

User Guide

ForwardHealth Provider Portal Prior Authorization

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

Table of Contents

1 Introduction.....	1
2 Access the Prior Authorization Page	2
3 Submit a New Prior Authorization.....	6
3.1 Submission Method—Web	20
3.2 Submission Method—Electronic Upload.....	32
3.3 Submission Method—Mail or Fax	40
3.4 Submission Method—HealthCheck Request—No Attachment Is Needed.....	47
4 Save a Partially Completed Prior Authorization Request	59
5 Complete a Saved Prior Authorization Request	60
6 Check on a Previously Submitted Prior Authorization.....	66
6.1 Search by Prior Authorization Number	67
6.2 Search by Other Criteria	69
6.3 Change Suspended Prior Authorization Status.....	71
7 Amend an Approved Prior Authorization	75
8 Correct a Returned Prior Authorization	85
8.1 Extend a Prior Authorization	97
9 Correct a Returned Prior Authorization Amendment	103
10 Print Prior Authorization Cover Sheet	112
11 Upload Documents for a Prior Authorization	115
11.1 Change Suspended Prior Authorization Status to Pending	120
12 View Documents for a Prior Authorization.....	122
13 View or Maintain a Prior Authorization Collaboration	126
13.1 Viewing and Submitting Prior Authorization Collaborations	127

13.2 Opting Out of Prior Authorization Collaborations 129

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 (the 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.
- View documents for a PA.
- View or maintain a PA collaboration.

2 Access the Prior Authorization Page

1. Access the ForwardHealth Portal at forwardhealth.wi.gov/.

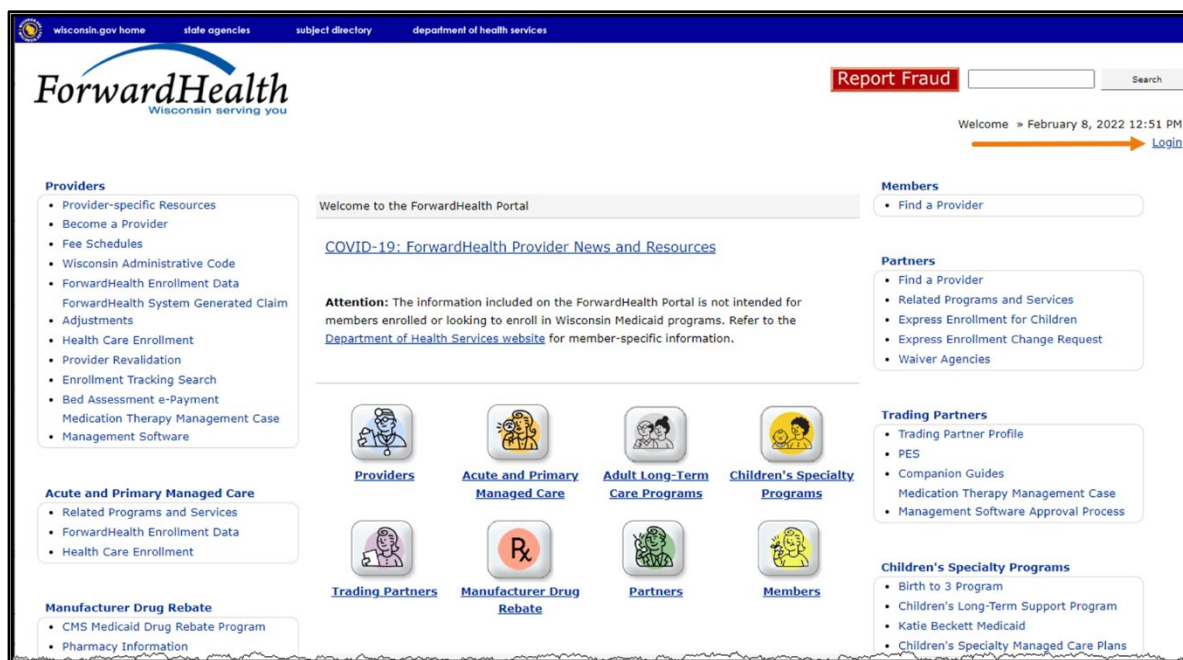


Figure 1 ForwardHealth Portal Homepage

2. Click **Login**. A Sign In box will be displayed.

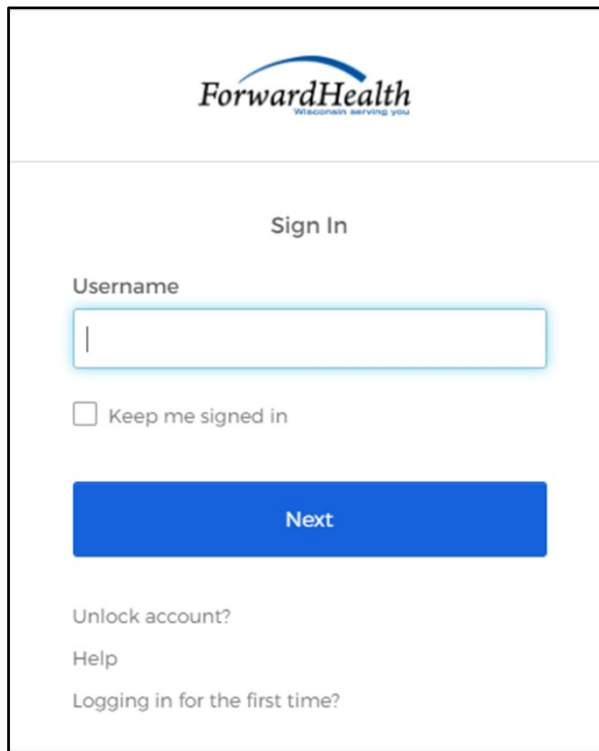
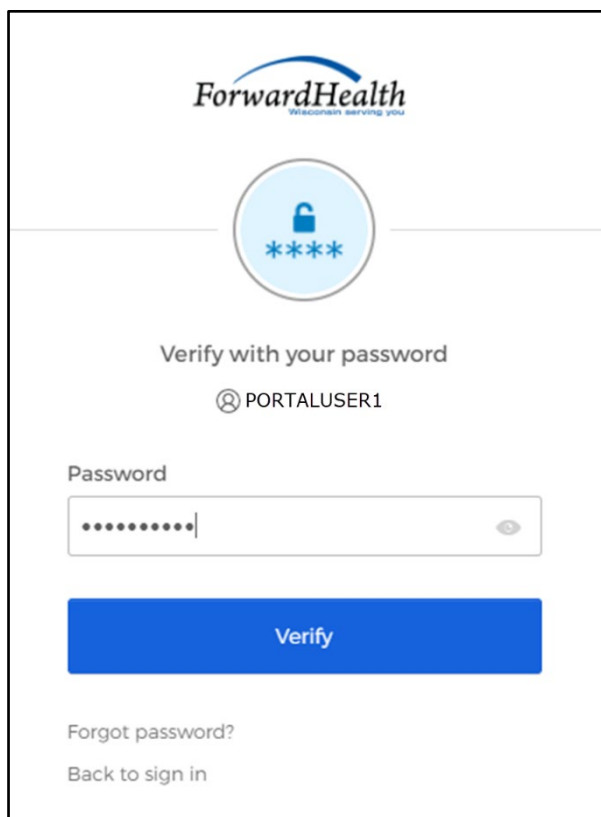
The image shows a 'Sign In' box for ForwardHealth. At the top is the ForwardHealth logo with the tagline 'Wisconsin serving you'. Below the logo is the title 'Sign In'. There is a text input field labeled 'Username' with a blue border. Below the input field is a checkbox labeled 'Keep me signed in'. Below the checkbox is a blue button labeled 'Next'. At the bottom of the box are three links: 'Unlock account?', 'Help', and 'Logging in for the first time?'.

Figure 2 Sign In Box

3. Enter the user's username.

- Click **Next**. A Verify with your password box will be displayed.



The image shows a login verification screen for ForwardHealth. At the top is the ForwardHealth logo with the tagline "Wisconsin serving you". Below the logo is a circular icon containing a blue padlock and four asterisks. The text "Verify with your password" is centered. Below this, the username "PORTALUSER1" is displayed with a user icon. A password field is shown with a text label "Password" and a series of dots for the password input. Below the password field is a large blue button labeled "Verify". At the bottom, there are two links: "Forgot password?" and "Back to sign in".

Figure 3 Verify With Your Password Box

- Enter the user's password.
- Click **Verify**. The secure Provider page will be displayed.

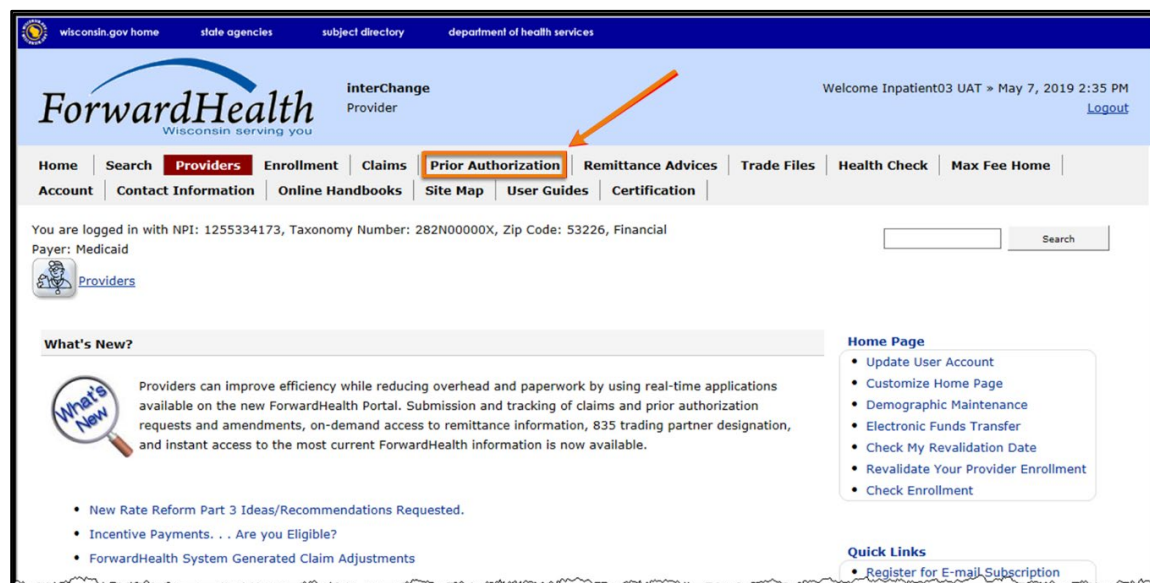


Figure 4 Secure Provider Page

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

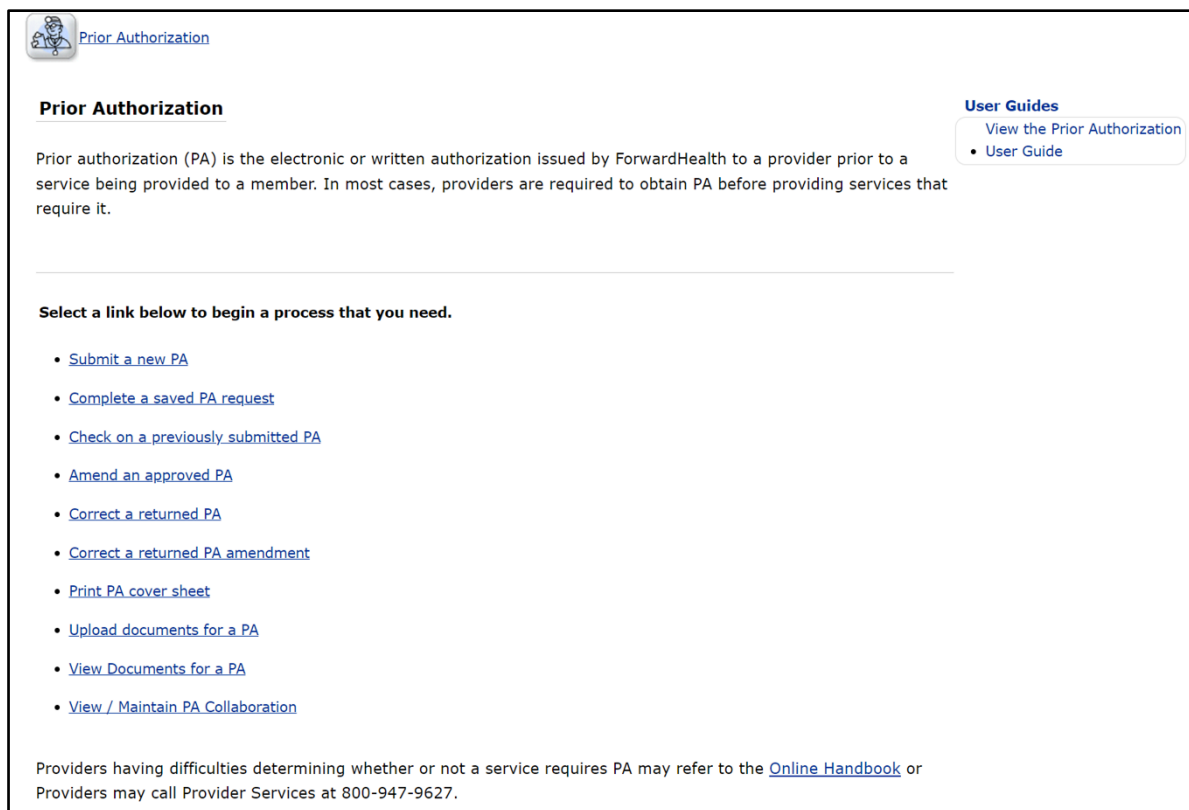


Figure 5 Prior Authorization Page

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.](#)
- [View Documents for a PA.](#)
- [View/maintain PA collaboration.](#)

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.

Note: The following is a general overview of the process flow for submitting a new PA request. Providers should be aware that the details of the actual process flow may differ by process type. Some process types have enhanced process flows to permit immediate, real-time approval of qualifying requests.

1. On the Prior Authorization page, click **Submit a new PA**. The Initial Information panel 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:*

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (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
- 120 - Home Health Therapy
- 120 - Private Duty Nursing
- 121 - Personal care services

Urgent Indicator

Is this PA request medically urgent?*

☒ No ☐ Yes

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:*

1234567890 NPI ▼

Provider Collaboration

• Behavioral Treatment is not currently available for participation in the PA Collaboration.

Select one:*

☐ New Collaborative ☐ Existing Collaborative ☒ None

Collaborative ID

Expected PA Count

Start Date

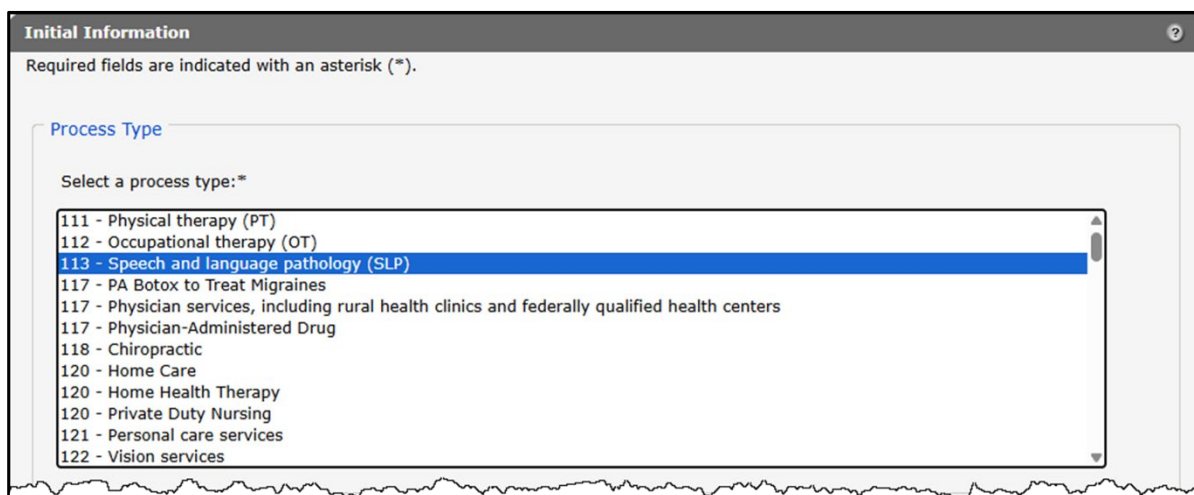
End Date

Reason

Next

Figure 6 Initial Information Panel

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



The screenshot shows the 'Initial Information' panel with a sub-section titled 'Process Type'. Below the title is a label 'Select a process type:*' followed by a dropdown menu. The dropdown is open, displaying a list of process types. The option '113 - Speech and language pathology (SLP)' is highlighted in blue. The list includes: 111 - Physical therapy (PT), 112 - Occupational therapy (OT), 113 - Speech and language pathology (SLP), 117 - PA Botox to Treat Migraines, 117 - Physician services, including rural health clinics and federally qualified health centers, 117 - Physician-Administered Drug, 118 - Chiropractic, 120 - Home Care, 120 - Home Health Therapy, 120 - Private Duty Nursing, 121 - Personal care services, and 122 - Vision services.

Figure 7 Process Type Section

3. The “Urgent Indicator” section defaults to **No**.

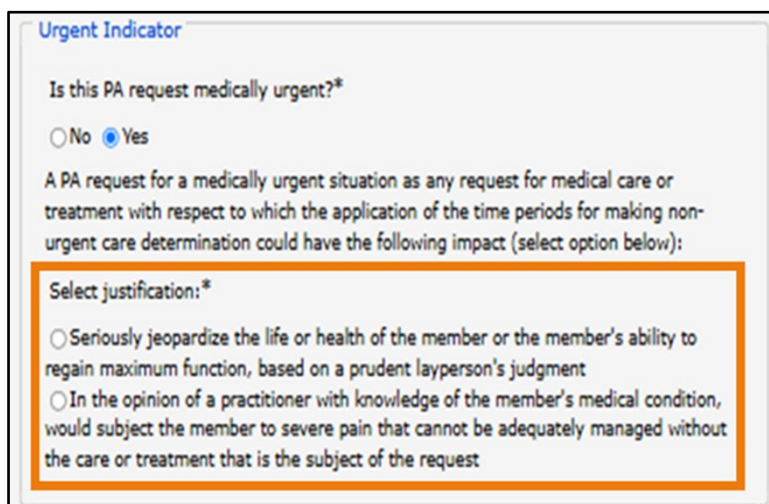


The screenshot shows the 'Urgent Indicator' section with the question 'Is this PA request medically urgent?*' and two radio button options: 'No' (selected) and 'Yes'.

Figure 8 Urgent Indicator Section

4. Select **Yes** if the PA request is medically urgent. If **Yes** is selected, two justification options will be displayed. Select the appropriate justification.

Note: The user will need to verify their response after completing all of the fields on the Initial Information panel. Refer to [Step 10](#).



The screenshot shows the 'Urgent Indicator' section with the question 'Is this PA request medically urgent?*' and two radio button options: 'No' and 'Yes' (selected). Below the question is a text block: 'A PA request for a medically urgent situation as any request for medical care or treatment with respect to which the application of the time periods for making non-urgent care determination could have the following impact (select option below):'. Below this text is a section titled 'Select justification:*' with two radio button options: 'Seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment' and 'In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request'. The justification options are highlighted with an orange border.

Figure 9 Urgent Indicator Section

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

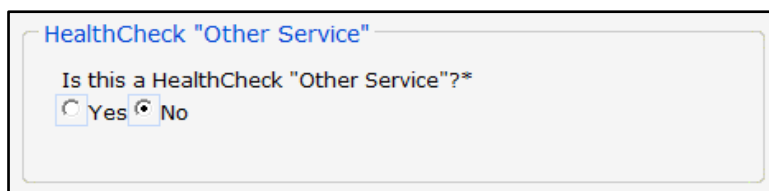


Figure 10 HealthCheck “Other Service” Section

Note: HealthCheck “Other Services” are available for members under 21 years of age to treat certain nconditions.

6. 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.

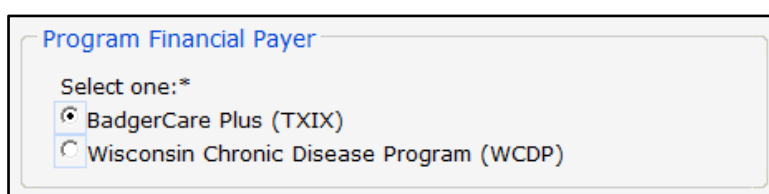


Figure 11 Program Financial Payer Section With BadgerCare Plus (TXIX) Selected

7. In the “Billing Provider Number” section, hospital providers 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.

Note: This section will only be displayed for hospital providers.

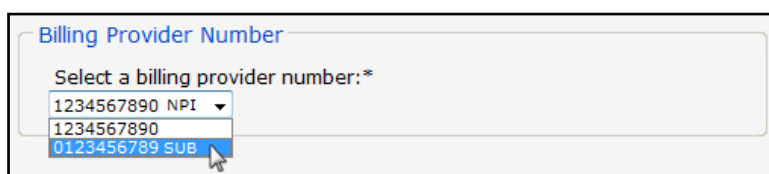


Figure 12 Billing Provider Number Section

8. In the “Provider Collaboration” section, select one of the following:
 - New Collaborative—Indicates the initiation of a PA collaborative that will contain two or more PA requests from providers coordinating care for a single member. Once the PA request from the initiating provider is successfully submitted, a collaborative ID will automatically be assigned.
 - Existing Collaborative—Indicates this PA request will be part of an existing PA collaborative that was initiated by another provider. To select this option, the provider will need to obtain the nine-digit collaborative ID from the initiating provider.
 - None—Indicates this PA request will not be part of a PA collaborative.

Note: This section will only be displayed if the process type selected is eligible to participate in a PA collaboration.

Once a PA collaboration is started or a PA request is associated with an existing collaborative, each provider must attest to and sign their respective PA requests. The PA collaborative must contain at least two PAs and the collaborating providers must agree that all PAs are included and have been attested to prior to submitting the collaborative. Submission of the collaborative begins the consultant review of the individual PAs.

For information on attesting to, signing, and submitting a PA collaboration, refer to the [View or Maintain a PA Collaboration](#) chapter of this user guide.

If the PA request will not be part of a collaborative, select **None**. Proceed to [step 7](#).

Provider Collaboration

- Behavioral Treatment is not currently available for participation in the PA Collaboration.

Select one: *

☐ New Collaborative ☐ Existing Collaborative ☒ None

Collaborative ID

Expected PA Count

Start Date

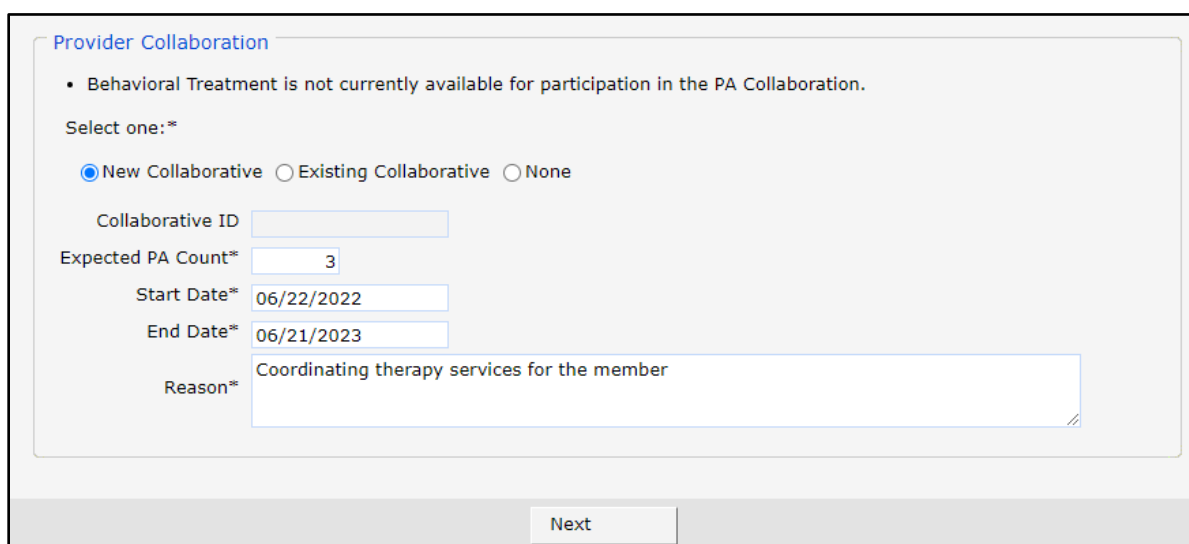
End Date

Reason

Next

Figure 13 Provider Collaboration Section

If the PA is the first request in a collaborative, select **New Collaborative**. Once New Collaborative is selected, the Expected PA Count, Start Date, End Date, and Reason fields will become active.



