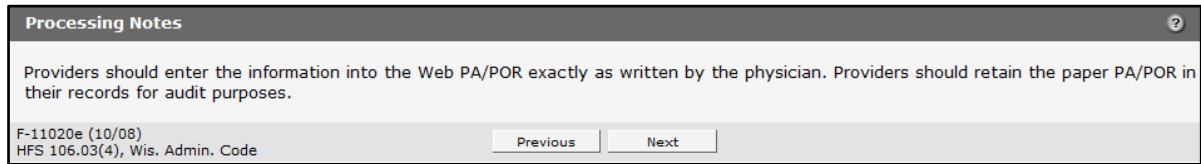


Figure 97 PDF Version of Returned Provider Review Letter

9. To print or save the Returned Provider Review Letter to your hard drive or network location, use the Print or Save As function of the browser.
10. Close the OnBase Document Viewer and PDF viewer windows.
11. Make any necessary changes on the Initial Information page.

Note: Changing information on this page will change information that is entered on other PA request pages. Inaccurate information can create delays or problems with processing the resubmitted PA.

- Click **Next**. If the selected process type has a note associated with it, the Processing Notes page will be displayed.



Processing Notes ?

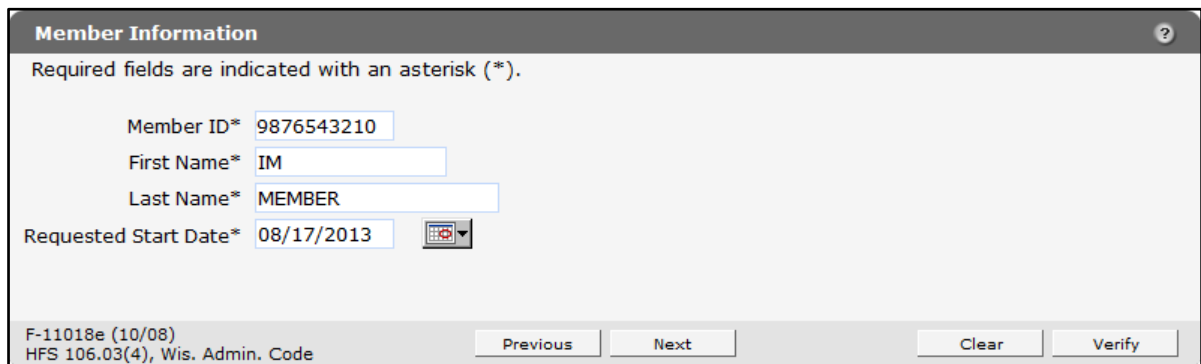
Providers should enter the information into the Web PA/POR exactly as written by the physician. Providers should retain the paper PA/POR in their records for audit purposes.

F-11020e (10/08)
HFS 106.03(4), Wis. Admin. Code

Previous Next

Figure 98 Processing Notes Page

- Read the note and click **Next**. The Member Information page will be displayed.



Member Information ?

Required fields are indicated with an asterisk (*).

Member ID* 9876543210

First Name* IM

Last Name* MEMBER

Requested Start Date* 08/17/2013

F-11018e (10/08)
HFS 106.03(4), Wis. Admin. Code

Previous Next Clear Verify

Figure 99 Member Information Page

- Make any necessary changes on the Member Information page.

15. Click **Next**. The Service Information page will be displayed.

Service Information

Required fields are indicated with an asterisk (*).

Primary Diagnosis Code* 71946 [Search] Primary Diag Description JOINT PAIN LEG
 Secondary Diagnosis Code [Search] Secondary Diag Description
 Requested Start Date 08/17/2013 Requesting Provider Signature*
 National Provider Identifier - Prescribing/Referring/Ordering Provider [Search] Name - Prescribing/Referring/Ordering Provider

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
05	8888888888			0	\$0.00	
01	8888888888	97001	GP	1.000	\$100.00	PENDING
02	8888888888	97140	GP	6.000	\$419.00	PENDING
03	8888888888	97110	GP	7.000	\$210.00	PENDING
04	8888888888	97035	GP	7.000	\$410.00	PENDING
Total:					\$1,139.00	

Select row to update/delete -or- enter new line item information and select Add

Line Item 05
 Rendering Provider ID 8888888888 NPI [Search] (If blank, will default to Billing Provider)
 Rendering Provider Taxonomy 282N00000X
 Service Code Type* PROCEDURE CODE (After choosing, move off field, and wait for Service Code field to appear)
 Service Code* [Search]
 Service Code Description
 Additional Service Code Description
 Modifiers
 Place of Service*
 Quantity Requested* 0
 Charge* \$0.00

Add Cancel

F-11018e (10/08)
 HFS 106.03(4), Wis. Admin. Code Previous Next Clear Verify

Figure 100 Service Information Page

16. Enter the requesting provider’s signature.
17. Make any necessary changes on the Service Information page.
18. Click **Verify** to update the changes. A message will be displayed at the top of the page indicating if the PA is ready for submission or if an error is found.

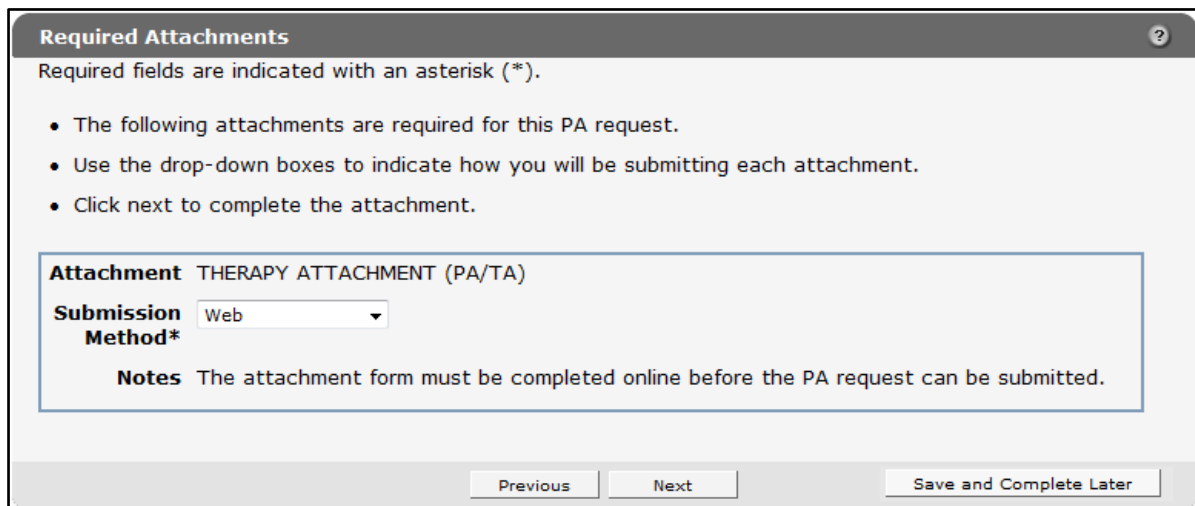
The following messages were generated:
 PLEASE SUBMIT CLINICAL INFORMATION SUFFICIENT TO VERIFY THE NEED FOR THE REQUESTED SERVICE(S). [Code: PA19] [note: this message will not stop PA submission]
 PLEASE SUBMIT CLINICAL INFORMATION SUFFICIENT TO VERIFY THE NEED FOR THE REQUESTED SERVICE(S). [Line Item 01] [Code: PA19] [Note: this message will not stop PA submission]
 This Prior Authorization is valid and ready for submission.

Figure 101 Valid Prior Authorization Message

If there is an error, correct the error and click **Verify** again.

To add another line item, click **Save**. The current row will load and a new row will be displayed.

19. Click **Next**. The Required Attachments page will be displayed.



Required Attachments ?

Required fields are indicated with an asterisk (*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

Attachment THERAPY ATTACHMENT (PA/TA)

Submission Method* Web

Notes The attachment form must be completed online before the PA request can be submitted.

Previous Next Save and Complete Later

Figure 102 Required Attachments Page

20. Select a Submission Method from the drop-down menu.

- If you select Web, refer to [Section 3.1 Submission Method — Web](#) for more information.
- If you select Electronic Upload, refer to [Section 3.2 Submission Method — Electronic Upload](#) for more information.
- If you select Mail or Fax, refer to [Section 3.3 Submission Method — Mail or Fax](#) for more information.
- Select **Already Submitted** if the attachment sent for the original PA request is still valid.
 - o Click **Next**. The PA Summary page will be displayed.
 - o To view a draft of your PA request, click **Preview PA**. A draft PDF version of the PA request will open in a new window.
 - o Review the draft to ensure the entered information is accurate.
 - o Close the window.
 - o Click **Submit**. The Confirmation of Receipt page will be displayed.
 - o Click **Print PA Request** to view, print, or save a PDF version of the PA request for your records.

