

User Guide

ForwardHealth Provider Portal Prior Authorization

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

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1 Introduction

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

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

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

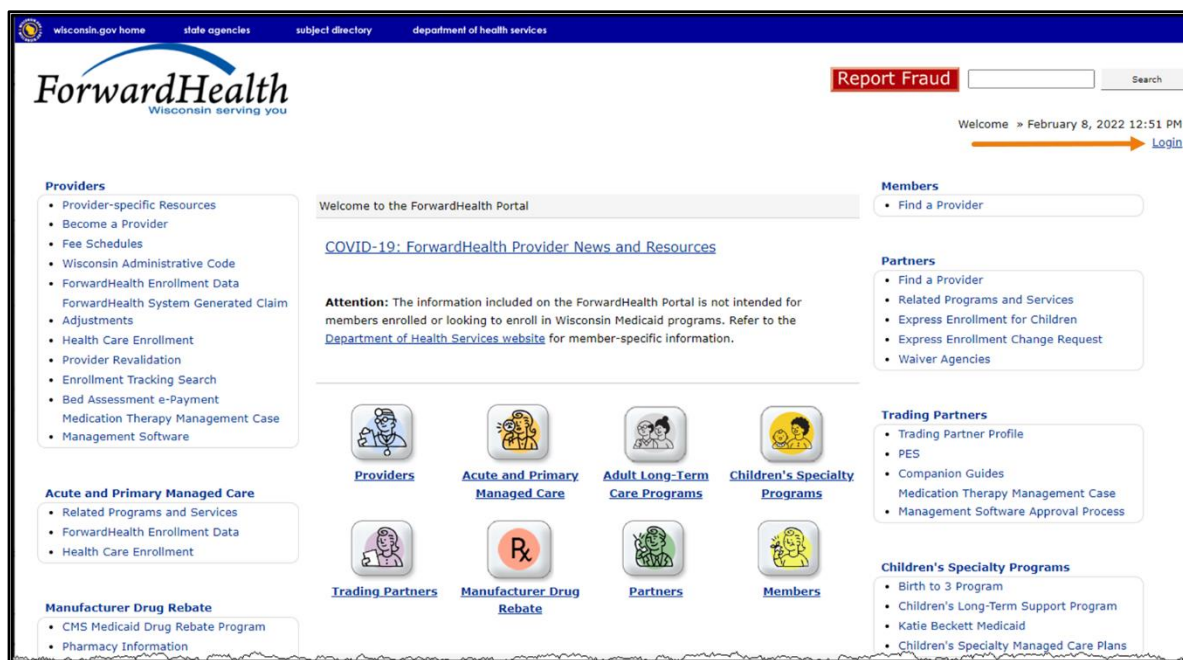
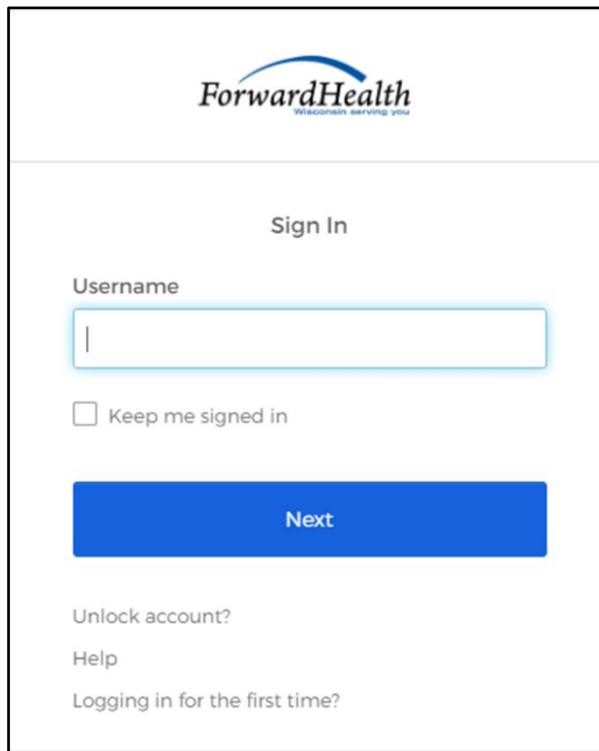


Figure 1 ForwardHealth Portal Page

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

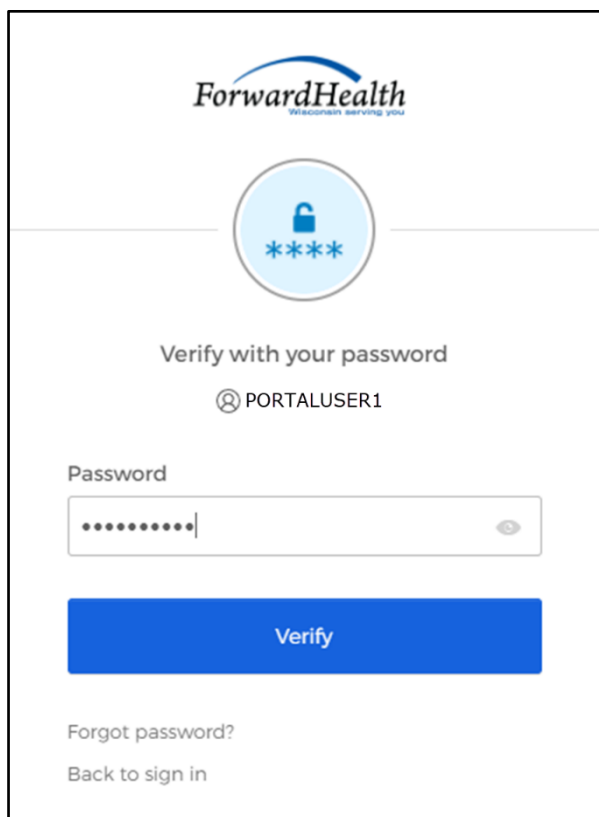


The image shows a 'Sign In' box for ForwardHealth. At the top is the ForwardHealth logo with the tagline 'Wisconsin serving you'. Below the logo is the title 'Sign In'. There is a text input field labeled 'Username' with a blue border. Below the input field is a checkbox labeled 'Keep me signed in'.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

Figure 2 Sign In Box

3. Enter the user's username.

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



The image shows a login verification screen for ForwardHealth. At the top is the ForwardHealth logo with the tagline "Wisconsin serving you". Below the logo is a circular icon containing a blue padlock and four asterisks. The text "Verify with your password" is centered, followed by a user icon and the text "PORTALUSER1". There is a "Password" label above a text input field that contains eight dots. To the right of the input field is an eye icon. Below the input field is a large blue button labeled "Verify". At the bottom, there are two links: "Forgot password?" and "Back to sign in".

Figure 3 Verify With Your Password Box

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

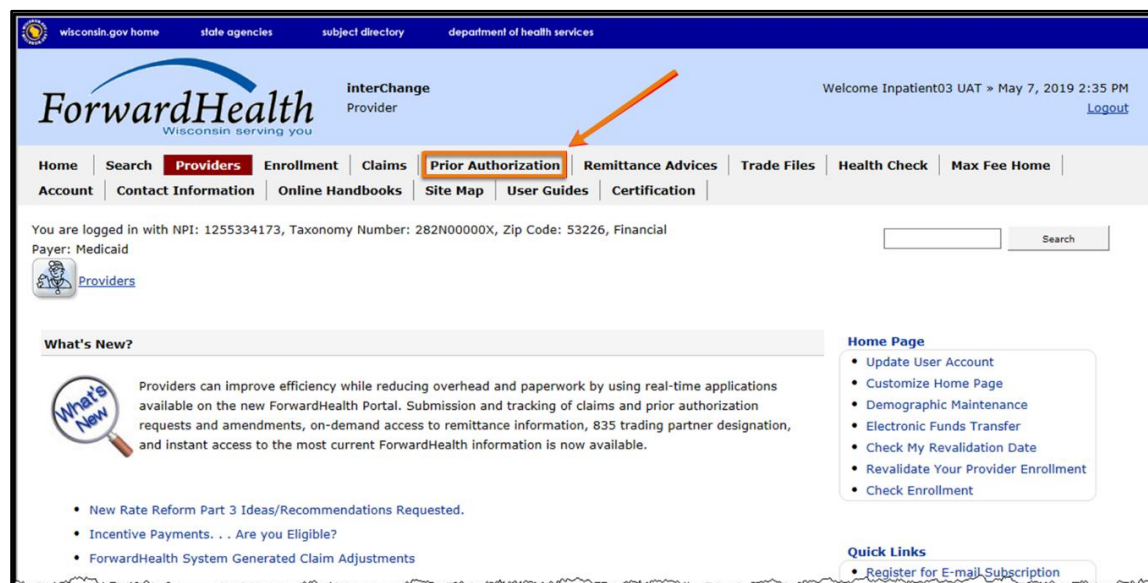


Figure 4 Secure Provider Page

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

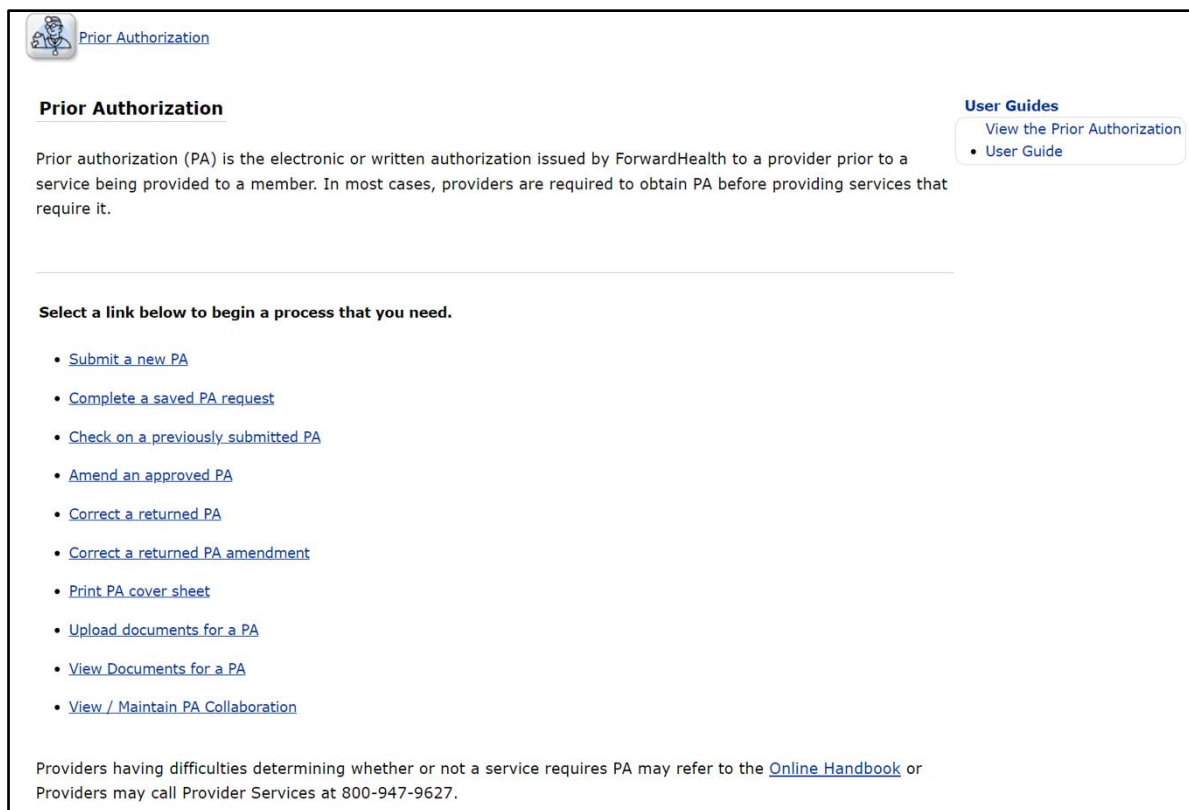


Figure 5 Prior Authorization Page

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

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

3 Submit a New Prior Authorization

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

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

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

Note: Fields marked with an asterisk (*) are required fields.

The screenshot shows the 'Initial Information' panel with a dark header bar containing the title and a help icon. Below the header, a note states: 'Required fields are indicated with an asterisk (*).' The panel is divided into five sections, each with a blue title bar:

- Process Type**: Contains a dropdown menu labeled 'Select a process type:*'. The list includes: 111 - Physical therapy (PT), 112 - Occupational therapy (OT), 113 - Speech and language pathology (SLP), 114 - Spell of illness (SOI) for PT, 115 - SOI for OT, 116 - SOI for SLP, 117 - PA Botox to Treat Migraines, 117 - Physician services, including rural health clinics and federally qualified health centers, 117 - Physician-Administered Drug, 118 - Chiropractic, 120 - Home Care, and 120 - Home Health Therapy.
- HealthCheck "Other Service"**: Contains a question 'Is this a HealthCheck "Other Service"?*' with two radio buttons: 'Yes' and 'No' (which is selected).
- Program Financial Payer**: Contains a question 'Select one:*' with two radio buttons: 'BadgerCare Plus (TXIX)' and 'Wisconsin Chronic Disease Program (WCDP)'.
- Billing Provider Number**: Contains a question 'Select a billing provider number:*' with a dropdown menu showing '1234567890 NPI'.
- Provider Collaboration**: Contains a message 'Behavioral Treatment is not currently available for participation in the PA Collaboration.' followed by a question 'Select one:*' with three radio buttons: 'New Collaborative', 'Existing Collaborative', and 'None' (which is selected). Below this are input fields for 'Collaborative ID', 'Expected PA Count' (with a value of 0), 'Start Date', 'End Date', and a text area for 'Reason'.

At the bottom of the panel is a 'Next' button.