The screenshot shows a web form titled "Provider Collaboration". At the top, a message states: "Behavioral Treatment is not currently available for participation in the PA Collaboration." Below this, a "Select one:" section has three radio buttons: "New Collaborative" (which is selected), "Existing Collaborative", and "None". Underneath, there are several input fields: "Collaborative ID" (empty), "Expected PA Count*" (containing the number "3"), "Start Date*" (containing "06/22/2022"), "End Date*" (containing "06/21/2023"), and "Reason*" (containing the text "Coordinating therapy services for the member"). A "Next" button is located at the bottom right of the form.

Figure 14 Provider Collaboration Section, New Collaborative

Complete the following fields to begin a new PA collaborative:

- Enter the total expected number of PAs that will be part of the collaborative in the Expected PA Count field.
- Enter a date in the Start Date field. This should reflect the start date for the collaborative as a whole and should be the earliest date on which at least one of the PAs will provide services.
- Enter a date in the End Date field, if different from the default date of 364 days from the start date. The end date may be less than the default date but may not exceed it.
- Enter a description of why the PA collaborative is being requested in the Reason field.

If the PA request is part of an existing collaborative, select **Existing Collaborative**. Once Existing Collaborative is selected, the Collaborative ID field will become active.

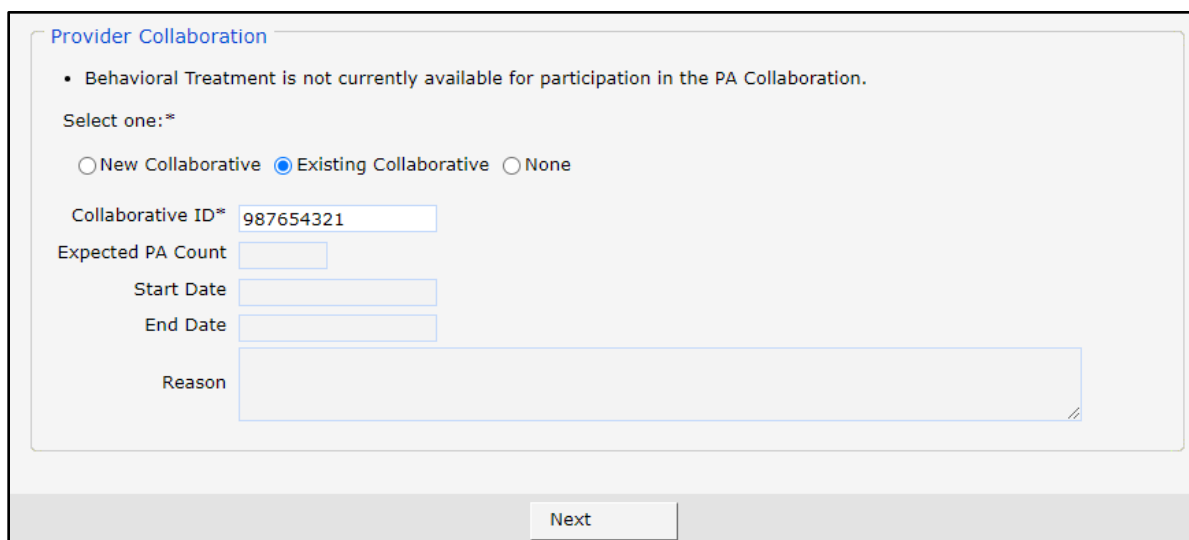


Figure 15 Provider Collaboration Section, Existing Collaborative

To associate the PA request to an existing collaborative, enter the nine-digit collaborative ID in the active field. Note: This number should be obtained from the provider who initiated the collaborative.

Once the page refreshes, the Expected PA Count, Start Date, End Date, and Reason fields will auto-populate.

9. Click **Next**.
10. If **Yes** was selected in the “Urgent Indicator” section and a justification was selected, a verification statement will be displayed at the top of the page. Check the box stating the user verifies to the medical necessity for the PA request to be considered medically urgent.

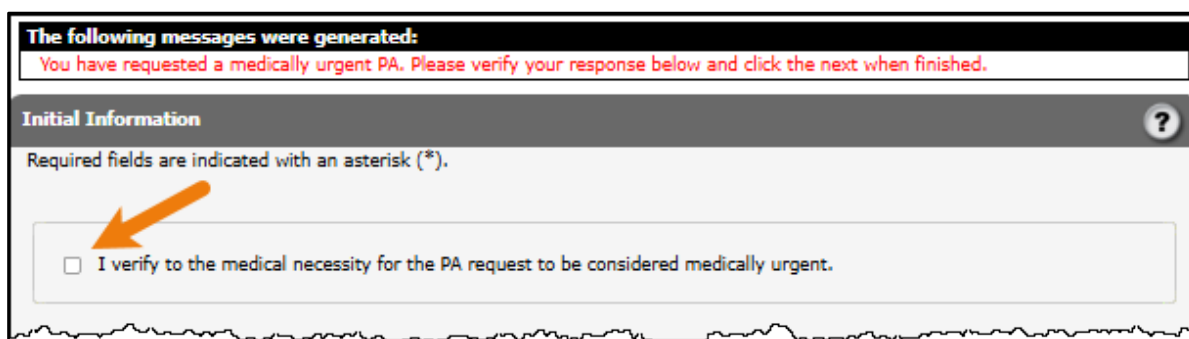


Figure 16 Initial Information Panel—Verify Response

11. Click **Next**.

12. If there are no processing notes for the selected process type, the Member Information panel will be displayed. Proceed to [step 10](#).

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

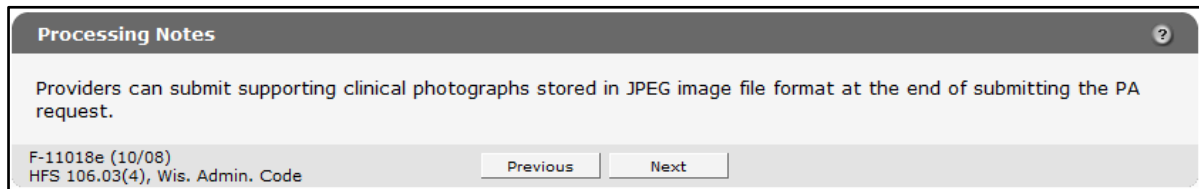
A screenshot of the 'Processing Notes' panel. The title bar is dark gray with the text 'Processing Notes' and a help icon. The main content area is white and contains the text: 'Providers can submit supporting clinical photographs stored in JPEG image file format at the end of submitting the PA request.' Below this text, there is a footer bar with the text 'F-11018e (10/08)' and 'HFS 106.03(4), Wis. Admin. Code' on the left, and two buttons labeled 'Previous' and 'Next' on the right.

Figure 17 Processing Notes Panel

13. Review the processing notes information. Click **Next**.
14. The Member Information panel will be displayed.

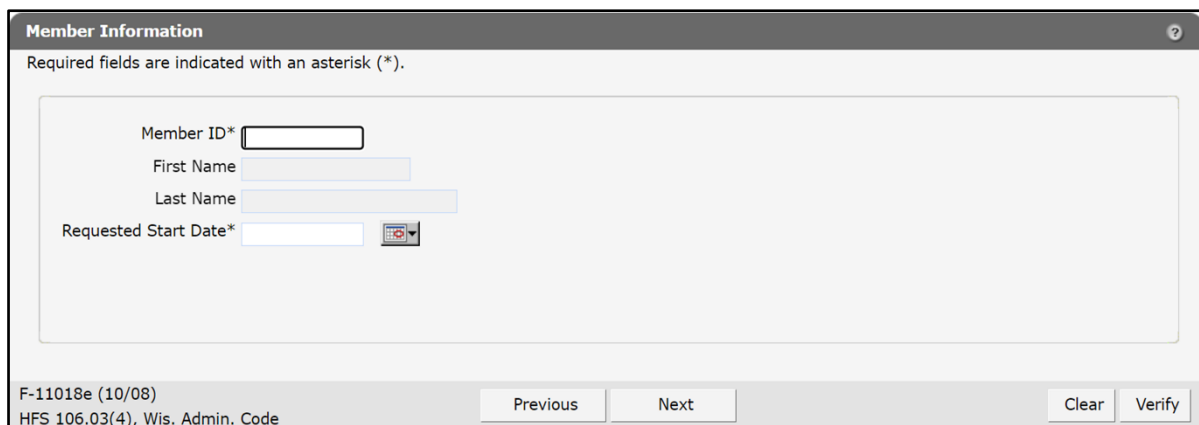
A screenshot of the 'Member Information' panel. The title bar is dark gray with the text 'Member Information' and a help icon. Below the title bar, it says 'Required fields are indicated with an asterisk (*).' The main content area is white and contains four input fields: 'Member ID*' (a text box), 'First Name' (a text box), 'Last Name' (a text box), and 'Requested Start Date*' (a text box with a calendar icon to its right). Below these fields, there is a footer bar with the text 'F-11018e (10/08)' and 'HFS 106.03(4), Wis. Admin. Code' on the left, and four buttons labeled 'Previous', 'Next', 'Clear', and 'Verify' on the right.

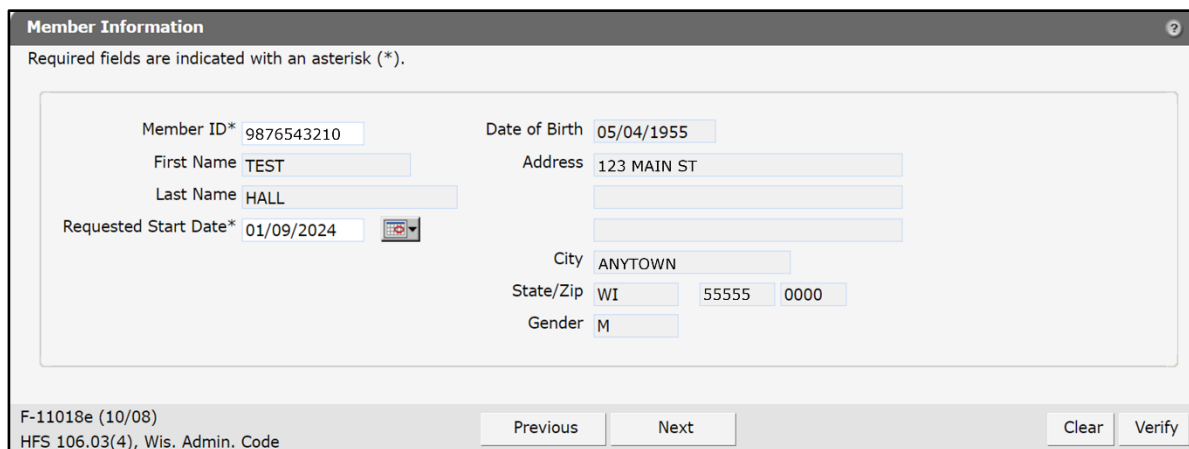
Figure 18 Member Information Panel

15. Enter the member's ID in the Member ID field. The member's first and last name will be prefilled after the member's ID is entered.
16. 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.

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



The screenshot shows a web form titled "Member Information" with a help icon. Below the title, it states "Required fields are indicated with an asterisk (*)." The form contains several input fields: "Member ID*" with value "9876543210", "Date of Birth" with value "05/04/1955", "First Name" with value "TEST", "Last Name" with value "HALL", "Requested Start Date*" with value "01/09/2024" and a calendar icon, "Address" with value "123 MAIN ST", "City" with value "ANYTOWN", "State/Zip" with value "WI 55555 0000", and "Gender" with value "M". At the bottom left, it shows "F-11018e (10/08)" and "HFS 106.03(4), Wis. Admin. Code". At the bottom right, there are buttons for "Previous", "Next", "Clear", and "Verify".

Figure 19 Member Information Panel With Verified Information

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

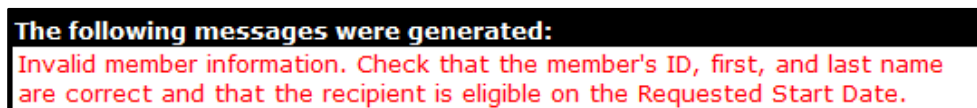


Figure 20 Example Error Message

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

18. Click **Next**. The Service Information panel 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 Requesting Provider Signature*

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

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

Service Code* [Search]

Service Code Description

Additional Service Code

Description

Modifiers [Search] [Search] [Search] [Search]

Place of Service* [Search]

Quantity Requested*

Charge*

Add Save Delete

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

Previous Next Save and Complete Later Clear Verify

Figure 21 Service Information Panel

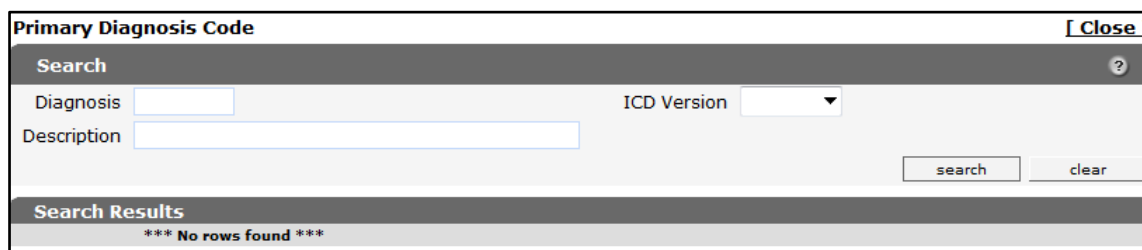
The fields on the Service Information panel will vary depending on the process type selected on the Initial Information panel. Enter all relevant information for the selected process type.

Note: If it is not possible to complete a PA request in one session, providers 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 the [Save a Partially Completed Prior Authorization Request](#) chapter of this user guide.

19. 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.



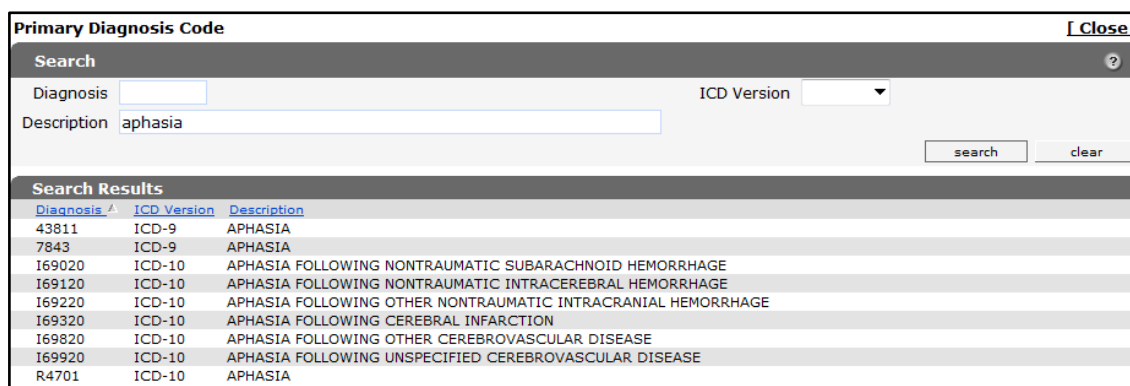
The image shows a search box titled "Primary Diagnosis Code" with a "Close" button in the top right. Below the title is a "Search" section with a "Diagnosis" input field, an "ICD Version" dropdown menu, and a "Description" input field. There are "search" and "clear" buttons on the right. Below the search section is a "Search Results" section that currently displays "*** No rows found ***".

Figure 22 Primary Diagnosis Code Search Box

- Enter a description of the code.
 - If the entire description is unknown, enter a key word.
 - 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.



The image shows the same search box as Figure 22, but with search results displayed. The "Description" field contains the word "aphasia". The "Search Results" section shows a table with the following data:

Diagnosis	ICD Version	Description
43811	ICD-9	APHASIA
7843	ICD-9	APHASIA
169020	ICD-10	APHASIA FOLLOWING NONTRAUMATIC SUBARACHNOID HEMORRHAGE
169120	ICD-10	APHASIA FOLLOWING NONTRAUMATIC INTRACEREBRAL HEMORRHAGE
169220	ICD-10	APHASIA FOLLOWING OTHER NONTRAUMATIC INTRACRANIAL HEMORRHAGE
169320	ICD-10	APHASIA FOLLOWING CEREBRAL INFARCTION
169820	ICD-10	APHASIA FOLLOWING OTHER CEREBROVASCULAR DISEASE
169920	ICD-10	APHASIA FOLLOWING UNSPECIFIED CEREBROVASCULAR DISEASE
R4701	ICD-10	APHASIA

Figure 23 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 closet, 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. Below the title is a note: "Required fields are indicated with an asterisk (*)." The form contains several input fields and search buttons:

- Primary Diagnosis Code***: A text box containing "R4701" and a "[Search]" button.
- Primary Diag Description**: A text box containing "APHASIA".
- Secondary Diagnosis Code**: An empty text box and a "[Search]" button.
- Secondary Diag Description**: An empty text box.
- Requested Start Date**: A text box containing "11/18/2018".
- Requesting Provider Signature***: An empty text box.
- National Provider Identifier - Prescribing/Referring/Ordering Provider**: An empty text box and a "[Search]" button.
- Name - Prescribing/Referring/Ordering Provider**: An empty text box.

Figure 24 Primary Diagnosis Code and Description Populated

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

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

- In the Requesting Provider Signature field, enter the name of the provider who is requesting the service.
- Enter the NPI of the prescribing/referring/ordering provider in the National Provider Identifier - Prescribing/Referring/Ordering Provider field when required.
- Enter the name of the prescribing/referring/ordering provider in the Name - Prescribing/Referring/Ordering Provider field when required.
- In the "Line Items" section, although not all the fields are required, enter as much information as possible.
 - 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.

- 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.
- In the Rendering Provider Taxonomy field, enter the taxonomy code that identifies the rendering provider's provider type and area of specialization.
- 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.

- 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. To search for the modifier(s), click **Search** to the right of each field.
- i. Enter the appropriate POS code in the Place of Service field. To search for the POS code, click **Search** to the right of the field.
- j. Enter the amount being requested (for example, 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.

25. Click **Save** in the lower right corner of the page. The row will be populated with the updated information.

26. 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 panel. Correct the error and click **Verify** again.



Figure 25 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 panel. Providers submitting a HealthCheck “Other Services” PA request can bypass the edit(s) by checking **Ignore** and clicking **Continue**.

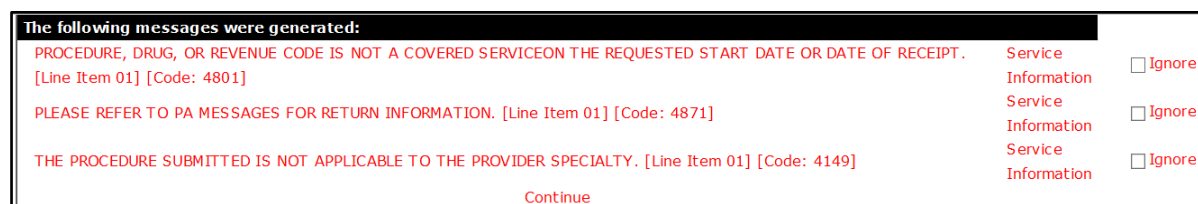


Figure 26 Policy Rule-Based Edit Message

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

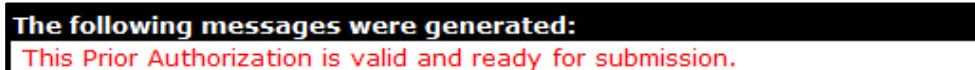


Figure 27 Validation Message

- 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 **Delete**.
- To save the partially completed request to be completed later, click **Save and Complete Later**. For information on saving and retrieving partially completed PA requests, refer to the [Save a Partially Completed Prior Authorization Request](#) chapter of this user guide.

27. Click **Next** to continue. The Required Attachments panel will be displayed.

The screenshot shows a panel titled "Required Attachments" with a help icon. Below the title, it states "Required fields are indicated with an asterisk (*)." and lists three instructions: "The following attachments are required for this PA request.", "Use the drop-down boxes to indicate how you will be submitting each attachment.", and "Click next to complete the attachment." Below these instructions is a box containing the following information: "Attachment" with the value "THERAPY ATTACHMENT (PA/TA)", "Submission Method*" with a dropdown menu showing "Web", and a "Notes" section stating "The attachment form must be completed online before the PA request can be submitted." At the bottom of the panel are three buttons: "Previous", "Next", and "Save and Complete Later".

Figure 28 Required Attachments Panel

The Required Attachments panel indicates the following information:

- Attachment—Displays the title of the required attachment.
- Submission Method—Displays submission options providers can select.
 - a. To submit documentation via the web, refer to the [Submission Method—Web](#) section of this user guide.
 - b. To submit documentation via electronic upload, refer to the [Submission Method—Electronic Upload](#) section of this user guide.
 - c. To submit documentation via mail or fax, refer to the [Submission Method—Mail or Fax](#) section of this user guide.

- d. To submit a HealthCheck “Other Services” request, refer to the [HealthCheck Request—No Attachment Is Needed](#) section of this user guide.
- Notes—Explains 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 (for example, 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 the specific PA will be displayed. The example below shows the Portal Prior Authorization/Therapy Attachment (PA/TA) form, F-11008.

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)

F-11008e (10/08)
HFS 107.18(2), Wis. Admin. Code

Previous Next Save and Complete Later Clear Verify

Figure 29 Example Attachment Form

Refer to the [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 panel.

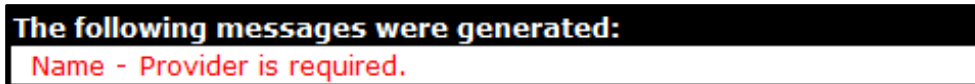


Figure 30 Example Error Message

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

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

The screenshot shows the "PA Summary" page. At the top is a dark header bar with the title "PA Summary" and a help icon. The main content area is light gray and contains several sections. The first section is a bulleted list with two items: "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." and "Preview PA Request" with a link. Below this is a section titled "Prescription or Order" with a paragraph stating that a prescription or order must be submitted. It then contains two radio button options: "By mail or fax. The prescription or order must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted." and "By uploading electronically. Files may be uploaded once the PA has been submitted." The next section is "Additional Supporting Clinical Documentation" with two checkbox options: "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." and "By uploading electronically. Files may be uploaded once the PA has been submitted." The final section is a bulleted list with one item: "Select 'Submit' to submit the PA request." At the bottom of the page is a light gray bar containing three buttons: "Previous", "Submit", and "Save and Complete Later".

Figure 31 PA Summary Page

- To view a draft of the 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 Blethen 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) JMA 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
			1	2	3	4				
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	

-DRAFT- 

DT-PA049-049

Figure 32 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 the prescription or order (if required) and additional supporting clinical information is being submitted (mail or fax or uploading electronically).
10. Click **Submit**.

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

If the provider chooses to upload a prescription or an order and additional supporting clinical information electronically, the File Upload panel will be displayed.

File Upload ?

Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- **Please note:** Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request.

Upload File

File No file chosen

Uploaded File List

*** No rows found ***

Figure 33 File Upload Panel

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

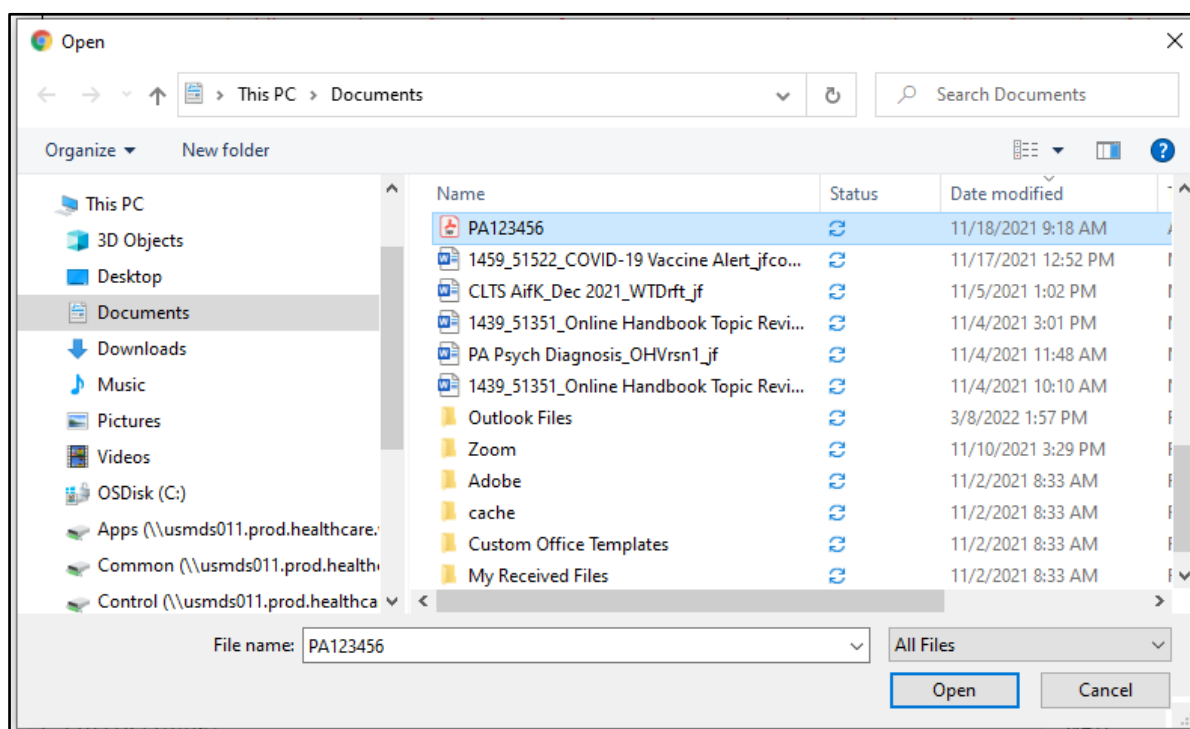


Figure 34 Choose File Window

- b. Browse to and select the desired file.
- c. Click **Open**.