21. Click **Return to menu** to be redirected to the Prior Authorization page.

9 Correct a Returned Prior Authorization Amendment

1. On the Prior Authorization page, click **Correct a returned PA amendment**. The Find PA Record page will be displayed.

Find PA Record

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 103 Find PA Record Page

The PA Status field will already be populated with an Approved status and the Amendment Status field will already be populated with a *Returned — Provider Review* status.

2. Search for the PA you wish to correct.

For information on searching for a PA, refer to [Section 6 Check on a Previously Submitted PA](#).

If you search by PA Number, the PA Record page will be displayed.

If you search by other criteria, the Choose PA Record page will be displayed. Select the PA request you wish to correct.

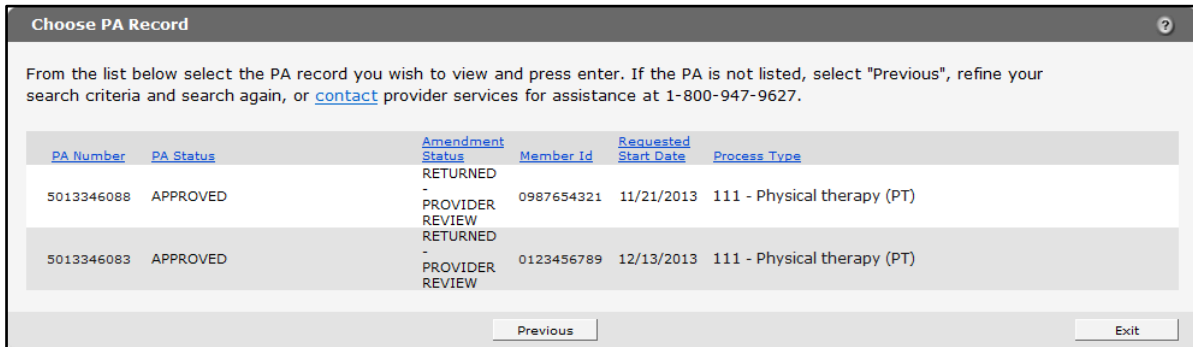


Figure 104 Choose PA Record Page

The PA Record page will be displayed.

PA Record
?

- The PA record below is in "RETURNED - PROVIDER REVIEW" status.
- To view the decision on this approved PA select "View PA Decision Notice" located in the PA Information section.

PA Information

PA Number	5013346083	Media Type	WEB
First Name	IAMA	Member ID	0123456789
Last Name	MEMBER	Date of Birth	01/01/1983
PA Status	APPROVED	View PA Decision Notice	
Amendment Status	RETURNED - PROVIDER REVIEW	View latest Amendment Returned letter	
Process Type	111 - Physical Therapy (PT)		
Program	Medicaid		
HealthCheck Other Service	No	Start Date - SOI	
Requested Start Date	12/13/2013	First Date of Treatment - SOI	
Primary Diagnosis Code	1919	Description	MALIG NEO BRAIN
Secondary Diagnosis Code	7812	Description	ABNORMALITY OF GAIT
Referring Physician's Name	Referring Provider ID		

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	APPROVED	97112	18.000	\$XXXX.XX	18.000	\$0.00	11/22/2013	01/23/2014
02	APPROVED	97110	18.000	\$XXXX.XX	18.000	\$0.00	11/22/2013	01/25/2014

Select row above to display a different line item's data below.

Line Item

Status

Rendering Provider ID

Prescribing Provider ID

Service Code Type

Service Code

Service Code Description

Tooth Area of the Oral Cavity

Modifiers

Place of Service

Units Requested	<input type="text" value="18.000"/>	Dollars Requested	<input type="text" value="\$XXXX.XX"/>
Units Authorized	<input type="text" value="18.000"/>	Dollars Authorized	<input type="text" value="\$0.00"/>
Units Remaining	<input type="text" value="17.000"/>	Dollars Remaining	<input type="text" value="\$XXXX.XX"/>

Grant Date

Expiration Date

Figure 105 PA Record Page

3. Click **View PA Decision Notice** to view the decision on the approved PA. An OnBase Document Viewer window will open and display Document Results.

Note: If only one document is listed, a PDF version of the PA Decision Notice letter will automatically open in the same window.

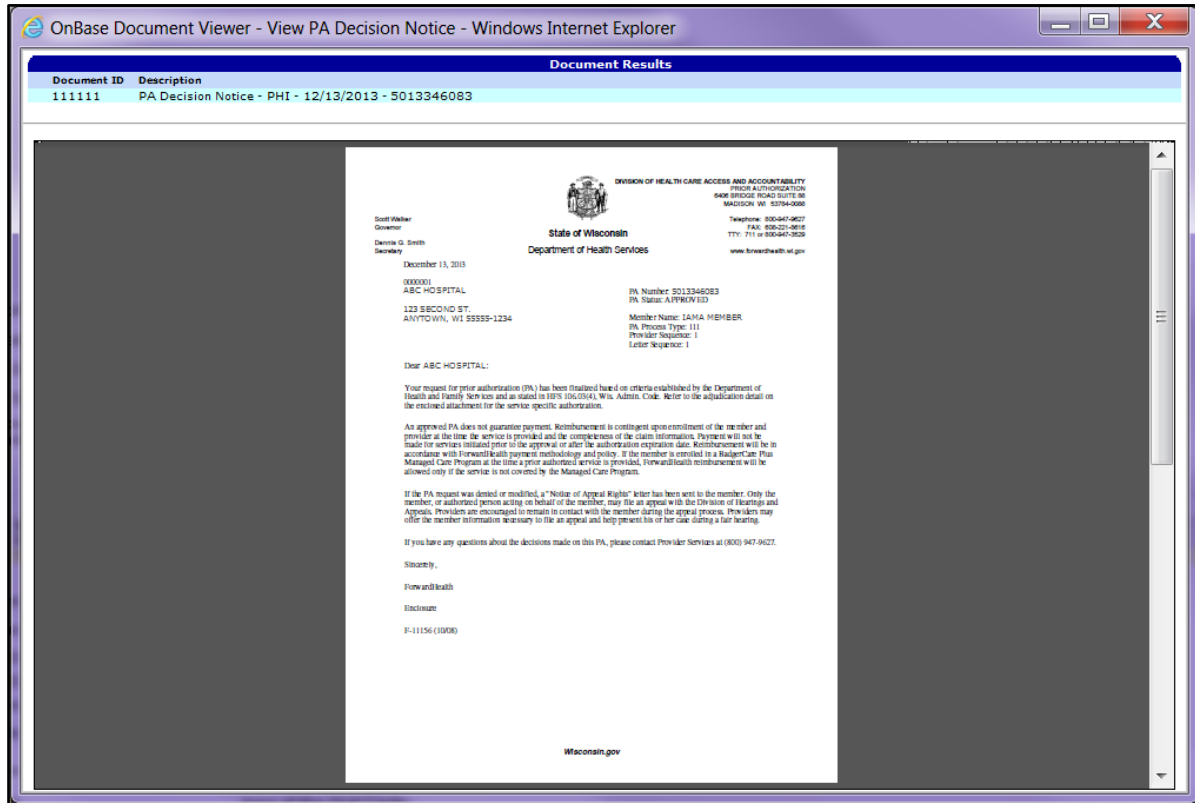


Figure 106 OnBase Document Viewer Window

4. To print or save the PA Decision Notice letter to your hard drive or network location, use the Print or Save As function of the browser.
5. Close the OnBase Document Viewer window and the PDF viewer window.

- Click **View latest Amendment Returned Letter** to view the most recent PA Amendment Returned Provider Review Letter. An OnBase Document Viewer window will open and display Document Results.

Note: If only one document is listed, a PDF version of the PA Decision Notice letter will automatically open in the same window.

