

FORWARDHEALTH PRIOR AUTHORIZATION / DENTAL ATTACHMENT 1 (PA/DA1) INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. Per Wis. Admin. Code § DHS 104.02(4), this information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member ID number.

Under Wis. Stat. § 49.45(4), personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The use of this form is mandatory when requesting PA for certain services. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. When completing PA requests, answer all elements as thoroughly as possible. Provide enough information (check all boxes that apply) for ForwardHealth to make a determination about the request.

Submitting PA Requests

Dentists may submit PA requests that include the Prior Authorization/Dental Attachment 1 (PA/DA1), F-11010, in one of the following ways:

- 1) For requests submitted on the ForwardHealth Portal, dentists may access www.forwardhealth.wi.gov.
- 2) For requests submitted by fax, dentists should submit the completed Prior Authorization Dental Request Form (PA/DRF), F-11035, and PA/DA1 to ForwardHealth at 608-221-8616 **if X-rays or models are not required for documentation purposes**.
- 3) For PA requests submitted by mail, dentists should submit the PA/DRF and PA/DA1 to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Providers should make duplicate copies of all paper documents mailed to ForwardHealth.

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I – MEMBER AND PROVIDER INFORMATION

Member ID Number

Enter the member ID. Do not enter any other numbers or letters.

National Provider Identifier (NPI) – Billing Provider

Enter the NPI of the billing provider.

NPI – Rendering Provider (If Different)

Enter the NPI of the rendering provider who will actually provide the service if the rendering provider is different from the billing provider.

SECTION II – DENTAL SERVICES

Category

Select the category that describes the requested service(s).

Procedure Codes

Check the box for the appropriate procedure code(s) that represents the service(s) being requested.

Treatment Plan Justification

Check all of the boxes that apply to the appropriate reason(s) for the procedure(s) being performed.

Required Documentation

Refer to this column to determine the documentation that must be submitted with the PA request.

SECTION III – AUTHORIZED SIGNATURE

Signature – Requesting Provider

The requesting provider is required to complete and sign this form.

Date Signed

Enter the month, day, and year the form was signed in MM/DD/CCYY format.

SECTION IV – ADDITIONAL INFORMATION

Indicate any additional information (e.g., diagnostic and clinical information) in the space provided.