

# ForwardHealth Provider Portal

## Prior Authorization

December 15, 2025



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# Table of Contents

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

13.2 Opting Out of Prior Authorization Collaborations .....	129
---	-----

# 1 Introduction

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

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

- Submit a new PA.
- Complete a saved PA request.
- Check on a previously submitted PA.
- Amend an approved PA.
- Correct a returned PA.
- Correct a returned PA amendment.
- Print PA cover sheet.
- Upload documents for a PA.
- View documents for a PA.
- View or maintain a PA collaboration.

# 2 Access the Prior Authorization Page

1. Access the ForwardHealth Portal at [forwardhealth.wi.gov/](https://forwardhealth.wi.gov/).

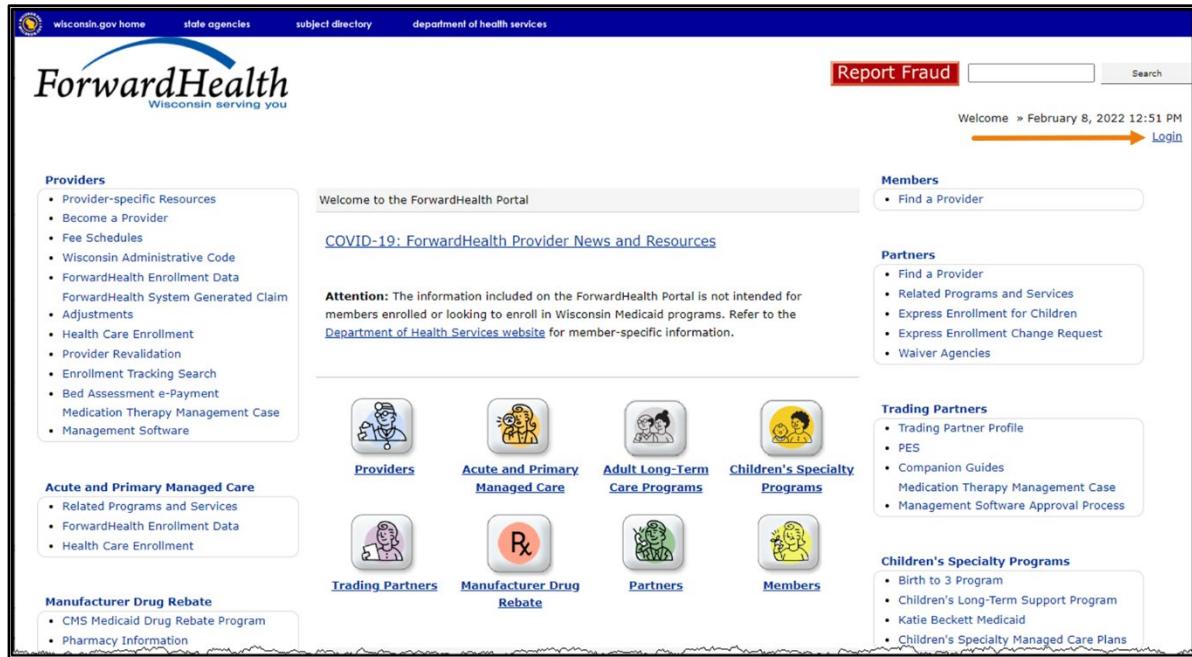
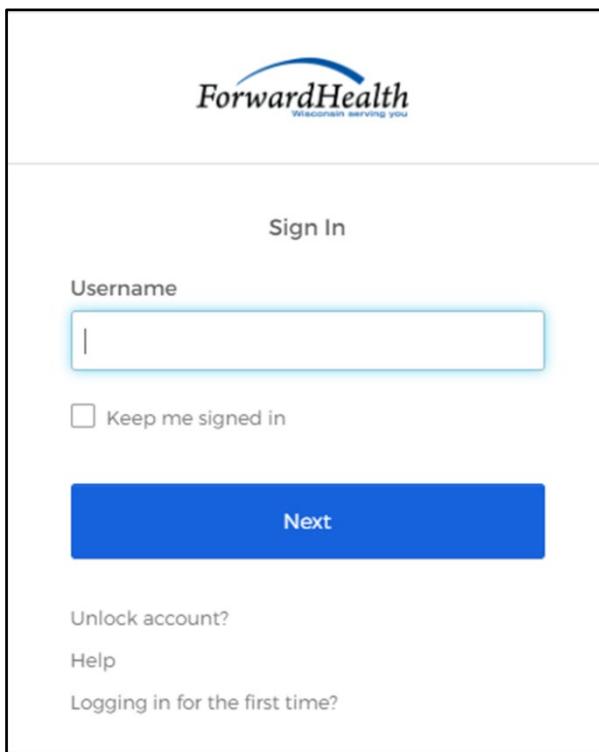


Figure 1 ForwardHealth Portal Homepage

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

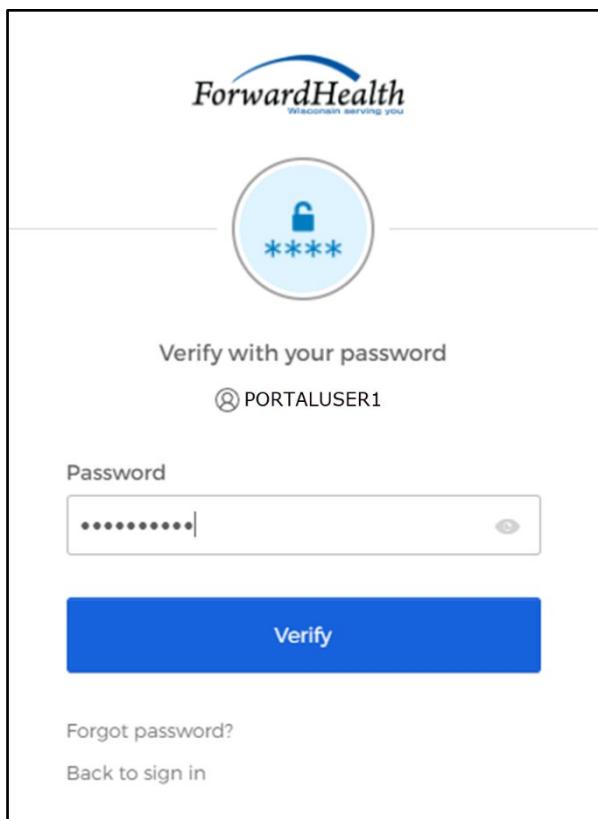


The image shows a screenshot of a web-based sign-in form. At the top, the ForwardHealth logo is displayed with the tagline "Wisconsin serving you". Below the logo, the word "Sign In" is centered. A "Username" label is followed by a text input field. To the right of the input field is a small checkbox labeled "Keep me signed in". A large blue "Next" button is positioned below the input field. At the bottom of the form, there are three links: "Unlock account?", "Help", and "Logging in for the first time?".

**Figure 2** Sign In Box

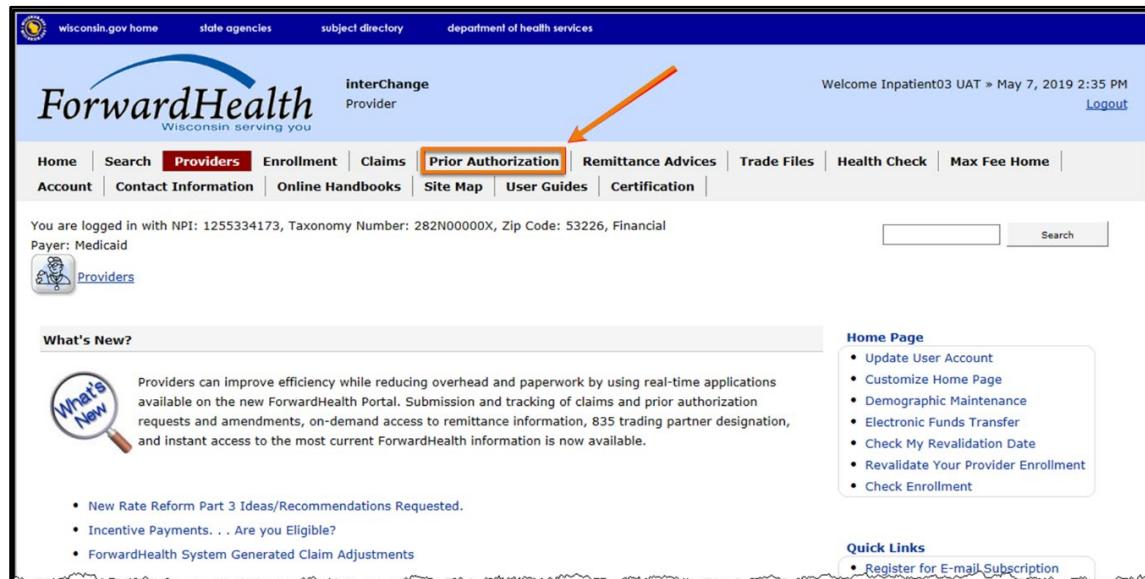
3. Enter the user's username.

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



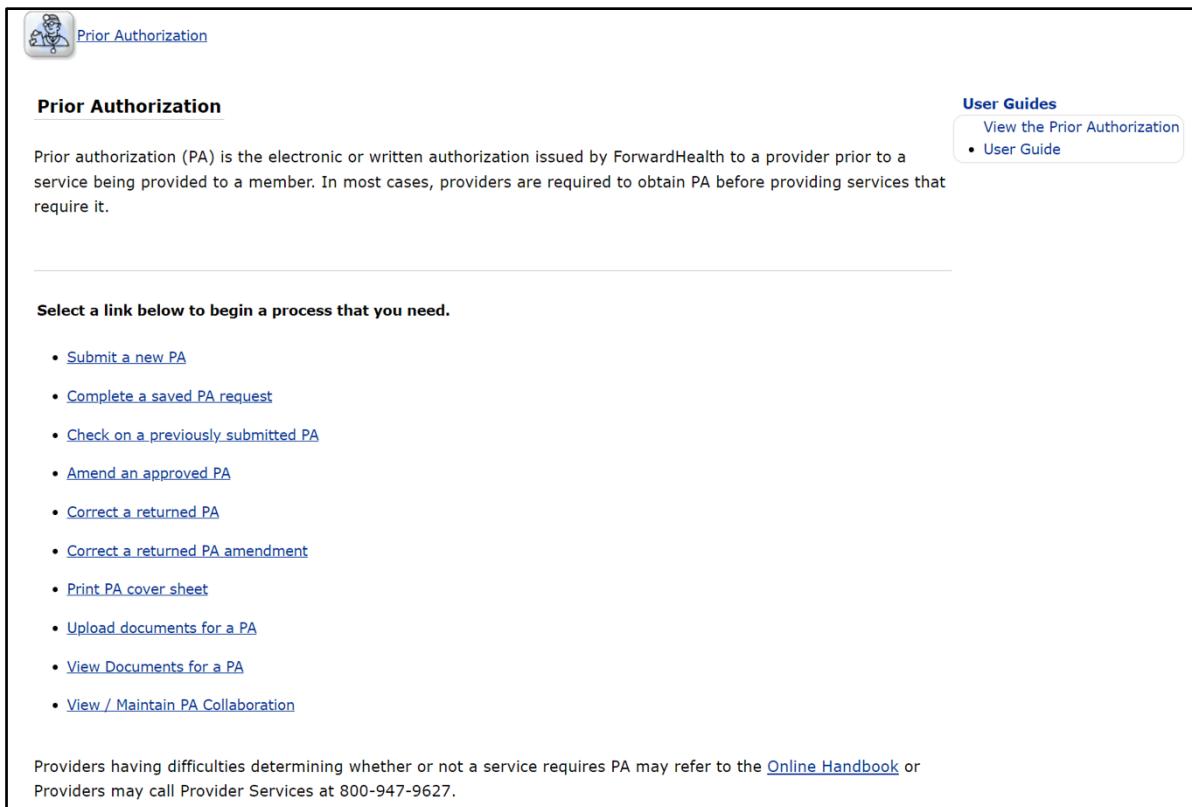
**Figure 3** Verify With Your Password Box

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



**Figure 4** Secure Provider Page

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



**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.

Select a link below to begin a process that you need.

- [Submit a new PA](#)
- [Complete a saved PA request](#)
- [Check on a previously submitted PA](#)
- [Amend an approved PA](#)
- [Correct a returned PA](#)
- [Correct a returned PA amendment](#)
- [Print PA cover sheet](#)
- [Upload documents for a PA](#)
- [View Documents for a PA](#)
- [View / Maintain PA Collaboration](#)

Providers having difficulties determining whether or not a service requires PA may refer to the [Online Handbook](#) 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](#).
- [Complete a saved PA request](#).
- [Check on a previously submitted PA](#).
- [Amend an approved PA](#).
- [Correct a returned PA](#).
- [Correct a returned PA amendment](#).
- [Print a PA cover sheet](#).
- [Upload documents for a PA](#).
- [View Documents for a PA](#).
- [View/maintain PA collaboration](#).

## 3 Submit a New Prior Authorization

To save time, providers can copy and paste information from plans of care and other medical documentation into the appropriate fields on a PA request. Except for those providers exempt from National Provider Identifier (NPI) requirements, NPI and related data are required on PA requests submitted via the Portal.

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

1. On the Prior Authorization page, click **Submit a new PA**. The Initial Information panel will be displayed. Note: Fields marked with an asterisk (\*) are required fields.

**Initial Information**  
Required fields are indicated with an asterisk (\*).

**Process Type**  
Select a process type:\*

111 - Physical therapy (PT)  
112 - Occupational therapy (OT)  
113 - Speech and language pathology (SLP)  
117 - J Codes  
117 - PA Botox to Treat Migraines  
117 - Physician services, including rural health clinics and federally qualified health centers  
117 - Synagis  
118 - Chiropractic  
120 - Home Care  
120 - Home Health Therapy  
120 - Private Duty Nursing  
121 - Personal care services

**Urgent Indicator**  
Is this PA request medically urgent?\*

No  Yes

**HealthCheck "Other Service"**  
Is this a HealthCheck "Other Service"?\*

Yes  No

**Program Financial Payer**  
Select one:\*

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

**Billing Provider Number**  
Select a billing provider number:\*

1234567890 NPI ▾

**Provider Collaboration**

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

Select one:\*

New Collaborative  Existing Collaborative  None

Collaborative ID

Expected PA Count

Start Date

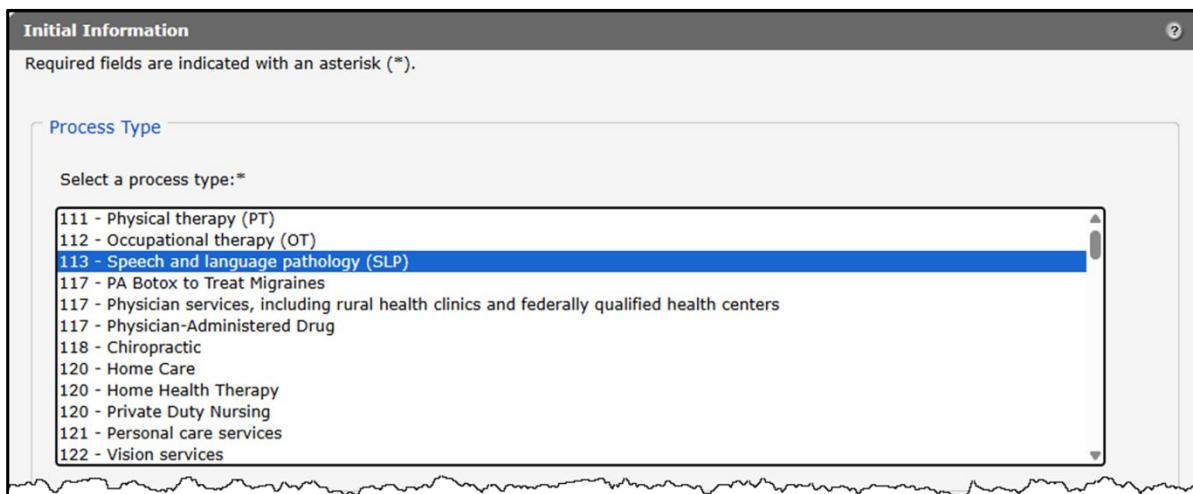
End Date

Reason

**Next**

**Figure 6** Initial Information Panel

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



**Initial Information**

Required fields are indicated with an asterisk (\*).

**Process Type**

Select a process type:\*

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)**
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers
- 117 - Physician-Administered Drug
- 118 - Chiropractic
- 120 - Home Care
- 120 - Home Health Therapy
- 120 - Private Duty Nursing
- 121 - Personal care services
- 122 - Vision services

**Figure 7** Process Type Section

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



**Urgent Indicator**

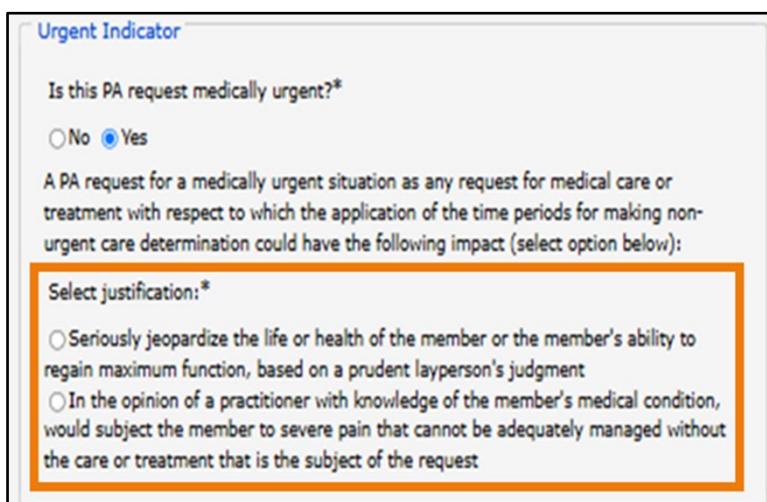
Is this PA request medically urgent?\*

No  Yes

**Figure 8** Urgent Indicator Section

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

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



**Urgent Indicator**

Is this PA request medically urgent?\*

No  Yes

A PA request for a medically urgent situation as any request for medical care or treatment with respect to which the application of the time periods for making non-urgent care determination could have the following impact (select option below):

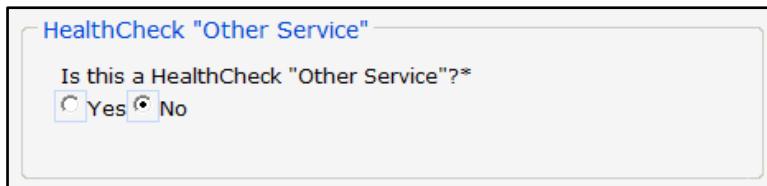
Select justification:\*

Seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment

In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request

**Figure 9** Urgent Indicator Section

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



HealthCheck "Other Service"

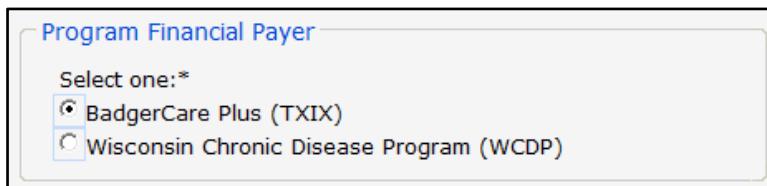
Is this a HealthCheck "Other Service"?\*

Yes  No

**Figure 10** HealthCheck “Other Service” Section

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

6. In the “Program Financial Payer” section, select either **BadgerCare Plus (TXIX)**, which includes BadgerCare Plus and Wisconsin Medicaid, or **Wisconsin Chronic Disease Program (WCDP)** as the financial payer.



Program Financial Payer

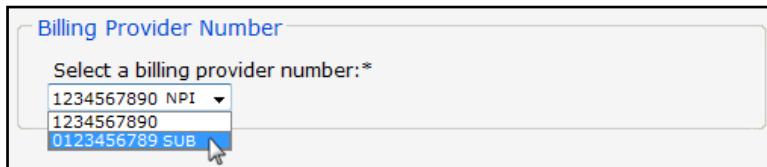
Select one:\*

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

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

7. In the “Billing Provider Number” section, hospital providers will need to select an NPI as the billing provider for the PA request from the drop-down menu in the “Billing Provider Number” section.

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



Billing Provider Number

Select a billing provider number:\*

1234567890 NPI  
1234567890  
0123456789 SUB

**Figure 12** Billing Provider Number Section

8. In the “Provider Collaboration” section, select one of the following:

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

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

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

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

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

Provider Collaboration

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

Select one:\*

New Collaborative  Existing Collaborative  None

Collaborative ID

Expected PA Count

Start Date

End Date

Reason

Next

**Figure 13** Provider Collaboration Section

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

Provider Collaboration

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

Select one:\*

New Collaborative  Existing Collaborative  None

Collaborative ID

Expected PA Count\*

Start Date\*

End Date\*

Reason\*

Next

**Figure 14** Provider Collaboration Section, New Collaborative

Complete the following fields to begin a new PA collaborative:

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

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

Provider Collaboration

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

Select one:\*

New Collaborative  Existing Collaborative  None

Collaborative ID\*

Expected PA Count

Start Date

End Date

Reason

**Next**

**Figure 15** Provider Collaboration Section, Existing Collaborative

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

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

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

The following messages were generated:  
You have requested a medically urgent PA. Please verify your response below and click the next when finished.

Initial Information

Required fields are indicated with an asterisk (\*).

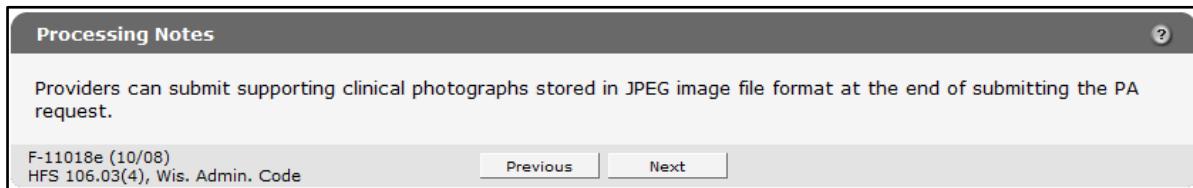
I verify to the medical necessity for the PA request to be considered medically urgent.

**Figure 16** Initial Information Panel—Verify Response

11. Click **Next**.

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

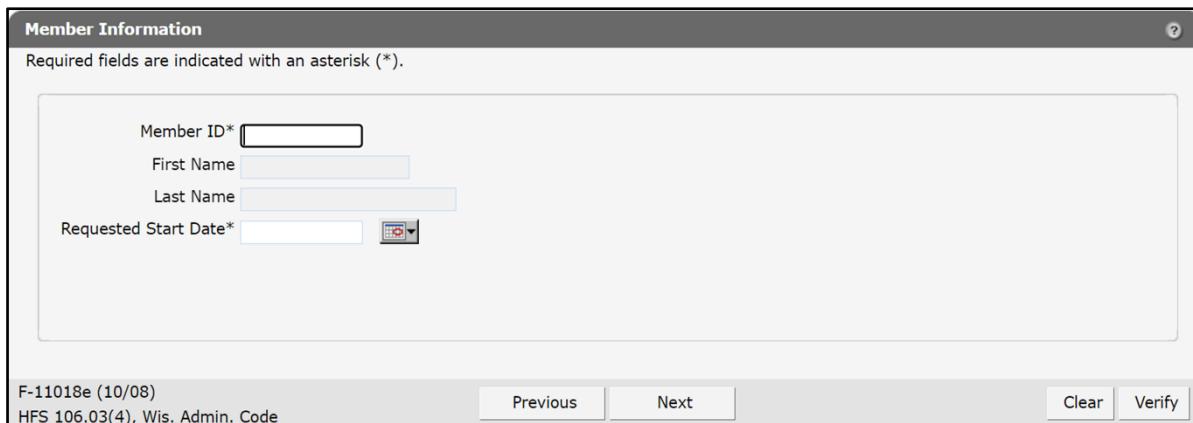
If there are any processing notes for the selected process type, the Processing Notes panel will be displayed.



**Figure 17** Processing Notes Panel

13. Review the processing notes information. Click **Next**.

14. The Member Information panel will be displayed.



**Figure 18** Member Information Panel

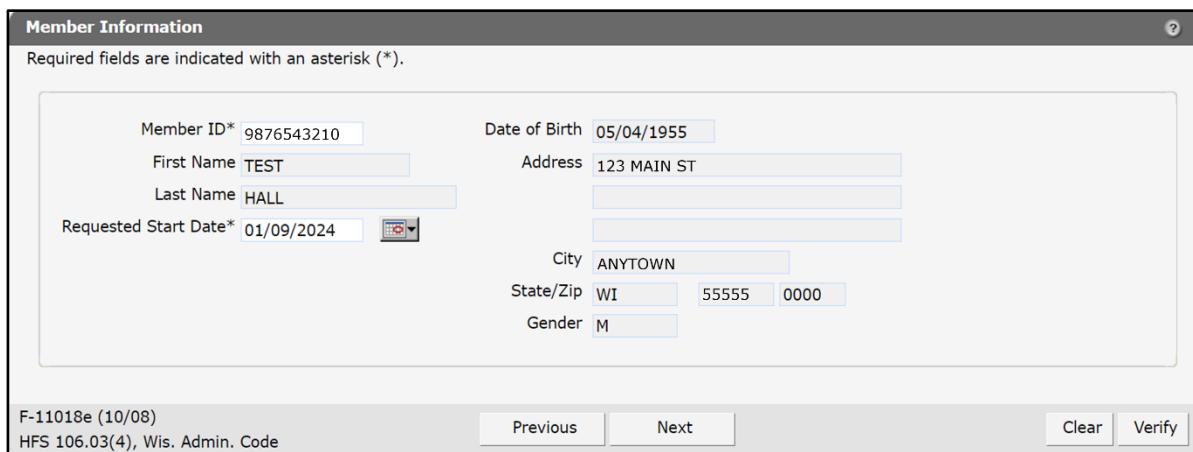
15. Enter the member's ID in the Member ID field. The member's first and last name will be prefilled after the member's ID is entered.

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

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

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

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



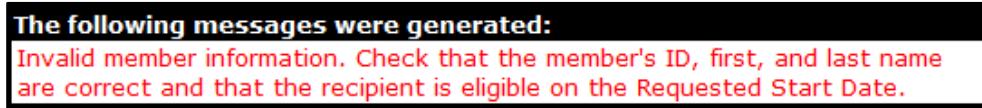
The screenshot shows the 'Member Information' panel. At the top, a message says 'Required fields are indicated with an asterisk (\*).'. The panel contains the following fields:

Member ID*	9876543210	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	M		

At the bottom, there are buttons for 'Previous', 'Next', 'Clear', and 'Verify'.

**Figure 19** Member Information Panel With Verified Information

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



**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 20** Example Error Message

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

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

Service Information

Required fields are indicated with an asterisk (\*).

Primary Diagnosis Code*	[Search]	Primary Diag Description	
Secondary Diagnosis Code	[Search]	Secondary Diag Description	
Requested Start Date	01/09/2024	Requesting Provider Signature*	
National Provider Identifier - Prescribing/Referring/Ordering Provider		[Search]	Name - Prescribing/Referring/Ordering Provider

**Line Items**

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
01				0	\$0.00	

Total: **\$0.00**

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

Line Item 01

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

Rendering Provider Taxonomy

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

Service Code\* [Search.]

Service Code Description

Additional Service Code Description

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

Place of Service\* [Search.]

Quantity Requested\* 0

Charge\* \$0.00

Add Save Delete

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

Previous Next Save and Complete Later Clear Verify

**Figure 21** Service Information Panel

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

Note: If it is not possible to complete a PA request in one session, providers may save a partially completed request at any time from this point until the request is submitted. For information on saving and retrieving partially completed PA requests, refer to the [Save a Partially Completed Prior Authorization Request](#) chapter of this user guide.

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

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

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

**Figure 22** Primary Diagnosis Code Search Box

- Enter a description of the code.
  - If the entire description is unknown, enter a key word.
  - If the exact description is unknown, use the percent symbol (%) on either side of a word to display all codes containing that word.

Note: The ICD Version drop-down menu can be used to limit search results to either International Classification of Diseases, Ninth Revision (ICD-9) or International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10) diagnosis codes.

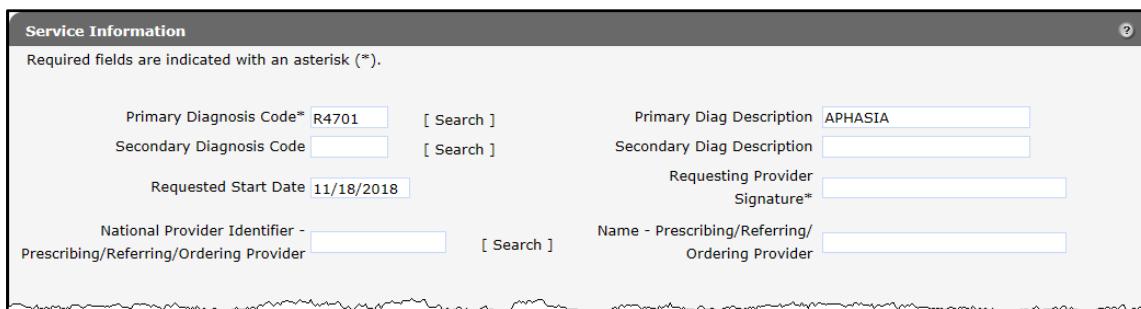
- Click **Search**. Any results matching the query will be displayed in the “Search Results” section.

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

**Figure 23** Primary Diagnosis Code Search Box With Search Results Section

Note: Click the **Description** column heading to sort the results alphabetically. Click the heading once to sort the results in ascending order. Click the heading again to sort the results in descending order. Click **Next** or one of the page numbers at the bottom of the section to display additional results.

- Click the applicable code. The Primary Diagnosis Code Search box will close, and the selected code information will populate the Primary Diagnosis Code and Primary Diagnosis Description fields.



The screenshot shows the 'Service Information' panel with the following fields populated:

- Primary Diagnosis Code: R4701
- Primary Diagnosis Description: APHASIA
- Requested Start Date: 11/18/2018
- Requesting Provider Signature: (empty)
- National Provider Identifier - Prescribing/Referring/Ordering Provider: (empty)
- Name - Prescribing/Referring/Ordering Provider: (empty)

**Figure 24** Primary Diagnosis Code and Description Populated

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

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

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

Note: Up to 26 line items may be entered.

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

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

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

- f. Once a service code has been entered, information will populate in the Service Code Description field.
- g. Enter any additional information about the service code that is needed to describe the service requested in the Additional Service Code Description field.
- h. Enter any appropriate modifier codes that apply to this PA process in one or more of the four Modifier fields. To search for the modifier(s), click **Search** to the right of each field.
- i. Enter the appropriate POS code in the Place of Service field. To search for the POS code, click **Search** to the right of the field.
- j. Enter the amount being requested (for example, number of services, days' supply) for the selected procedure code in the Quantity Requested field.
- k. Enter the provider's usual and customary charge for each service, procedure, or item requested in the Charge field.

If the quantity is greater than 1.0, multiply the quantity by the charge for each service, procedure, or item requested.