Figure 6 Initial Information Panel

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

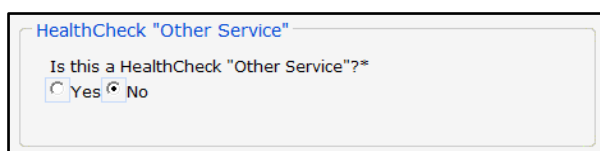


The screenshot shows a web form titled "Initial Information" with a help icon. Below the title, it states "Required fields are indicated with an asterisk (*)". The "Process Type" section is expanded, showing a dropdown menu with the following options:

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT
- 116 - SOI for SLP
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers
- 117 - Physician-Administered Drug
- 118 - Chiropractic
- 120 - Home Care
- 120 - Home Health Therapy

Figure 7 Process Type Section

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

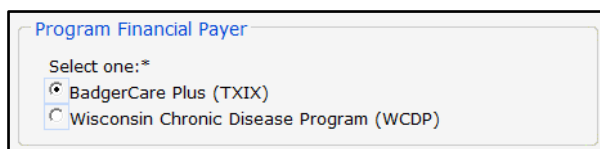


The screenshot shows the "HealthCheck Other Service" section. It contains the question "Is this a HealthCheck 'Other Service'?*" with two radio button options: "Yes" and "No". The "No" option is selected.

Figure 8 HealthCheck “Other Service” Section

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

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



The screenshot shows the "Program Financial Payer" section. It contains the question "Select one:*" with two radio button options: "BadgerCare Plus (TXIX)" and "Wisconsin Chronic Disease Program (WCDP)". The "BadgerCare Plus (TXIX)" option is selected.

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

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

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

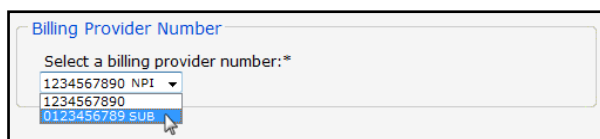
A screenshot of a web form titled "Billing Provider Number". Below the title is a text input field with the placeholder text "Select a billing provider number:*". Below the input field is a dropdown menu. The dropdown menu is open, showing three options: "1234567890 NPI", "1234567890", and "0123456789 SUB". A mouse cursor is pointing at the "0123456789 SUB" option.

Figure 10 Billing Provider Number Section

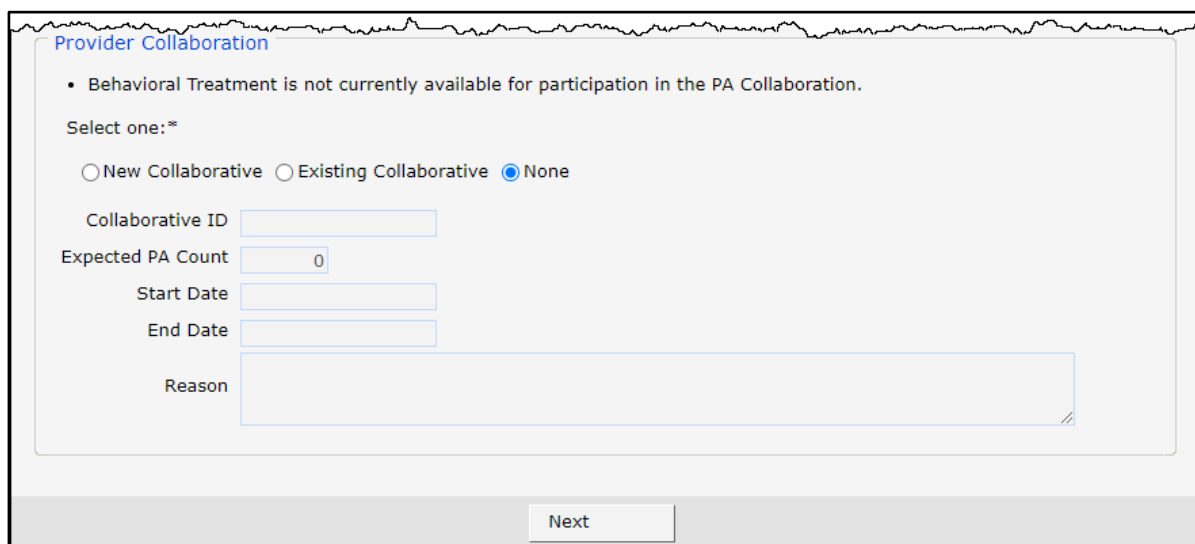
6. In the “Provider Collaboration” section, select one of the following:
- **New Collaborative**—Indicates the initiation of a PA collaborative that will contain two or more PA requests from providers coordinating care for a single member. Once the PA request from the initiating provider is successfully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

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

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

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

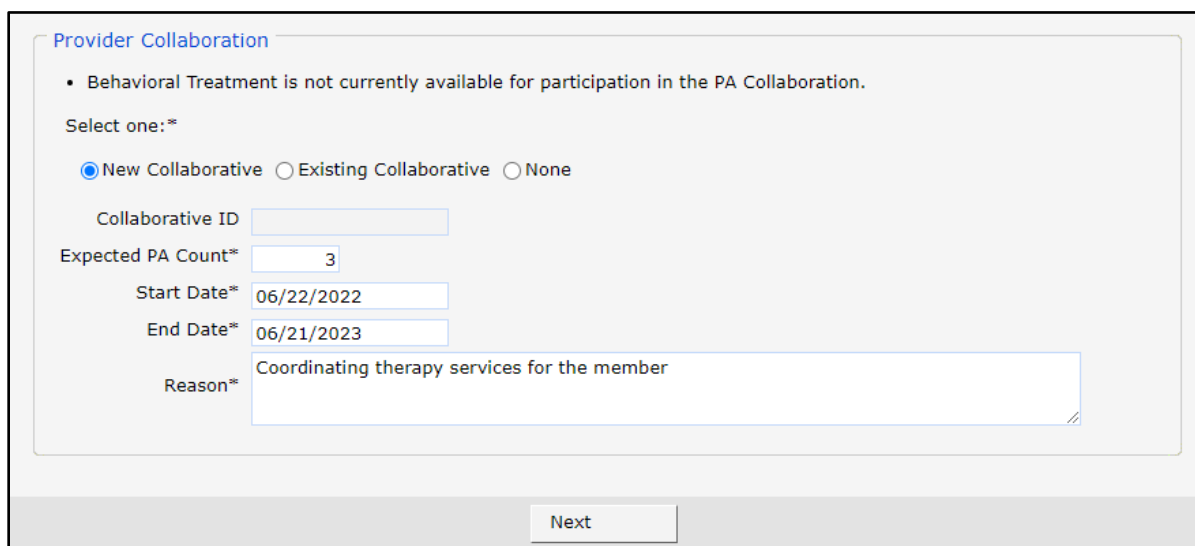
If the PA request will not be part of a collaborative, select **None**. Proceed to [step 7](#).



The screenshot shows the 'Provider Collaboration' section of a web form. At the top, a message states: 'Behavioral Treatment is not currently available for participation in the PA Collaboration.' Below this, the instruction 'Select one: *' is followed by three radio button options: 'New Collaborative', 'Existing Collaborative', and 'None'. The 'None' option is selected. Below the radio buttons are several input fields: 'Collaborative ID' (empty), 'Expected PA Count' (containing '0'), 'Start Date' (empty), 'End Date' (empty), and 'Reason' (empty text area). A 'Next' button is located at the bottom right of the form.

Figure 11 Provider Collaboration Section

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



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

Figure 12 Provider Collaboration Section, New Collaborative

Complete the following fields to begin a new PA collaborative:

- Enter the total expected number of PAs that will be part of the collaborative in the Expected PA Count field.

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

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

Provider Collaboration

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

Select one: *

☐ New Collaborative ☒ Existing Collaborative ☐ None

Collaborative ID * 987654321

Expected PA Count

Start Date

End Date

Reason

Next

Figure 13 Provider Collaboration Section, Existing Collaborative

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

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

7. Click **Next**.

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

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

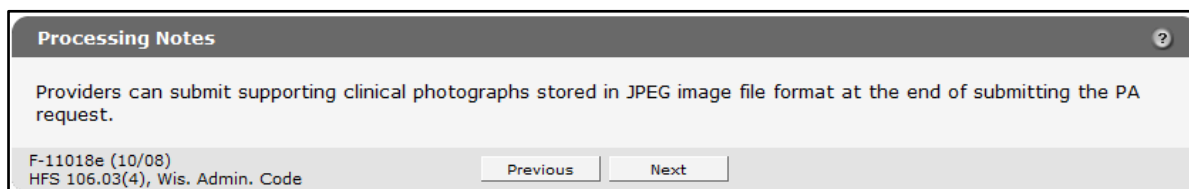
The image shows a 'Processing Notes' panel. At the top, it says 'Providers can submit supporting clinical photographs stored in JPEG image file format at the end of submitting the PA request.' Below this, there is a status bar with 'F-11018e (10/08)' and 'HFS 106.03(4), Wis. Admin. Code'. At the bottom, there are 'Previous' and 'Next' buttons.

Figure 14 Processing Notes Panel

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

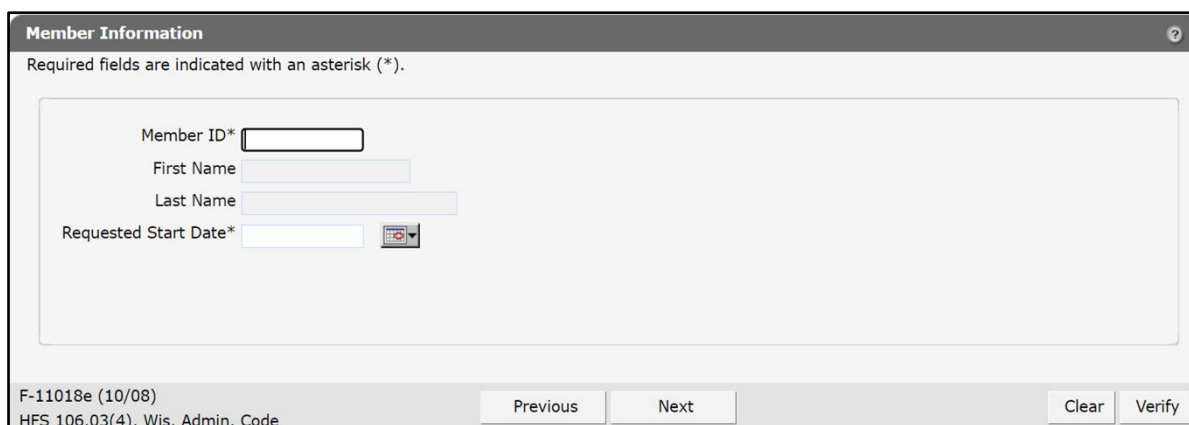
The image shows a 'Member Information' panel. It starts with a note: 'Required fields are indicated with an asterisk (*).' Below this, there are four input fields: 'Member ID*' (with a red border), 'First Name', 'Last Name', and 'Requested Start Date*' (with a calendar icon). At the bottom, there is a status bar with 'F-11018e (10/08)' and 'HFS 106.03(4), Wis. Admin. Code'. At the bottom right, there are 'Previous', 'Next', 'Clear', and 'Verify' buttons.

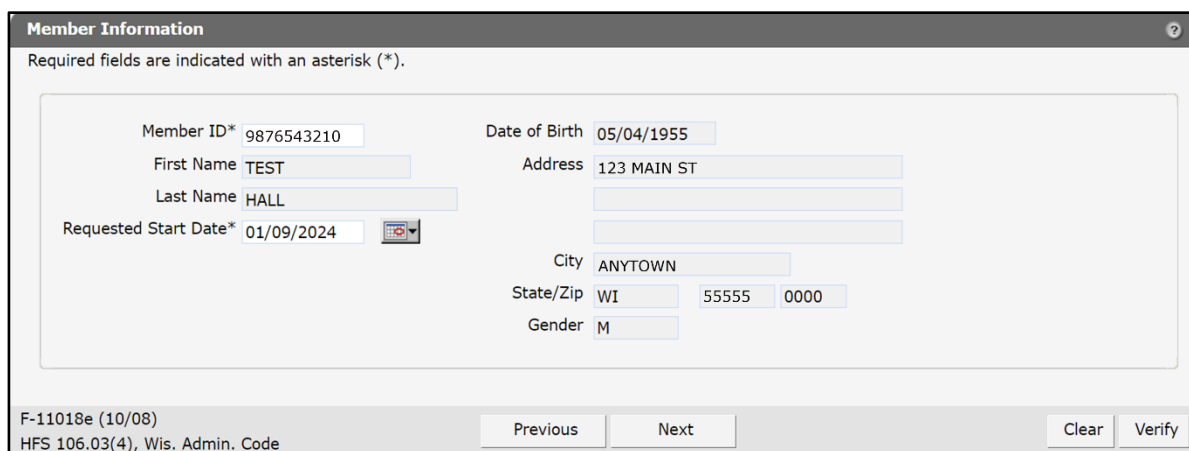
Figure 15 Member Information Panel

11. Enter the member's ID in the Member ID field. The member's first and last name will be prefilled after the member's ID is entered.
12. Enter the PA's start date using MM/DD/CCYY format in the Requested Start Date field. The calendar icon located to the right of the Requested Start Date field may also be used to select a date.

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

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

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



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

Figure 16 Member Information Panel With Verified Information

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

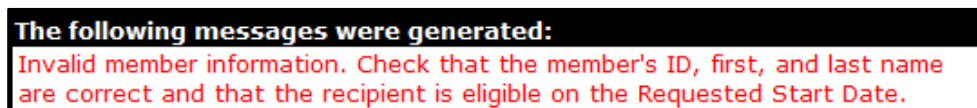


Figure 17 Example Error Message

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

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

Service Information

Required fields are indicated with an asterisk (*).

