## ForwardHealth Provider Portal Prior Authorization

June 28, 2024



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## **1** Introduction

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

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

- Submit a new PA
- Complete a saved PA request
- Check on a previously submitted PA
- Amend an approved PA
- Correct a returned PA
- Extend 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 <a href="https://www.forwardhealth.wi.gov/">https://www.forwardhealth.wi.gov/</a>.



Figure 1 ForwardHealth Portal Page

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

ForwardHealth	
Sign In	
Username	
Keep me signed in	
Next	
Unlock account?	
Help	
Logging in for the first time?	

Figure 2 Sign In Box

3. Enter the user's username.

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

ForwardHea	llth
****	
Verify with your pa	assword
(8) PORTALUSE	R1
Password	
•••••	0
Verify	

Figure 3 Verify With Your Password Box

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

Wisconsin.gov home state agencies subject directory department of health services	
ForwardHealth Wisconsin serving you	Welcome Inpatient03 UAT » May 7, 2019 2:35 PM Logout
Home         Search         Providers         Enrollment         Claims         Prior Authorization         Remittance Advices         Trade Files           Account         Contact Information         Online Handbooks         Site Map         User Guides         Certification	Health Check Max Fee Home
You are logged in with NPI: 1255334173, Taxonomy Number: 282N00000X, Zip Code: 53226, Financial Payer: Medicaid Providers What's New?	Search Search
What's New?  Providers can improve efficiency while reducing overhead and paperwork by using real-time applications available on the new ForwardHealth Portal. Submission and tracking of claims and prior authorization requests and amendments, on-demand access to remittance information, 835 trading partner designation, and instant access to the most current ForwardHealth information is now available.	Update User Account     Customize Home Page     Demographic Maintenance     Electronic Funds Transfer     Check My Revalidation Date     Revalidate Your Provider Enrollment     Check Enrollment
New Rate Reform Part 3 Ideas/Recommendations Requested.	
Incentive Payments Are you Eligible?	
ForwardHealth System Generated Claim Adjustments	Quick Links  Register for E-mail Subscription

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.

Prior Authorization	
Prior Authorization	User Guides
	View the Prior Authorization
Prior authorization (PA) is the electronic or written authorization issued by ForwardHealth to a provider prior to a service being provided to a member. In most cases, providers are required to obtain PA before providing services that require it.	• User Guide
Select a link below to begin a process that you need.	
Submit a new PA	
<u>Complete a saved PA request</u>	
Check on a previously submitted PA	
Amend an approved PA	
<u>Correct a returned PA</u>	
<u>Correct a returned PA amendment</u>	
Print PA cover sheet	
<u>Upload documents for a PA</u>	
View Documents for a PA	
View / Maintain PA Collaboration	
Providers having difficulties determining whether or not a service requires PA may refer to the <u>Online Handbook</u> or Providers may call Provider Services at 800-947-9627.	

Figure 5 Prior Authorization Page

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

- Submit a new PA
- <u>Complete a saved PA request</u>
- Check on a previously submitted PA
- Amend an approved PA
- Correct a returned PA
- <u>Correct a returned PA amendment</u>
- Print a PA cover sheet
- Upload documents for a PA
- <u>View Documents for a PA</u>
- 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.

puired fields are indicated with an asterisk (*).  Process Type  Select a process type:*  111 - Physical therapy (07) 113 - Speed for lines (SOI) for PT 113 - Speed for Administered Drug 114 - Chypical services, including rural health clinics and federally qualified health centers 117 - Physican services, including rural health clinics and federally qualified health centers 117 - Physican services, including rural health clinics and federally qualified health centers 117 - Physican services, including rural health clinics and federally qualified health centers 117 - Physican services, including rural health clinics and federally qualified health centers 120 - Home Least Therapy  HealthCheck "Other Service"  Select one:*  Select one:*  Select a billing provider number:* 1234567890 NPI v  Provider Collaboration  • Behavioral Treatment is not currently available for participation in the PA Collaboration. Select one:*  Select one:*  Collaboration  • Existing Collaborative @ None Collaboration  Reason	nitial Information					
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115 - Sol for OT   115 - Sol for SUP   117 - Physician-Administered Drug   117 - Physician-Administered Drug   120 - Home Kealth Therapy   HealthCheck "Other Service"   120 - Home Kealth Therapy   HealthCheck "Other Service"   120 - Home Kealth Therapy   Program Financial Payer Select one:*    O Yes @ No   Provider Number Select ane:*  Select ane:*  Ovider Number:*  1224567890 NPI > Provider Collaborative Existing Collaborative @ Existing Collaborative @ None Collaborative Is not currently available for participation in the PA Collaboration. Select one:*  New Collaborative © Existing Collaborative @ None Collaborative Is not currently available for participation in the PA Collaboration. Select one:*  New Collaborative © Existing Collaborative @ None Collaborative Is not currently available for participation in the PA Collaboration. Select one:*  New Collaborative © Existing Collaborative @ None Collaborative Is not currently available for participation in the PA Collaboration. Select one:*  New Collaborative @ Existing Collaborative @ None Collaborative Is not currently available for participation in the PA Collaboration. Select one:*  New Collaborative @ Existing Collaborative @ None Collaborative Is not currently available for participation in the PA Collaboration. Select one:*  New Collaborative Is not currently available for participation in the PA Collaboration. Select one:*  New Collaborative Is not currently available for participation in the PA Collaboration. Select one:*  New Collaborative Is not currently available for participation in the PA Collaborative Is not currently available for participation						
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117 - PA Botox to Treat Migraines   117 - Physician-Administered Drug   117 - Physician-Administered Drug   118 - Chiropractic   120 - Home Kealth Therapy     HealthCheck "Other Service"?"   Wes @ No   Program Financial Payer   Select one:"   0 Yes @ No   Program Financial Payer   Select one:"   0 Select collaboration   • Behavioral Treatment is not currently available for participation in the PA Collaboration.   0 Select one:"   0 New Collaborative [Existing Collaborative @ None   0 Collaborative ID   0 Start Date   0 Reason						
117 - Physician-Administered Drug   118 - Chiropractic   120 - Home Care   120 - Home Kaelth Therapy     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 v   Provider Collaborative    Provider Collaborative © Existing Collaborative @ None   Collaborative ID   Start Date   End Date   Reason		it Migraines				
118 - Chiropractic   120 - Home Kare   120 - Home Kare   HealthCheck "Other Service"?"   `Yes ● No   Program Financial Payer Select one:"    BadgerCare Plus (TXIX)   O'Wisconsin Chronic Disease Program (WCDP)   Billing Provider Number Select a billing provider number:"    1224567890 NPI ♥   Provider Collaboration • Behavioral Treatment is not currently available for participation in the PA Collaboration.   Select one:"   O'We Collaborative D   Expected PA Count   0   Expected PA Count   Reason			th clinics and fede	rally qualified he	alth centers	
120 - Home Care       .         120 - Home Health Therapy       .         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       .         Ind Date       .         Reason       .		istered Drug				
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Yes ● No          Program Financial Payer         Select one:"         BadgerCare Plus (TXIX)         Wisconsin Chronic Disease Program (WCDP)         Billing Provider Number         Select a billing provider number:"         1234567890 NPT ∨         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         ●         Reason	HealthCheck "Other S	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 NPT ∨         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         ●         Reason	Is this a HealthCheck	"Other Service"?*				
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 D Expected PA Count Start Date End Date Reason Keason						
<ul> <li>BadgerCare Plus (TXIX)</li> <li>Wisconsin Chronic Disease Program (WCDP)</li> <li>Billing Provider Number</li> <li>Select a billing provider number:"         1234567890 NPI ✓</li> <li>Provider Collaboration         <ul> <li>Behavioral Treatment is not currently available for participation in the PA Collaboration.</li> <li>Select one:"</li></ul></li></ul>		/er				
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         0         Start Date         End Date         Reason		(TV)				
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			ND)			
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 0 Start Date End Date Reason		isease Program (web				
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	Billing Provider Numb	er				
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  O  Start Date  Reason	Select a billing provide	er number:*				
Behavioral Treatment is not currently available for participation in the PA Collaboration.  Select one:*      New Collaborative      Existing Collaborative      None  Collaborative ID  Expected PA Count  0  Start Date  End Date  Reason	1234567890 NPI ¥					
Behavioral Treatment is not currently available for participation in the PA Collaboration.  Select one:*      New Collaborative      Existing Collaborative      None  Collaborative ID  Expected PA Count  0  Start Date End Date Reason						
Select one:*  New Collaborative Existing Collaborative  None  Collaborative ID  Expected PA Count  Start Date End Date Reason	Provider Collaboration	ı ———				
New Collaborative Existing Collaborative   Collaborative ID   Expected PA Count   0   Start Date   End Date	Behavioral Treatme	nt is not currently avai	lable for participat	ion in the PA Col	aboration.	
Collaborative ID	Select one:*					
Expected PA Count 0 Start Date End Date Reason	ONew Collaborative	O Existing Collaborat	tive 💿 None			
Start Date End Date Reason	Collaborative ID					
End Date Reason	Expected PA Count	0				
Reason	Start Date					
	End Date					
Next	Reason					
Next						11
Next						
				Next		

Figure 6 Initial Information Panel

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

ial Information	
uired fields are indicated with an asterisk (*).	
Process Type	
Calastia process turnes.*	
Select a process type:*	
111 - Physical therapy (PT)	<b>^</b>
112 - Occupational therapy (OT)	
113 - Speech and language pathology (SLP)	
114 - Spell of illness (SOI) for PT	
115 - SOI for OT	
116 - SOI for SLP	
117 - 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	-

Figure 7 Process Type Section

3. The "HealthCheck 'Other Service'" section defaults to No. Select **Yes** if the PA request is for a HealthCheck "Other Service."

HealthCheck "Other Service"	
Is this a HealthCheck "Other Service"?* Yes No	

Figure 8 HealthCheck "Other Service" Section

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

4. 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 9 Program Financial Payer Section With BadgerCare Plus (TXIX) Selected

5. 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.

Billir	ng Provider Nu	nber	٦
Se	lect a billing prov	vider number:*	
12	34567890 NPI 👻		
	34567890		
01	23456789 SUB 😽		

Figure 10 Billing Provider Number Section

- 6. 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 <u>View</u> or <u>Maintain a PA Collaboration</u> chapter of this user guide.

If the PA request will not be part of a collaborative, select **None**. Proceed to <u>step 7</u>.

Provider Collaboration	~~~~~~~~~~~~ n			
Behavioral Treatme	ent is not currently a	available for participation in	the PA Collaboration.	
Select one:*				
ONew Collaborativ	ve 🔿 Existing Collabo	orative 💿 None		
Collaborative ID				
Expected PA Count	0			
Start Date				
End Date				
Reason				h
		Next		

Figure 11 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.

<ul> <li>Provider Collaboration</li> <li>Behavioral Treatment is not currently available for participation in the PA Collaboration.</li> <li>Select one:*</li> </ul>					
New Collaborativ	ve OExisting Collabor	rative O None			
Collaborative ID					
Expected PA Count*	3				
Start Date*	06/22/2022				
End Date*	06/21/2023				
Reason*	Coordinating therapy	services for the member			
		Next			

Figure 12 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.

Provider Collaboration	
Behavioral Treatment is not currently available for participation in the PA Collaboration.	
Select one:*	
○ New Collaborative ● Existing Collaborative ○ None	
Collaborative ID* 987654321	
Expected PA Count	
Start Date	
End Date	
Reason	
Next	

Figure 13 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.

7. Click Next.

8. If there are no processing notes for the selected process type, the Member Information panel will be displayed. Proceed to <u>step 10</u>.

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



Figure 14 Processing Notes Panel

- 9. Review the processing notes information. Click Next.
- 10. The Member Information panel will be displayed.

Member Information		3
Required fields are indicated with an asterisk (*).		
Member ID*		
First Name		
Last Name		
Requested Start Date*		
F-11018e (10/08) HFS 106.03(4), Wis. Admin. Code	Previous Next	Clear Verify

Figure 15 Member Information Panel

- 11. 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.
- 12. Enter the PA's start date using MM/DD/CCYY format in the Requested Start Date field. The calendar icon located to the right of the Requested Start Date field may also be used to select a date.

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

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

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

Member ID* 98765	543210	Date of Birth	05/04/1955				
First Name TEST		Address	123 MAIN ST				
Last Name HALL							
Requested Start Date* 01/09	/2024						
		City	ANYTOWN				
		State/Zip	WI	55555	0000		
		Gender	М				

Figure 16 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.

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

Figure 17 Example Error Message

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

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

Service Information			0
Required fields are indicated with an asterisk (*).			
Primary Diagnosis Code <sup>®</sup> [Sear Secondary Diagnosis Code [Sear			
Requested Start Date 01/09/2024	Requesting Provider	Signature*	
National Provider Identifier - Prescribing/Referring/Ordering Provider	Name - Prescribin [Search] Order	g/Referring/ ing Provider	
C Line Items			
Line Item Provider ID Service Code Modifiers Qu	antity Charge Status		
01	0 \$0.00		
Tota	l: \$0.00		
Select row to upo	date/delete -or- enter new line item	information and select Add	
Line Item 01			
Rendering Provider ID [Searc	h ] (If blank, will default to Billing	Provider)	
Rendering Provider			
Taxonomy			
Service Code Type* PROCEDURE CODE V (After choosing,	move off field, and wait for Service Code field	to appear)	
Service Code* [Search]			
Service Code Description			
Additional Service Code			
Description	1		
Modifiers [Search] [ Place of Service* [Search] Quantity Requested* 0 Charge* \$0.00	Search ] [Search ]	[_Search_] Add	Save Delete
F-11018e (10/08) HFS 106.03(4), Wis. Admin. Code	Previous Next	Save and G	Complete Later Clear Verify

Figure 18 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 <u>Save a</u> <u>Partially Completed Prior Authorization Request</u> chapter of this user guide.

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

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

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

Primary Dia	gnosis Code				[Close]
Search					3
Diagnosis		ICD Version	•		
Description					
				search	clear
Search Re	sults				
	*** No rows found ***				

Figure 19 Primary Diagnosis Code Search Box

- Enter a description of the code.
  - a. If the entire description is unknown, enter a key word.
  - b. 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, 10<sup>th</sup> Revision (ICD-10) diagnosis codes.

• Click **Search**. Any results matching the query will be displayed in the "Search Results" section.

Primary Dia	gnosis Code	e [Clo	ose
Search			?
Diagnosis		ICD Version	
Description	aphasia		
		search clear	
Search Re	sults		
Diagnosis A	ICD Version	Description	
43811	ICD-9	APHASIA	
7843	ICD-9	APHASIA	
169020	ICD-10	APHASIA FOLLOWING NONTRAUMATIC SUBARACHNOID HEMORRHAGE	
I69120	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 20 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.

r Service Information				?
Required fields are indicated with an asterisk $(*)$ .				
		Delesera Die a Description		
Primary Diagnosis Code* R4701	[ Search ]	Primary Diag Description	APHASIA	
Secondary Diagnosis Code	[ Search ]	Secondary Diag Description		
Requested Start Date 11/18/2018		Requesting Provider		
Requested Start Date 11/18/2018		Signature*		
National Provider Identifier -		Name - Prescribing/Referring/		
Prescribing/Referring/Ordering Provider	[ Search ]	Ordering Provider		
	man man			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Figure 21 Primary Diagnosis Code and Description Populated

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

Note: The date entered on the Member Information 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.

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

Note: Up to 26 line items may be entered.

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

Note: For HealthCheck "Other Services," include the procedure code that most accurately describes the service or product, even if the code is not ordinarily covered.

e. Enter the service code in the Service Code field. To search for the code, click **Search** to the right of the field.

- f. Once a service code has been entered, information will populate in the Service Code Description field.
- g. Enter any additional information about the service code that is needed to describe the service requested in the Additional Service Code Description field.
- h. Enter any appropriate modifier codes that apply to this PA process in one or more of the four Modifier fields. 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.

- 21. Click **Save** in the lower right corner of the page. The row will be populated with the updated information.
- 22. 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.

```
The following messages were generated:
Requesting Provider Signature is required.
```

Figure 22 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 23 Policy Rule-Based Edit Message

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

The following messages were generated: This Prior Authorization is valid and ready for submission.

Figure 24 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 <u>Save a Partially Completed Prior Authorization Request</u> chapter of this user guide.
- 23. Click **Next** to continue. The Required Attachments panel will be displayed.

Require	ed Atta	chments						?
Required	l fields	are indicated	with an aster	isk (*).				
• The	followir	ng attachment	s are require	d for this PA r	equest.			
• Use t	the dro	p-down boxes	to indicate h	now you will b	e submitting	each attachm	ient.	
Click	next t	o complete th	e attachment					
								_
Attach	ment	THERAPY AT	FACHMENT (P	A/TA)				
Submi	ssion hod*	Web	•					
		<b>T</b> he states have			1		and any first standard to the	
	Notes	The attachm	ent form must	t be complete	a online ber	ore the PA requ	uest can be submitted.	
				Previous	Next		Save and Complete Late	r I j

Figure 25 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 <u>Submission Method—Web</u> section of this user guide.
  - b. To submit documentation via electronic upload, refer to the <u>Submission Method</u>—<u>Electronic Upload</u> section of this user guide.
  - c. To submit documentation via mail or fax, refer to the <u>Submission Method—Mail or</u> <u>Fax</u> section of this user guide.

- d. To submit a HealthCheck "Other Services" request, refer to the <u>HealthCheck</u> <u>Request—No Attachment Is Needed</u> 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 aste	erisk (*).						
CSECTION I - MEMBER /PROVIDER IN	FORMATION						
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 DIAGNOSE							
Provide a description of the member's conset.	urrent treatment	diagnosis, any	underlying cond	ditions, and pro	oblem(s) to be tr	eated, including date	s of
						*	
						Ŧ	
SECTION III — BRIEF PERTINENT ME							
Include referral information, living situat other pertinent information.	tion, previous leve	el of function, ar	ny change in me	edical status si	ince previous PA	request(s), and any	
and		Ven - mon					and the second
CADDITIONAL INFORMATION	~~~~~						
Enter any additional clinical information	pertinent to this	PA request that	has not been	covered previo	usly		
						*	
						Ŧ	
SIGNATURE - Providing Therapist*							
Date Signed - Providing Therapist*			(mm/dd/ccyy)				
Date bighta Providing merupise			(mm/dd/ccyy)				
SIGNATURE - Member or Member Careg	iver (optional)						
Date Signed - Member or Member Careg	iver (optional)		(mm/dd/ccyy)	1			
F-11008e (10/08)	Previous	Next		Cause of Ca	Complete Later	Clear Ve	rify
HFS 107.18(2), Wis. Admin. Code	Previous	Next		save and (	Complete Later	Ve	шу

Figure 26 Example Attachment Form

Refer to the <u>Forms page</u> 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.