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

26. Click **Verify** to ensure the information entered is valid.

If a required field is left blank or if the information entered is invalid, an error message will be displayed at the top of the panel. Correct the error and click **Verify** again.

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

**Figure 25** Example Error Message

If there is a policy rule issue related to the PA request, a message will be displayed at the top of the panel. Providers submitting a HealthCheck "Other Services" PA request can bypass the edit(s) by checking **Ignore** and clicking **Continue**.

**The following messages were generated:**

PROCEDURE, DRUG, OR REVENUE CODE IS NOT A COVERED SERVICEON THE REQUESTED START DATE OR DATE OF RECEIPT. [Line Item 01] [Code: 4801]	Service Information	<input type="checkbox"/> Ignore
PLEASE REFER TO PA MESSAGES FOR RETURN INFORMATION. [Line Item 01] [Code: 4871]	Service Information	<input type="checkbox"/> Ignore
THE PROCEDURE SUBMITTED IS NOT APPLICABLE TO THE PROVIDER SPECIALTY. [Line Item 01] [Code: 4149]	Service Information	<input type="checkbox"/> Ignore

**Continue**

**Figure 26** Policy Rule-Based Edit Message

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

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

**Figure 27** Validation Message

- To add additional line items to the PA request, click **Add** and enter the appropriate information.
- To cancel the PA request or delete a saved PA request, click **Delete**.
- To save the partially completed request to be completed later, click **Save and Complete Later**. For information on saving and retrieving partially completed PA requests, refer to the [Save a Partially Completed Prior Authorization Request](#) chapter of this user guide.

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

**Required Attachments**

Required fields are indicated with an asterisk (\*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

**Attachment** THERAPY ATTACHMENT (PA/TA)

**Submission Method\*** Web

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

Previous    Next    Save and Complete Later

**Figure 28** Required Attachments Panel

The Required Attachments panel indicates the following information:

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

- d. To submit a HealthCheck “Other Services” request, refer to the [HealthCheck Request—No Attachment Is Needed](#) section of this user guide.
- Notes—Explains the steps required to complete the submission using the selected submission method.

Note: If more than one attachment is required, choose a submission method for each of the attachments before clicking **Next**.

### 3.1 Submission Method—Web

If the service-specific PA attachment (for example, Prior Authorization/Therapy Attachment, Prior Authorization/Physician Attachment) will be completed on the Portal, the PA attachment form must be completed online before the PA request can be submitted. If needed, providers can use the Additional Information field at the end of the PA attachment to enter up to five pages of text.

Note: Certain PA attachments cannot be completed online or uploaded. These PA attachments can only be submitted via mail or fax.

1. Select **Web** from the Submission Method drop-down menu.
2. Read the Notes for further instructions.
3. Click **Next**. The required attachment form for the specific PA will be displayed. The example below shows the Portal Prior Authorization/Therapy Attachment (PA/TA) form, F-11008.

**THERAPY ATTACHMENT (PA/TA)** ?

Required fields are indicated with an asterisk (\*).

**SECTION I — MEMBER / PROVIDER INFORMATION**

Name - Member (Last)	MEMBER
Name - Member (First)	IMA
Middle Initial - Member	
Member ID	0987654321
Age - Member	14
Name - Therapist	<input type="text"/>
Credentials - Therapist	<input type="text"/>
Therapist Provider ID	<input type="text"/>
Telephone Number - Therapist	<input type="text"/> Ext <input type="text"/>
Name - Referring/Prescribing Physician	<input type="text"/>
Total Time Per Day Requested (Minutes)	<input type="text"/>
Total Sessions Per Week Requested	<input type="text"/>
Total Number of Weeks Requested	<input type="text"/>
Requested Start Date	<input type="text"/> (mm/dd/ccyy)

**SECTION II — PERTINENT DIAGNOSES / PROBLEMS TO BE TREATED**

Provide a description of the member's current treatment diagnosis, any underlying conditions, and problem(s) to be treated, including dates of onset.

**SECTION III — BRIEF PERTINENT MEDICAL / SOCIAL INFORMATION**

Include referral information, living situation, previous level of function, any change in medical status since previous PA request(s), and any other pertinent information.

**ADDITIONAL INFORMATION**

Enter any additional clinical information pertinent to this PA request that has not been covered previously

**SIGNATURE - Providing Therapist\***  (mm/dd/ccyy)

Date Signed - Providing Therapist\*  (mm/dd/ccyy)

**SIGNATURE - Member or Member Caregiver (optional)**  (mm/dd/ccyy)

Date Signed - Member or Member Caregiver (optional)  (mm/dd/ccyy)

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

[Previous](#) | [Next](#) | [Save and Complete Later](#) | [Clear](#) | [Verify](#)

**Figure 29** Example Attachment Form

Refer to the [Forms](#) page of the Portal for instructions for specific attachments.

4. Complete the attachment form.
5. Click **Verify**.

If a required field is left blank or if the information entered is invalid, an error message will be displayed at the top of the panel.

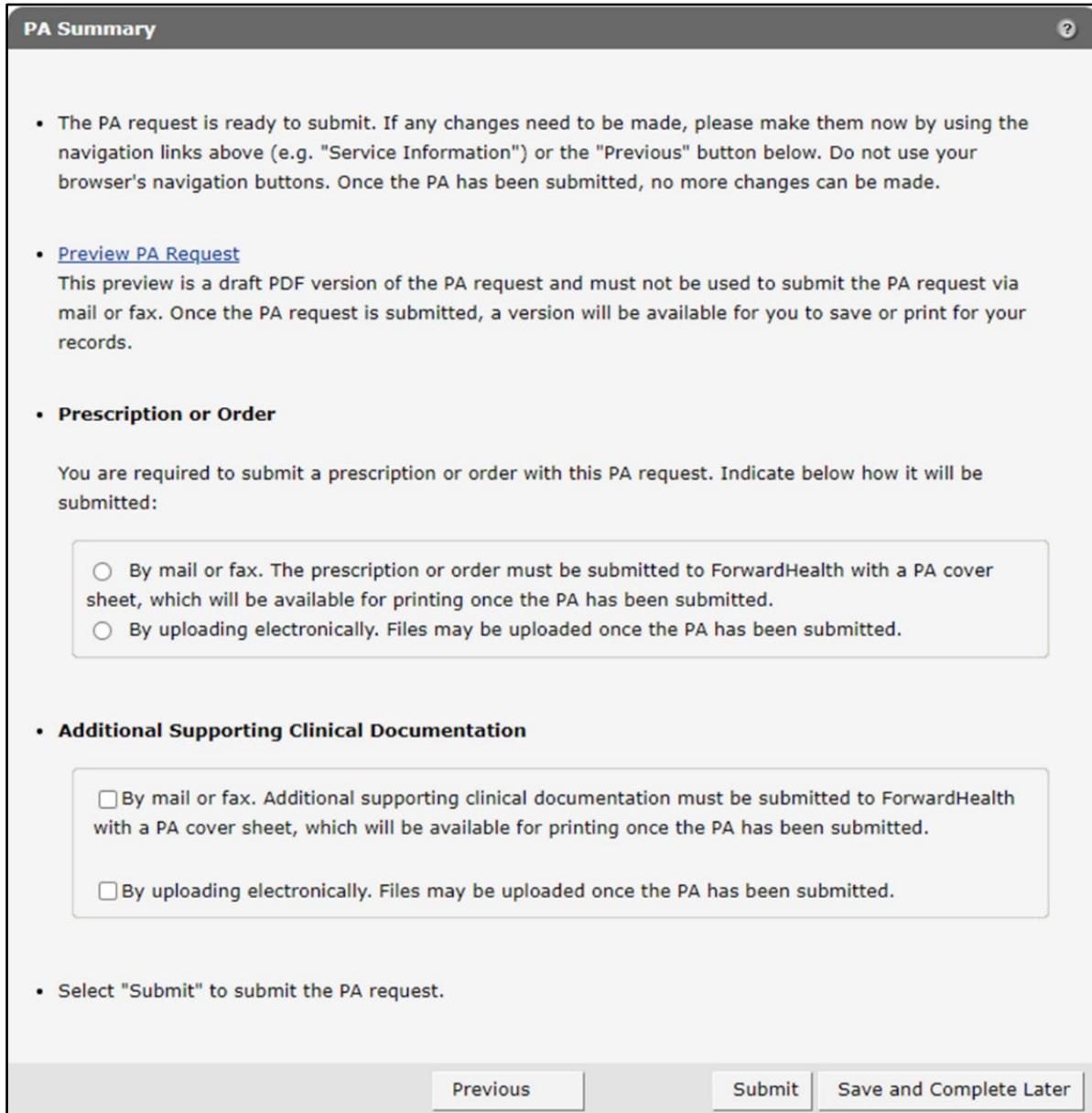
**The following messages were generated:**

**Name - Provider is required.**

**Figure 30** Example Error Message

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

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



The screenshot shows the 'PA Summary' page. At the top, there is a header bar with the title 'PA Summary' and a help icon. The main content area contains several sections with instructions and checkboxes:

- PA request status:** The PA request is ready to submit. Changes can be made using navigation links or the 'Previous' button, but not the browser's navigation buttons. Once submitted, no changes can be made.
- Preview PA Request:** This is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once submitted, a version will be available for saving or printing.
- Prescription or Order:** You are required to submit a prescription or order with this PA request. Options for submission are:
  - By mail or fax. The prescription or order must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
  - By uploading electronically. Files may be uploaded once the PA has been submitted.
- Additional Supporting Clinical Documentation:** Options for submission are:
  - 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.
- Submission:** Select "Submit" to submit the PA request.

At the bottom, there are three buttons: 'Previous', 'Submit', and 'Save and Complete Later'.

**Figure 31** PA Summary Page

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.

DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
<b>FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)</b>							
<p>Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Bleseth Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.</p>							
<b>SECTION I — PROVIDER INFORMATION</b>							
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)	2. Process Type 113 - Speech and language pathology	3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000					
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)  ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890	5b. Billing Provider Taxonomy Code 987654321X				
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
<b>SECTION II — MEMBER INFORMATION</b>							
7. Member Identification Number 0987654321	8. Date of Birth — Member 03/03/1999	9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555					
10. Name — Member (Last, First, Middle Initial) IMA MEMBER	11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female						
<b>SECTION III — DIAGNOSIS / TREATMENT INFORMATION</b>							
12. Diagnosis — Primary Code and Description  R4701 - APHASIA			13. Start Date — SOI	14. First Date of Treatment — SOI			
15. Diagnosis — Secondary Code and Description			16. Requested PA Start Date 11/18/2018				
17. Rendering Provider Number 2345678901	18. Rendering Provider Taxonomy Code 97110	19. Service Code GN	20. Modifiers 1 2 3 4	21. POS 11	22. Description of Service THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	23. QR	24. Charge 33.000
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.							
26. SIGNATURE — Requesting Provider  I.M. Requesting Provider						25. Total Charges \$250.00	27. Date Signed 11/10/2018
<b>-DRAFT-</b> 							
DT-PA049-049							

**Figure 32** Draft PDF Version of PA Request

8. Review the draft to ensure the entered information is accurate.
9. Place a check in the appropriate box indicating how the prescription or order (if required) and additional supporting clinical information is being submitted (mail or fax or uploading electronically).
10. Click **Submit**.

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

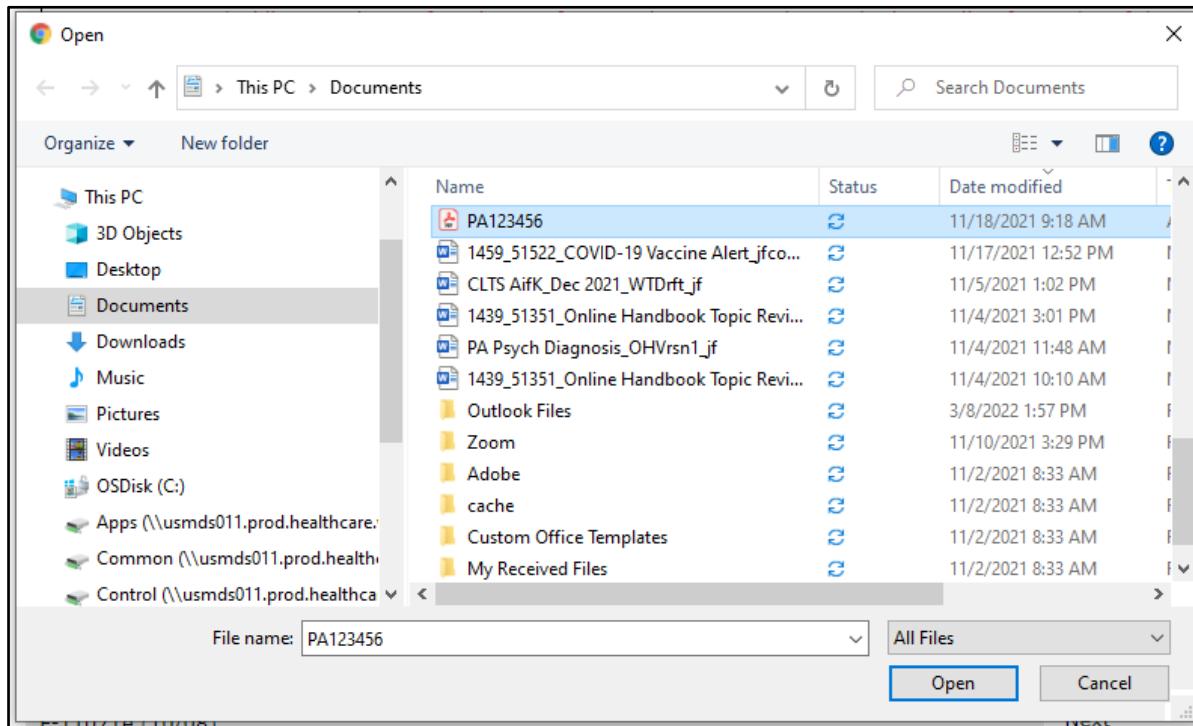
If the provider chooses to upload a prescription or an order and additional supporting clinical information electronically, the File Upload panel will be displayed.

The screenshot shows a 'File Upload' panel with the following components:

- Header:** 'File Upload' and a question mark icon for help.
- Instructions:** 'Required fields are indicated with an asterisk (\*).'
  - Select "Choose File" to locate each file you wish to upload.
  - **Please note:** Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request.
- Upload File:** A section with a 'File' label and a 'Choose File' button. The text 'No file chosen' is displayed.
- Uploaded File List:** A section showing the status '\*\*\* No rows found \*\*\*'.
- Footer:** A 'Next' button.

**Figure 33** File Upload Panel

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



**Figure 34** Choose File Window

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

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

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

**File Upload**

Required fields are indicated with an asterisk (\*).

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

**Upload File**

File  No file chosen

**Uploaded File List**

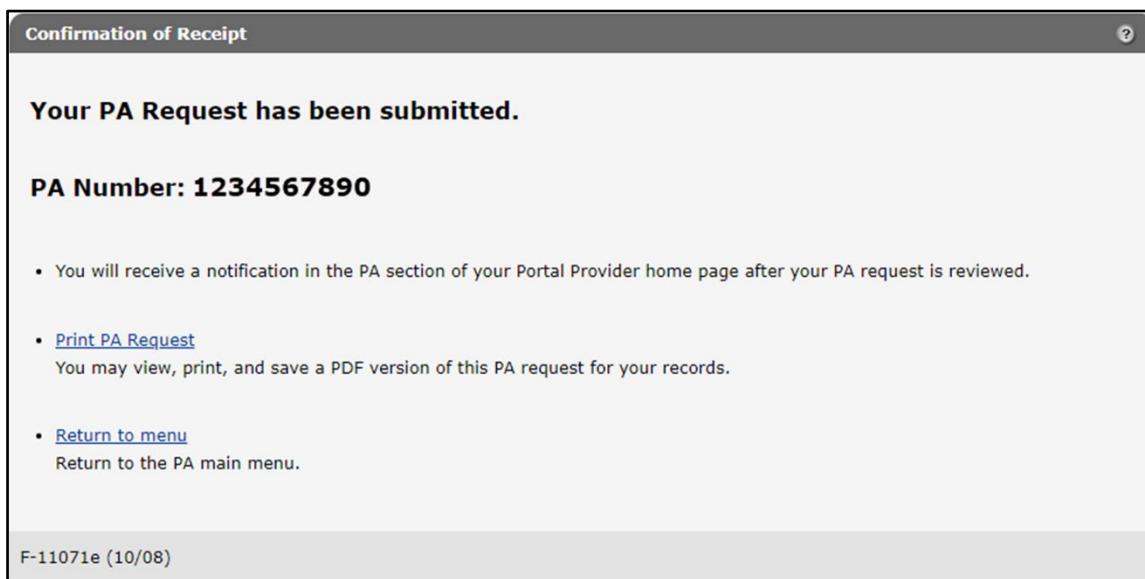
File Name	Remove File
F11018_PA-RF.pdf	X

**Next**

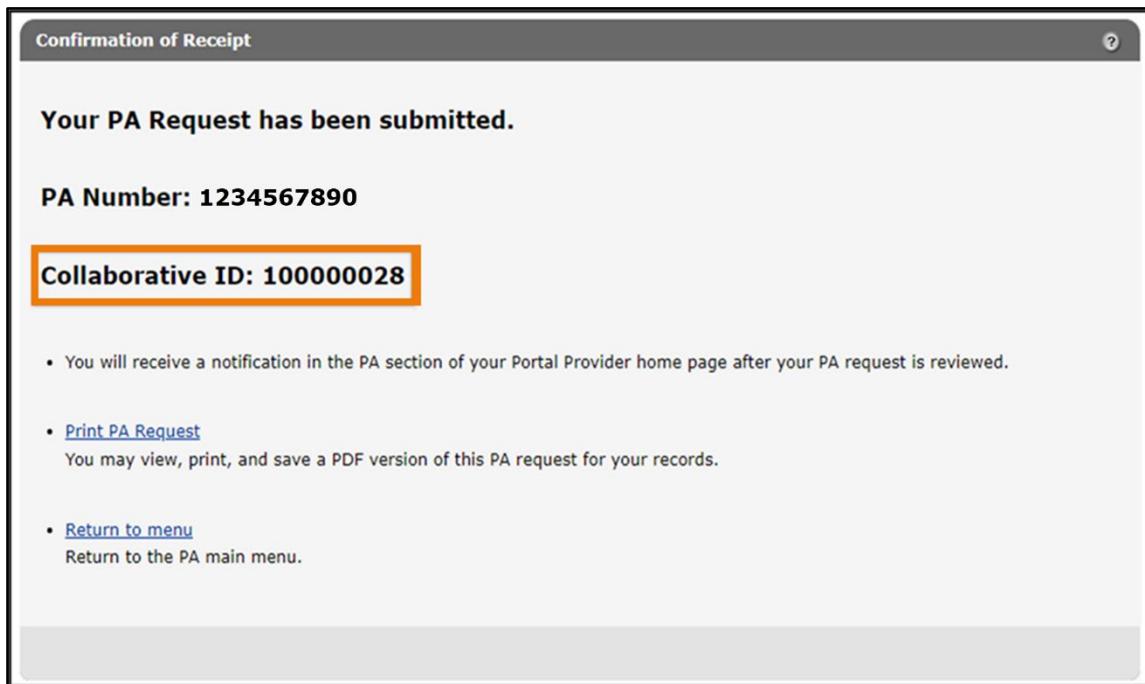
**Figure 35** Uploaded File List Section

- d. Upload as many files as necessary.

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



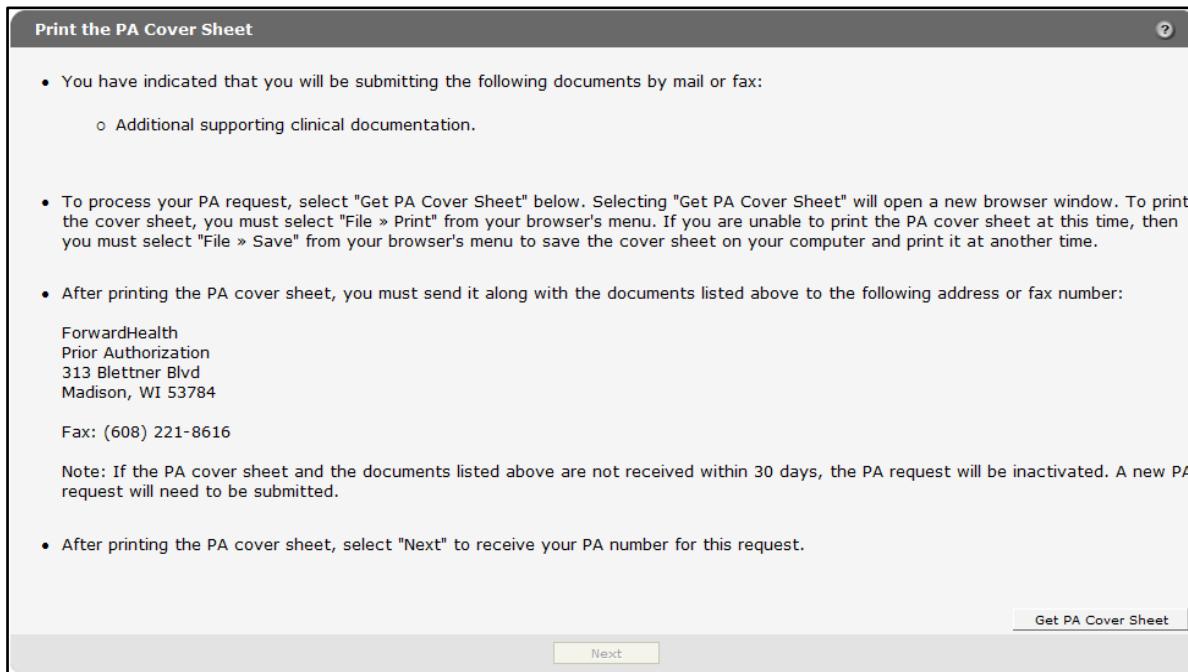
**Figure 36** Confirmation of Receipt Page Without Collaborative ID



**Figure 37** Confirmation of Receipt Page With Collaborative ID

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

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



**Figure 38** Print the PA Cover Sheet Page

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

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

January 18, 2024

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

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

Dear ABC CLINIC:

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

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

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

ForwardHealth  
Prior Authorization  
Ste 88  
313 Bleteau Blvd  
Madison WI 53784

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

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

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

Sincerely,

ForwardHealth  
F-11159 (07/12)

www.dhs.wisconsin.gov

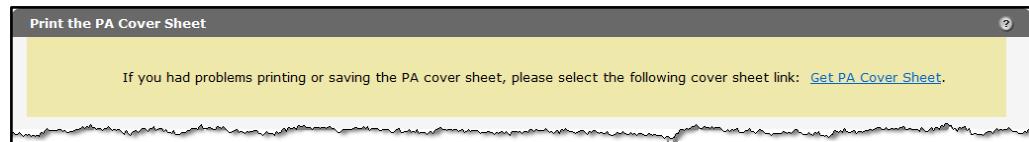
January 18, 2024 Page 2 of 2

List the additional supporting documentation below.

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

**Figure 39** PDF Version of the PA Cover Sheet

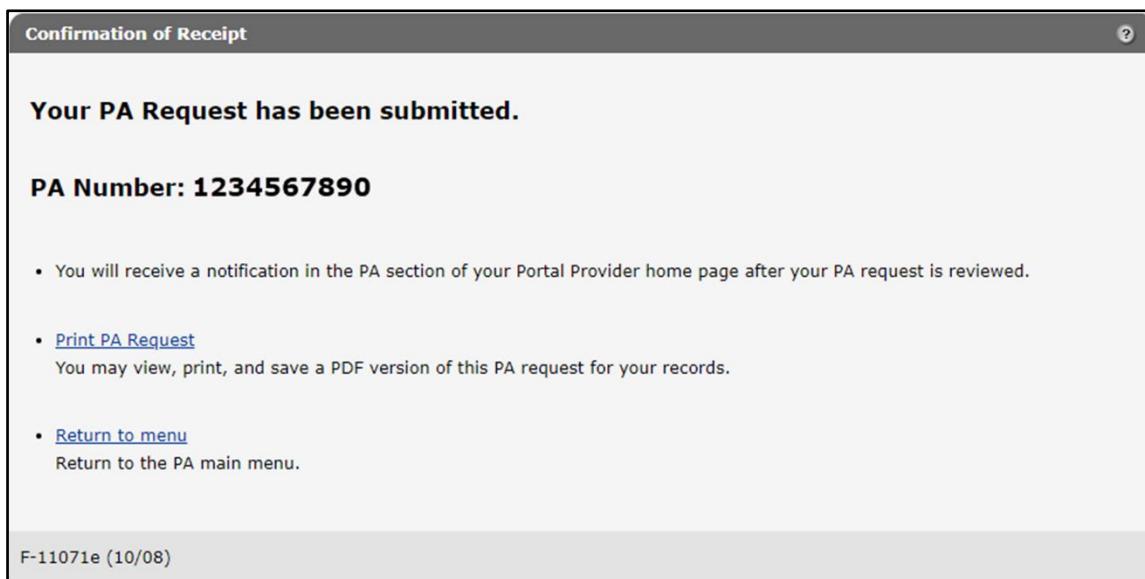
c. To print or save the PA cover sheet to a hard drive or network location, use the Print or Save As function of the browser. If there are problems printing or saving the PA cover sheet, click the link that appears at the top of the Print the PA Cover Sheet page.



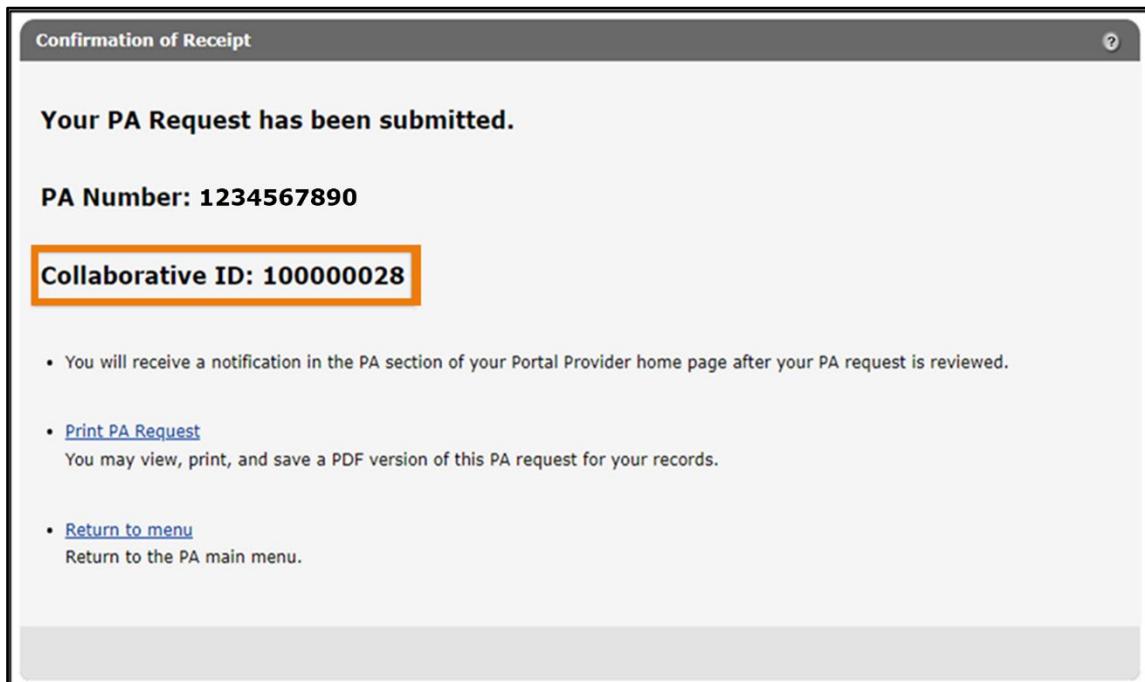
**Figure 40** Get PA Cover Sheet Link

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

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



**Figure 41** Confirmation of Receipt Page Without Collaborative ID



**Figure 42** Confirmation of Receipt Page With Collaborative ID

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

DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
<b>FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)</b>							
<p>Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blethner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.</p>							
<b>SECTION I — PROVIDER INFORMATION</b>							
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)	2. Process Type 113 - Speech and language pathology	3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000					
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)  ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890	5b. Billing Provider Taxonomy Code 987654321X				
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
<b>SECTION II — MEMBER INFORMATION</b>							
7. Member Identification Number 0987654321	8. Date of Birth — Member 03/03/1999	9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555					
10. Name — Member (Last, First, Middle Initial) IMA MEMBER	11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female						
<b>SECTION III — DIAGNOSIS / TREATMENT INFORMATION</b>							
12. Diagnosis — Primary Code and Description  R4701 - APHASIA			13. Start Date — SOI	14. First Date of Treatment — SOI			
15. Diagnosis — Secondary Code and Description			16. Requested PA Start Date 11/18/2018				
17. Rendering Provider Number 2345678901	18. Rendering Provider Taxonomy Code 123456789X	19. Service Code 97110	20. Modifiers 1 GN 2 3 4	21. POS 11	22. Description of Service THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	23. QR 33.000	24. Charge \$250.00
<p>An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.</p>							
26. SIGNATURE — Requesting Provider  I.M. Requesting Provider						25. Total Charges \$250.00	27. Date Signed 11/10/2018
<b>-DRAFT-</b> 							
DT-PA049-049							

Figure 43 Draft PDF Version of the PA Request

12. To print or save the PA request to a hard drive or network location, use the Print or Save As function of the browser.
13. Click **Return to menu** to be redirected to the Prior Authorization page.

## 3.2 Submission Method—Electronic Upload

To help reduce the chance of a PA request being returned for clerical errors, ForwardHealth recommends completing the PA attachment online as opposed to uploading an electronically completed version of the paper attachment form.

Note: Certain PA attachments cannot be completed online or uploaded. These PA attachments can only be submitted via mail or fax.