Primary Diagnosis Code* [Search] Primary Diag Description

Secondary Diagnosis Code [Search] Secondary Diag Description

Requested Start Date Requesting Provider Signature*

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

Prescribing/Referring/Ordering Provider

Line Items

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

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

Line Item

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

Rendering Provider

Taxonomy

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

Service Code* [Search]

Service Code Description

Additional Service Code

Description

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

Place of Service* [Search]

Quantity Requested*

Charge*

Add Save Delete

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

Previous Next Save and Complete Later Clear Verify

Figure 18 Service Information Panel

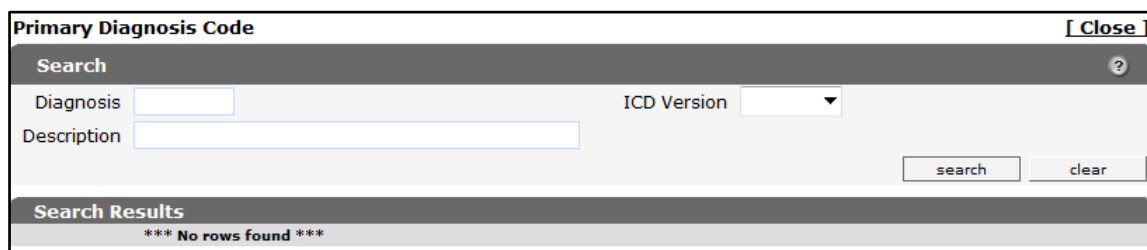
The fields on the Service Information panel will vary depending on the process type selected on the Initial Information panel. Enter all relevant information for the selected process type.

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

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

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

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



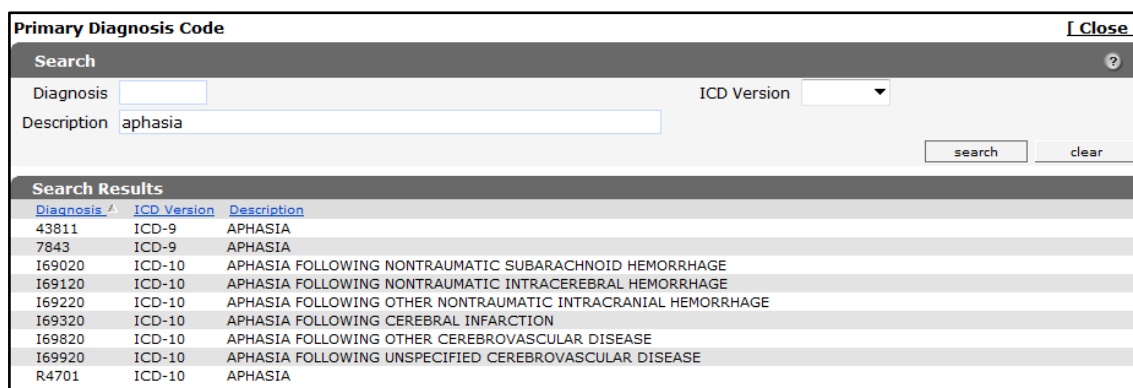
The image shows a search box titled "Primary Diagnosis Code" with a "Close" button in the top right. Below the title is a "Search" section with a "Diagnosis" input field, an "ICD Version" dropdown menu, and a "Description" input field. There are "search" and "clear" buttons to the right of the input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

Figure 19 Primary Diagnosis Code Search Box

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

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

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



The image shows the same search box as Figure 19, but with search results displayed. The "Description" field contains the word "aphasia". The "Search Results" section shows a table of results:

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 20 Primary Diagnosis Code Search Box With Search Results Section

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

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

The screenshot shows a web form titled "Service Information" with a help icon. Below the title, it states "Required fields are indicated with an asterisk (*)." The form contains several input fields and search buttons:

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

Figure 21 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.

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

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

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



Figure 22 Example Error Message

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

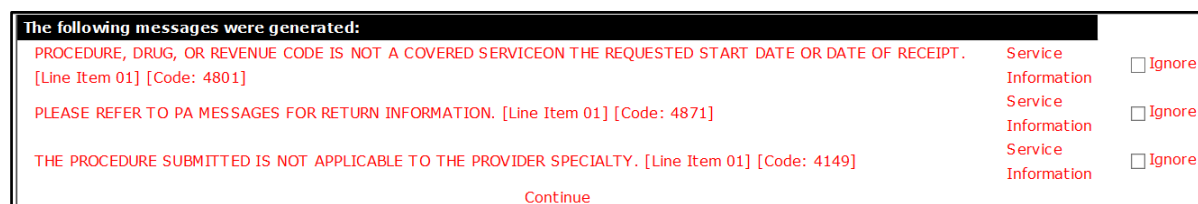


Figure 23 Policy Rule-Based Edit Message

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

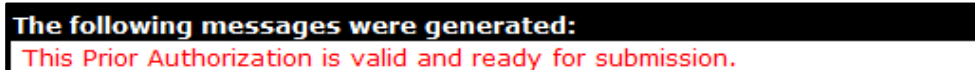


Figure 24 Validation Message

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

23. 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 25 Required Attachments Panel

The Required Attachments panel indicates the following information:

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

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

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

3.1 Submission Method—Web

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

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

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

THERAPY ATTACHMENT (PA/TA)

Required fields are indicated with an asterisk (*).

SECTION I — MEMBER /PROVIDER INFORMATION

Name - Member (Last) MEMBER
Name - Member (First) IMA
Middle Initial - Member
Member ID 0987654321
Age - Member 14

Name - Therapist
Credentials - Therapist
Therapist Provider ID
Telephone Number - Therapist Ext
Name - Referring/Prescribing Physician

Total Time Per Day Requested (Minutes)
Total Sessions Per Week Requested
Total Number of Weeks Requested
Requested Start Date (mm/dd/ccyy)

SECTION II — PERTINENT DIAGNOSES / PROBLEMS TO BE TREATED

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

SECTION III — BRIEF PERTINENT MEDICAL / SOCIAL INFORMATION

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

ADDITIONAL INFORMATION

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

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

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

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

Previous Next Save and Complete Later Clear Verify

Figure 26 Example Attachment Form

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

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

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

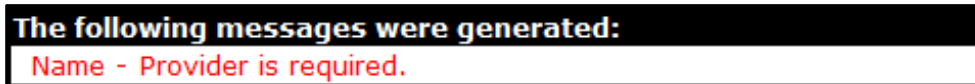


Figure 27 Example Error Message

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

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

The screenshot shows the "PA Summary" page. At the top is a dark header bar with the title "PA Summary" and a help icon. The main content area has a light gray background and contains several sections. The first section is a bulleted list with two items: "The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. 'Service Information') or the 'Previous' button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made." and "Preview PA Request" with a link. Below this is a paragraph explaining that the preview is a draft PDF and should not be used for submission. The second section is titled "Prescription or Order" and contains a paragraph stating that a prescription or order must be submitted. Below this are two radio button options: "By mail or fax. The prescription or order must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted." and "By uploading electronically. Files may be uploaded once the PA has been submitted." The third section is titled "Additional Supporting Clinical Documentation" and contains two checkbox options: "By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted." and "By uploading electronically. Files may be uploaded once the PA has been submitted." The fourth section is a bulleted list with one item: "Select 'Submit' to submit the PA request." At the bottom of the page is a dark gray footer bar containing three buttons: "Previous", "Submit", and "Save and Complete Later".

Figure 28 PA Summary Page

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

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

Figure 29 Draft PDF Version of PA Request

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

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

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

File Upload ?

Required fields are indicated with an asterisk (*).

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

Upload File

File No file chosen

Uploaded File List

*** No rows found ***

Figure 30 File Upload Panel

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

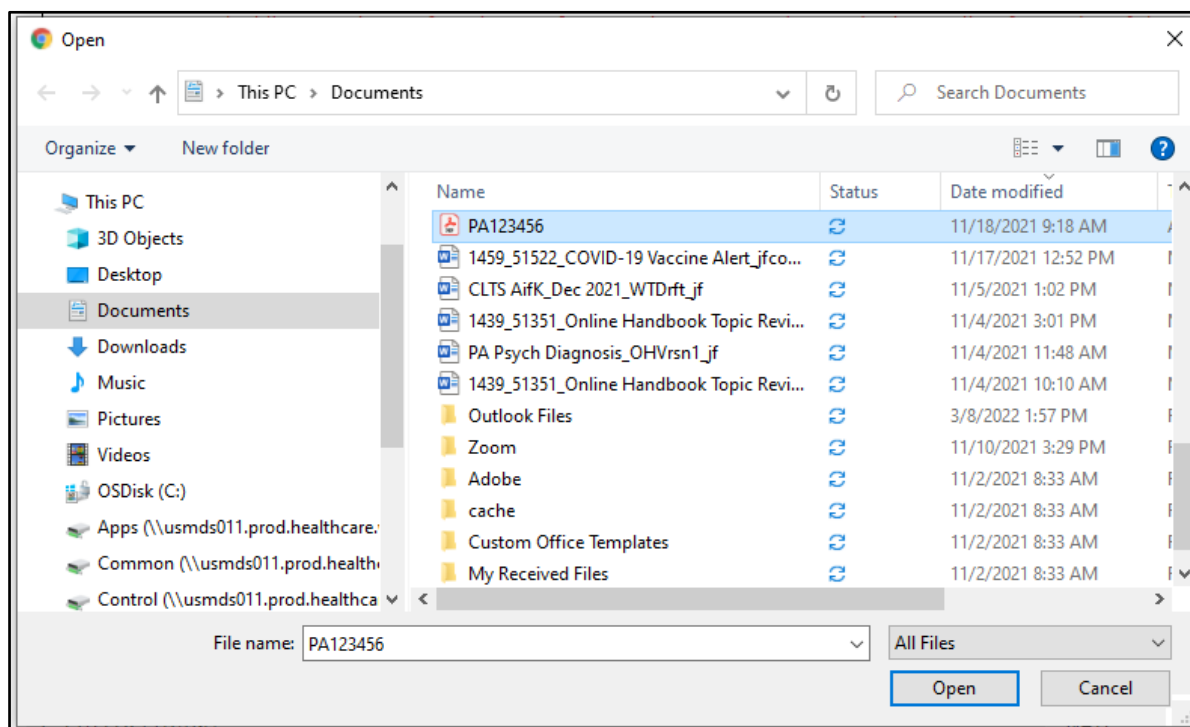


Figure 31 Choose File Window

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

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

The following messages were generated:
File was added to list successfully. Select the 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

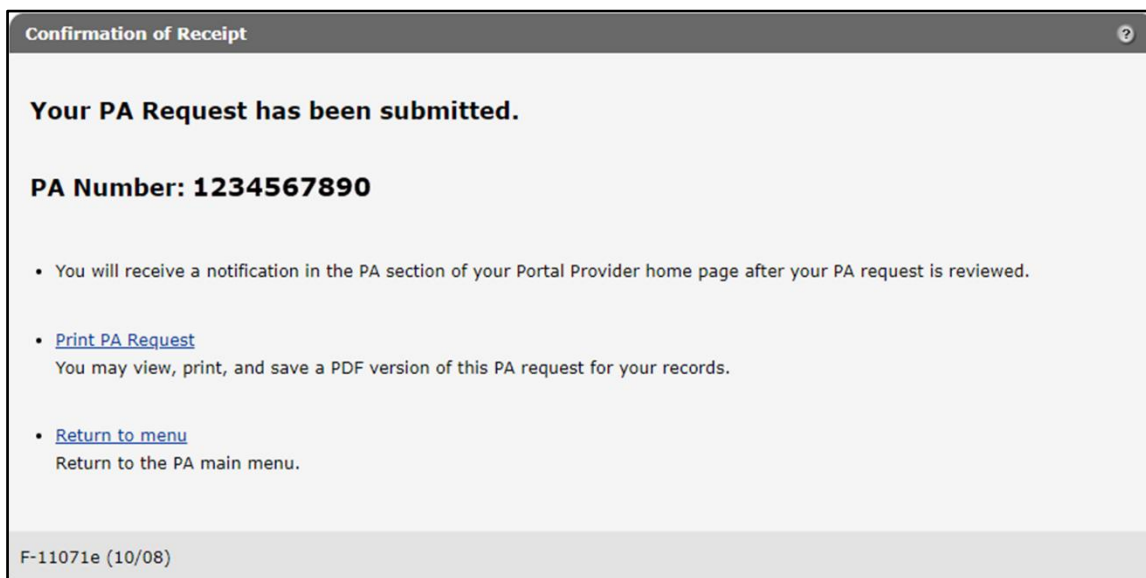
File Name	Remove File
F11018_PA-RF.pdf	X

Next

Figure 32 Uploaded File List Section

- d. Upload as many files as necessary.

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



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

Confirmation of Receipt

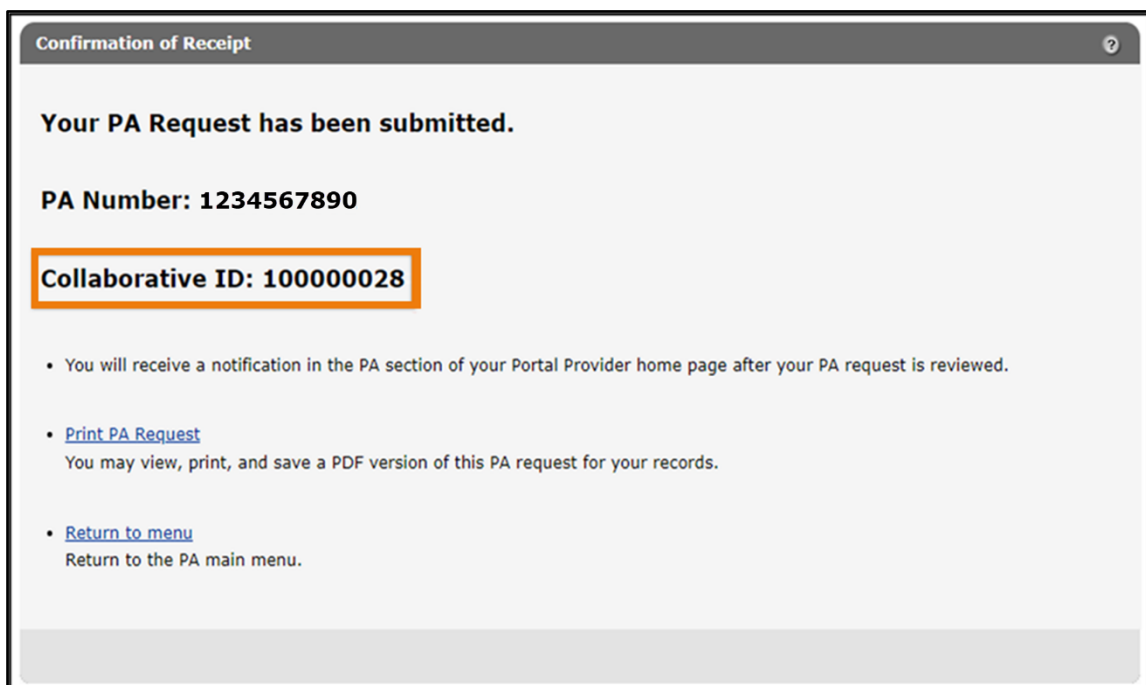
Your PA Request has been submitted.