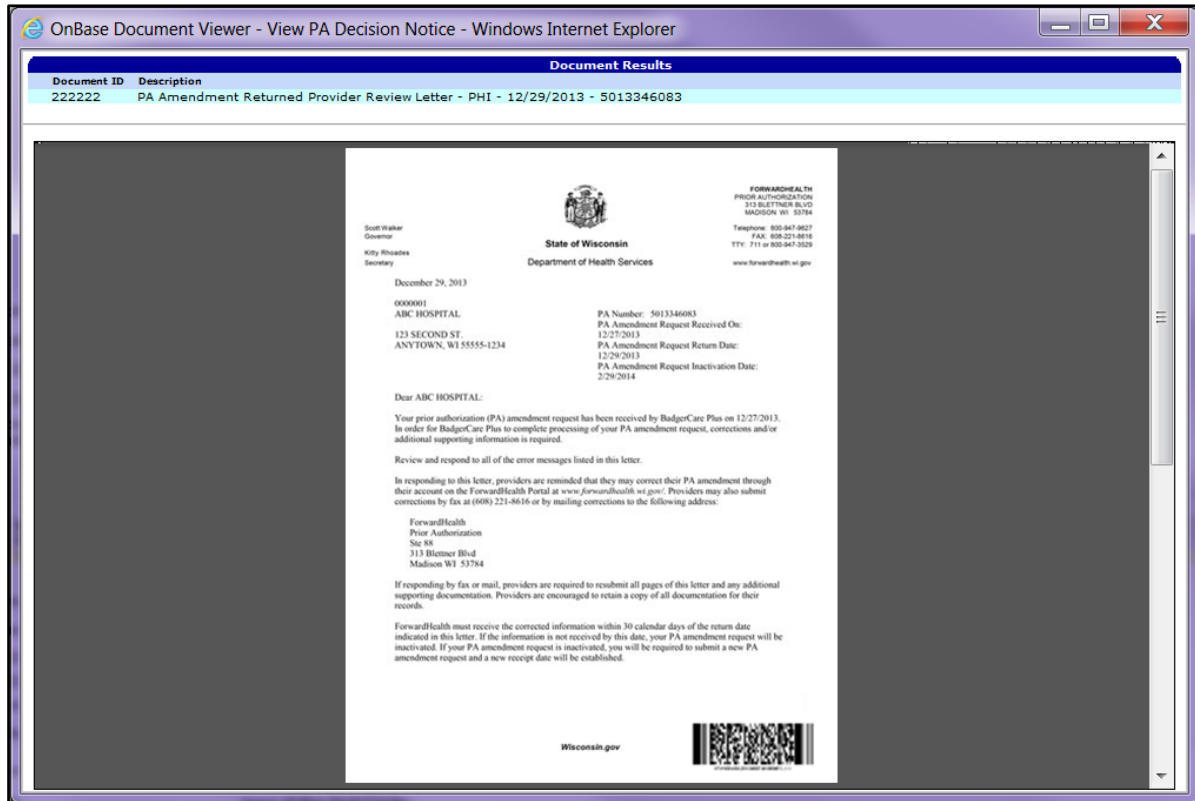


Figure 107 OnBase Document Viewer

- To print or save the PA Amendment Returned Provider Review Letter to your hard drive or network location, use the Print or Save As function of the browser.
- Close the OnBase Document Viewer window and the PDF viewer window.

9. Click **Correct PA Amendment**. The Amendment Request page will be displayed.

Amendment Request

Required fields are indicated with an asterisk (*).

SECTION I - MEMBER INFORMATION

Original PA Number 5013346083
 Today's Date 01/02/2014
 Process Type 111 - Physical Therapy (PT)
 Member ID 0123456789 First Name IAMA
 Last Name MEMBER

SECTION II - PROVIDER INFORMATION

Name ABC HOSPITAL
 Provider ID 8888888888 NPI
 Address Line 1 123 SECOND ST
 Address Line 2
 City ANYTOWN
 State/ZIP WI 55555 - 1234

SECTION III - AMENDMENT INFORMATION

Requested Start Date*
 Requested End Date (If different from end of current PA)

Reason for Amendment Request (Check All That Apply)

Change Billing Provider ID Change Procedure Code / Modifier
 Change Grant or Expiration Date Change Quantity
 Add Procedure Code / Modifier Change Diagnosis Code
 Discontinue PA Other (Specify)

Description and Justification for Requested Change*

Additional supporting clinical documentation to be mailed or faxed

Check this box if any additional supporting clinical documentation will be mailed or faxed. A PA cover sheet will be required with any additional documentation. The PA cover sheet will be available once the amendment request has been submitted.

Check this box if any additional supporting clinical documentation will be uploaded electronically. Documents can be uploaded once the amendment request has been submitted.

Signature - Requesting Provider*
 Date Signed - Requesting Provider*

F-11042e - (10/08)
 HFS 106.03(4), Wis. Admin. Code
 HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

Submit Cancel

Figure 108 Amendment Request Page

10. In “SECTION III - AMENDMENT INFORMATION,” although not all the fields are required, enter as much information as possible:
- In the Requested Start Date field, enter the start date requested for the amendment in MM/DD/CCYY format.
 - If the end date is different from the current expiration date, enter the end date requested for the amendment in MM/DD/CCYY format in the Requested End Date field.
 - In the “Reason for Amendment Request (Check All That Apply)” section, check a reason(s) for the amendment request.
 - Enter a note describing and explaining the change in the Description and Justification for Requested Change box (enter information for each reason selected).

- If additional supporting clinical documentation is needed, check the appropriate box indicating whether you plan to mail or fax or upload the additional documents.
 - In the Signature — Requesting Provider field, enter the signature of the provider that requested the original PA.
 - In the Date Signed — Requesting Provider field, enter the date the amendment request was signed by the requesting provider in MM/DD/CCYY format.
11. Click **Submit**. If no additional clinical documentation is needed, the Confirmation of Receipt page will be displayed.

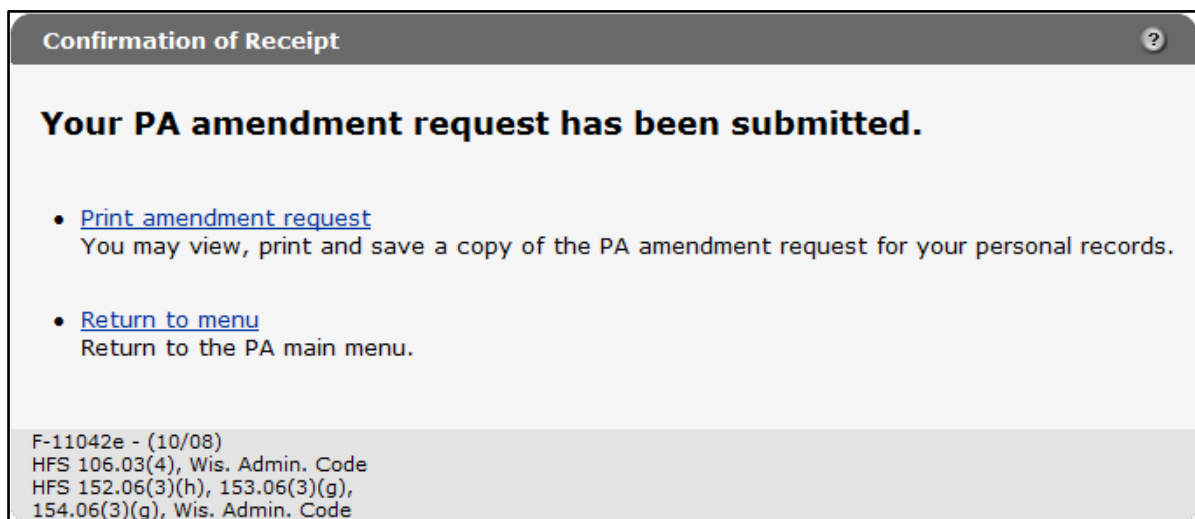


Figure 109 Confirmation of Receipt Page

12. To view, print, or save the PA amendment request, click **Print amendment request**. A PDF version of the PA amendment request will open in a new window.


DEPARTMENT OF HEALTH SERVICES Division of Health Care Access and Accountability F-11042 (07/12)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code	
FORWARDHEALTH PRIOR AUTHORIZATION AMENDMENT REQUEST			
Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8618 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Refer to the Prior Authorization Amendment Request Completion Instructions, F-11042A, for detailed information on completing this form.			
SECTION I — MEMBER INFORMATION			
1. Original PA Number	2. Process Type	3. Member Identification Number	
5013346083	111- Physical Therapy	0123456789	
4. Name — Member (Last, First, Middle Initial)			
MEMBER, IAMA			
SECTION II — PROVIDER INFORMATION			
5. Billing Provider Number		7. Address — Billing Provider (Street, City, State, ZIP+4 Code)	
8888888888 NPI		123 SECOND ST ANYTOWN, WI 55555-1234	
6. Name — Billing Provider			
ABC HOSPITAL			
SECTION III — AMENDMENT INFORMATION			
8. Requested Start Date		9. Requested End Date (If Different from Expiration Date of Current PA)	
01/04/2014		02/22/2014	
10. Reasons for Amendment Request (Check All That Apply)			
<input type="checkbox"/> Change Billing Provider Number		<input type="checkbox"/> Add Procedure Code / Modifier	
<input type="checkbox"/> Change Procedure Code / Modifier		<input type="checkbox"/> Change Diagnosis Code	
<input checked="" type="checkbox"/> Change Grant or Expiration Date		<input type="checkbox"/> Discontinue PA	
<input type="checkbox"/> Change Quantity		<input type="checkbox"/> Other (Specify) _____	
11. Description and Justification for Requested Change			
Expiration date changed to 02/22/2014 because member was unable to attend some sessions.			
12. Are Attachments Included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, specify attachments below.			
13. SIGNATURE — Requesting Provider		14. Date Signed — Requesting Provider	
I.M. Requesting Provider		01/02/2014	
 DT-PA002-002			

Figure 110 PDF Version of PA Amendment Request

13. To print or save the PA amendment request to your hard drive or network location, use the Print or Save As function of the browser.
14. Click **Return to menu** to be redirected to the Prior Authorization page.