The following messages were generated: Name - Provider is required.

#### Figure 27 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.

PA Summary					8
<ul> <li>The PA request is ready to submit. If an navigation links above (e.g. "Service Inf browser's navigation buttons. Once the</li> </ul>	ormation") or the	e "Previous" but	tton below	. Do not use your	
<ul> <li><u>Preview PA Request</u></li> <li>This preview is a draft PDF version of the mail or fax. Once the PA request is subn records.</li> </ul>					
Prescription or Order					
You are required to submit a prescription submitted:	n or order with th	is PA request.	Indicate b	elow how it will be	
<ul> <li>By mail or fax. The prescription of sheet, which will be available for prin</li> </ul>				alth with a PA cover	
<ul> <li>By uploading electronically. Files</li> </ul>	may be uploade	d once the PA h	as been s	ubmitted.	
• Additional Supporting Clinical Docur	ing clinical docu				
By uploading electronically. Files	may be uploaded	once the PA ha	as been su	bmitted.	
<ul> <li>Select "Submit" to submit the PA request</li> </ul>	it.				
	Previous		Submit	Save and Complete La	ter



7. 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.

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		PRIC	R AL	JTH	ORI	ZAT	ION	REQ	UES	ΤI	FORM (PA/RF)			
8, 313 Blettner E	bmit prior authoriz Boulevard, Madiso A/RF) Completion	n, WI 537	84. Instr	ts by f	ax to ns: Ty	Forwar ype or	rdHeal print c	th at (608 learly. Be	8) 221 efore c	-861 comp	6 or by mail to: Forward Neting this form, read the	Health, Pr service-	for Authorizat specific Prior	tion, Suite Authorization
	PROVIDER IN	FORMAT	TION		,					_				
1. Check only If						2. Proo		pe ch and			3. Telephone Number -	- Billing P	Provider	
	eck "Other Service Chronic Disease		MCDP					atholog	y		(555) 555-5555	Ext Of	000	
	ddress - Billing P	-			te 71	P+4 Cr	(ehr			+	5a. Billing Provider Nun		00	
ABC HEAL		ionaci (o	acci, on	.y. ou			~~)				-			
123 FIRST											1234567890			
	N, WI 5555	5-1234									5b. Billing Provider Tax	onomy Co	ode	
	,										987654321X			
6a. Name — Pr	escribing / Referri	ng / Order	ing Prov	ider							6b. National Provider Id Ordering Provider	lentifier –	- Prescribing	/ Referring /
SECTION II -	- MEMBER INF	ORMATI	ON											
7. Member Iden	tification Number	1	8. Date	of Bir	th — 1	Membe	er 🛛			9. A	ddress — Member (Stre	et, City, S	tate, ZIP Cod	le)
0987654321	1		03/0	03/1	999					17	3 FIRST ST			
10. Name — Me	ember (Last, First,	Middle Ini	itial)			11. Ge	nder -	- Membe			IYTOWN, WI 55	555		
IMA MEMB	ER					🗆 Mai	e 2	Female		<u> </u>	11 107119, 741 JJ	000		
	- DIAGNOSIS	TREAT	MENTI	NFO	RMAT	TION				_				
12. Diagnosis -	- Primary Code an	nd Descrip	tion					13. Sta	art Dat	e —	SOI	14. First	Date of Trea	tment - SO
D4704 45								1						
R4/01 - AF	PHASIA													
	PHASIA - Secondary Code	e and Desc	cription					16. Re	queste	ed P	A Start Date			
		e and Desc	cription						queste 8/201		A Start Date			
15. Diagnosis – 17. Rendering	- Secondary Code	19. Serv		20.1	Nodifie	ers		11/1	8/20	18	A Start Date		23. QR	24. Charge
15. Diagnosis – 17. Rendering Provider	- Secondary Code	_		20.1	viodifie 2	ers 3	4	11/1	8/20	18			23. QR	24. Charge
R4701 - AP 15. Diagnosis - 17. Rendering Provider Number 2345678901	- Secondary Code 18. Rendering Provider Taxonomy	19. Serv				1	4	11/1	8/20 22.1	18 Des	cription of Service	5 MEN X	23. QR 33.000	
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Serv Code		1		1	4	11/1 21. POS	8/20 22.1	18 Des	cription of Service	5 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Serv Code		1		1	4	11/1 21. POS	8/20 22.1	18 Des	cription of Service	5 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Serv Code		1		1	4	11/1 21. POS	8/20 22.1	18 Des	cription of Service	5 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Serv Code		1		1	4	11/1 21. POS	8/20 22.1	18 Des	cription of Service	5 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Serv Code		1		1	4	11/1 21. POS	8/20 22.1	18 Des	cription of Service	5 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Serv Code		1		1	4	11/1 21. POS	8/20 22.1	18 Des	cription of Service	5 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Serv Code		1		1	4	11/1 21. POS	8/20 22.1	18 Des	cription of Service	5 MEN X		24. Charge \$250.0
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Serv Code		1		1	4	11/1 21. POS	8/20 22.1	18 Des	cription of Service	5 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Serv Code		1		1	4	11/1 21. POS	8/20 22.1	18 Des	cription of Service	5 MIN X		
15. Diagnosis – 17. Rendering Provider Number 2345678901 An approved author	- Secondary Code 18. Rendering Provider Taxonomy Code 123456789X	19. Serv Code 97110	nt. Reimbo	1 GN	2	3		11/1: 21. POS 11	8/201 22.1 THE 3/WX	RAP X 1	cription of Service EUTIC EXERCISES - 15 11 WKS	service is	33.000	
15. Diagnosis – 17. Rendering Provider Number 2345678901 An approved subtor provided and the con able. Reinburken	- Secondary Code  18. Rendering Provider Taxonomy Code  123456789X  tazton does not guar mpleteness of the cla twill be in accordance	19. Serv Code 97110	nt. Reimbo n. Payme	1 GN urseme nt will n	2	3	upon e	11/1: 21. POS 11 11 	8/20 22.1 THEF 3/WX	ember	cription of Service EUTIC EXERCISES - 15 11 WKS	service is spiration lanaged		\$250.0
15. Diagnosis – 17. Rendering Provider Number 2345678901 2345678901 An approved author provided and the co date. Reinbursteme Care Program at the Nanaged Care Program at the	- Secondary Code  18. Rendering Provider Taxonomy Code  123456789X   taston does not guan mpleteness of the clas twill be in accordance time a prior authoriz gram.	19. Serv Code 97110	nt. Reimbo n. Payme	1 GN urseme nt will n	2	3	upon e	11/1: 21. POS 11 11 	8/20 22.1 THEF 3/WX	ember	cription of Service EUTIC EXERCISES - 15 11 WKS	service is spiration lanaged	33.000	\$250.0
15. Diagnosis – 17. Rendering Provider Number 2345678901 2345678901 An approved author provided and the co date. Reinburstene Care Program at the Nanaged Care Program at the	- Secondary Code  18. Rendering Provider Taxonomy Code  123456789X  tation does not guan mpleteness of the cla tt will be in accordance time a prior authorize	19. Serv Code 97110	nt. Reimbo n. Payme	1 GN urseme nt will n	2	3	upon e	11/1: 21. POS 11 11 	8/20 22.1 THEF 3/WX	ember	cription of Service EUTIC EXERCISES - 15 11 WKS	service is spiration lanaged	33.000	\$250.0
15. Diagnosis – 17. Rendering Provider Number 2345678901 2345678901 An approved author provided and the co date. Reimburstem Care Program at the Managed Care Program at the Manage	- Secondary Code  18. Rendering Provider Taxonomy Code  123456789X   taston does not guan mpleteness of the clas twill be in accordance time a prior authoriz gram.	19. Serv Code 97110	nt. Reimbo n. Payme	1 GN urseme nt will n	2	3	upon e	11/1: 21. POS 11 11 	8/20 22.1 THEF 3/WX	ember	cription of Service EUTIC EXERCISES - 15 11 WKS	service is spiration lanaged	33.000	\$250.0 \$250.0 \$250.0
15. Diagnosis – 17. Rendering Provider Number 2345678901 2345678901 An approved author provided and the co date. Reimburstem Care Program at the Managed Care Program at the Manage	- Secondary Code  18. Rendering Provider Taxonomy Code  123456789X   taston does not guan mpleteness of the cla nt will be in accordan the be a provathora taston E — Requesting F	19. Serv Code 97110	nt. Reimbo n. Payme	1 GN urseme nt will n	2	3	upon e	11/1: 21. POS 11 11 	8/20 22.1 THEF 3/WX	ember	cription of Service EUTIC EXERCISES - 15 11 WKS	service is spiration lanaged he	33.000	\$250.0 \$250.0 gned 018

Figure 29 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	0
Required fields are indicated with an asterisk ( $^{*}$ ).	
<ul> <li>Select "Choose File" to locate each file you wish to upload.</li> </ul>	
<ul> <li>Please note: Providers can submit additional supporting clinical documentation stored format at the end of submitting the PA request.</li> </ul>	l in JPEG, TXT, PDF, or RTF image file
Upload File	
File Choose File No file chosen	
Uploaded File List	
*** No rows found ***	
Next	

Figure 30 File Upload Panel

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- 🔘 Open > This PC > Documents Ū ρ Search Documents  $\mathbf{\Lambda}$ ~ Organize 🔻 New folder == -Date modified Name Status 🕒 This PC 🛃 PA123456 11/18/2021 9:18 AM C 3D Objects 1459\_51522\_COVID-19 Vaccine Alert\_jfco... C 11/17/2021 12:52 PM 📃 Desktop CLTS AifK\_Dec 2021\_WTDrft\_jf C 11/5/2021 1:02 PM 🗄 Documents 1439\_51351\_Online Handbook Topic Revi... C 11/4/2021 3:01 PM 👃 Downloads PA Psych Diagnosis\_OHVrsn1\_jf C 11/4/2021 11:48 AM 👌 Music 1439\_51351\_Online Handbook Topic Revi... C 11/4/2021 10:10 AM **Outlook Files** C 3/8/2022 1:57 PM Pictures Zoom C 11/10/2021 3:29 PM 📕 Videos 1 Adobe C 11/2/2021 8:33 AM 🔛 OSDisk (C:) C cache 11/2/2021 8:33 AM Apps (\\usmds011.prod.healthcare.<sup>,</sup> C Custom Office Templates 11/2/2021 8:33 AM 🛫 Common (\\usmds011.prod.healthi My Received Files C 11/2/2021 8:33 AM 🛫 Control (\\usmds011.prod.healthca 🗸 < File name: PA123456 All Files ~ Open Cancel
- a. Click Choose File. The Choose file window will be displayed.

Figure 31 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 Nex	xt button when you have added all of your files.
File Upload	0
Required fields are indicated with an asterisk $(*)$ .	
• Select "Choose File" to locate each file you w	rish to upload.
• Please note: Providers can submit additiona file format at the end of submitting the PA re	al supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image equest.
Upload File	
File Choose File No file chosen	
Uploaded File List	
File Name	Remove File
F11018_PA-RF.pdf	X
	Next

Figure 32 Uploaded File List Section

d. Upload as many files as necessary.

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



Figure 33 Confirmation of Receipt Page Without Collaborative ID

Confirmation of Receipt	0
Your PA Request has been submitted.	
PA Number: 1234567890	
Collaborative ID: 10000028	
• You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.	
<ul> <li><u>Print PA Request</u></li> <li>You may view, print, and save a PDF version of this PA request for your records.</li> </ul>	
Return to menu     Return to the PA main menu.	

Figure 34 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
<ul> <li>You have indicated that you will be submitting the following documents by mail or fax:</li> <li>Additional supporting clinical documentation.</li> </ul>
<ul> <li>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.</li> </ul>
• 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 35 Print the PA Cover Sheet Page

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

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

				January 18, 2024 Page 2 of 2
	s	FORWARDHEALTH PROVIDER SERVICES		
Tony Evers Governor	<b>B</b> CN	313 BLETTNER BLVD MADISON WI 53784	List the additional supporting documentation below.	
Kirsten L. Johnson	State of Wisconsin Department of Health Services	Telephone: 800-947-9627 TTY: 711	1.	
Secretary	Department of Health Services	www.forwardhealth.wi.gov	2.	
			3.	
January 18, 2024			4.	
ABC HEALTH CLINIC PA CONTACT 123 FIRST ST	PA Number: 123456789 PA Submission Date: 01		5.	
ANYTOWN, WI 55555-1	234 PA Request Inactivation	Date: 02/17/2024	6.	
			7.	
Dear ABC CLINIC:			8.	
	) request was submitted to ForwardHealth on 01/18/20 for ForwardHealth to complete the processing of your F		9.	
	n is required. Your PA request has been assigned PA nu		10.	
List the additional suppor	ting documentation in the space provided on the second	I page of this letter.		
Providers are required to 608-221-8616 or by mail	send both pages of this letter and additional supporting to the following address:	documentation by fax at		
ForwardHealth Prior Authorization				
Ste 88 313 Blettner Blvd				
Madison WI 53784				
Providers are encouraged	to retain a copy of all documentation for their records.			
submission date indicated	ive the additional supporting documentation within 30 in this letter. If the information is not received by this r PA request is inactivated, you will be required to sub established.	date, your PA request		
If you have any questions	, please contact Provider Services at 800-947-9627.			
Sincerely,				
ForwardHealth				
F-11159 (07/12)				
	www.dhs.wisconsin.gov	9-059,5240180001,2201692726,131		

Figure 36 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.

Print the PA Cover Sheet	?
If you had problems printing or saving the PA cover sheet, please select the following cover sheet link: Get PA Cover Sheet.	
we wanted and the second second and the second se	

Figure 37 Get PA Cover Sheet Link

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

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



Figure 38 Confirmation of Receipt Page Without Collaborative ID

Confirmation of Receipt	9
Your PA Request has been submitted.	
PA Number: 1234567890	
Collaborative ID: 10000028	
• You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.	
<ul> <li><u>Print PA Request</u></li> <li>You may view, print, and save a PDF version of this PA request for your records.</li> </ul>	
<u>Return to menu</u> Return to the PA main menu.	

Figure 39 Confirmation of Receipt Page With Collaborative ID

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

F-11018 (05/13)										DHS 152.06(3)(h), 153.06	(3)(g), 15	4.06(3)(g), Wi	s. Admin. (
		PRI	OR A	UTH	ORI			REQU		FORM (PA/RF)			
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SECTION I -	PROVIDER IN	FORMA	TION										
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_	ck "Other Service Chronic Disease		WCDF	P)				atholog	/	(555) 555-5555	Ext. 00	000	
4. Name and Ad	Idress — Billing P	rovider (	Street, C	ity, Sta	ite, Zli	P+4 Co	ode)			5a. Billing Provider Nur			
ABC HEAL	TH CLINIC									1234567890			
123 FIRST										5b. Billing Provider Tax	onomy C	ode	
ANYTOWN	V, WI 5555	5-123	4							987654321X			
6a. Name — Pr	escribing / Referri	ng / Orde	aring Pro	vider						6b. National Provider In Ordering Provider	dentifier –	- Prescribing	Referring
SECTION II -	- MEMBER INF	ORMAT	ION										
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10. Name — Me	ember (Last, First,	Middle I	nitial)					- Membe		NYTOWN, WI 55	5555		
IMA MEMB						_	e Z	Female	ſ				
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Provider Number	Provider Taxonomy Code	Code		1	2	3	4	POS					
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LM. R	equesting Pr	ovider										11/10/2	018
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Figure 40 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 Atta	chments	3
Required fields	are indicated with an asterisk (*).	
The following	g attachments are required for this PA request.	
Use the dro	p-down boxes to indicate how you will be submitting each attachment.	
Click next t	o 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 41 Required Attachments Page

2. Read the Notes for further instructions.

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

PA Summary					6
<ul> <li>The PA request is ready to submit. If any navigation links above (e.g. "Service Info browser's navigation buttons. Once the P</li> </ul>	ormation") or the	e "Previous" but	ton below	. Do not use your	
<ul> <li>Preview PA Request</li> <li>This preview is a draft PDF version of the mail or fax. Once the PA request is subm records.</li> </ul>					
Prescription or Order					
You are required to submit a prescription submitted:	n or order with th	is PA request. I	Indicate be	elow how it will be	
<ul> <li>By mail or fax. The prescription of sheet, which will be available for print</li> <li>By uploading electronically. Files</li> </ul>	ting once the PA	has been subm	itted.		
Additional Supporting Clinical Docum	nentation				1
By mail or fax. Additional support with a PA cover sheet, which will be	-				
By uploading electronically. Files r	may be uploaded	once the PA ha	as been su	bmitted.	
<ul> <li>Select "Submit" to submit the PA reques</li> </ul>	t.				
	Previous		Submit	Save and Complete La	te

Figure 42 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.

Provider Number       Provider Taxonomy Code       Code       1       2       3       4       POS         2345678901       123456789X       97110       GN       11       THERAPEUTIC EXERCISES - 15 MEN X       33.000       \$250         2345678901       123456789X       97110       GN       11       THERAPEUTIC EXERCISES - 15 MEN X       33.000       \$250         1       1       1       THERAPEUTIC EXERCISES - 15 MEN X       33.000       \$250         1       1       1       1       THERAPEUTIC EXERCISES - 15 MEN X       33.000       \$250         1       1       1       1       1       1       THERAPEUTIC EXERCISES - 15 MEN X       33.000       \$250         1       1       1       1       1       1       1       1       1       1         1							FOR	WAR	DHEAT	TH	D	HS 152.06(3)(h), 153.06	x(3)(g), 15	4.06(3)(g), Wi	is. Aamin. C
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Figure 43 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	3
Required fields are indicated with an asterisk (*).	
Select "Choose File" to locate each file you wish to upload.	
<ul> <li>Please note: Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image format at the end of submitting the PA request.</li> </ul>	e file
Upload File File Choose File No file chosen	
Uploaded File List *** No rows found ***	
Next	

Figure 44 File Upload Panel

- 💿 Open  $\times$ > This PC > Documents Q Search Documents  $\mathbf{\Lambda}$ Ū Organize 🔻 New folder -? Date modified Name Status ~ 🔙 This PC 🛃 PA123456 C 11/18/2021 9:18 AM 3D Objects 1459\_51522\_COVID-19 Vaccine Alert\_jfco... C 11/17/2021 12:52 PM 1 📃 Desktop CLTS AifK\_Dec 2021\_WTDrft\_jf C 11/5/2021 1:02 PM t 🗄 Documents 📄 1439\_51351\_Online Handbook Topic Revi... C 11/4/2021 3:01 PM I. 🕹 Downloads PA Psych Diagnosis\_OHVrsn1\_jf C 11/4/2021 11:48 AM I. 1439\_51351\_Online Handbook Topic Revi... Music 11/4/2021 10:10 AM C t. Outlook Files C 3/8/2022 1:57 PM F Pictures Zoom C 11/10/2021 3:29 PM Videos Adobe C 11/2/2021 8:33 AM 🞲 OSDisk (C:) C 📕 cache 11/2/2021 8:33 AM Apps (\\usmds011.prod.healthcare. Custom Office Templates C 11/2/2021 8:33 AM Sommon (\\usmds011.prod.health C My Received Files 11/2/2021 8:33 AM EV 🥪 Control (\\usmds011.prod.healthca 🗸 < > File name: PA123456 All Files  $\sim$  $\sim$ Open Cancel
- 8. Click Choose File. The Choose file window will be displayed.