1. Select **Electronic Upload** from the Submission Method drop-down menu.

**Required Attachments**  
Required fields are indicated with an asterisk (\*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

**Attachment** THERAPY ATTACHMENT (PA/TA)

**Submission Method\*** Electronic Upload

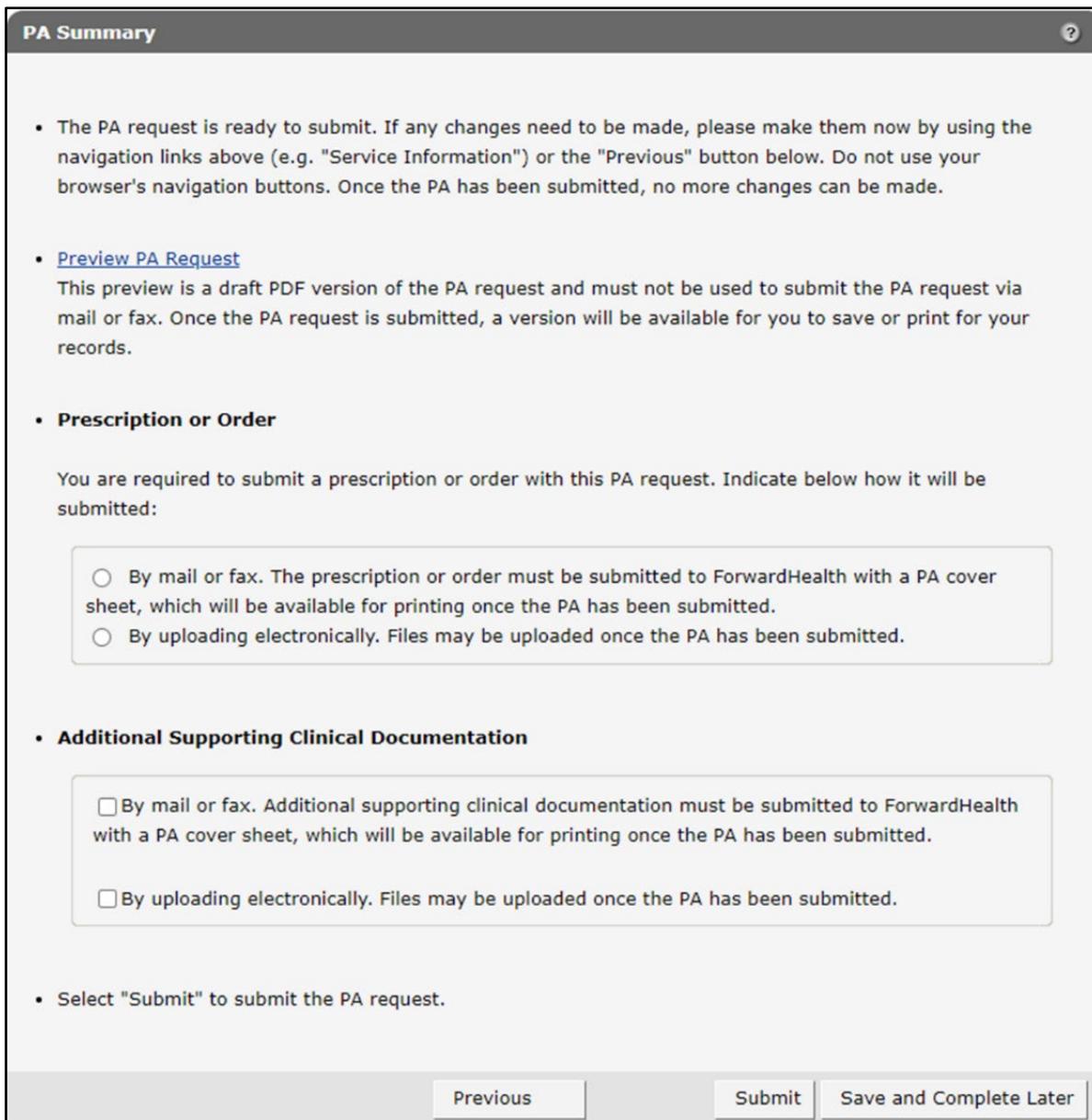
**Notes** The attachment form must be uploaded electronically after the PA request has been submitted.

Previous Next Save and Complete Later

**Figure 44** Required Attachments Page

2. Read the Notes for further instructions.

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



The screenshot shows the 'PA Summary' page with the following content:

- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.
- Preview PA Request**  
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.
- Prescription or Order**  
You are required to submit a prescription or order with this PA request. Indicate below how it will be submitted:
  - By mail or fax. The prescription or order must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
  - By uploading electronically. Files may be uploaded once the PA has been submitted.
- Additional Supporting Clinical Documentation**
  - By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
  - By uploading electronically. Files may be uploaded once the PA has been submitted.
- Select "Submit" to submit the PA request.

At the bottom are three buttons: 'Previous', 'Submit' (highlighted in grey), and 'Save and Complete Later'.

**Figure 45** PA Summary Page

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

DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
<b>FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)</b>							
<p>Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blether Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.</p>							
<b>SECTION I — PROVIDER INFORMATION</b>							
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)	2. Process Type 113 - Speech and language pathology	3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000					
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)  ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890	5b. Billing Provider Taxonomy Code 987654321X				
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
<b>SECTION II — MEMBER INFORMATION</b>							
7. Member Identification Number 0987654321	8. Date of Birth — Member 03/03/1999	9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555					
10. Name — Member (Last, First, Middle Initial) IMA MEMBER	11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female						
<b>SECTION III — DIAGNOSIS / TREATMENT INFORMATION</b>							
12. Diagnosis — Primary Code and Description  R4701 - APHASIA		13. Start Date — SOI	14. First Date of Treatment — SOI				
15. Diagnosis — Secondary Code and Description		16. Requested PA Start Date 11/18/2018					
17. Rendering Provider Number 2345678901	18. Rendering Provider Taxonomy Code 123456789X	19. Service Code 97110	20. Modifiers 1 GN 2 3 4	21. POS 11	22. Description of Service THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	23. QR	24. Charge 33.000
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.							
26. SIGNATURE — Requesting Provider  I.M. Requesting Provider						25. Total Charges \$250.00	27. Date Signed 11/10/2018
<b>-DRAFT-</b> 							
DT-PA049-049							

**Figure 46** Draft PDF Version of the PA Request

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

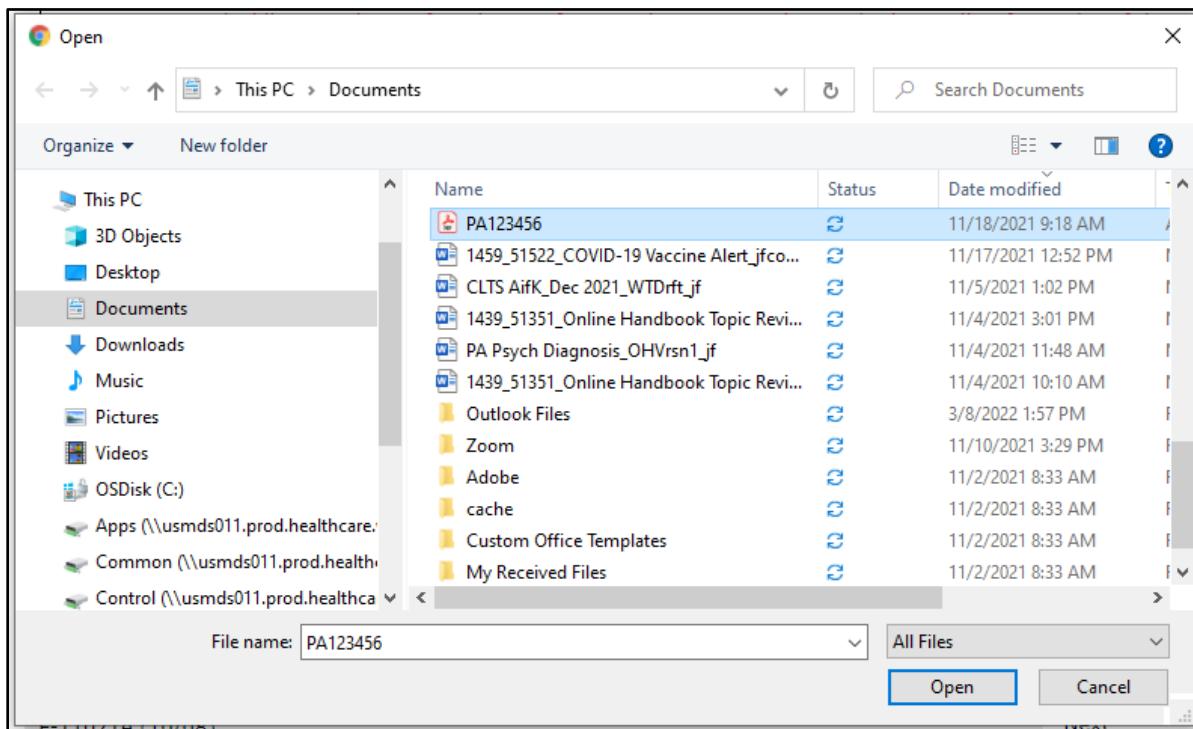
Note: This is the last opportunity to save the request and complete it later. The request cannot be edited once it is submitted.

The screenshot shows a 'File Upload' panel with the following content:

- File Upload** (Section title)
- Required fields are indicated with an asterisk (\*).
- Instructions:
  - Select "Choose File" to locate each file you wish to upload.
  - Please note:** Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request.
- Upload File** (Section title)
- File input field: Choose File No file chosen
- Uploaded File List** (Section title)
- Message: \*\*\* No rows found \*\*\*
- Navigation: Next

**Figure 47** File Upload Panel

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



**Figure 48** Choose File Window

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

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

**The following messages were generated:**

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

**File Upload**

Required fields are indicated with an asterisk (\*).

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

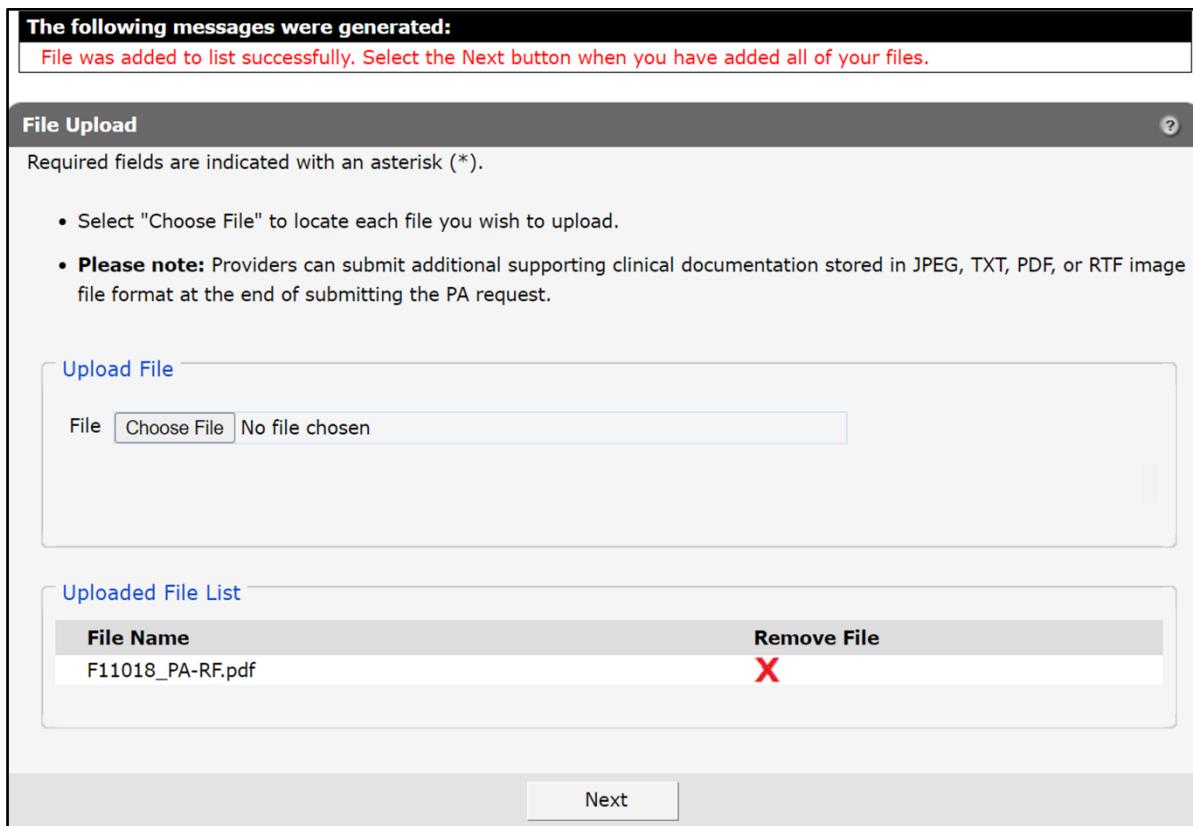
**Upload File**

File  No file chosen

**Uploaded File List**

File Name	Remove File
F11018_PA-RF.pdf	

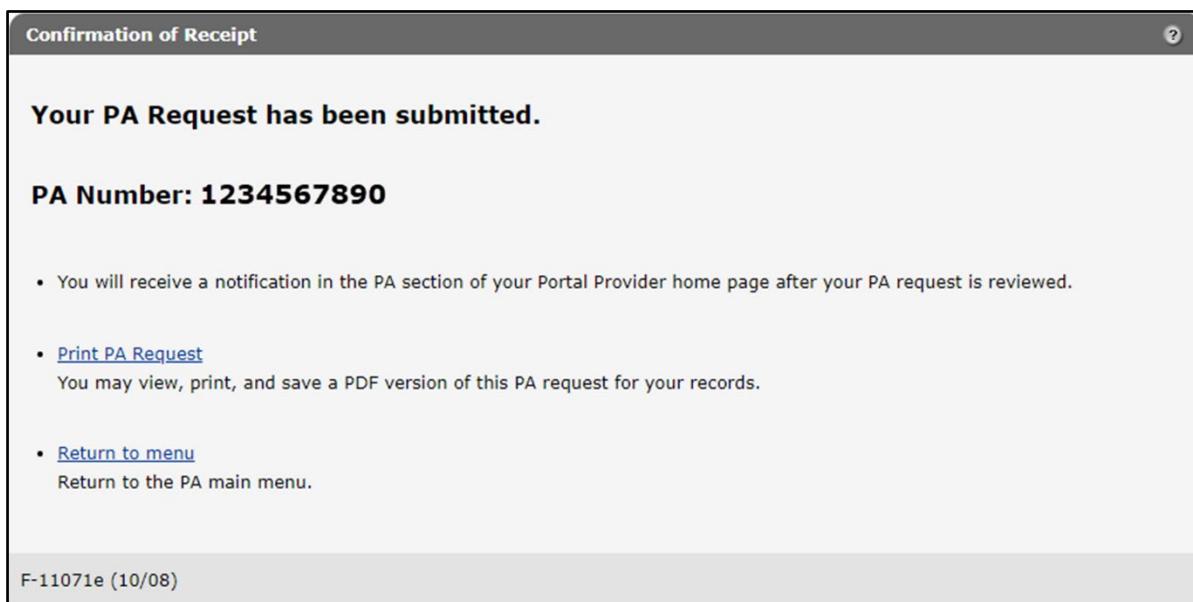
**Next**



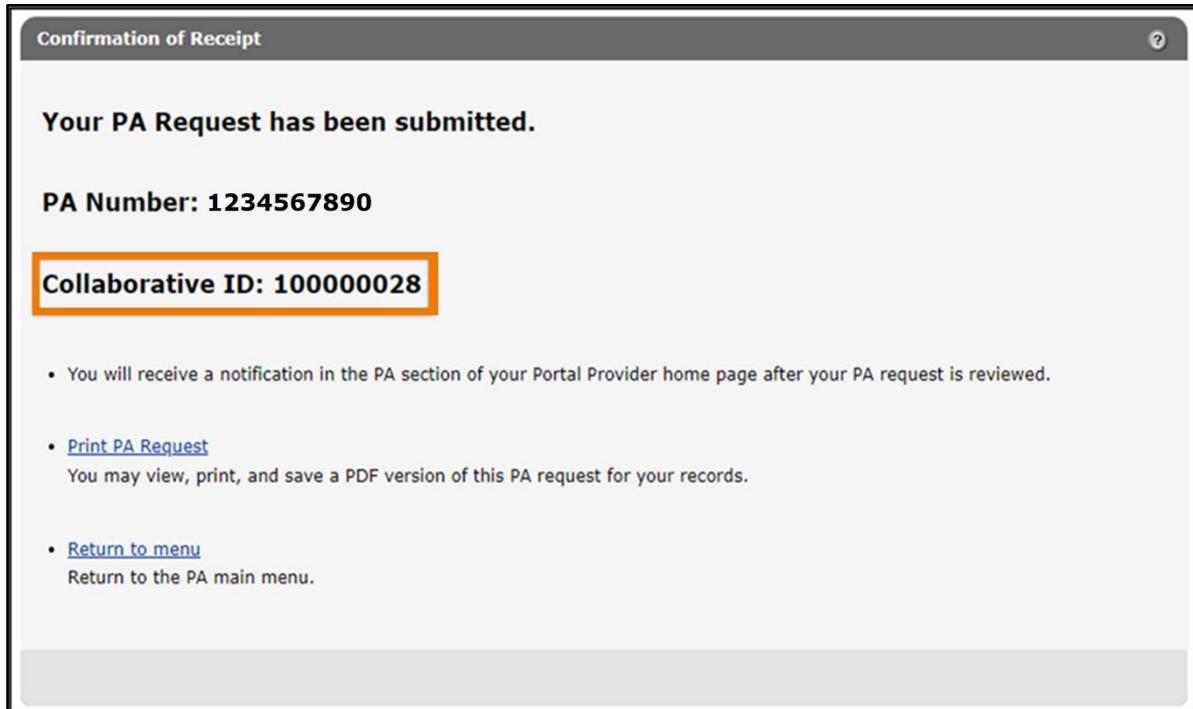
**Figure 49** Uploaded File List Section

11. Upload as many files as necessary.

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



**Figure 50** Confirmation of Receipt Page Without Collaborative ID



**Figure 51** Confirmation of Receipt Page With Collaborative ID

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

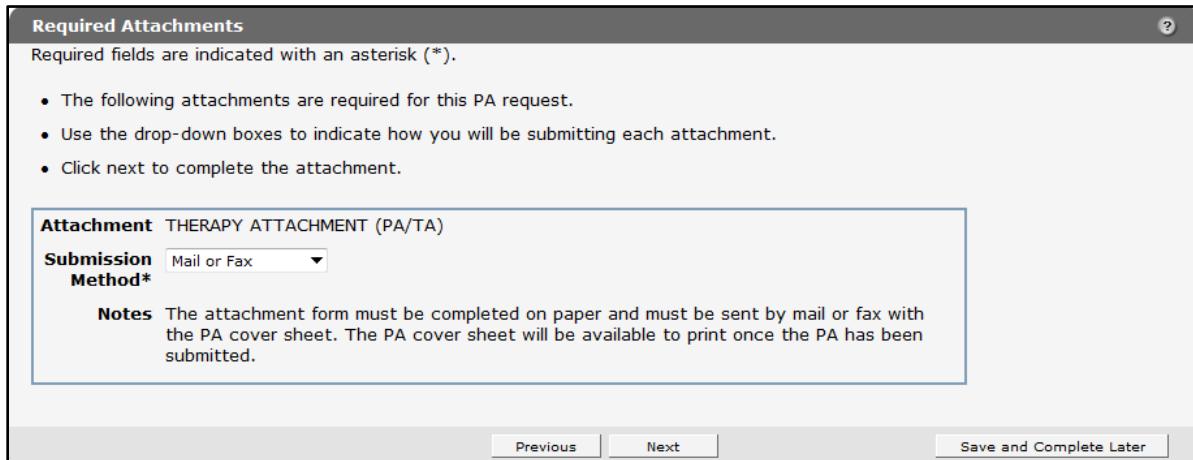
DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
<b>FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)</b>							
<p>Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blether Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.</p>							
<b>SECTION I — PROVIDER INFORMATION</b>							
1. Check only if applicable	2. Process Type	3. Telephone Number — Billing Provider					
<input type="checkbox"/> HealthCheck "Other Services"	113 - Speech and language pathology	(555) 555-5555 Ext. 0000					
<input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)							
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)		5a. Billing Provider Number					
ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		1234567890					
		5b. Billing Provider Taxonomy Code					
		987654321X					
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
<b>SECTION II — MEMBER INFORMATION</b>							
7. Member Identification Number	8. Date of Birth — Member	9. Address — Member (Street, City, State, ZIP Code)					
0987654321	03/03/1999	123 FIRST ST ANYTOWN, WI 55555					
10. Name — Member (Last, First, Middle Initial)	11. Gender — Member						
IMA MEMBER	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female						
<b>SECTION III — DIAGNOSIS / TREATMENT INFORMATION</b>							
12. Diagnosis — Primary Code and Description		13. Start Date — SOI	14. First Date of Treatment — SOI				
R4701 - APHASIA							
15. Diagnosis — Secondary Code and Description		16. Requested PA Start Date					
		11/18/2018					
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN	11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	\$250.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.							
26. SIGNATURE — Requesting Provider							
I.M. Requesting Provider							
27. Date Signed							
11/10/2018							
<b>-DRAFT-</b> 							
DT-PA049-049							

**Figure 52** Draft PDF Version of the PA Request

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

### 3.3 Submission Method—Mail or Fax

1. Select **Mail or Fax** from the Submission Method drop-down menu.



**Required Attachments**  
Required fields are indicated with an asterisk (\*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

**Attachment** THERAPY ATTACHMENT (PA/TA)

**Submission Method\***

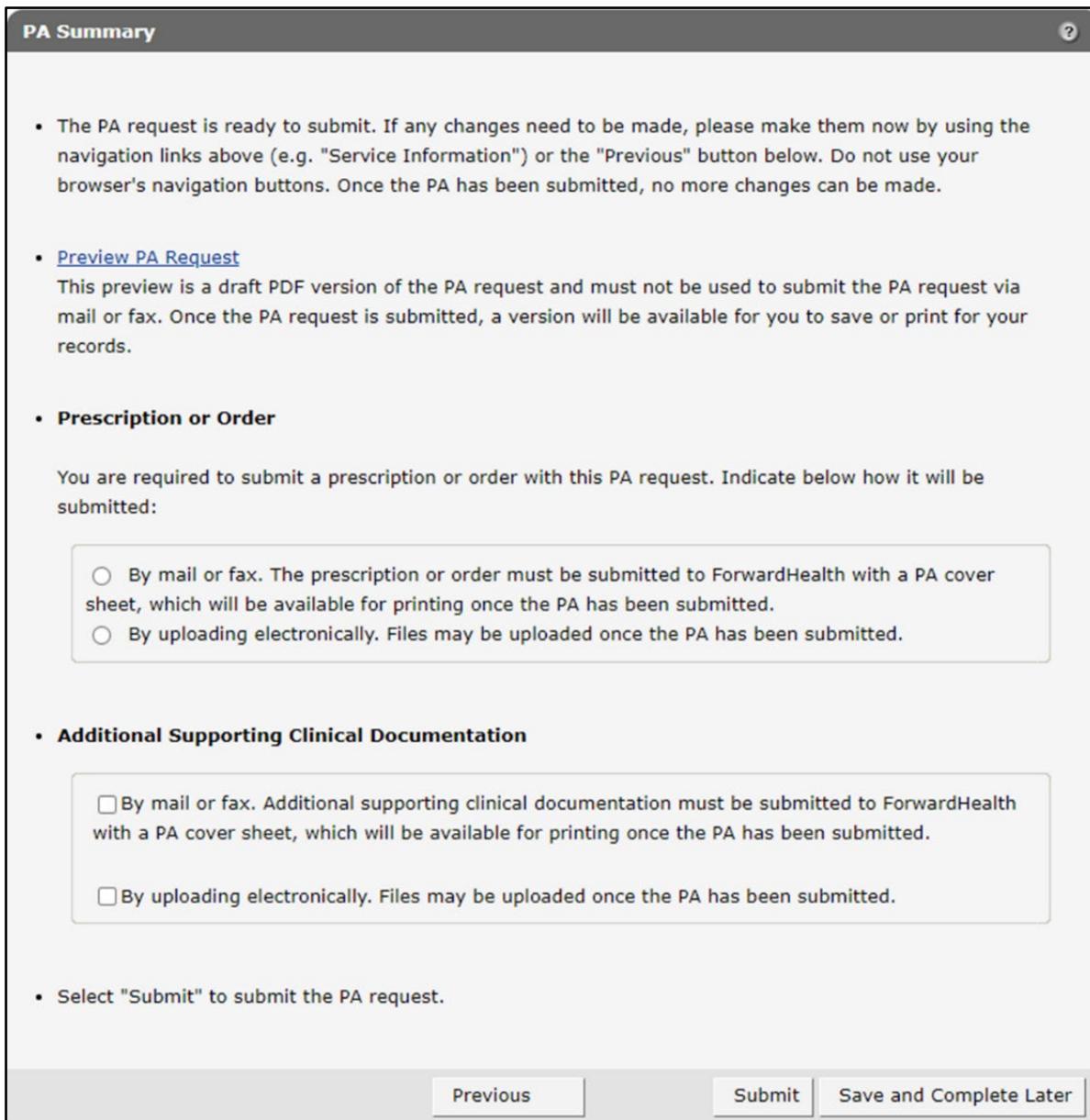
**Notes** The attachment form must be completed on paper and must be sent by mail or fax with the PA cover sheet. The PA cover sheet will be available to print once the PA has been submitted.

**Previous** **Next** **Save and Complete Later**

**Figure 53** Required Attachments Page

2. Read the Notes for further instructions.

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



The screenshot shows the 'PA Summary' page. At the top, there is a header bar with the title 'PA Summary' and a question mark icon. Below the header, there is a list of instructions and options for submitting the PA request.

- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.
- Preview PA Request**  
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.
- Prescription or Order**  
You are required to submit a prescription or order with this PA request. Indicate below how it will be submitted:
  - By mail or fax. The prescription or order must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
  - By uploading electronically. Files may be uploaded once the PA has been submitted.
- Additional Supporting Clinical Documentation**
  - By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
  - By uploading electronically. Files may be uploaded once the PA has been submitted.

At the bottom of the page, there are three buttons: 'Previous', 'Submit', and 'Save and Complete Later'.

**Figure 54** PA Summary Page

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

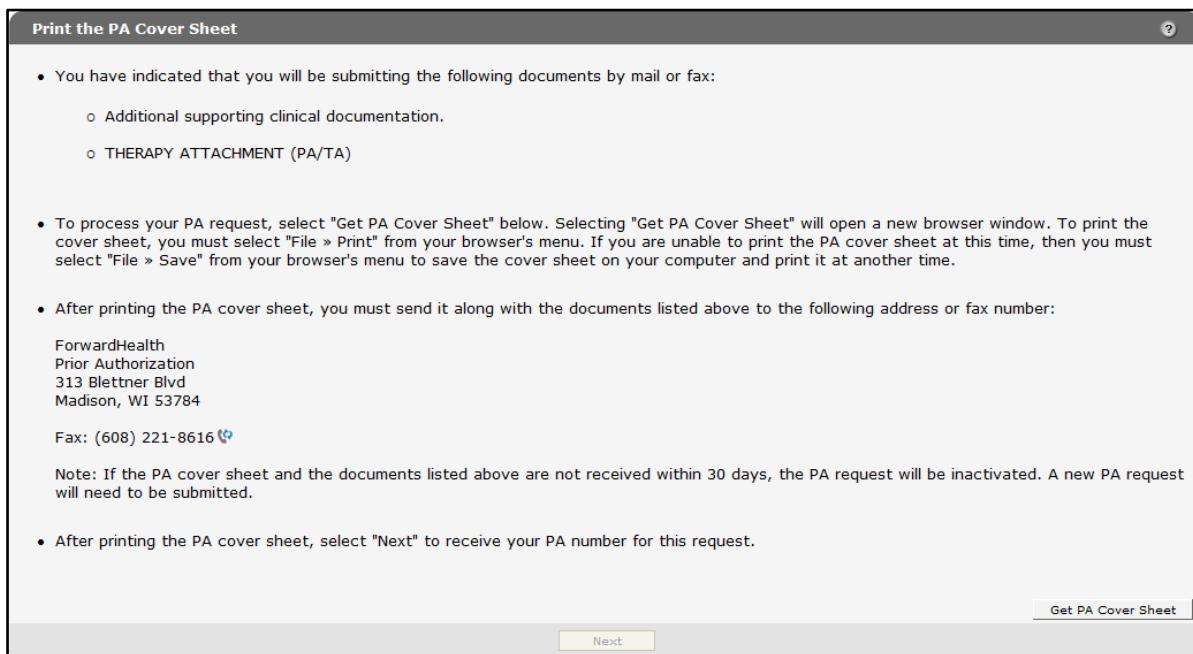
DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
<b>FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)</b>							
<p>Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Bleseth Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.</p>							
<b>SECTION I — PROVIDER INFORMATION</b>							
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCOP)	2. Process Type 113 - Speech and language pathology	3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000					
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)  ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890	5b. Billing Provider Taxonomy Code 987654321X				
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
<b>SECTION II — MEMBER INFORMATION</b>							
7. Member Identification Number 0987654321	8. Date of Birth — Member 03/03/1999	9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555					
10. Name — Member (Last, First, Middle Initial) IMA MEMBER		11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female					
<b>SECTION III — DIAGNOSIS / TREATMENT INFORMATION</b>							
12. Diagnosis — Primary Code and Description  R4701 - APHASIA			13. Start Date — SOI				
15. Diagnosis — Secondary Code and Description			14. First Date of Treatment — SOI  11/18/2018				
17. Rendering Provider Number 2345678901	18. Rendering Provider Taxonomy Code 123456789X	19. Service Code 97110	20. Modifiers 1 GN 2 3 4 11	21. POS	22. Description of Service THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	23. QR	24. Charge 33.000 \$250.00
<p>An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.</p>							
26. SIGNATURE — Requesting Provider  I.M. Requesting Provider						25. Total Charges \$250.00	27. Date Signed 11/10/2018
<b>-DRAFT-</b> 							
DT-PA049-049							

**Figure 55** Draft PDF Version of the PA Request

Note: This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available to save or print.

5. Review the draft to ensure the entered information is accurate.
6. Check the **By mail or fax** box(es).
7. Click **Submit**. The Print the PA Cover Sheet page will be displayed.