10 Print Prior Authorization Cover Sheet

In order to generate and print new copies of PA cover sheets for previously submitted PAs, the PA must be in a *Suspended — Provider Sending Information* status and a cover sheet for the specific PA must not have already been sent to ForwardHealth.

1. On the Prior Authorization page, click **Print PA cover sheet**. The Generate PA Cover Sheet page will be displayed.

Generate PA Cover Sheet ?

Please note that you can only print coversheets based on the following restrictions:

- The prior authorization is in a "Suspended-Provider Sending Information" status.
- You have not already sent the PA cover sheet to ForwardHealth. If it has been previously sent, you will need to wait until the PA request is sent back to you.

Search By PA Number

PA Number

Selected Results

NPI Number

Taxonomy

Member Id

Date Received

Process Type

Name

Address Line 1

Address Line 2

City

State/ZIP -

Figure 111 Generate PA Cover Sheet Page

2. Enter a PA number in the PA Number field.
3. Click **Search**.

If the entered PA number is inaccurate or invalid, an error message will be displayed at the top of the page.

The following messages were generated:
The prior authorization number was not found.

Figure 112 Example Error Message

Ensure the PA number is accurate and click **Search** again. The PA request's information will populate in the fields in the "Selected Results" section.

Generate PA Cover Sheet

Please note that you can only print coversheets based on the following restrictions:

- The prior authorization is in a "Suspended-Provider Sending Information" status.
- You have not already sent the PA cover sheet to ForwardHealth. If it has been previously sent, you will need to wait until the PA request is sent back to you.

Search By PA Number

PA Number

Selected Results

NPI Number
Taxonomy
Member Id
Date Received
Process Type

Name
Address Line 1
Address Line 2
City
State/ZIP -

[Generate Coversheet](#)

Figure 113 Generate PA Cover Sheet Page with Populated Information

- 4. Click **Generate Coversheet**. A PDF version of the cover sheet will open in a new browser window.

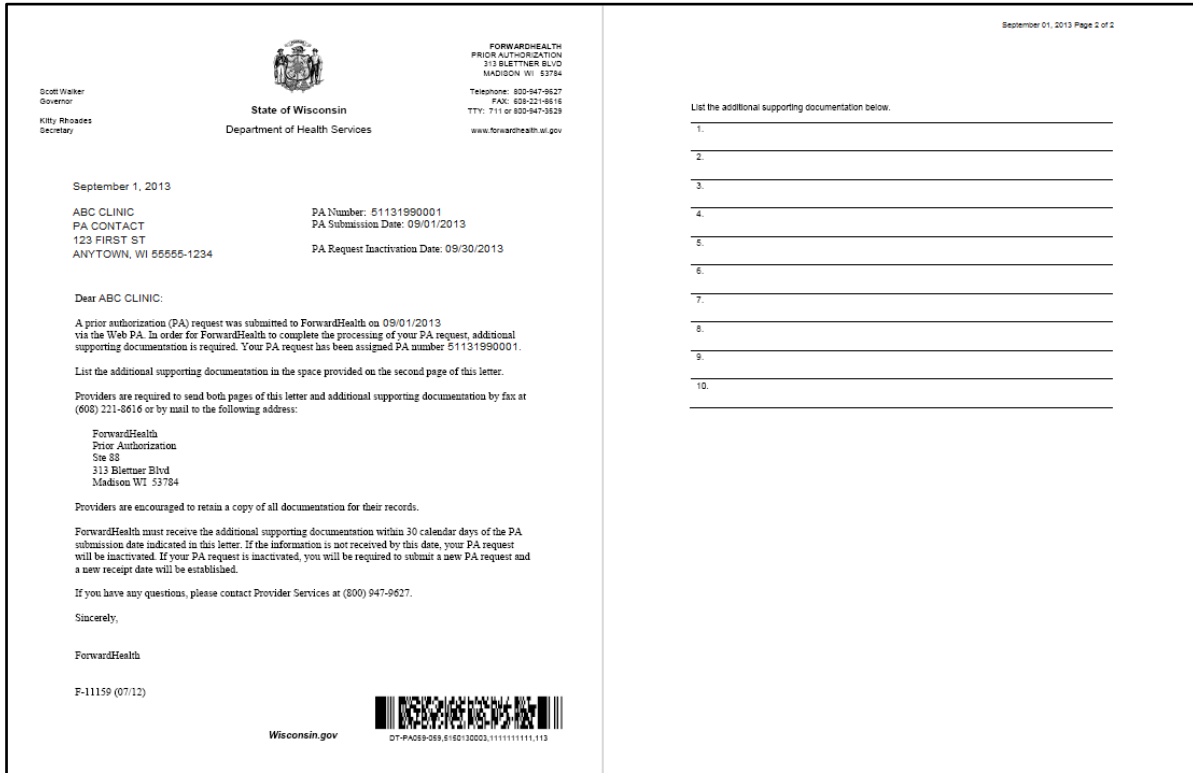


Figure 114 PDF Version of a PA Cover Sheet

- 5. To print or save the cover sheet to your hard drive or network location, use the Print or Save As function of the browser.

11 Upload Documents for a Prior Authorization

Providers may submit additional clinical documentation for a PA request that is in a *Suspended* or *Pending* status. For PA requests in a suspended status, providers may change the status from *Suspended* to *Pending* before uploading the required documentation.

Providers can upload documents in the following formats:

- Joint Photographic Experts Group (JPEG) (.jpg or .jpeg)
- Portable Document Format (PDF) (.pdf)
- Rich Text Format (.rtf)
- Text File (.txt)
- OrthoCAD™ (.3dm) (for dental providers)

Note: Microsoft® Word files (.doc) cannot be uploaded but can be saved and uploaded in .rtf or .txt formats.

1. On the Prior Authorization page, click **Upload documents for a PA**. The Prior Authorization File Upload page will be displayed.

Prior Authorization File Upload

- Enter the PA number to upload additional supporting clinical documentation.
- Please note that the PA must have a "Pending" or Suspended" status to continue.

Search By PA Number

PA Number

Search Results

PA Number

PA Status

Amendment Status

Member Id

Requested Start Date

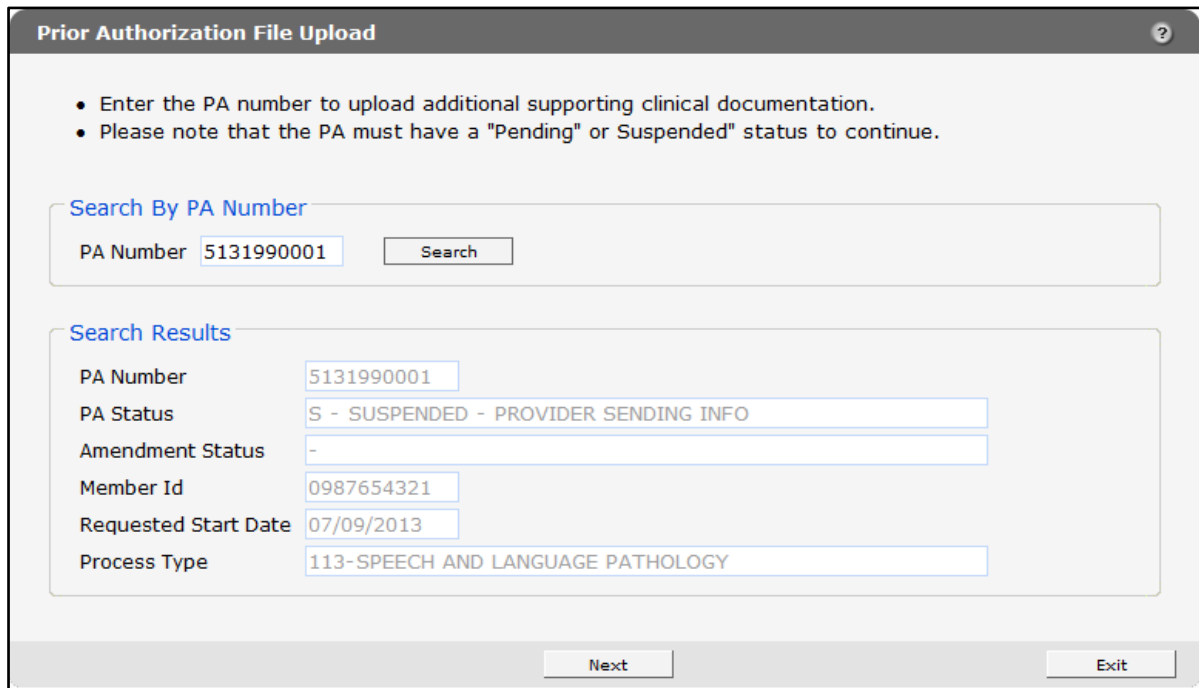
Process Type

Figure 115 Prior Authorization File Upload Page

2. Enter the PA number of the pending or suspended PA in the PA Number field.
3. Click **Search**.

If the PA number is invalid or inaccurate, an error message will be displayed at the top of the page. Correct the error and click **Search** again.