Figure 45 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 b	button when you have added all of your files.
File Upload	3
Required fields are indicated with an asterisk (*).	
• Select "Choose File" to locate each file you wish	n to upload.
• Please note: Providers can submit additional s file format at the end of submitting the PA requ	supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image lest.
Upload File	
File Choose File No file chosen	
Uploaded File List	
File Name	Remove File
F11018_PA-RF.pdf	X
	Next

Figure 46 Uploaded File List Section

11. Upload as many files as necessary.

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



 

 Confirmation of Receipt
 Image: 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.



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

8, 313 Blefrier Boulevard, Madison, WI 53754, Instructions: Type or pmt clearly: Before compreting this form, read the service-specific Prior Authorizatevelasition (PKPR) Completion Instructions.           SECTION I — PROVIDER INFORMATION           1. Check only if applicable         2. Process Type           1. Healt Check "Other Services"         13. Speech and language pathology           2. Haut Check "Other Services"         13. Speech and language pathology           2. A Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)         5a. Billing Provider Number           2.3 FIRST ST         5b. Billing Provider (Street, City, State, ZIP+4 Code)           ANX TOWN, WI S5555-1234         5b. Billing Provider Taxonomy Code           987654321         5b. National Provider Identifier — Prescribing / Referring / Ordering Provider           6a. Name — Prescribing / Referring / Ordering Provider         5b. Diade of Bith — Member Order Street, City, State, ZIP Code)           987654321         0.3/03/1999           10. Name — Member (Last, First, Middle Initia)         11. Gender — Member (Street, City, State, ZIP Code)           123 FIRST ST         Address — Member (Dispect, City, State, ZIP Code)           123 FIRST ST         All First Date of Bith — Member (Street, City, State, ZIP Code)           123 FIRST ST         All First Date of Treatment —           12. Julgonosis — Primary Code and Description         13. Start Date — Sol         14. First Date	orwardHealth -11018 (05/13)									0	OHS 152.06(3)(h), 153.06(		106.03(4), Wi 4.06(3)(g), Wi	
Providers may submit prior authorization (PA) requests by fax to ForwardHealth AI (608) 221-6616 or by mail to: ForwardHealth, Prior Authorization, Sublex, Detore completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, read the service-specific Prior Authorization, Sublex, Detore Completing link tom, Detored Batter, Detore Detored Batter, Detore			PRI	ORA	итн	ORI					FORM (PA/RF)			
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Figure 49 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.



Figure 50 Required Attachments Page

2. Read the Notes for further instructions.

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

Summary			
The PA request is ready to submit. If any navigation links above (e.g. "Service Info browser's navigation buttons. Once the P	ormation") or the "Pre	evious" button below	. Do not use your
Preview PA Request This preview is a draft PDF version of the mail or fax. Once the PA request is subm records.			
Prescription or Order			
You are required to submit a prescription submitted:	n or order with this PA	request. Indicate be	elow how it will be
O By mail or fax. The prescription of			lth with a PA cover
<ul> <li>sheet, which will be available for print</li> <li>By uploading electronically. Files</li> </ul>			ubmitted
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Select "Submit" to submit the PA reques	t.		
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	Previous	Submit	Save and Complete La

Figure 51 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.

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Figure 52 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.



Figure 53 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.

			January 18, 2024 Page 2 of 2
	-	FORWARDHEALTH	January 16, 2024 Page 2 of 2
	Botton.	PROVIDER SERVICES	
Tony Evers Governor		313 BLETTNER BLVD MADISON WI 53784	List the additional supporting documentation below.
Kirsten L. Johnson	State of Wisconsin	Telephone: 800-947-9627 TTY: 711	1.
Secretary	Department of Health Services	www.forwardhealth.wi.gov	2.
			3.
January 18, 2024			4.
ABC HEALTH CLINIC PA CONTACT	PA Number: 123456789 PA Submission Date: 01/		5.
123 FIRST ST ANYTOWN, WI 55555-	1234 PA Request Inactivation I	Date: 02/17/2024	6.
			7.
Dear ABC CLINIC:			8.
A prior authorization (P	A) request was submitted to ForwardHealth on 01/18/20	24	9
via the web PA. In order supporting documentation	r for ForwardHealth to complete the processing of your P on is required. Your PA request has been assigned PA nu	A request, additional mber 1234567890.	9.
List the additional suppo	orting documentation in the space provided on the second	page of this letter.	10.
Providers are required to 608-221-8616 or by mai	o send both pages of this letter and additional supporting il to the following address:	documentation by fax at	
ForwardHealth Prior Authorization Ste 88			
313 Blettner Blvd Madison WI 53784			
Providers are encourage	d to retain a copy of all documentation for their records.		
submission date indicate	reive the additional supporting documentation within 30 of ed in this letter. If the information is not received by this our PA request is inactivated, you will be required to subr se established.	date, your PA request	
If you have any question	as, please contact Provider Services at 800-947-9627.		
Sincerely,			
ForwardHealth			
F-11159 (07/12)			
	www.dhs.wisconsin.gov	2-059.5240160001,2201682726,131	

Figure 54 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 55 Get PA Cover Sheet Link

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

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



Figure 56 Confirmation of Receipt Page Without Collaborative ID

Confirmation of Receipt	8
Your PA Request has been submitted.	
PA Number: 1234567890	
Collaborative ID: 10000028	
• You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.	
<ul> <li><u>Print PA Request</u></li> <li>You may view, print, and save a PDF version of this PA request for your records.</li> </ul>	
<u>Return to menu</u> Return to the PA main menu.	



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

-11018 (05/13)						FOR	WAR	DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. C							
		PRI	OR A	UTH	ORI					FORM (PA/RF)					
88, 313 Blettner B		on, WI 53	784. Ins							16 or by mail to: Forward pleting this form, read the					
SECTION I -	PROVIDER IN	FORMA	TION												
1. Check only if HealthChe	applicable eck "Other Service					2. Proc 13 - 5		pe ch and		3. Telephone Number -	- Billing R	Provider			
	Chronic Disease		wcDF	P)				athology	1	(555) 555-5555	Ext. 00	000			
4. Name and Ad	dress — Billing P	rovider (	Street, C	city, Sta	ite, Zl	P+4 Co	de)			5a. Billing Provider Nur	nber				
ABC HEAL	TH CLINIC									1234567890					
123 FIRST										5b. Billing Provider Tax	onomy C	ode			
ANYTOWN	V, WI 5555	5-123	4							987654321X					
6a. Name — Pr	escribing / Referri	ing / Ord	ering Pro	ovider						6b. National Provider Id Ordering Provider	lentifier –	- Prescribing	/ Referring		
SECTION II -	- MEMBER INF	ORMA	TION												
7. Member Iden	tification Number			e of Bir		Membe	r		9.7	Address — Member (Stre	et, City, S	tate, ZIP Cod	le)		
0987654321	l		03	/03/1					_ 12	23 FIRST ST					
10. Name — Me	ember (Last, First,	Middle	initial)					- Membe		NYTOWN, WI 55	555				
IMA MEMB							e Z	Female							
	<ul> <li>DIAGNOSIS</li> <li>Primary Code ar</li> </ul>			INFO	RMA	TION		13 013	t Date -	- 501	14 Einst	Date of Trea	tmont _ C		
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R4701 - AP	HASIA - Secondary Code	e and De	scription					16 Ref	uested i	PA Start Date					
									3/2018						
17. Rendering	18. Rendering	19. Se	rvice	20.1	Modifi	ers		21.		scription of Service		23. QR	24. Char		
Provider Number	Provider Taxonomy Code	Code		1	2	3	4	POS							
2345678901	123456789X	97110		GN				11		PEUTIC EXERCISES - 19 11 WKS	S MEN X	33.000	\$25		
				$\top$		$\vdash$									
										er and provider at the time the					
date. Reimburseme	nt will be in accordance	ce with For	ward-leat	h payme	nt meth	nodolog/	and po	Rey. If the m	ember is e	toval or after the authorization e enrolled in a BadgerCare Plus N	lanaged	25. Total Charges	\$25		
Managed Care Proc	ram. E — Requesting P		a provide	o, Porwa	uncat	a reimbu	semen	a will be allo	web only I	f the service is not covered by t	100	27. Date Si	1.00		
												27. Date S	Allen		
I.M. R	equesting Pro	ovider										11/10/2	018		

Figure 58 Draft PDF Version of the PA Request

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 dropdown menu.

Required Attachme	nts	?
Required fields are in	dicated with an asterisk (*).	
-	chments are required for this PA request. n boxes to indicate how you will be submitting each attachment.	
Click next to comp	lete the attachment.	
Attachmont	PRIOR AUTHORIZATION DRUG ATTACHMENT FOR SYNAGIS	
Submission		
Method*		
Notes	The attachment form does not need to be completed.	
		1
	Previous Next Save and Complete Later	

Figure 59 Required Attachments Page

2. Read the Notes for further instructions.

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

PA Summary	6
<ul> <li>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.</li> </ul>	
<ul> <li><u>Preview PA Request</u>         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.     </li> </ul>	
Prescription or Order	
You are required to submit a prescription or order with this PA request. Indicate below how it will be	
submitted:	
<ul> <li>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.</li> <li>By uploading electronically. Files may be uploaded once the PA has been submitted.</li> </ul>	
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 La	itei

Figure 60 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.

ForwardHealth	OF HEALTH SERV	/ICE8							_				106.03(4), WE	F WISCONSIN
F-11018 (05/13)										H8 152.0	5(3)(h), 153.06	(3)(9), 15	4.06(3)(g), Wi	. Admin. Code
		PRIC	OR AL	JTH				REQU		FORM	(PA/RF)			
88, 313 Blettner B	bmit prior authoriz Boulevard, Madiso A/RF) Completion	n, WI 537	784. Inct											
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	eck "Other Service				1	17 - 5	synag	lis						
	Chronic Disease										555-5555		000	
4. Name and Ad	ddress — Billing Pr	rovider (S	Street, CI	ty, Sta	te, ZIF	+4 Co	de)			5a. Bille	g Provider Nu	mber		
ABC CLINI	С									1234	567890			
123 FIRST	ST									Sb. Billin	g Provider Ta:	xonomy C	ode	
ANYTOWN	, WI 55555-	1234												
										9876	54321X			
6a. Name — Pr	escribing / Referring	ng / Orde	ring Prov	vider							Provider I Provider	dentifier -	- Prescribing	Referring /
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	tification Number		8. Date	of Bir 03/1		Aembe	ar -		9.7	Address —	Member (Stre	eet, City,	State, ZIP Cod	e)
098765432	21		03/	03/1	999				_ 12	3 FIRS	T ST			
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						_		Female			,			
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Figure 61 Draft PDF Version of the PA Request

5. 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.	
<ul> <li>Please note: Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image format at the end of submitting the PA request.</li> </ul>	file
Upload File	
File Choose File No file chosen	
Uploaded File List	
*** No rows found ***	
Next	

Figure 62 File Upload Panel

- 🔵 Open  $\times$ Search Documents ↑ 🗎 → This PC → Documents v Ō Q New folder == -? Organize 🔻 Name Status Date modified ø ithis PC 🍮 🛃 PA123456 11/18/2021 9:18 AM C 🧊 3D Objects 1459\_51522\_COVID-19 Vaccine Alert\_jfco... 11/17/2021 12:52 PM C t. 📃 Desktop CLTS AifK\_Dec 2021\_WTDrft\_jf C 11/5/2021 1:02 PM 🗄 Documents 1439\_51351\_Online Handbook Topic Revi... C 11/4/2021 3:01 PM t 👃 Downloads PA Psych Diagnosis\_OHVrsn1\_jf C 11/4/2021 11:48 AM t. Music 1439\_51351\_Online Handbook Topic Revi... C 11/4/2021 10:10 AM t. **Outlook Files** C Pictures 3/8/2022 1:57 PM Zoom C 11/10/2021 3:29 PM Videos 1 Adobe C 11/2/2021 8:33 AM 🝰 OSDisk (C:) C 11/2/2021 8:33 AM cache 🛶 Apps (\\usmds011.prod.healthcare.<sup>,</sup> 1 Custom Office Templates C 11/2/2021 8:33 AM E 🛫 Common (\\usmds011.prod.healthi My Received Files g 11/2/2021 8:33 AM Εv 🛫 Control (\\usmds011.prod.healthca 🗸 < > File name: PA123456  $\sim$ All Files  $\sim$ Open Cancel
- a. Click Choose File. The Choose file window will be displayed.

Figure 63 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."

	ages were generated:
File was added to lis	st successfully. Select the Next button when you have added all of your files.
File Upload	0
Required fields are inc	dicated with an asterisk (*).
Select "Choose F	File" to locate each file you wish to upload.
<ul> <li>Please note: Pr</li> </ul>	roviders can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image
file format at the	e end of submitting the PA request.
C Upload File	
File Choose File	No file chosen
C Uploaded File Lis	st
File Name	Remove File
F11018_PA-RF.	
	Next

Figure 64 Uploaded File List Section

d. Upload as many files as necessary.

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



Figure 65 Confirmation of Receipt Page Without Collaborative ID

Confirmation of Receipt	0
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.	
<ul> <li><u>Print PA Request</u></li> <li>You may view, print, and save a PDF version of this PA request for your records.</li> </ul>	
Return to menu     Return to the PA main menu.	

Figure 66 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
<ul> <li>You have indicated that you will be submitting the following documents by mail or fax:</li> <li>Additional supporting clinical documentation.</li> </ul>
<ul> <li>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.</li> </ul>
• 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 67 Print the PA Cover Sheet Page

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

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

			January 18, 2024 Page 2 c
		FORWARDHEALTH	
Tony Evers Governor	<b>M</b>	PROVIDER SERVICES 313 BLETTNER BLVD MADISON WI 53784	List the additional supporting documentation below.
Girsten L. Johnson	State of Wisconsin	Telephone: 800-947-9627 TTY: 711	1.
Secretary	Department of Health Services	www.forwardhealth.wi.gov	2.
			3.
January 18, 2024			4.
ABC HEALTH CLINIC	PA Number: 12345678		5
PA CONTACT 123 FIRST ST	PA Submission Date: 01	/18/2024	-
ANYTOWN, WI 55555-1	234 PA Request Inactivation	Date: 02/17/2024	6.
			7.
Dear ABC CLINIC:			8.
	A) request was submitted to ForwardHealth on 01/18/2		9
supporting documentatio	for ForwardHealth to complete the processing of your n is required. Your PA request has been assigned PA n	umber 1234567890.	
List the additional support	rting documentation in the space provided on the secon	d page of this letter.	10.
	send both pages of this letter and additional supporting to the following address:	documentation by fax at	
ForwardHealth			
Prior Authorization Ste 88			
313 Blettner Blvd Madison WI 53784			
Providers are encouraged	I to retain a copy of all documentation for their records.		
submission date indicated	rive the additional supporting documentation within 30 d in this letter. If the information is not received by this ur PA request is inactivated, you will be required to sub c established.	date, your PA request	
If you have any question	s, please contact Provider Services at 800-947-9627.		
Sincerely,			
ForwardHealth			
F-11159 (07/12)			
	www.dhs.wisconsin.gov	90-000,5240180001,2201682728,131	

Figure 68 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 69 Get PA Cover Sheet Link

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

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



Figure 70 Confirmation of Receipt Page Without Collaborative ID

Confirmation of Receipt	0
Your PA Request has been submitted.	
PA Number: 1234567890	
Collaborative ID: 10000028	
• You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.	
<ul> <li><u>Print PA Request</u></li> <li>You may view, print, and save a PDF version of this PA request for your records.</li> </ul>	
Return to menu     Return to the PA main menu.	