PA Number: 1234567890

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

F-11071e (10/08)

Figure 33 Confirmation of Receipt Page Without Collaborative ID



This screenshot is similar to Figure 33 but includes an additional field: "Collaborative ID: 100000028", which is highlighted with an orange rectangular border. The rest of the page content, including the heading, PA number, and bulleted list, remains the same.

Confirmation of Receipt

Your PA Request has been submitted.

PA Number: 1234567890

Collaborative ID: 100000028

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

Figure 34 Confirmation of Receipt Page With Collaborative ID

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

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

Print the PA Cover Sheet

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

ForwardHealth
Prior Authorization
313 Blettner Blvd
Madison, WI 53784

Fax: (608) 221-8616

Note: If the PA cover sheet and the documents listed above are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.
- After printing the PA cover sheet, select "Next" to receive your PA number for this request.

[Get PA Cover Sheet](#)

[Next](#)

Figure 35 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 Blettner Blvd
Madison WI 53784

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

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

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

Sincerely,

ForwardHealth
F-11159 (07/12)

www.dhs.wisconsin.gov

DT-PA059-05B-SD40180001-2201692726,131

FORWARDHEALTH
PROVIDER SERVICES
313 BLETTER BLVD
MADISON WI 53784

Telephone: 800-947-9627
TTY: 711
www.forwardhealth.wi.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 36 PDF Version of the PA Cover Sheet

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

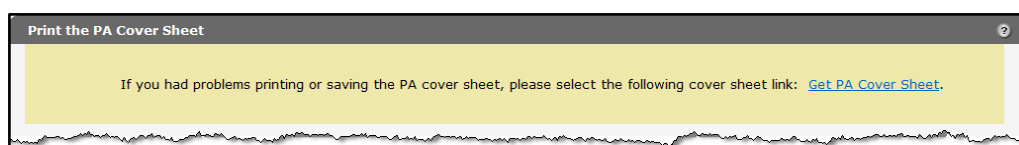
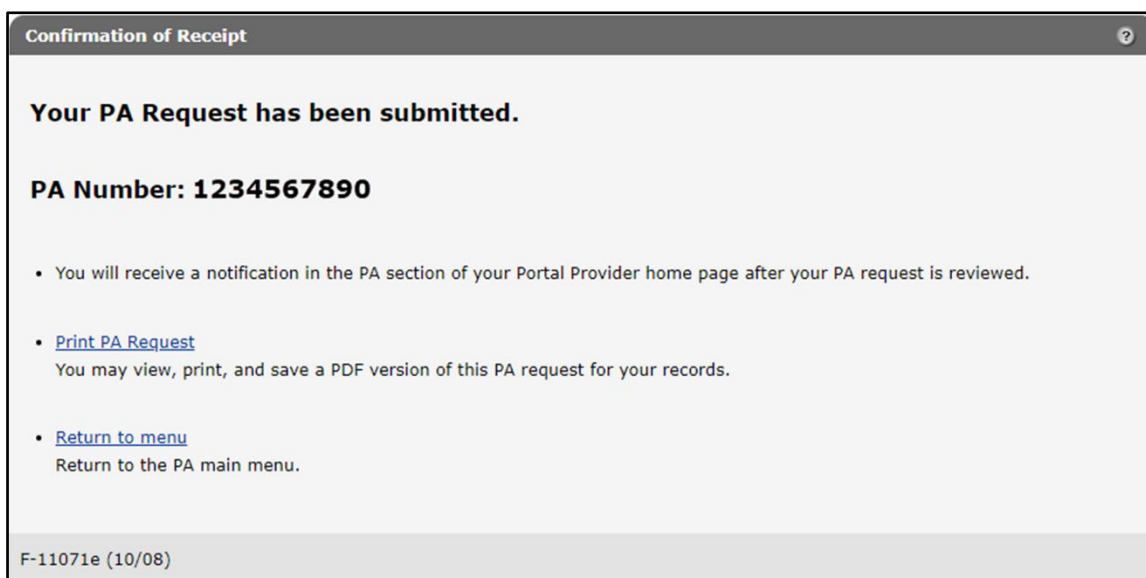


Figure 37 Get PA Cover Sheet Link

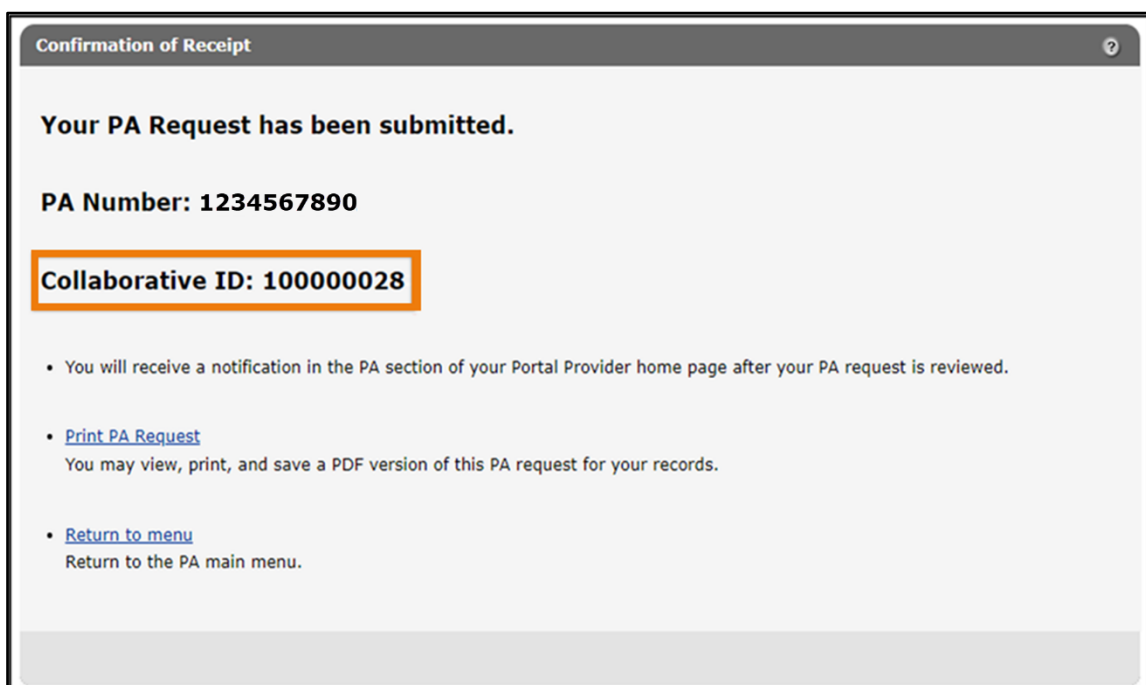
Note: If the PA cover sheet and required attachments are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.

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



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

Figure 38 Confirmation of Receipt Page Without Collaborative ID



This screenshot is similar to Figure 38 but includes an additional field: "Collaborative ID: 100000028", which is highlighted with an orange rectangular border. The rest of the page content, including the heading, PA number, and bulleted list, is identical to the previous figure.

Figure 39 Confirmation of Receipt Page With Collaborative ID

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


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

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

**FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RP)**

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RP) Completion Instructions.

SECTION I — PROVIDER INFORMATION										
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (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			
SECTION II — MEMBER INFORMATION										
7. Member Identification Number 0987654321			8. Date of Birth — Member 03/03/1999			9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555				
10. Name — Member (Last, First, Middle Initial) JMA MEMBER				11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female						
SECTION III — DIAGNOSIS / TREATMENT INFORMATION										
12. Diagnosis — Primary Code and Description R4701 - APHASIA					13. Start Date — GOI			14. First Date of Treatment — GOI		
15. Diagnosis — Secondary Code and Description					16. Requested PA Start Date 11/18/2018					
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers				21. POS	22. Description of Service	23. QR	24. Charge
			1	2	3	4				
2345678901	123456789X	97110	GN				11	THERAPEUTIC EXERCISES - 15 MIN X 3WKS X 11 WKS	33.000	\$250.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.									25. Total Charges	\$250.00
26. SIGNATURE — Requesting Provider I.M. Requesting Provider									27. Date Signed 11/10/2018	

-DRAFT- 

DT-PA049-049

Figure 40 Draft PDF Version of the PA Request

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

3.2 Submission Method—Electronic Upload

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

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

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

Required 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 ▼

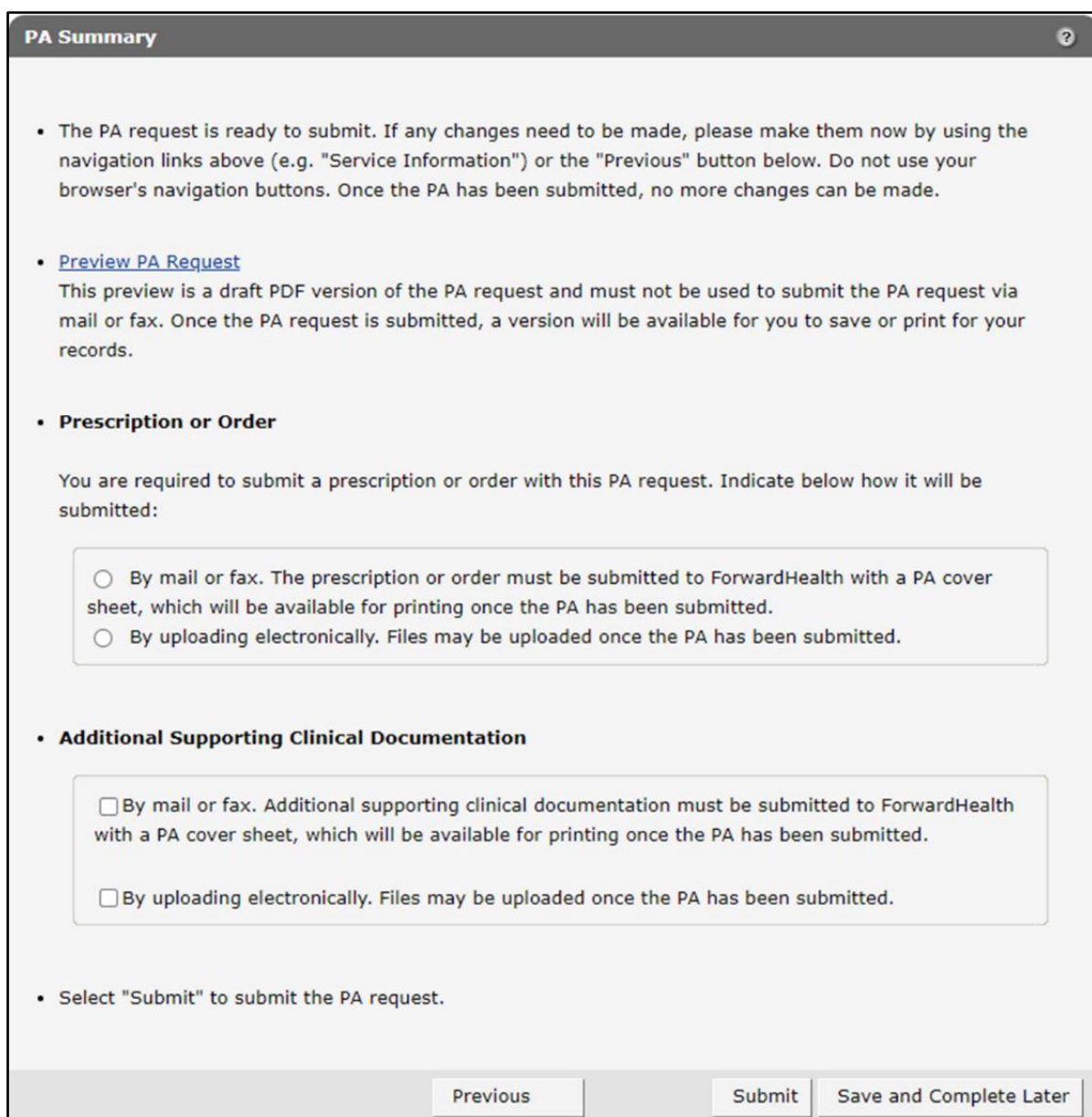
Notes The attachment form must be uploaded electronically after the PA request has been submitted.

Previous Next Save and Complete Later

Figure 41 Required Attachments Page

2. Read the Notes for further instructions.

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



PA Summary

- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.
- [Preview PA Request](#)
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.

• **Prescription or Order**

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

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

☐ By uploading electronically. Files may be uploaded once the PA has been submitted.

• **Additional Supporting Clinical Documentation**

☐ By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.

☐ By uploading electronically. Files may be uploaded once the PA has been submitted.

• Select "Submit" to submit the PA request.

[Previous](#) [Submit](#) [Save and Complete Later](#)

Figure 42 PA Summary Page

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


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

Figure 43 Draft PDF Version of the PA Request

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

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

File Upload ?

Required fields are indicated with an asterisk (*).