If the PA number is valid, the PA request's information will populate in the fields in the "Selected Results" section.



The screenshot displays a web interface titled "Prior Authorization File Upload". At the top, there are two bullet points: "Enter the PA number to upload additional supporting clinical documentation." and "Please note that the PA must have a 'Pending' or Suspended" status to continue." Below this is a search section labeled "Search By PA Number" with a text input field containing "5131990001" and a "Search" button. The "Search Results" section contains a table of information:

PA Number	5131990001
PA Status	S - SUSPENDED - PROVIDER SENDING INFO
Amendment Status	-
Member Id	0987654321
Requested Start Date	07/09/2013
Process Type	113-SPEECH AND LANGUAGE PATHOLOGY

At the bottom of the form, there are two buttons: "Next" and "Exit".

Figure 116 Prior Authorization File Upload Page with Populated Information

- Click **Next**. The File Upload page will be displayed.

File Upload ?

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Upload File

File Path*

List of Files Uploaded

Figure 117 File Upload Page

- In the "Upload File" section, click **Browse**.

Upload File

File Path*

Figure 118 Upload File Section

The Choose file window will be displayed.

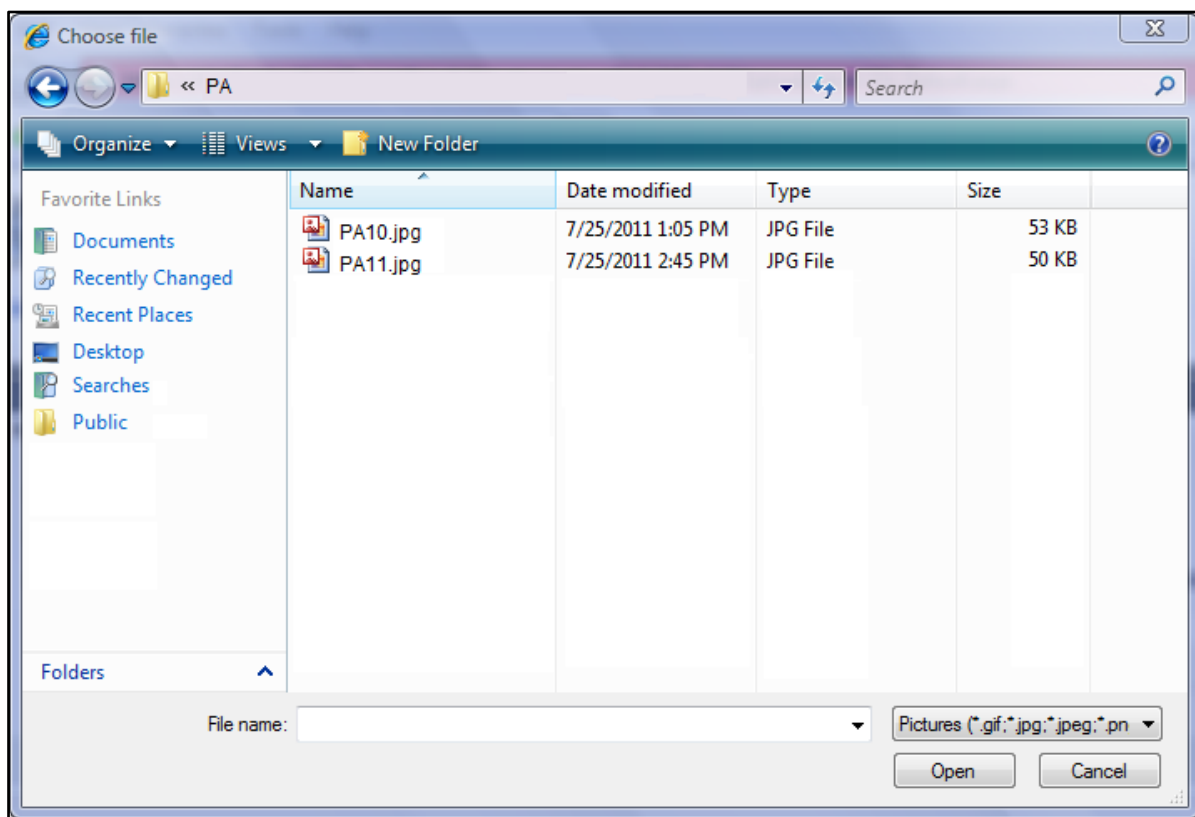


Figure 119 Choose File Window

- Browse to and select the desired file.
- Click **Open**. The Choose file window will close and the file path will display in the File Path field.
- Click **Upload**. The uploaded file will be displayed in the “List of Files Uploaded” section.

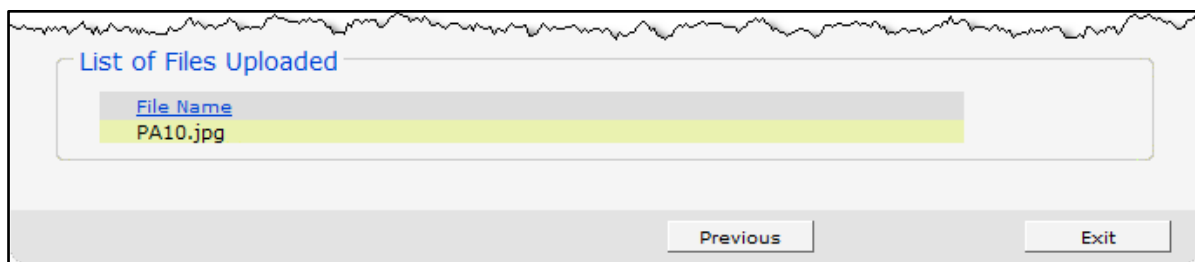


Figure 120 List of Files Uploaded Section

- Upload as many files as necessary.
- When all files have been uploaded, click **Exit**. You will be returned to the Prior Authorization page.

Note: When the PA request is in a pending status and the provider uploads additional supporting clinical documentation, there may be up to a four-hour delay before the documentation is available to ForwardHealth in the system. If the uploaded information was received after the PA request was processed and the PA was returned for missing information, the provider may resubmit the PA request stating that the missing information was already uploaded.

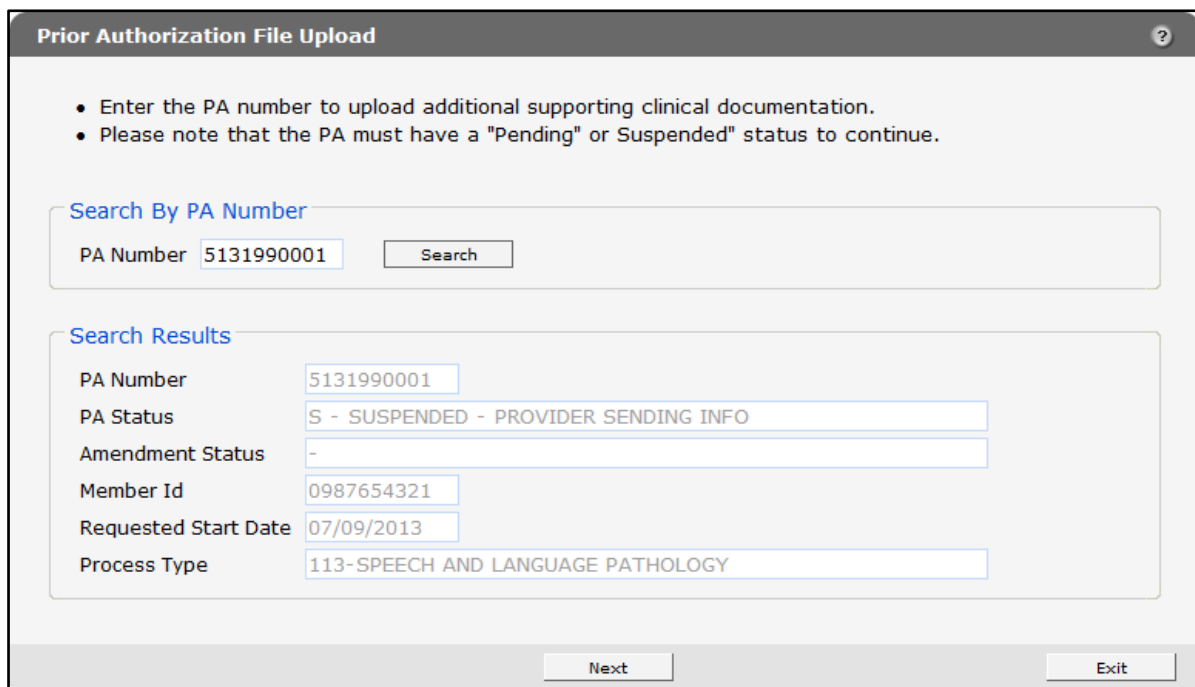
11.1 Change Suspended Prior Authorization Status to Pending

Note: To change a PA status from *Suspended* to *Pending* when there are no additional documents to upload, refer to [Section 6.3 Change Suspended Prior Authorization Status](#).