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

								DHEAL	TH	DHS 152.06(3)(h), 153		(-/3/	
		PRI	OR A	UTH	ORI	ZAT	ION	REQU	JEST	FORM (PA/RF	)		
88, 313 Blettner B		on, WI 53	784. Ins							616 or by mail to: Forw mpleting this form, read			
SECTION I -	PROVIDER IN	FORMA	TION										
1. Check only if	applicable					2. Proc				3. Telephone Numb	er — Billing	Provider	
	eck "Other Service							ch and athology	,				
	n Chronic Disease			-			0-1-	autology		(555) 555-55		000	
	ddress — Billing P	rovider (a	street, C	aty, Sta	ite, 21	P+4 C0	ode)			5a. Billing Provider	Number		
123 FIRST	TH CLINIC									1234567890			
	N, WI 5555	5-1234	4							5b. Billing Provider	Taxonomy C	ode	
	,									987654321X			
6a. Name — Pr	rescribing / Referri	ing / Orde	ring Pro	vider						6b. National Provide Ordering Provider	er Identifier -	- Prescribing	/ Referring
										ordering Provider			
SECTION II -	- MEMBER INF	ORMAT	ION							1			
7. Member Iden	tification Number		8. Dat	e of Bir	th — I	Membe	er		9.	Address - Member (S	Street, City, S	State, ZIP Coo	de)
0987654321	1		03	/03/1	999				1.	23 FIRST ST			
10. Name — Me	ember (Last, First,	Middle In	nitial)			11. Ge	nder -	- Membe		NYTOWN, WI	55555		
IMA MEMB	BER					🗆 Mai	e Ž	Female	_   ſ		00000		
	- DIAGNOSIS			INFO	RMA	TION							
12. Diagnosis -	- Primary Code an	nd Descri	ption					13. Sta	rt Date -	- SOI	14. Firs	t Date of Trea	atment - So
R4701 - AP	AISAH												
											_		
	- Secondary Code	e and Dea	scription					16. Red	uested	PA Start Date			
15. Diagnosis –	- Secondary Code	_						11/18	3/2018	3			
	- Secondary Code	e and Dee 19. Ser Code			Modifi	ers	1		3/2018		_	23. QR	24. Charg
15. Diagnosis – 17. Rendering	18. Rendering Provider Taxonomy	19. Ser			Modifie 2	ers 3	4	11/18	3/2018	3		23. QR	24. Charg
15. Diagnosis – 17. Rendering Provider	18. Rendering Provider	19. Ser	vice	20.1	1	Ĩ	4	11/18	3/2018 22. De	escription of Service	- 15 MIN X	23. QR 33.000	
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Ser Code	vice	20.1	1	Ĩ	4	11/18 21. POS	3/2018 22. De	escription of Service	- 15 MEN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Ser Code	vice	20.1	1	Ĩ	4	11/18 21. POS	3/2018 22. De	escription of Service	- 15 MIN X		24. Charg \$250
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Ser Code	vice	20.1	1	Ĩ	4	11/18 21. POS	3/2018 22. De	escription of Service	- 15 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Ser Code	vice	20.1	1	Ĩ	4	11/18 21. POS	3/2018 22. De	escription of Service	- 15 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Ser Code	vice	20.1	1	Ĩ	4	11/18 21. POS	3/2018 22. De	escription of Service	- 15 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Ser Code	vice	20.1	1	Ĩ	4	11/18 21. POS	3/2018 22. De	escription of Service	- 15 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Ser Code	vice	20.1	1	Ĩ	4	11/18 21. POS	3/2018 22. De	escription of Service	- 15 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Ser Code	vice	20.1	1	Ĩ	4	11/18 21. POS	3/2018 22. De	escription of Service	- 15 MIN X		
15. Diagnosis – 17. Rendering Provider Number	- Secondary Code 18. Rendering Provider Taxonomy Code	19. Ser Code	vice	20.1	1	Ĩ	4	11/18 21. POS	3/2018 22. De	escription of Service	- 15 MIN X		
15. Diagnosis – 17. Rendering Provider Number 2345678901 An approved author	Secondary Code     18. Rendering     Provider     Taxonomy     Code     123456789X	19. Ser Code 97110	ent. Reim	20.1 1 GN	2	3		11/18 21. POS 11	3/2018 22. De THERA 3/WK X	Bescription of Service	the service is	33.000	
15. Diagnosis – 17. Rendering Provider Number 2345678901 An approved author provided and the co date. Reinburge	Secondary Code     18. Rendering     Provider     Taxonomy     Code     123456789X	19. Ser Code 97110	ent. Reim ion. Paym word-Hatt	20.1 1 GN	2	3	upon e service	11/18 21. POS 11	THERA 3000 THERA 3000 X X	Besofiption of Service APEUTIC EXERCISES 11 WKS ther and provider at the time proval or after the authorizat emoled in a SagerCare P	the service is on explasion as Managed	33.000	\$250
15. Diagnosis – 17. Rendering Provider Number 2345678901 2345678901 An approved author provided and the co dat. Reinburstene Care Program at the Managed Care Program at the	Secondary Code     18. Rendering     Provider     Taxonomy     Code     123456789X	19. Ser Code 97110	ent. Reim ion. Paym word-Hatt	20.1 1 GN	2	3	upon e service	11/18 21. POS 11	THERA 3000 THERA 3000 X X	Bescription of Service APEUTIC EXERCISES 11 WKS ber and provider at the time proval or after the suborgat	the service is on explasion as Managed	33.000	\$250
15. Diagnosis – 17. Rendering Provider Number 2345678901 2345678901 An approved author provided and the co dat. Reinburstene Care Program at the Managed Care Program at the	Secondary Code     18. Rendering     Provider     Taxonomy     Code     123456789X	19. Ser Code 97110	ent. Reim ion. Paym word-Hatt	20.1 1 GN	2	3	upon e service	11/18 21. POS 11	THERA 3000 THERA 3000 X X	Besofiption of Service APEUTIC EXERCISES 11 WKS ther and provider at the time proval or after the authorizat emoled in a SagerCare P	the service is on explasion as Managed	33.000	\$250
15. Diagnosis – 17. Rendering Provider Number 2345678901 An approved author provided and the co date. Relimburteme Care Program at the Managed Care Prog	Secondary Code     18. Rendering     Provider     Taxonomy     Code     123456789X	19. Ser Code 97110	ent. Reim ion. Paym word-Hatt	20.1 1 GN	2	3	upon e service	11/18 21. POS 11	THERA 3000 THERA 3000 X X	Besofiption of Service APEUTIC EXERCISES 11 WKS ther and provider at the time proval or after the authorizat emoled in a SagerCare P	the service is on explasion as Managed	33.000	\$250

Figure 72 Draft PDF Version of the PA Request

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

# 4 Save a Partially Completed Prior Authorization Request

If a PA request cannot be completed in one session, 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 <u>Complete a Saved Prior</u> <u>Authorization Request</u> 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.

	Add Cancel
Previous Next	Save and Complete Later Clear Verify

Figure 73 Save and Complete Later Button

The Save Confirmation page will be displayed.



Figure 74 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**.

Prior Authorization	User Guides
Prior authorization (PA) is the electronic or written authorization issued by ForwardHealth to a provider prior to a	User Guide
ervice being provided to a member. In most cases, providers are required to obtain PA before providing services that equire it.	
Select a link below to begin a process that you need.   Submit a new PA Complete a saved PA request	
<u>Check on a previously submitted PA</u>	
Amend an approved PA	
Amend an approved PA     Correct a returned PA	
Amend an approved PA     Correct a returned PA     Correct a returned PA amendment	

Figure 75 Prior Authorization Page With Complete a Saved PA Request Link

The Complete a Saved PA Request page will be displayed.

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					
					delete

Figure 76 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.

2. Click the PA request the user wishes to complete or delete. The fields will populate with information regarding the selected PA request.

		First	Last	Requested	Last	
Process Type	Medicaid ID	Name	Name	Start Date	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 the	ару (РТ)					
Requested Start Date 01/10/2024						
Last Saved Date 01/10/2024						
						delete
					_	uelete
Below is a list of saved PAs that were del						
Relow is a list of saved PAs that were del	eted due to inactiv	ity				

Figure 77 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 page will be displayed.

Initial Information		?
Required fields are indic	ated with an asterisk (*).	
Process Type		
Coloct a process by		
Select a process typ 111 - Physical there		
112 - Occupational	therapy (OT)	
113 - Speech and la 114 - Spell of illnes	anguage pathology (SLP)	
115 - SOI for OT	5 (301) 101 21	
116 - SOI for SLP		
117 - J Codes 117 - PA Botox to T	rest Minisines	
	vices, including rural health clinics and federally qualified health centers	
117 - Synagis		
118 - Chiropractic 120 - Home Care	•	
HealthCheck "Othe	r Service"	
Is this a HealthChe	ck "Other Service"?*	
○Yes ○ No		
🗇 Program Financial I	Davar	
Program Financian	rayel	
Select one:*		
BadgerCare Plus	(TXIX)	
	ic Disease Program (WCDP)	
🗆 Billing Provider Nur	mber	
Dining Provider Her		
Select a billing prov	vider number:*	
0987654321 NPI 🗸		
Provider Collaborat	lon	
Behavioral Treatr	nent is not currently available for participation in the PA Collaboration.	
Select one:*		
Now Collaborat	ive 🔿 Existing Collaborative 💿 None	
Unew Collaborat		
Collaborative ID		
Expected PA Count	0	
Start Date		
End Date		
Reason		
	1	
L		
	Next	

Figure 78 Initial Information Page 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 79 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				3
Required fields are indicated with an asterisk (*).				
Primary Diagnosis Code <sup>*</sup> R4701 [Sea	arch ]	Primary Diag Description	APHASIA	
Secondary Diagnosis Code [Sea	arch ] S	econdary Diag Description		
Requested Start Date 01/10/2024	Requ	esting Provider Signature*		
National Provider Identifier -	Nan	ne - Prescribing/Referring/		
Prescribing/Referring/Ordering Provider	[ Search ]	Ordering Provider		
Line Items				
Line Item Provider ID Service Code Modifiers Q	uantity Charge Sta	tus		
01	0.000 \$0.00			
	tal: \$0.00	new line item information	and coloct Add	
	Juace/ delece -01- enter	new line item mormation		
Line Item 01				
	rch ] (If blank, will de	fault to Billing Provider)		
Rendering Provider Taxonomy				
laxonomy				
Service Code Type* PROCEDURE CODE  (After choosin	g, move off field, and wait for	Service Code field to appear)		
Service Code* [Search]				
Service Code Description				
Additional Service Code				
Description		1		
Modifiers [Search]	[ Search ]	[Search ] [Sea	arch ]	
Place of Service* [Search]				
Quantity Requested* 0.000				
Charge* \$0.00				
\$0.00				
			Add Save	Delete
F-11018e (10/08)	Previous	Next	Save and Complete La	ter Clear Verify
HFS 106.03(4), Wis. Admin. Code	Previous	INext	Save and Complete La	ter Clear Verify

Figure 80 Service Information Page for Saved PA Request

8. To continue completing the PA request, follow the instructions beginning at <u>step 15</u> under the <u>Submit a New Prior Authorization</u> 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.

To view a PA record e	onter the PA N	mber in the PA Numb	er field and sele	ct		
"View PA Record".						
PA Number		View PA Record				
If you do not know th	e PA number, e	enter the member info	ormation in one o	or more of t	he	
data fields and select	"Search" to vi					
	FAS SUDINICLEU	by your provider ID.				
view the entire list of						
Process Type						
Process Type Any 111 - Physical therapy (PT				<b>(E)</b>		
Process Type	(OT) pathology (SLP)			Â El		
Process Type Any 111 - Physical therapy (PT 112 - Occupational therapy 113 - Speech and language 114 - Spell of illness (SOI)	(OT) pathology (SLP)			* =		
Process Type Any 111 - Physical therapy (PT 112 - Occupational therapy 113 - Speech and language 114 - Spell of illness (SOI)	(OT) pathology (SLP)			* (E) *		
Process Type Any 111 - Physical therapy (PT 112 - Occupational therapy 113 - Speech and language 114 - Spell of illness (SOI) 115 - SOI for OT	(OT) pathology (SLP)			•		
Process Type Any 111 - Physical therapy (PT 112 - Occupational therapy 113 - Speech and language 114 - Spell of illness (SOI) 115 - SOI for OT Member ID	(OT) pathology (SLP) for PT			•		

Figure 81 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.

Find PA Record				0
To view a PA record enter the PA Number	in the PA Number field ar	nd select "View PA Reco	ord".	
PA Number concerned	View PA Record			
PA Number 1234567890	VIEW PA RECOID			
man	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Figure 82 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 83 Example Error Message

If the entered PA number is valid, the PA Record page will be displayed. Note: Click **Copy PA** in the bottom right corner of the panel to copy the PA. Only PAs submitted through the Portal can be copied. The Copy PA button will always be visible but will only function for PAs in an approved or approved with modifications status. This option is available for most, but not all, process types.

The PA record below is in '	"APPROVED"	status.									
To view the decision on thi select "Amend this PA" loc				ion Notice" loca	ated in the PA In	nformation	section. If yo	u wish to su	bmit an amendm	ent request for th	his PA
PA Message											
09/13/2023 - This Service Provider, please ensure co										orwardHealth por	rtal.
PA Information											
	PA Number	1234567890	)		Media Type	WEB					
	First Name				Member ID		321				
	Last Name				Date of Birth						
		APPROVED					A Decision N	ation			
		AFPROVED				view P.	A Decision N	Juce			
	lment Status										
1	Process Type	121 - Perso	nal care s	ervices							
	Program	Medicaid									"
HealthCheck O	ther Service	No		S	start Date - SOI						
Requeste	ed Start Date	09/13/2023		First Date of T	reatment - SOI						
Primary Dia	agnosis Code	F200			Description	PARANOI	D SCHIZOPH	RENIA			
Secondary Dia	agnosis Code				Description						
National Provide	er Identifier-										
Prescribing/Referring/Order					bing/Referring/ dering Provider						
Prescribing/Referring/Order	ring Provider Service Un		ollars	Or Units	dering Provider Dollars G	rant	Expiration				
Prescribing/Referring/Order	ring Provider Service Un Code Re	quested Re	ollars	Or Units Authorized	dering Provider Dollars G Authorized D	rant ate	Date	4			
Prescribing/Referring/Order	ring Provider Service Un Code Re	quested Re	ollars equested \$1,000.00	Or Units Authorized 6519.000	dering Provider Dollars G Authorized D	rant ate 9/13/2023	Date 09/12/2024	ł			
Prescribing/Referring/Order	ring Provider Service Un Code Re T1019	quested Re	ollars equested \$1,000.00	Or Units Authorized 6519.000	dering Provider Dollars G Authorized D \$0.00 09	rant ate 9/13/2023	Date 09/12/2024				
Prescribing/Referring/Order Line Item Information — Line Item Status 01 APPROVED Line Item g	ring Provider Service Un Code Rey T1019	quested Re	ollars equested \$1,000.00	Or Units Authorized 6519.000	Dollars G Authorized D \$0.00 09	rant ate 9/13/2023	Date 09/12/2024	4			
Prescribing/Referring/Order Line Item Information	ring Provider Service Un Code Rei T1019	quested Re	ollars equested \$1,000.00	Or Units Authorized 6519.000	Dollars G Authorized D \$0.00 09	rant ate 9/13/2023	Date 09/12/2024	ł			
Prescribing/Referring/Order Line Item Information — Line Item Status 01 APPROVED Line Item g	ring Provider Service Un Code Rei T1019	quested Re	ollars equested \$1,000.00	Or Units Authorized 6519.000	Dollars G Authorized D \$0.00 09	rant ate 9/13/2023	Date 09/12/2024	,			
Prescribing/Referring/Order	ring Provider Service Un Code Re T1019 01 01 02 2345678901 MC	<b>quested Re</b> 500.000 \$	ollars equested \$1,000.00	Or Units Authorized 6519.000	Dollars G Authorized D \$0.00 09	rant ate 9/13/2023	Date 09/12/2024				
Prescribing/Referring/Order Line Item Information Line Item Status 01 APPROVED Line Item 0 Status A Rendering Provider ID 2 Prescribing Provider ID	ring Provider Service Un Code Re T1019 D1 D1 D2345678901 MC Procedure Cod	<b>quested Re</b> 500.000 \$	ollars equested \$1,000.00	Or Units Authorized 6519.000	Dollars G Authorized D \$0.00 09	rant ate 9/13/2023	Date 09/12/2024				
Prescribing/Referring/Order Line Item Information Line Item Status 01 APPROVED Line Item Q Status A Rendering Provider ID Prescribing Provider ID Service Code Type P Service Code Type P	Service Un Code Rec T1019 2345678901 MC Procedure Cod	quested Re 500.000 \$	ollars quested \$1,000.00 Select row	Or Units Authorized 6519.000	Dollars G Authorized D \$0.00 09	rant ate 9/13/2023	Date 09/12/2024	4			
Prescribing/Referring/Order Line Item Information Line Item Status O1 APPROVED Line Item O Status A Rendering Provider ID 2 Prescribing Provider ID Service Code Type p Service Code T Service Code Description 1	Service Un Code Rec T1019 2345678901 MC Procedure Cod	quested Re 500.000 \$	ollars equested 51,000.00 Select row	Or Units Authorized 6519.000 v above to disp	Dollars G Authorized D \$0.00 09	rant ate 9/13/2023	Date 09/12/2024	4			
Prescribing/Referring/Order Line Item Information Line Item Status 01 APPROVED Line Item 0 Status A Rendering Provider ID 2 Prescribing Provider ID 2 Prescribing Provider ID Service Code Type p Service Code Type of Serv	Service Un Code Rec T1019 2345678901 MC Procedure Cod	quested Re 500.000 \$	ollars equested 51,000.00 Select row	Or Units Authorized 6519.000	Dollars G Authorized D \$0.00 09	rant ate 9/13/2023	Date 09/12/2024				*
Prescribing/Referring/Order Line Item Information Line Item Status 01 APPROVED Line Item 0 Status A Rendering Provider ID 2 Prescribing Provider ID 2 Prescribing Provider ID Service Code Type p Service Code	Service Un Code Ret T1019 01 02345678901 MC Procedure Cod F1019 123 UNITS/W	quested Re 500.000 \$	ollars equested 51,000.00 Select row	Or Units Authorized 6519.000 v above to disp	Dollars G Authorized D \$0.00 09	rant ate 9/13/2023	Date 09/12/2024				6
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Figure 84 PA Record Page

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.

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If you do not know th data fields and select	"Search" to vie	w available PAs,	or select "C				
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 114 - Spell of illness (SOI) 115 - SOI for OT	for PT			-			
Member ID	0987654321						
Requested Start Date							
PA Status	Any		•				
Amendment Status	Any		•				
					Search	Clear	Exit
					Search	Clear	EXIL

Figure 85 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.