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



**Print the PA Cover Sheet**

- You have indicated that you will be submitting the following documents by mail or fax:
  - Additional supporting clinical documentation.
  - THERAPY ATTACHMENT (PA/TA)
- To process your PA request, select "Get PA Cover Sheet" below. Selecting "Get PA Cover Sheet" will open a new browser window. To print the cover sheet, you must select "File > Print" from your browser's menu. If you are unable to print the PA cover sheet at this time, then you must select "File > Save" from your browser's menu to save the cover sheet on your computer and print it at another time.
- After printing the PA cover sheet, you must send it along with the documents listed above to the following address or fax number:

ForwardHealth  
Prior Authorization  
313 Blettner Blvd  
Madison, WI 53784

Fax: (608) 221-8616 

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

Get PA Cover Sheet

Next

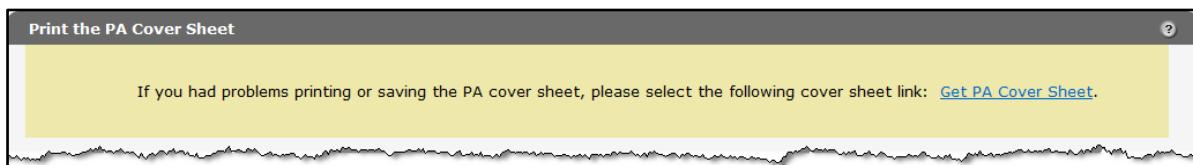
**Figure 56** Print the PA Cover Sheet Page

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

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

**Figure 57** Sample PDF Version of the PA Cover Sheet

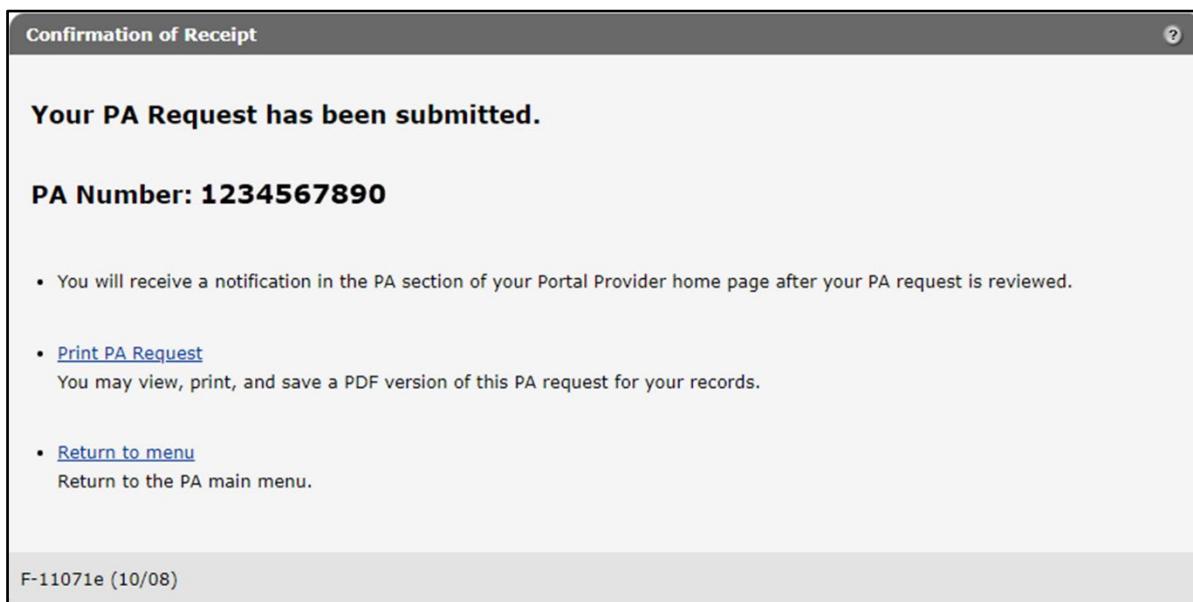
10. To print or save the PA cover sheet to a hard drive or network location, use the Print or Save As function of the browser. If there are problems printing or saving the PA cover sheet, click the link that appears at the top of the Print the PA Cover Sheet page.



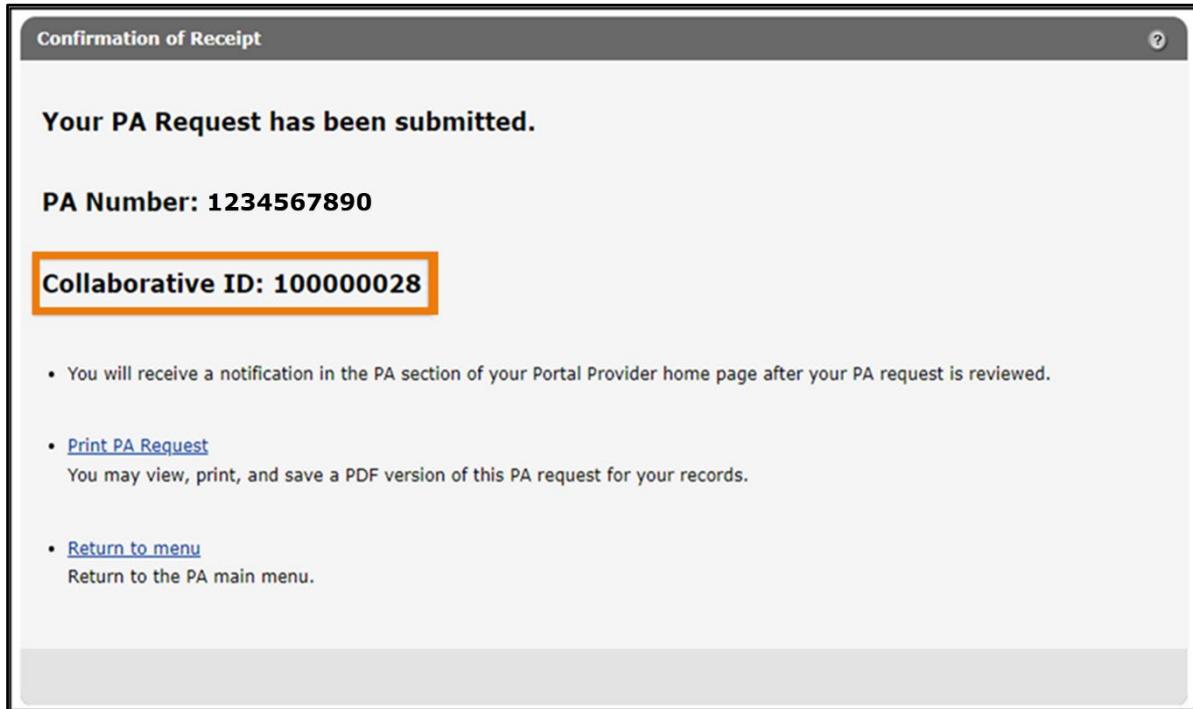
**Figure 58** Get PA Cover Sheet Link

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

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



**Figure 59** Confirmation of Receipt Page Without Collaborative ID



**Figure 60** Confirmation of Receipt Page With Collaborative ID

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

DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
<b>FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)</b>							
<p>Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 68, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.</p>							
<b>SECTION I — PROVIDER INFORMATION</b>							
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)	2. Process Type 113 - Speech and language pathology	3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000					
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)  ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890	5b. Billing Provider Taxonomy Code 987654321X				
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
<b>SECTION II — MEMBER INFORMATION</b>							
7. Member Identification Number 0987654321	8. Date of Birth — Member 03/03/1999	9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555					
10. Name — Member (Last, First, Middle Initial) IMA MEMBER	11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female						
<b>SECTION III — DIAGNOSIS / TREATMENT INFORMATION</b>							
12. Diagnosis — Primary Code and Description  R4701 - APHASIA		13. Start Date — SOI	14. First Date of Treatment — SOI				
15. Diagnosis — Secondary Code and Description		16. Requested PA Start Date 11/18/2018					
17. Rendering Provider Number 2345678901	18. Rendering Provider Taxonomy Code 123456789X	19. Service Code 97110	20. Modifiers 1    2    3    4	21. POS 11	22. Description of Service THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	23. QR	24. Charge 33.000
<p>An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.</p>							
26. SIGNATURE — Requesting Provider  I.M. Requesting Provider						25. Total Charges \$250.00	27. Date Signed 11/10/2018
<b>-DRAFT-</b> 							
DT-PA049-049							

Figure 61 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 drop-down menu.

**Required Attachments**

Required fields are indicated with an asterisk (\*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

**Attachment** PRIOR AUTHORIZATION DRUG ATTACHMENT FOR SYNAGIS

**Submission Method\***

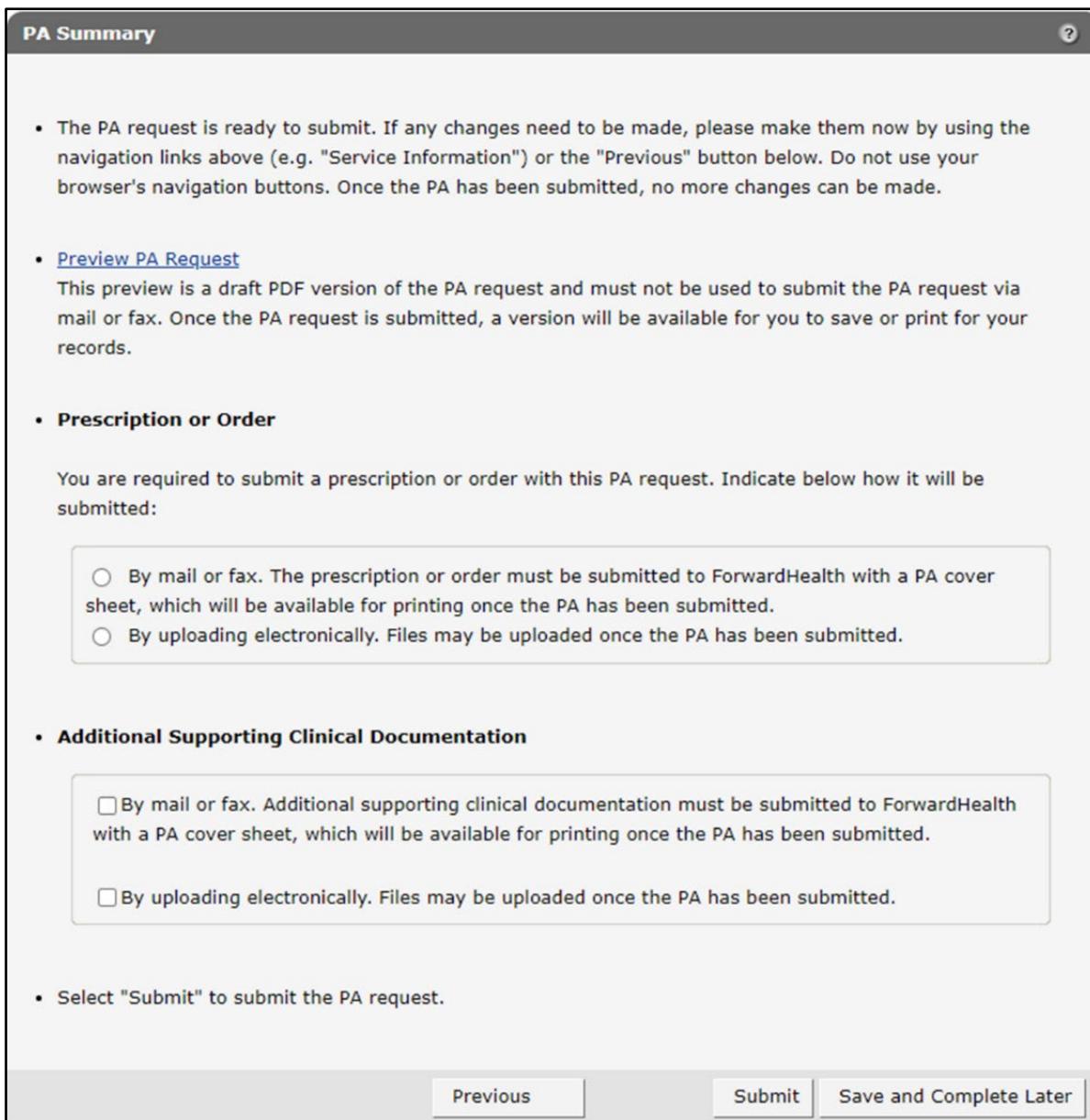
**Notes** The attachment form does not need to be completed.

Previous    Next    Save and Complete Later

**Figure 62** Required Attachments Page

2. Read the Notes for further instructions.

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



The screenshot shows the 'PA Summary' page. At the top, there is a header with the title 'PA Summary' and a question mark icon. The main content area contains the following sections:

- PA request status:** The PA request is ready to submit. Changes can be made using navigation links or the 'Previous' button, but not via the browser's navigation buttons once submitted.
- Preview PA Request:** A draft PDF version of the PA request is available for viewing in a new window. It is noted that this is a draft and must not be used to submit the PA request via mail or fax.
- Prescription or Order:** You are required to submit a prescription or order with this PA request. Options for submission are:
  - By mail or fax: The prescription or order must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
  - By uploading electronically: Files may be uploaded once the PA has been submitted.
- Additional Supporting Clinical Documentation:** Options for submission are:
  - 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.
- Action:** Select "Submit" to submit the PA request.

At the bottom, there are three buttons: 'Previous', 'Submit', and 'Save and Complete Later'.

**Figure 63** PA Summary Page

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

DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHO 106.03(4), Wis. Admin. Code DHO 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code					
<b>FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)</b>							
<p>Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.</p>							
<b>SECTION I — PROVIDER INFORMATION</b>							
1. Check only if applicable <input checked="" type="checkbox"/> HealthCheck *Other Services* <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)		2. Process Type 117 - Synagis  3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000					
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)  ABC CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890  5b. Billing Provider Taxonomy Code 987654321X					
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider					
<b>SECTION II — MEMBER INFORMATION</b>							
7. Member Identification Number 0987654321		8. Date of Birth — Member 03/03/1999					
10. Name — Member (Last, First, Middle Initial) MEMBER, IMA		11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female					
9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555							
<b>SECTION III — DIAGNOSIS / TREATMENT INFORMATION</b>							
12. Diagnosis — Primary Code and Description <b>F10 - ALCOHOL RELATED DISORDERS</b>				13. Start Date — SOI		14. First Date of Treatment — SOI	
15. Diagnosis — Secondary Code and Description				16. Requested PA Start Date 10/16/2018			
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers	21. POC	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	99205	1 2 3 4	12	OFFICE/OUTPATIENT VISIT NEW	2.000	\$360.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.							
26. SIGNATURE — Requesting Provider  I.M. Requesting Provider							
27. Date Signed  10/10/2018							
<b>-DRAFT-</b>							
DT-PA049-049							

**Figure 64** 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.
- **Please note:** Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request.

**Upload File**

File Choose File No file chosen

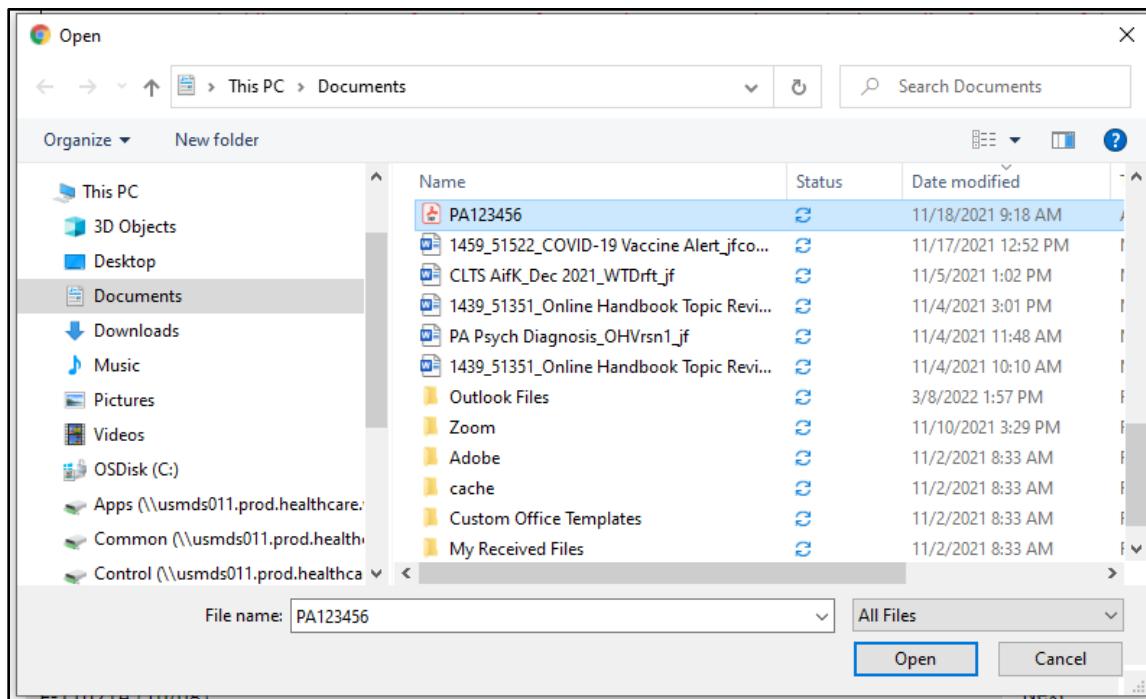
**Uploaded File List**

\*\*\* No rows found \*\*\*

Next

**Figure 65** File Upload Panel

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



**Figure 66** Choose File Window

b. Browse to and select the desired file.

c. Click **Open**.

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

**The following messages were generated:**

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

**File Upload**

Required fields are indicated with an asterisk (\*).

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

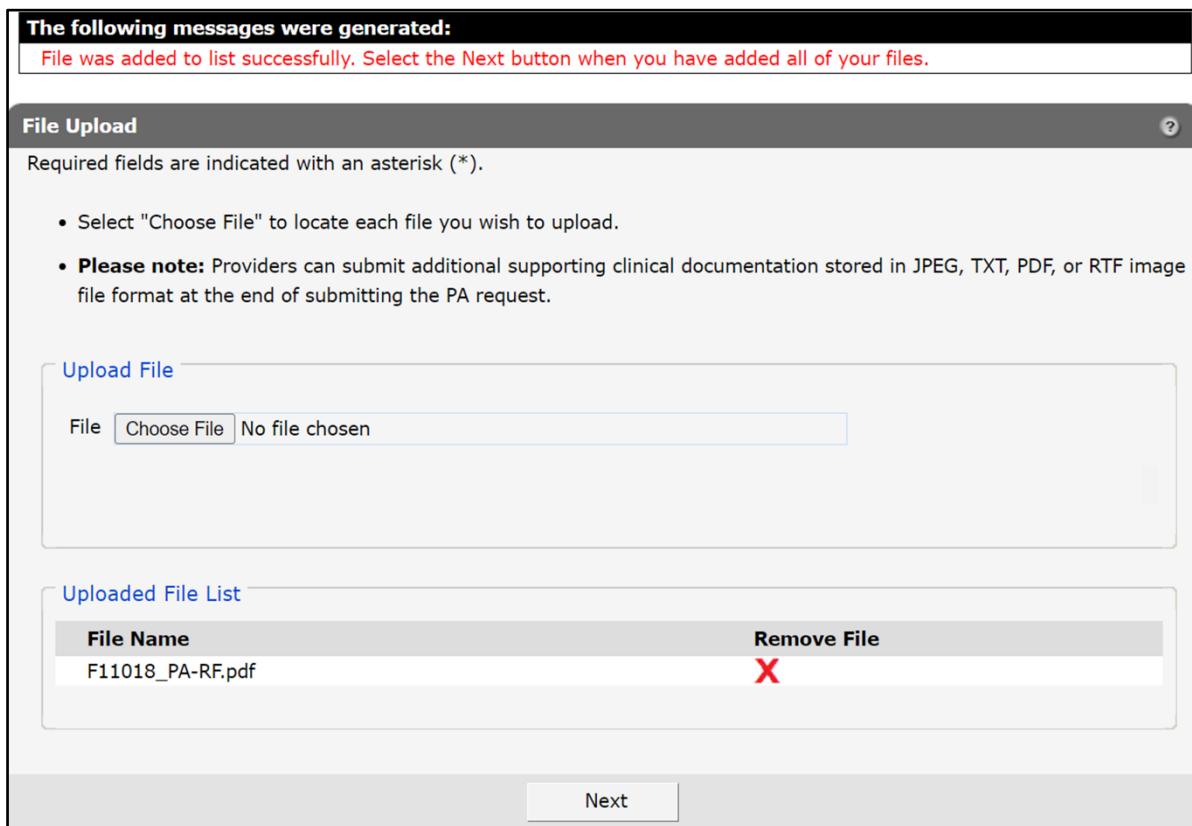
**Upload File**

File  No file chosen

**Uploaded File List**

File Name	Remove File
F11018_PA-RF.pdf	

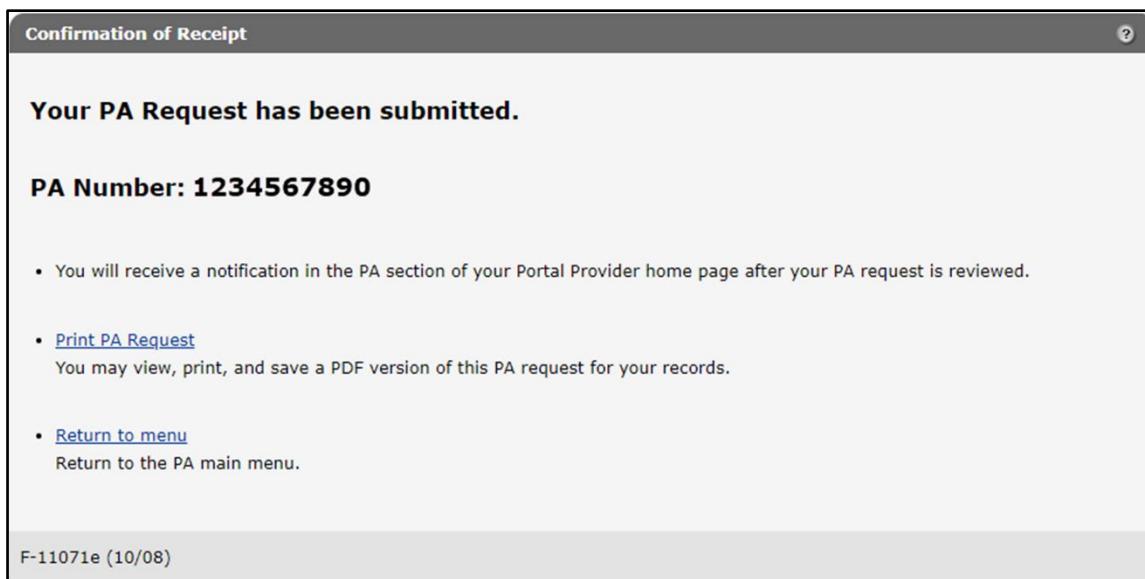
**Next**



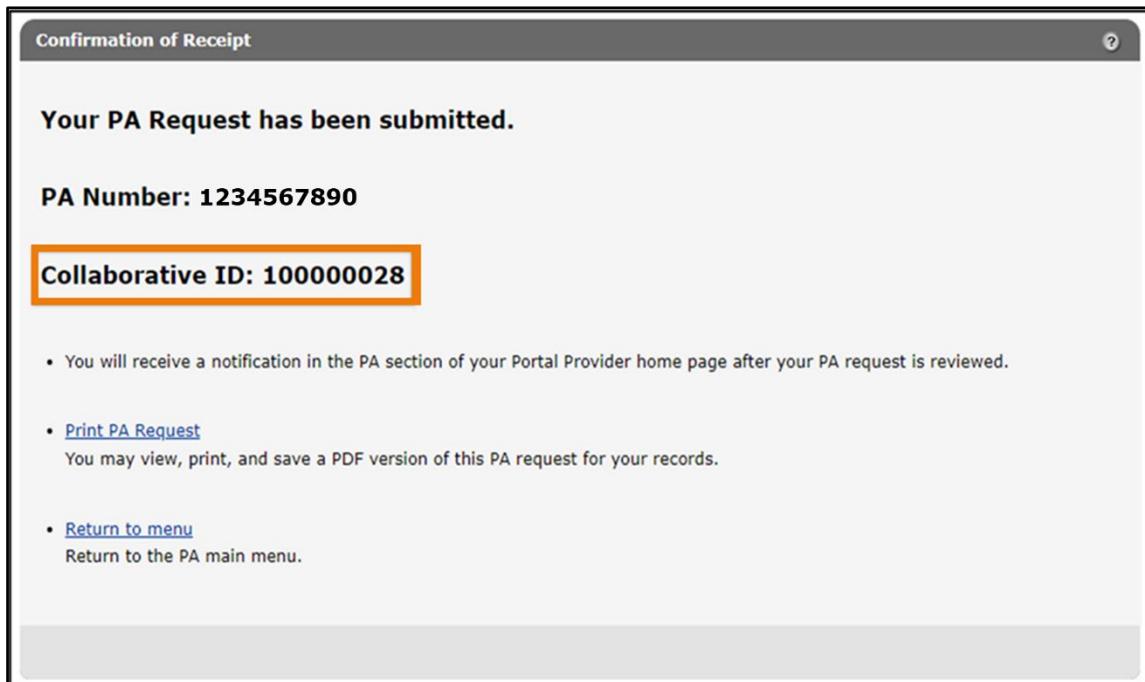
**Figure 67** Uploaded File List Section

- d. Upload as many files as necessary.

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



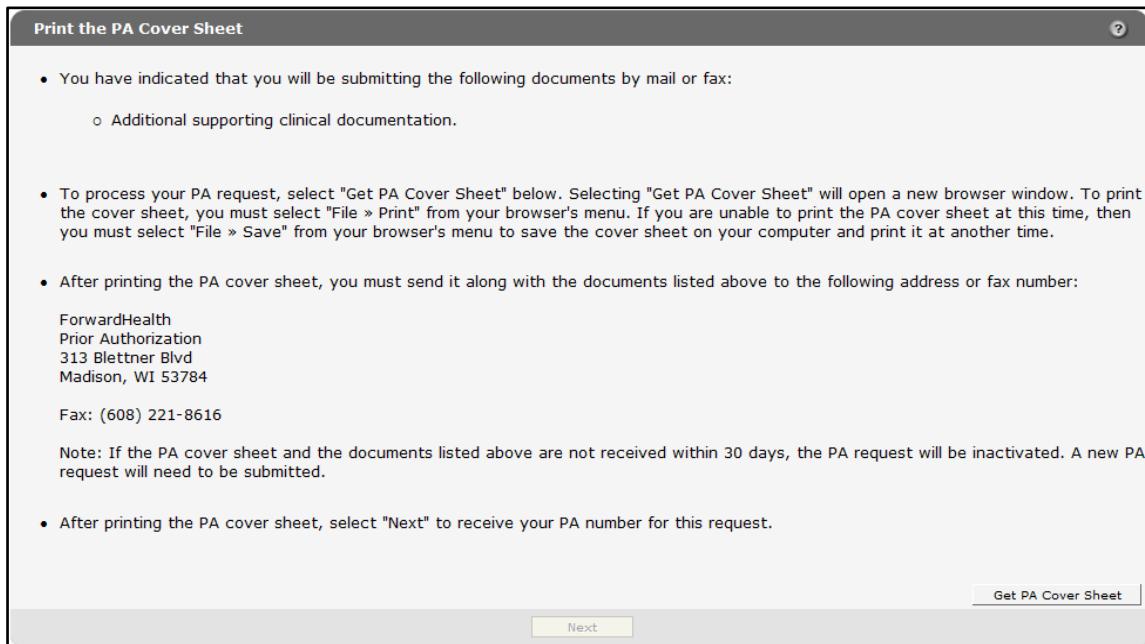
**Figure 68** Confirmation of Receipt Page Without Collaborative ID



**Figure 69** Confirmation of Receipt Page With Collaborative ID

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

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



**Figure 70** Print the PA Cover Sheet Page

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

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

January 18, 2024

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

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

Dear ABC CLINIC:

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

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

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

ForwardHealth  
Prior Authorization  
Site 58  
313 Blatzmer Blvd.  
Madison WI 53784

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

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

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

Sincerely,

ForwardHealth  
F-11159 (07/12)

www.dhs.wisconsin.gov

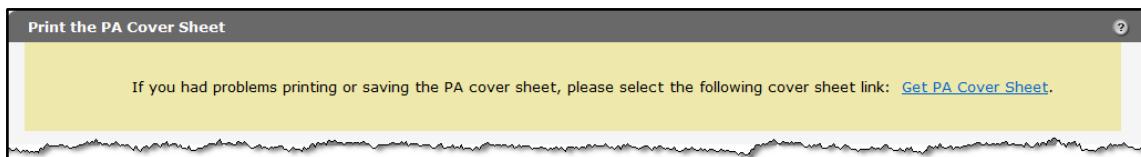
January 18, 2024 Page 2 of 2

List the additional supporting documentation below.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_  
9. \_\_\_\_\_  
10. \_\_\_\_\_

**Figure 71** Sample PDF Version of the PA Cover Sheet

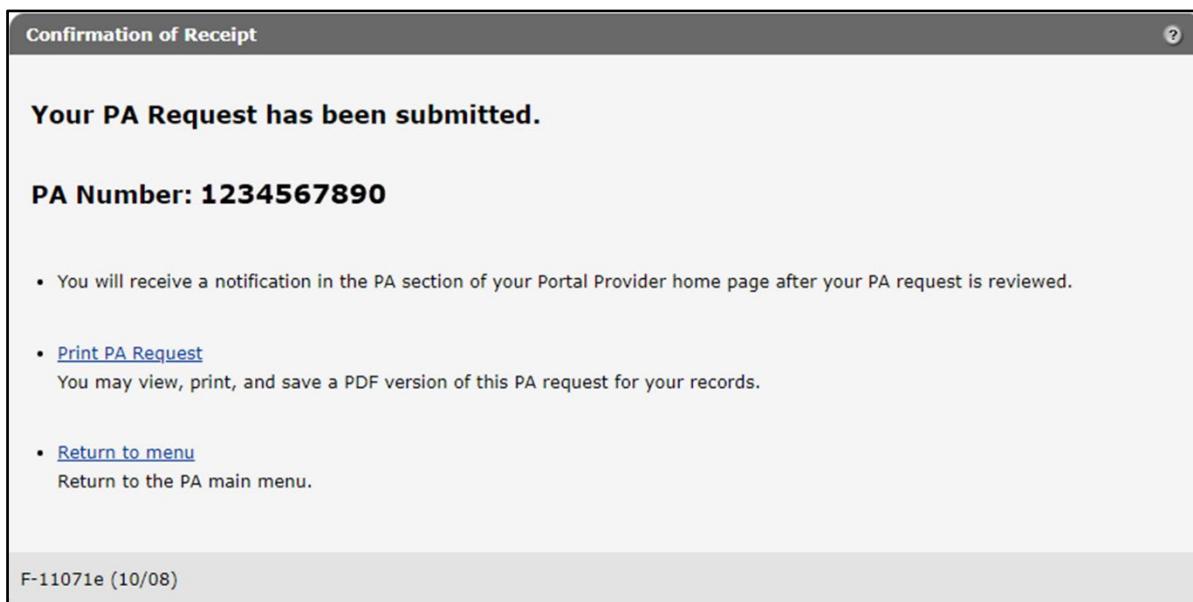
c. To print or save the PA cover sheet a hard drive or network location, use the Print or Save As function of the browser. If there are problems printing or saving the PA cover sheet, click the link that appears at the top of the Print the PA Cover Sheet page.