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

Upload File

File No file chosen

Uploaded File List

*** No rows found ***

Figure 44 File Upload Panel

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

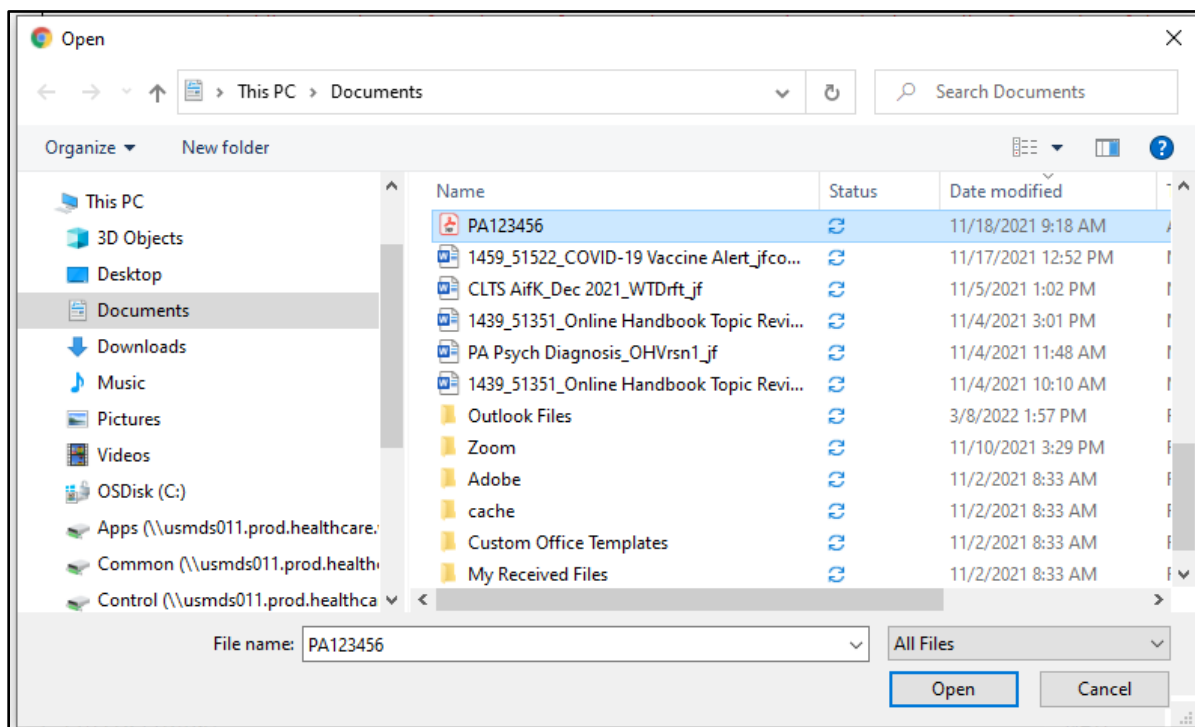


Figure 45 Choose File Window

- 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:** 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

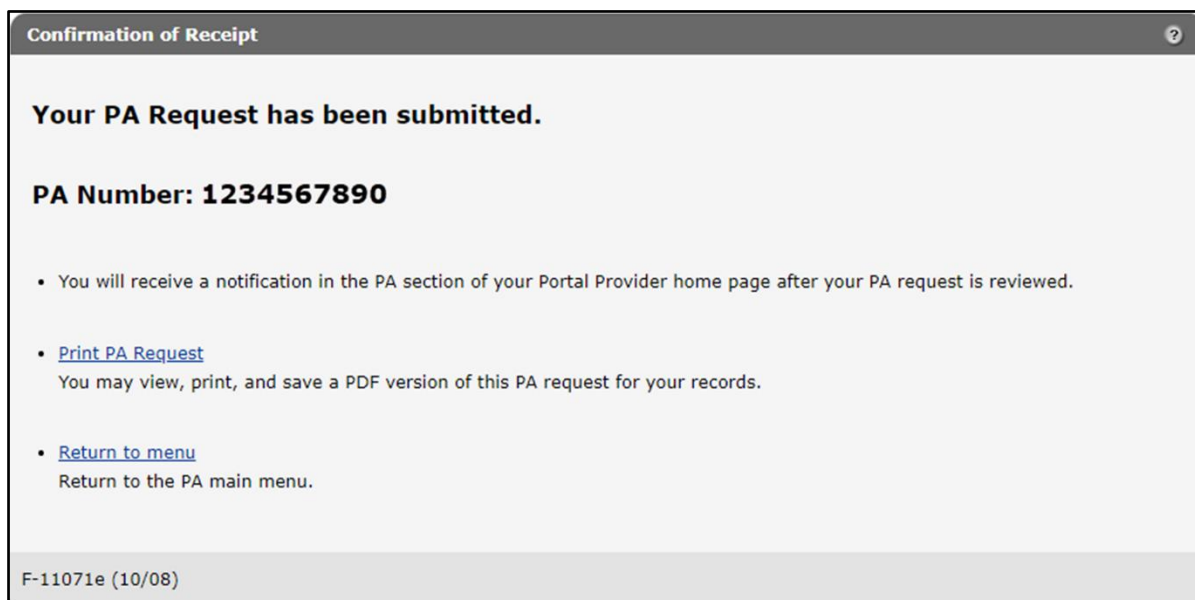
File Name	Remove File
F11018_PA-RF.pdf	X

Next

Figure 46 Uploaded File List Section

11. Upload as many files as necessary.

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



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

Confirmation of Receipt

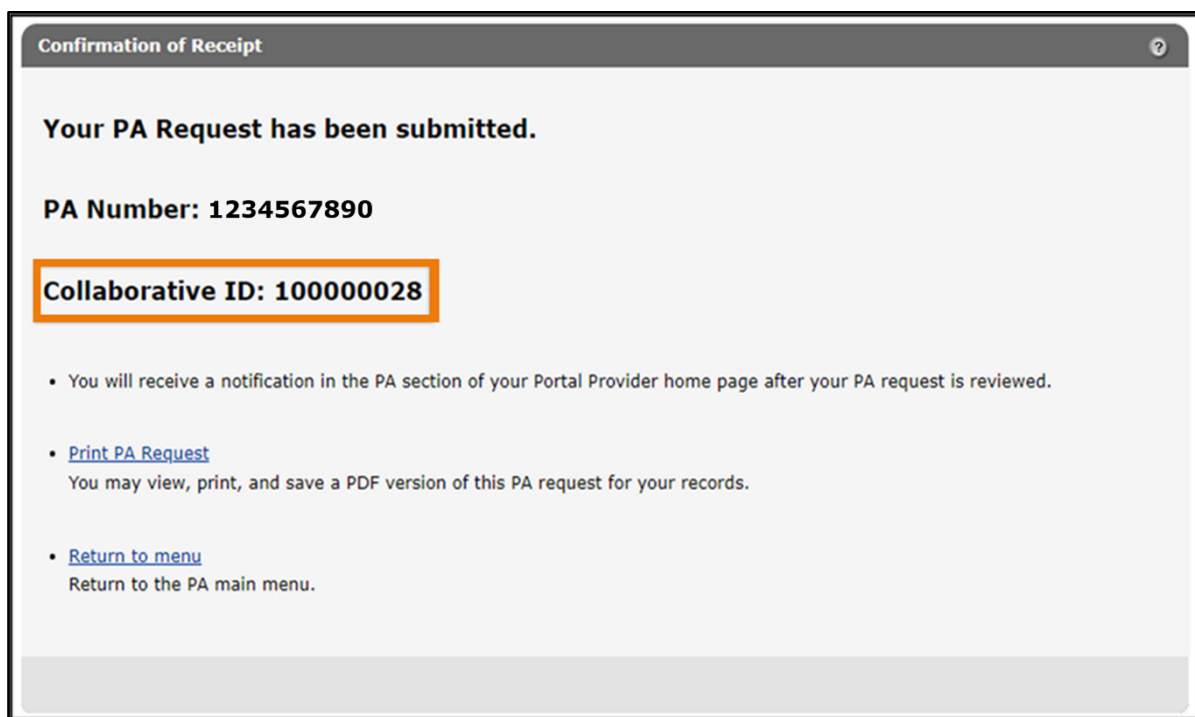
Your PA Request has been submitted.

PA Number: 1234567890

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

F-11071e (10/08)

Figure 47 Confirmation of Receipt Page Without Collaborative ID



This screenshot is identical to the one in Figure 47, but it includes an additional line of text: "Collaborative ID: 100000028". This line is enclosed in a thick orange rectangular border, highlighting it. The rest of the page content, including the heading, PA number, list of instructions, and footer, remains the same.

Confirmation of Receipt

Your PA Request has been submitted.

PA Number: 1234567890

Collaborative ID: 100000028

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

Figure 48 Confirmation of Receipt Page With Collaborative ID

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


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

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

**FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RP)**

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RP) Completion Instructions.

SECTION I — PROVIDER INFORMATION										
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)				2. Process Type 113 - Speech and language pathology			3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000			
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234							5a. Billing Provider Number 1234567890			
							5b. Billing Provider Taxonomy Code 987654321X			
6a. Name — Prescribing / Referring / Ordering Provider							6b. National Provider Identifier — Prescribing / Referring / Ordering Provider			
SECTION II — MEMBER INFORMATION										
7. Member Identification Number 0987654321			8. Date of Birth — Member 03/03/1999			9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555				
10. Name — Member (Last, First, Middle Initial) JMA MEMBER				11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female						
SECTION III — DIAGNOSIS / TREATMENT INFORMATION										
12. Diagnosis — Primary Code and Description R4701 - APHASIA						13. Start Date — SOI		14. First Date of Treatment — SOI		
15. Diagnosis — Secondary Code and Description						16. Requested PA Start Date 11/18/2018				
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers				21. POS	22. Description of Service	23. QR	24. Charge
			1	2	3	4				
2345678901	123456789X	97110	GN				11	THERAPEUTIC EXERCISES - 15 MIN X 3WKS X 11 WKS	33.000	\$250.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.									25. Total Charges	\$250.00
26. SIGNATURE — Requesting Provider I.M. Requesting Provider									27. Date Signed 11/10/2018	

-DRAFT- 

DT-PA049-049

Figure 49 Draft PDF Version of the PA Request

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

3.3 Submission Method—Mail or Fax

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

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.

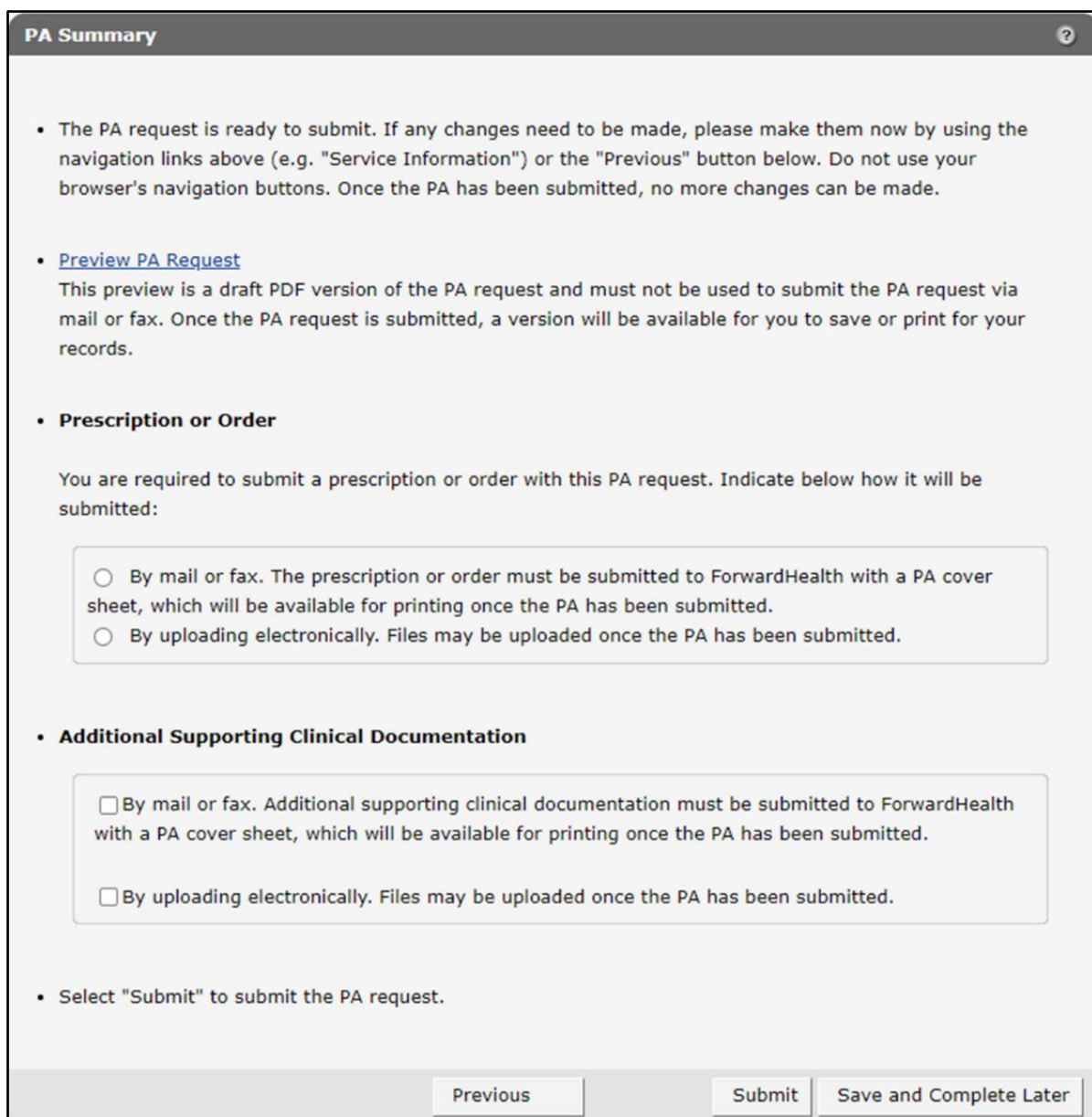
Attachment	THERAPY ATTACHMENT (PA/TA)
Submission Method*	Mail or Fax ▼
Notes	The attachment form must be completed on paper and must be sent by mail or fax with the PA cover sheet. The PA cover sheet will be available to print once the PA has been submitted.