A confirmation message will be generated at the top of the page and the uploaded file will be displayed in the “Uploaded File List” section. To remove a file, click the red “X.”

The following messages were generated:

File was added to list successfully. Select the Next button when you have added all of your files.

File Upload

Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- **Please note:** Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request.

Upload File

File No file chosen

Uploaded File List

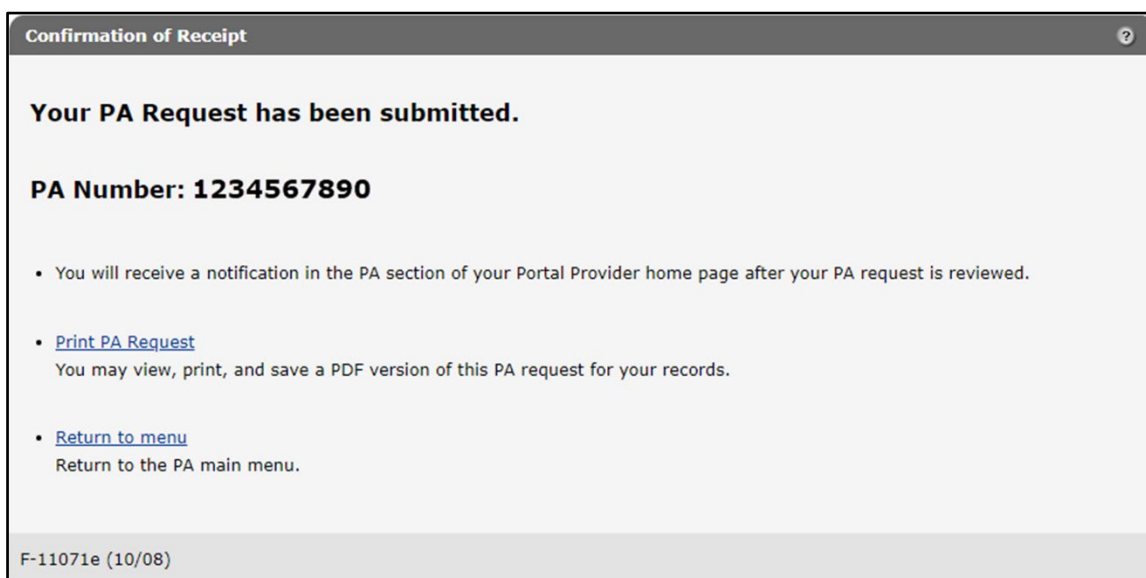
File Name	Remove File
F11018_PA-RF.pdf	X

Next

Figure 35 Uploaded File List Section

- d. Upload as many files as necessary.

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



The screenshot shows a web page titled "Confirmation of Receipt" with a help icon in the top right corner. The main heading is "Your PA Request has been submitted." Below this, the "PA Number: 1234567890" is displayed. A bulleted list contains three items: a notification about the review process, a link to "Print PA Request" with a subtext about saving a PDF, and a link to "Return to menu" with a subtext about returning to the main menu. At the bottom left, the text "F-11071e (10/08)" is visible.

Confirmation of Receipt

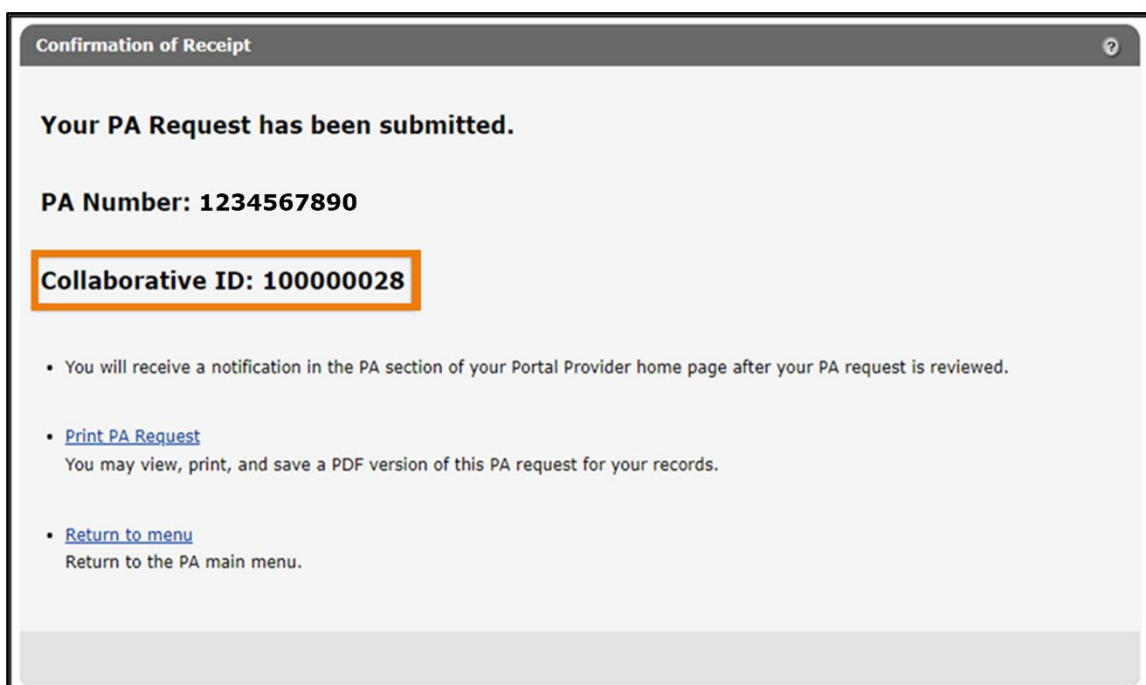
Your PA Request has been submitted.

PA Number: 1234567890

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

F-11071e (10/08)

Figure 36 Confirmation of Receipt Page Without Collaborative ID



This screenshot is identical to Figure 36 but includes an additional line of text: "Collaborative ID: 100000028", which is enclosed in an orange rectangular box.

Confirmation of Receipt

Your PA Request has been submitted.

PA Number: 1234567890

Collaborative ID: 100000028

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

Figure 37 Confirmation of Receipt Page With Collaborative ID

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

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

Print the PA Cover Sheet ?

- You have indicated that you will be submitting the following documents by mail or fax:
 - Additional supporting clinical documentation.
- 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.

Next

Get PA Cover Sheet


Figure 38 Print the PA Cover Sheet Page

- 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.

Tony Evers
Governor

Kristen L. Johnson
Secretary



State of Wisconsin
Department of Health Services

FORWARDHEALTH
PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
TTY: 711
www.forwardhealth.wi.gov

January 18, 2024

ABC HEALTH CLINIC
PA CONTACT
123 FIRST ST
ANYTOWN, WI 55555-1234

PA Number: 1234567890
PA Submission Date: 01/18/2024
PA Request Inactivation Date: 02/17/2024

Dear ABC CLINIC:

A prior authorization (PA) request was submitted to ForwardHealth on 01/18/2024 via the web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 1234567890.

List the additional supporting documentation in the space provided on the second page of this letter.

Providers are required to send both pages of this letter and additional supporting documentation by fax at 608-221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Providers are encouraged to retain a copy of all documentation for their records.

ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.

If you have any questions, please contact Provider Services at 800-947-9627.


Sincerely,

ForwardHealth

F-11159 (07/12)

List the additional supporting documentation below.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



01-PAG09-009-0240180001-2201092726-121

www.dhs.wisconsin.gov

Figure 39 PDF Version of the PA Cover Sheet

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

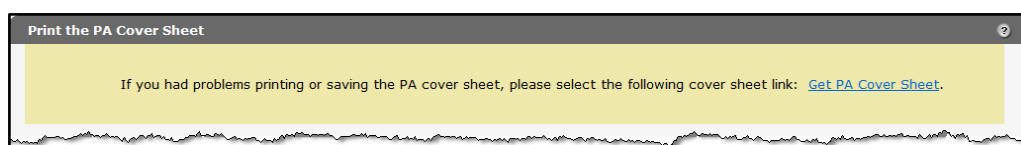
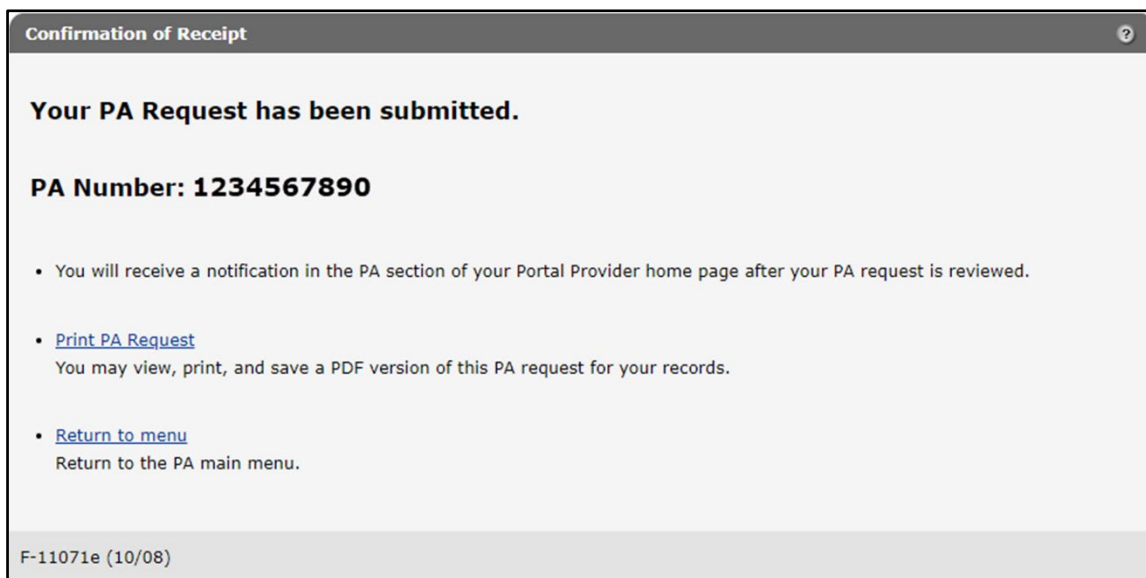


Figure 40 Get PA Cover Sheet Link

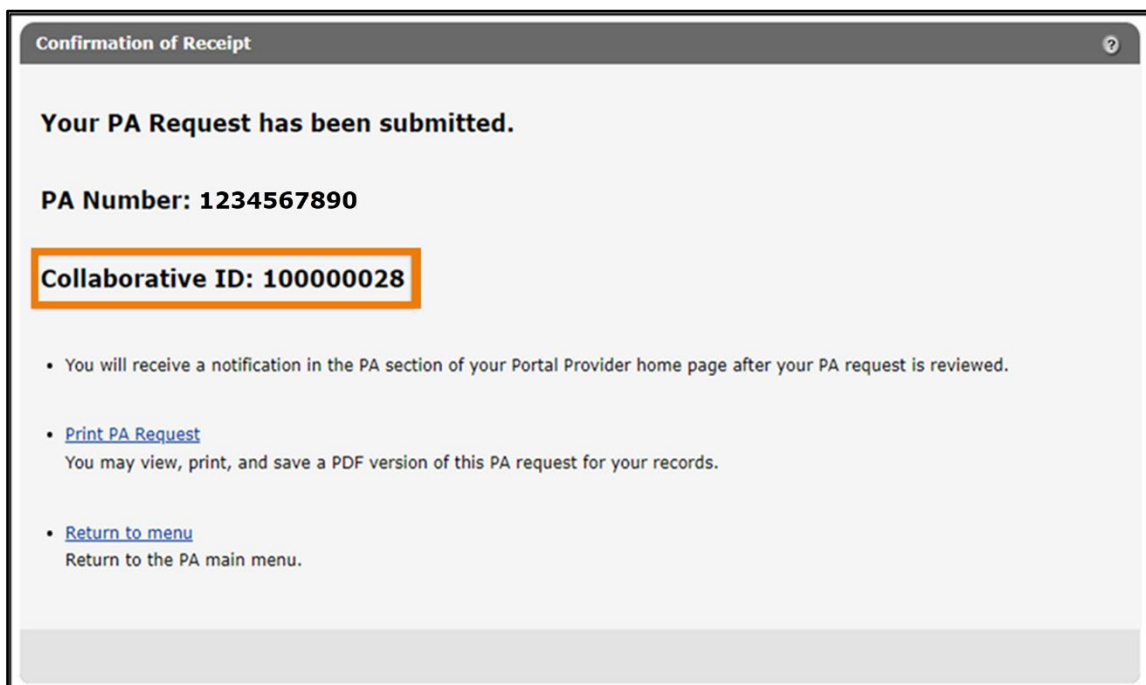
Note: If the PA cover sheet and required attachments are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.

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



The screenshot shows a web page titled "Confirmation of Receipt" with a question mark icon in the top right corner. The main heading is "Your PA Request has been submitted." followed by "PA Number: 1234567890". Below this, there is a bulleted list: "You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.", "Print PA Request" (a link) with the subtext "You may view, print, and save a PDF version of this PA request for your records.", and "Return to menu" (a link) with the subtext "Return to the PA main menu." At the bottom left, the text "F-11071e (10/08)" is displayed.

Figure 41 Confirmation of Receipt Page Without Collaborative ID



This screenshot is similar to Figure 41 but includes an additional field: "Collaborative ID: 100000028", which is highlighted with an orange rectangular border. The rest of the page content, including the heading, PA number, and bulleted list, is identical to the previous figure.

Figure 42 Confirmation of Receipt Page With Collaborative ID

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

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) JMA 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 43 Draft PDF Version of the PA Request

12. To print or save the PA request to a 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 44 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.
- **Prescription or Order**
You are required to submit a prescription or order with this PA request. Indicate below how it will be submitted:
 - ☐ By mail or fax. The prescription or order 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.
- **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 45 PA Summary Page

4. To view a draft of the 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 Blettnier 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
			1	2	3	4				
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 46 Draft PDF Version of the PA Request

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

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

File Upload ?

Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- **Please note:** Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request.

Upload File

File No file chosen

Uploaded File List

*** No rows found ***

Figure 47 File Upload Panel

8. Click **Choose File**. The Choose file window will be displayed.

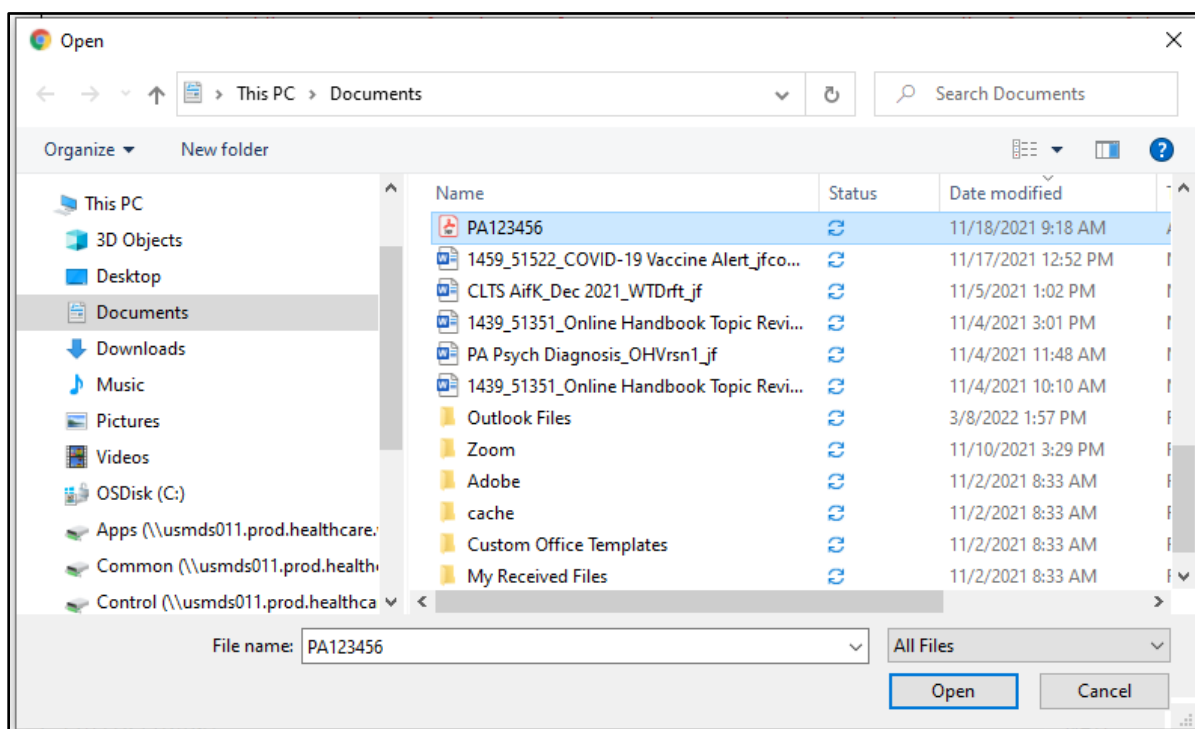


Figure 48 Choose File Window

9. Browse to and select the desired file.
10. Click **Open**.

A confirmation message will be generated at the top of the page and the uploaded file will be displayed in the “Uploaded File List” section. To remove a file, click the red “X.”

The following messages were generated:
File was added to list successfully. Select the Next button when you have added all of your files.

File Upload
Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- Please note:** Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request.

Upload File
File

Uploaded File List

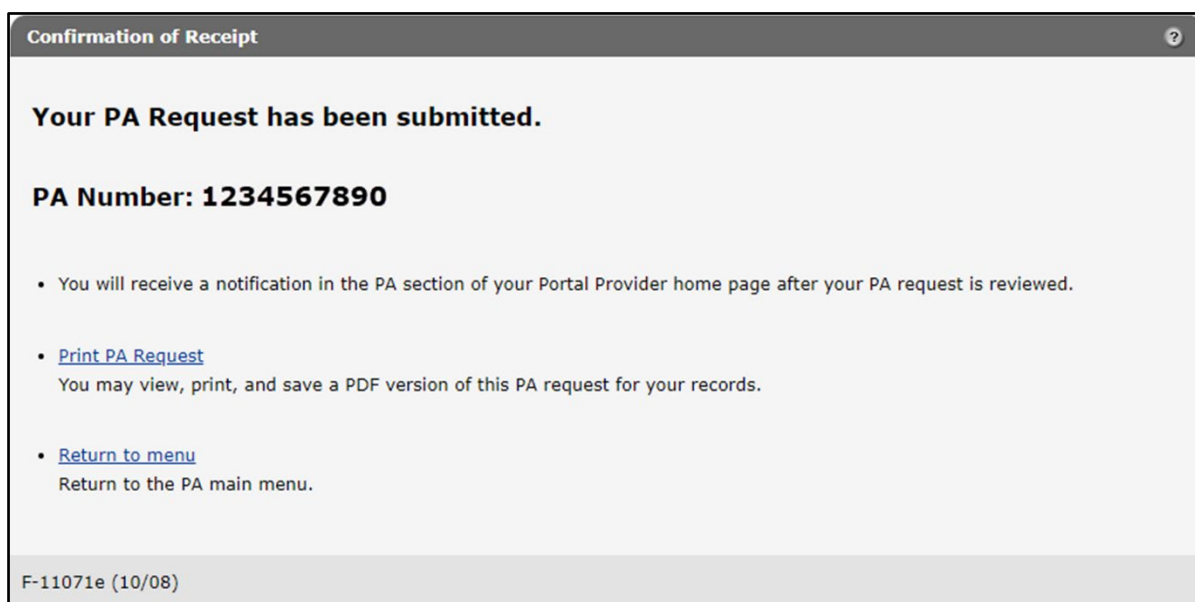
File Name	Remove File
F11018_PA-RF.pdf	X

Next

Figure 49 Uploaded File List Section

11. Upload as many files as necessary.

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



The screenshot shows a web browser window titled "Confirmation of Receipt" with a help icon in the top right corner. The main content area has a light gray background and contains the following text:

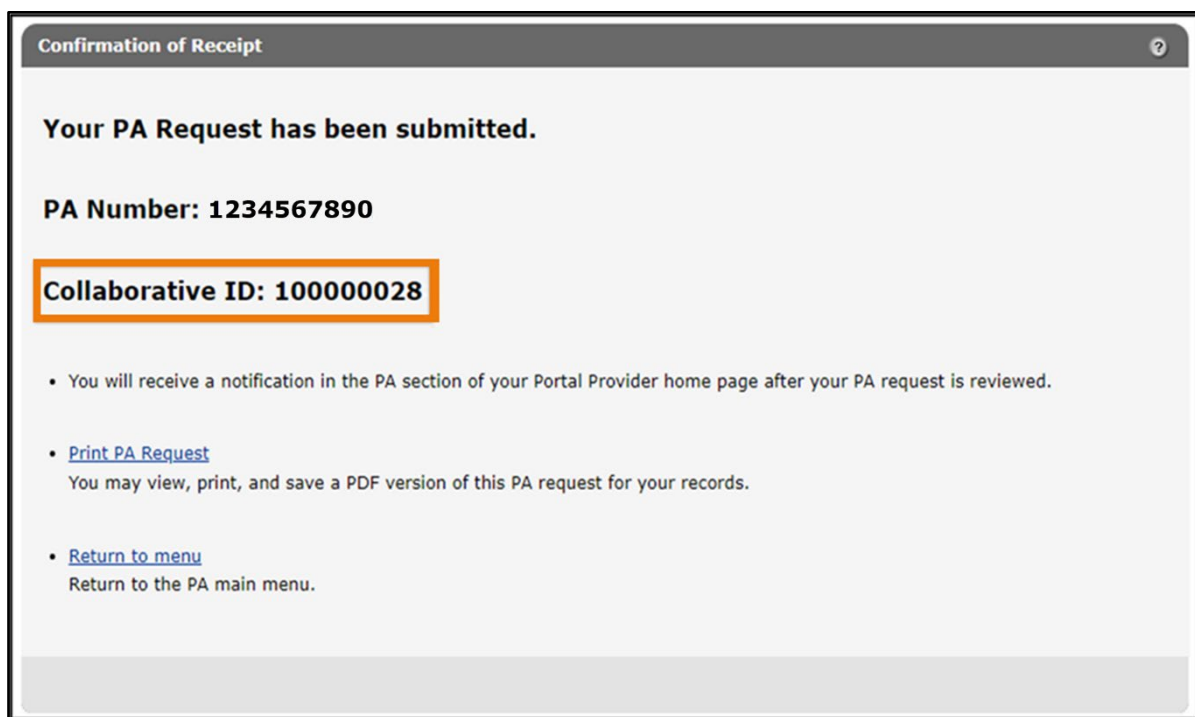
Your PA Request has been submitted.

PA Number: 1234567890

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

A footer bar at the bottom of the page displays "F-11071e (10/08)".

Figure 50 Confirmation of Receipt Page Without Collaborative ID



The screenshot shows a web browser window titled "Confirmation of Receipt" with a help icon in the top right corner. The main content area has a light gray background and contains the following text:

Your PA Request has been submitted.

PA Number: 1234567890

Collaborative ID: 100000028


- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

The "Collaborative ID: 100000028" text is highlighted with an orange rectangular border.

Figure 51 Confirmation of Receipt Page With Collaborative ID

13. Click **Print PA Request** to view, print, or save a PDF version of the PA request.

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/RP)																			
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/RP) 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) JMA 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 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									

-DRAFT- 

DT-PA049-049

Figure 52 Draft PDF Version of the PA Request

14. 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.