1. On the Prior Authorization page, click **Upload documents for a PA**. The Prior Authorization File Upload page will be displayed.
2. Enter the PA number of the suspended PA in the PA Number field.
3. Click **Search**.

If the PA number is invalid or inaccurate, an error message will be displayed at the top of the page. Correct the error and click **Search** again.

If the PA number is valid, the PA request's information will populate in the fields in the "Search Results" section.



The screenshot shows a web interface titled "Prior Authorization File Upload". At the top, there are two bullet points: "Enter the PA number to upload additional supporting clinical documentation." and "Please note that the PA must have a 'Pending' or 'Suspended' status to continue." Below this is a "Search By PA Number" section with a text input field containing "5131990001" and a "Search" button. The "Search Results" section displays the following information in a table-like format:

PA Number	5131990001
PA Status	S - SUSPENDED - PROVIDER SENDING INFO
Amendment Status	-
Member Id	0987654321
Requested Start Date	07/09/2013
Process Type	113-SPEECH AND LANGUAGE PATHOLOGY

At the bottom of the form, there are two buttons: "Next" and "Exit".

Figure 121 Prior Authorization File Upload Page with Populated Information

4. Click **Next**. The File Upload page will be displayed.

File Upload

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Change Prior Authorization Status

Check this box to change the PA status from "Suspended" to "Pending". Additional supporting documentation will not be sent via mail or fax.

Upload File

File Path*

List of Files Uploaded

Figure 122 File Upload Page

5. If no additional supporting documentation is to be sent via mail or fax, check the box in the "Change Prior Authorization Status" section to change the PA status from *Suspended* to *Pending*.

Change Prior Authorization Status

Check this box to change the PA status from "Suspended" to "Pending". Additional supporting documentation will not be sent via mail or fax.

Figure 123 Change Prior Authorization Status Section

Note: The box in the "Change Prior Authorization Status" section must be checked *before* uploading additional supporting documentation.

6. Upload the necessary additional supporting documentation. For more information, refer to the instructions beginning at [step 5](#) of Section 11 Upload Documents for a Prior Authorization.

12 Configure Web Browser

Note: This user guide uses Internet Explorer™ as an example. If you use another web browser, the options or settings may appear slightly different.

You must have Internet Explorer™ 6.0 or later to access documents. If you receive an error message or are unable to access a document (e.g. a PA cover sheet, a Returned Provider Review Letter, or a Decision Notice), you may need to change some of your Internet Explorer™ settings.

12.1 Allow Pop-ups from ForwardHealth

1. Click **Tools** on the Internet browser's menu bar. A drop-down menu will be displayed.

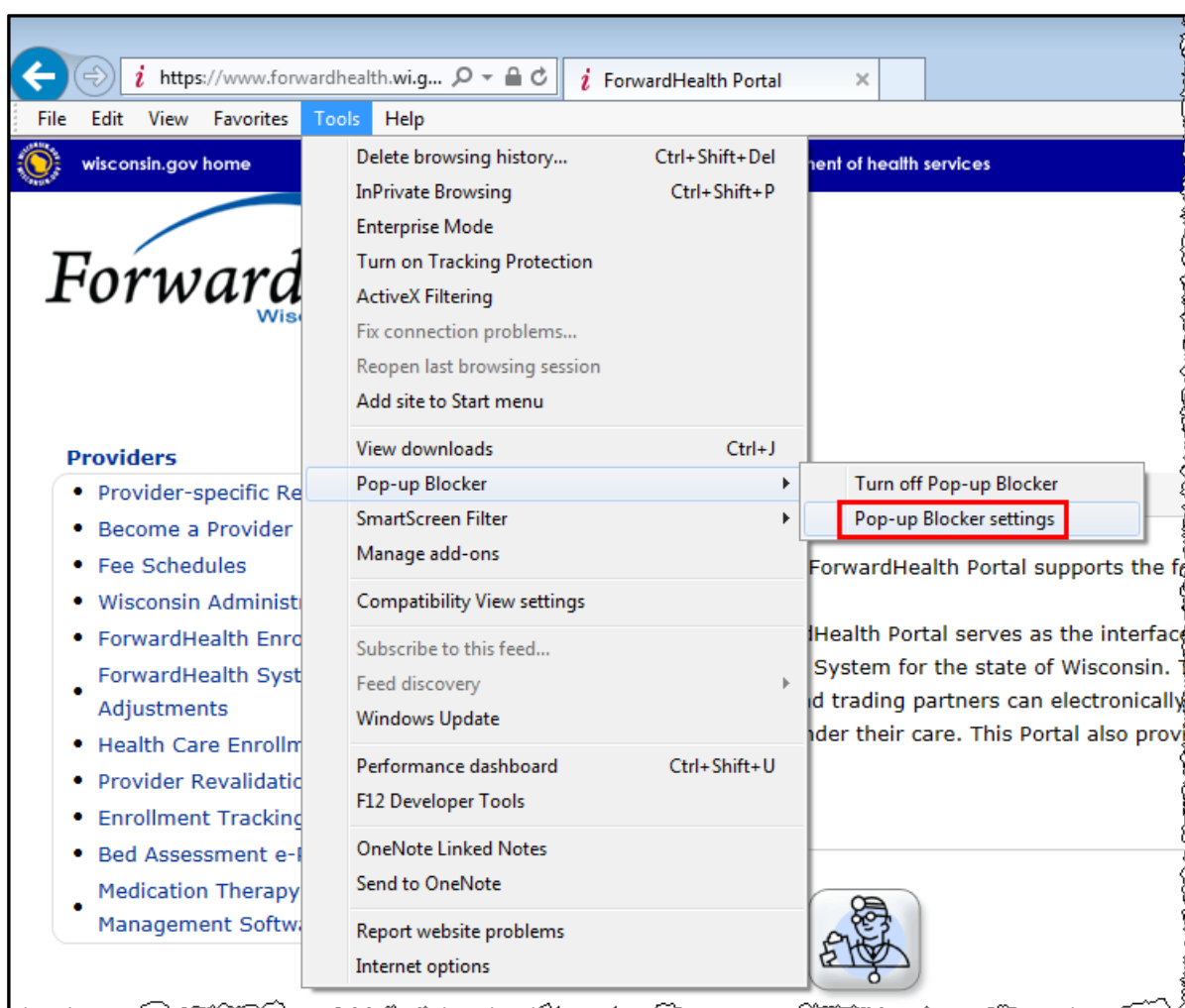


Figure 124 Tools Drop-down Menu

- From the Pop-up Blocker menu, select **Pop-up Blocker Settings**. The Pop-up Blocker Settings window will be displayed.

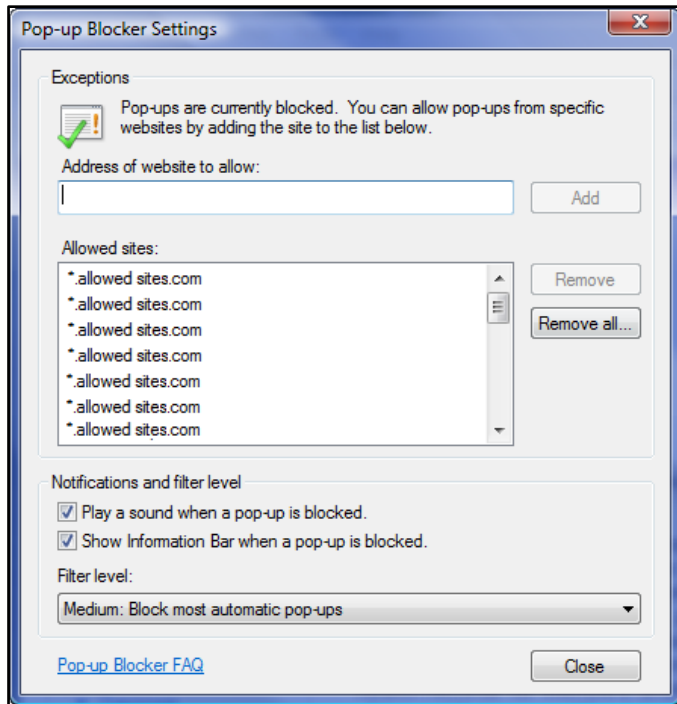


Figure 125 Pop-up Blocker Settings Window

- In the Address of website to allow: field, enter **www.forwardhealth.wi.gov**.

