

**FORWARDHEALTH**  
**PRIOR AUTHORIZATION REQUIREMENTS EXEMPTION REQUEST FOR COMPUTED  
TOMOGRAPHY (CT), MAGNETIC RESONANCE (MR), AND MAGNETIC RESONANCE  
ELASTOGRAPHY (MRE) IMAGING SERVICES**

ForwardHealth requires certain information to enable BadgerCare Plus and Wisconsin Medicaid to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers or other entities is used for purposes directly related to program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for services.

This form is mandatory; use the fillable version or an exact paper copy of this form. ForwardHealth will not accept alternate versions (i.e., retyped or otherwise reformatted) of this form. When completed, email the completed fillable form to [dhspaexemption@wisconsin.gov](mailto:dhspaexemption@wisconsin.gov) or mail a paper copy of the form to the following address:

Physician Policy Analyst  
Department of Health Services  
Division of Medicaid Services  
P.O. Box 309  
Madison, WI 53701-0309

Providers, provider groups, or health systems with questions regarding the requirements in Section II may email them to [dhspaexemption@wisconsin.gov](mailto:dhspaexemption@wisconsin.gov).

A provider or health system may complete this form to demonstrate implementation of a decision support tool that is used by its providers who order computed tomography (CT), magnetic resonance (MR), or magnetic resonance elastography (MRE) imaging services. Upon approval, ForwardHealth will recognize the decision support tool as an appropriate alternative to current fee-for-service prior authorization (PA) requirements for CT, MR, and MRE imaging services. Providers or health systems that use the tool will not be required to obtain PA for CT, MR, and MRE imaging services for Medicaid and BadgerCare Plus fee-for-service members.

ForwardHealth recognizes decision support tools do not make any medical or diagnostic decisions or medical necessity determinations, otherwise act upon patient data in any professional capacity, or determine the type of processes a provider or health system needs to make such determinations or decisions. While decision support tools provide information that may assist in diagnostic decisions or determinations, medical judgment and care decisions remain the responsibility of the health system and its providers.

ForwardHealth recognizes that decision support tools are regularly enhanced to incorporate new research and that decision support may currently be unavailable or insufficient for certain services. ForwardHealth may review the policies and requirements outlined herein, with appropriate provider input, in response to the continued development of decision support.

ForwardHealth may discontinue this agreement after initial approval if ForwardHealth determines the provider or health system either no longer meets the approval requirements outlined herein or does not demonstrate meaningful use of decision support to minimize inappropriate utilization.

**INSTRUCTIONS:** Print or type clearly. Identify the requesting health system and contact information for an individual able to provide additional detail or clarification.

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**SECTION I – PROVIDER INFORMATION**

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1. Name – Provider, Provider Group, or Health System

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2. National Provider Identifier (NPI) – Provider, Provider Group, or Health System

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14. Describe the calculation of the aggregate score for consistency with system recommendations to be submitted to ForwardHealth, including the basic components of the score and qualifications to the score's calculation, such as the exclusion of certain types of orders.

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**SECTION IV – ATTESTATION**

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By signing below, the health system attests to satisfying all requirements defined in this form.

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15. Name – Authorized Agent (Print)

16. Title – Authorized Agent

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17. **SIGNATURE** – Authorized Agent

18. Date Signed

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