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	Submission Method*
THERAPY ATTACHMENT (PA/TA)	Mail or Fax

Notes The attachment form must be completed on paper and must be sent by mail or fax with the PA cover sheet. The PA cover sheet will be available to print once the PA has been submitted.

Previous Next Save and Complete Later

Figure 53 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.
- **Prescription or Order**
You are required to submit a prescription or order with this PA request. Indicate below how it will be submitted:
 - ☐ By mail or fax. The prescription or order 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.
- **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 54 PA Summary Page

4. To view a draft of the 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 Blethen 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) JMA 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
			1	2	3	4				
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	

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DT-PA049-049

Figure 55 Draft PDF Version of the 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 to save or print.

5. Review the draft to ensure the entered information is accurate.
6. Check the **By mail or fax** box(es).
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 later. 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.

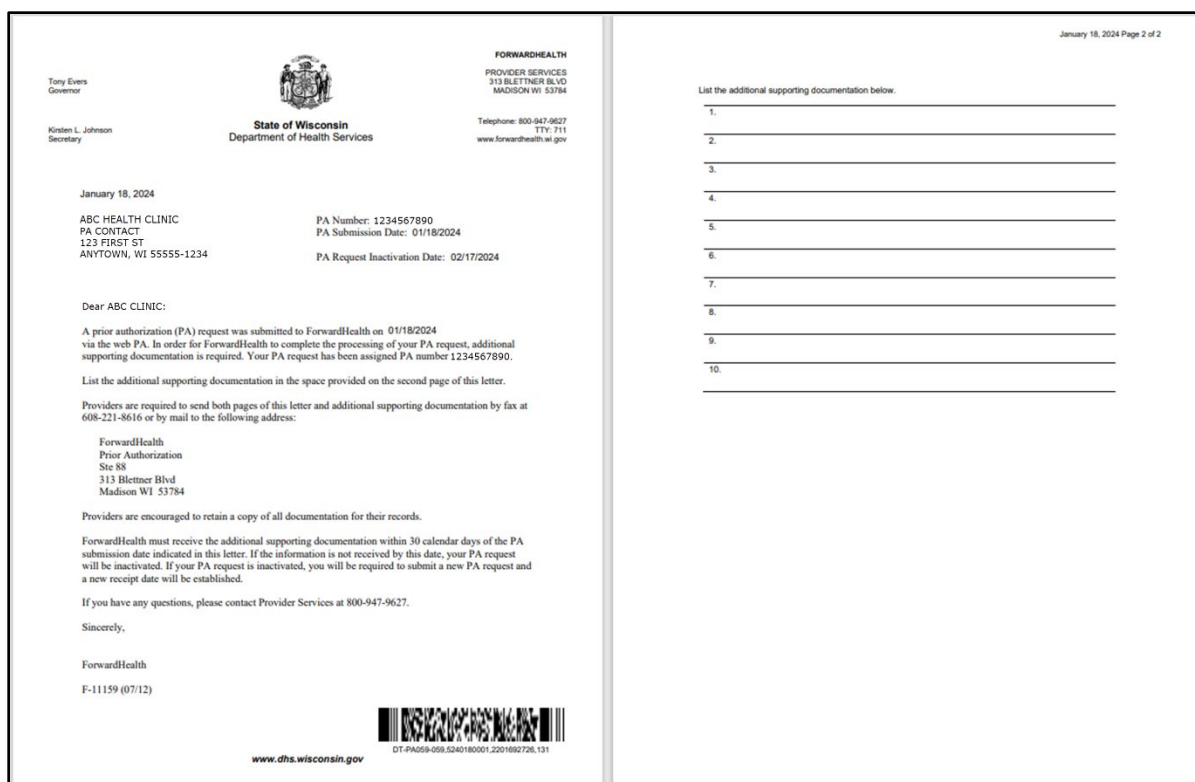
[Get PA Cover Sheet](#)

[Next](#)

Figure 56 Print the PA Cover Sheet Page

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

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



The image shows a two-page PDF document titled "PA Cover Sheet". The left page contains the following information:

State of Wisconsin
Department of Health Services

FORWARDHEALTH
PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784
Telephone: 800-947-9627
TTY: 711
www.forwardhealth.wi.gov

January 18, 2024

ABC HEALTH CLINIC
PA CONTACT
123 FIRST ST
ANYTOWN, WI 55555-1234

PA Number: 1234567890
PA Submission Date: 01/18/2024
PA Request Inactivation Date: 02/17/2024

Dear ABC CLINIC:

A prior authorization (PA) request was submitted to ForwardHealth on 01/18/2024 via the web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 1234567890.

List the additional supporting documentation in the space provided on the second page of this letter.

Providers are required to send both pages of this letter and additional supporting documentation by fax at 608-221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Providers are encouraged to retain a copy of all documentation for their records.

ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.

If you have any questions, please contact Provider Services at 800-947-9627.

Sincerely,

ForwardHealth
F-11159 (07/12)

www.dhs.wisconsin.gov

The right page contains a list of 10 numbered lines for additional supporting documentation:

List the additional supporting documentation below:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Figure 57 Sample PDF Version of the PA Cover Sheet

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

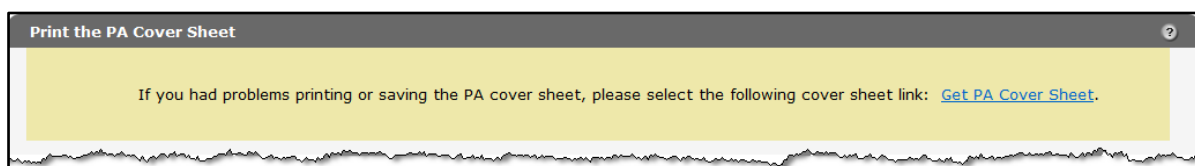
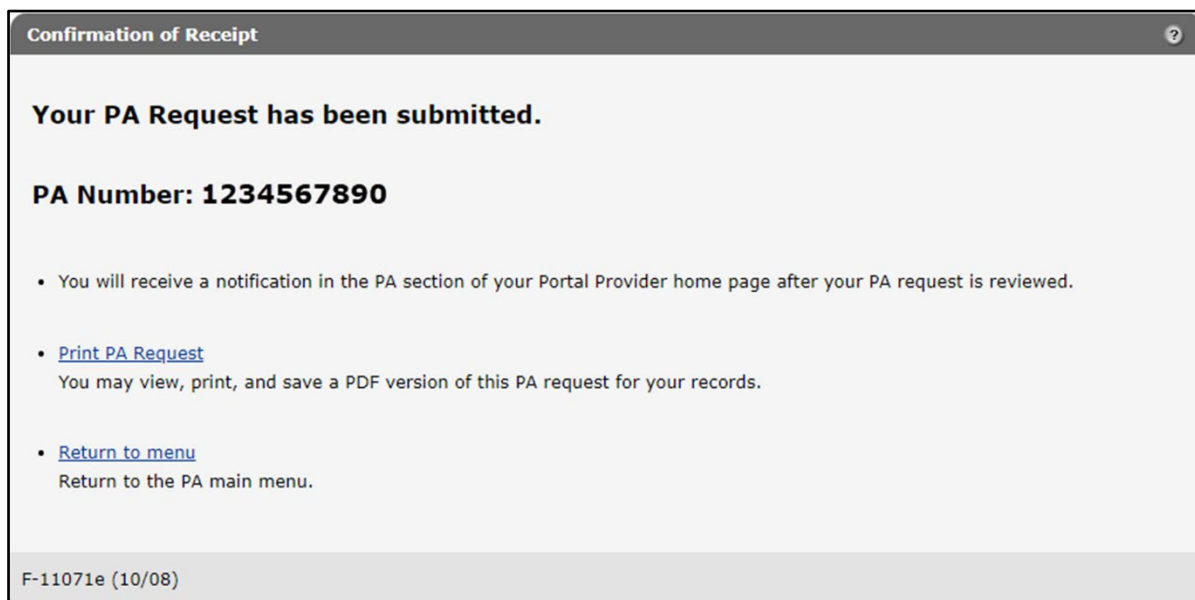


Figure 58 Get PA Cover Sheet Link

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.



The screenshot shows a web browser window titled "Confirmation of Receipt" with a help icon in the top right corner. The main content area displays the message "Your PA Request has been submitted." followed by the "PA Number: 1234567890". Below this, there is a bulleted list of instructions and links: "You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.", a link to "Print PA Request" with the subtext "You may view, print, and save a PDF version of this PA request for your records.", and a link to "Return to menu" with the subtext "Return to the PA main menu.". At the bottom of the page, a footer displays "F-11071e (10/08)".

Confirmation of Receipt

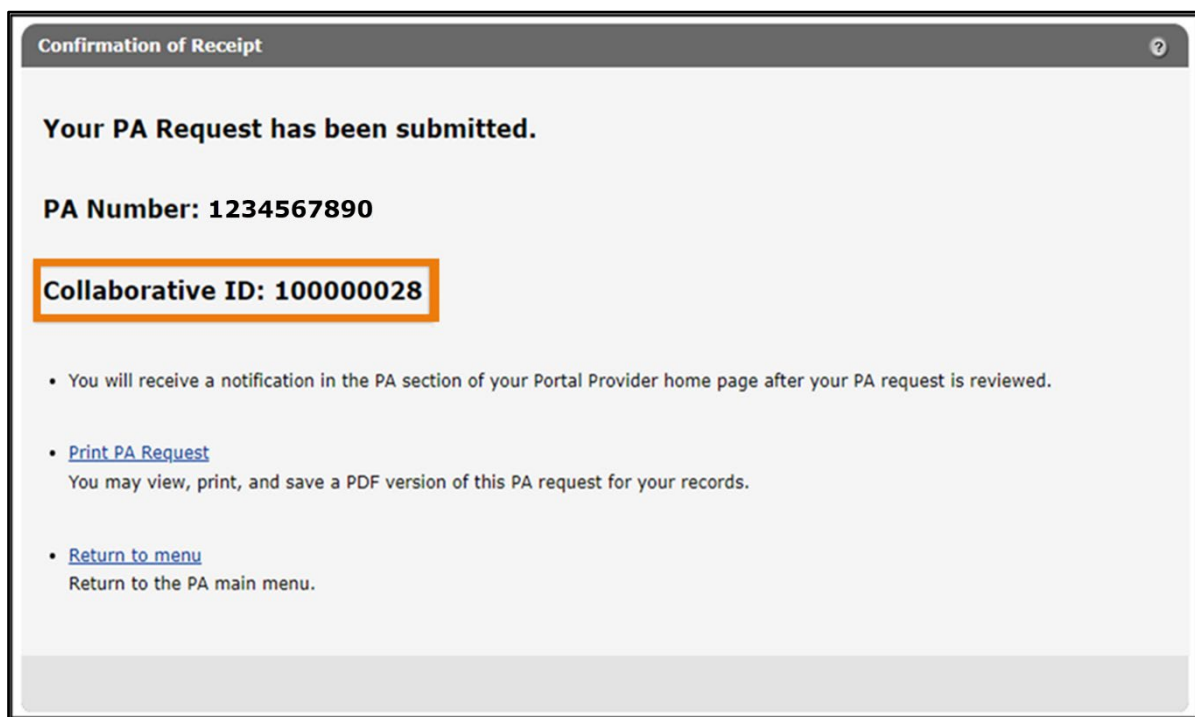
Your PA Request has been submitted.

PA Number: 1234567890

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

F-11071e (10/08)

Figure 59 Confirmation of Receipt Page Without Collaborative ID



This screenshot is similar to Figure 59, showing the "Confirmation of Receipt" page. It includes the same header, success message, PA number, and list of links. The key difference is the addition of a "Collaborative ID: 100000028" displayed in a bold font and enclosed in an orange rectangular box. The footer "F-11071e (10/08)" is also present.

Confirmation of Receipt

Your PA Request has been submitted.

PA Number: 1234567890

Collaborative ID: 100000028

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

F-11071e (10/08)

Figure 60 Confirmation of Receipt Page With Collaborative ID


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) JMA 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
			1	2	3	4				
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

3 Submit a New Prior Authorization 46

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

3.4 Submission Method–HealthCheck 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 (for example, 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 62 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.
- **Prescription or Order**
You are required to submit a prescription or order with this PA request. Indicate below how it will be submitted:
 - ☐ By mail or fax. The prescription or order 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.
- **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 63 PA Summary Page

4. To view a draft of the 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 Blethen 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 — GOI		14. First Date of Treatment — GOI				
15. Diagnosis — Secondary Code and Description				16. Requested PA Start Date 10/16/2018						
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers				21. POS	22. Description of Service	23. QR	24. Charge
			1	2	3	4				
2345678901	123456789X	99205					12	OFFICE/OUTPATIENT VISIT NEW	2.000	\$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 64 Draft PDF Version of the PA Request

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

6. Place a check in the appropriate box indicating how the prescription or order (if required) and additional supporting clinical information will be submitted (mail or fax or uploading electronically).
7. Click **Submit**.

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

If the provider chooses to upload a prescription or an order and additional supporting clinical information electronically, the File Upload panel will be displayed.

File Upload ?

Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- **Please note:** Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request.

Upload File

File No file chosen

Uploaded File List

*** No rows found ***

Figure 65 File Upload Panel

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

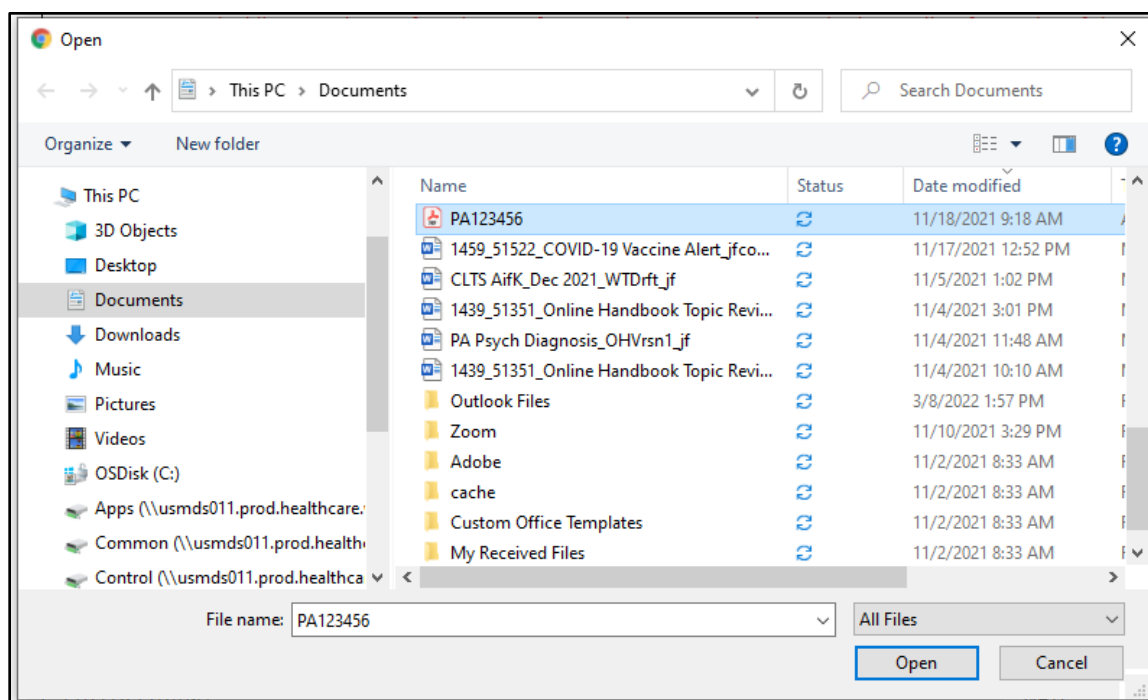


Figure 66 Choose File Window

- b. Browse to and select the desired file.
- c. Click **Open**.

A confirmation message will be generated at the top of the page and the uploaded file will be displayed in the “Uploaded File List” section. To remove a file, click the red “X.”

The following messages were generated:
File was added to list successfully. Select the Next button when you have added all of your files.

File Upload
Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- **Please note:** Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request.

Upload File
File No file chosen

Uploaded File List

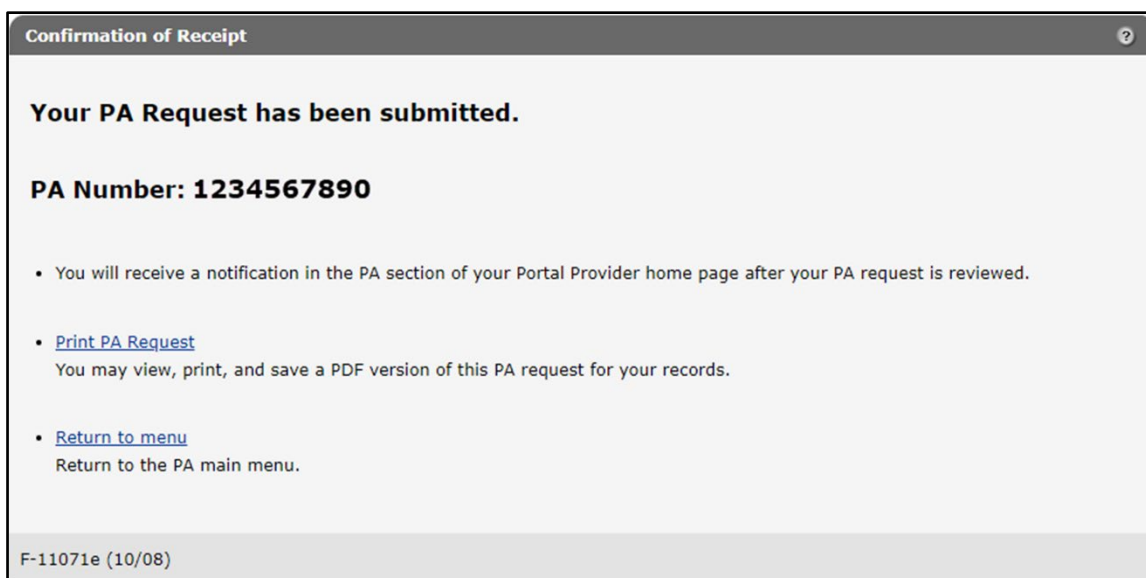
File Name	Remove File
F11018_PA-RF.pdf	X

Next

Figure 67 Uploaded File List Section

- d. Upload as many files as necessary.

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



The screenshot shows a web page titled "Confirmation of Receipt" with a question mark icon in the top right corner. The main heading is "Your PA Request has been submitted." Below this, the "PA Number: 1234567890" is displayed. A bulleted list contains three items: a notification about the PA section of the Portal Provider home page, a link to "Print PA Request" with a subtext about viewing, printing, and saving a PDF, and a link to "Return to menu" with a subtext about returning to the PA main menu. At the bottom left, the text "F-11071e (10/08)" is visible.

Confirmation of Receipt

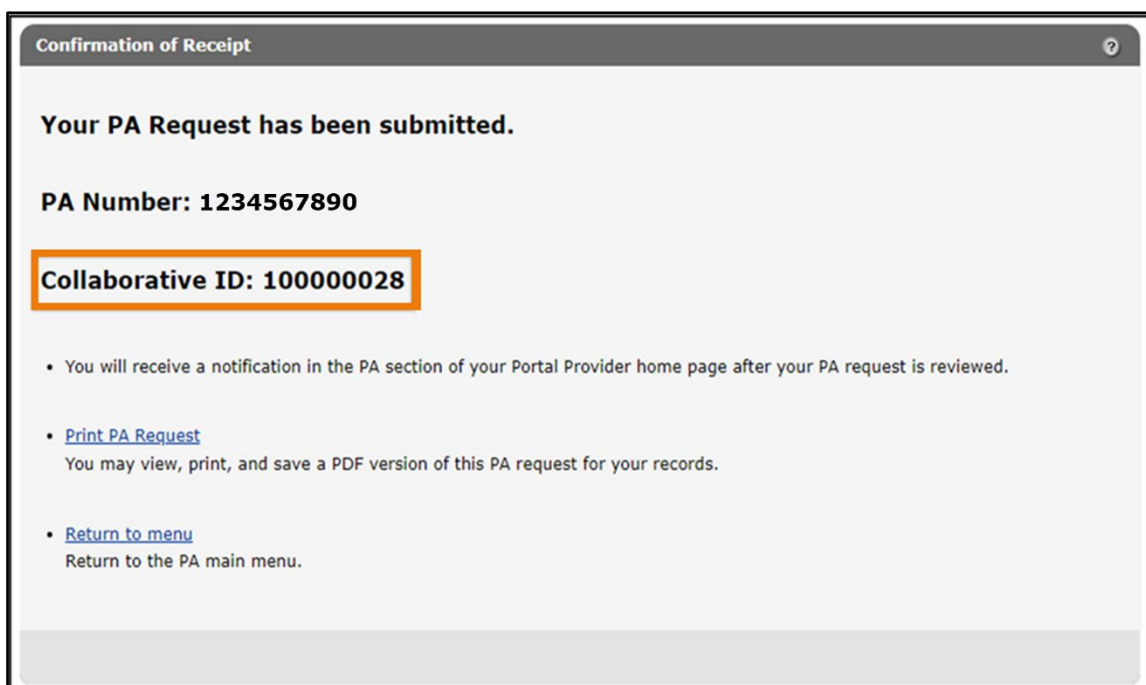
Your PA Request has been submitted.

PA Number: 1234567890

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

F-11071e (10/08)

Figure 68 Confirmation of Receipt Page Without Collaborative ID



This screenshot is similar to Figure 68 but includes an additional field: "Collaborative ID: 100000028", which is highlighted with an orange rectangular border. The rest of the page content, including the heading, PA number, and bulleted list, is identical to the previous figure.

Confirmation of Receipt

Your PA Request has been submitted.

PA Number: 1234567890

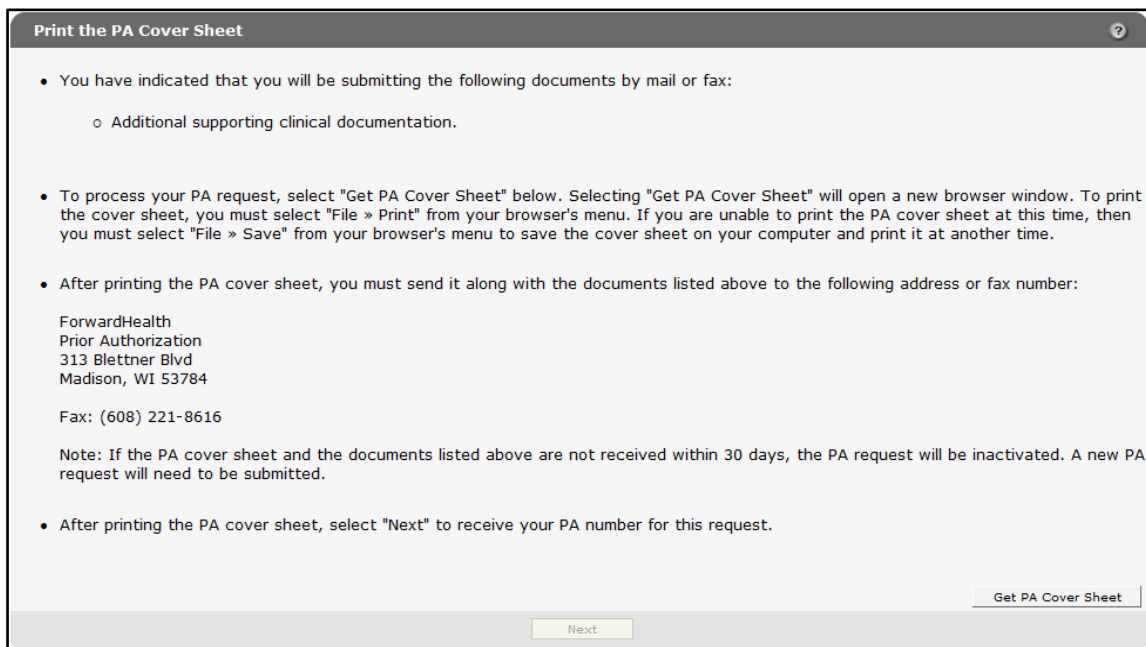
Collaborative ID: 100000028

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

Figure 69 Confirmation of Receipt Page With Collaborative ID

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

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



Print the PA Cover Sheet

- You have indicated that you will be submitting the following documents by mail or fax:
 - Additional supporting clinical documentation.
- 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.