Figure 86 Example Error Message

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

00-947-9627						,	,			arch again, or <u>contact</u> provider services for ass
00-947-9027										
						<u>Amendment</u>	<u>Requested</u>	<u>Grant</u>	Expiration	
PA Number	Member Id	Last Name	First Name	Process Type	PA Status	<u>Status</u>	Start Date	<u>Date</u>	<u>Date</u>	PA Notice
1224567900	0987654321	HALL	TEST	121 - Personal	INACTIVE - INFO		09/13/2023	0	0	Decision Notice
1234307890	0987034321	HALL	TEST	care services	NOT RECEIVED		09/13/2023	0	0	Decision notice
				121 - Personal	PENDING -					
22222222222	0987654321	HALL	TEST		FISCAL AGENT		09/11/2023	0	0	Decision Notice
				care services	REVIEW					

Figure 87 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 Message         • ****There are No PA Messages***         PA Information         PA Information         PA Status         PA Status         PA Status         PHOLING         PA Status         PHOLING         Process Trype         121 - PRISONAL AGENT REVIEW         Amendment Status         Process Trype         121 - PRISONAL CARENT REVIEW         Amendment Status         Process Trype         121 - PRISONAL CARENT REVIEW         Amendment Status         Process Trype         Process Trype         121 - PRISONAL CARENT REVIEW         Process Trype         Process Trype         121 - PRISONAL CARENT REVIEW         Process Trype		n "PENDING - FI	ISCAL AGENT	REVIEW" sta	atus.				
PA Information PA Information PA Information PA Information Partial Name Table Partial Na	te de la companya de								
PA Number       1242557390       Mella Type       WEB         Hist Name       TEST       Member ID       0907654221         Last Name       HALL       Date of Birth       0/0/0/1955         PA Status       FILL       Date of Birth       0/0/0/1955         Amendment Statu       FILSCAL AGENT REVIEW       FILSCAL AGENT REVIEW       FILSCAL AGENT REVIEW         Process Type       121 - Personal care services       FILSCAL AGENT REVIEW       FILSCAL AGENT REVIEW         Process Type       121 - Personal care services       FILSCAL AGENT REVIEW       FILSCAL AGENT REVIEW         Process Type       121 - Personal care services       FILSCAL AGENT REVIEW       FILSCAL AGENT REVIEW         Process Type       121 - Personal care services       FILSCAL AGENT REVIEW       FILSCAL AGENT REVIEW         Process Type       121 - Personal care services       FILSCAL AGENT REVIEW       FILSCAL AGENT REVIEW         Process Type       121 - Personal care services       Gaen agent filscal Agent f	***There are No PA Me	ssages***							
First Name TEST Member ID 0987654321   Lak Name Hall Date of Bin 0/0/1955   A Statub Personal Care Services   Process Type 121 - Personal Care Services   Process Type 121 - Personal Care Services   Process Type 0/11/2023   Primary Diagnosis Code 9/11/2023   Primary Diagnosis Code Pollary Boulary Bo	PA Information								
Lat Name HALL Date of Birth 05/04/1955   A Status PROFINE FISCAL AGENT FEVERU   Anendmine Total 12 - Personal Care   Program Medical   Browner 9/11/2023 First Date - 501   Primary Diagnosis Code 9/01/2023 First Date of Tratame - 501   Steondary Diagnosis Code 9/01/2023 First Date of Tratame - 501   Steondary Diagnosis Code 9/01/2023 Description   Primary Diagnosis Code 9/01/2023 Description   Steondary Diagnosis Code 9/01/2023 Name - Prascribing/Provider   Prescribing/Referring/Ordering Provider Name - Prascribing/Provider   Date Terming/Ordering Provider Name - Prascribing/Provider   Prescribing/Provider Name - Prascribing/Provider   Satue Code Description Name - Prascribing/Provider		PA Number	1234567890			м	edia Type	WEB	
A. Station PM.DING - FISCAL AGENT REVIEW   Amendment Statio Pioram   Program Nadical   Program Nedical   Requested Stat Tata 90/11/2023   Primary Diagnosis Cole 900   Description PanAnOID SchIZOPHRENIA   Secondary Diagnosis Cole 900   Primary Diagnosis Cole 900   Description PanAnOID SchIZOPHRENIA   Secondary Diagnosis Cole 900   Description PanAnOID SchIZOPHRENIA   National Provider Total Advinance   Prescribting/Referring/Ordering Provider Ordering Provider   Total tentility Total Advinance   Dial Prime Status   Service Cole Perscribting/Referring/   Prescribting/Referring/Ordering Provider Ordering Provider   Dial Prime Status   Service Cole Perscribting/Referring/   Status Service Cole   Status Service Cole   Service Cole Perscribting/Referring/   Prescribting/Referring/Ordering Status   Status Service Cole   Status Service Cole   Service Cole Sonoi   Outer Advine Status   Service Cole Sonoi   Service Cole Sonoi   Outer Advine Status   Service Cole Sonoi </td <td></td> <td>First Name</td> <td>TEST</td> <td></td> <td></td> <td>м</td> <td>ember ID</td> <td>0987654321</td> <td></td>		First Name	TEST			м	ember ID	0987654321	
Amendment Status Process Type Porgam Medical Process Type Variable Process Type Porgam Medical Process Type Variable Porgam Medical Variable Variab		Last Name	HALL			Dat	e of Birth	05/04/1955	
Amendment Status Process Tay Process Tay		PA Status	PENDING - FI	SCAL AGENT	T REVIEW				
Line Item         Service         Units         Dollars         Grant         Expiration           1         PENDING         Requested         Requested         Start Date	Ame		- Linearie	JUNETIER	The Free L				
HealthCheck Other Service       No       Start Date of Treatment - SOI         Requested Start Date       09/11/2023       First Date of Treatment - SOI         Primary Diagnois Code       Description       PRANOID SCHIZOPHRENIA         Secondary Diagnois Code       Ordering Provider       Primary Diagnois Code       Description         National Provider Identifier-       Name - Prescribing/Referring/ Ordering Provider       Name - Prescribing/Referring/ Ordering Provider       Expiration         Line Item Information       Service       Inits       Dollars       Kaption       Expiration         Service Code       Service       National Provider       Authorized       Authorized       Dollars       Expiration         Line Item Information       Service Code       Service Code Service       Service Code       Service       Total       Service Code       Souo       Service Code       Souo </td <td></td> <td>Process Type</td> <td>121 - Persor</td> <td>nal care ser</td> <td>vices</td> <td></td> <td></td> <td></td> <td></td>		Process Type	121 - Persor	nal care ser	vices				
HealthCheck Other Service       No       Start Date of Treatment - SOI         Requested Start Date       09/11/2023       First Date of Treatment - SOI         Primary Diagnois Code       Description       PRANOID SCHIZOPHRENIA         Secondary Diagnois Code       Ordering Provider       Primary Diagnois Code       Description         National Provider Identifier-       Name - Prescribing/Referring/ Ordering Provider       Name - Prescribing/Referring/ Ordering Provider       Expiration         Line Item Information       Service       Inits       Dollars       Kaption       Expiration         Service Code       Service       National Provider       Authorized       Authorized       Dollars       Expiration         Line Item Information       Service Code       Service Code Service       Service Code       Service       Total       Service Code       Souo       Service Code       Souo </td <td></td> <td>Program</td> <td>Medicaid</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>11</td>		Program	Medicaid						11
Primary Diagnosis Code       Processing Processing Prescription       Percention Prescription         National Provider Identifier-       Name - Prescription Prescription       Description         Prescription/Referring/Order Identifier-       Name - Prescription/Referring/Order Identifier-       Ordering Provider         Line Item Information       Service       Requested       Requested       Grant       Esprescription         Line Item Information       Service       Requested       Name - Prescription Provider       Dollars       Grant       Esprescription         Line Item Information       Service       Requested       Requested       Grant       Esprescription       Dollars       Grant       Esprescription         Status       Service Code       10       Service       Soutoo<	HealthCheck					Start D	ate - SOI		
Secondary Diagnosis Code       Description         National Provider Identifier-       Name - Prescribling/Referring/ Ordering Provider         Prescribling/Referring/       Ordering Provider         Units       Secondary Diagnosis Code       Name - Prescribling/Referring/ Ordering Provider         Line Item       Secondary Diagnosis Code       Name - Prescribling/Referring/ Ordering Provider       Secondary Diagnosis         Line Item       Secondary Diagnosis Code       Requested       Name - Prescribling/Referring/ Ordering Provider       Secondary Diagnosis         PENDING       Tots       Dollars       Dollars       Grant       Expiration         Secondary Diagnosis Code       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis         Secondary Diagnosis Code       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis         Secondary Diagnosis Code       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis         Secondary Diagnosis Code       Secondary Diagnosis Code       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis         Secondary Diagnosis Code       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Seco	Reques	ted Start Date	09/11/2023		First Date	e of Treatm	ent - SOI		
Secondary Diagnosis Code       Description         National Provider Identifier-       Name - Prescribling/Referring/ Ordering Provider         Prescribling/Referring/       Ordering Provider         Units       Secondary Diagnosis Code       Name - Prescribling/Referring/ Ordering Provider         Line Item       Secondary Diagnosis Code       Name - Prescribling/Referring/ Ordering Provider       Secondary Diagnosis         Line Item       Secondary Diagnosis Code       Requested       Name - Prescribling/Referring/ Ordering Provider       Secondary Diagnosis         PENDING       Tots       Dollars       Dollars       Grant       Expiration         Secondary Diagnosis Code       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis         Secondary Diagnosis Code       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis         Secondary Diagnosis Code       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis         Secondary Diagnosis Code       Secondary Diagnosis Code       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis         Secondary Diagnosis Code       Secondary Diagnosis       Secondary Diagnosis       Secondary Diagnosis       Seco	Primary C	Diagnosis Code	F200			D	escription	PARANOID SCHIZOPHRENIA	
Ordering Provider       Ordering Provider       Line Item Information       Visual Status     Code     Requested     Authorized     Authorized     Date       01     PENDING     Toto     S.000     S.000     S.000       1     PENDING     Select row above to display a different line item's data below.       Select row above to display a different line item's data below.       Service Code Type       Prescribing Provider ID       Service Code Type       Service Code Type       Service Code Type       Prescribing Code       Service Code Type       Prescribing Code       Service Code Type       Prescribing Code       Service Code Type       Service Code Type       Diallars Requested       Service Code Type       Open area of the Oral Cavity       Modifiers       Service Toto       Area of the Oral Cavity       Open area									
Line Item Information           Status         Service Code         Neits         Dollars         Grant         Expiration           01         PENDING         T019         5.000         \$0.00         \$0.00         Date           01         PENDING         T019         5.000         \$5.00         \$0.00         \$0.00           Select row above to display a different line item's data below.           Status         PENDING           Status         PENDING           Service Code Type           Procedure Code         Service Code Type           Service Code Type           Area of the Oral Cavity           Modifiers         1         1           Place of Service         5.000         Dollars Requested         \$5.00           Units Requested         5.000         Dollars Requested         \$5.00           Units Requested         5.000         Dollars Requested         \$0.00           Units Requested         0.0000         Units Remaining         \$0.00	National Prov	ider Identifier-			Name - Pr	rescribing/F	Referring/		
Select row above to display a different line item's data below. Line Item 01 Status PENDING Rendering Provider D 41524800 MCD Prescribing Provider D Service Code Type Service Code Description 123 UNITS/WK X 53 WKS Service Code Description Place of Service 12 Place of Service 12 Ounits Authorized 5.000 Dollars Requested \$5.00 Units Authorized 0.000 Dollars Remaining 0.000 Dollars Remaining \$0.00		Service Units							
Status PENDING   Rendering Provider ID 41524800 MCD   Prescribing Provider ID Froedure Code   Service Code Type Procedure Code   Service Code Description 123 UNITS/WK X 53 WKS   Toth Area of the Oral Cavity   Modifiers 12   Place of Service 12   Units Requested \$5.00   Units Authorized 0.000   Dollars Requested \$5.00   Units Requested 0.000   Dollars Remaining \$0.000								Date	
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Service Code Description          123 UNITS/WK X 53 WKS         Tooh       Area of the Oral Cavity         Modifiers	01 PENDING Line Item Status Rendering Provider ID	T1019 01 PENDING 41524800 MCD	5.000	\$5.00	0.000	\$0.	00		
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Modifiers     Image: Constraint of the c	01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type	T1019 01 PENDING 41524800 MCC	5.000	\$5.00	0.000	\$0.	00		
Place of Service12Units Requested5.000Units Authorized0.000Units Remaining0.000Ollars Remaining0.000Grant Date	01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code	T1019 01 PENDING 41524800 MCC Procedure Code T1019	5.000 D	\$5.00	0.000	\$0.	00		
Units Requested5.000Dollars Requested\$5.00Units Authorized0.000Dollars Authorized\$0.00Units Remaining0.000Dollars Remaining\$0.00Grant Date	01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Code	T1019 01 PENDING 41524800 MCC Procedure Cod T1019 123 UNITS/W	5.000 D	\$5.00 S	0.000 Select rov	\$0. w above to	00		
Units Authorized     0.000     Dollars Authorized     \$0.00       Units Remaining     0.000     Dollars Remaining     \$0.00       Grant Date	01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Code Service Code Description Tooth	T1019 01 PENDING 41524800 MCC Procedure Cod T1019 123 UNITS/W	5.000 D le VK X 53 WKS	\$5.00 S	0.000 Select rov	\$0. w above to	00		
Units Remaining 0.000 Dollars Remaining \$0.00 Grant Date	01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Code Service Code Description Tooth Modifiers	T1019 01 PENDING 41524800 MCC Procedure Code T1019 123 UNITS/W	5.000 D le VK X 53 WKS	\$5.00 S	0.000 Select rov	\$0. w above to	00		
Grant Date	01 PENDING Line Item Status Rendering Provider ID Prescribing Provider D Service Code Type Service Code Service Code Description Tooth Modifiers Place of Service	T1019 01 PENDING 41524800 MCC Procedure Code T1019 123 UNITS/W	5.000	\$5.00 S	0.000 Select rov	s0. w above to Dral Cavity	00	fferent line item's data below.	
	01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Service Code Description Tooth Modifiers Place of Service Units Requested	T1019 PENDING 41524800 MCC Procedure Cod T1019 123 UNITS/W 12 5.000	5.000	\$5.00 S	0.000 Select rov a of the O Dollars F	s0. w above to Dral Cavity Requested	00	fferent line item's data below. \$5.00	ĥ
Expiration Date	01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Service Code Description Tooth Modifiers Place of Service Units Requested Units Authorized	T1019 01 PENDING 41524800 MCC T1019 123 UNITS/W 12 5.000 0.000	5.000	\$5.00 S	0.000 Select row a of the O Dollars F Dollars A	s0. w above to Dral Cavity Requested Authorized	00	fferent line item's data below. \$5.00 \$0.00	ß
	01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Description Tooth Modifiers Place of Service Units Requested Units Authorized Units Remaining	T1019 PENDING 41524800 MCC Procedure Code T1019 123 UNITS/W 12 5.000 0.000 0.000	5.000	\$5.00 S	0.000 Select row a of the O Dollars F Dollars A	s0. w above to Dral Cavity Requested Authorized	00	fferent line item's data below. \$5.00 \$0.00	

Figure 88 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		3
To view a PA record e "View PA Record".	enter the PA Number in the PA Number field and select	
PA Number	View PA Record	
data fields and select	he PA number, enter the member information in one or more of the t "Search" to view available PAs, or select "Clear" and "Search" to f PAs submitted by your Provider ID.	
Process Type		
Any 111 - Physical therapy (PT) 112 - Occupational therapy 113 - Speech and language 114 - Spell of illness (SOI) 115 - SOI for OT	yy (OT) ie pathology (SLP)	
Member ID		
Requested Start Date		
PA Status		
Amendment Status	Any 🔹	
	Search Clear Exit	

Figure 89 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 Message <ul> <li>***There are No PA Me</li> </ul>			DING INFO" status.				
mere are no rAme	ssages***						
A Information							
	PA Number 01			Media Ty			
	First Name IM					22222222	
	Last Name M			Date of Bi	108	3/18/2000	
		JSPENDED - PRO	OVIDER SENDING IN	IFO			
Ame	Process Type 12	21 - Personal c	are services				
	Process Type	11 - Personal G	are services				1
	Program Me						
	Other Service No			tart Date - S			
	ted Start Date 12 Diagnosis Code F2		First Date of T			RANOTO SCUTZONIJENIA	
	Diagnosis Code F2	.00		Descripti		RANOID SCHIZOPHRENIA	
	ider Identifier-		Name - Prescri				
Prescribing/Referring/Orc				dering Provid			
Line Item Information							
Line Item Status	Service Units	Dollars	Units De ed Authorized Au			Expiration Date	
01 PENDING		5.000 \$5.0		\$0.00	Jale	Date	
Line Item							
	PENDING						
Rendering Provider ID	41524800 MCD						
Prescribing Provider ID Service Code Type	Descedure Code						
Service Code Type							
Service Code Description		X 53 WKS					
						11	
Tooth		Are	a of the Oral Cavity				
Modifiere							
Modifiers Place of Service	**		Dollars Requested		\$5.00		
Modifiers Place of Service Units Requested	5.000						
Place of Service	5.000		Dollars Authorized		\$0.00		
Place of Service Units Requested			Dollars Authorized Dollars Remaining				
Place of Service Units Requested Units Authorized	0.000				\$0.00		

Figure 90 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.

	a and general and a second	nded" to "Pending". Enter t	ext below to explain or comm	nent
on why the PA can be proces	sed.			
Comments (Optional)				
			*	
			-	
				Submit

Figure 91 Change Prior Authorization Status Section

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

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

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

Figure 92 Example Error Message

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

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

Figure 93 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 e "View PA Record".	enter the PA Number in the PA Number field and select	
PA Number	View PA Record	
data fields and select	e PA number, enter the member information in one or more of the "Search" to view available PAs, or select "Clear" and "Search" to PAs submitted by your Provider ID.	
Process Type		
Any 111 - Physical therapy (PT) 112 - Occupational therapy 113 - Speech and language 114 - Spell of illness (SOI) 115 - SOI for OT	(OT) pathology (SLP)	
Provider ID	▼	
Member ID		
Requested Start Date		
PA Status	APPROVED 👻	
Amendment Status	<b></b>	
	Search Clear Exit	

Figure 94 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 <u>Check on a Previously</u> <u>Submitted PA</u> 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.