Previous Next Save and Complete Later

Figure 50 Required Attachments Page

2. Read the Notes for further instructions.

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



PA Summary

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

[Previous](#) [Submit](#) [Save and Complete Later](#)

Figure 51 PA Summary Page

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

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

Figure 52 Draft PDF Version of the PA Request

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

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

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

Print the PA Cover Sheet

- You have indicated that you will be submitting the following documents by mail or fax:
 - Additional supporting clinical documentation.
 - THERAPY ATTACHMENT (PA/TA)
- To process your PA request, select "Get PA Cover Sheet" below. Selecting "Get PA Cover Sheet" will open a new browser window. To print the cover sheet, you must select "File » Print" from your browser's menu. If you are unable to print the PA cover sheet at this time, then you must select "File » Save" from your browser's menu to save the cover sheet on your computer and print it at another time.
- After printing the PA cover sheet, you must send it along with the documents listed above to the following address or fax number:
ForwardHealth
Prior Authorization
313 Blettner Blvd
Madison, WI 53784
Fax: (608) 221-8616
- Note: If the PA cover sheet and the documents listed above are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.
- After printing the PA cover sheet, select "Next" to receive your PA number for this request.

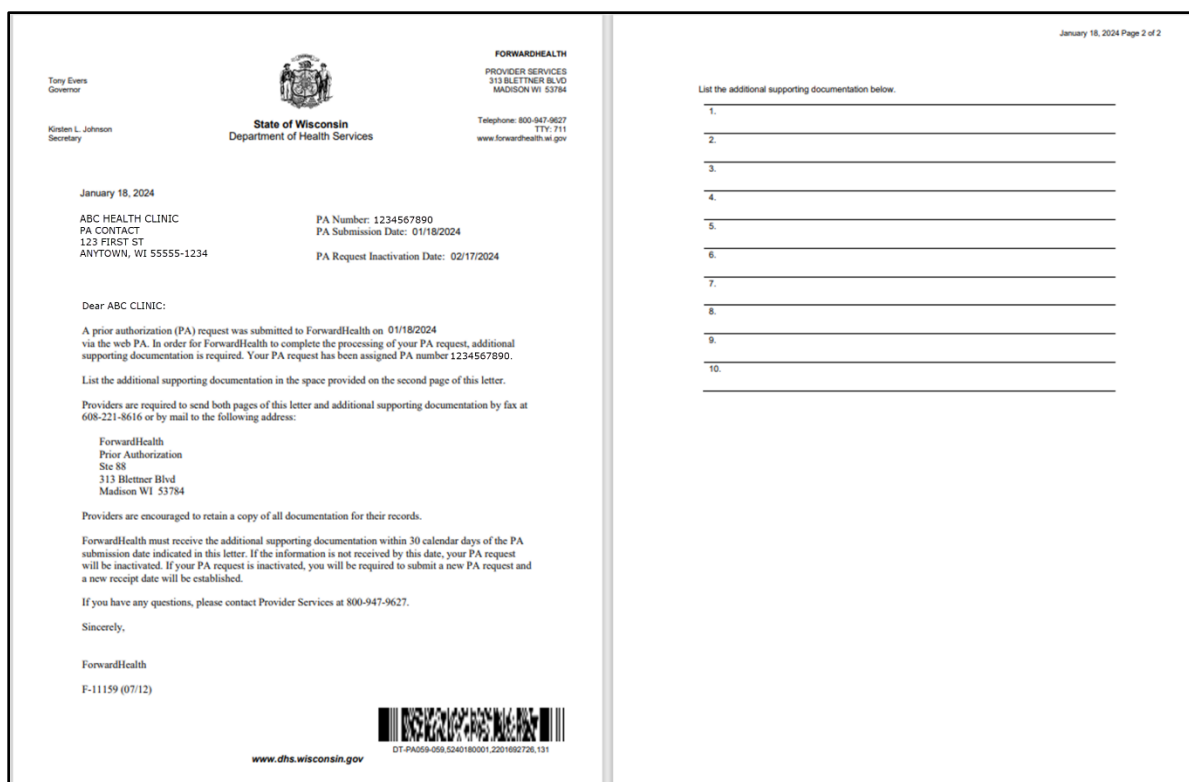
[Get PA Cover Sheet](#)

[Next](#)

Figure 53 Print the PA Cover Sheet Page

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

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



The image shows a two-page PDF document titled "PA Cover Sheet". The header includes the State of Wisconsin Department of Health Services logo and contact information for Tony Evers, Governor, and Kristen L. Johnson, Secretary. The document is dated January 18, 2024, and is page 2 of 2. The main body of the document contains a letter to ABC HEALTH CLINIC, dated January 18, 2024, regarding a prior authorization (PA) request. The letter states that a PA request was submitted on 01/18/2024 and that the PA number is 1234567890. It also mentions that the PA request has been assigned a PA number 1234567890 and that the PA request inactivation date is 02/17/2024. The letter includes instructions for providers 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 Blumhiser Blvd, Madison WI 53784. It also states that providers are encouraged to retain a copy of all documentation for their records. The letter concludes with a signature line for ForwardHealth and a footer with the website www.dhs.wisconsin.gov and a barcode.

Figure 54 Sample PDF Version of the PA Cover Sheet

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

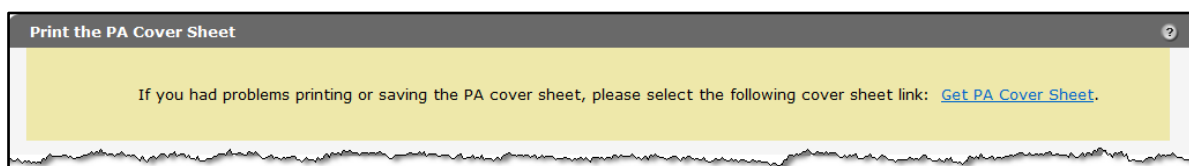
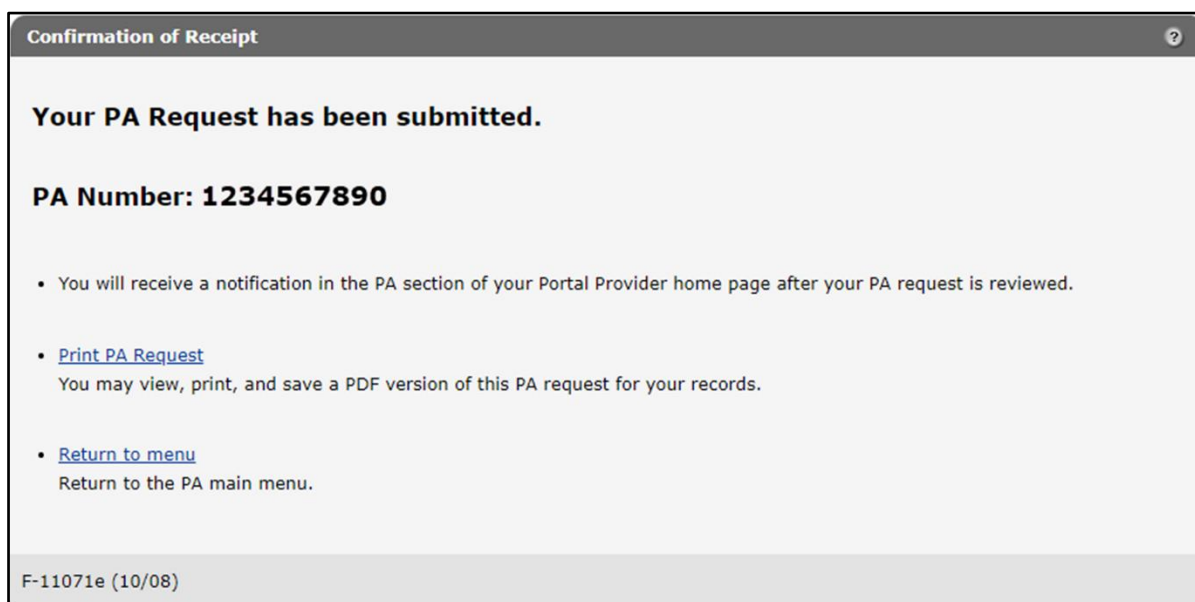


Figure 55 Get PA Cover Sheet Link

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

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



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

Confirmation of Receipt

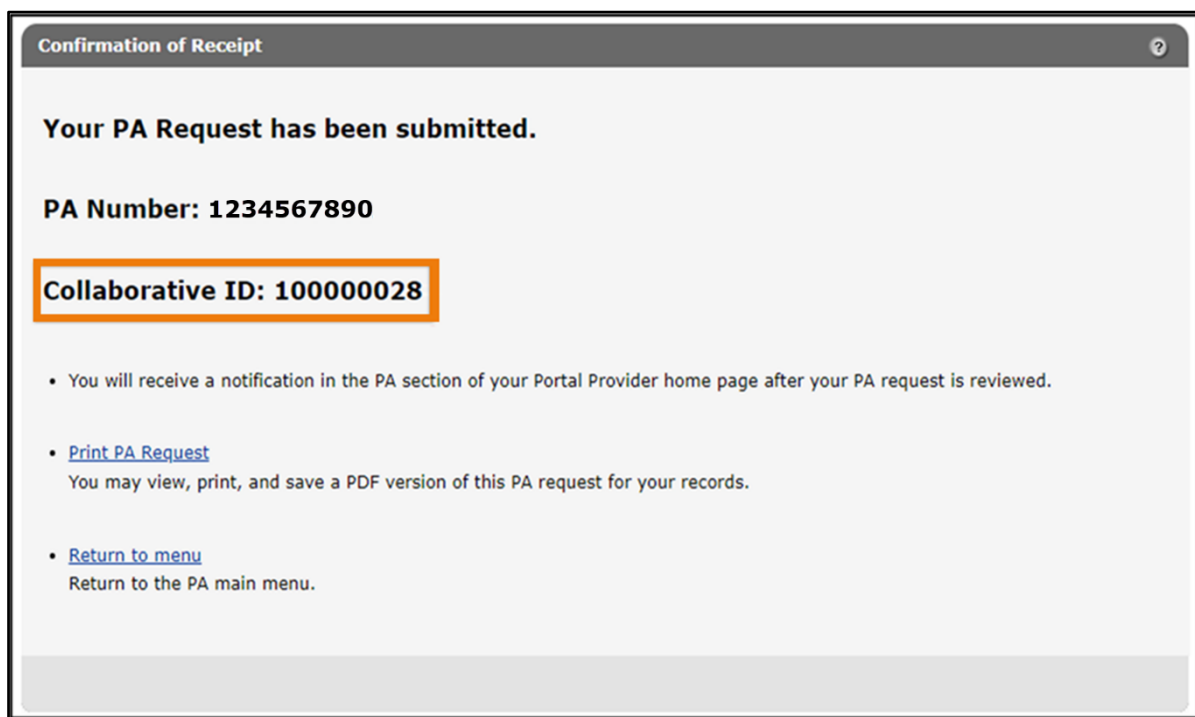
Your PA Request has been submitted.

PA Number: 1234567890

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

F-11071e (10/08)

Figure 56 Confirmation of Receipt Page Without Collaborative ID



This screenshot is identical to the previous one, but it includes an additional line of text: "Collaborative ID: 100000028". This line is enclosed in a thick orange rectangular border, highlighting it.

Confirmation of Receipt

Your PA Request has been submitted.

PA Number: 1234567890

Collaborative ID: 100000028

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

Figure 57 Confirmation of Receipt Page With Collaborative ID

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

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blethen Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION											
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (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				
SECTION II — MEMBER INFORMATION											
7. Member Identification Number 0987654321				8. Date of Birth — Member 03/03/1999			9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555				
10. Name — Member (Last, First, Middle Initial) JMA MEMBER				11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female							
SECTION III — DIAGNOSIS / TREATMENT INFORMATION											
12. Diagnosis — Primary Code and Description R4701 - APHASIA						13. Start Date — GOI		14. First Date of Treatment — GOI			
15. Diagnosis — Secondary Code and Description						16. Requested PA Start Date 11/18/2018					
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers				21. POS	22. Description of Service	23. QR	24. Charge	
2345678901	123456789X	97110	GN					11	THERAPEUTIC EXERCISES - 15 MIN X 3WKS X 11 WKS	33.000	\$250.00

3 Submit a New Prior Authorization 45

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

3.4 Submission Method–HealthCheck Request–No Attachment Is Needed

Providers submitting a PA request for HealthCheck “Other Services,” can submit the request without including a specific PA attachment. If the provider is unclear which attachment form to use, the provider can submit the clinical rationale and documentation (for example, test results or clinical notes) with the PA/RF.

1. Select **Health check request – No Attachment is needed** from the Submission Method drop-down menu.

Required Attachments ⓘ

Required fields are indicated with an asterisk (*).

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

Attachment PRIOR AUTHORIZATION DRUG ATTACHMENT FOR SYNAGIS

Submission Method* Health check request – No Attachment is needed ▼

Notes The attachment form does not need to be completed.

Previous Next Save and Complete Later

Figure 59 Required Attachments Page

2. Read the Notes for further instructions.

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

PA Summary

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

[Previous](#) [Submit](#) [Save and Complete Later](#)

Figure 60 PA Summary Page

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

DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11018 (05/13)				STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code						
FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)										
Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blethen Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.										
SECTION I — PROVIDER INFORMATION										
1. Check only if applicable <input checked="" type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)				2. Process Type 117 - Synaxis		3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000				
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) ABC CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234				5a. Billing Provider Number 1234567890		5b. Billing Provider Taxonomy Code 987654321X				
6a. Name — Prescribing / Referring / Ordering Provider				6b. National Provider Identifier — Prescribing / Referring / Ordering Provider						
SECTION II — MEMBER INFORMATION										
7. Member Identification Number 0987654321			8. Date of Birth — Member 03/03/1999		9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555					
10. Name — Member (Last, First, Middle Initial) MEMBER, IMA			11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female							
SECTION III — DIAGNOSIS / TREATMENT INFORMATION										
12. Diagnosis — Primary Code and Description F10 - ALCOHOL RELATED DISORDERS				13. Start Date — GOI		14. First Date of Treatment — GOI				
15. Diagnosis — Secondary Code and Description				16. Requested PA Start Date 10/16/2018						
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers				21. POS	22. Description of Service	23. QR	24. Charge
			1	2	3	4				
2345678901	123456789X	99205					12	OFFICE/OUTPATIENT VISIT NEW	2.000	\$360.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.									25. Total Charges	\$360.00
26. SIGNATURE — Requesting Provider I.M. Requesting Provider									27. Date Signed 10/10/2018	


-DRAFT 
 DT-PA049-049

Figure 61 Draft PDF Version of the PA Request

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

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

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

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

File Upload ?