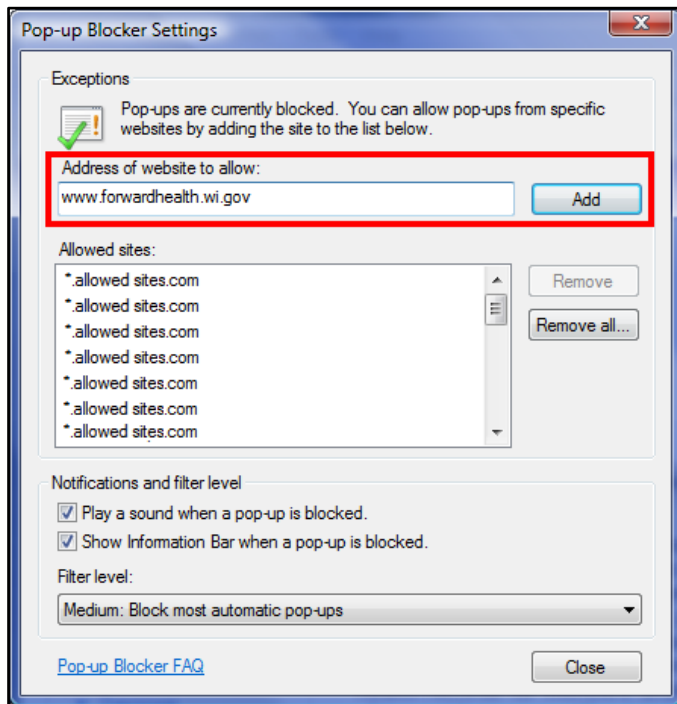
4. Click **Add**.

Figure 126 Pop-up Blocker Settings Window

The ForwardHealth web address will be alphabetically added to the list of Allowed sites.

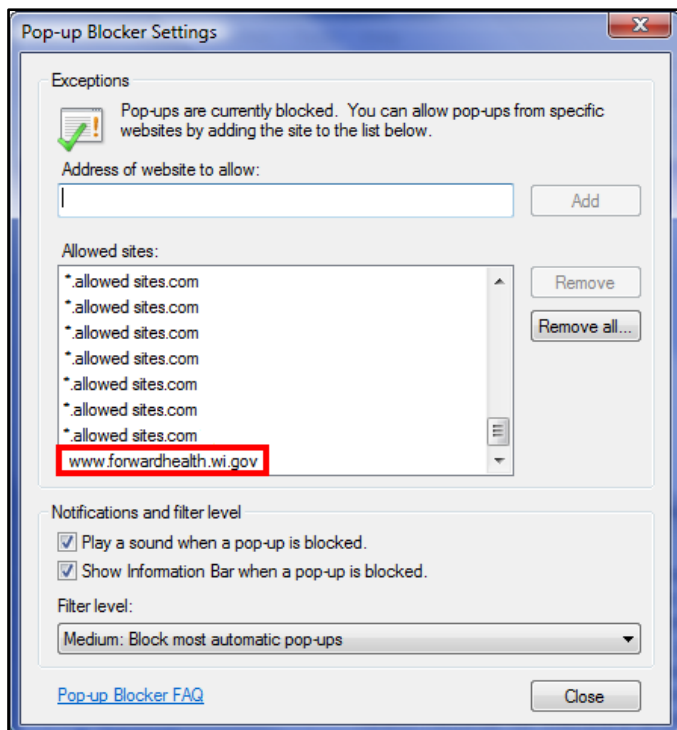


Figure 127 Pop-up Blocker Settings Window with Added Web Site

5. Click **Close**.

12.2 Add ForwardHealth as a Trusted Site

1. Click **Tools** on the Internet browser's menu bar. A drop-down menu will be displayed.

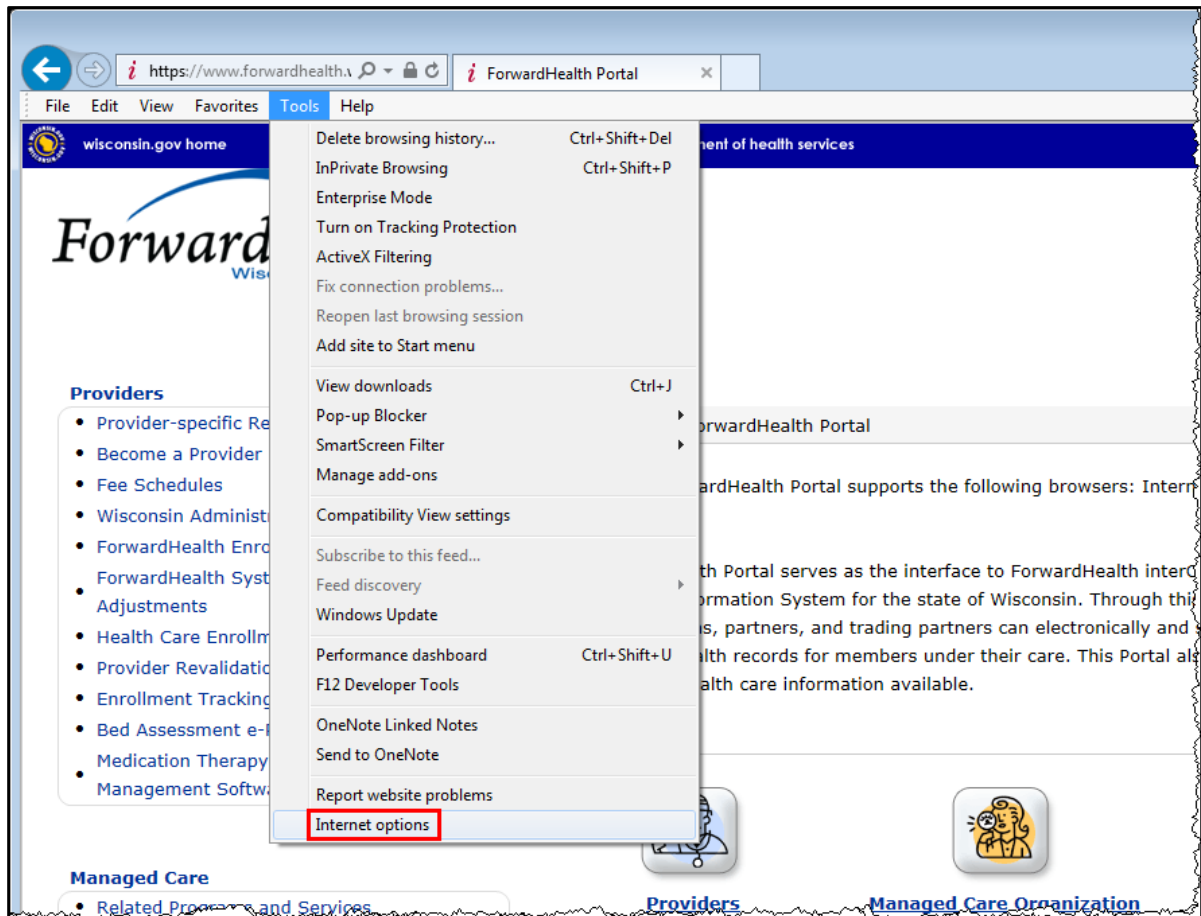


Figure 128 Tools Drop-down Menu

2. Click **Internet Options**. The Internet Options window will be displayed.

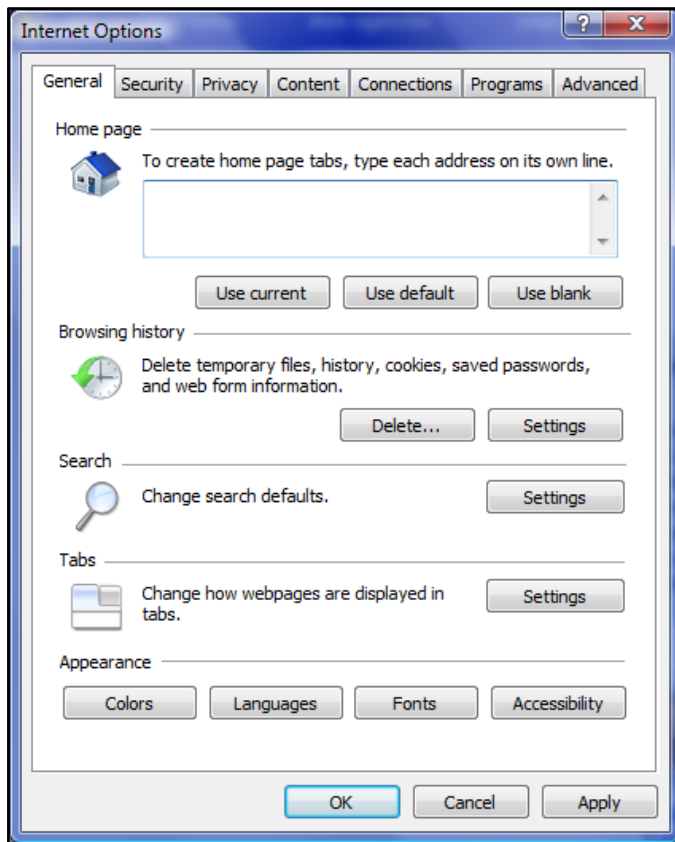


Figure 129 Internet Options Window

3. Click the **Security** tab at the top of the window.

- Under the “Select a zone to view or change security settings” section, click **Trusted sites**.