<ul> <li>09/13/2023 - This Service Authorization has been approved under the automatic adjudication process based on the provider's selections on the ForwardHealth portal.</li> <li>Provider, please ensure compliance to all relevant policies and regulations related to Service Authorization and claims submission.</li> </ul>	The BA record below is i	n "ARROVED"	status						_	_		
Poly13/2023 - 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 1234567390 Media Type WeB First Name IMA Member ID 0597554321 Pa Status APPROVED Vew PA Decidion Notice Process Type 121 - Personal care services Process Type 123 - Songe Care Care Care Care Care Care Care Car	To view the decision on t	this approved P	PA select "Viev		ion Notice" lo	ocated in the PA I	nformatior	n section. If ye	ou wish to sul	bmit an amendme	ent request for thi	is PA
Provider, please ensure compliance to all relevant policies and regulations related to Sarvice Authorization and claims submission.         PA Information         PA Information         PA Information         PA Status         Process Type         I - Personal Care services         Process Type         Process Type         I - Personal Care Service Note         Second Topanois Code         Personal Deprocess Type         I - Personal Care Service Note         I - Personal Care Servic	PA Message											
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PA Status       APROVED       Verw PA Decidion Notice         Amendment Status       I11 - Personal Care services         Process Type       I21 - Personal Care services         Program       Medicaid         Status       Status         Program       Medicaid         Status       Status         Prescribing/Referring/Ordering Provider       Description         Prescribing/Referring/Provider       Secondary Diagnosis         Code       Secondary Diagnosis         Code       Requested Status         Diagnosis       Secondary Diagnosis         Ordering Provider       Ordering Provider         Diagnosis       Code         Secondary Diagnosis       Secondary Diagnosis         Ordering Provider       Description         Diagnosis       Code         Secondary Diagnosis       Secondary Diagnosis         Diagnosis       Code         Secondary Diagnosis       Code         Diagnosis       Code         Secondary Diagnosis       Code         Secondary Diagnosis       Secondary Diagnosis         Diagnosis       Code         Secondary Diagnosis       Secondary Diagnosis         Secondary Diagnosis       Secondary Diagnos						Member ID	098765	4321				
Amendment Status       121 - Personal care services         Process Type       121 - Personal care services         Program       Medicald         HealthCheck Other Service       No         Secondary Diagnosis Code       Doscription         National Provider I dentifier-       Name - Prescribing/Referring/         Prescribing/Referring/Ordering Provider       Ordering Provider         Unite Item Information       Secondary Diagnosis Code         01       APROVED       Totis         01       APROVED       Totis         Service Code Provider       Socondary Code         Securice Code Provider D       Securice Code         Service Code Provider D       Securice Code         Service Code Provider D       Securice Code         Service Code Description       Code Secure Code         Service Code Description       Code Sispace		Last Name	MEMBER			Date of Birth	11/12/1	973				
Process Type         121 - Personal Care services           Program         medical           HealthCheck Cher Service         io         Start Date - SOI           Requested Start Date         00/13/2023         First Date of Treatment - SOI           Primary Diagnosis Code         200         Description           Secondary Diagnosis Code         200         Description           National Provider Identifier-         Name - Prescribing/Referring/           Prescribing/Referring/Ordering Provider         Secondary Diagnosis Code         Personal Care Service Secondary Diagnosis Code           Line Item Information         Secondary Diagnosis Code         Personal Care Service Secondary Diagnosis Code         Secondary Diagnosis Code           1         APPROVED         Total Secondary Diagnosis Code         Personal Care Service Secondary Diagnosis Code         Secondary Diagnosis Code           1         Requested Muthorized Authorized Authorized Secondary Diagnosis Code         Secondary Diagnosis Code         Secondary Diagnosis Code           1         APPROVED         100         Secondary Diagnosis Code         Secondary Diagnosis Code           1         Requested Muthorized Authorized Authorized Second Second Secondary Diagnosis Code         Secondary Diagnosis Code         Secondary Diagnosis Code           1         Inte Item Information         1 <td< td=""><td></td><td>PA Status</td><td>APPROVED</td><td></td><td></td><td></td><td>View</td><td>PA Decision N</td><td>otice</td><td></td><td></td><td></td></td<>		PA Status	APPROVED				View	PA Decision N	otice			
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Prescribing/Referring/Ordering Provider Unit Item Information Line Item Information Status Status APROVED Status APROVED		-			Name - Bree							
Line Item Information           Service         Units         Dollars         Grant         Expiration           01         APPROVED         T1019         500.000         \$1,000.00         \$519.000         \$0,00         09/13/2023         09/12/2024           01         APPROVED         T1019         500.000         \$1,000.00         \$519.000         \$0,00         09/13/2023         09/12/2024           Line Item           01         APPROVED         T1019         Select row above to display a different line item's data below.           Status APPROVED           Service Code Type         Procedure Code         Service Code         T1019         Service Code         T1019         Service Code         T1019         Service Code Type         Procedure Code         Service Code Type         Service Code Type         Area of the Oral Cavity         Service Code Type         Service												
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Figure 95 PA Record Page

3. 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.

Document II	D Description	
2131682	PA Decision Notice - PHI - 9/13/2023 - 5232560002	
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(i) This file features.	has limited permissions. You may not have access to some View permissions X	
10010110	FORWARDHEALTH           Tony Evers Governor         PRIOR AUTH-ORZATION 313 BLETTIKER BLVD MADISON WI 53784           Kinsten L, Johnson Secretary         State of Wisconsin Department of Health Services	
	September 13, 2023 0000001 PA Number: 1234567890 ABC CLINIC PA Status: APPROVED PA CONTACT PA Amendment Status: 123 FIRST ST Member Name: IMA MEMBER ANYTOWN, WI 55555-1234 PA Process Type: 121 Provider Sequence: 1 Letter Sequence: 2	
	Dear ABC CLINIC:         Averageest for prior authorization (PA) has been finalized based on criteria established by the Department of Stackness for the service specific authorization.         Averageest for prior authorization (PA) has been finalized based on criteria established by the Department of Stackness for the service specific authorization.         Averagest PA does not guarantee payment. Reinbursement 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 genore at the time a prior authorization expiration due tal. Reinbursement will be prior on the approval or after the authorization expiration and BadgerCare by the service is not covered by the managed care program.         Averagest was denied or modified. A Notice of Appeal Rights letter has been sent to the member of Beating Superior Prior Beating on behalf of the member, may file an appeal will be Division of Beating Superior Superior Beating and the consult of the member is enrolled in prior authorized service is a prior authorized service is no covered by the managed care program.         Ive new any questions about the decisions made on this PA, please contact Provider Services and Superior Prior Beating Superior	
	www.dhs.wisconsin.nov	v

Figure 96 OnBase Document Viewer Window

4. 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	3
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)	
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 106.03(4), Wis. Admin. Code HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g),	:el
Vis. Admin. Code	

Figure 97 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 <u>Confirmation of Receipt</u> 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 <u>Confirmation of Receipt</u> 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 (*).	
<ul> <li>Select "Choose File" to locate each file you wish to upload.</li> <li>Please note: JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.</li> </ul>	
Upload File	
File Path* Choose File No file chosen	
Uploaded File List	
*** No rows found ***	
F-11042e - (10/08) HFS 106.03(4), Wis. Admin. Code	
Next         Next           154.06(3)(g), Wis. Admin. Code         Next	

Figure 98 File Upload Panel

- a. In the "Upload File" section, click **Choose File**. The Choose file window will be displayed.
- 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 but	ton when you have added all of your files.
File Upload	0
Required fields are indicated with an asterisk (*).	
<ul> <li>Select "Choose File" to locate each file you wish to</li> <li>Please note: IPG. IPEG. TXT. RTF. or PDF file form</li> </ul>	upload. nats are accepted for supporting clinical documentation.
Upload File	
File Path* Choose File 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	Next
HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code	
19 hos(9)(g), wis. Admin. Code	

Figure 99 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.





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)		DH	STATE OF WISCONS DHS 106.03(4), Wis. Admin. Co S 152.06(3(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Co
	FORWAR	DHEALTH	
PRIOR AUT	ORIZATION	AMENDM	ENT REQUEST
Providers may submit prior authorization (PA) req ForwardHealth, Prior Authorization, Suite 88, 313 the Prior Authorization Amendment Request Com	Blettner Boulevard	d, Madison, WI	53784. Instructions: Type or print clearly. Refer to
SECTION I — MEMBER INFORMATION			
1. Original PA Number	2. Process	Туре	3. Member Identification Number
1234567890	121 - P	ersonal	0987654321
4. Name — Member (Last, First, Middle Initial)			
MEMBER, IMA			
5. Billing Provider Number		7. Address -	- Billing Provider (Street, City, State, ZIP+4 Code)
			ST ST, ANYTOWN, WI 55555-1234
2345678901 MCD 6. Name — Billing Provider		-	
ABC CLINIC SECTION III — AMENDMENT INFORMATION			
8. Requested Start Date			ed End Date (If Different from Expiration Date of
10/13/2023		Current	PA)
10. Reasons for Amendment Request (Check A	II That Apply)		
Change Billing Provider Number	Add Pro	cedure Code /	Modifier
Change Procedure Code / Modifier		Diagnosis Cod	e
Change Grant or Expiration Date	Discontir	nue PA	
Change Quantity	Other (S	pecify)	
11. Description and Justification for Requested	Change		
Need to change the quantity for this re	equest.		
	No		
12. Are Attachments Included?	No		
	No		
If Yes, specify attachments below.	No		14. Date Signed — Requesting Provider
	No		14. Date Signed — Requesting Provider
If Yes, specify attachments below.	l No		14. Date Signed — Requesting Provider 10/13/2023
If Yes, specify attachments below. 13. SIGNATURE — Requesting Provider	Í No		10/13/2023
If Yes, specify attachments below. 13. SIGNATURE — Requesting Provider	i No		

Figure 101 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		3
To view a PA record e "View PA Record".	enter the PA Number in the PA Number field and select	
PA Number	View PA Record	
data fields and select view the entire list of	e PA number, enter the member information in one or more of the "Search" to view available PAs, or select "Clear" and "Search" to PAs submitted by your Provider ID.	
Process Type		
Any 111 - Physical therapy (PT)		
112 - Occupational therapy 113 - Speech and language 114 - Spell of illness (SOI) 115 - SOI for OT	r (OT) pathology (SLP)	
Member ID		
Requested Start Date		
PA Status	RETURNED - PROVIDER REVIEW	
Amendment Status		
	Search Clear Ex	cit

Figure 102 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 <u>Check on a Previously</u> <u>Submitted Prior Authorization</u> 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.

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

Figure 103 Choose PA Record Page

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

The PATECOLD BEIOW IS IN	RETURNED -	PROVIDER REV	/IEW" status.			
PA Message						
<ul> <li>***There are No PA Mes</li> </ul>						
There are No PA Hes	sages					
PA Information						
	PA Number	1234567890		Media Type	WEB	
	First Name				9876543210	Option 1
	Last Name			Date of Birth		
	PA Status	RETURNED - P	ROVIDER REVIEW		View latest PA Returned let	ter
Amer	ndment Status					
	Process Type	121 - Persona	al care services			
	Program	Medicaid				11
HealthCheck	Other Service		s	Start Date - SOI		
	ted Start Date		First Date of T	freatment - SOI		
Primary D	agnosis Code	F200		Description	PARANOID SCHIZOPHRENI	A
Secondary D	agnosis Code			Description		
National Provi	ider Identifier-		Name - Prescri	ibing/Referring/		
Line Item Information						
	Service Units Code Requ		rs Units D ested Authorized A		int Expiration e Date	
	Code Requ	5.000	ested Authorized A \$5.00 0.000	uthorized Dat \$0.00	e Date	
Line Item Status 01 PENDING	Code Requ T1019	5.000	ested Authorized A	uthorized Dat \$0.00	e Date	
Line Item Status 01 PENDING Line Item	Code Requ T1019	5.000	ested Authorized A \$5.00 0.000	uthorized Dat \$0.00	e Date	
Line Item Status 01 PENDING Line Item Status	Code Requ T1019 01 PENDING	uested Requi	ested Authorized A \$5.00 0.000	uthorized Dat \$0.00	e Date	
Line Item Status 01 PENDING Line Item Status Rendering Provider ID	Code Requ T1019 01 PENDING	uested Requi	ested Authorized A \$5.00 0.000	uthorized Dat \$0.00	e Date	
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID	Code Requ T1019 01 PENDING 41524800 MCC	Dested Requires	ested Authorized A \$5.00 0.000	uthorized Dat \$0.00	e Date	
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type	Code Requirements of the code Requirement of the code	Dested Requires	ested Authorized A \$5.00 0.000	uthorized Dat \$0.00	e Date	
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code	Code Requirements of the second secon	uested Requi	ested Authorized A \$5.00 0.000	uthorized Dat \$0.00	e Date	
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type	Code Requirements of the second secon	uested Requi	ested Authorized A \$5.00 0.000	uthorized Dat \$0.00	e Date	
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code	Code Requirements of the second secon	vested Requi 5.000 S D D Ie IK X 53 WKS	ested Authorized A \$5.00 0.000	uthorized Dat	e Date	
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Code	Code Requ T1019 01 PENDING 41524800 MCC Procedure Code T1019 123 UNITS/W	vested Requi 5.000 S D D Ie IK X 53 WKS	ested Authorized A \$5.00 0.000 elect row above to disp	uthorized Dat	e Date	
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Code	Code         Require           T1019         01           01         PENDING           41524800         MCC           Procedure Code         T1019           123 UNITS/W         NOTE	vested Requi 5.000 S D D Ie IK X 53 WKS	ested Authorized A \$5.00 0.000 elect row above to disp	uthorized Dat	e Date	~
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Code	Code         Require           T1019         01           01         PENDING           41524800         MCC           Procedure Code         T1019           123 UNITS/W         NOTE	vested Requi 5.000 S D D VK X 53 WKS	ested Authorized A \$5.00 0.000 elect row above to disp	uthorized Dat \$0.00 lay a different li	e Date	
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Code Service Code Description Tooth Modifiers Place of Service Units Requested Units Authorized	Code         Requ           T1019         01           01         PENDING           41524800         MCC           Procedure         Code           T1019         123           12         12	vested Requi 5.000 S D D VK X 53 WKS	ested Authorized A \$5.00 0.000 elect row above to disp Area of the Oral Cavity Dollars Requested Dollars Authorized	uthorized Dat \$0.00 lay a different lin \$5 \$5 \$0	e Date	
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Code Service Code Description Tooth Modifiers Place of Service Units Requested Units Authorized Units Remaining	Code         Requ           T1019         01           01         PENDING           41524800         MCC           Procedure         Cod           T1019         123           123         UNITS/W           12         5.000	uested         Requi           5.000         S           D         S           D         S           VK X 53 WKS         S           D         S	ested Authorized A \$5.00 0.000 elect row above to disp Area of the Oral Cavity Dollars Requested	uthorized Dat \$0.00 lay a different li 55 \$5	e Date ne item's data below.	
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Code Service Code Description Tooth Modifiers Place of Service Units Requested Units Authorized Units Remaining Grant Date	Code         Requ           T1019         01           01         PENDING           41524800         MCC           Procedure         Cod           T1019         123           123         UNITS/W           12         5.000           0.000         0.000	uested         Requi           5.000         S           D         S           D         S           VK X 53 WKS         S           D         S	ested Authorized A \$5.00 0.000 elect row above to disp Area of the Oral Cavity Dollars Requested Dollars Authorized	uthorized Dat \$0.00 lay a different li 55 \$5	ne item's data below.	Poption 2
Line Item Status 01 PENDING Line Item Status Rendering Provider ID Prescribing Provider ID Service Code Type Service Code Service Code Service Code Description Tooth Modifiers Place of Service Units Requested Units Authorized Units Remaining	Code         Requ           T1019         01           01         PENDING           41524800         MCC           Procedure         Cod           T1019         123           123         UNITS/W           12         5.000           0.000         0.000	uested         Requi           5.000         S           D         S           D         S           VK X 53 WKS         S           D         S	ested Authorized A \$5.00 0.000 elect row above to disp Area of the Oral Cavity Dollars Requested Dollars Authorized	uthorized Dat \$0.00 lay a different li 55 \$5	ne item's data below.	Option 2

Figure 104 PA Record Page

4. To view the latest PA returned letter, click **View latest PA Returned letter** (Refer to Option 1, Figure 103). 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.

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

Figure 105 OnBase Document Viewer Window

- 5. 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.
- 6. Close the OnBase Document Viewer and PDF viewer windows.
- 7. Review the information on the PA Record page.
- 8. Click **Correct this PA** (on the PA Record Page). A dialog box may be displayed.

Leave site?		
Changes you made may not be saved.		
	Leave	Cancel

Figure 106 Dialog Box

9. Click Leave. The Initial Information page will be displayed.

Initial Information		3
Required fields are indic	cated with an asterisk (*).	
Click the "View Lette	r" button to see the latest Returned Provider Review letter. View Letter	
Process Type		
Select a process ty		
111 - Physical thera 112 - Occupational		<u>^</u>
112 - Occupational 113 - Speech and la	anguage pathology (SLP)	U
114 - Spell of illnes		
115 - SOI for OT 116 - SOI for SLP		
110 - SOI TOT SLP 117 - PA Botox to T	reat Migraines	
	vices, including rural health clinics and federally qualified health centers	
117 - Physician-Adr	ministered Drug	
118 - Chiropractic 120 - Home Care		
120 - Home Health	Therapy	-
C HealthCheck "Othe	r Service"	
Is this a HealthChe	ck "Other Service"?*	
○Yes  No		
Program Financial	Payer	
Select one:*		
BadgerCare Plus		
O Wisconsin Chron	ic Disease Program (WCDP)	
Provider Collaborat	tion	
Behavioral Treatr	ment is not currently available for participation in the PA Collaboration.	
Select one:*		
O New Collaborat	ive 🔿 Existing Collaborative 🛞 None	
Collaborative ID		
Expected PA Count	0	
Start Date		
End Date		
Reason		
Reason		1
	Next	

Figure 107 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 <u>step 4</u>.

- 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.