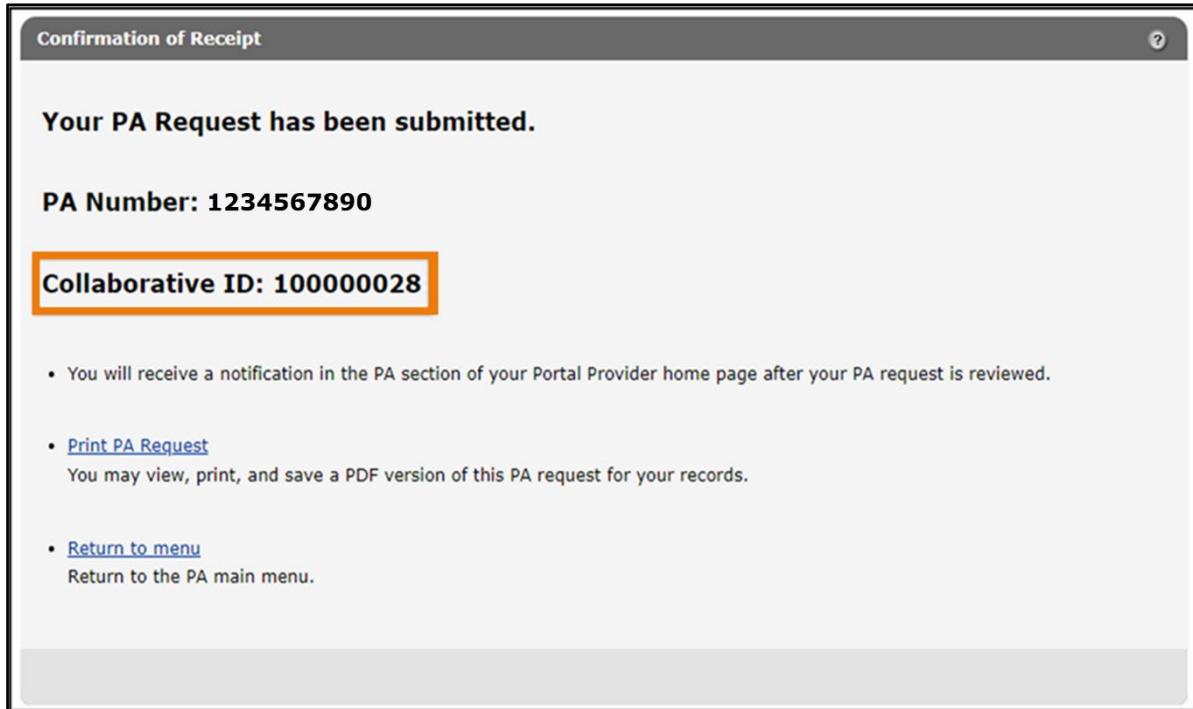
**Figure 72** Get PA Cover Sheet Link

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

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



**Figure 73** Confirmation of Receipt Page Without Collaborative ID



**Figure 74** Confirmation of Receipt Page With Collaborative ID

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

DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code	
<b>FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)</b>			
<p>Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.</p>			
<b>SECTION I — PROVIDER INFORMATION</b>			
1. Check only if applicable <input checked="" type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)		2. Process Type 117 - Synagis  3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000	
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)  ABC CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890  5b. Billing Provider Taxonomy Code 987654321X	
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider	
<b>SECTION II — MEMBER INFORMATION</b>			
7. Member Identification Number 0987654321		8. Date of Birth — Member 03/03/1999	
10. Name — Member (Last, First, Middle Initial) MEMBER, IMA		11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555			
<b>SECTION III — DIAGNOSIS / TREATMENT INFORMATION</b>			
12. Diagnosis — Primary Code and Description <b>F10 - ALCOHOL RELATED DISORDERS</b>			13. Start Date — SOI  10/16/2018
15. Diagnosis — Secondary Code and Description			16. Requested PA Start Date  10/16/2018
17. Rendering Provider Number 2345678901	18. Rendering Provider Taxonomy Code 123456789X	19. Service Code 99205	20. Modifiers 1    2    3    4  12. OFFICE/OUTPATIENT VISIT NEW
			21. POC  22. Description of Service  23. QR  24. Charge  2.000    \$360.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.			
26. SIGNATURE — Requesting Provider  I.M. Requesting Provider			27. Date Signed  10/10/2018
<b>-DRAFT-</b>  DT-PA049-049			

**Figure 75** 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 [Complete a Saved Prior Authorization Request](#) chapter of this user guide.

Note: The ability to save partially completed PA requests only applies to new PA requests. Providers will not be able to save partially completed PA amendments or corrections to returned PA requests or amendments.

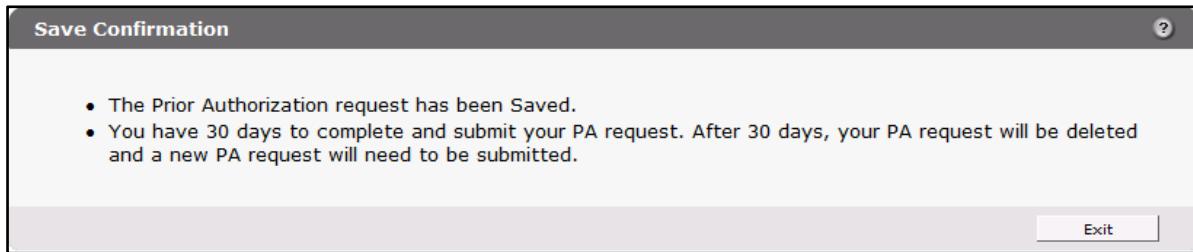
A Save and Complete Later button is available at the bottom of the Service Information page and each succeeding page until the request is submitted.

1. Click **Save and Complete Later** on any page where the button is available.



**Figure 76** Save and Complete Later Button

The Save Confirmation page will be displayed.



**Figure 77** Save Confirmation Page

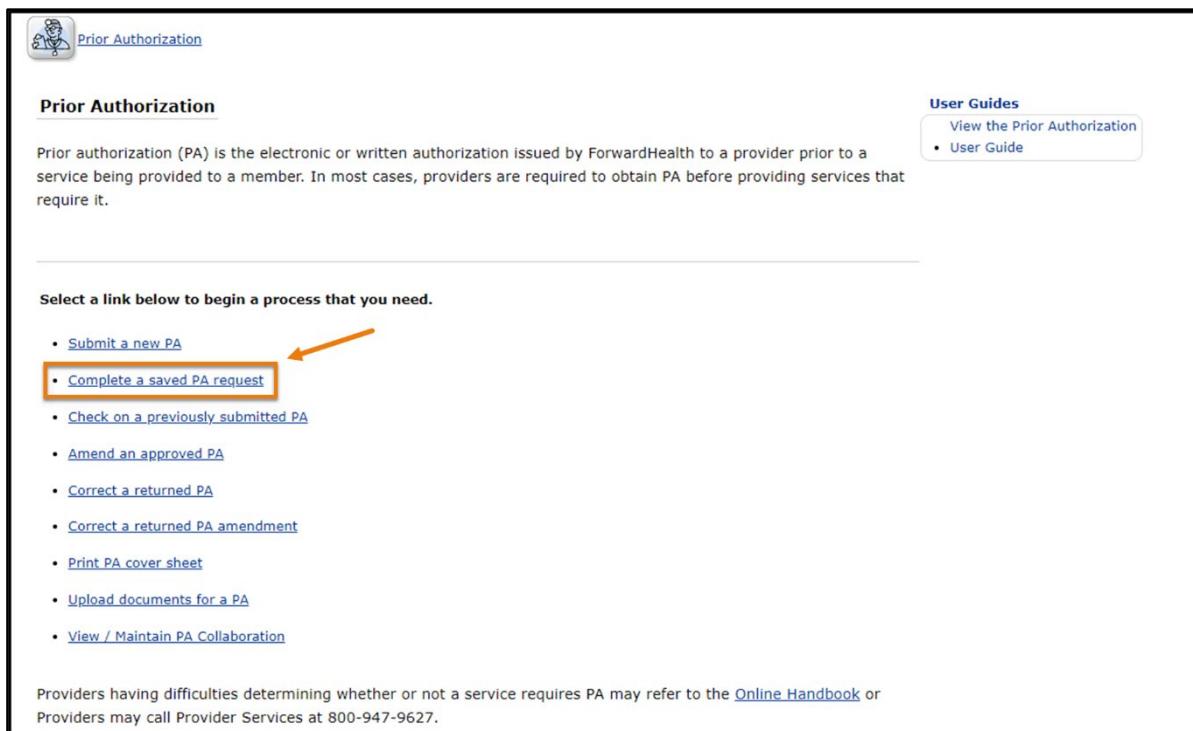
2. Click **Exit** to be redirected to the Prior Authorization page.

# 5 Complete a Saved Prior Authorization Request

A partially completed PA request can be retrieved at any time within 30 days from the last time it was saved.

Providers are required to submit or re-save a PA request within 30 calendar days of the date the PA request was last saved. After 30 calendar days of inactivity, a PA request will be automatically deleted, and the provider will have to re-enter the request.

1. On the Prior Authorization page, click **Complete a saved PA request**.



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.

Select a link below to begin a process that you need.

- [Submit a new PA](#)
- [Complete a saved PA request](#)
- [Check on a previously submitted PA](#)
- [Amend an approved PA](#)
- [Correct a returned PA](#)
- [Correct a returned PA amendment](#)
- [Print PA cover sheet](#)
- [Upload documents for a PA](#)
- [View / Maintain PA Collaboration](#)

Providers having difficulties determining whether or not a service requires PA may refer to the [Online Handbook](#) or Providers may call Provider Services at 800-947-9627.

User Guides

- [View the Prior Authorization](#)
- [User Guide](#)

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

The Complete a Saved PA Request page will be displayed.

The screenshot shows the 'Complete a Saved PA Request' page. At the top, a note says 'Required fields are indicated with an asterisk (\*). Select a PA request from the list below and select Next.' Below this is a table titled 'Saved PA Requests' with columns: Process Type, Medicaid ID, First Name, Last Name, Requested Start Date, and Last Saved Date. One row is shown: '111 - Physical therapy (PT)' with Medicaid ID 1234567890, First Name TEST, Last Name HALL, Requested Start Date 01/10/2024, and Last Saved Date 01/10/2024. Below the table is a 'Saved PA Request' section with 'Member Information' fields for Member ID, First Name, and Last Name. Under 'PA Information', there are fields for Process Type, Requested Start Date, and Last Saved Date. A 'delete' button is located to the right of these fields. At the bottom, a note says 'Below is a list of saved PAs that were deleted due to inactivity' and '\*\*\* No rows found \*\*\*'. Navigation buttons 'Next' and 'Exit' are at the bottom right.

**Figure 79** Complete a Save PA Request Page

The Complete a Saved PA Request page displays all the provider's PA requests that have been saved.

Any saved requests that have been deleted due to inactivity will be listed at the bottom of the page. The list will **not** include PA requests deleted by the provider. This list is for informational purposes only. Neither providers nor ForwardHealth will be able to retrieve PA requests that have been deleted.

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

**Complete a Saved PA Request**

Required fields are indicated with an asterisk (\*).  
• Select a PA request from the list below and select Next.

Process Type	Medicaid ID	First Name	Last Name	Requested Start Date	Last Saved Date
111 - Physical therapy (PT)	1234567890	TEST	HALL	01/10/2024	01/10/2024

**Saved PA Request**

**Member Information**

Member ID   
First Name   
Last Name

**PA Information**

Process Type   
Requested Start Date   
Last Saved Date

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

\*\*\* No rows found \*\*\*

**Next** **Exit** **delete**

**Figure 80** Complete a Saved PA Request Page With Populated Information

To delete the selected request, click **Delete**. A dialog box will be displayed. Click **OK** to delete the request.

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

**Initial Information**  
Required fields are indicated with an asterisk (\*).

**Process Type**  
Select a process type:\*

111 - Physical therapy (PT)  
112 - Occupational therapy (OT)  
113 - Speech and language pathology (SLP)  
117 - J Codes  
117 - PA Botox to Treat Migraines  
117 - Physician services, including rural health clinics and federally qualified health centers  
117 - Synagis  
118 - Chiropractic  
120 - Home Care  
120 - Home Health Therapy  
120 - Private Duty Nursing  
121 - Personal care services

**Urgent Indicator**  
Is this PA request medically urgent?\*

No  Yes

**HealthCheck "Other Service"**  
Is this a HealthCheck "Other Service"?\*

Yes  No

**Program Financial Payer**  
Select one:\*

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

**Billing Provider Number**  
Select a billing provider number:\*

1234567890 NPI ▾

**Provider Collaboration**

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

Select one:\*

New Collaborative  Existing Collaborative  None

Collaborative ID

Expected PA Count

Start Date

End Date

Reason

**Next**

**Figure 81** Initial Information Panel for Saved PA Request

4. Verify the information on this page. Providers **cannot** change the process type after the PA has been saved. If the process type needs to be changed, the saved PA request should be deleted, and a new PA request started.
5. If the information is correct, click **Next**. The Member Information page will be displayed.

Member Information

Required fields are indicated with an asterisk (\*).

Member ID\* 1234567890

First Name TEST

Last Name HALL

Requested Start Date\* 01/10/2024

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

Previous Next Clear Verify

**Figure 82** Member Information Page for Saved PA Request

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

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

**Service Information**  
Required fields are indicated with an asterisk (\*).

Primary Diagnosis Code*	R4701	[Search]	Primary Diag Description	APHASIA
Secondary Diagnosis Code		[Search]	Secondary Diag Description	
Requested Start Date	01/10/2024		Requesting Provider Signature*	
National Provider Identifier - Prescribing/Referring/Ordering Provider		[Search]	Name - Prescribing/Referring/Ordering Provider	
			Ordering Provider	

**Line Items**

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
01				0.000	\$0.00	
Total: <b>\$0.00</b>						
Select row to update/delete -or- enter new line item information and select Add						
Line Item	01					
Rendering Provider ID		[Search] (If blank, will default to Billing Provider)				
Rendering Provider						
Taxonomy						
Service Code Type* PROCEDURE CODE (After choosing, move off field, and wait for Service Code field to appear)						
Service Code*		[Search]				
Service Code Description						
Additional Service Code Description						
Modifiers [Search] [Search] [Search] [Search] [Search] [Search]						
Place of Service*		[Search]				
Quantity Requested*	0.000					
Charge*	\$0.00					
Add Save Delete						

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

Previous Next Save and Complete Later Clear Verify

**Figure 83** Service Information Page for Saved PA Request

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

If the PA request cannot be completed at this time, providers can save the request and finish it later by clicking **Save and Complete Later**. PA requests may be saved as many times as necessary as long as providers submit or re-save the request within 30 calendar days of the date the request was last saved. After 30 calendar days of inactivity, the request will be automatically deleted, and providers will need to start a new request.

# 6 Check on a Previously Submitted Prior Authorization

On the Prior Authorization page, click Check on a previously submitted PA. The Find PA Record page will be displayed.

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number  View PA Record

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

Any

111 - Physical therapy (PT)  
112 - Occupational therapy (OT)  
113 - Speech and language pathology (SLP)  
117 - PA Botox to Treat Migraines  
117 - Physician services, including rural health clinics and federally qualified health centers

Provider ID

Member ID

Requested Start Date

PA Status Any

Amendment Status Any

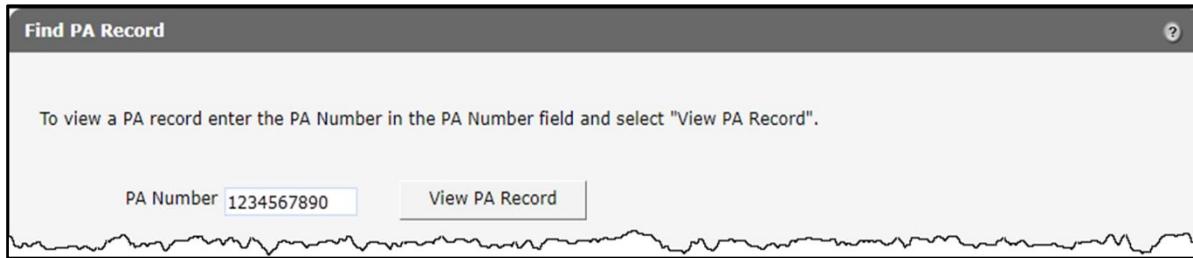
Search  Clear  Exit

**Figure 84** Find PA Record Page

The provider can find a PA by either entering a PA number or entering information in one or more of the data fields.

## 6.1 Search by Prior Authorization Number

1. Enter the PA number in the PA number field.

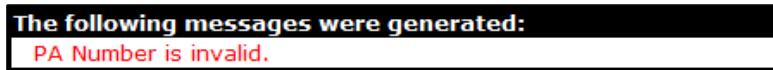


To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number  View PA Record

**Figure 85** Search by PA Number

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



**Figure 86** Example Error Message

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.

**PA Record**

The PA record below is in "APPROVED" status.

To view the decision on this approved PA select "View PA Decision Notice" located in the PA Information section. If you wish to submit an amendment request for this PA, select "Amend this PA" located at the bottom of the page.

**PA Message**

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

**PA Information**

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

**Line Item Information**

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

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

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

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

**Figure 87** PA Record Page

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

## 6.2 Search by Other Criteria

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

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

- Process Type
- Provider ID

Note: To search by Provider ID, the provider must be logged in to a hospital account.

- Member ID
- Requested Start Date
- PA Status
- Amendment Status

To view all previously submitted PAs, leave all the fields blank.

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

Any

111 - Physical therapy (PT)  
112 - Occupational therapy (OT)  
113 - Speech and language pathology (SLP)  
117 - PA Botox to Treat Migraines  
117 - Physician services, including rural health clinics and federally qualified health centers

Member ID 0987654321

Requested Start Date

PA Status Any

Amendment Status Any

Search Clear Exit

**Figure 88** Search by Other Criteria

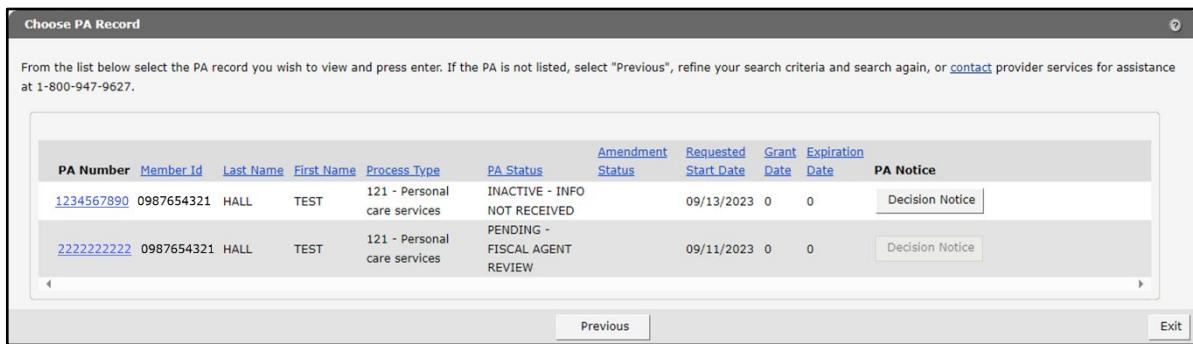
2. Click **Search**.

If no results match the criteria entered, an error message will be displayed at the top of the page. Revise the search criteria and click **Search** again.

**The following messages were generated:**  
No PA records can be found in the system matching the criteria entered.

**Figure 89** Example Error Message

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



The screenshot shows a software window titled "Choose PA Record". A message at the top reads: "From the list below select the PA record you wish to view and press enter. If the PA is not listed, select "Previous", refine your search criteria and search again, or [contact](#) provider services for assistance at 1-800-947-9627." Below this is a table with the following data:

PA Number	Member Id	Last Name	First Name	Process Type	PA Status	Amendment Status	Requested Start Date	Grant Date	Expiration Date	PA Notice
<a href="#">1234567890</a>	0987654321	HALL	TEST	121 - Personal care services	INACTIVE - INFO NOT RECEIVED		09/13/2023	0	0	<a href="#">Decision Notice</a>
<a href="#">2222222222</a>	0987654321	HALL	TEST	121 - Personal care services	PENDING - FISCAL AGENT REVIEW		09/11/2023	0	0	<a href="#">Decision Notice</a>

At the bottom of the window are buttons for "Previous" and "Exit".

**Figure 90** Choose PA Record Page

Note: To sort the results by category, click a column heading once to sort the results in ascending order. Click the heading twice to sort the results in descending order.

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

The screenshot shows the 'PA Record' window. The 'PA Information' section contains fields for PA Number (1234567890), Media Type (WEB), First Name (TEST), Member ID (0987654321), Last Name (HALL), Date of Birth (05/04/1955), PA Status (PENDING - FISCAL AGENT REVIEW), Amendment Status, Process Type (121 - Personal care services), Program (Medicaid), HealthCheck Other Service (No), Requested Start Date (09/11/2023), First Date of Treatment - SOI, Primary Diagnosis Code (F200), Description (PARANOID SCHIZOPHRENIA), Secondary Diagnosis Code, Description, National Provider Identifier- Prescribing/Referring/ Ordering Provider, and Name - Prescribing/Referring/ Ordering Provider.

The 'Line Item Information' section displays a table with columns: Line Item, Status, Service Code, Units Requested, Dollars Requested, Units Authorized, Dollars Authorized, Grant Date, and Expiration Date. A single row is shown for Line Item 01, Status PENDING, Service Code T1019, Units Requested 5.000, Dollars Requested \$5.00, Units Authorized 0.000, Dollars Authorized \$0.00, Grant Date, and Expiration Date. Below the table, details for Line Item 01 are provided: Status PENDING, Rendering Provider ID 41524800 MCD, Prescribing Provider ID, Service Code Type Procedure Code, Service Code T1019, Service Code Description 123 UNITS/WK X 53 WKS, Tooth, Modifiers, Place of Service 12, Units Requested 5.000, Dollars Requested \$5.00, Units Authorized 0.000, Dollars Authorized \$0.00, Units Remaining 0.000, Dollars Remaining \$0.00, Grant Date, and Expiration Date.

**Figure 91** PA Record Page

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

## 6.3 Change Suspended Prior Authorization Status

If the selected PA is in a status of *Suspended—Provider Sending Info*, providers have the option of changing the PA status from *Suspended* to *Pending* if it is determined that additional information will not need to be mailed or faxed.

1. On the Prior Authorization page, click **Check on a previously submitted PA**. The Find PA Record page will be displayed.

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number  View PA Record

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

Any  
111 - Physical therapy (PT)  
112 - Occupational therapy (OT)  
113 - Speech and language pathology (SLP)  
117 - PA Botox to Treat Migraines  
117 - Physician services, including rural health clinics and federally qualified health centers

Provider ID

Member ID

Requested Start Date

PA Status Any

Amendment Status Any

**Figure 92** Find PA Record Page

## 2. Search for the PA.

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

**PA Record**

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

**PA Message**

====There are No PA Messages====

**PA Information**

PA Number	0123456789	Media Type	WEB
First Name	IMA	Member ID	2222222222
Last Name	MEMBER	Date of Birth	08/18/2000
PA Status	SUSPENDED - PROVIDER SENDING INFO		
Amendment Status			
Process Type	121 - Personal care services		
Program	Medicaid		
HealthCheck Other Service	No	Start Date - SOI	
Requested Start Date	12/13/2023	First Date of Treatment - SOI	
Primary Diagnosis Code	F200	Description	PARANOID SCHIZOPHRENIA
Secondary Diagnosis Code		Description	
National Provider Identifier- Prescribing/Referring/Ordering Provider	Name - Prescribing/Referring/ Ordering Provider		

**Line Item Information**

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

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

Line Item 01

Status PENDING

Rendering Provider ID 41524800 MCD

Prescribing Provider ID

Service Code Type Procedure Code

Service Code T1019

Service Code Description 123 UNITS/WK X 53 WKS

Tooth

Area of the Oral Cavity

Modifiers

Place of Service 12

Units Requested	5.000	Dollars Requested	\$5.00
Units Authorized	0.000	Dollars Authorized	\$0.00
Units Remaining	0.000	Dollars Remaining	\$0.00

Grant Date

Expiration Date

**Change Prior Authorization Status**

Check this box to change PA status from "Suspended" to "Pending". Enter text below to explain or comment on why the PA can be processed.

Comments (Optional)

Submit

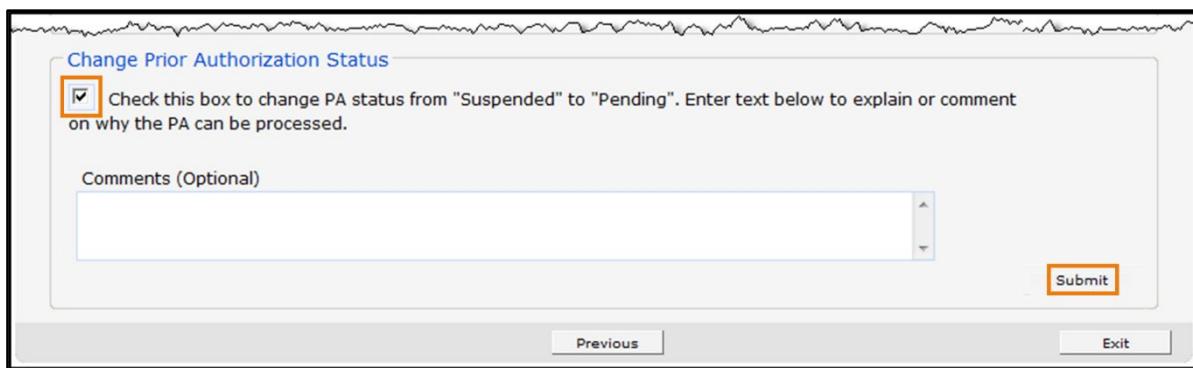
Previous

Copy PA

Exit

**Figure 93** PA Record Page With Change Prior Authorization Status Section

3. Check the box in the “Change Prior Authorization Status” section of the PA Record page.



The screenshot shows a 'Change Prior Authorization Status' section. It contains a checked checkbox labeled 'Pending' with the instruction: 'Check this box to change PA status from "Suspended" to "Pending". Enter text below to explain or comment on why the PA can be processed.' Below is a 'Comments (Optional)' text area and a 'Submit' button.

**Figure 94** Change Prior Authorization Status Section

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

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

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

**Figure 95** 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 96** Confirmation Message

Note: The PA will still show a suspended status even though the status change was successful. To verify the status change, search for the PA again using the PA number. The current status of the PA will be displayed at the top of the PA Record page.

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

# 7 Amend an Approved Prior Authorization

Only PAs with an approved status may be amended.

1. On the Prior Authorization page, click **Amend an approved PA**. The Find PA Record page will be displayed.

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number  View PA Record

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

Any

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers

Provider ID

Member ID

Requested Start Date

PA Status APPROVED

Amendment Status

Search Clear Exit

**Figure 97** Find PA Record Page

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

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

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

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

**PA Record**

The PA record below is in "APPROVED" status.  
To view the decision on this approved PA select "View PA Decision Notice" located in the PA Information section. If you wish to submit an amendment request for this PA, select "Amend this PA" located at the bottom of the page.

**PA Message**

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

**PA Information**

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

**Line Item Information**

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

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

Line Item 01

Status APPROVED

Rendering Provider ID 2345678901 MCD

Prescribing Provider ID

Service Code Type Procedure Code

Service Code T1019

Service Code Description 123 UNITS/WK X 53 WKS

Tooth

Modifiers

Place of Service 12

Units Requested 500.000

Dollars Requested \$1,000.00

Units Authorized 6519.000

Dollars Authorized \$0.00

Units Remaining 6,519.000

Dollars Remaining \$0.00

Grant Date 09/13/2023

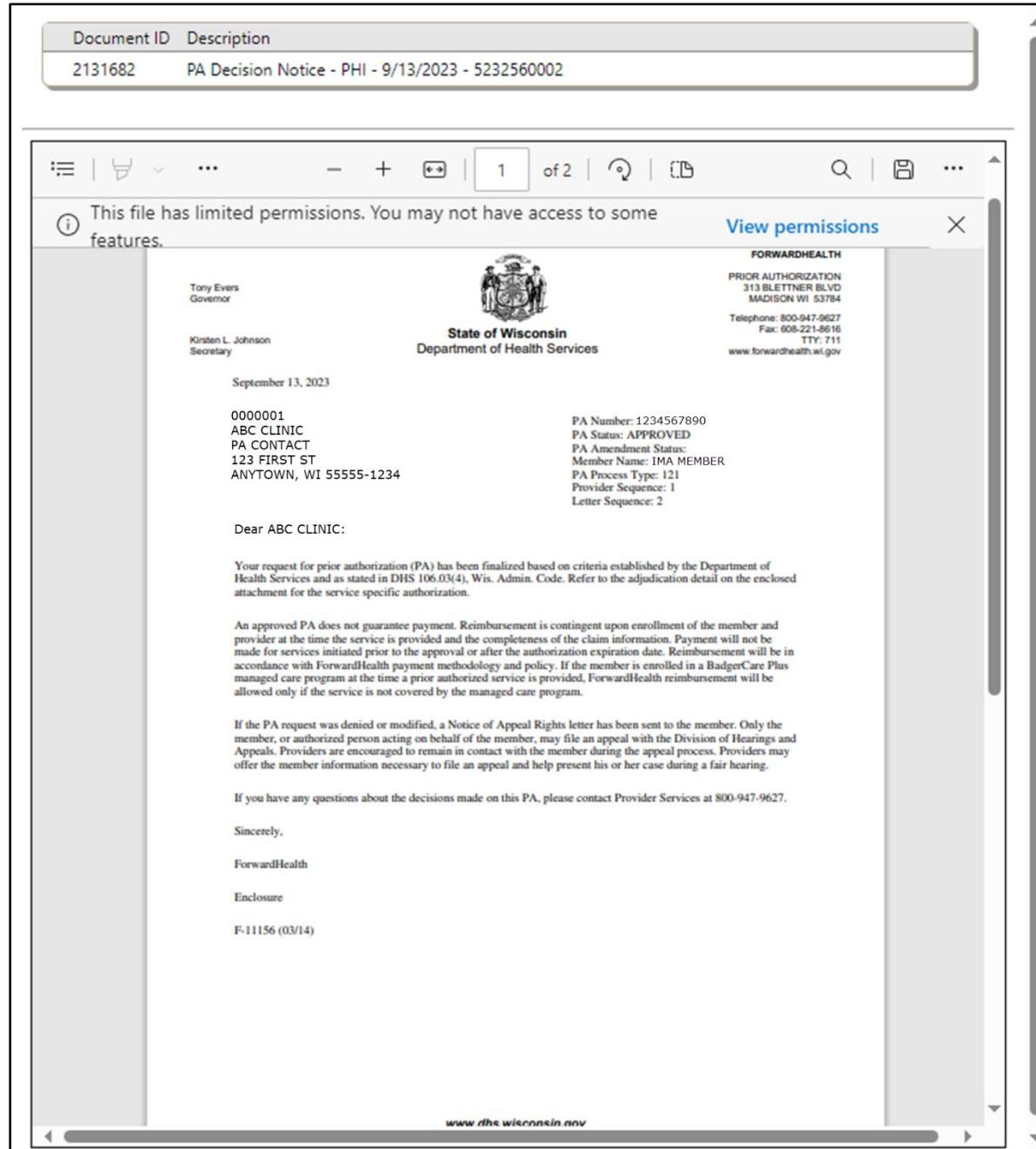
Expiration Date 09/12/2024

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

**Figure 98** PA Record Page

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.



**Figure 99** 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**

Required fields are indicated with an asterisk (\*).

**SECTION I - MEMBER INFORMATION**

Original PA Number  Today's Date  Process Type

Member ID  First Name  Last Name

**SECTION II - PROVIDER INFORMATION**

Name  Provider ID  Address Line 1  Address Line 2  City  State/ZIP

**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 amendment request has been submitted.

Signature - Requesting Provider\*   
Date Signed - Requesting Provider\*

F-11042e - (10/08)  
HFS 106.03(4), Wis. Admin. Code  
HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g),  
Wis. Admin. Code

**Figure 100** Amendment Request Page

7. In “SECTION III - AMENDMENT INFORMATION”, although not all the fields are required, enter as much information as possible.