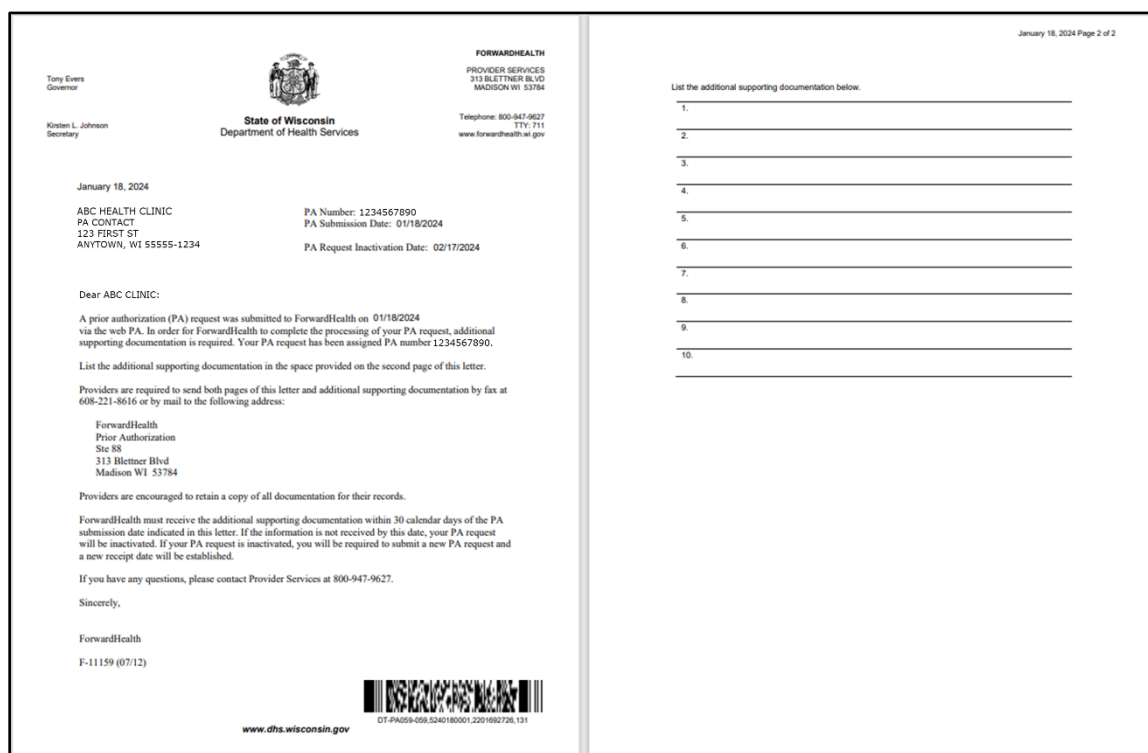
[Get PA Cover Sheet](#)

[Next](#)

Figure 70 Print the PA Cover Sheet Page

- 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.



The image shows a two-page PDF document titled "PA Cover Sheet". The left page is the front side, and the right page is the back side. The front page includes the following information:

- Header:** Tony Evers, Governor; Kirsten L. Johnson, Secretary; State of Wisconsin, Department of Health Services; FORWARDHEALTH PROVIDER SERVICES, 313 BLETTNER BLVD, MADISON WI 53784. Telephone: 800-947-9627, TTY: 711, www.forwardhealth.wi.gov.
- Date:** January 18, 2024.
- PA CONTACT:** ABC HEALTH CLINIC, 123 FIRST ST, ANYTOWN, WI 55555-1234.
- PA Number:** 1234567890.
- PA Submission Date:** 01/18/2024.
- PA Request Inactivation Date:** 02/17/2024.
- Dear ABC CLINIC:** A prior authorization (PA) request was submitted to ForwardHealth on 01/18/2024 via the web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 1234567890.
- List the additional supporting documentation in the space provided on the second page of this letter.**
- Providers are required to send both pages of this letter and additional supporting documentation by fax at 608-221-8616 or by mail to the following address:**
ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784
- Providers are encouraged to retain a copy of all documentation for their records.**
- ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.**
- If you have any questions, please contact Provider Services at 800-947-9627.**
- Sincerely,**
ForwardHealth
F-11159 (07/12)
- Barcode:** DT-FN059-059,5240180001,2201892726,131
- Website:** www.dhs.wisconsin.gov

The back page of the PDF is titled "January 18, 2024 Page 2 of 2" and contains a section titled "List the additional supporting documentation below:" followed by a numbered list from 1 to 10, each with a line for documentation.

Figure 71 Sample PDF Version of the PA Cover Sheet

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

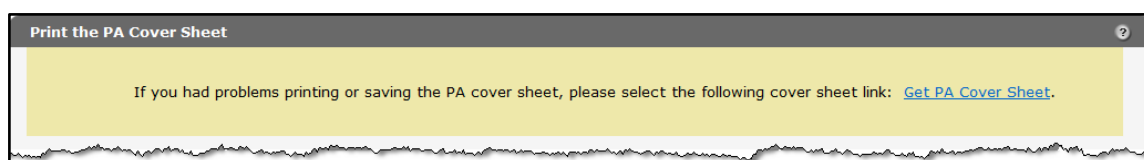
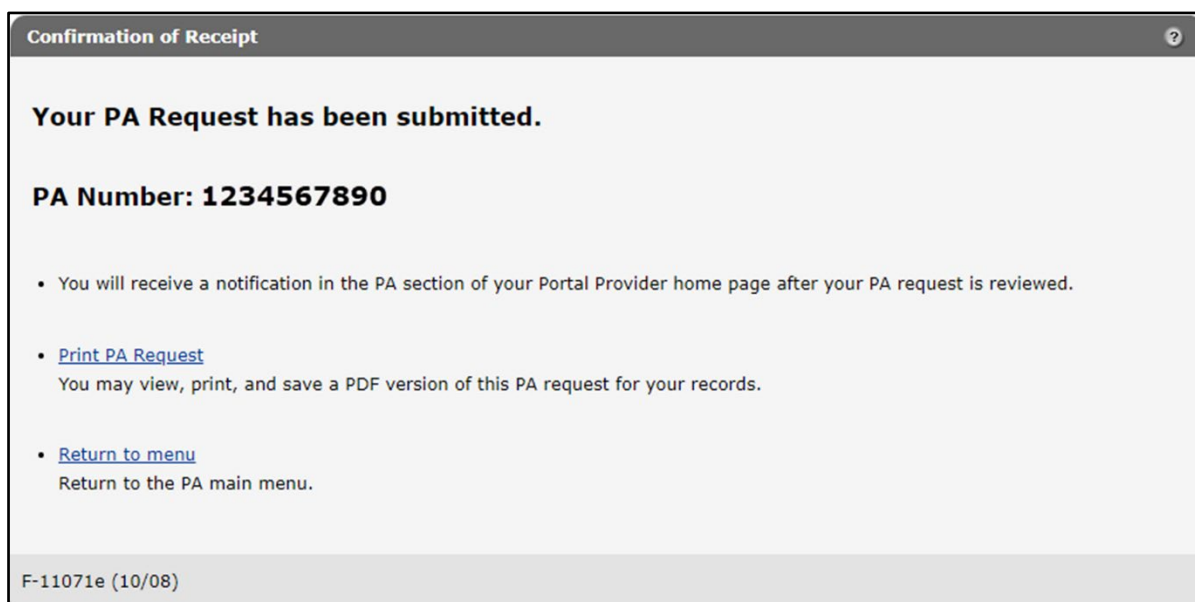


Figure 72 Get PA Cover Sheet Link

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.



The screenshot shows a web browser window with a title bar that says "Confirmation of Receipt" and a question mark icon. The main content area has a light gray background. At the top, it says "Your PA Request has been submitted." in bold. Below that, it says "PA Number: 1234567890" in bold. There are three bullet points: the first says "You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed."; the second is a link "Print PA Request" followed by "You may view, print, and save a PDF version of this PA request for your records."; the third is a link "Return to menu" followed by "Return to the PA main menu.". At the bottom, there is a footer that says "F-11071e (10/08)".

Confirmation of Receipt

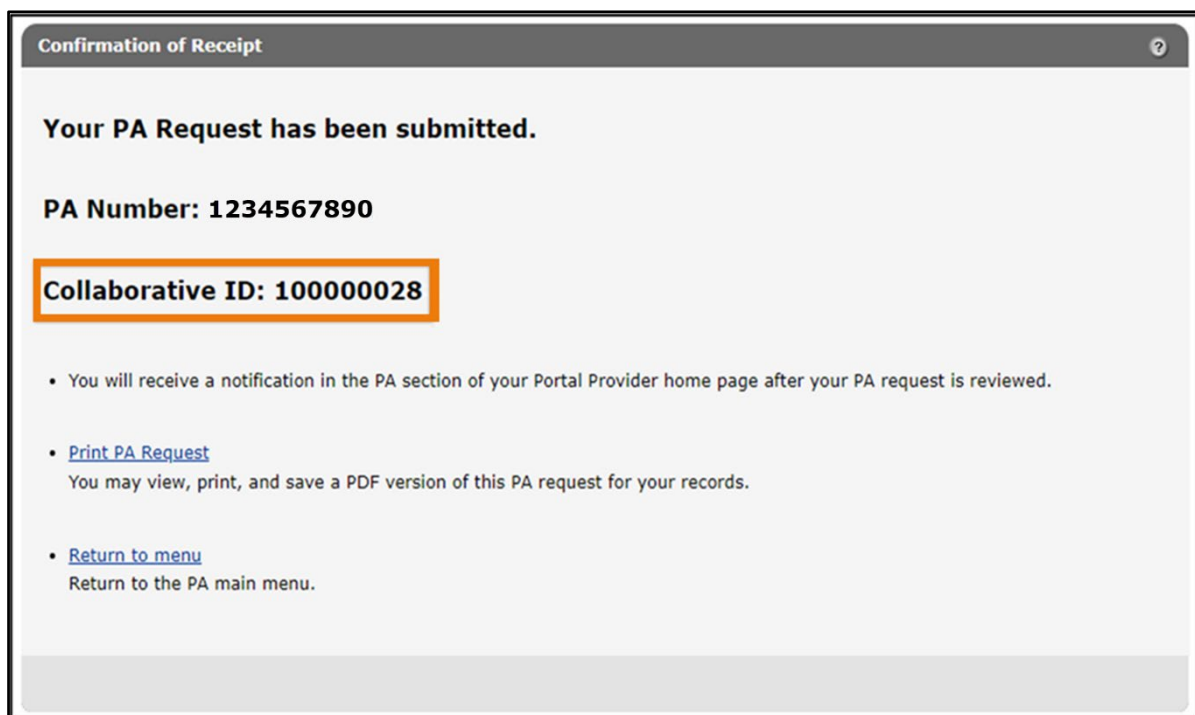
Your PA Request has been submitted.

PA Number: 1234567890

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

F-11071e (10/08)

Figure 73 Confirmation of Receipt Page Without Collaborative ID



This screenshot is identical to the one in Figure 73, but it includes an additional line of text: "Collaborative ID: 100000028". This line is enclosed in a thick orange rectangular border, highlighting it. The rest of the page content, including the title bar, submission message, PA number, bullet points, and footer, remains the same.

Confirmation of Receipt

Your PA Request has been submitted.

PA Number: 1234567890

Collaborative ID: 100000028

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

Figure 74 Confirmation of Receipt Page With Collaborative ID

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


DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHD 106.03(4), Wis. Admin. Code
DHD 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 - Synaxis		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						5b. 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 — GOI		14. First Date of Treatment — GOI		
15. Diagnosis — Secondary Code and Description						16. Requested PA Start Date 10/16/2018				
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers				21. POB	22. Description of Service	23. QR	24. Charge
			1	2	3	4				
2345678901	123456789X	99205					12	OFFICE/OUTPATIENT VISIT NEW	2.000	\$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 BridgeCare 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

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, providers may save the partially completed request without losing entered data.

Providers 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, providers will not be able to save the request to complete later.

Providers can retrieve the partially completed PA request later and either complete the request and submit it or delete it. For additional information, refer to the [Complete a Saved Prior Authorization Request](#) chapter of this user guide.

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 76 Save and Complete Later Button

The Save Confirmation page will be displayed.

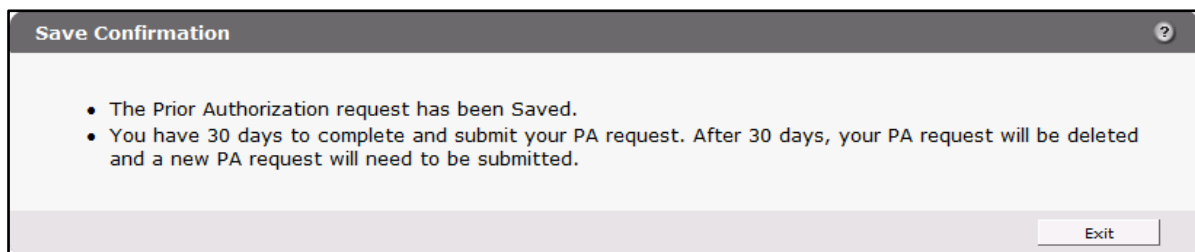


Figure 77 Save Confirmation Page

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**.

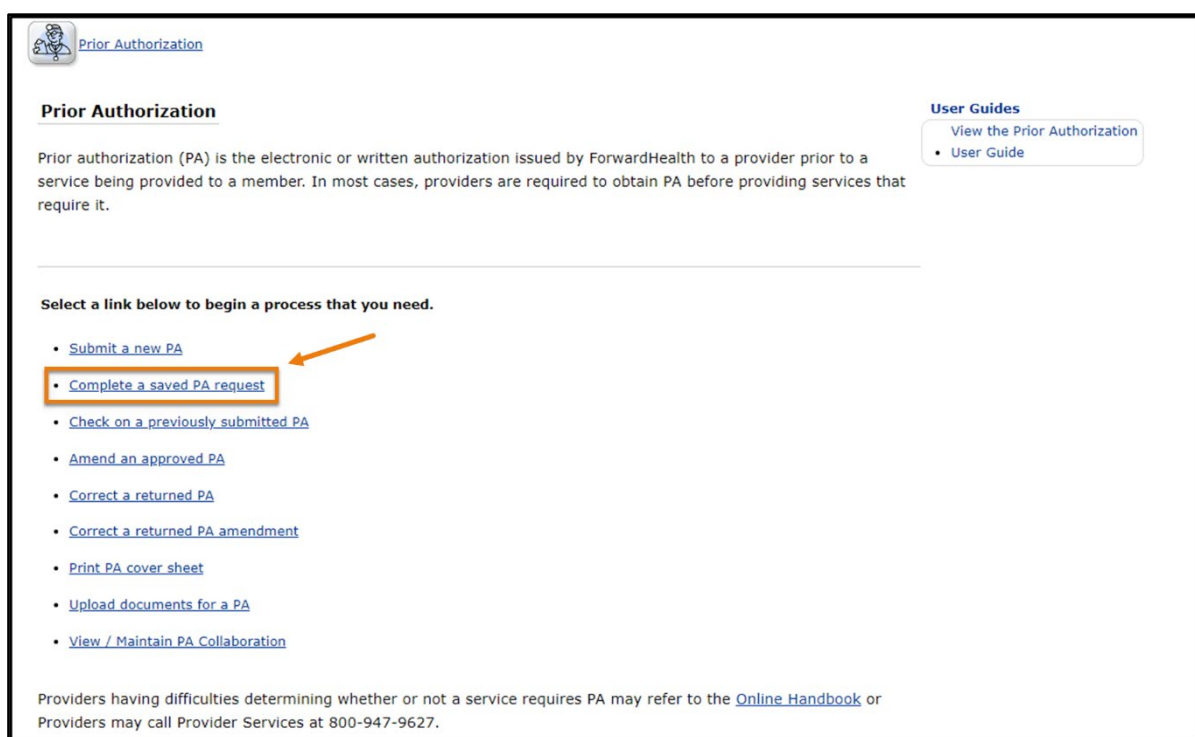


Figure 78 Prior Authorization Page With Complete a Saved PA Request Link

The Complete a Saved PA Request page will be displayed.

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)	1234567890	TEST	HALL	01/10/2024	01/10/2024

Saved PA Request

Member Information

Member ID
First Name
Last Name

PA Information

Process Type
Requested Start Date
Last Saved Date

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

*** No rows found ***

Figure 79 Complete a Save PA Request Page

The Complete a Saved PA Request page displays all 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 the user wishes 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)	1234567890	TEST	HALL	01/10/2024	01/10/2024

Saved PA Request

Member Information

Member ID: 1234567890
First Name: TEST
Last Name: HALL

PA Information

Process Type: 111 - Physical therapy (PT)
Requested Start Date: 01/10/2024
Last Saved Date: 01/10/2024

delete

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

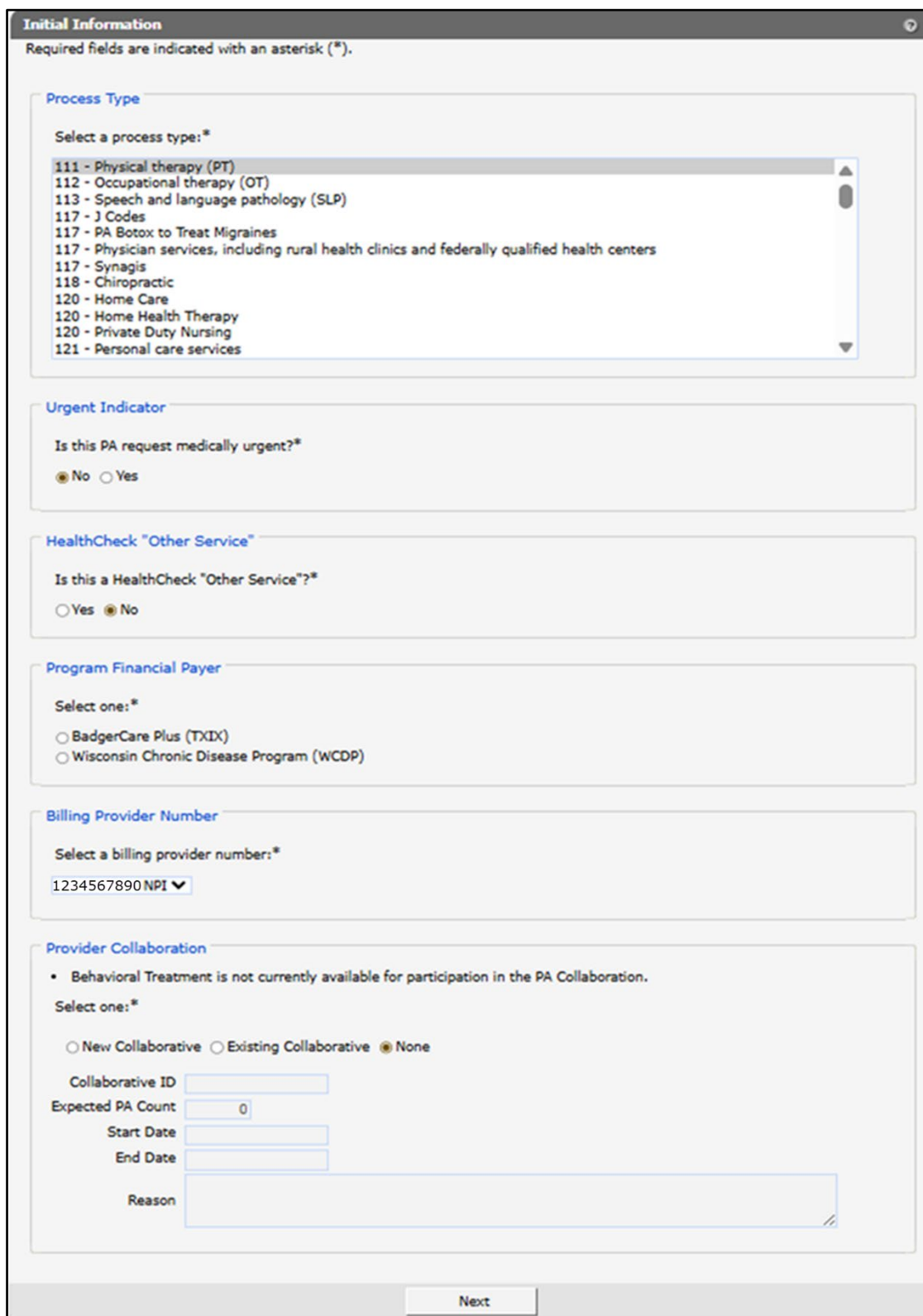
*** No rows found ***

Next Exit

Figure 80 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.

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



Initial Information

Required fields are indicated with an asterisk (*).

Process Type

Select a process type: *

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (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
- 120 - Home Health Therapy
- 120 - Private Duty Nursing
- 121 - Personal care services

Urgent Indicator

Is this PA request medically urgent? *

☒ No ☐ Yes

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: *

1234567890 NPI ▼

Provider Collaboration

- Behavioral Treatment is not currently available for participation in the PA Collaboration.

Select one: *

☐ New Collaborative ☐ Existing Collaborative ☒ None

Collaborative ID

Expected PA Count

Start Date

End Date

Reason

Next

Figure 81 Initial Information Panel for Saved PA Request

4. Verify the information on this page. Providers **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.
5. If the information is correct, click **Next**. The Member Information page will be displayed.

Member Information

Required fields are indicated with an asterisk (*).

Member ID* 1234567890

First Name TEST

Last Name HALL

Requested Start Date* 01/10/2024

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

Previous Next Clear Verify

Figure 82 Member Information Page for Saved PA Request

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

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

Service Information

Required fields are indicated with an asterisk (*).

Primary Diagnosis Code* R4701 [Search] Primary Diag Description APHASIA

Secondary Diagnosis Code [Search] Secondary Diag Description

Requested Start Date 01/10/2024 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				0.000	\$0.00	
Total: \$0.00						

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

Line Item 01

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 [Search] [Search] [Search] [Search]

Place of Service* [Search]

Quantity Requested* 0.000

Charge* \$0.00

Add Save Delete

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

Previous Next Save and Complete Later Clear Verify

Figure 83 Service Information Page for Saved PA Request

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

If the PA request cannot be completed at this time, providers can save the request and finish it later by clicking **Save and Complete Later**. PA requests may be saved as many times as necessary as long as providers 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 providers 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.

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)
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers

Provider ID

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 84 Find PA Record Page

The provider 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.

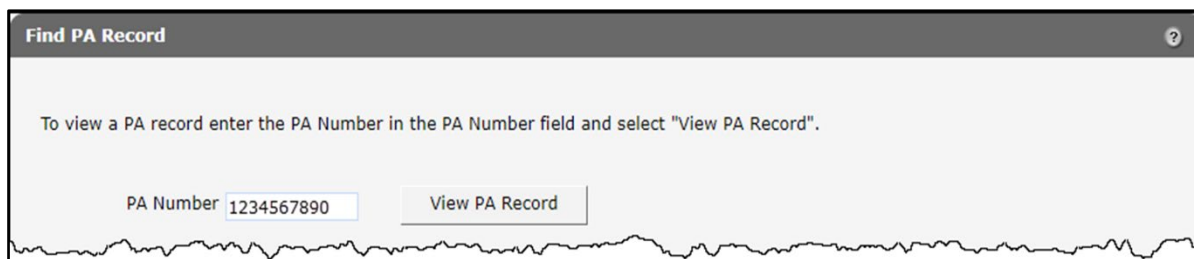
A screenshot of a web form titled "Find PA Record" with a help icon in the top right corner. The form contains a text box labeled "PA Number" with the value "1234567890" and a button labeled "View PA Record". Above the text box, there is a line of instructional text: "To view a PA record enter the PA Number in the PA Number field and select 'View PA Record'."

Figure 85 Search by PA Number

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

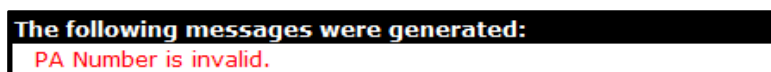


Figure 86 Example Error Message

PA Record

2

- 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 Message

- 09/13/2023 - This Service Authorization has been approved under the automatic adjudication process based on the provider's selections on the ForwardHealth portal. Provider, please ensure compliance to all relevant policies and regulations related to Service Authorization and claims submission.