Processing Notes		?
Providers should enter the information into the Web PA/ their records for audit purposes.	/POR exactly as written by the physician. Providers should retain the paper PA	VPOR in
F-11020e (10/08) HFS 106.03(4), Wis. Admin. Code	Previous Next	

Figure 108 Processing Notes Page

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

Member Information		3
Required fields are indicated	with an asterisk (*).	
Member ID* First Name Last Name Requested Start Date*	IMA MEMBER	
F-11018e (10/08) HFS 106.03(4), Wis. Admin. (	Code Previous Next	Clear Verify

Figure 109 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					0
Required fields are indicated	with an asterisk (*).				
Secondary Diag	nosis Code [S Start Date 09/11/2023 Identifier -	search ] search ] NPI [Search ]	Primary Diag Description Secondary Diag Description Requesting Provider Signature <sup>=</sup> Name - Prescribing/Referring/ Ordering Provider	PARANOID SCHIZOPHRENIA	
Line Items					
Line Item Provider I	D Service Code Modifiers	Quantity Charge Sta	tus		
01 87654321	T1019	5.000 \$5.00 PEN	DING		
		Total: \$5.00	new line item information and a	alast Add	
		update/delete -or- enter	new line item information and s	elect Add	
Line Item					
Rendering Provider ID	87654321 MC	D [Search] (If blank, v	will default to Billing Provider)		
Rendering Provider Taxonomy	251E00000X				
Service Code Type*	PROCEDURE CODE V (After choo	sing, 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 <sup>≈</sup>					
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 110 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	
		S	Select row to	update/del	ete -or- e	nter new line item information and select Add

Figure 111 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.

ine Iten	IS					
Line I	em 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	
		9	Select row to	update/del	ete -or- e	nter new line item information and select Add

Figure 112 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.

wiportal-uat.prod.healthcare.wi.local says Are you sure this is the row you want marked for deletion?	
	Cancel

Figure 113 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	
		S	elect row to	update/del	ete -or- e	nter new line item information and select Add
	Line Item 0	3				
Rendering	Provider ID 4	1524800	MC	D [ Searc	h_] (If bla	ank, will default to Billing Provider)
Renderi	ng Provider Taxonomy 2	51E00000X				
Service	Code Type*	PROCEDURE COD	E 🗸 (After choo	osing, move off	field, and w	ait for Service Code field to appear)
Sei	rvice Code*	2.]	Search ]			
Service Code	Description					
Additional S	ervice Code Description					

Figure 114 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 115 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	3
Required fields are indicated with an asterisk (*).	
<ul> <li>The following attachments are required for this PA request.</li> <li>Use the drop-down boxes to indicate how you will be submitting each attachment.</li> <li>Click next to complete the attachment.</li> </ul>	
Attachment       PRIOR AUTHORIZATION / ENTERAL NUTRITION FORMULA ATTACHMENT (PA/ENFA)         Submission       Web         Method*       Motes         Notes       The attachment form must be completed online before the PA request can be submitted.	
Previous Next	

Figure 116 Required Attachments Page

- 21. Select a Submission Method from the Submission Method\* drop-down menu.
  - a. If Web is selected, refer to the <u>Submission Method—Web</u> section of this user guide for more information.
  - b. If Electronic Upload is selected, refer to the <u>Submission Method—Electronic Upload</u> section of this user guide for more information.
  - c. If Mail or Fax is selected, refer to the <u>Submission Method—Mail or Fax</u> 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					0
<ul> <li>The PA request is ready to submit. If any cl navigation links above (e.g. "Service Inform browser's navigation buttons. Once the PA</li> </ul>	nation") or the	"Previous" butto	on below.	Do not use your	
<ul> <li>Preview PA Request This preview is a draft PDF version of the P mail or fax. Once the PA request is submitt records.</li> </ul>					
Prescription or Order					
You are required to submit a prescription of submitted:	r order with th	is PA request. Ind	dicate bel	ow how it will be	
<ul> <li>By mail or fax. The prescription or or sheet, which will be available for printing</li> </ul>				th with a PA cover	
<ul> <li>By uploading electronically. Files manual</li> </ul>	ay be uploaded	once the PA has	s been sul	bmitted.	
Additional Supporting Clinical Docume     By mail or fax. Additional supporting		nentation must b	e submitt	ed to ForwardHealth	]
with a PA cover sheet, which will be available					
By uploading electronically. Files ma	y be uploaded	once the PA has	been sub	mitted.	
<ul> <li>Select "Submit" to submit the PA request.</li> </ul>					
	Previous	S	ubmit	Save and Complete La	ter

Figure 117 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.

File Upload	3
Required fields are indicated with an asterisk (*).	
Select "Choose File" to locate each file you wish to upload.	
<ul> <li>Please note: Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF imag format at the end of submitting the PA request.</li> </ul>	e file
Upload File File Choose File No file chosen	
Uploaded File List	
*** No rows found ***	
Next	

Figure 118 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 generate	ed:
File was added to list successfully. Select	the Next button when you have added all of your files.
File Upload	0
Required fields are indicated with an asteri	sk (*).
Select "Choose File" to locate each fil	e you wish to upload.
<ul> <li>Please note: Providers can submit a file format at the end of submitting th</li> </ul>	dditional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image
The format at the end of submitting th	le FA lequest.
Upload File	
File Choose File No file chosen	
Uploaded File List	]
File Name	Remove File
F11018_PA-RF.pdf	X
L	
	Next

Figure 119 Uploaded File List Section

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



Figure 120 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 Return 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 Return 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<sup>™</sup> (.3dm) (for dental providers)

Note: Microsoft<sup>®</sup> 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.

To upload this letter requesting an extension, please follow the instructions for uploading documents from Chapter 8: Correct a Returned Prior Authorization.

### 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 e "View PA Record".	enter the PA Number in the PA Number field and select	
PA Number	View PA Record	
data fields and select	e PA number, enter the member information in one or more of the "Search" to view available PAs, or select "Clear" and "Search" to PAs submitted by your Provider ID.	
Any	*	
111 - Physical therapy (PT) 112 - Occupational therapy 113 - Speech and language 114 - Spell of illness (SOI) 115 - SOI for OT	(OT) pathology (SLP)	
Member ID		
Requested Start Date		
PA Status	APPROVED -	
Amendment Status	RETURNED - PROVIDER REVIEW	
	Search Clear Exit	

Figure 121 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 <u>Check on a Previously Submitted Prior</u> <u>Authorization</u> 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.

es for assistar	nce at 1-800-94	47-9627.						e your search		earch again, or <u>contact</u>	provin
						Amendment	Requested	Grant	Expiration		
PA Number	Member Id	Last Name	First Name	Process Type	PA Status	Status	Start Date	Date	Date	PA Notice	
				121 -		RETURNED					
	0076543340	CARLSON	SPENDDOWN	Personal care	APPROVED	- PROVIDER	09/13/2023	09/13/2023	09/12/2024	Decision Notice	
1234567890	90/0545210										

Figure 122 Choose PA Record Page

The PA Record page will be displayed.

	s approved P	A select "\	iew PA Deci	sion Notice" loca	ited in the PA	Information	section.				
PA Message											
-											
<ul> <li>09/13/2023 - This Service</li> <li>Provider, please ensure co</li> </ul>									ions on t	ne ForwardHea	aith portai.
PA Information											
Amonadon											
	PA Number					ype WEB					
	First Name					r ID 987654					
	Last Name	CARLSON			Date of B	irth 11/12/	1973				
	PA Status	APPROVE	D			View	PA Decision N	lotice			
Amendi	ment Status	RETURNE	D - PROVIDE	R REVIEW		View lat	test Amendme	ot Return			
						View la	Cot Amendine				
P	Process Type	121 - Pei	rsonal care	services							
	Program	Medicaid									
HealthCheck O					Start Date -	SOI					
	d Start Date		23	First Date of	f Treatment -	SOI					
	ignosis Code	F200					OID SCHIZOPH	IRENIA			
Secondary Dia	ignosis Code				Descrip	tion					
National Provide Prescribing/Referring/Order					cribing/Referri Ordering Provi						
Prescribing/Referring/Order	ring Provider Service Un		Dollars	Units	Ordering Prov	Grant	Expiration				
Prescribing/Referring/Order	ring Provider Service Uni Code Rec	quested	Requested	Units Authorized	Ordering Prov Dollars Authorized	Grant Date	Date				
Prescribing/Referring/Order	ring Provider Service Uni Code Rec		Requested \$1,000.00	Units Authorized A	Ordering Provi Dollars Authorized \$0.00	Grant Date 09/13/2023	Date 09/12/2024				
Prescribing/Referring/Order	ring Provider Service Uni Code Rec T1019	quested	Requested \$1,000.00	Units Authorized	Ordering Provi Dollars Authorized \$0.00	Grant Date 09/13/2023	Date 09/12/2024				
Prescribing/Referring/Order Line Item Information	Service Uni Code Rec T1019	quested	Requested \$1,000.00	Units Authorized A	Ordering Provi Dollars Authorized \$0.00	Grant Date 09/13/2023	Date 09/12/2024				
Prescribing/Referring/Order Line Item Information	Service Uni Code Rev T1019	quested 500.000	Requested \$1,000.00	Units Authorized A	Ordering Provi Dollars Authorized \$0.00	Grant Date 09/13/2023	Date 09/12/2024				
Prescribing/Referring/Order	Service Uni Code Rev T1019	quested 500.000	Requested \$1,000.00	Units Authorized A	Ordering Provi Dollars Authorized \$0.00	Grant Date 09/13/2023	Date 09/12/2024				
Prescribing/Referring/Order	Service Uni Code Ret T1019	<b>quested</b> 500.000	Requested \$1,000.00	Units Authorized A	Ordering Provi Dollars Authorized \$0.00	Grant Date 09/13/2023	Date 09/12/2024				
Prescribing/Referring/Order Line Item Information Line Item Status O1 APPROVED Line Item O Status Rendering Provider ID Service Code Type P	Service Uni Code Rec T1019	<b>quested</b> 500.000	Requested \$1,000.00	Units Authorized A	Ordering Provi Dollars Authorized \$0.00	Grant Date 09/13/2023	Date 09/12/2024				
Prescribing/Referring/Order Line Item Information Line Item Status 01 APPROVED Line Item 0 Status A Rendering Provider ID Service Code Type Service Code Type	Service Uni Code Rec T1019 II IPPROVED I7654321 MCC rocedure Cod	<b>quested</b> 500.000	Requested \$1,000.00 Select n	Units Authorized A	Ordering Provi Dollars Authorized \$0.00	Grant Date 09/13/2023	Date 09/12/2024				
Prescribing/Referring/Order Line Item Information Line Item Status O1 APPROVED Line Item O Status Rendering Provider ID Service Code Type P	Service Uni Code Rec T1019 II IPPROVED I7654321 MCC rocedure Cod	<b>quested</b> 500.000	Requested \$1,000.00 Select r	Units II Authorized a 6519.000 ow above to disp	Ordering Provi Dollars Authorized \$0.00 Dalay a differen	Grant Date 09/13/2023	Date 09/12/2024				
Prescribing/Referring/Order Line Item Information Line Item Status 01 APPROVED Line Item 0 Line Item 0 Status A Rendering Provider ID Service Code Type Service Code Type Service Code Type Service Code Type Tooth	Service Uni Code Rec T1019 II IPPROVED I7654321 MCC INCECUTE Cod INCECUTE Cod INCECUTE Cod	<b>quested</b> 500.000 D Ie VK X 53 V	Requested \$1,000.00 Select n	Units Authorized A	Ordering Provi Dollars Authorized \$0.00 Dalay a differen	Grant Date 09/13/2023	Date 09/12/2024				
Prescribing/Referring/Order Line Item Information Line Item Status 01 APPROVED CLINE Item 0 Line Item 0 Status A Rendering Provider ID Service Code Type Service Code Type Service Code Type Service Code Type Tooth Tooth Modifiers	Service Uni Code Rec T1019 II IPPROVED I7654321 MCC INO19 23 UNITS/W	<b>quested</b> 500.000	Requested \$1,000.00 Select n	Units II Authorized a 6519.000 ow above to disp	Ordering Provi Dollars Authorized \$0.00 Dalay a differen	Grant Date 09/13/2023	Date 09/12/2024				b
Prescribing/Referring/Order Line Item Information Line Item Status 01 APPROVED CLINE Item 0 Line Item 0 Status A Rendering Provider ID Service Code Type Service Code Type Service Code Type Service Code Description Cooth Modifiers Place of Service 1	Service Uni Code Rea T1019	<b>quested</b> 500.000	Requested \$1,000.00 Select n	Units I Authorized 6519.000 ow above to disp ow above to disp	Ordering Provi Dollars Authorized \$0.00 play a differen	Grant Date 09/13/2023 t line item's	Date 09/12/2024 data below.				h
Prescribing/Referring/Order Line Item Information Line Item Status 01 APPROVED CLINE Item 0 Status A Rendering Provider ID Service Code T Service Code Description Coth Modifiers Place of Service Units Requested	Service Uni Code Rec T1019 II IPPROVED I7654321 MCD I019 23 UNITS/W	<b>quested</b> 500.000 D de VK X 53 V	Requested \$1,000.00 Select n	Units I Authorized 6519.000 ow above to disp ow above to disp Area of the Oral Dollars Req	Ordering Provi Dollars Authorized \$0.00 play a differen Cavity uested	Grant Date 09/13/2023 t line item's \$1,000.000	Date 09/12/2024 data below.				h
Prescribing/Referring/Order Line Item Information Line Item Status O1 APPROVED CIN Item O Status Rendering Provider ID Service Code Type p Service Code Description Service Code Description Flace of Service 1: Units Requested Units Authorized	Service Uni Code Rec T1019 II IPPROVED I7654321 MCD I019 23 UNITS/W 2 500.000 6519.000	quested 500.000 D de VK X 53 V	Requested \$1,000.00 Select n	Units I Authorized 6519.000 ow above to disp ow above to disp Area of the Oral Dollars Req Dollars Auth	Ordering Provi Dollars Authorized \$0,00 play a differen Cavity uested horized	Grant Date 09/13/2023 t line item's \$1,000.00 \$0.00	Date 09/12/2024 data below.				ħ
Prescribing/Referring/Order Line Item Information Line Item Status O1 APPROVED Cine Item O Status A Rendering Provider ID Service Code T Service Code T Service Code Description Place of Service Units Requested Units Authorized Units Remaining	Service Uni Code Rec T1019 11 1019 1019 1019 1019 23 UNITS/W 2 500.000 6519.000 6,519.000	quested 500.000 D de VK X 53 V	Requested \$1,000.00 Select n	Units I Authorized 6519.000 ow above to disp ow above to disp Area of the Oral Dollars Req	Ordering Provi Dollars Authorized \$0,00 play a differen Cavity uested horized	Grant Date 09/13/2023 t line item's \$1,000.000	Date 09/12/2024 data below.				
Prescribing/Referring/Order Line Item Information Line Item Status O1 APPROVED CIN Item O Status Rendering Provider ID Service Code Type p Service Code Description Service Code Description Flace of Service 1: Units Requested Units Authorized	Service Uni Code Rec T1019 11 10 19 10 10 19 10 19 10 19 10 19 10 19 10 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10	quested 500.000 D de VK X 53 V	Requested \$1,000.00 Select n	Units I Authorized 6519.000 ow above to disp ow above to disp Area of the Oral Dollars Req Dollars Auth	Ordering Provi Dollars Authorized \$0,00 play a differen Cavity uested horized	Grant Date 09/13/2023 t line item's \$1,000.00 \$0.00	Date 09/12/2024 data below.				

Figure 123 PA Record Page

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

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

Document ID	Description	
2131682	PA Decision Notice - PHI - 9/13/2023 - 5232560002	
₩   ₩ ~	··· – + ☞   1 of 2   ♀   〔B ♀	8
(i) This file h	as limited permissions. You may not have access to some features. View permission	s ×
	<text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text>	
	F-11156 (03/14)	

Figure 124 OnBase Document Viewer Window

4. 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.

Document ID D	Description		
2181054 P	PA Amendment Returned Provider Review Letter - PHI - 11/15/2023 - 5233190002		
≔   ∀ ~	··· − + ••   1 of 6   𝔍   〔B	8	
i This file has	limited permissions. You may not have access to some features. View permissions		×
	Tony Evers Governor Tony Evers Secretary Department of Health Services FORWARDHEALTH PRIOR AUTHORIZATION 313 BLETTNER BLVD MADISON VI 53764 Telephone: 800-947-9627 Telephone: 800-947-947 Telephone: 800-947-947-947 Telephone: 800-947-947-94		
	January 19, 2024		
	0000001 PA Number: 1234567890 ABC CLINIC PA Amendment Request Received On: 123 FIRST ST 01/05/2024 ANYTOWN, WI 55555-1234 PA Amendment Return Date: 01/19/2024 PA Amendment Request Inactivation Date: 02/18/2024		
	Dear ABC CLINIC:		
	Your prior authorization (PA) amendment request has been received by BadgerCare Plus on 01/05/2024. In order for BadgerCare Plus to complete processing of your PA amendment request, corrections and/or additional supporting information is required.		
	Review and respond to all the error messages listed in this letter.		
	In responding to this letter, providers are reminded that they may correct their PA through their account on the ForwardHealth Portal at www.forwardhealth.wi.gov/. Providers may also submit corrections by fax at 608-221-8616 or by mailing corrections to the following address:		
	ForwardHealth Prior Authorization 313 Blettner Blvd Madison, WI 53784		
	If responding by fax or mail, providers are required to resubmit all pages of this letter and any additional supporting documentation. Providers are encouraged to retain a copy of all documentation for their records.		
	ForwardHealth must receive the corrected information within 30 calendar days of the return date indicated in this letter. If the information is not received by this date, your PA amendment request will be inactivated. If your PA amendment request is inactivated, you will be required to submit a new PA amendment request and a new receipt date will be established.		
	Also included with this letter is the PA in its current approved state. Claims will continue to decrement against the PA as outlined. The PA will be updated with amendment information only after all information requested in this letter has been received and reviewed by BadgerCare Plus.		
			-

Figure 125 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.

nendment Requ	est			
Required fields are	e indicated with an a	isterisk (*).		
SECTION I - MI	EMBER INFORMATI	ION		
Original PA Num	nber 1234567890			
	Date 01/09/2024			
Process T	Type 121 - Persona	al care services		
Membe	er ID 9876543210	First Name SPE	NDDOWN	
		Last Name CAR		
SECTION II - P	ROVIDER INFORM	ATION		
Name	ABC CLINIC			
	87654321 MCD			
Address Line 1				
Address Line 2				
City	ANYTOWN			
	WI 55555 -	1234		
SECTION III - /	AMENDMENT INFO	RMATION		
De	evented Chart Dates			
	quested Start Date*			
	Requested End Date		(If different from end of current PA)	
Reason for An	nendment Request	t (Check All That Ar	anly)	
	ling Provider ID	. (encer an mar a	Change Procedure Code / Modifier	
	ant or Expiration Dat	te	Change Quantity	
	lure Code / Modifier		Change Diagnosis Code	
<ul> <li>Discontinue</li> </ul>			Other (Specify)	
Description and	d Justification for Rec	quested Change*		
Description and	a sustineation for Rec	Juested Change		
Additional supp	orting clinical docum	entation to be mai	led or faxed	
	2			
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	e the amendment r	equest has been submitted.	
	hav if any additional	Loursesting disign	documentation will be uploaded electronically. Documents can be uploaded once the admendment request has	
Charle this		supporting clinical	documentation will be uploaded electronically. Documents can be uploaded once the admendment request has	
Check this been submitted				
been submitted				
been submitted Signature - R	Requesting Provider*			
been submitted Signature - R				
been submitted Signature - R	Requesting Provider*			
been submitted Signature - R	Requesting Provider*			
been submitted Signature - R Date Signed - R 1042e - (10/08) 106.03(4), Wis. J	Requesting Provider*		Submit	Ca

Figure 126 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.



Figure 127 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.