- In the Requested Start Date field, enter the start date requested for the amendment in MM/DD/CCYY format.
- If the end date is different from the current expiration date, enter the end date requested for the amendment in MM/DD/CCYY format in the Requested End Date field.
- In the “Reason for Amendment Request (Check All That Apply)” section, check a reason(s) for the amendment request.

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

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

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

- If additional supporting clinical documentation is needed, check the appropriate box indicating whether the additional documents will be mailed, faxed, or uploaded.
- In the Signature — Requesting Provider field, enter the signature of the provider that requested the original PA.
- In the Date Signed — Requesting Provider field, enter the date the amendment request was signed by the requesting provider in MM/DD/CCYY format.

8. Click **Submit**.

- If no additional clinical documentation is needed and the amendment request was submitted successfully, the [Confirmation of Receipt](#) page will be displayed.
- If additional clinical documentation is being mailed or faxed, the Cover Sheet page will be displayed.
  - a. Click **Get PA Cover Sheet**. A PDF version of the PA cover sheet will open in a new window.
  - b. Print or save the PA cover sheet.
  - c. Close the window.
  - d. On the Cover Sheet page, click **Next**. The [Confirmation of Receipt](#) page will be displayed.

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

The screenshot shows the 'File Upload' panel. At the top, a note says 'Required fields are indicated with an asterisk (\*).'. Below it, instructions advise selecting 'Choose File' to locate files and note that JPG, JPEG, TXT, RTF, or PDF formats are accepted. The 'Upload File' section contains a 'File Path\*' field with a 'Choose File' button and a message 'No file chosen'. The 'Uploaded File List' section shows a message '\*\*\* No rows found \*\*\*'. At the bottom, a summary table lists 'F-11042e - (10/08)', 'HFS 106.03(4), Wis. Admin. Code', and 'HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code'. A 'Next' button is located to the right of the summary table.

F-11042e - (10/08)	Next
HFS 106.03(4), Wis. Admin. Code	
HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code	

**Figure 101** File Upload Panel

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

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

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

**File Upload** ?

Required fields are indicated with an asterisk (\*).

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

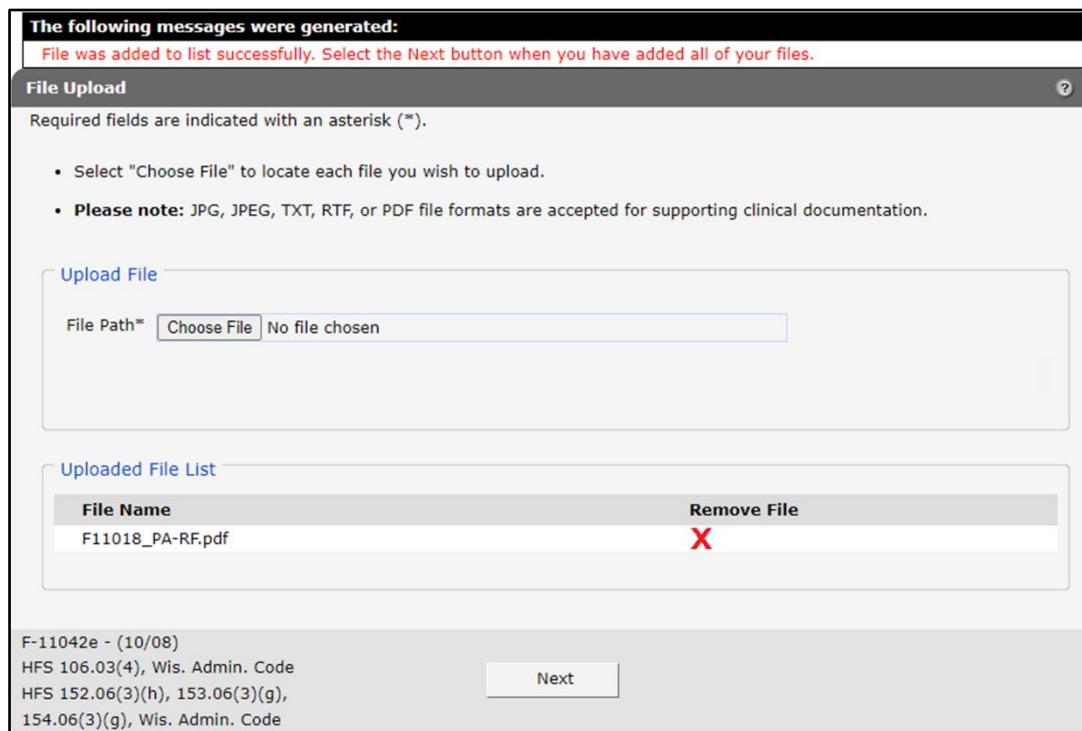
**Upload File**

File Path\*  No file chosen

**Uploaded File List**

File Name	Remove File
F11018_PA-RF.pdf	

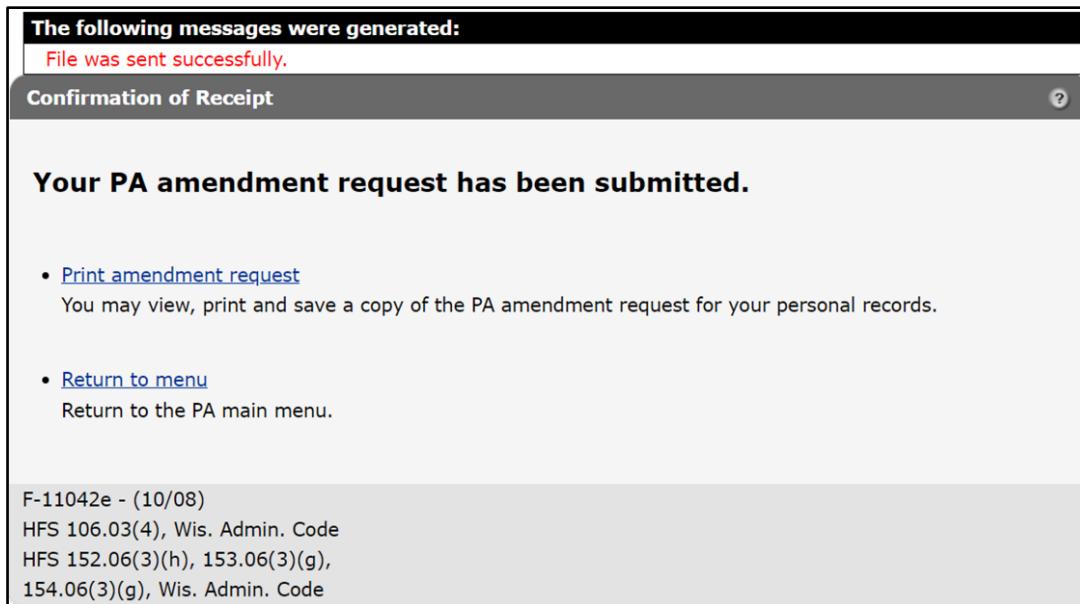
F-11042e - (10/08)  
HFS 106.03(4), Wis. Admin. Code  
HFS 152.06(3)(h), 153.06(3)(g),  
154.06(3)(g), Wis. Admin. Code



**Figure 102** Uploaded File List Section

- d. Upload as many files as necessary.

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



**Figure 103** Confirmation of Receipt Page

9. To view, print, or save a copy of the amendment request, click **Print amendment request**. A PDF version of the amendment request will be displayed in a separate browser window.

<b>DEPARTMENT OF HEALTH SERVICES</b> Division of Health Care Access and Accountability F-11042 (07/12)		<b>STATE OF WISCONSIN</b> DHS 106.03(4), Wis. Admin. Code DHS 152.06(3(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code
<b>FORWARDHEALTH PRIOR AUTHORIZATION AMENDMENT REQUEST</b>		
<p>Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. <b>Instructions:</b> Type or print clearly. Refer to the Prior Authorization Amendment Request Completion Instructions, F-11042A, for detailed information on completing this form.</p>		
<b>SECTION I — MEMBER INFORMATION</b>		
1. Original PA Number  1234567890	2. Process Type  121 - Personal	3. Member Identification Number  0987654321
4. Name — Member (Last, First, Middle Initial)  MEMBER, IMA		
<b>SECTION II — PROVIDER INFORMATION</b>		
5. Billing Provider Number  2345678901 MCD	7. Address — Billing Provider (Street, City, State, ZIP+4 Code)  123 FIRST ST, ANYTOWN, WI 55555-1234	
6. Name — Billing Provider  ABC CLINIC		
<b>SECTION III — AMENDMENT INFORMATION</b>		
8. Requested Start Date  10/13/2023	9. Requested End Date (If Different from Expiration Date of Current PA)	
10. Reasons for Amendment Request (Check All That Apply)		
<input type="checkbox"/> Change Billing Provider Number <input type="checkbox"/> Add Procedure Code / Modifier <input type="checkbox"/> Change Procedure Code / Modifier <input type="checkbox"/> Change Diagnosis Code <input type="checkbox"/> Change Grant or Expiration Date <input type="checkbox"/> Discontinue PA <input checked="" type="checkbox"/> Change Quantity <input type="checkbox"/> Other (Specify) _____		
11. Description and Justification for Requested Change  Need to change the quantity for this request.		
12. Are Attachments Included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, specify attachments below.		
13. <b>SIGNATURE</b> — Requesting Provider  IAM PROVIDER		14. Date Signed — Requesting Provider  10/13/2023
<b>-DRAFT-</b>  DT-PA002-002		

**Figure 104** Draft PDF Version of the PA Amendment Request

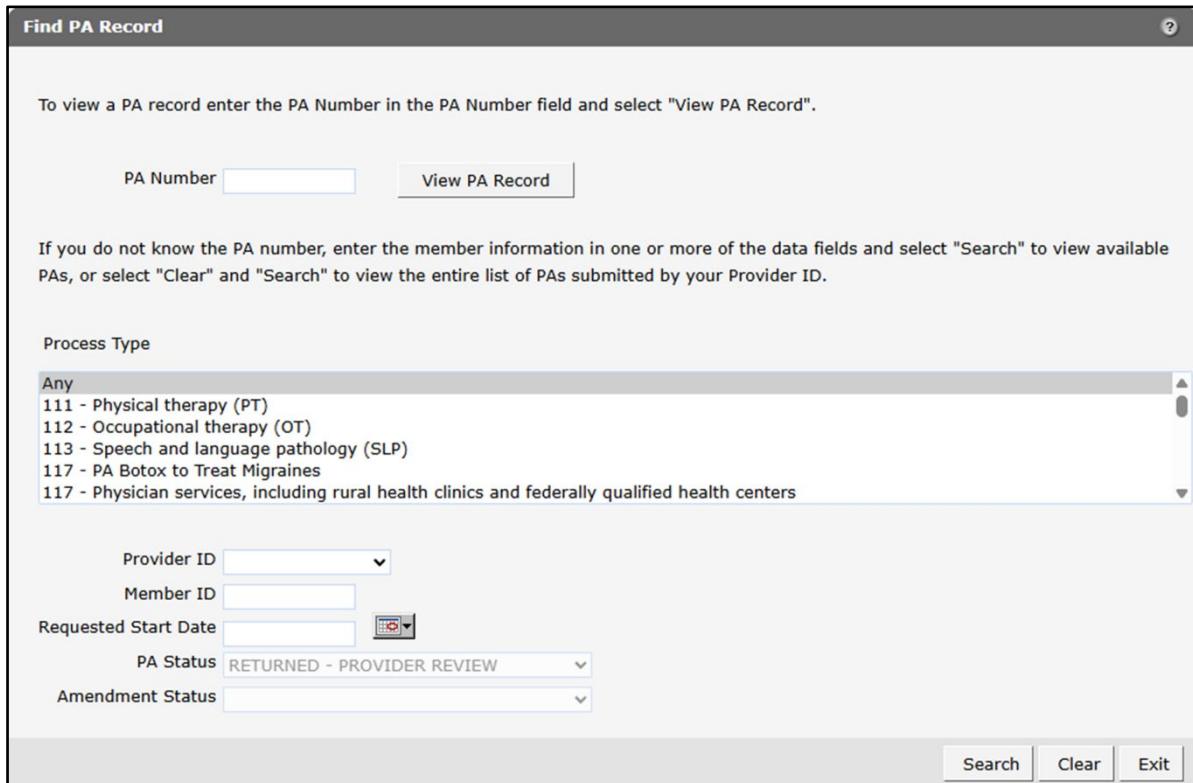
10. Use the browser functions to print or save the amendment request.

Note: This copy of the amendment request is strictly for recordkeeping.

11. Click **Return to menu** to be redirected to the Prior Authorization page of the Portal.

# 8 Correct a Returned Prior Authorization

1. On the Prior Authorization page, click **Correct a returned PA**. The Find PA Record page will be displayed.



Find PA Record

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number  View PA Record

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

Any

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers

Provider ID

Member ID

Requested Start Date  

PA Status RETURNED - PROVIDER REVIEW

Amendment Status

Search Clear Exit

**Figure 105** Find PA Record Page

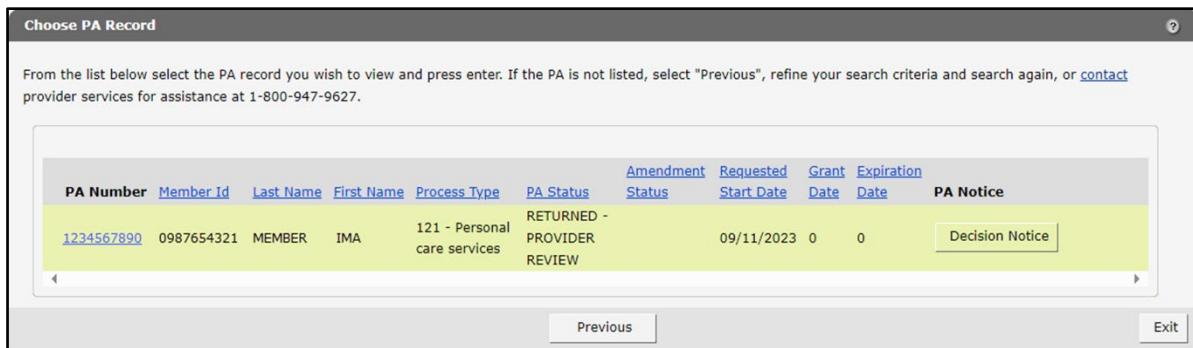
The PA Status field will already be populated with *Returned — Provider Review*.

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

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

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

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



The screenshot shows a software window titled "Choose PA Record". A message at the top reads: "From the list below select the PA record you wish to view and press enter. If the PA is not listed, select "Previous", refine your search criteria and search again, or [contact](#) provider services for assistance at 1-800-947-9627." Below this is a table with the following data:

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

At the bottom of the window are "Previous" and "Exit" buttons.

**Figure 106** Choose PA Record Page

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

**PA Record**

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

**PA Message**

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

**PA Information**

PA Number	1234567890	Media Type	WEB
First Name	IMA	Member ID	9876543210
Last Name	MEMBER	Date of Birth	05/04/1955
PA Status	RETURNED - PROVIDER REVIEW	<a href="#">View latest PA Returned letter</a>	
Amendment Status			
Process Type	121 - Personal care services		
Program	Medicaid		
HealthCheck Other Service	No	Start Date - SOI	
Requested Start Date	09/11/2023	First Date of Treatment - SOI	
Primary Diagnosis Code	F200	Description	PARANOID SCHIZOPHRENIA
Secondary Diagnosis Code		Description	
National Provider Identifier- Prescribing/Referring/Ordering Provider	Name - Prescribing/Referring/ Ordering Provider		

**Line Item Information**

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

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

Line Item 01

Status PENDING

Rendering Provider ID 41524800 MCD

Prescribing Provider ID

Service Code Type Procedure Code

Service Code T1019

Service Code Description 123 UNITS/WK X 53 WKS

Tooth

Modifiers

Place of Service 12

Units Requested	5.000	Dollars Requested	\$5.00
Units Authorized	0.000	Dollars Authorized	\$0.00
Units Remaining	0.000	Dollars Remaining	\$0.00

Grant Date

Expiration Date

**Option 1** (points to the "View latest PA Returned letter" button)

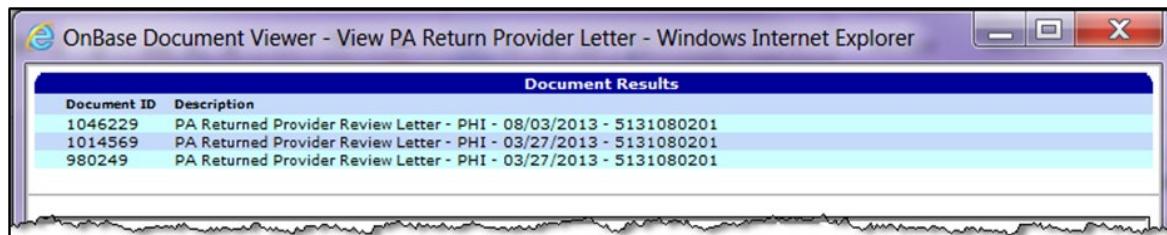
**Option 2** (points to the "Correct this PA" button)

Previous      Copy PA      Correct this PA      Exit

**Figure 107** PA Record Page

4. To view the latest PA returned letter, click **View latest PA Returned letter**. An OnBase Document Viewer window will open and display Document Results.

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



**Figure 108** OnBase Document Viewer Window

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**. A dialog box may be displayed.



**Figure 109** Dialog Box

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

**Initial Information** ?

Required fields are indicated with an asterisk (\*).

Click the "View Letter" button to see the latest Returned Provider Review letter. View Letter

**Process Type**

Select a process type:

Please select your process type

111 - Physical therapy (PT)  
112 - Occupational therapy (OT)  
113 - Speech and language pathology (SLP)  
117 - J Codes  
117 - PA Botox to Treat Migraines  
117 - Physician services, including rural health clinics and federally qualified health centers  
117 - Synagis  
118 - Chiropractic  
120 - Home Care  
120 - Home Health Therapy  
120 - Private Duty Nursing

**Urgent Indicator**

Is this PA request medically urgent?\*

No  Yes

**HealthCheck "Other Service"**

Is this a HealthCheck "Other Service"?\*

Yes  No

**Program Financial Payer**

Select one:\*

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

**Provider Collaboration**

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

Select one:\*

New Collaborative  Existing Collaborative  None

Collaborative ID

Expected PA Count

Start Date

End Date

Reason

Next

**Figure 110** Initial Information Page

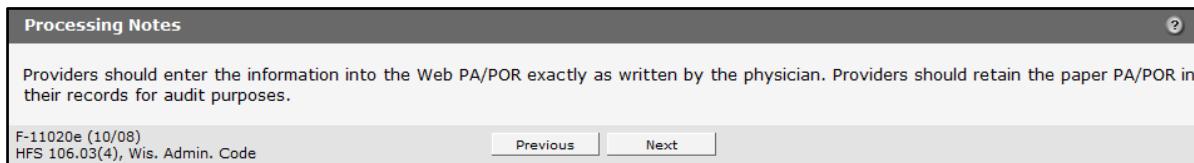
10. Click **View Letter** to review the latest Returned Provider Review Letter. Note: Clicking this button performs the same function as the **View latest PA Returned Letter** button in [step 4](#).

11. Close the OnBase Document Viewer and PDF viewer windows.

12. Make any necessary changes on the Initial Information page.

Note: Changing information on this page will change information that is entered on other PA request pages. Inaccurate information can create delays or problems with processing the resubmitted PA.

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



Processing Notes

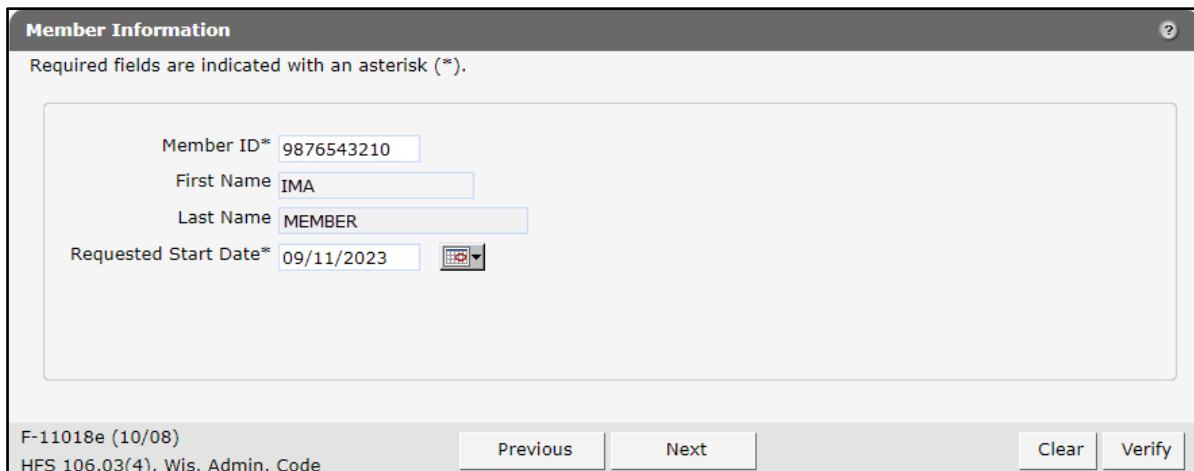
Providers should enter the information into the Web PA/POR exactly as written by the physician. Providers should retain the paper PA/POR in their records for audit purposes.

F-11020e (10/08)  
HFS 106.03(4), Wis. Admin. Code

Previous Next

**Figure 111** Processing Notes Page

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



Member Information

Required fields are indicated with an asterisk (\*).

Member ID\* 9876543210  
First Name IMA  
Last Name MEMBER  
Requested Start Date\* 09/11/2023

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

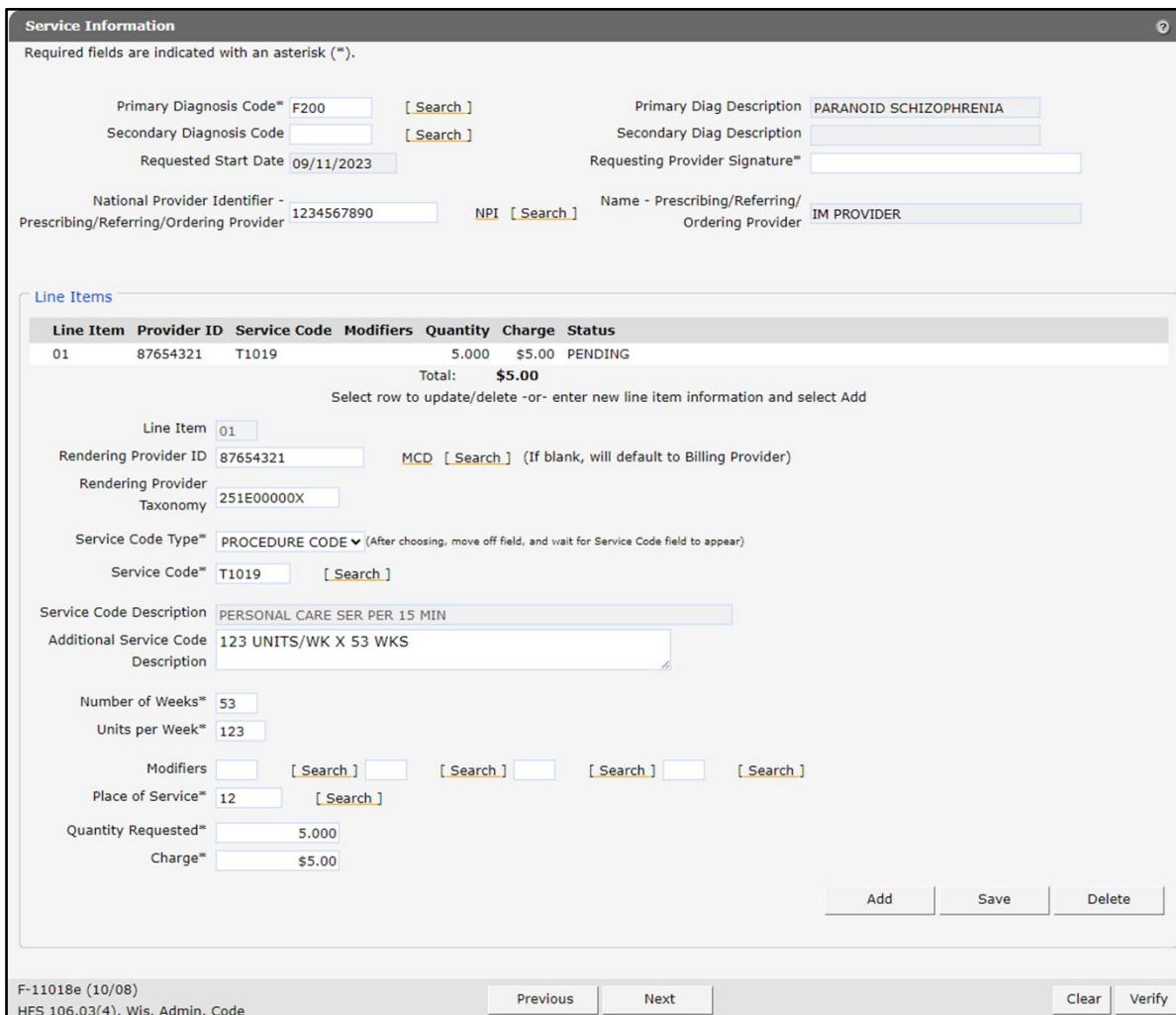
Previous Next

Clear Verify

**Figure 112** Member Information Page

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

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



The screenshot shows the 'Service Information' page with the 'Line Items' section expanded. A new line item row has been added, highlighted with a yellow background. The row contains the following data:

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

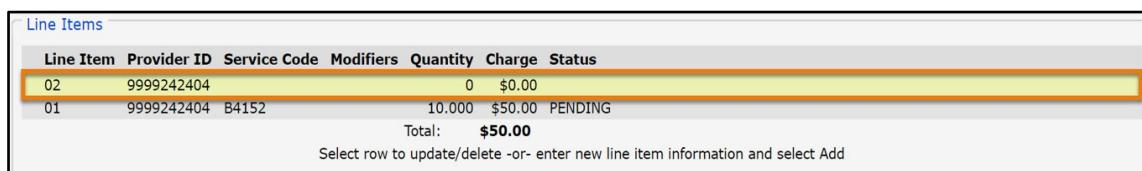
Below the table, there is a message: 'Select row to update/delete -or- enter new line item information and select Add'. The 'Line Item' field is set to '01'. The 'Rendering Provider ID' is '87654321' and the 'Modifiers' field contains 'MCD'. The 'Service Code Type' is set to 'PROCEDURE CODE'. The 'Service Code' is 'T1019'. The 'Service Code Description' is 'PERSONAL CARE SER PER 15 MIN'. The 'Additional Service Code' is '123 UNITS/WK X 53 WKS'. The 'Number of Weeks' is '53' and the 'Units per Week' is '123'. The 'Modifiers' field has four search buttons. The 'Place of Service' is '12'. The 'Quantity Requested' is '5.000' and the 'Charge' is '\$5.00'. At the bottom right of the section are 'Add', 'Save', and 'Delete' buttons.

**Figure 113** Service Information Page

17. Enter the requesting provider's signature.

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

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



The screenshot shows the 'Service Information' page with the 'Line Items' section expanded. A new line item row has been added, highlighted with a yellow background. The row contains the following data:

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

Below the table, there is a message: 'Select row to update/delete -or- enter new line item information and select Add'.

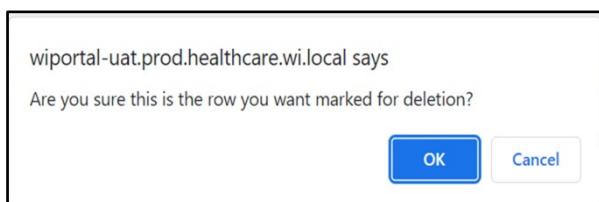
**Figure 114** Service Information Page—Line Items Section

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

Line Items						
Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
02	41524800	T1019		5.000	\$50.00	
01	41524800	T1019		5.000	\$5.00	PENDING
Total:						<b>\$55.00</b>
Select row to update/delete -or- enter new line item information and select Add						

**Figure 115** Service Information Page—Line Items Section

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



**Figure 116** Dialog Box

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

Line Items						
Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
03	41524800			0	\$0.00	
02	41524800	T1019		10.000	\$5.00	
01	41524800	T1019		6.000	\$5.00	<b>INACTIVE</b>
Total:						<b>\$10.00</b>
Select row to update/delete -or- enter new line item information and select Add						
Line Item	03	Rendering Provider ID	41524800	MCD	[ Search ]	(If blank, will default to Billing Provider)
Rendering Provider		Taxonomy	251E00000X			
Service Code Type*	PROCEDURE CODE	(After choosing, move off field, and wait for Service Code field to appear)				
Service Code*		[ Search ]				
Service Code Description						
Additional Service Code Description						

**Figure 117** Service Information Page

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

- c. Click **Save** in the lower right corner of the page. The row will be populated with the updated information.
19. Click **Verify** to update the changes. A message will be displayed at the top of the page indicating if the PA is ready for submission or if an error is found.

<b>The following messages were generated:</b> <b>SERVICE(S) DO NOT MEET FORWARDHEALTH GUIDELINES. [Code: P138] [note: this message will not stop PA submission]</b> <b>This Prior Authorization is valid and ready for submission.</b>
--

**Figure 118** Valid Prior Authorization Message

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

20. Click **Next**. The Required Attachments page will be displayed.

**Required Attachments**

Required fields are indicated with an asterisk (\*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

**Attachment** PRIOR AUTHORIZATION / ENTERAL NUTRITION FORMULA ATTACHMENT (PA/ENFA)

**Submission** Web

**Method\***

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

Previous | Next

**Figure 119** Required Attachments Page

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

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

**PA Summary**

- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.

**Preview PA Request**  
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.

**Prescription or Order**  
You are required to submit a prescription or order with this PA request. Indicate below how it will be submitted:

- By mail or fax. The prescription or order must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
- By uploading electronically. Files may be uploaded once the PA has been submitted.

**Additional Supporting Clinical Documentation**  
 By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.  
 By uploading electronically. Files may be uploaded once the PA has been submitted.

- Select "Submit" to submit the PA request.

Previous      Submit      Save and Complete Later

**Figure 120** PA Summary Page

- 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.
- Review the draft to ensure the entered information is accurate.
- Close the window.
- Place a check in the appropriate box indicating how the prescription or order (if required) and additional supporting clinical information is being submitted (by mail or fax or by uploading electronically).