PA Information

PA Number

1234567890

Media Type

WEB

First Name

IMA

Member ID

0987654321

Last Name

MEMBER

Date of Birth

11/12/1973

PA Status

APPROVED

View PA Decision Notice

Amendment Status

Process Type

121 - Personal care services

Program

Medicaid

HealthCheck Other Service

No

Start Date - SOI

Requested Start Date

09/13/2023

First Date of Treatment - SOI

Primary Diagnosis Code

F200

Description

PARANOID SCHIZOPHRENIA

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	T1019	500.000	\$1,000.00	6519.000	\$0.00	09/13/2023	09/12/2024

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

Line Item

01

Status

APPROVED

Rendering Provider ID

2345678901 MCD

Prescribing Provider ID

Service Code Type

Procedure Code

Service Code

T1019

Service Code Description

123 UNITS/WK X 53 WKS

Tooth

Area of the Oral Cavity

Modifiers

Place of Service

12

Units Requested

500.000

Dollars Requested

\$1,000.00

Units Authorized

6519.000

Dollars Authorized

\$0.00

Units Remaining

6,519.000

Dollars Remaining

\$0.00

Grant Date

09/13/2023

Expiration Date

09/12/2024

Previous

Copy PA

Amend this PA

Exit

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

6.2 Search by Other Criteria

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

1. Enter or select information for any of the following fields:

- Process Type
- Provider ID

Note: To search by Provider ID, the provider must be logged in to 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)

117 - PA Botox to Treat Migraines

117 - Physician services, including rural health clinics and federally qualified health centers

Member ID 0987654321

Requested Start Date

PA Status Any

Amendment Status Any

Search Clear Exit

Figure 88 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 the 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 89 Example Error Message

If the entered information is valid, the Choose 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	Member Id	Last Name	First Name	Process Type	PA Status	Amendment Status	Requested Start Date	Grant Date	Expiration Date	PA Notice
1234567890	0987654321	HALL	TEST	121 - Personal care services	INACTIVE - INFO NOT RECEIVED		09/13/2023	0	0	Decision Notice
2222222222	0987654321	HALL	TEST	121 - Personal care services	PENDING - FISCAL AGENT REVIEW		09/11/2023	0	0	Decision Notice

[Previous](#) [Exit](#)

Figure 90 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 twice to sort the results in descending order.

3. Select the PA the user wishes to view. The PA Record page will be displayed.

PA Record

- The PA record below is in "PENDING - FISCAL AGENT REVIEW" status.

PA Message

- ***There are No PA Messages***

PA Information

PA Number 1234567890 Media Type WEB
 First Name TEST Member ID 0987654321
 Last Name HALL Date of Birth 05/04/1955
 PA Status PENDING - FISCAL AGENT REVIEW
 Amendment Status
 Process Type 121 - Personal care services
 Program Medicaid
 HealthCheck Other Service No Start Date - SOI
 Requested Start Date 09/11/2023 First Date of Treatment - SOI
 Primary Diagnosis Code F200 Description PARANOID SCHIZOPHRENIA
 Secondary Diagnosis Code Description
 National Provider Identifier- Name - Prescribing/Referring/
 Prescribing/Referring/Ordering Provider Ordering Provider

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	PENDING	T1019	5.000	\$5.00	0.000	\$0.00		

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

Line Item 01
 Status PENDING
 Rendering Provider ID 41524800 MCD
 Prescribing Provider ID
 Service Code Type Procedure Code
 Service Code T1019
 Service Code Description 123 UNITS/WK X 53 WKS
 Tooth Area of the Oral Cavity
 Modifiers
 Place of Service 12
 Units Requested 5.000 Dollars Requested \$5.00
 Units Authorized 0.000 Dollars Authorized \$0.00
 Units Remaining 0.000 Dollars Remaining \$0.00
 Grant Date
 Expiration Date

Previous Copy PA Exit

Figure 91 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)
117 - PA Botox to Treat Migraines
117 - Physician services, including rural health clinics and federally qualified health centers

Provider ID

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 92 Find PA Record Page

2. Search for the PA.

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

PA Record

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

PA Message

• ****There are No PA Messages****

PA Information

PA Number 0123456789 Media Type WEB
 First Name JMA Member ID 222222222
 Last Name MEMBER Date of Birth 08/18/2000
 PA Status SUSPENDED - PROVIDER SENDING INFO
 Amendment Status
 Process Type 121 - Personal care services
 Program Medicaid
 HealthCheck Other Service No Start Date - SOI
 Requested Start Date 12/13/2023 First Date of Treatment - SOI
 Primary Diagnosis Code F200 Description PARANOID SCHIZOPHRENIA
 Secondary Diagnosis Code
 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	T1019	5.000	\$5.00	0.000	\$0.00		

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

Line Item 01
 Status PENDING
 Rendering Provider ID 41524800 MCD
 Prescribing Provider ID
 Service Code Type Procedure Code
 Service Code T1019
 Service Code Description 123 UNITS/WK X 53 WKS
 Tooth Area of the Oral Cavity
 Modifiers
 Place of Service 12
 Units Requested 5.000 Dollars Requested \$5.00
 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 Copy PA Exit

Figure 93 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.

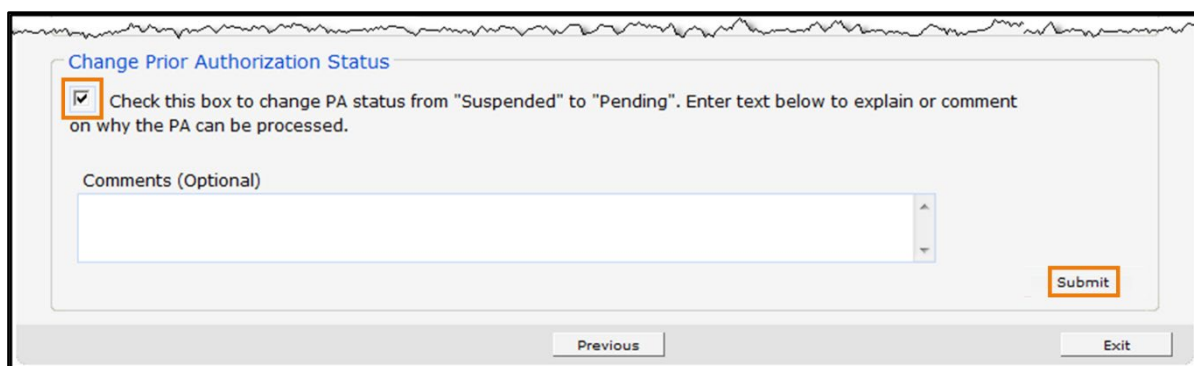


Figure 94 Change Prior Authorization Status Section

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.

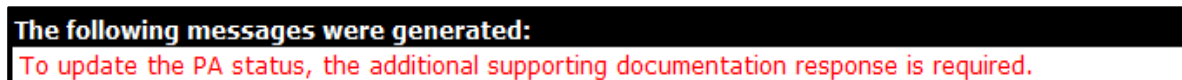


Figure 95 Example Error Message

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

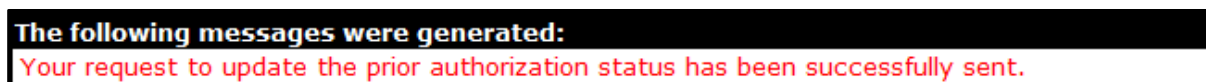


Figure 96 Confirmation Message

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

Only PAs with an approved status may be amended.

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)
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers

Provider ID

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 97 Find PA Record Page

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

2. Search for the PA the user wishes to amend.

For information on searching for a submitted PA, refer to the [Check on a Previously Submitted PA](#) chapter of this user guide.

- If searching by PA number, the PA Record page will be displayed.
- If searching by other criteria, the Choose PA Record page will be displayed. Select the PA 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 Message

- 09/13/2023 - This Service Authorization has been approved under the automatic adjudication process based on the provider's selections on the ForwardHealth portal. Provider, please ensure compliance to all relevant policies and regulations related to Service Authorization and claims submission.

PA Information

PA Number: 1234567890 Media Type: WEB
 First Name: JMA Member ID: 0987654321
 Last Name: MEMBER Date of Birth: 11/12/1973
 PA Status: APPROVED [View PA Decision Notice](#)
 Amendment Status:
 Process Type: 121 - Personal care services
 Program: Medicaid
 HealthCheck Other Service: No Start Date - SOI:
 Requested Start Date: 09/13/2023 First Date of Treatment - SOI:
 Primary Diagnosis Code: F200 Description: PARANOID SCHIZOPHRENIA
 Secondary Diagnosis Code: Description:
 National Provider Identifier- Name - Prescribing/Referring/
 Prescribing/Referring/Ordering Provider Ordering Provider

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	APPROVED	T1019	500.000	\$1,000.00	6519.000	\$0.00	09/13/2023	09/12/2024

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

Line Item: 01
 Status: APPROVED
 Rendering Provider ID: 2345678901 MCD
 Prescribing Provider ID:
 Service Code Type: Procedure Code
 Service Code: T1019
 Service Code Description: 123 UNITS/WK X 53 WKS
 Tooth: Area of the Oral Cavity:
 Modifiers:
 Place of Service: 12
 Units Requested: 500.000 Dollars Requested: \$1,000.00
 Units Authorized: 6519.000 Dollars Authorized: \$0.00
 Units Remaining: 6,519.000 Dollars Remaining: \$0.00
 Grant Date: 09/13/2023
 Expiration Date: 09/12/2024

[Previous](#) [Copy PA](#) [Amend this PA](#) [Exit](#)

Figure 98 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.

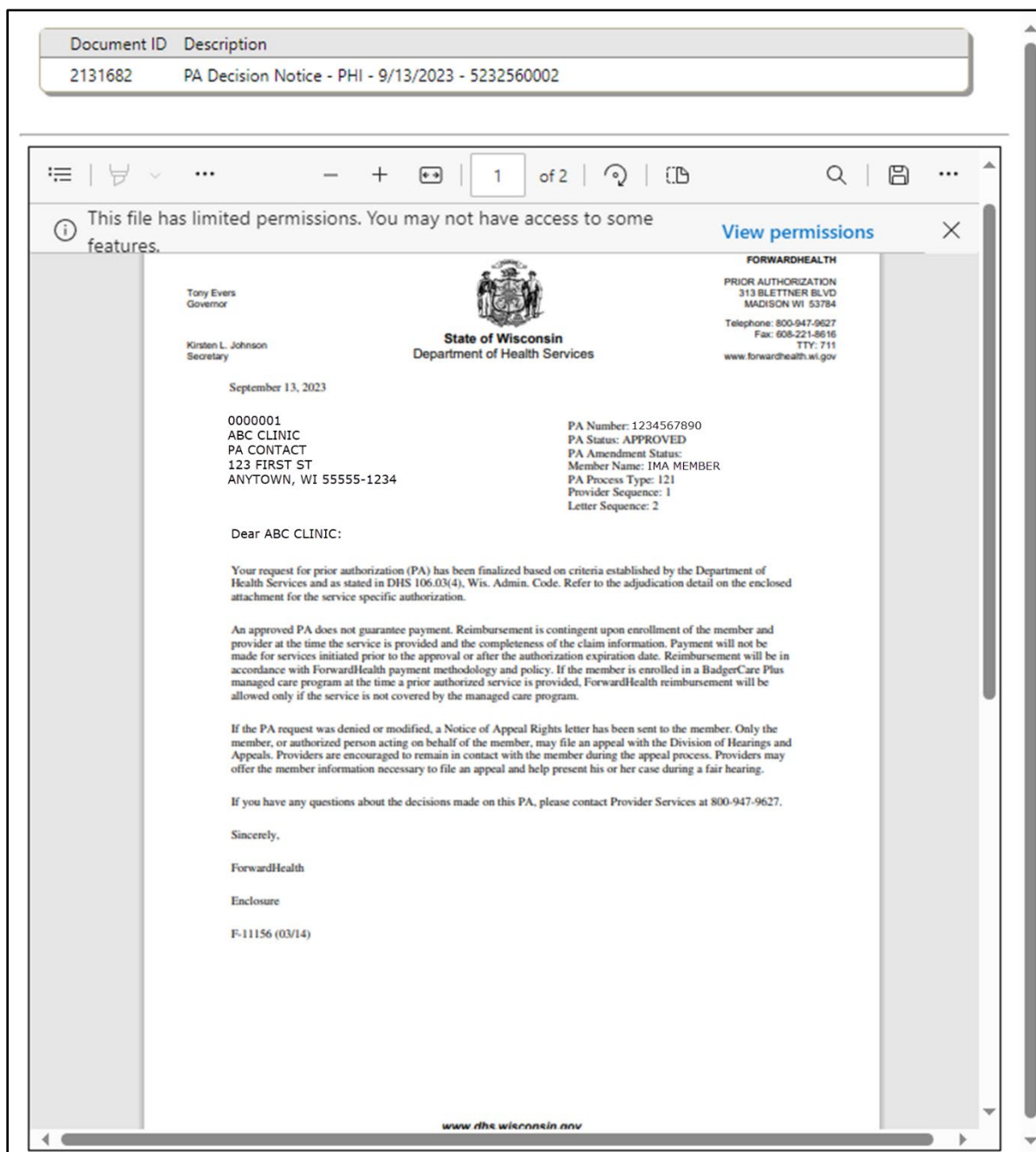


Figure 99 OnBase Document Viewer Window

- To print or save the PA Decision Notice to a hard drive or network location, use the Print or Save As function of the browser.

5. Close the OnBase Document Viewer window.
6. On the PA Record page, click **Amend this PA** located in the lower right corner of the page. The Amendment Request page will be displayed.

Amendment Request ?

Required fields are indicated with an asterisk (*).

SECTION I - MEMBER INFORMATION

Original PA Number: 1234567890
Today's Date: 01/08/2024
Process Type: 121 - Personal care services
Member ID: 0987654321 First Name: IMA
Last Name: MEMBER

SECTION II - PROVIDER INFORMATION

Name: ABC CLINIC
Provider ID: 12121212 MCD
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)

<input type="checkbox"/> Change Billing Provider ID	<input type="checkbox"/> Change Procedure Code / Modifier
<input type="checkbox"/> Change Grant or Expiration Date	<input type="checkbox"/> Change Quantity
<input type="checkbox"/> Add Procedure Code / Modifier	<input type="checkbox"/> Change Diagnosis Code
<input type="checkbox"/> Discontinue PA	<input type="checkbox"/> 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 admendment 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 100 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.

Note: If requesting to amend a PA collaborative, check the Other (Specify) box and enter “Amend collaborative” in the field next to it.

- Enter a note describing and explaining the change in the Description and Justification for Requested Change box. (Enter information for each reason selected.)

Note: If the user entered “Amend collaborative” in the Other (Specify) field, they should enter the collaborative ID and specify what changes are needed. For example, the user may request to add or remove a PA from the collaborative or change collaborative start or end dates.

- If additional supporting clinical documentation is needed, check the appropriate box indicating whether the additional documents will be mailed, faxed, or uploaded.
- 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 additional clinical documentation is being mailed or faxed, the Cover Sheet page will be displayed.
 - a. Click **Get PA Cover Sheet**. A PDF version of the PA cover sheet will open in a new window.
 - b. Print or save the PA cover sheet.
 - c. Close the window.
 - d. On the Cover Sheet page, click **Next**. The [Confirmation of Receipt](#) page will be displayed.

- If the provider is uploading additional clinical documentation, the File Upload panel will be displayed.

File Upload

Required fields are indicated with an asterisk (*).

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

Upload File

File Path* No file chosen

Uploaded File List

*** No rows found ***

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

Next

Figure 101 File Upload Panel

- In the "Upload File" section, click **Choose File**. The Choose file window will be displayed.
- Browse to and select the desired file.
- Click **Open**.

A confirmation message will be generated at the top of the page and the uploaded file will be displayed in the “Uploaded File List” section. To remove a file, click the red “X.”

The following messages were generated:
File was added to list successfully. Select the Next button when you have added all of your files.

File Upload
Required fields are indicated with an asterisk (*).

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

Upload File
File Path* No file chosen

Uploaded File List

File Name	Remove File
F11018_PA-RF.pdf	X

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

Next

Figure 102 Uploaded File List Section

- d. Upload as many files as necessary.

- e. When all files have been uploaded, click **Next**. The Confirmation of Receipt page will be displayed.

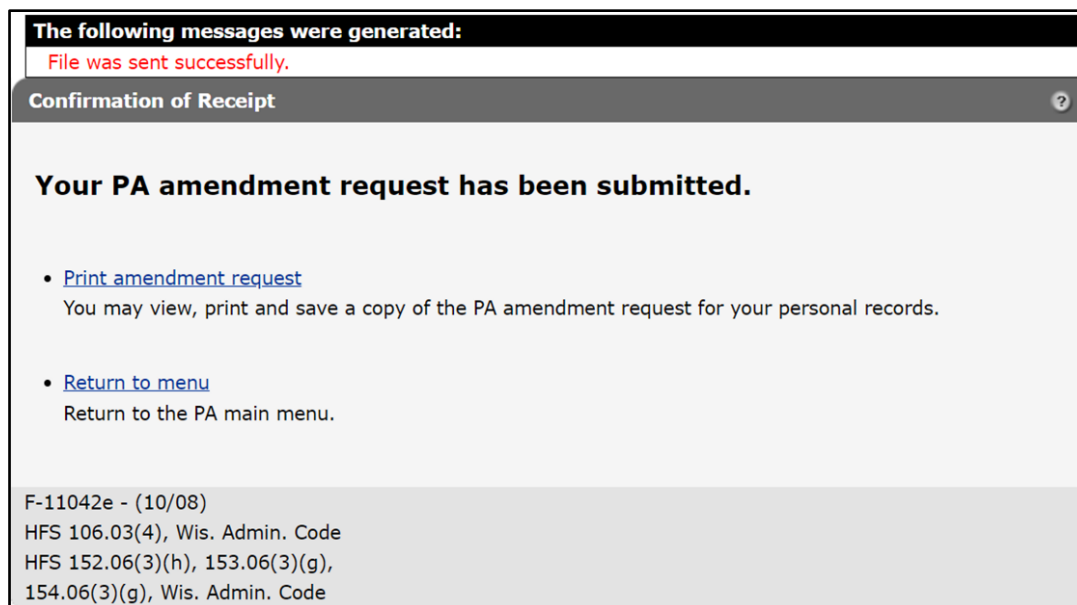


Figure 103 Confirmation of Receipt Page

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) 221-8616 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	
1234567890	121 - Personal	0987654321	
4. Name — Member (Last, First, Middle Initial)			
MEMBER, IMA			
SECTION II — PROVIDER INFORMATION			
5. Billing Provider Number		7. Address — Billing Provider (Street, City, State, ZIP+4 Code)	
2345678901 MCD		123 FIRST ST, ANYTOWN, WI 55555-1234	
6. Name — Billing Provider			
ABC CLINIC			
SECTION III — AMENDMENT INFORMATION			
8. Requested Start Date		9. Requested End Date (If Different from Expiration Date of Current PA)	
10/13/2023			
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			
Need to change the quantity for this request.			
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	
IAM PROVIDER		10/13/2023	
-DRAFT- 			
DT-PA002-002			

Figure 104 Draft PDF Version of the 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 of the Portal.

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)
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers

Provider ID

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 105 Find PA Record Page

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

2. Search for the PA the user wishes to correct.

For information on searching for a submitted PA, refer to the [Check on a Previously Submitted Prior Authorization](#) chapter of this user guide.

If the provider searches by PA Number, the PA Record page will be displayed.

If the provider searches by other criteria, the Choose PA Record page will be displayed.

The screenshot shows a web application window titled "Choose PA Record". Below the title bar, there is a text instruction: "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." Below this instruction is a table with the following columns: PA Number, Member Id, Last Name, First Name, Process Type, PA Status, Amendment Status, Requested Start Date, Grant Date, Expiration Date, and PA Notice. A single record is displayed in a yellow row: PA Number 1234567890, Member Id 0987654321, Last Name MEMBER, First Name IMA, Process Type 121 - Personal care services, PA Status RETURNED - PROVIDER REVIEW, Amendment Status (blank), Requested Start Date 09/11/2023, Grant Date 0, Expiration Date 0, and PA Notice Decision Notice. At the bottom of the window are two buttons: "Previous" and "Exit".

PA Number	Member Id	Last Name	First Name	Process Type	PA Status	Amendment Status	Requested Start Date	Grant Date	Expiration Date	PA Notice
1234567890	0987654321	MEMBER	IMA	121 - Personal care services	RETURNED - PROVIDER REVIEW		09/11/2023	0	0	Decision Notice

Figure 106 Choose PA Record Page

3. Select the PA request to be corrected. The PA Record page will be displayed.

PA Record

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

PA Message

- ***There are No PA Messages***

PA Information

PA Number: 1234567890 Media Type: WEB
 First Name: JMA Member ID: 9876543210
 Last Name: MEMBER Date of Birth: 05/04/1955
 PA Status: RETURNED - PROVIDER REVIEW [View latest PA Returned letter](#) **Option 1**
 Amendment Status:
 Process Type: 121 - Personal care services
 Program: Medicaid
 HealthCheck Other Service: No Start Date - SOI:
 Requested Start Date: 09/11/2023 First Date of Treatment - SOI:
 Primary Diagnosis Code: F200 Description: PARANOID SCHIZOPHRENIA
 Secondary Diagnosis Code:
 Description:
 National Provider Identifier- Prescribing/Referring/Ordering Provider:
 Name - Prescribing/Referring/Ordering Provider:
 Ordering Provider:

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	PENDING	T1019	5.000	\$5.00	0.000	\$0.00		

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

Line Item: 01
 Status: PENDING
 Rendering Provider ID: 41524800 MCD
 Prescribing Provider ID:
 Service Code Type: Procedure Code
 Service Code: T1019
 Service Code Description: 123 UNITS/WK X 53 WKS
 Tooth:
 Area of the Oral Cavity:
 Modifiers:
 Place of Service: 12
 Units Requested: 5.000 Dollars Requested: \$5.00
 Units Authorized: 0.000 Dollars Authorized: \$0.00
 Units Remaining: 0.000 Dollars Remaining: \$0.00
 Grant Date:
 Expiration Date:

Option 2

Previous Copy PA Correct this PA Exit

Figure 107 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.

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

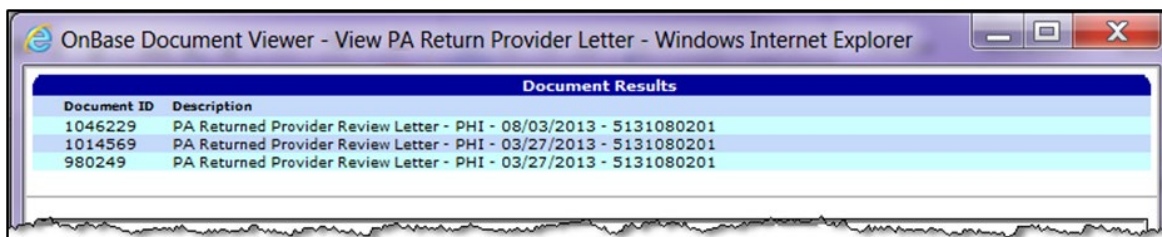


Figure 108 OnBase Document Viewer Window

- To print or save the Returned Provider Review Letter to a hard drive or network location, use the Print or Save As function of the browser.
- Close the OnBase Document Viewer and PDF viewer windows.
- Review the information on the PA Record page.
- Click **Correct this PA**. A dialog box may be displayed.

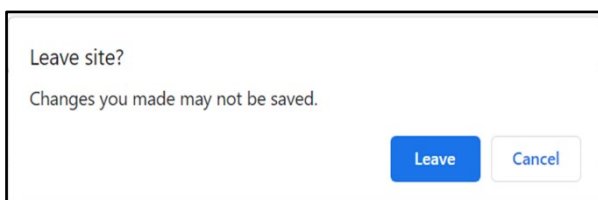


Figure 109 Dialog Box

9. Click **Leave**. 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. View Letter

Process Type

Select a process type:

Please select your process type
111 - Physical therapy (PT)
112 - Occupational therapy (OT)
113 - Speech and language pathology (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
120 - Home Health Therapy
120 - Private Duty Nursing

Urgent Indicator

Is this PA request medically urgent?*

☒ No ☐ Yes

HealthCheck "Other Service"

Is this a HealthCheck "Other Service"?*

☐ Yes ☒ No

Program Financial Payer

Select one:*

☒ BadgerCare Plus (TXIX)
☐ Wisconsin Chronic Disease Program (WCDP)

Provider Collaboration

- Behavioral Treatment is not currently available for participation in the PA Collaboration.

Select one:*

☐ New Collaborative ☐ Existing Collaborative ☒ None

Collaborative ID

Expected PA Count

Start Date

End Date

Reason

Next

Figure 110 Initial Information Page

10. Click **View Letter** to review the latest Returned Provider Review Letter. Note: Clicking this button performs the same function as the **View latest PA Returned Letter** button in [step 4](#).
11. Close the OnBase Document Viewer and PDF viewer windows.
12. 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.