F-11042 (07/12)			DHS 106.03(4), Wis. Admin. Co \$ 152.08(3(h), 153.08(3)(g), 154.08(3)(g), Wis. Admin. Co
PRIOR AUT	FORWARI		ENT REQUEST
Providers may submit prior authorization (PA) re ForwardHealth, Prior Authorization, Suite 88, 31 the Prior Authorization Amendment Request Co	3 Blettner Boulevard	, Madison, WI	53784. Instructions: Type or print clearly. Refer to
SECTION I - MEMBER INFORMATION			
1. Original PA Number	2. Process T	ype	3. Member Identification Number
1234567890	121-Pers	onal Care	9876543210
<ol> <li>Name — Member (Last, First, Middle Initial)</li> </ol>			
CARLSON, SPENDDOWN			
5. Billing Provider Number		7 Addrose	- Billing Provider (Street, City, State, ZIP+4 Code)
-		123 FIF	• • • • • •
88888888888 NPI			WN, WI 55555-1234
6. Name — Billing Provider			-
ABC CLINIC SECTION III — AMENDMENT INFORMATION	J		
8. Requested Start Date	•	9. Requeste	ed End Date (If Different from Expiration Date of
		Current F	PA)
01/04/2014 10. Reasons for Amendment Request (Check	All That Arabi	02/22/20	)14
Change Billing Provider Number	Add Proc	edure Code / I	Modifier
Change Procedure Code / Modifier	Change I	Diagnosis Cod	e
X Change Grant or Expiration Date	Discontin	ue PA	
Change Quantity	Other (Sp)	ecify)	
11. Description and Justification for Requested			
Expiration date changed to 02/22	/2014 because r	nember was	s unable to attend some sessions.
<ol> <li>Are Attachments Included?          Yes     </li> <li>If Yes, specify attachments below.</li> </ol>	Δi No		
	Xá No		14. Date Signed — Requesting Provider
If Yes, specify attachments below.	X No		14. Date Signed — Requesting Provider 01/02/2014

Figure 128 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:
<ul> <li>The prior authorization is in a "Suspended-Provider Sending Information" status.</li> <li>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.</li> </ul>
Search By PA Number
PA Number Search
Selected Results         NPI Number         Taxonomy         Member Id         Date Received         Process Type
Name
Address Line 1
Address Line 2
City
State/ZIP -
save Cancel

Figure 129 Generate PA Cover Sheet Page

- 2. Enter a PA number in the PA Number field.
- 3. Click Search.
If the entered PA number is inaccurate or invalid, an error message will be displayed at the top of the page.

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

Figure 130 Example Error Message

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

Generate PA Cover Sheet	?				
Please note that you can only print coversheets based on the following restrictions:					
<ul> <li>The prior authorization is in a "Suspended-Provider Sending Information" status.</li> <li>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.</li> </ul>					
PA Number 5131990001 Search					
PA NUMBER 5131990001 Search					
C Selected Results					
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					
City ANYTOWN					
State/ZIP WI 55555 - 1234					
Generate Coversheet					
Save Cance	1				

Figure 131 Generate PA Cover Sheet Page With Populated Information

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

		6 Bi	FORWARDHEALTH PROVIDER SERVICES
Tony Evers Governor	5		313 BLETTNER BLVD MADISON WI 53784
Kirsten L. J. Secretary	lohnson	State of Wisconsin Department of Health Services	Telephone: 800-947-9627 TTY: 711 www.forwardhealth.wi.gov
Ja	anuary 18, 2024		
	BC CLINIC A CONTACT	PA Number: 1234567 PA Submission Date: 0	
	23 FIRST ST NYTOWN, WI 55555-1234	PA Request Inactivation	Date: 02/17/2024
	Dear ABC CLINIC:	st was submitted to ForwardHealth on 01/18/	2024
v	ia the web PA. In order for Forv	wardHealth to complete the processing of your uired. Your PA request has been assigned PA	PA request, additional
L	ist the additional supporting doe	cumentation in the space provided on the second	nd page of this letter.
	Providers are required to send bo 608-221-8616 or by mail to the fe	th pages of this letter and additional supportin following address:	g documentation by fax at
	ForwardHealth Prior Authorization		
	Ste 88 313 Blettner Blvd Madison WI 53784		
Р		in a copy of all documentation for their records	L.
ST W	ubmission date indicated in this	additional supporting documentation within 36 letter. If the information is not received by thi quest is inactivated, you will be required to su shed.	s date, your PA request
н	f you have any questions, please	contact Provider Services at 800-947-9627.	
s	Sincerely,		
F	ForwardHealth		
F	2-11159 (07/12)		
		www.dhs.wisconsin.gov	25-059,5240180001,2201892728,131

Figure 132 Sample PDF Version of a PA Cover Sheet

5. 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<sup>™</sup> (.3dm) (for dental providers)

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

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

Prior Authorization File Upload	2
<ul> <li>Enter the PA number to upload additional supporting clinical documentation.</li> <li>Please note that the PA must have a "Pending" or Suspended" status to continue.</li> </ul>	
PA Number Search	
Search Results	
PA Number PA Status Amendment Status	
Member Id Requested Start Date	
Process Type	
Next	Exit

Figure 133 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	3
	er to upload additional supporting clinical documentation. e PA must have a "Pending" or Suspended" status to continue.	
Search By PA Number	r	
PA Number 51319900	01 Search	
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	
	Next	Exit

Figure 134 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.	
<ul> <li>Select "Send Files" when you are ready to send the uploaded files.</li> </ul>	
• 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.	
	J
Upload File	٦
File Path* Choose File No file chosen	
	J
Uploaded File List	1
*** No rows found ***	
Previous Send Files Exit	t

Figure 135 File Upload Panel

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

Open				×
$\leftarrow$ $\rightarrow$ $\checkmark$ $\bigstar$ 🗄 $\Rightarrow$ This PC $\Rightarrow$ Doct	iments 🗸	Ō		
Organize 🔻 New folder				?
🔊 This PC	^ Name	Status	Date modified	11
3D Objects	🛃 PA123456	C	11/18/2021 9:18 AM	ł
	1459_51522_COVID-19 Vaccine Alert_jfco	C	11/17/2021 12:52 PM	1
Desktop	CLTS AifK_Dec 2021_WTDrft_jf	C	11/5/2021 1:02 PM	1
Documents	1439_51351_Online Handbook Topic Revi	C	11/4/2021 3:01 PM	1
🖶 Downloads	PA Psych Diagnosis_OHVrsn1_jf	C	11/4/2021 11:48 AM	1
Music	1439_51351_Online Handbook Topic Revi	C	11/4/2021 10:10 AM	1
Pictures	Outlook Files	g	3/8/2022 1:57 PM	F
Videos	- Zoom	g	11/10/2021 3:29 PM	F
SDisk (C:)	📕 Adobe	C	11/2/2021 8:33 AM	F
Apps (\\usmds011.prod.healthcare	📕 cache	C	11/2/2021 8:33 AM	F
	Custom Office Templates	C	11/2/2021 8:33 AM	F
Common (\\usmds011.prod.healt	INIT Received Files	g	11/2/2021 8:33 AM	ΕM
Control (\\usmds011.prod.healthc	a 🗸 🔍			>
File name: PA1234	56	~	All Files	$\sim$
			Open Cancel	

Figure 136 Choose File Window

- 6. Browse to and select the desired file.
- 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."

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 (*).
<ul> <li>Select "Choose File" to locate each file you wish to upload.</li> </ul>
<ul> <li>Select "Send Files" when you are ready to send the uploaded files.</li> </ul>
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* Choose File No file chosen
C Uploaded File List
File Name     Remove File       F11018_PA-RF.pdf     X
Previous Send Files Exit

Figure 137 Uploaded File List Section

- 8. Upload as many files as necessary.
- 9. When all files have been uploaded, click Send Files.
- 10. 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 <u>Change Suspended Prior Authorization Status</u> 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.

Prior Authorization File	Upload	?
	r to upload additional supporting clinical documentation. e PA must have a "Pending" or Suspended" status to continue.	
Search By PA Number	r	
PA Number 12345678	90 Search	
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	
L		
		1
	Next Exit	

Figure 138 Prior Authorization File Upload Panel With Populated Information

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

File Upload		0
Required fields are indicated with an asterisk (	*).	
Select "Choose File" to locate each file yo	ou wish to upload.	
<ul> <li>Select "Send Files" when you are ready to</li> </ul>	o send the uploaded files.	
• Please note: JPG, JPEG, TXT, RTF, or PD	F file formats are accepted for supporti	ng clinical documentation.
Change Prior Authorization Status Check this box to change the PA status documentation will not be sent via mai		onal supporting
Upload File File Path* Choose File No file chosen		
Uploaded File List *** No rows found ***		
	Previous	Send Files Exit

Figure 139 File Upload Panel

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

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

Figure 140 Change Prior Authorization Status Section

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

6. Upload the necessary additional supporting documentation. For more information, refer to the instructions beginning at <u>step 5</u> 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	3
Enter the PA number to view supporting documentation.	
Search By PA Number   PA Number   Search Results   PA Status   Amendment Status   Member Id	
Requested Start Date	
Process Type	
	Exit

Figure 141 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.

View PA Documents		?
• Enter the PA number t	o view supporting documentation.	
PA Number 12345678		
Search Results		
PA Status	A - APPROVED	1
Amendment Status	P - PENDING - FISCAL AGENT REVIEW	
Member Id	9876543210	
Requested Start Date	06/13/2023	
Process Type	121-PERSONAL CARE	
View PA Documents		
		Exit

Figure 142 View PA Documents Panel With Populated Information

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

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

orm - PHI 6/13/202 I Records - 6/13/20 +	23 - 52 - PHI	231640 - 6/13	0002 /2023 - 5 40002	523164	40002 Q   C		Q	
6/13/202 Records	23 - 52 - PHI 023 - 5	231640	0002 /2023 - 5 40002	523164			Q	
Records	- PHI 023 - 5	- 6/13 523164	/2023 - 5				Q	
	023 - 5	523164	40002				Q	8
+				1   /	<b>२∣</b> ⊡		Q	B·
+	••	1	of	1   7	<b>२</b> ∣ ⊞		Q	8
+	••	1	l of	1   2	ହ   ୮୦		Q	B
UTHOP				гн	HS 152.06(3)(h), 153.06		06.03(4), Wi	F WISCONSIN s. Admin. Code s. Admin. Code
ests by fax	to Forwa	ardHeal	th at (608)	221-861	16 or by mail to: Forward			
					3. Telephone Number	- Billing P	rovider	
P)					(555) 123-45	67		
	ZIP+4 (	Code)			5a. Billing Provider Nu	mber		
					12345678			
						konomy Co	de	
					123E00000X			
ovider					6b. National Provider I	dentifier	Prescribing	Referring /
					The second s			
					3070343210			
		ber		9. A	Address - Member (Stre	et, City, St	ate, ZIP Cod	e)
1/12/198	3			12	23 MAIN ST			
	11. G	Gender -	- Member	1000				
	1				NYTOWN, WI 5	5555		
	C Ma		Female		NYTOWN, WI 5	5555		
INFORM			Female				Data of Tran	tmant 601
							Date of Trea	tment — SOI
IIA			Female	Date —	- SOI		Date of Trea	tment — SOI
			13. Start	Date —			Date of Trea	tment — SOI
IIA n	ATION		13. Start 16. Requ 06/13/	Date — ested P	- SOI PA Start Date			
11A n 20. Mod	ATION	1	13. Start 16. Requ 06/13/	Date — ested P	- SOI		Date of Trea 23. QR	tment — SOI 24. Charge
11A n 20. Mod	difiers	1	Female           13. Start           16. Requ           06/13/           21.           POS           12	Date — ested P 2023 22. Des PERSON	- SOI PA Start Date cription of Service	14. First		
11A n 20. Mod	difiers	1	Female           13. Start           16. Requ           06/13/           21.           POS           12	Date — ested P 2023 22. Des PERSON	A Start Date	14. First	23. QR	24. Charge
11A n 20. Mod	difiers	1	Female           13. Start           16. Requ           06/13/           21.           POS           12	Date — ested P 2023 22. Des PERSON	- SOI PA Start Date cription of Service	14. First	23. QR	24. Charge
11A n 20. Mod	difiers	1	Female           13. Start           16. Requ           06/13/           21.           POS           12	Date — ested P 2023 22. Des PERSON	- SOI PA Start Date cription of Service	14. First	23. QR	24. Charge
11A n 20. Mod	difiers	1	Female           13. Start           16. Requ           06/13/           21.           POS           12	Date — ested P 2023 22. Des PERSON	- SOI PA Start Date cription of Service	14. First	23. QR	24. Charge
11A n 20. Mod	difiers	1	Female           13. Start           16. Requ           06/13/           21.           POS           12	Date — ested P 2023 22. Des PERSON	- SOI PA Start Date cription of Service	14. First	23. QR	24. Charge
11A n 20. Mod	difiers	1	Female           13. Start           16. Requ           06/13/           21.           POS           12	Date — ested P 2023 22. Des PERSON	- SOI PA Start Date cription of Service	14. First	23. QR	24. Charge
	DP) City, State, rovider	ate of Birth — Mem 1/12/1983	Astructions: Type or print of 2. Process Ty 121 - Perso services City, State, ZIP+4 Code) rovider ate of Birth — Member 1/12/1983	Astructions: Type or print clearly. Before the services of the	Astructions: Type or print clearly. Before com 2. Process Type 121 - Personal care services City, State, ZIP+4 Code) rovider ate of Birth — Member 1/12/1983 12	structions: Type or print clearly. Before completing this form, read th         2. Process Type 121 - Personal care services       3. Telephone Number (555) 123-45         City, State, ZIP+4 Code)       5a. Billing Provider Nu 12345678 5b. Billing Provider Tat 123E00000X         rovider       6b. National Provider I Ordering Provider 9876543210         ate of Birth — Member 1/12/1983       9. Address — Member (Stru 123 MAIN ST	2. Process Type 121 - Personal care services     3. Telephone Number — Billing Pi (555) 123-4567       City, State, ZIP+4 Code)     5a. Billing Provider Number 12345678 5b. Billing Provider Taxonomy Co 123E00000X       rovider     6b. National Provider Identifier — Ordering Provider 9876543210       ate of Birth — Member 1/12/1983     9. Address — Member (Street, City, St 123 MAIN ST	2. Process Type 121 - Personal care services       3. Telephone Number — Billing Provider         OP)       2. Personal care services       3. Telephone Number — Billing Provider         City, State, ZIP+4 Code)       5a. Billing Provider Number         12345678       5b. Billing Provider Taxonomy Code         123E00000X       6b. National Provider Identifier — Prescribing / Ordering Provider         rovider       9876543210         ate of Birth — Member       9. Address — Member (Street, City, State, ZIP Cod

Figure 143 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 <u>Submit a New Prior Authorization</u> 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.

PA Collaboration		0
Collaborative Information Collaborative ID* Expected PA Count Start Date End Date Reason		search
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		
does not guarantee acceptance of the collabor	ubmitted in this request is accurate and is the most current documentation ative request, nor am I liable for any other prior authroziation submission v for the prior authorization information submitted and justification of the co	within this collaborative. I acknowledge that, as the provider, I
		Save Opt Out
		Submit Cancel

Figure 144 PA Collaboration Page

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

Collaborative ID*	10000001	)								
Expected PA Coun	t 2									
Start Date	02/23/202									
End Date	02/22/202									
Reason	Coordinat	ion of therap	oy services for IMA	Member						
									sea	<u>rch</u>
PA List										
PA Number	Process Ty	pe PA Stat	have	Received Date	Amendment Status	Amendmen	t Authorized ate Eff Date	Authorized End Date	Attack	Errors Identifie
5220540001	111-PHYSIC THERAPY	-	IDED - PROVIDER	02/23/2022	Status	Received D		End Date		
PA Summary Info	ormation									
PA	Number 522	0540001				Process Type	111-PHYSICAL THEF	(APY		
P	A Status SUS	PENDED - PRO	VIDER SENDING INFO			Received Date	02/23/2022			
	nt Status				Amendment I	Received Date				
Amendmer	Eff Date				Author	ized End Date				
Amendmer Authorized										
	art Date 02/	23/2022								
Authorized Requested St I hereby certi does not guarante	fy that the do e acceptance aintaining doc	cumentation s of the collabor	ubmitted in this reques ative request, nor am the prior authorizatior	I liable for any othe	r prior authroziatio	n submission v	ithin this collaborativ			
Authorized	art Date 02/	23/2022								

Figure 145 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		0
Collaborative Information Collaborative ID* Expected PA Count O Start Date End Date Reason		
PA List           **** No rows found *           PA Summary Information           PA Number		search
PA Status	Process Type Received Date	
Amendment Status	Amendment Received Date	
Authorized Eff Date	Authorized End Date	
Requested Start Date		
does not guarantee acceptance of the	ntation submitted in this request is accurate and is the most current documentation e collaborative request, nor am I liable for any other prior authroziation submission v nentation for the prior authorization information submitted and justification of the c	within this collaborative. I acknowledge that, as the provider, I
		Submit Cancel

Figure 146 PA Collaboration Page

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

Collaborative ID*	10000010								
Expected PA Count									
Start Date	02/23/2022								
End Date	02/22/2023								
Reason	Coordination	of behavioral health and	physical therapy se	ervices for IMA Me	ember				h
								sea	rch
PA List			Descined	tt			)		
PA Number	Process Type	PA Status	Received Date	Amendment Status	Amendmen Received D	t Authorized ate Eff Date	Authorized End Date	Attest	Errors Identifie
5220540001	111-PHYSICAL THERAPY		02/23/2022	Status	Received	ile in Date	End Date		
PA Summary Infor	rmation								
PA I	Number 5220540	0001			Process Type	111-PHYSICAL THEF	RAPY		
PA	Status SUSPEN	DED - PROVIDER SENDING I	INFO	R	eceived Date	02/23/2022			
Amendment				Amendment Re					
Authorized E	Eff Date				zed End Date				
	art Date 02/23/20				.ed ena bare				
<ul> <li>I hereby certify does not guarantee</li> </ul>	fy that the docume e acceptance of th intaining documen	entation submitted in this rea he collaborative request, nor ntation for the prior authoriza	am I liable for any othe	er prior authroziation	submission w	ithin this collaborativ			
-									

Figure 147 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.

esponsible for maintaining documentation for the prior auti	horization information submitted and justification of the collaborative.	ge that, as the provider,
Billing Provider Signature* ALK		
Verify Opt Out		
Verify Opt Out		
	ative by checking the verification box and selecting the Opt Out button a second time to continue.	
	ative by checking the verification box and selecting the Opt Out button a second time to continue.	1
	ative by checking the verification box and selecting the Opt Out button a second time to continue.	e Opt Out

Figure 148 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**.