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

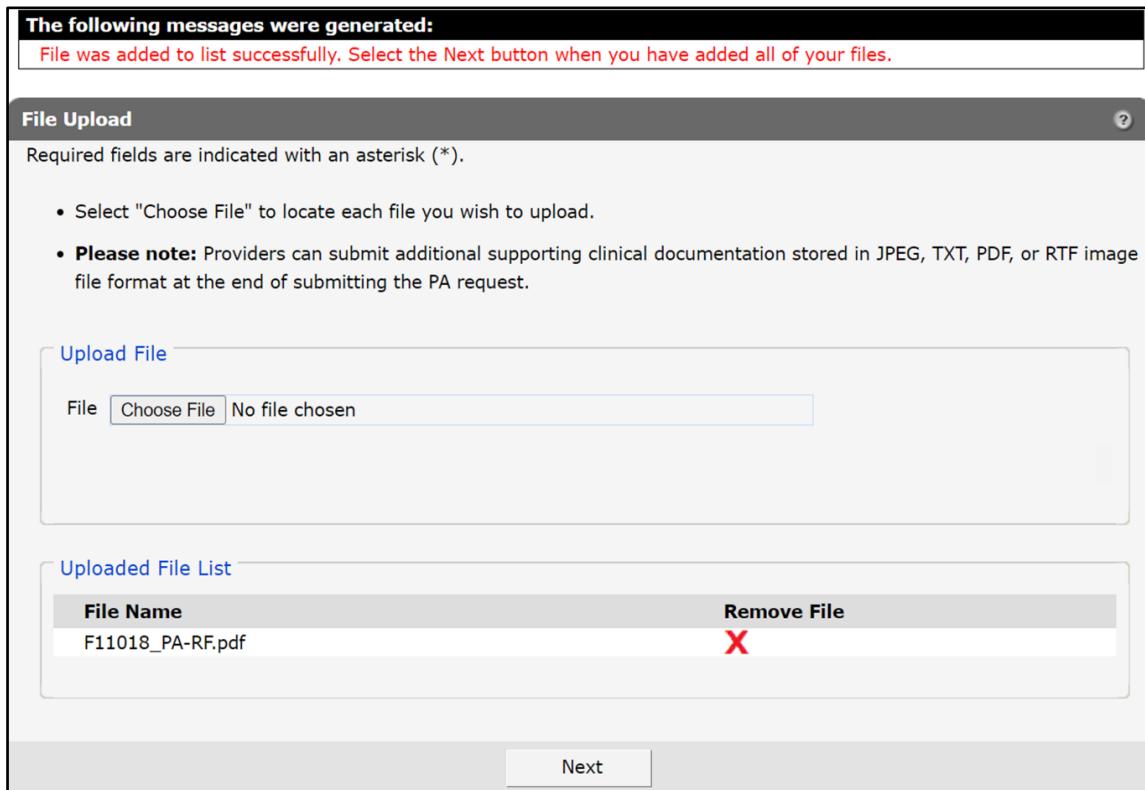
The screenshot shows a 'File Upload' panel with the following content:

- File Upload** (Section title)
- Required fields are indicated with an asterisk (\*).
- Select "Choose File" to locate each file you wish to upload.
- **Please note:** Providers can submit additional supporting clinical documentation stored in JPEG, TXT, PDF, or RTF image file format at the end of submitting the PA request.
- Upload File** (Section title)
- File  No file chosen
- Uploaded File List** (Section title)
- \*\*\* No rows found \*\*\*
- 

**Figure 121** File Upload Panel

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

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



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

**File Upload**

Required fields are indicated with an asterisk (\*).

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

**Upload File**

File  No file chosen

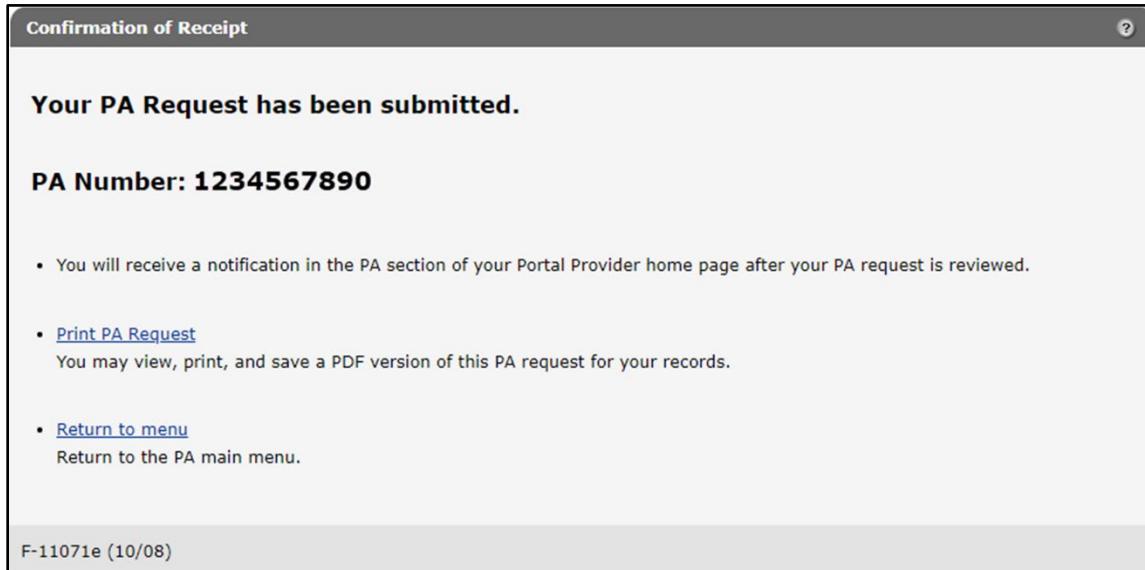
**Uploaded File List**

File Name	Remove File
F11018_PA-RF.pdf	X

**Next**

**Figure 122** Uploaded File List Section

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



**Confirmation of Receipt**

**Your PA Request has been submitted.**

**PA Number: 1234567890**

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

F-11071e (10/08)

**Figure 123** Confirmation of Receipt Page

- d. Click **Print PA Request** to view, print, or save a PDF version of the PA request.
29. Click **Return to menu** to be redirected to the Prior Authorization page.

## 8.1 Extend a Prior Authorization

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

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

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

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

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

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

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

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

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

**Prior Authorization File Upload**

Search By PA Number

PA Number  Search

Search Results

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

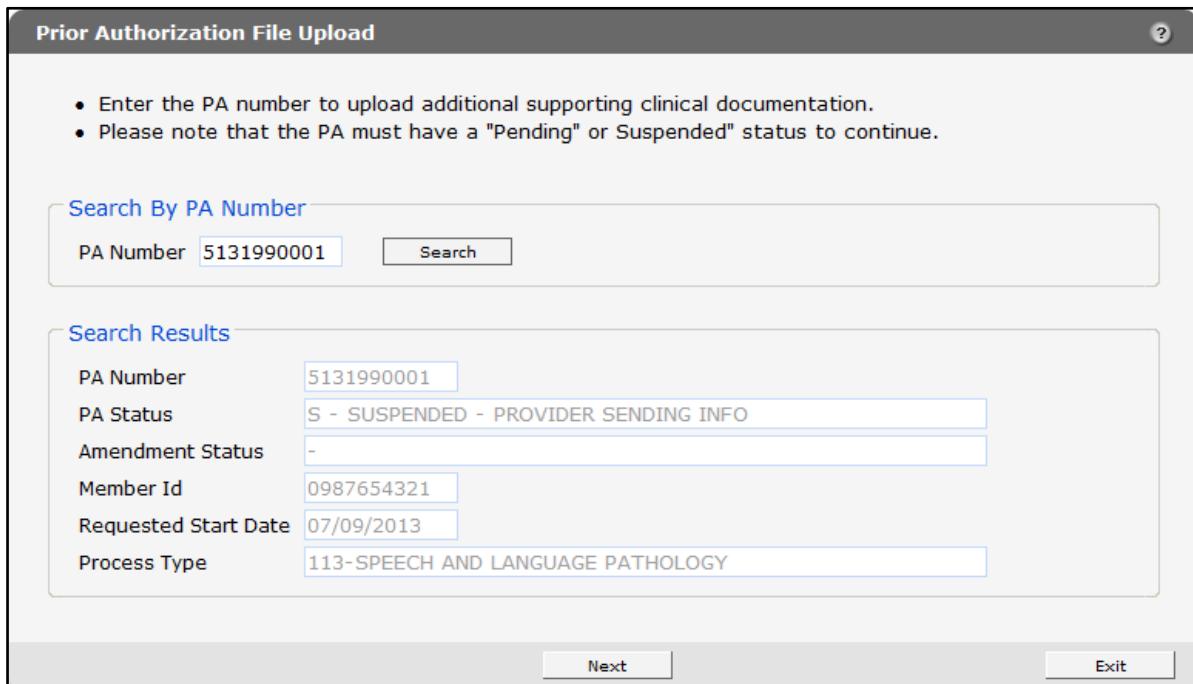
Next Exit

**Figure 124** Prior Authorization File Upload Panel

2. Enter the PA number of the pending or suspended PA in the PA Number field.
3. Click **Search**.

If the PA number is invalid or inaccurate, an error message will be displayed at the top of the page. Correct the error and click **Search** again.

If the PA number is valid, the PA request's information will populate in the fields in the "Search Results" section.



The screenshot shows the "Prior Authorization File Upload" window. At the top, there is a note: "Enter the PA number to upload additional supporting clinical documentation. Please note that the PA must have a "Pending" or "Suspended" status to continue." Below this is a search bar labeled "Search By PA Number" with a "PA Number" input field containing "5131990001" and a "Search" button. The main area is titled "Search Results" and displays the following information:

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

At the bottom of the window are "Next" and "Exit" buttons.

**Figure 125** Prior Authorization File Upload Panel With Populated Information

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

**File Upload**

Required fields are indicated with an asterisk (\*).

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

**Note**

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

**Upload File**

File Path\*  No file chosen

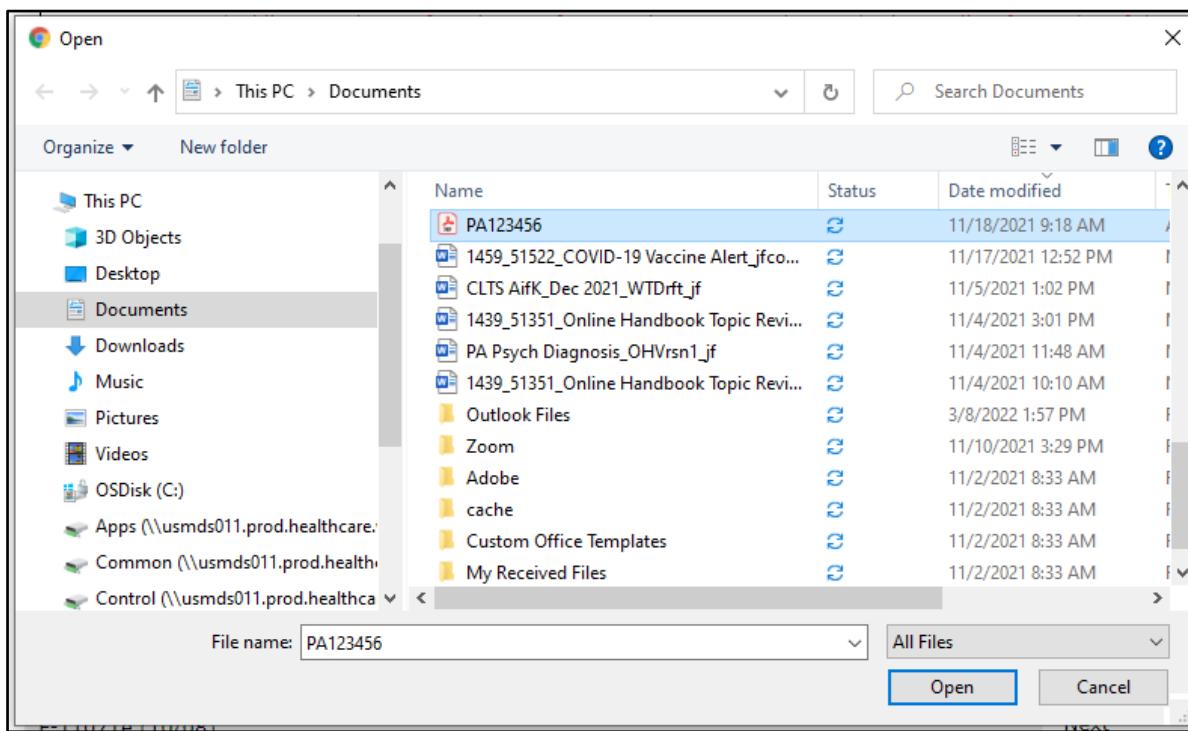
**Uploaded File List**

\*\*\* No rows found \*\*\*

Previous

**Figure 126** File Upload Panel

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



**Figure 127** Choose File Window

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

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

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

**File Upload** ?

Required fields are indicated with an asterisk (\*).

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

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

**Upload File**

File Path\*  No file chosen

**Uploaded File List**

File Name	Remove File
F11018_PA-RF.pdf	<span style="color: red;">X</span>

Previous Send Files Exit

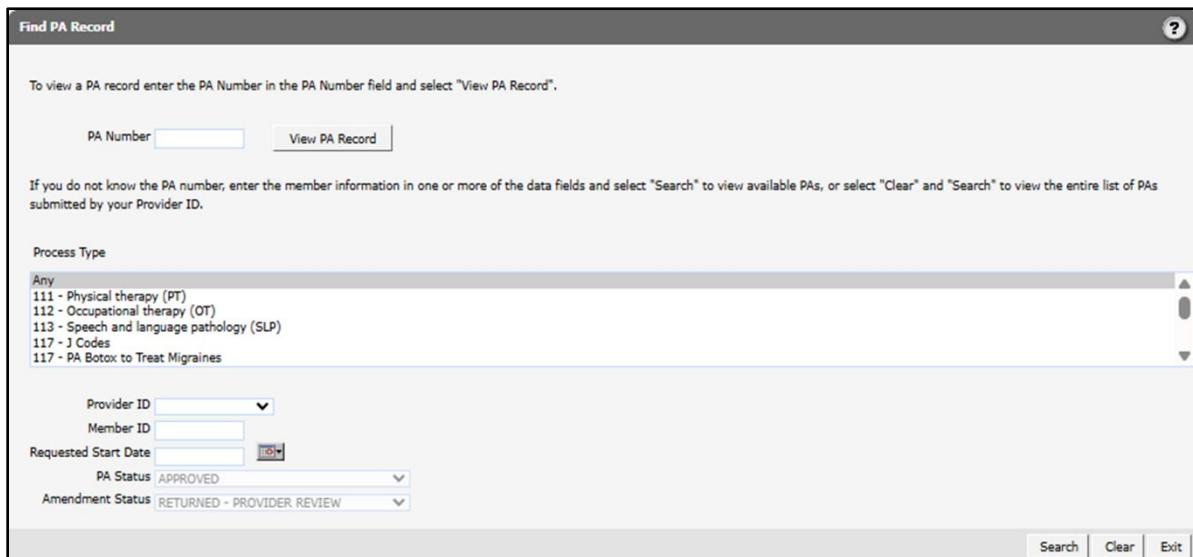
**Figure 128** Uploaded File List Section

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

8. When all files have been uploaded, click **Send Files**.
9. Click **Exit** to return to the Prior Authorization page.

# 9 Correct a Returned Prior Authorization Amendment

1. On the Prior Authorization page, click **Correct a returned PA amendment**. The Find PA Record page will be displayed.



**Figure 129** Find PA Record Page

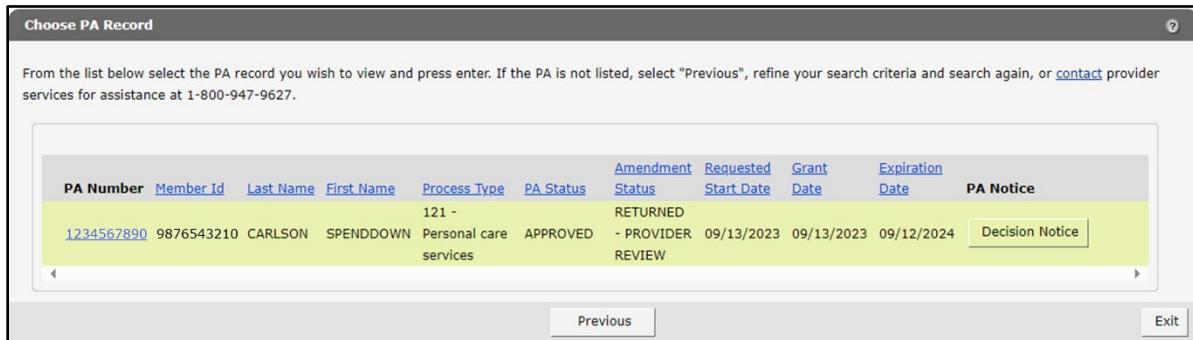
The PA Status field will already be populated with an Approved status and the Amendment Status field will already be populated with a *Returned — Provider Review* status.

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

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

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

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



The screenshot shows a software interface titled "Choose PA Record". A message at the top reads: "From the list below select the PA record you wish to view and press enter. If the PA is not listed, select "Previous", refine your search criteria and search again, or [contact](#) provider services for assistance at 1-800-947-9627." Below this is a table with the following data:

PA Number	Member Id	Last Name	First Name	Process Type	PA Status	Amendment Status	Requested Start Date	Grant Date	Expiration Date	PA Notice
1234567890	9876543210	CARLSON	SPENDDOWN	Personal care services	APPROVED	121 - RETURNED - PROVIDER REVIEW	09/13/2023	09/13/2023	09/12/2024	<a href="#">Decision Notice</a>

At the bottom of the table are navigation buttons: "Previous" and "Exit".

**Figure 130** Choose PA Record Page

The PA Record page will be displayed.

**PA Record**

- The PA record below is in "RETURNED - PROVIDER REVIEW" status.
- To view the decision on this approved PA select "View PA Decision Notice" located in the PA Information section.

**PA Message**

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

**PA Information**

PA Number	1234567890	Media Type	WEB
First Name	SPENDDOWN	Member ID	9876543210
Last Name	CARLSON	Date of Birth	11/12/1973
PA Status	APPROVED	<a href="#">View PA Decision Notice</a>	
Amendment Status	RETURNED - PROVIDER REVIEW	<a href="#">View latest Amendment Return</a>	
Process Type	121 - Personal care services		
Program	Medicaid		
HealthCheck Other Service	No	Start Date - SOI	
Requested Start Date	09/13/2023	First Date of Treatment - SOI	
Primary Diagnosis Code	F200	Description	PARANOID SCHIZOPHRENIA
Secondary Diagnosis Code		Description	
National Provider Identifier- Prescribing/Referring/Ordering Provider	Name - Prescribing/Referring/ Ordering Provider		

**Line Item Information**

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

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

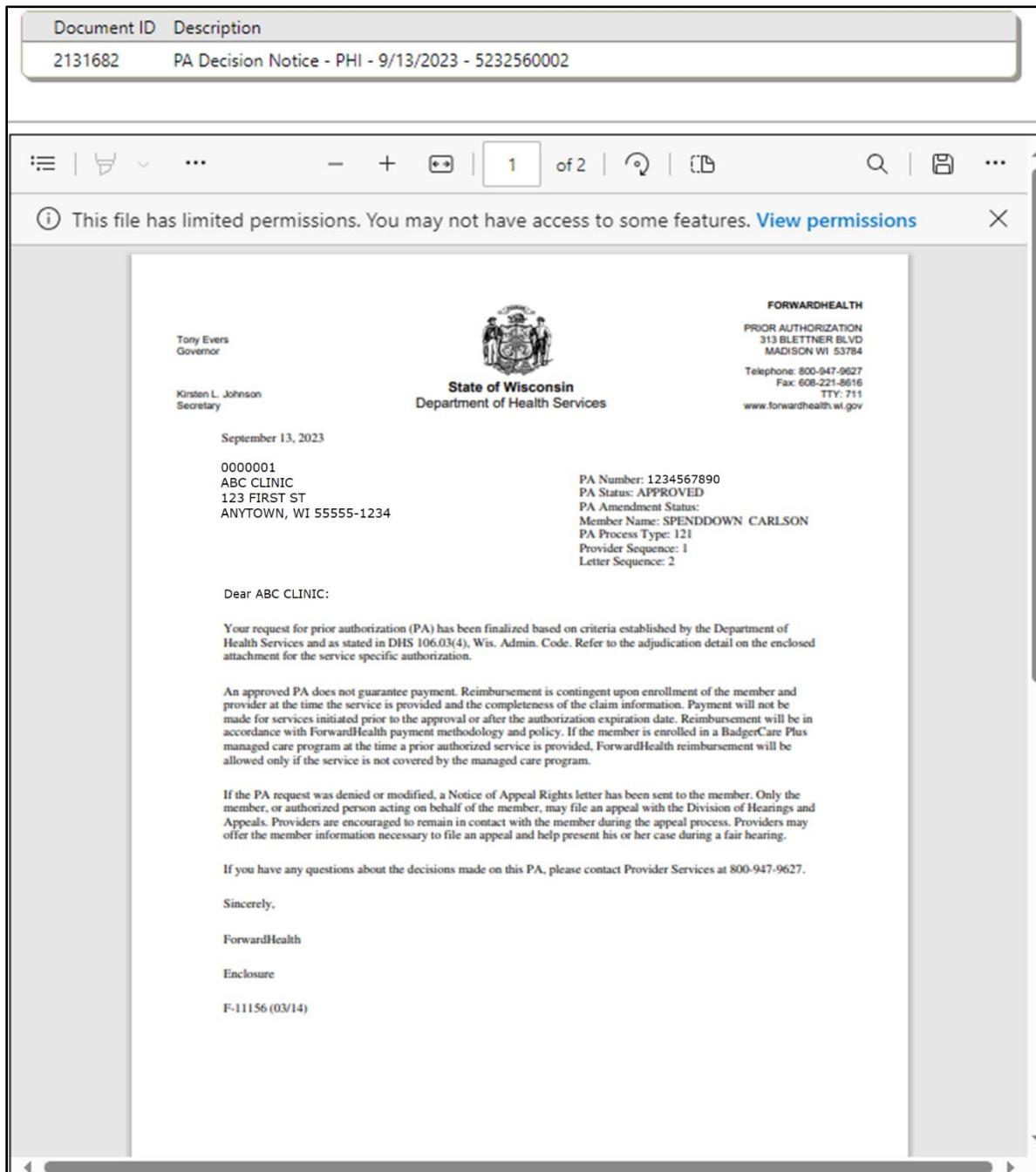
Line Item	01		
Status	APPROVED		
Rendering Provider ID	87654321 MCD		
Prescribing Provider ID			
Service Code Type	Procedure Code		
Service Code	T1019		
Service Code Description	123 UNITS/WK X 53 WKS		
Tooth	Area of the Oral Cavity		
Modifiers			
Place of Service	12		
Units Requested	500.000	Dollars Requested	\$1,000.00
Units Authorized	6519.000	Dollars Authorized	\$0.00
Units Remaining	6,519.000	Dollars Remaining	\$0.00
Grant Date	09/13/2023		
Expiration Date	09/12/2024		

[Previous](#) [Copy PA](#) [Correct PA Amendment](#) [Exit](#)

**Figure 131** PA Record Page

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.

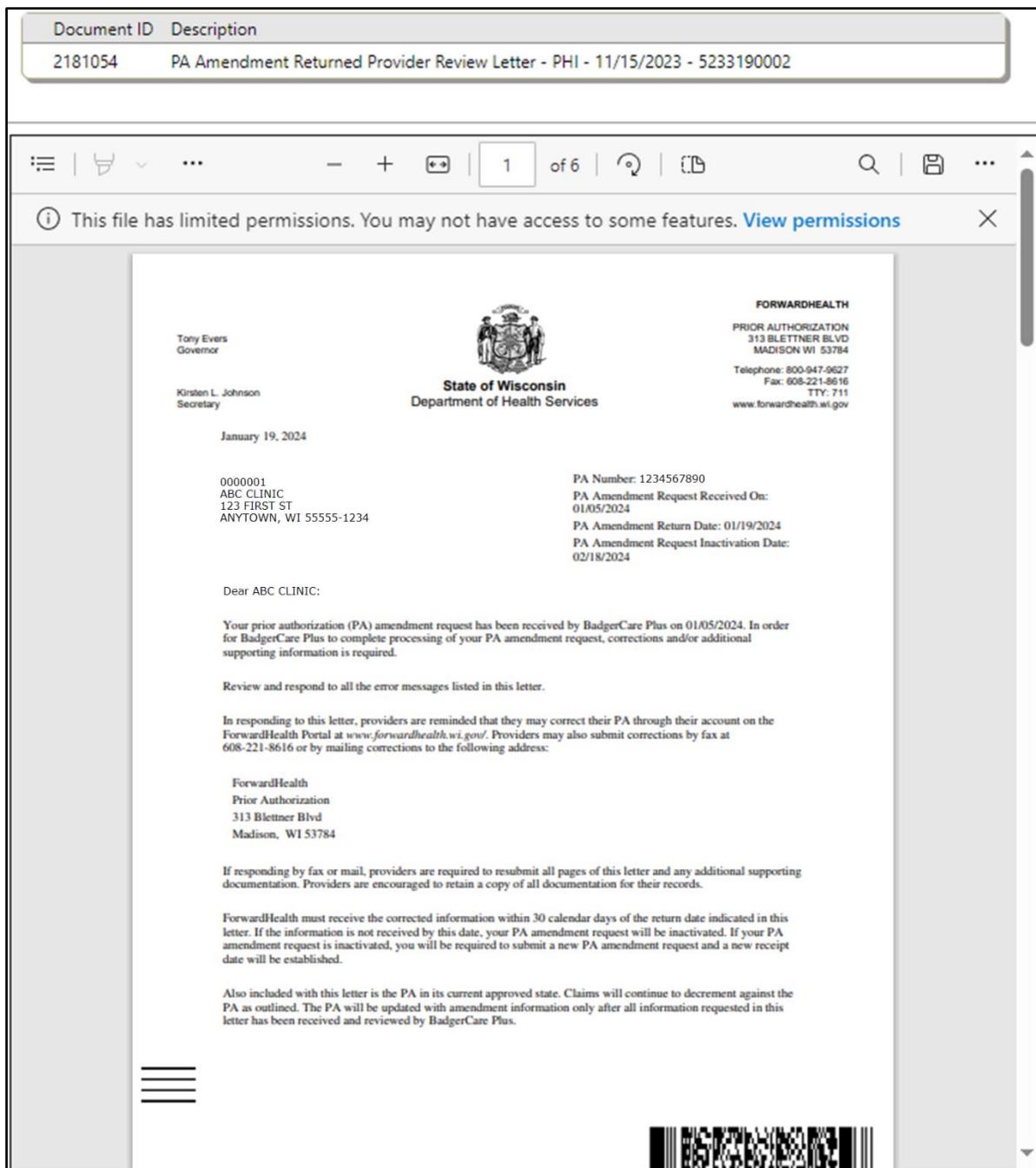


**Figure 132** OnBase Document Viewer Window

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.



The screenshot shows the OnBase Document Viewer interface. At the top, a header bar displays 'Document ID' and 'Description', with the ID '2181054' and description 'PA Amendment Returned Provider Review Letter - PHI - 11/15/2023 - 5233190002' visible. Below the header is a toolbar with various icons for document management. A message box in the center states, 'This file has limited permissions. You may not have access to some features. [View permissions](#)' with a close button 'X'. The main content area displays a formal letter from the State of Wisconsin Department of Health Services. The letter is addressed to 'ABC CLINIC' at '123 FIRST ST, ANYTOWN, WI 55555-1234'. It includes the state seal and the ForwardHealth logo. The letter details the PA number (1234567890), the amendment request received on 01/05/2024, the return date of 01/19/2024, and the inactivation date of 02/18/2024. It instructs the provider to review and respond to error messages. It also provides contact information for ForwardHealth and states that providers must resubmit corrected documentation within 30 days. A barcode is at the bottom right.

**Figure 133** OnBase Document Viewer

7. To print or save the PA Amendment Returned Provider Review Letter to a hard drive or network location, use the Print or Save As function of the browser.
8. Close the OnBase Document Viewer window and the PDF viewer window.
9. Click **Correct PA Amendment**. The Amendment Request page will be displayed.

**Amendment Request**  
Required fields are indicated with an asterisk (\*).

**SECTION I - MEMBER INFORMATION**

Original PA Number   
Today's Date   
Process Type   
Member ID  First Name   
Last Name

**SECTION II - PROVIDER INFORMATION**

Name   
Provider ID   
Address Line 1   
Address Line 2   
City   
State/ZIP   -

**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 amendment request has been submitted.

Signature - Requesting Provider\*   
Date Signed - Requesting Provider\*

F-11042e - (10/08)  
HFS 106.03(4), Wis. Admin. Code  
HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis.  
Admin. Code

**Figure 134** Amendment Request Page

10. In “SECTION III - AMENDMENT INFORMATION,” although not all the fields are required, enter as much information as possible:

- In the Requested Start Date field, enter the start date requested for the amendment in MM/DD/CCYY format.
- If the end date is different from the current expiration date, enter the end date requested for the amendment in MM/DD/CCYY format in the Requested End Date field.
- In the “Reason for Amendment Request (Check All That Apply)” section, check a reason(s) for the amendment request.
- Enter a note describing and explaining the change in the Description and Justification for Requested Change box (enter information for each reason selected).
- If additional supporting clinical documentation is needed, check the appropriate box indicating whether the additional documents will be mailed, faxed, or uploaded.
- In the Signature—Requesting Provider field, enter the signature of the provider that requested the original PA.
- In the Date Signed—Requesting Provider field, enter the date the amendment request was signed by the requesting provider in MM/DD/CCYY format.

11. Click **Submit**. If no additional clinical documentation is needed, the Confirmation of Receipt page will be displayed.

**Confirmation of Receipt**

**Your PA amendment request has been submitted.**

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

F-11042e - (10/08)  
HFS 106.03(4), Wis. Admin. Code  
HFS 152.06(3)(h), 153.06(3)(g),  
154.06(3)(g), Wis. Admin. Code

**Figure 135** Confirmation of Receipt Page

12. To view, print, or save the PA amendment request, click **Print amendment request**. A PDF version of the PA amendment request will open in a new window.

<b>DEPARTMENT OF HEALTH SERVICES</b> Division of Health Care Access and Accountability F-11042 (07/12)		<b>STATE OF WISCONSIN</b> DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code
<b>FORWARDHEALTH</b> <b>PRIOR AUTHORIZATION AMENDMENT REQUEST</b>		
Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Refer to the Prior Authorization Amendment Request Completion Instructions, F-11042A, for detailed information on completing this form.		
<b>SECTION I — MEMBER INFORMATION</b>		
1. Original PA Number	2. Process Type	3. Member Identification Number
1234567890	121-Personal Care	9876543210
4. Name — Member (Last, First, Middle Initial) <b>CARLSON, SPENDDOWN</b>		
<b>SECTION II — PROVIDER INFORMATION</b>		
5. Billing Provider Number	7. Address — Billing Provider (Street, City, State, ZIP+4 Code)	
8888888888 NPI	123 FIRST ST ANYTOWN, WI 55555-1234	
6. Name — Billing Provider		
ABC CLINIC		
<b>SECTION III — AMENDMENT INFORMATION</b>		
8. Requested Start Date	9. Requested End Date (If Different from Expiration Date of Current PA)	
01/04/2014	02/22/2014	
10. Reasons for Amendment Request (Check All That Apply)		
<input type="checkbox"/> Change Billing Provider Number <input type="checkbox"/> Add Procedure Code / Modifier <input type="checkbox"/> Change Procedure Code / Modifier <input type="checkbox"/> Change Diagnosis Code <input checked="" type="checkbox"/> Change Grant or Expiration Date <input type="checkbox"/> Discontinue PA <input type="checkbox"/> Change Quantity <input type="checkbox"/> Other (Specify) _____		
11. Description and Justification for Requested Change Expiration date changed to 02/22/2014 because member was unable to attend some sessions.		
12. Are Attachments Included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, specify attachments below.		
13. SIGNATURE — Requesting Provider <b>I.M. Requesting Provider</b>		14. Date Signed — Requesting Provider <b>01/02/2014</b>
<b>-DRAFT-</b>  DT-PA002-002		

**Figure 136** Draft PDF Version of the PA Amendment Request

13. To print or save the PA amendment request to a hard drive or network location, use the Print or Save As function of the browser.