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

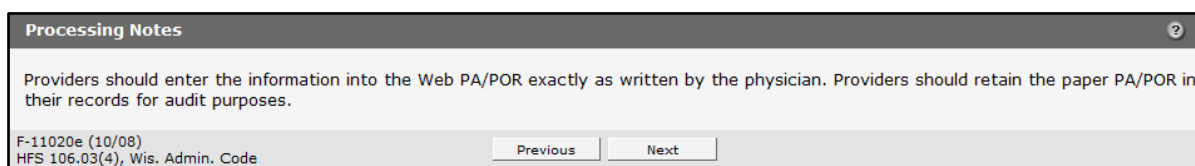
A screenshot of the 'Processing Notes' page. The title bar is dark gray with the text 'Processing Notes' and a question mark icon. The main content area has a light gray background and contains the text: 'Providers should enter the information into the Web PA/POR exactly as written by the physician. Providers should retain the paper PA/POR in their records for audit purposes.' Below this text, there is a footer bar with the text 'F-11020e (10/08)' and 'HFS 106.03(4), Wis. Admin. Code' on the left, and two buttons labeled 'Previous' and 'Next' on the right.

Figure 111 Processing Notes Page

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

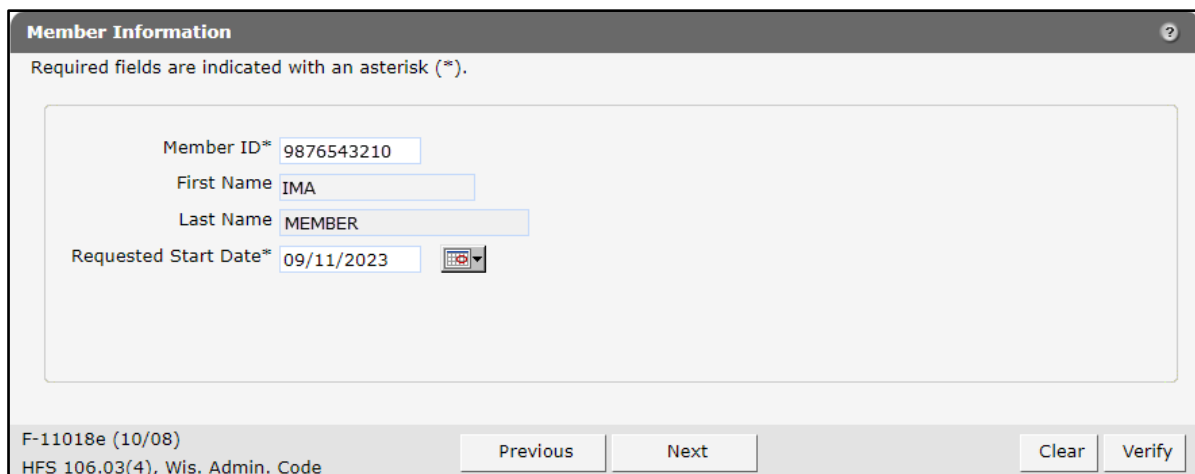
A screenshot of the 'Member Information' page. The title bar is dark gray with the text 'Member Information' and a question mark icon. Below the title bar, it says 'Required fields are indicated with an asterisk (*).' The main content area is a light gray box containing several input fields: 'Member ID*' with the value '9876543210', 'First Name' with the value 'IMA', 'Last Name' with the value 'MEMBER', and 'Requested Start Date*' with the value '09/11/2023' and a calendar icon. Below this box, there is a footer bar with the text 'F-11018e (10/08)' and 'HFS 106.03(4), Wis. Admin. Code' on the left, and four buttons labeled 'Previous', 'Next', 'Clear', and 'Verify' on the right.

Figure 112 Member Information Page

15. Make any necessary changes on the Member Information page.

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

Service Information

Required fields are indicated with an asterisk (*).

Primary Diagnosis Code* F200 [Search] Primary Diag Description PARANOID SCHIZOPHRENIA
 Secondary Diagnosis Code [Search] Secondary Diag Description
 Requested Start Date 09/11/2023 Requesting Provider Signature*
 National Provider Identifier - Prescribing/Referring/Ordering Provider 1234567890 NPI [Search] Name - Prescribing/Referring/Ordering Provider IM PROVIDER

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
01	87654321	T1019		5.000	\$5.00	PENDING
				Total:	\$5.00	

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

Line Item 01
 Rendering Provider ID 87654321 MCD [Search] (If blank, will default to Billing Provider)
 Rendering Provider Taxonomy 251E00000X
 Service Code Type* PROCEDURE CODE (After choosing, move off field, and wait for Service Code field to appear)
 Service Code* T1019 [Search]
 Service Code Description PERSONAL CARE SER PER 15 MIN
 Additional Service Code Description 123 UNITS/WK X 53 WKS
 Number of Weeks* 53
 Units per Week* 123
 Modifiers [Search] [Search] [Search] [Search]
 Place of Service* 12 [Search]
 Quantity Requested* 5.000
 Charge* \$5.00

Add Save Delete

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

Previous Next Clear Verify

Figure 113 Service Information Page

17. Enter the requesting provider's signature.

18. Make any necessary changes on the Service Information page. To make changes, the user can choose to do the following under the Line Items section of the page:

- Add a line item:
 - a. Click **Add** in the lower right corner of the page. A new row will be displayed.

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
02	9999242404			0	\$0.00	
01	9999242404	B4152		10.000	\$50.00	PENDING
				Total:	\$50.00	

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

Figure 114 Service Information Page—Line Items Section

- a. Enter information in the appropriate field(s).
- b. Click **Save** in the lower right corner of the page. The row will be displayed with the updated information.

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
02	41524800	T1019		5.000	\$50.00	
01	41524800	T1019		5.000	\$5.00	PENDING
Total:					\$55.00	

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

Figure 115 Service Information Page—Line Items Section

- Inactivate a line item:
 - a. Click the desired row. The information will be displayed.
 - b. Click **Inactivate** in the lower right corner of the page. A dialog box may be displayed.

wportal-uat.prod.healthcare.wi.local says

Are you sure this is the row you want marked for deletion?

OK Cancel

Figure 116 Dialog Box

- c. Click **OK**. The status of the line item will be marked as inactive in the status column. For technical reasons, once a PA has been submitted, line items cannot be deleted but must be inactivated.

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
03	41524800			0	\$0.00	
02	41524800	T1019		10.000	\$5.00	
01	41524800	T1019		6.000	\$5.00	INACTIVE
Total:					\$10.00	

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

Line Item 03

Rendering Provider ID 41524800 MCD [Search] (If blank, will default to Billing Provider)

Rendering Provider Taxonomy 251E00000X

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

Figure 117 Service Information Page

- Change a line item:
 - a. Click the desired row. The information will be displayed.
 - b. Make changes to the appropriate field(s).

- c. Click **Save** in the lower right corner of the page. The row will be populated with the updated information.
19. 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.

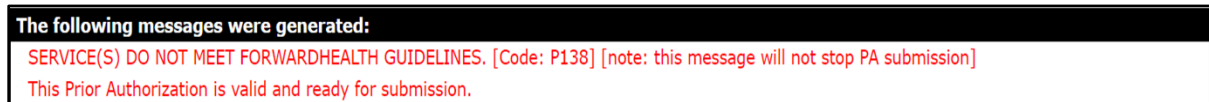
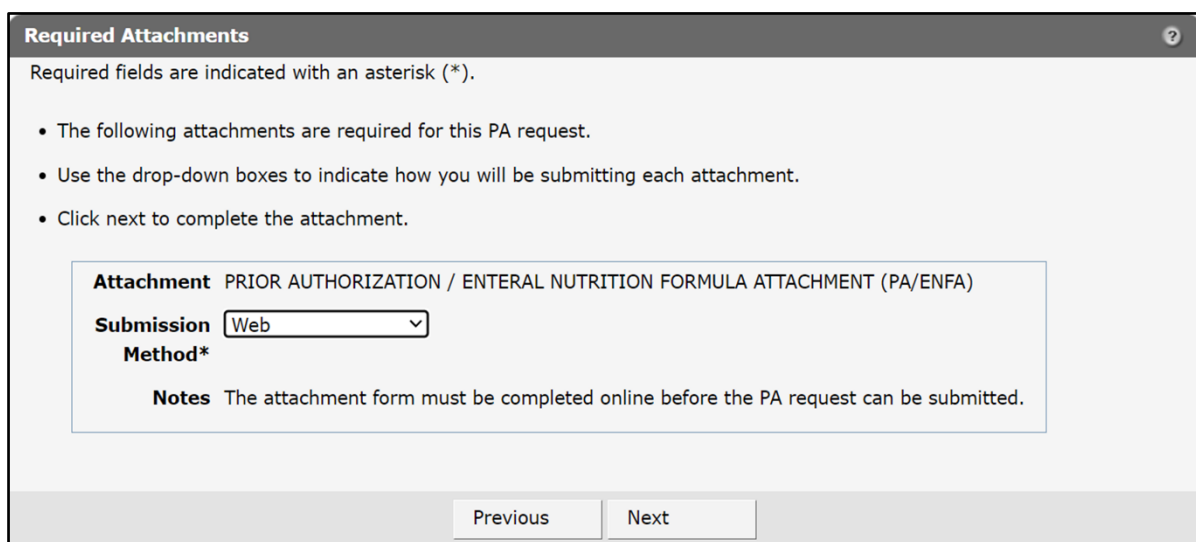


Figure 118 Valid Prior Authorization Message

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

20. 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 PRIOR AUTHORIZATION / ENTERAL NUTRITION FORMULA ATTACHMENT (PA/ENFA)

Submission Method*

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

Previous Next

Figure 119 Required Attachments Page

21. Select a Submission Method from the Submission Method* drop-down menu.
 - a. If Web is selected, refer to the [Submission Method—Web](#) section of this user guide for more information.
 - b. If Electronic Upload is selected, refer to the [Submission Method—Electronic Upload](#) section of this user guide for more information.
 - c. If Mail or Fax is selected, refer to the [Submission Method—Mail or Fax](#) section of this user guide for more information.
22. Select **Already Submitted** if the attachment sent for the original PA request is still valid.

23. 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.
- **Prescription or Order**
You are required to submit a prescription or order with this PA request. Indicate below how it will be submitted:
 - ☐ By mail or fax. The prescription or order 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.
- **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 120 PA Summary Page

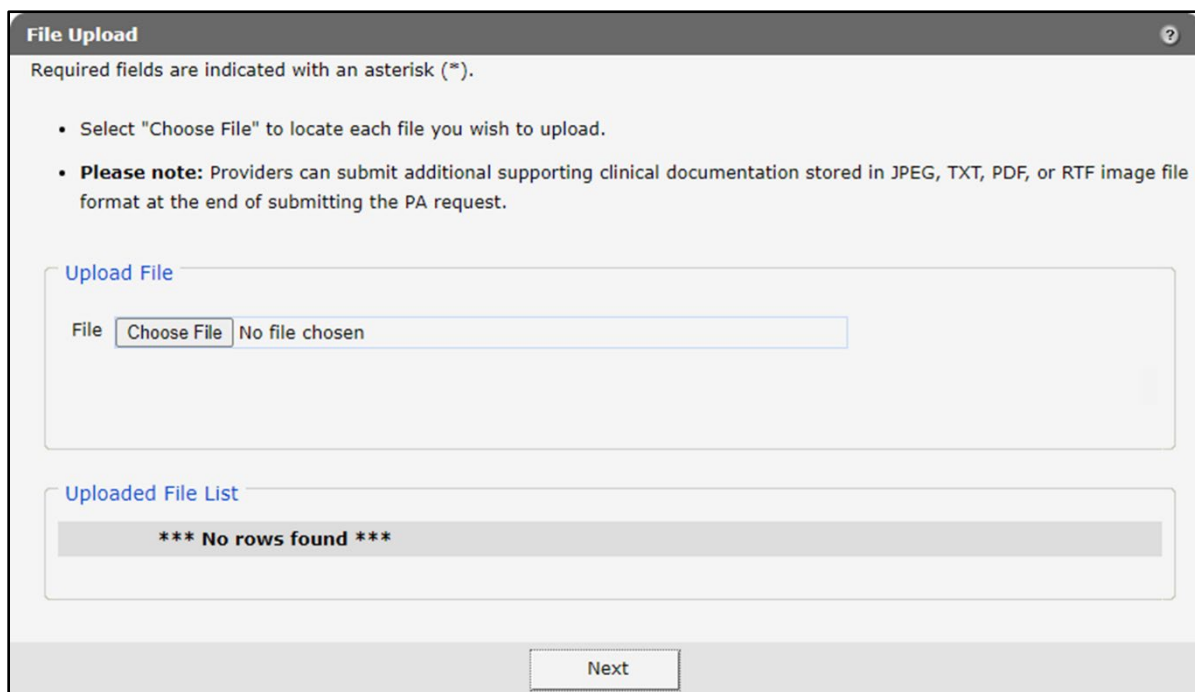
24. To view a draft of the PA request, click **Preview PA**. A draft PDF version of the PA request will open in a new window.

25. Review the draft to ensure the entered information is accurate.

26. Close the window.

27. Place a check in the appropriate box indicating how the prescription or order (if required) and additional supporting clinical information is being submitted (by mail or fax or by uploading electronically).

28. Click Submit. A File Upload panel will be displayed.



The screenshot shows a web interface titled "File Upload" with a help icon in the top right corner. Below the title, a message states: "Required fields are indicated with an asterisk (*)." There are two bullet points: "Select 'Choose File' to locate each file you wish to upload." and "Please note: Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request." The interface is divided into two main sections. The "Upload File" section contains a "File" label, a "Choose File" button, and the text "No file chosen". The "Uploaded File List" section contains a grey bar with the text "*** No rows found ***". At the bottom of the panel is a "Next" button.

Figure 121 File Upload Panel

- a. Under the Upload File section, click **Choose File**.

- b. Navigate and double-click the appropriate file(s). A confirmation message will be generated at the top of the page and the uploaded file(s) will be displayed in the “Uploaded File List” section. To remove a file, click the red “X.”

The following messages were generated:
File was added to list successfully. Select the Next button when you have added all of your files.

File Upload ?

Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- **Please note:** Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request.

Upload File

File No file chosen

Uploaded File List

File Name	Remove File
F11018_PA-RF.pdf	X

Figure 122 Uploaded File List Section

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

Confirmation of Receipt ?

Your PA Request has been submitted.

PA Number: 1234567890

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

F-11071e (10/08)

Figure 123 Confirmation of Receipt Page

- d. Click **Print PA Request** to view, print, or save a PDF version of the PA request.

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

8.1 Extend a Prior Authorization

Providers who have received a Returned Provider Review Letter will have **30 days** to upload the additional documentation requested by adjudicators before their PA request expires and becomes inactive.

Failure to request an extension before a PA request becomes inactive will require a restart of the PA request submission process. Providers will need to submit a new PA request and reupload all documents and information submitted in the original request along with any additional information identified in a Returned Provider Review Letter.

To prevent a PA request from becoming inactive, providers will need to submit a document requesting an extension. That document should contain:

1. A request for more time to gather the information requested in the adjudicator's Returned Provider Review Letter.
2. An explanation for why additional time is needed to submit the PA request.

That document must also be in one of the following formats:

- PDF (.pdf)
- Rich Text Format (.rtf)
- Text File (.txt)
- OrthoCAD™ (.3dm) (for dental providers)

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

A PA request will only remain open for up to **one year**, regardless of how many extensions are requested. If a prescription submitted as part of the PA request expires before the request has been open for one year, the PA request will not be approved until the prescription is renewed.

1. On the Prior Authorization page, click **Upload documents for a PA**. The Prior Authorization File Upload panel 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 124 Prior Authorization File Upload Panel

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 "Search Results" section.

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	<input type="text" value="5131990001"/>
PA Status	<input type="text" value="S - SUSPENDED - PROVIDER SENDING INFO"/>
Amendment Status	<input type="text" value="-"/>
Member Id	<input type="text" value="0987654321"/>
Requested Start Date	<input type="text" value="07/09/2013"/>
Process Type	<input type="text" value="113-SPEECH AND LANGUAGE PATHOLOGY"/>

Figure 125 Prior Authorization File Upload Panel With Populated Information

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

File Upload ?

Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- Select "Send Files" when you are ready to send the uploaded files.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Note

The PA request is currently pending with ForwardHealth. Due to a delay of up to 4 hours in the system, the uploaded documentation may not be available when the PA is processed.

Upload File

File Path* No file chosen

Uploaded File List

*** No rows found ***

Figure 126 File Upload Panel

5. In the “Upload File” section, click **Choose File**. The Choose File window will be displayed.

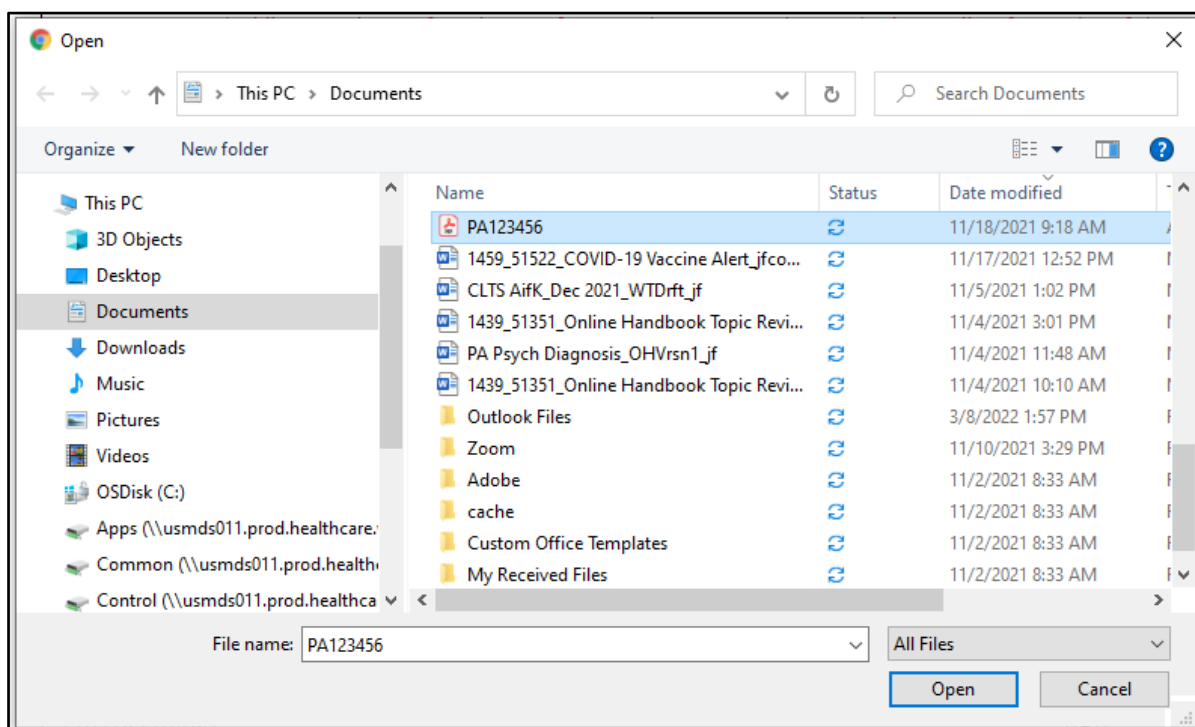


Figure 127 Choose File Window

6. Browse to locate and select the file requesting an extension.
7. Click **Open**.

A confirmation message will be generated at the top of the page and the uploaded file will be displayed in the “Uploaded File List” section. To remove a file, click the red “X.”

The following messages were generated:
File was added to list successfully. Select the Send Files button when you have added all of your files.

File Upload ?
Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- Select "Send Files" when you are ready to send the uploaded files.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Note
The PA request is currently pending with ForwardHealth. Due to a delay of up to 4 hours in the system, the uploaded documentation may not be available when the PA is processed.

Upload File
File Path* No file chosen

Uploaded File List

File Name	Remove File
F11018_PA-RF.pdf	X

Figure 128 Uploaded File List Section

Note: Providers can add additional documents that support the reason behind their extension request.

8. When all files have been uploaded, click **Send Files**.
9. Click **Exit** to return 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)
- 117 - J Codes
- 117 - PA Botox to Treat Migraines

Provider ID

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 129 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 the user wishes to correct.

For information on searching for a PA, refer to the [Check on a Previously Submitted Prior Authorization](#) chapter of this user guide.

If the user searches by PA number, the PA Record page will be displayed.

If the user searches by other criteria, the Choose PA Record page will be displayed. Select the PA request the user wishes to correct.

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	Member Id	Last Name	First Name	Process Type	PA Status	Amendment Status	Requested Start Date	Grant Date	Expiration Date	PA Notice
1234567890	9876543210	CARLSON	SPENDDOWN	Personal care services	APPROVED	RETURNED - PROVIDER REVIEW	09/13/2023	09/13/2023	09/12/2024	Decision Notice

Previous Exit

Figure 130 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 Message

- 09/13/2023 - This Service Authorization has been approved under the automatic adjudication process based on the provider's selections on the ForwardHealth portal. Provider, please ensure compliance to all relevant policies and regulations related to Service Authorization and claims submission.

PA Information

PA Number 1234567890
Media Type WEB

First Name SPENDDOWN
Member ID 9876543210

Last Name CARLSON
Date of Birth 11/12/1973

PA Status APPROVED
View PA Decision Notice

Amendment Status RETURNED - PROVIDER REVIEW
View latest Amendment Return

Process Type 121 - Personal care services

Program Medicaid

HealthCheck Other Service No
Start Date - SOI

Requested Start Date 09/13/2023
First Date of Treatment - SOI

Primary Diagnosis Code F200
Description PARANOID SCHIZOPHRENIA

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	T1019	500.000	\$1,000.00	6519.000	\$0.00	09/13/2023	09/12/2024

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

Line Item 01

Status APPROVED

Rendering Provider ID 87654321 MCD

Prescribing Provider ID

Service Code Type Procedure Code

Service Code T1019

Service Code Description 123 UNITS/WK X 53 WKS

Tooth

Area of the Oral Cavity

Modifiers

Place of Service 12

Units Requested 500.000

Dollars Requested \$1,000.00

Units Authorized 6519.000

Dollars Authorized \$0.00

Units Remaining 6,519.000

Dollars Remaining \$0.00

Grant Date 09/13/2023

Expiration Date 09/12/2024

Previous

Copy PA

Correct PA Amendment

Exit

Figure 131 PA Record Page

- 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.

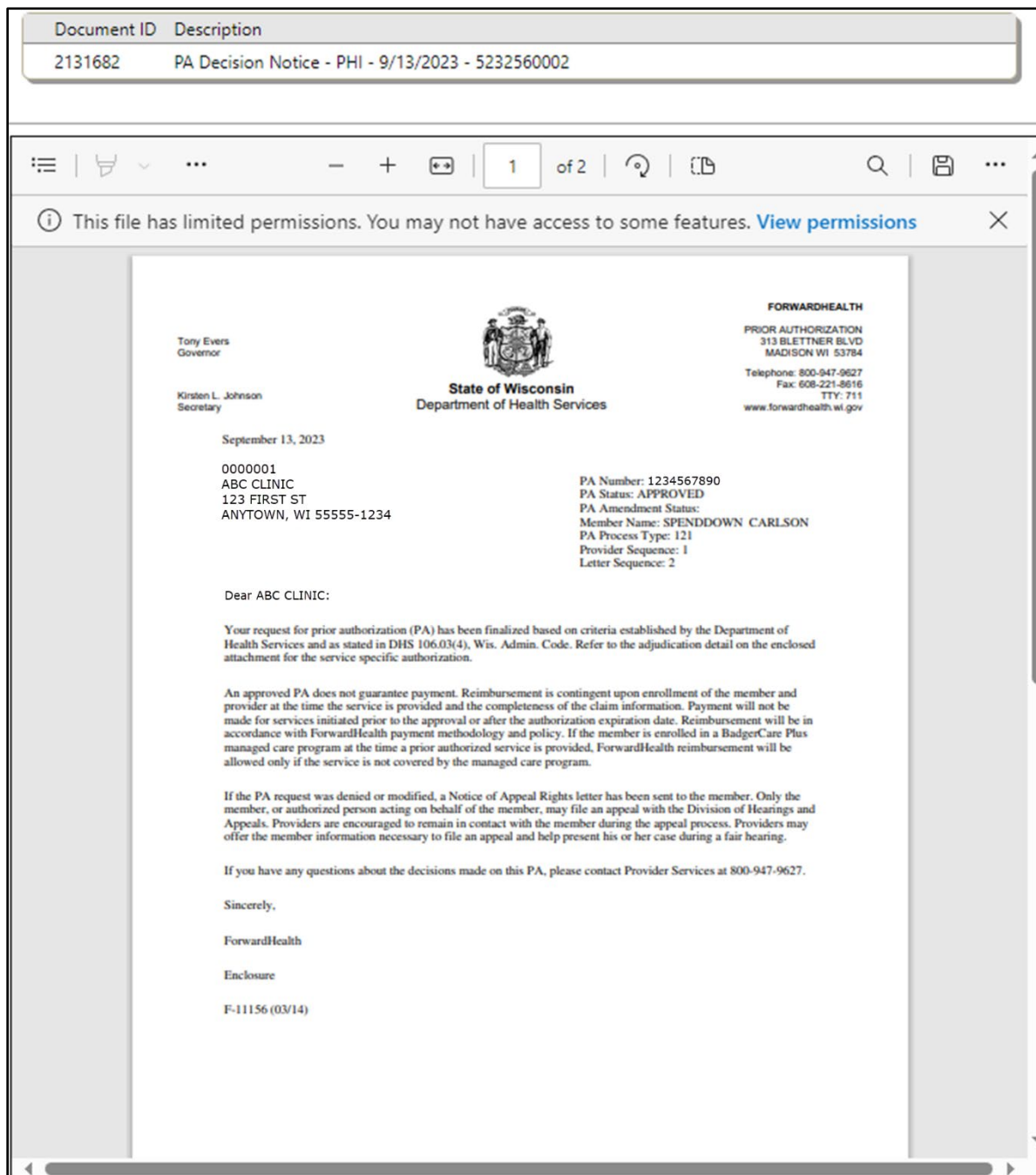


Figure 132 OnBase Document Viewer Window

- To print or save the PA Decision Notice letter to a 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.
6. 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.