Required fields are indicated with an asterisk (*).

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

Upload File

File No file chosen

Uploaded File List

*** No rows found ***

Figure 62 File Upload Panel

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

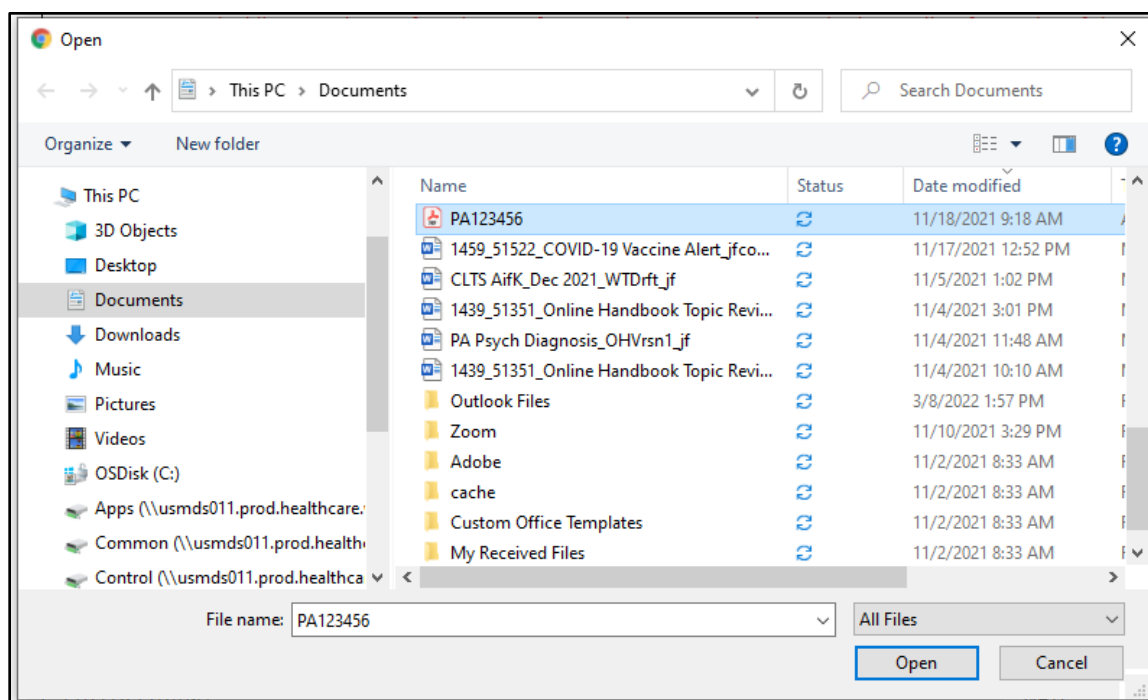


Figure 63 Choose File Window

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

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

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

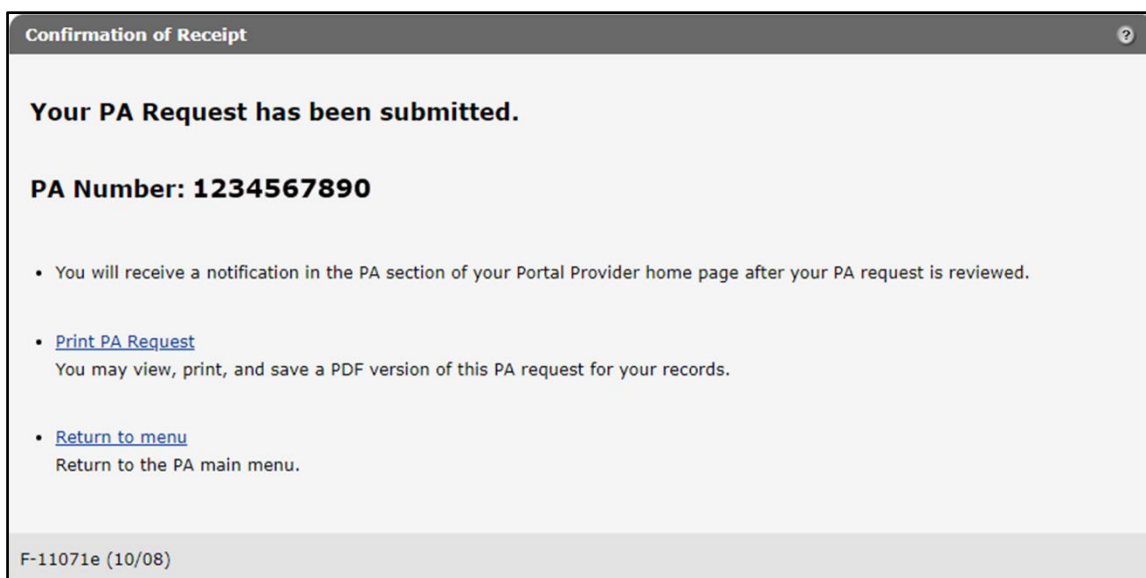
File Name	Remove File
F11018_PA-RF.pdf	X

Next

Figure 64 Uploaded File List Section

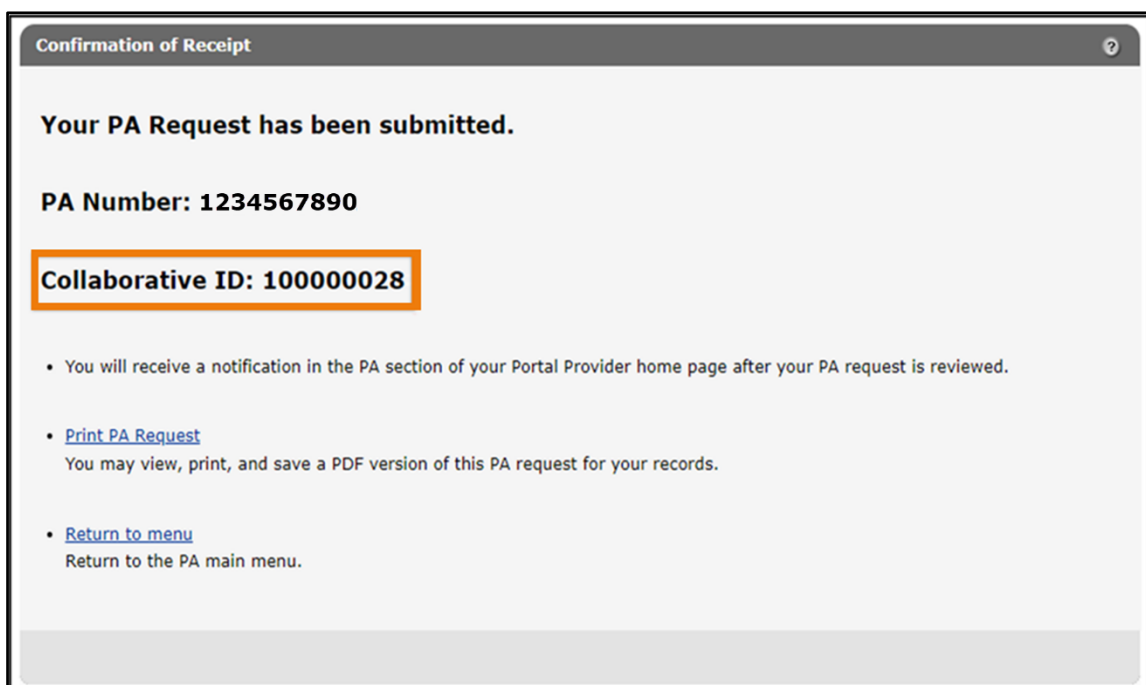
- d. Upload as many files as necessary.

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



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

Figure 65 Confirmation of Receipt Page Without Collaborative ID

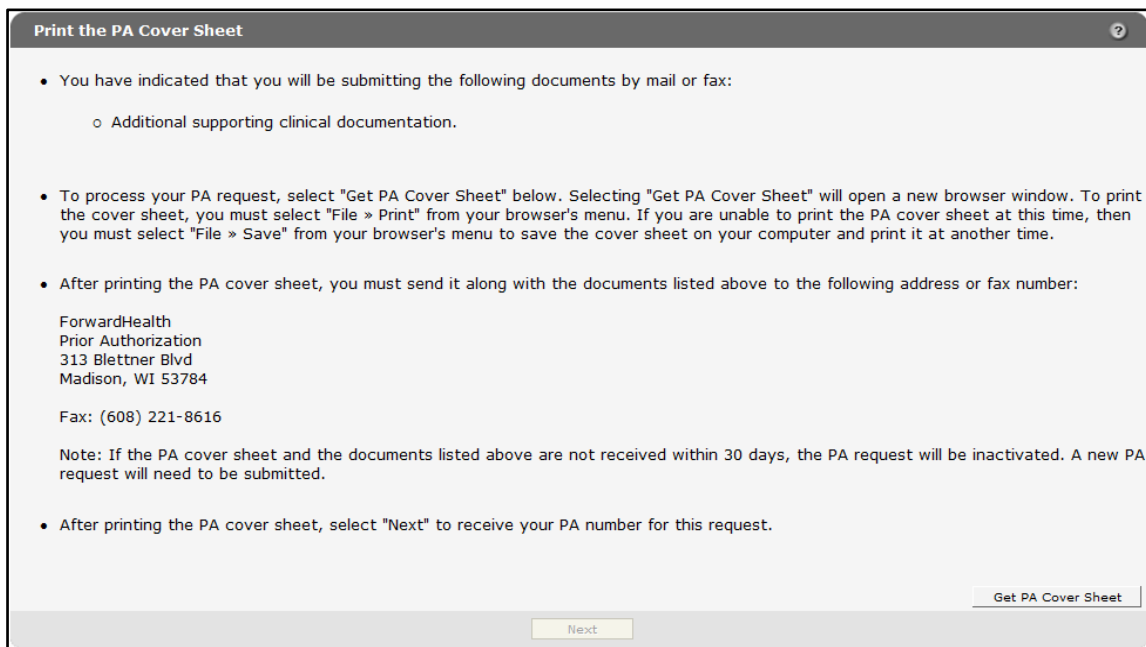


This screenshot is similar to Figure 65 but includes an additional field: "Collaborative ID: 100000028", which is highlighted with an orange rectangular border. The rest of the page content, including the heading, PA number, and bulleted list, is identical to the previous figure.

Figure 66 Confirmation of Receipt Page With Collaborative ID

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

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



Print the PA Cover Sheet

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

ForwardHealth
Prior Authorization
313 Blettner Blvd
Madison, WI 53784

Fax: (608) 221-8616

Note: If the PA cover sheet and the documents listed above are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.
- After printing the PA cover sheet, select "Next" to receive your PA number for this request.

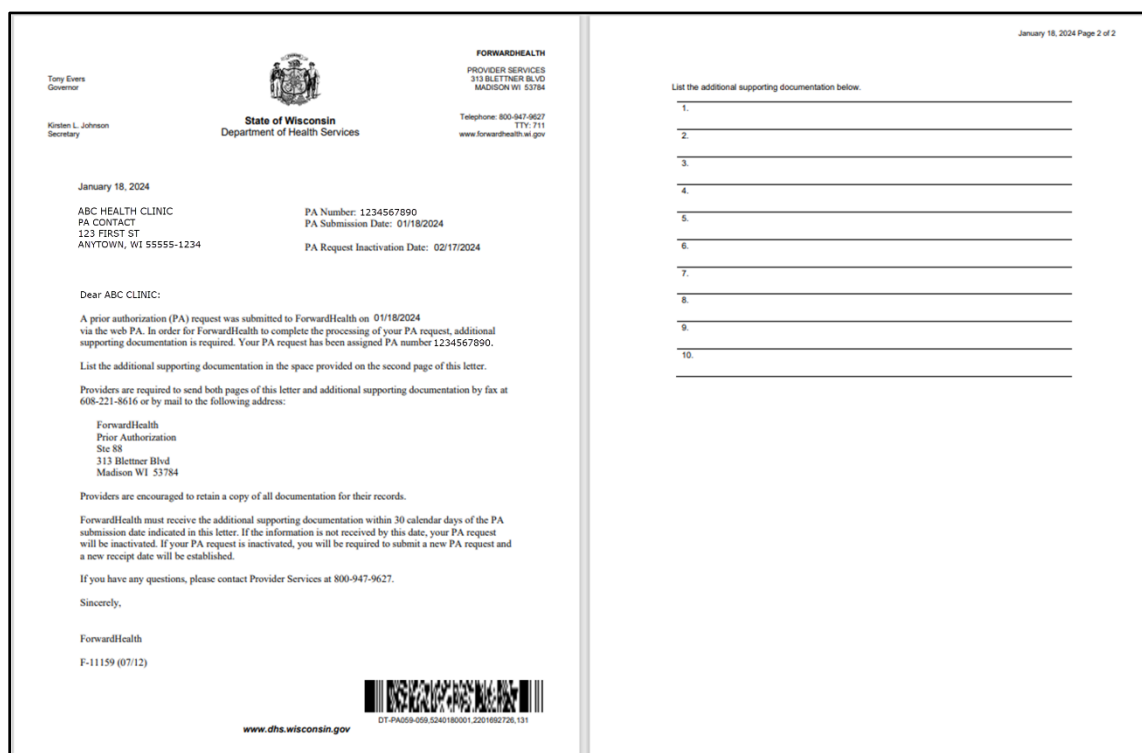
[Get PA Cover Sheet](#)

[Next](#)

Figure 67 Print the PA Cover Sheet Page

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

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



The image shows a sample PDF of a Prior Authorization (PA) Cover Sheet. The document is dated January 18, 2024, and is page 2 of 2. It is addressed to ABC HEALTH CLINIC, 123 FIRST ST, ANYTOWN, WI 55555-1234. The PA Number is 1234567890, and the PA Submission Date is 01/18/2024. The PA Request Inactivation Date is 02/17/2024. The document is signed by Tony Evans, Governor, and Kirsten L. Johnson, Secretary, on behalf of the State of Wisconsin Department of Health Services. It includes contact information for ForwardHealth Provider Services at 313 BLETTNER BLVD, MADISON WI 53784. The document also includes a list of additional supporting documentation to be provided, with 10 numbered lines. A QR code is located at the bottom right of the page.

