

FORWARDHEALTH
PRIOR AUTHORIZATION / PEDIATRIC HOSPITAL BED (PA/PHB) 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 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 service. The use of this form is mandatory when requesting PA for pediatric hospital beds.

INSTRUCTIONS

Per Wis. Admin. Code § DHS 106.02(9)(e), the provider is solely responsible for the truthfulness, accuracy, timeliness, and completeness of PA requests. The provider is responsible for submitting sufficient information to support the medical necessity of the requested equipment or supplies. If the space provided is not sufficient, attach additional pages for the provider's responses and/or an occupational or physical therapy report, if available. All durable medical equipment, including repairs, must be prescribed by a provider acting within the scope of the provider's practice. Refer to the applicable, service-specific publications for service restrictions and additional documentation requirements.

Attach a photocopy of the provider's prescription to the completed Prior Authorization/Pediatric Hospital Bed (PA/PHB) form, F-03327. The prescription must be signed and dated within one year of receipt by ForwardHealth. Attach the PA/PHB form to the Prior Authorization Request Form (PA/RF), F-11018, and send it to ForwardHealth. Providers should make duplicate copies of all paper documents mailed to ForwardHealth. Providers may submit PA requests through the ForwardHealth Portal, by fax to ForwardHealth at 608-221-8616, or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

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

Providers do not need to complete the Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030, when submitting this form.