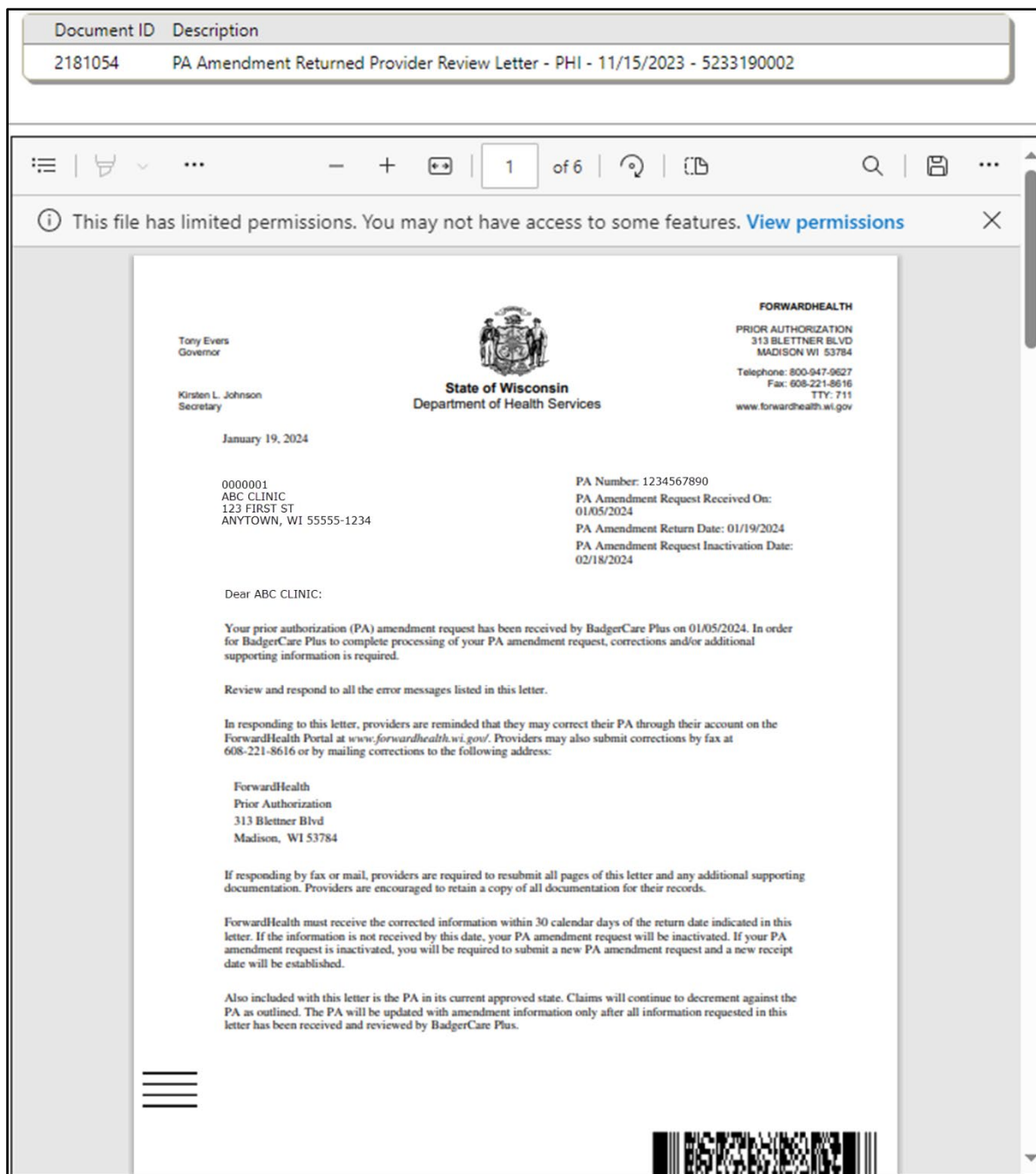


Figure 133 OnBase Document Viewer

7. To print or save the PA Amendment Returned Provider Review Letter to a hard drive or network location, use the Print or Save As function of the browser.
8. 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 Number1234567890

Today's Date01/09/2024

Process Type121 - Personal care services

Member ID9876543210

First NameSPENDDOWN

Last NameCARLSON

SECTION II - PROVIDER INFORMATION

NameABC CLINIC

Provider ID87654321 MCD

Address Line 1123 FIRST ST

Address Line 2

CityANYTOWN

State/ZIPWI 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 admendment 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

SubmitCancel

Figure 134 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 the additional documents will be mailed, faxed, or uploaded.
 - 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.

A screenshot of a web application window titled "Confirmation of Receipt" with a question mark icon in the top right corner. The main content area has a light gray background and displays the message "Your PA amendment request has been submitted." in bold. Below this, there are two bullet points: "• [Print amendment request](#)" followed by the text "You may view, print and save a copy of the PA amendment request for your personal records." and "• [Return to menu](#)" followed by "Return to the PA main menu." At the bottom, there is a footer section with the text "F-11042e - (10/08)", "HFS 106.03(4), Wis. Admin. Code", "HFS 152.06(3)(h), 153.06(3)(g),", and "154.06(3)(g), Wis. Admin. Code".

Confirmation of Receipt ?

Your PA amendment request has been submitted.

- [Print amendment request](#)
You may view, print and save a copy of the PA amendment request for your personal records.
- [Return to menu](#)
Return to the PA main menu.

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 135 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) 221-8616 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	
1234567890	121-Personal Care	9876543210	
4. Name — Member (Last, First, Middle Initial)			
CARLSON, SPENDDOWN			
SECTION II — PROVIDER INFORMATION			
5. Billing Provider Number		7. Address — Billing Provider (Street, City, State, ZIP+4 Code)	
8888888888 NPI		123 FIRST ST	
6. Name — Billing Provider		ANYTOWN, WI 55555-1234	
ABC CLINIC			
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	
-DRAFT-  DT-PA002-002			

Figure 136 Draft PDF Version of the PA Amendment Request

13. To print or save the PA amendment request to a 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 of the Portal.

10 Print Prior Authorization Cover Sheet

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 137 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.

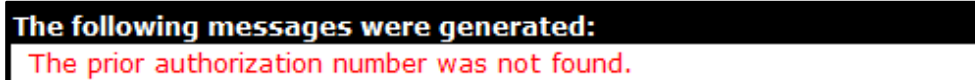


Figure 138 Example Error Message

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.

A screenshot of a web application window titled "Generate PA Cover Sheet". The window has a dark header bar with the title and a help icon. Below the header, there is a message: "Please note that you can only print coversheets based on the following restrictions:". This is followed by a bulleted list of two restrictions. Below the list is a section titled "Search By PA Number" containing a text input field for "PA Number" with the value "5131990001" and a "Search" button. Below this is a section titled "Selected Results" containing several input fields: "NPI Number" (2345678901), "Taxonomy" (282N00000X), "Member Id" (0987654321), "Date Received" (07/09/2013), "Process Type" (113-SPEECH AND LANGUAGE PATHOLOGY), "Name" (ABC CLINIC), "Address Line 1" (123 FIRST ST), "Address Line 2" (empty), "City" (ANYTOWN), and "State/ZIP" (WI, 55555, -, 1234). At the bottom of the "Selected Results" section is a link "Generate Coversheet". At the bottom right of the window are "save" and "Cancel" buttons.

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 139 Generate PA Cover Sheet Page With Populated Information

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

January 18, 2024 Page 2 of 2

FORWARDHEALTH
PROVIDER SERVICES
313 BLETNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
TTY: 711
www.forwardhealth.wi.gov

State of Wisconsin
Department of Health Services

Tommy Evers
Governor

Kristen L. Johnson
Secretary

January 18, 2024

ABC CLINIC
PA CONTACT
123 FIRST ST
ANYTOWN, WI 55555-1234

PA Number: 1234567890
PA Submission Date: 01/18/2024
PA Request Inactivation Date: 02/17/2024

Dear ABC CLINIC:

A prior authorization (PA) request was submitted to ForwardHealth on 01/18/2024 via the web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 1234567890.

List the additional supporting documentation in the space provided on the second page of this letter.

Providers are required to send both pages of this letter and additional supporting documentation by fax at 608-221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Providers are encouraged to retain a copy of all documentation for their records.

ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.

If you have any questions, please contact Provider Services at 800-947-9627.

Sincerely,

ForwardHealth
F-11159 (07/12)

www.dhs.wisconsin.gov

DT-PAD69-609.5240180001.2201802726.131

List the additional supporting documentation below:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Figure 140 Sample PDF Version of a PA Cover Sheet

- To print or save the cover sheet to a 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)
- PDF (.pdf)
- Rich Text Format (.rtf)
- Text File (.txt)
- OrthoCAD™ (.3dm) (for dental providers)

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

6. On the Prior Authorization page, click **Upload documents for a PA**. The Prior Authorization File Upload panel 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 141 Prior Authorization File Upload Panel

7. Enter the PA number of the pending or suspended PA in the PA Number field.
8. 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 application window 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 section titled "Search By PA Number" containing a text input field for "PA Number" with the value "5131990001" and a "Search" button. Below that is a section titled "Search Results" containing several fields: "PA Number" (5131990001), "PA Status" (S - SUSPENDED - PROVIDER SENDING INFO), "Amendment Status" (-), "Member Id" (0987654321), "Requested Start Date" (07/09/2013), and "Process Type" (113-SPEECH AND LANGUAGE PATHOLOGY). At the bottom of the panel are "Next" and "Exit" buttons.

Search Results	
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

Figure 142 Prior Authorization File Upload Panel With Populated Information

9. Click **Next**. The File Upload panel will be displayed.

File Upload

Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- Select "Send Files" when you are ready to send the uploaded files.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Note

The PA request is currently pending with ForwardHealth. Due to a delay of up to 4 hours in the system, the uploaded documentation may not be available when the PA is processed.

Upload File

File Path* No file chosen

Uploaded File List

*** No rows found ***

Figure 143 File Upload Panel

10. In the “Upload File” section, click **Choose File**. The Choose file window will be displayed.

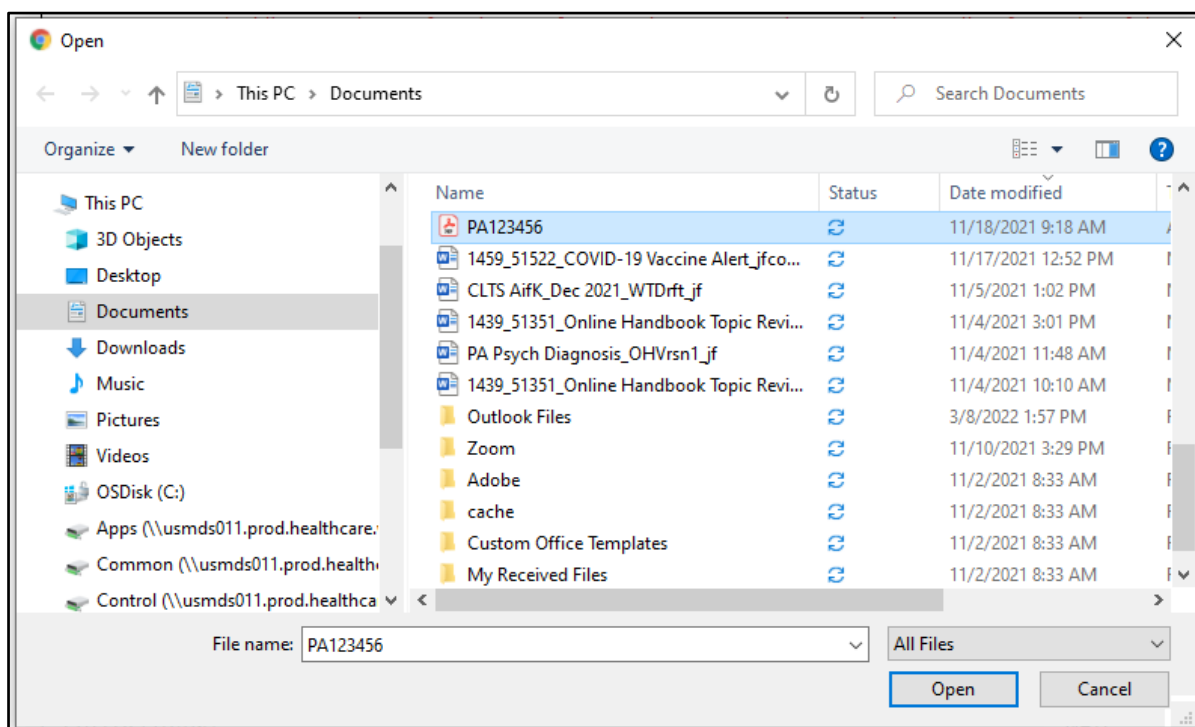


Figure 144 Choose File Window

11. Browse to and select the desired file.

12. Click **Open**.

A confirmation message will be generated at the top of the page and the uploaded file will be displayed in the “Uploaded File List” section. To remove a file, click the red “X.”

The following messages were generated:

File was added to list successfully. Select the Send Files button when you have added all of your files.

File Upload

Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- Select "Send Files" when you are ready to send the uploaded files.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Note

The PA request is currently pending with ForwardHealth. Due to a delay of up to 4 hours in the system, the uploaded documentation may not be available when the PA is processed.

Upload File

File Path* No file chosen

Uploaded File List

File Name	Remove File
F11018_PA-RF.pdf	X

Figure 145 Uploaded File List Section

13. Upload as many files as necessary.
14. When all files have been uploaded, click **Send Files**.
15. Click **Exit** to return 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 the [Change Suspended Prior Authorization Status](#) section of this user guide.

1. On the Prior Authorization page, click **Upload documents for a PA**. The Prior Authorization File Upload panel 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 application window titled "Prior Authorization File Upload". It contains two main sections: "Search By PA Number" and "Search Results".

Search By PA Number:

- PA Number: 1234567890
- Search button

Search Results:

PA Number	1234567890
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 panel are two buttons: "Next" and "Exit".

Figure 146 Prior Authorization File Upload Panel With Populated Information

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

File Upload

Required fields are indicated with an asterisk (*).

- Select "Choose File" to locate each file you wish to upload.
- Select "Send Files" when you are ready to send the uploaded files.
- **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* No file chosen

Uploaded File List

*** No rows found ***

Figure 147 File Upload Panel

- 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 148 Change Prior Authorization Status Section

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

- Upload the necessary additional supporting documentation. For more information, refer to the instructions beginning at [step 5](#) of the Upload Documents for a Prior Authorization chapter of this user guide.

12 View Documents for a Prior Authorization

Providers can view documents they upload during the PA process.

1. On the Prior Authorization page, click **View Documents for a PA**. The View PA Documents panel will be displayed.

View PA Documents

- Enter the PA number to view supporting documentation.

Search By PA Number

PA Number

Search Results

PA Status	<input type="text"/>
Amendment Status	<input type="text"/>
Member Id	<input type="text"/>
Requested Start Date	<input type="text"/>
Process Type	<input type="text"/>

Figure 149 View PA Documents Panel

2. Enter the PA number in the PA Number field to view supporting documentation.
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 "View PA Documents". At the top, there is a instruction: "Enter the PA number to view supporting documentation." Below this is a section labeled "Search By PA Number" containing a text input field with the value "1234567890" and a "Search" button. Below the search section is a "Search Results" section. It contains a table with the following data:

PA Status	A - APPROVED
Amendment Status	P - PENDING - FISCAL AGENT REVIEW
Member Id	9876543210
Requested Start Date	06/13/2023
Process Type	121-PERSONAL CARE

Below the table is a button labeled "View PA Documents". At the bottom right of the panel is an "Exit" button.

Figure 150 View PA Documents Panel With Populated Information

- Click **View PA Documents**. An OnBase Document Viewer window will open and display Document Results.
- Click the appropriate document.

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

[illegible]

Figure 151 OnBase Document Viewer Window

6. Click any other desired documents.
7. Close the OnBase Document Viewer window.
8. Click **Exit** to return to the Prior Authorization page.

13 View or Maintain a Prior Authorization Collaboration

Providers who request PA under eligible process types can collaborate with other providers on PA request submissions and amendments submitted through the Portal. A PA collaborative links two or more PA requests for a single member together so participating providers can easily view information for all PAs in the collaborative.

The following instructions apply once a PA request has been associated to a new or existing collaborative. For information on initiating or associating a PA request with a collaborative, refer to the [Submit a New Prior Authorization](#) chapter of this user guide.

Once all PAs within the collaborative have been attested and signed by the collaborating providers, the collaborative can be submitted for consultant review of the individual PA requests.

Note: PA requests within a collaborative are not eligible for real-time review and approval submission.

13.1 Viewing and Submitting Prior Authorization Collaborations

1. On the Prior Authorization page, click **View / Maintain PA Collaboration**. The PA Collaboration page will be displayed.

The screenshot displays the "PA Collaboration" page with the following sections:

- Collaborative Information:** Includes input fields for Collaborative ID*, Expected PA Count (0), Start Date, End Date, and a large text area for Reason. A "search" button is located at the bottom right of this section.
- PA List:** Displays the message "*** No rows found ***".
- PA Summary Information:** Contains input fields for PA Number, PA Status, Amendment Status, Authorized Eff Date, Requested Start Date, Process Type, Received Date, Amendment Received Date, and Authorized End Date. Below these fields is a checkbox for a certification statement and a "Billing Provider Signature" input field. "Save" and "Opt Out" buttons are at the bottom right of this section.

At the bottom of the page, there are "Submit" and "Cancel" buttons.

Figure 152 PA Collaboration Page

2. Enter the collaborative ID in the first field. Click **Search**.

The screenshot displays the 'PA Collaboration' page with the following sections:

- Collaborative Information:**
 - Collaborative ID*: 100000010
 - Expected PA Count: 2
 - Start Date: 02/23/2022
 - End Date: 02/22/2023
 - Reason: Coordination of therapy services for IMA Member
 - search button
- PA List:**

PA Number	Process Type	PA Status	Received Date	Amendment Status	Amendment Received Date	Authorized Eff Date	Authorized End Date	Attest	Errors Identified
5220540001	111-PHYSICAL THERAPY	SUSPENDED - PROVIDER SENDING INFO	02/23/2022					<input type="checkbox"/>	<input type="checkbox"/>
- PA Summary Information:**
 - PA Number: 5220540001
 - Process Type: 111-PHYSICAL THERAPY
 - PA Status: SUSPENDED - PROVIDER SENDING INFO
 - Received Date: 02/23/2022
 - Amendment Status:
 - Amendment Received Date:
 - Authorized Eff Date:
 - Authorized End Date:
 - Requested Start Date: 02/23/2022

☐ I hereby certify that the documentation submitted in this request is accurate and is the most current documentation submitted. I acknowledge that the submission of this request does not guarantee acceptance of the collaborative request, nor am I liable for any other prior authorization submission within this collaborative. I acknowledge that, as the provider, I am responsible for maintaining documentation for the prior authorization information submitted and justification of the collaborative.

Billing Provider Signature*:

Save Opt Out

Submit Cancel

Figure 153 PA Collaboration Page With Populated Information

3. Click the row under the “PA List” section that shows the PA request submitted by the provider. The user will only be able to view summary information for the PA request submitted under their login.
4. Attest to the accuracy of the PA documentation submitted by checking the box next to “I hereby certify that ...”
5. Enter the first and last name of the billing provider in the Billing Provider Signature field.
6. Click **Save**.
7. Click **Submit** once all PA requests within the PA collaborative have been attested to and signed.

Note: The Submit button will be disabled until all PA requests within the collaborative have been attested to and signed. Any provider within the collaborative may submit the collaborative. Consultant review of the individual PAs will not begin until the collaborative has been submitted.

13.2 Opting Out of Prior Authorization Collaborations

Providers may opt out of a PA collaborative even if they have already attested to it. However, once the collaborative has been submitted, the provider is no longer able to opt out using the Portal. To be removed from a PA collaboration that has been submitted, the provider must submit a PA amendment.

1. On the Prior Authorization page, click **View / Maintain PA Collaboration**. The PA Collaboration page will be displayed.

PA Collaboration

Collaborative Information

Collaborative ID*
Expected PA Count
Start Date
End Date
Reason

PA List

*** No rows found ***

PA Summary Information

PA Number Process Type
PA Status Received Date
Amendment Status Amendment Received Date
Authorized Eff Date Authorized End Date
Requested Start Date

☐ I hereby certify that the documentation submitted in this request is accurate and is the most current documentation submitted. I acknowledge that the submission of this request does not guarantee acceptance of the collaborative request, nor am I liable for any other prior authorization submission within this collaborative. I acknowledge that, as the provider, I am responsible for maintaining documentation for the prior authorization information submitted and justification of the collaborative.

Billing Provider Signature

Figure 154 PA Collaboration Page

2. Enter the collaborative ID in the first field. Click **Search**.

PA Collaboration

Collaborative Information

Collaborative ID* 100000010
 Expected PA Count 2
 Start Date 02/23/2022
 End Date 02/22/2023
 Reason Coordination of behavioral health and physical therapy services for IMA Member

PA List

PA Number	Process Type	PA Status	Received Date	Amendment Status	Amendment Received Date	Authorized Eff Date	Authorized End Date	Attest	Errors Identified
5220540001	111-PHYSICAL THERAPY	SUSPENDED - PROVIDER SENDING INFO	02/23/2022					<input type="checkbox"/>	<input type="checkbox"/>

PA Summary Information

PA Number 5220540001
 PA Status SUSPENDED - PROVIDER SENDING INFO
 Amendment Status
 Authorized Eff Date
 Requested Start Date 02/23/2022
 Process Type 111-PHYSICAL THERAPY
 Received Date 02/23/2022
 Amendment Received Date
 Authorized End Date

☐ I hereby certify that the documentation submitted in this request is accurate and is the most current documentation submitted. I acknowledge that the submission of this request does not guarantee acceptance of the collaborative request, nor am I liable for any other prior authorization submission within this collaborative. I acknowledge that, as the provider, I am responsible for maintaining documentation for the prior authorization information submitted and justification of the collaborative.

Billing Provider Signature*

Save **Opt Out**

Submit **Cancel**

Figure 155 PA Collaboration Page With Populated Information

3. Click **Opt Out** at the bottom of the PA Collaboration page. The screen will refresh and a “Verify Opt Out” section will appear on the page.

☒ I hereby certify that the documentation submitted in this request is accurate and is the most current documentation submitted. I acknowledge that the submission of this request does not guarantee acceptance of the collaborative request, nor am I liable for any other prior authorization submission within this collaborative. I acknowledge that, as the provider, I am responsible for maintaining documentation for the prior authorization information submitted and justification of the collaborative.

Billing Provider Signature* ALK

Verify Opt Out

☐ Please verify the request to Opt Out of the Collaborative by checking the verification box and selecting the Opt Out button a second time to continue.

Save **Opt Out**

Submit **Cancel**

Figure 156 PA Collaboration Page With Verify Opt Out Section

4. Check the box next to “Please verify the request to opt out ...” and click **Opt Out** a second time. A message will be displayed at the top of the page that states “Your PA has been successfully removed.”
5. To return to the Prior Authorization page without making changes, click **Cancel**.