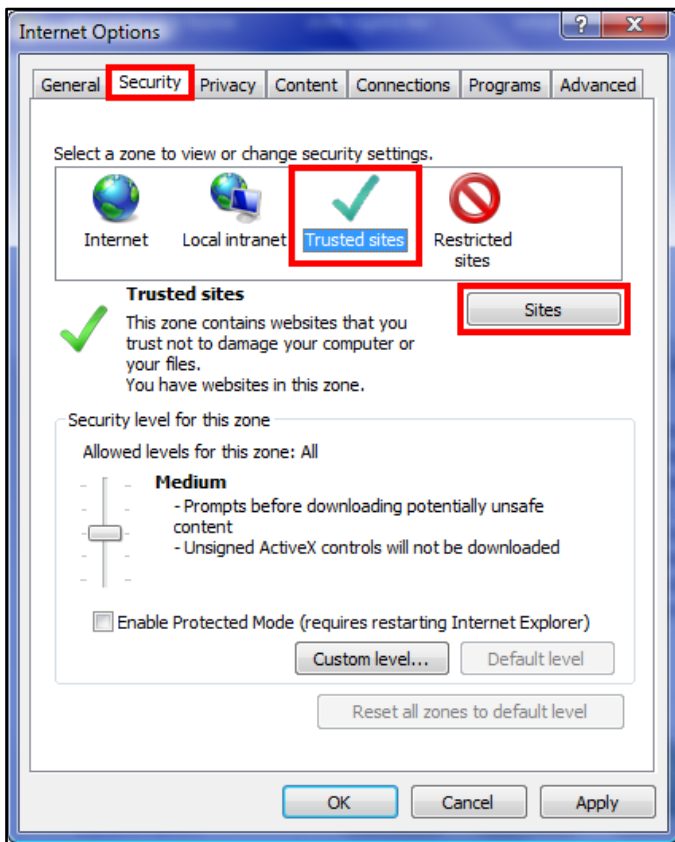


Figure 130 Internet Options Window

- Click **Sites**. The Trusted sites window will be displayed.

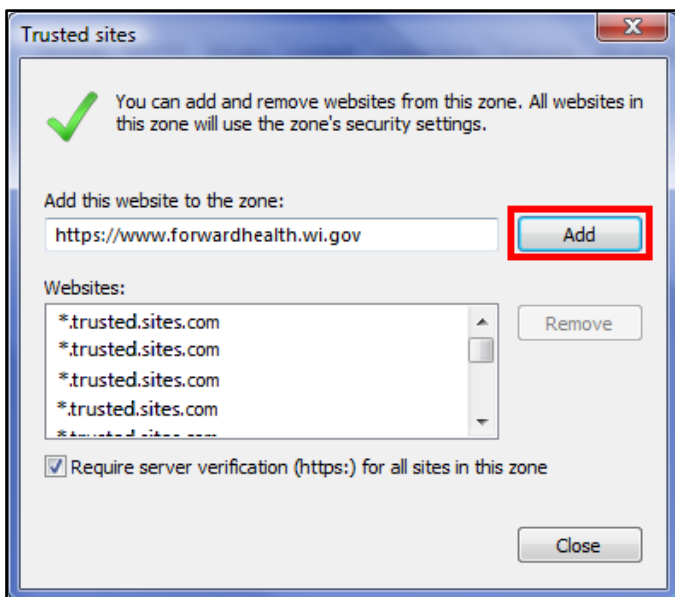


Figure 131 Trusted Sites Window

The website that you currently have opened will automatically be populated in the “Add this website to the zone:” section. If this is not the ForwardHealth website, enter **www.forwardhealth.wi.gov** in the field instead.

6. Click **Add**. The ForwardHealth web address will be alphabetically added to the “Websites:” section.

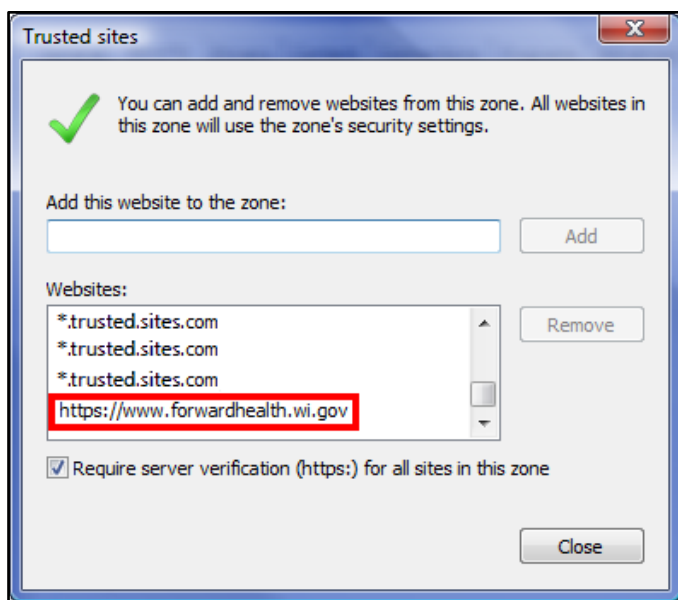


Figure 132 Trusted Sites Window with Added Website

7. Click **Close**.
8. Click **OK** to close the Internet Options window and to apply the selected settings.

12.3 Change Security Level

1. Click **Tools** on the internet browser’s menu bar.
2. Select **Internet Options** from the drop-down menu. The Internet Options window will be displayed.
3. Click the **Security** tab at the top of the window.

4. Under the “Select a zone to view or change security settings” section, click **Trusted sites**.
5. Click **Default level**.

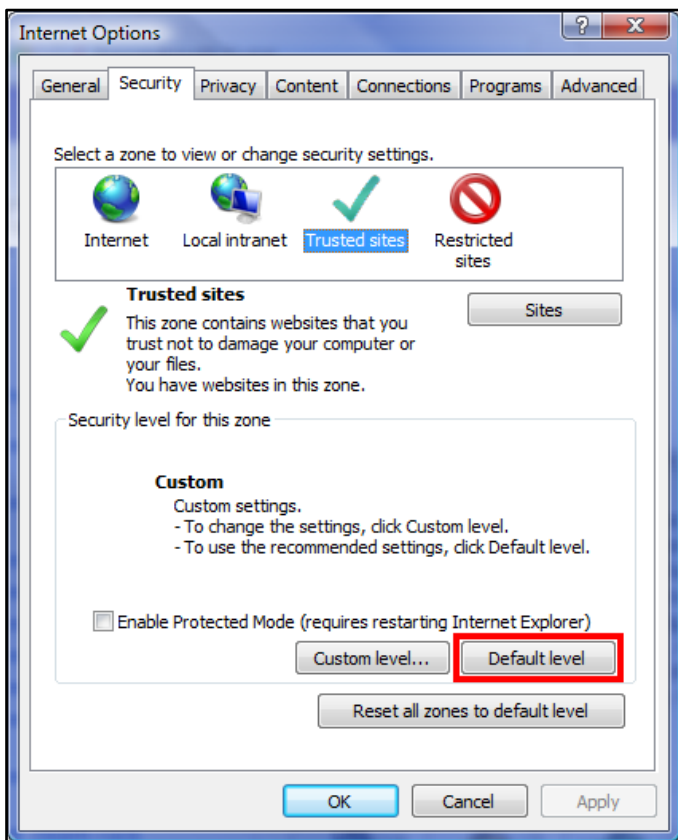


Figure 133 Internet Options Window

The “Security level for this zone” section will change to the default level.

6. Move the security level slider to Medium-low.

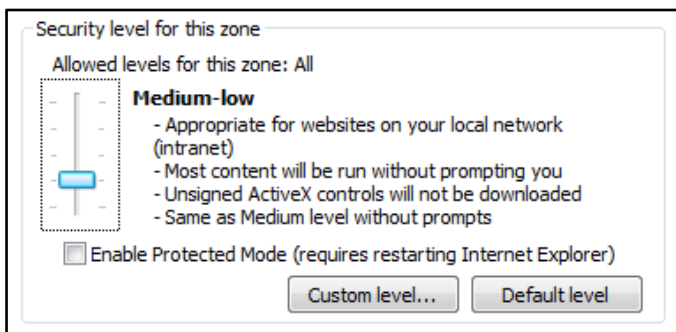


Figure 134 Security Level for This Zone Section

7. Click **OK** to close the Internet Options window and to apply the selected settings.