14. Click **Return to menu** to be redirected to the Prior Authorization page of the Portal.

# 10 Print Prior Authorization Cover Sheet

To generate and print new copies of PA cover sheets for previously submitted PAs, the PA must be in a *Suspended—Provider Sending Information* status and a cover sheet for the specific PA must not have already been sent to ForwardHealth.

1. On the Prior Authorization page, click **Print PA cover sheet**. The Generate PA Cover Sheet page will be displayed.

Generate PA Cover Sheet

Please note that you can only print coversheets based on the following restrictions:

- The prior authorization is in a "Suspended-Provider Sending Information" status.
- You have not already sent the PA cover sheet to ForwardHealth. If it has been previously sent, you will need to wait until the PA request is sent back to you.

Search By PA Number

PA Number  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 137** Generate PA Cover Sheet Page

2. Enter a PA number in the PA Number field.
3. Click **Search**.

If the entered PA number is inaccurate or invalid, an error message will be displayed at the top of the page.

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

**Figure 138** Example Error Message

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

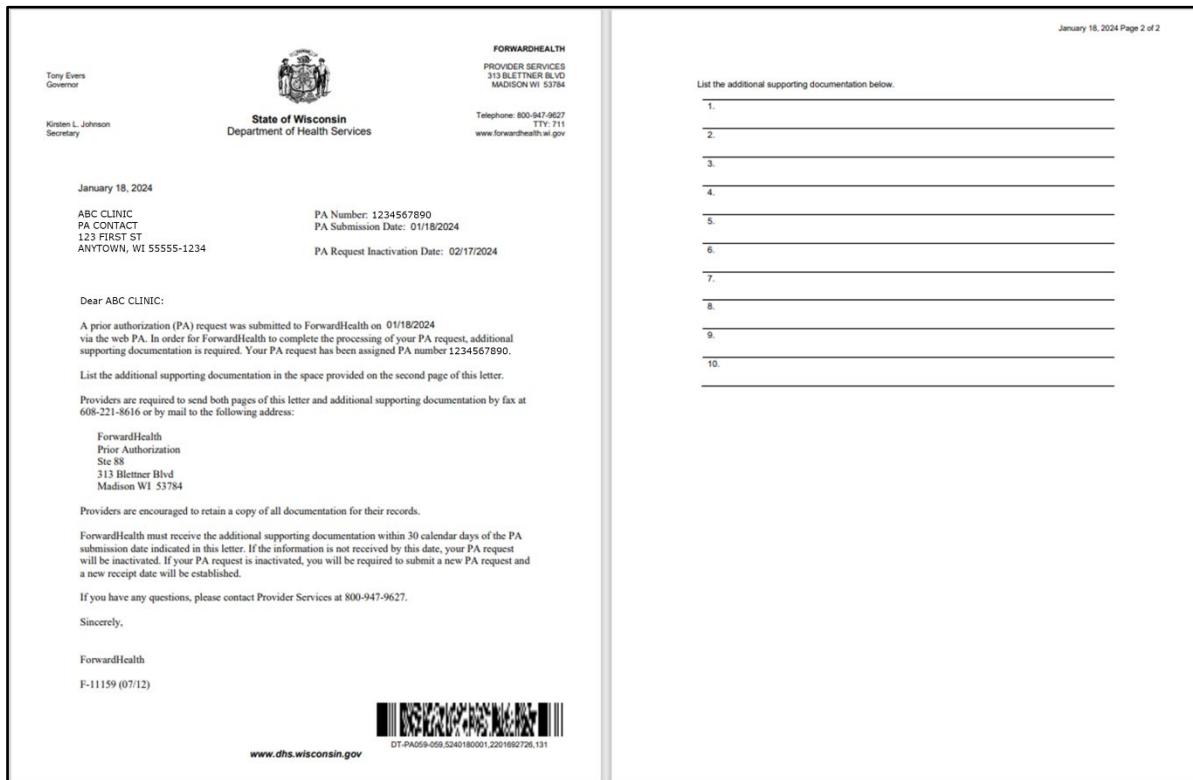
The screenshot shows the 'Generate PA Cover Sheet' page. At the top, a note states: 'Please note that you can only print coversheets based on the following restrictions:'. Below this is a search section titled 'Search By PA Number' with a PA Number input field containing '5131990001' and a 'Search' button. The main area is titled 'Selected Results' and contains the following populated information:

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

At the bottom, there is a 'Generate Coversheet' button and a toolbar with 'save' and 'Cancel' buttons.

**Figure 139** 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.



The image shows a sample PDF of a PA Cover Sheet. At the top left, it features the portraits of Tony Evers (Governor) and Kirsten L. Johnson (Secretary). The top center has the State of Wisconsin Department of Health Services logo. The top right contains the ForwardHealth logo, address (313 Beltaire Street, 100, Madison WI 53764), and contact information (Telephone: 800-947-9627, TTY: 711, [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov)). The date 'January 18, 2024' is at the top left. The recipient information is: ABC CLINIC, PA CONTACT, 123 FIRST ST, ANYTOWN, WI 55555-1234. The PA number is 1234567890, submission date is 01/18/2024, and request inactivation date is 02/17/2024. A note states: 'A prior authorization (PA) request was submitted to ForwardHealth on 01/18/2024 via the web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 1234567890.' Below this, it says: 'List the additional supporting documentation below.' There are ten lines for documentation, numbered 1 through 10. The footer includes: 'Dear ABC CLINIC:', 'List the additional supporting documentation in the space provided on the second page of this letter.', 'Providers are required to send both pages of this letter and additional supporting documentation by fax at 608-221-8616 or by mail to the following address:', 'ForwardHealth, Prior Authorization, Site 88, 313 Beltaire Blvd, Madison WI 53784', 'Providers are encouraged to retain a copy of all documentation for their records.', 'ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.', 'If you have any questions, please contact Provider Services at 800-947-9627.', 'Sincerely, ForwardHealth, F-11159 (07/12)', a barcode, and the URL [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov). The document is dated January 18, 2024, and page 2 of 2.

**Figure 140** 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™ (.3dm) (for dental providers)

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

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

Prior Authorization File Upload

- Enter the PA number to upload additional supporting clinical documentation.
- Please note that the PA must have a "Pending" or "Suspended" status to continue.

Search By PA Number

PA Number  Search

Search Results

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

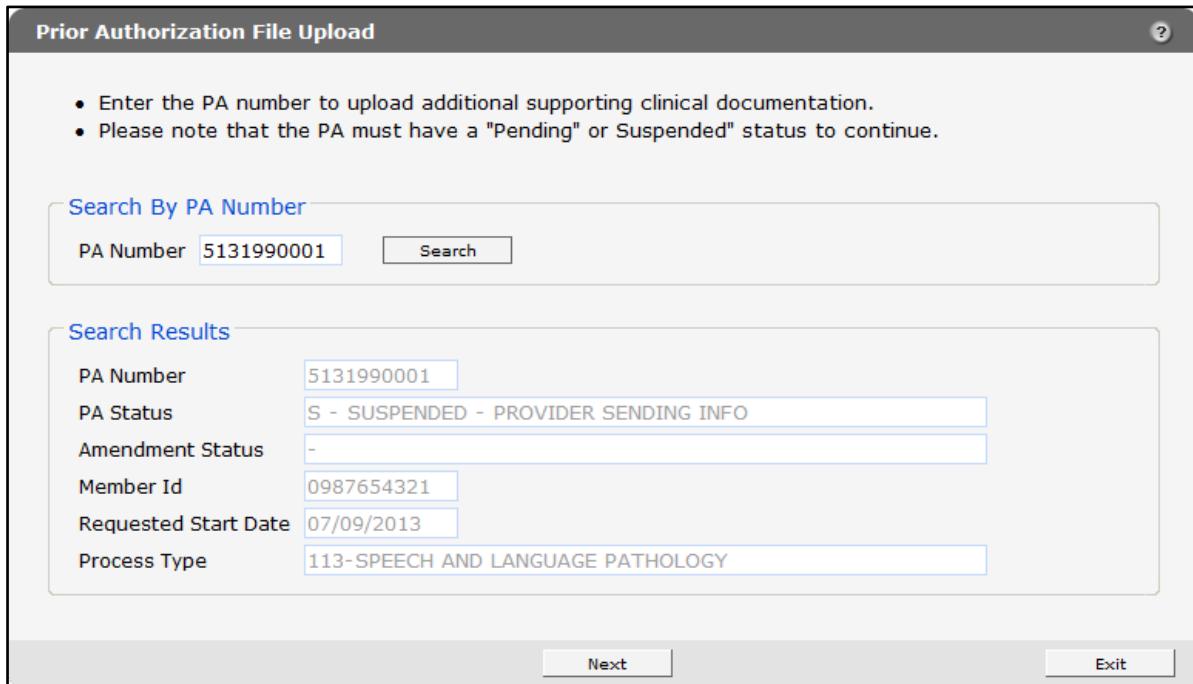
Next  Exit

**Figure 141** Prior Authorization File Upload Panel

7. Enter the PA number of the pending or suspended PA in the PA Number field.
8. Click **Search**.

If the PA number is invalid or inaccurate, an error message will be displayed at the top of the page. Correct the error and click **Search** again.

If the PA number is valid, the PA request's information will populate in the fields in the "Search Results" section.



The screenshot shows the 'Prior Authorization File Upload' window. At the top, there are two bullet points: 'Enter the PA number to upload additional supporting clinical documentation.' and 'Please note that the PA must have a "Pending" or "Suspended" status to continue.' Below this is a 'Search By PA Number' section with a PA Number input field containing '5131990001' and a 'Search' button. The main area is titled 'Search Results' and displays the following information for the PA number 5131990001:

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

At the bottom of the window are 'Next' and 'Exit' buttons.

**Figure 142** Prior Authorization File Upload Panel With Populated Information

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

**File Upload**

Required fields are indicated with an asterisk (\*).

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

**Note**

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

**Upload File**

File Path\*  No file chosen

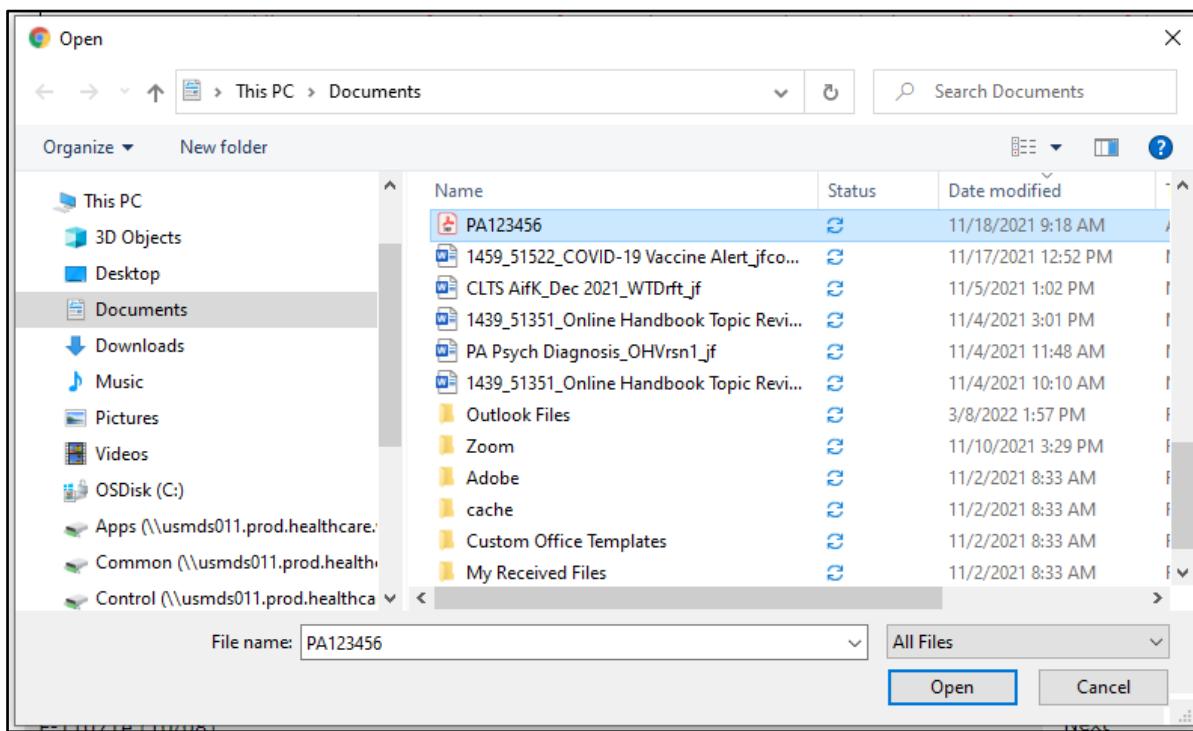
**Uploaded File List**

\*\*\* No rows found \*\*\*

Previous

**Figure 143** File Upload Panel

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



**Figure 144** Choose File Window

11. Browse to and select the desired file.

12. Click **Open**.

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

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

**File Upload** ?

Required fields are indicated with an asterisk (\*).

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

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

**Upload File**

File Path\*  No file chosen

**Uploaded File List**

File Name	Remove File
F11018_PA-RF.pdf	X

[Previous](#) [Send Files](#) [Exit](#)

**Figure 145** Uploaded File List Section

13. Upload as many files as necessary.
14. When all files have been uploaded, click **Send Files**.
15. Click **Exit** to return to the Prior Authorization page.

**Note:** When the PA request is in a pending status and the provider uploads additional supporting clinical documentation, there may be up to a four-hour delay before the documentation is available to ForwardHealth in the system. If the uploaded information was received after the PA request was processed and the PA was returned for missing information, the provider may resubmit the PA request stating that the missing information was already uploaded.

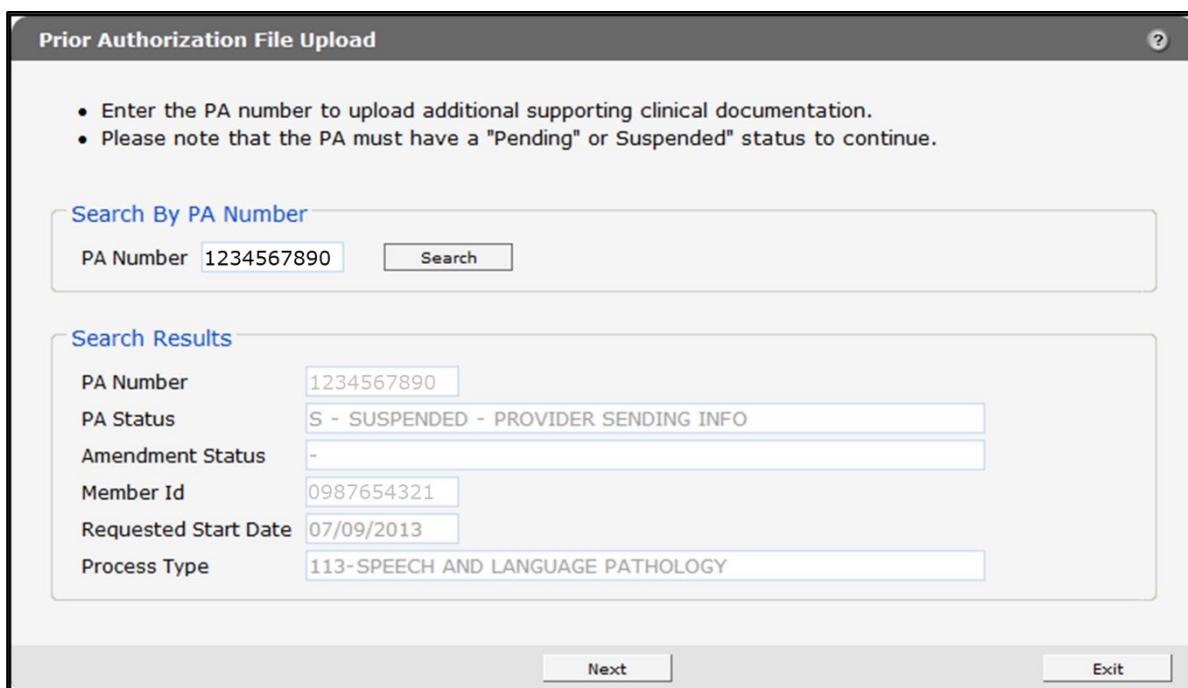
## 11.1 Change Suspended Prior Authorization Status to Pending

Note: To change a PA status from *Suspended* to *Pending* when there are no additional documents to upload, refer to the [Change Suspended Prior Authorization Status](#) section of this user guide.

1. On the Prior Authorization page, click **Upload documents for a PA**. The Prior Authorization File Upload panel will be displayed.
2. Enter the PA number of the suspended PA in the PA Number field.
3. Click **Search**.

If the PA number is invalid or inaccurate, an error message will be displayed at the top of the page. Correct the error and click **Search** again.

If the PA number is valid, the PA request's information will populate in the fields in the "Search Results" section.



**Prior Authorization File Upload**

Search By PA Number

PA Number

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

**Figure 146** Prior Authorization File Upload Panel With Populated Information

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

The screenshot shows the 'File Upload' panel. At the top, a note says 'Required fields are indicated with an asterisk (\*).'. Below are three main sections: 'Change Prior Authorization Status' (with a checked checkbox for changing PA status from 'Suspended' to 'Pending'), 'Upload File' (with a 'File Path\*' field and a 'Choose File' button showing 'No file chosen'), and 'Uploaded File List' (showing '\*\*\* No rows found \*\*\*'). At the bottom are 'Previous', 'Send Files', and 'Exit' buttons.

**Figure 147** 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*.

The screenshot shows the 'Change Prior Authorization Status' section with a checked checkbox and the same explanatory text as in Figure 147.

**Figure 148** Change Prior Authorization Status Section

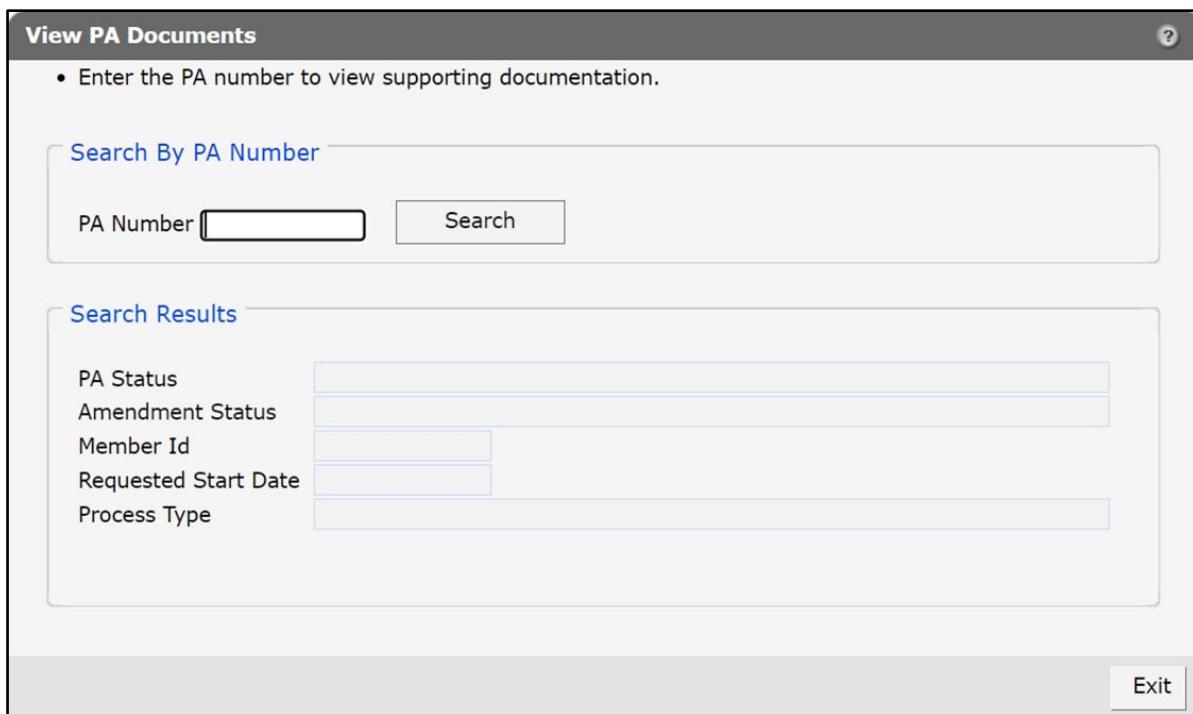
Note: The box in the "Change Prior Authorization Status" section must be checked **before** uploading additional supporting documentation.

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

# 12 View Documents for a Prior Authorization

Providers can view documents they upload during the PA process.

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



View PA Documents

- Enter the PA number to view supporting documentation.

Search By PA Number

PA Number  Search

Search Results

PA Status

Amendment Status

Member Id

Requested Start Date

Process Type

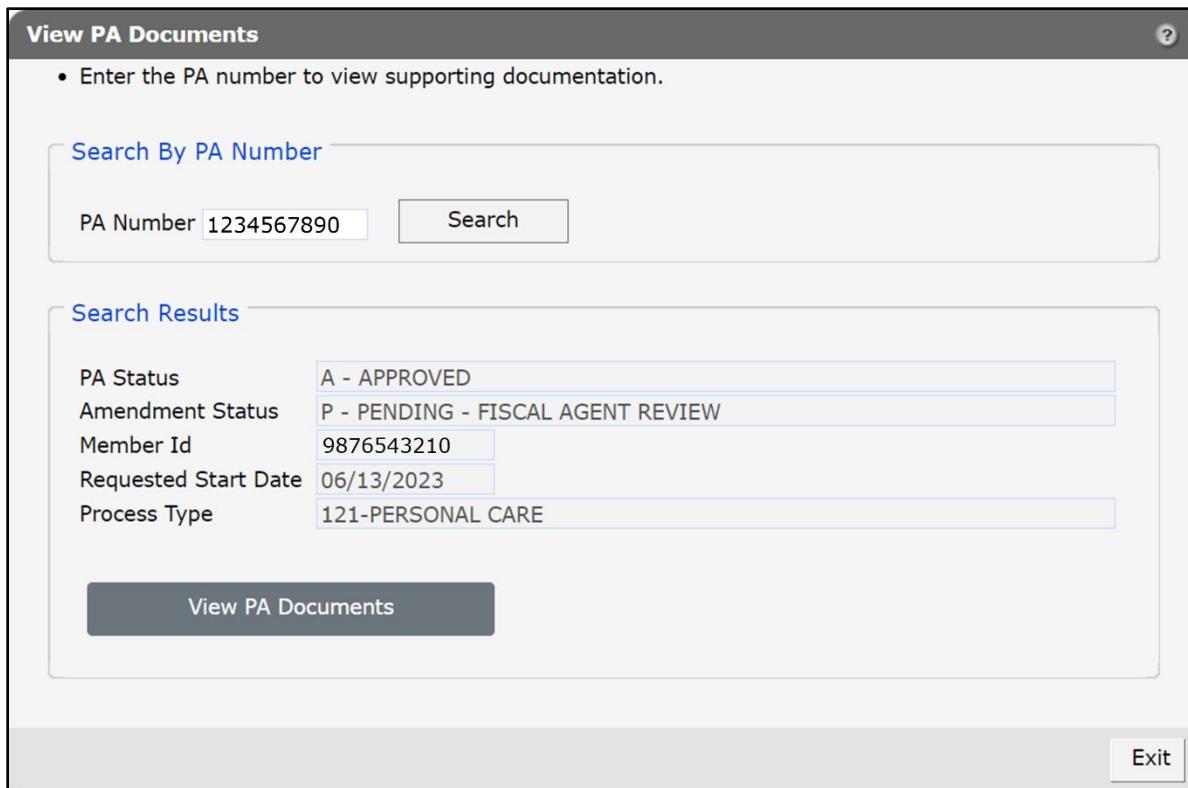
Exit

**Figure 149** View PA Documents Panel

2. Enter the PA number in the PA Number field to view supporting documentation.
3. Click **Search**.

If the PA number is invalid or inaccurate, an error message will be displayed at the top of the page. Correct the error and click **Search** again.

If the PA number is valid, the PA request's information will populate in the fields in the "Search Results" section.



The screenshot shows the 'View PA Documents' panel. At the top, a note says 'Enter the PA number to view supporting documentation.' Below is a search bar with 'PA Number 1234567890' and a 'Search' button. The 'Search Results' section displays the following information:

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

At the bottom are 'View PA Documents' and 'Exit' buttons.

**Figure 150** 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.

**Figure 151** OnBase Document Viewer Window

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

# 13 View or Maintain a Prior Authorization Collaboration

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

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

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

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

## 13.1 Viewing and Submitting Prior Authorization Collaborations

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

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

- Collaborative Information:** Fields include Collaborative ID\* (text box), Expected PA Count (text box with value 0), Start Date (text box), End Date (text box), and Reason (text area). A 'search' button is located to the right of the Reason field.
- PA List:** A message states "\*\*\* No rows found \*\*\*".
- PA Summary Information:** Fields include PA Number, PA Status, Amendment Status, Authorized Eff Date, Requested Start Date, Process Type, Received Date, Amendment Received Date, and Authorized End Date.
- Disclaimer:** A checkbox statement: "I hereby certify that the documentation submitted in this request is accurate and is the most current documentation submitted. I acknowledge that the submission of this request does not guarantee acceptance of the collaborative request, nor am I liable for any other prior authorization submission within this collaborative. I acknowledge that, as the provider, I am responsible for maintaining documentation for the prior authorization information submitted and justification of the collaborative." Below this is a 'Billing Provider Signature' text box.
- Action Buttons:** Buttons include 'Save' (disabled), 'Opt Out' (disabled), 'Submit' (disabled), and 'Cancel'.

**Figure 152** PA Collaboration Page

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

The screenshot shows the 'PA Collaboration' page. At the top, there is a 'Collaborative Information' section with fields for Collaborative ID (100000010), Expected PA Count (2), Start Date (02/23/2022), and End Date (02/22/2023). A 'Reason' field contains the text 'Coordination of therapy services for IMA Member'. A 'search' button is located to the right of the search bar. Below this is a 'PA List' section containing a table with one row:

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

Below the table is a 'PA Summary Information' section with fields for PA Number (5220540001), Process Type (111-PHYSICAL THERAPY), Received Date (02/23/2022), PA Status (SUSPENDED - PROVIDER SENDING INFO), Amendment Status, Amendment Received Date, Authorized Eff Date, Authorized End Date, and Requested Start Date (02/23/2022). There is also a checkbox for 'I hereby certify that the documentation submitted in this request is accurate and is the most current documentation submitted. I acknowledge that the submission of this request does not guarantee acceptance of the collaborative request, nor am I liable for any other prior authorization submission within this collaborative. I acknowledge that, as the provider, I am responsible for maintaining documentation for the prior authorization information submitted and justification of the collaborative.' A 'Billing Provider Signature\*' field is present, along with 'Save' and 'Opt Out' buttons. At the bottom are 'Submit' and 'Cancel' buttons.

**Figure 153** PA Collaboration Page With Populated Information

- 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.
- Attest to the accuracy of the PA documentation submitted by checking the box next to "I hereby certify that ..."
- Enter the first and last name of the billing provider in the Billing Provider Signature field.
- Click **Save**.
- 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.

The screenshot shows the 'PA Collaboration' page. At the top, there is a 'Collaborative Information' section with fields for 'Collaborative ID\*', 'Expected PA Count' (0), 'Start Date', 'End Date', and a 'Reason' text area. A 'search' button is located to the right of the reason field. Below this is a 'PA List' section with a message '\*\*\* No rows found \*\*\*'. The 'PA Summary Information' section contains fields for 'PA Number', 'PA Status', 'Amendment Status', 'Authorized Eff Date', 'Requested Start Date', 'Process Type', 'Received Date', 'Amendment Received Date', and 'Authorized End Date'. At the bottom of the page is a checkbox with the text: 'I hereby certify that the documentation submitted in this request is accurate and is the most current documentation submitted. I acknowledge that the submission of this request does not guarantee acceptance of the collaborative request, nor am I liable for any other prior authorization submission within this collaborative. I acknowledge that, as the provider, I am responsible for maintaining documentation for the prior authorization information submitted and justification of the collaborative.' Below the checkbox is a 'Billing Provider Signature' field. At the very bottom are 'Save', 'Opt Out', 'Submit', and 'Cancel' buttons.

**Figure 154** PA Collaboration Page

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

The screenshot shows the 'PA Collaboration' page. At the top, there is a 'Collaborative Information' section with fields for Collaborative ID (100000010), Expected PA Count (2), Start Date (02/23/2022), and End Date (02/22/2023). Below this is a 'Reason' field containing 'Coordination of behavioral health and physical therapy services for IMA Member'. A 'search' button is located at the bottom right of this section. The middle section is titled 'PA List' and contains a table with one row. The row shows PA Number 5220540001, Process Type 111-PHYSICAL THERAPY, PA Status SUSPENDED - PROVIDER SENDING INFO, Received Date 02/23/2022, and two empty checkboxes for 'Attest' and 'Errors Identified'. The bottom section is titled 'PA Summary Information' and includes fields for PA Number (5220540001), Process Type (111-PHYSICAL THERAPY), Received Date (02/23/2022), Amendment Status, Amendment Received Date, Authorized Eff Date, Authorized End Date, and Requested Start Date (02/23/2022). Below these fields is a checkbox for a certification statement. At the very bottom are 'Save', 'Opt Out', 'Submit', and 'Cancel' buttons.

**Figure 155** PA Collaboration Page With Populated Information

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

The screenshot shows the 'PA Collaboration' page after clicking 'Opt Out'. A new 'Verify Opt Out' section has appeared. It contains a checkbox for the certification statement and a message: 'Please verify the request to Opt Out of the Collaborative by checking the verification box and selecting the Opt Out button a second time to continue.' An orange arrow points to the checkbox, and another orange arrow points to the 'Opt Out' button. The bottom of the page still has 'Save', 'Opt Out', 'Submit', and 'Cancel' buttons.

**Figure 156** PA Collaboration Page With Verify Opt Out Section

4. Check the box next to "Please verify the request to opt out ..." and click **Opt Out** a second time. A message will be displayed at the top of the page that states "Your PA has been successfully removed."

5. To return to the Prior Authorization page without making changes, click **Cancel**.