Figure 68 Sample PDF Version of the PA Cover Sheet

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

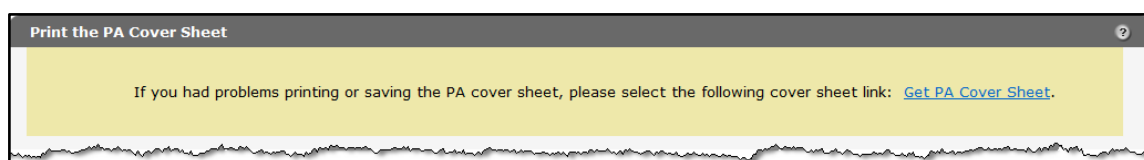
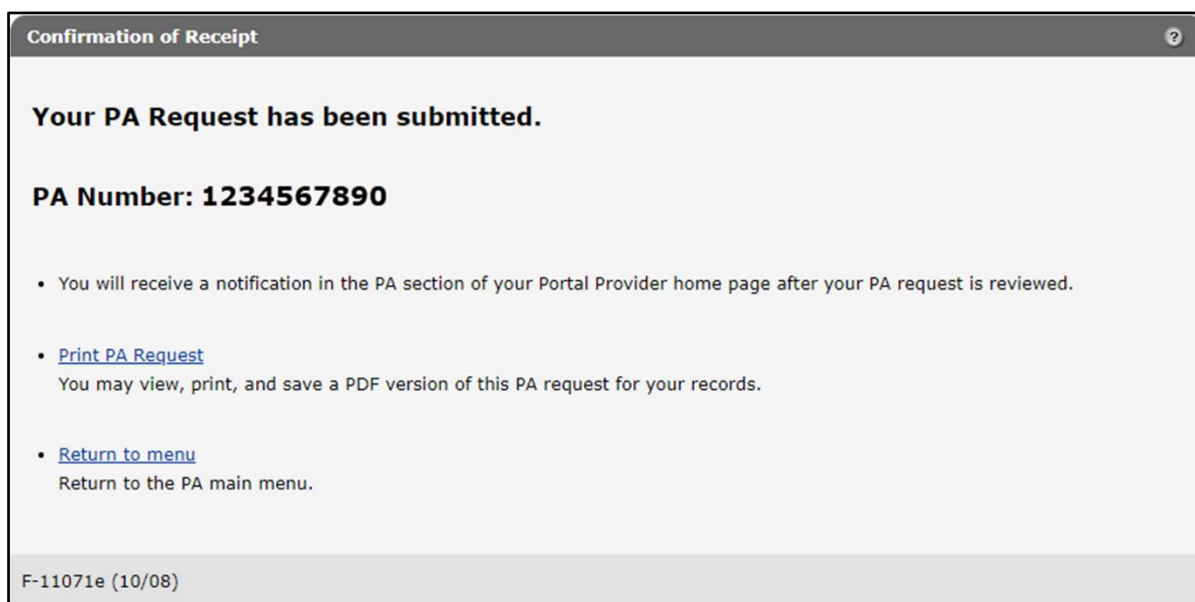


Figure 69 Get PA Cover Sheet Link

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

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



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

Confirmation of Receipt

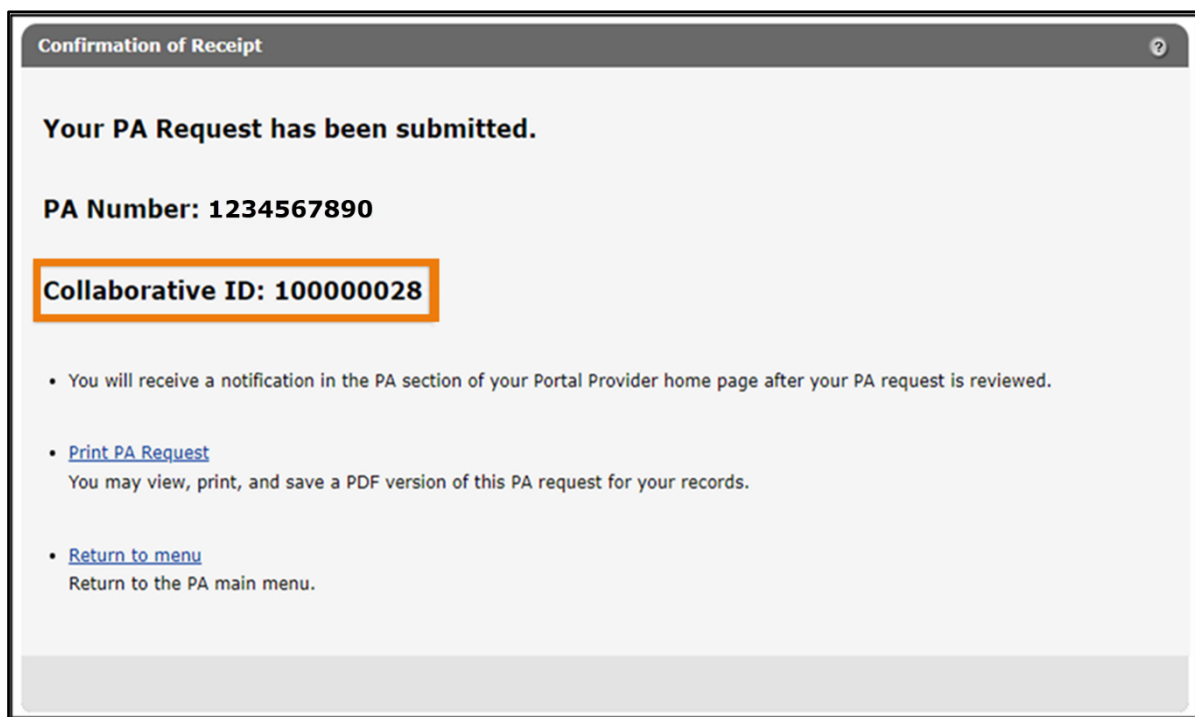
Your PA Request has been submitted.

PA Number: 1234567890

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

F-11071e (10/08)

Figure 70 Confirmation of Receipt Page Without Collaborative ID



This screenshot is identical to the one in Figure 70, but it includes an additional line of text: "Collaborative ID: 100000028". This line is enclosed in a thick orange rectangular border, highlighting it. The rest of the page content, including the title bar, submission message, PA number, bullet points, and footer, remains the same.

Confirmation of Receipt

Your PA Request has been submitted.

PA Number: 1234567890

Collaborative ID: 100000028

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

Figure 71 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						
FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RP)										
Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blethen Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RP) Completion Instructions.										
SECTION I — PROVIDER INFORMATION										
1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (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				
5a. Name — Prescribing / Referring / Ordering Provider				5b. National Provider Identifier — Prescribing / Referring / Ordering Provider						
SECTION II — MEMBER INFORMATION										
7. Member Identification Number 0987654321		8. Date of Birth — Member 03/03/1999		9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555						
10. Name — Member (Last, First, Middle Initial) JMA MEMBER		11. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female								
SECTION III — DIAGNOSIS / TREATMENT INFORMATION										
12. Diagnosis — Primary Code and Description R4701 - APHASIA				13. Start Date — SOI		14. First Date of Treatment — SOI				
15. Diagnosis — Secondary Code and Description				16. Requested PA Start Date 11/18/2018						
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers				21. POS	22. Description of Service	23. QR	24. Charge
			1	2	3	4				
2345678901	123456789X	97110	GN				11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	\$250.00
An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.									25. Total Charges	\$250.00
26. SIGNATURE — Requesting Provider I.M. Requesting Provider									27. Date Signed 11/10/2018	

-DRAFT-

DT-PA049-049

Figure 72 Draft PDF Version of the PA Request

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

4 Save a Partially Completed Prior Authorization Request

If a PA request cannot be completed in one session, providers may save the partially completed request without losing entered data.

Providers may save PA requests at any point after the Member Information page and any required processing notes have been completed. Once a request is submitted, providers will not be able to save the request to complete later.

Providers can retrieve the partially completed PA request later and either complete the request and submit it or delete it. For additional information, refer to the [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.

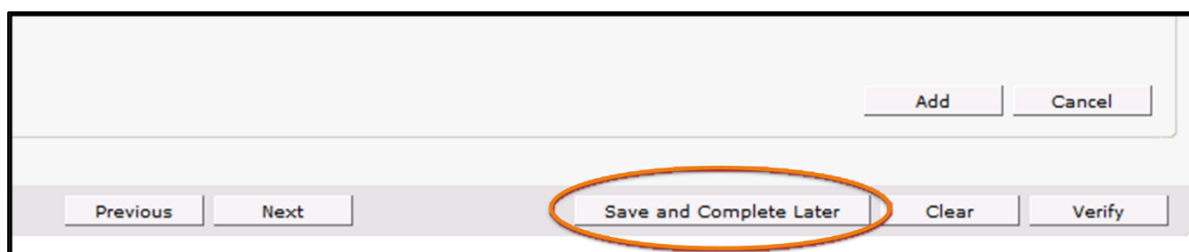


Figure 73 Save and Complete Later Button

The Save Confirmation page will be displayed.

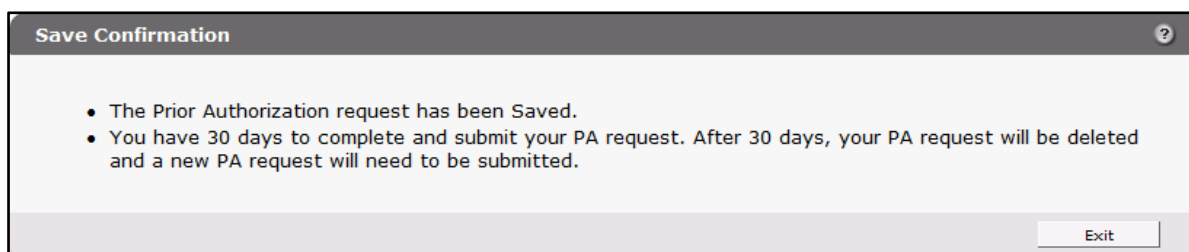


Figure 74 Save Confirmation Page

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

5 Complete a Saved Prior Authorization Request

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

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

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



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

The Complete a Saved PA Request page will be displayed.

Complete a Saved PA Request ?

Required fields are indicated with an asterisk (*).

- Select a PA request from the list below and select Next.

Saved PA Requests

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

Saved PA Request

Member Information

Member ID

First Name

Last Name

PA Information

Process Type

Requested Start Date

Last Saved Date

delete

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

*** No rows found ***

Next Exit

Figure 76 Complete a Save PA Request Page

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

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

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

Complete a Saved PA Request

Required fields are indicated with an asterisk (*).

- Select a PA request from the list below and select Next.

Saved PA Requests

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

Saved PA Request

Member Information

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

PA Information

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

delete

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

*** No rows found ***

Next Exit

Figure 77 Complete a Saved PA Request Page With Populated Information

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

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

Initial Information ?

Required fields are indicated with an asterisk (*).

Process Type

Select a process type:*

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT
- 116 - SOI for SLP
- 117 - 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

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:*

0987654321 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 78 Initial Information Page for Saved PA Request

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

Member Information

Required fields are indicated with an asterisk (*).

Member ID* 1234567890

First Name TEST

Last Name HALL

Requested Start Date* 01/10/2024

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

Previous Next Clear Verify

Figure 79 Member Information Page for Saved PA Request

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

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

Service Information

Required fields are indicated with an asterisk (*).

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

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
01				0.000	\$0.00	
Total: \$0.00						

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

Line Item 01
 Rendering Provider ID [Search] (If blank, will default to Billing Provider)
 Rendering Provider Taxonomy
 Service Code Type* PROCEDURE CODE (After choosing, move off field, and wait for Service Code field to appear)
 Service Code* [Search]
 Service Code Description
 Additional Service Code Description
 Modifiers [Search] [Search] [Search] [Search]
 Place of Service* [Search]
 Quantity Requested* 0.000
 Charge* \$0.00

Add Save Delete

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

Previous Next Save and Complete Later Clear Verify

Figure 80 Service Information Page for Saved PA Request

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

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

6 Check on a Previously Submitted Prior Authorization

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

Find PA Record

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

PA Number

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

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 81 Find PA Record Page

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

6.1 Search by Prior Authorization Number

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

Find PA Record

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

PA Number

Figure 82 Search by PA Number

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

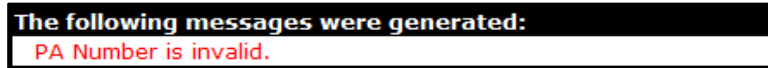


Figure 83 Example Error Message

PA Record
2

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

[PA Message](#)

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

[PA Information](#)

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

[Line Item Information](#)

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

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

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

Previous
Copy PA
Amend this PA
Exit

Figure 84 PA Record Page

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

6.2 Search by Other Criteria

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

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

- Process Type
- Provider ID

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

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

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

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)
114 - Spell of illness (SOI) for PT
115 - SOI for OT

Member ID 0987654321

Requested Start Date

PA Status Any

Amendment Status Any

Search Clear Exit

Figure 85 Search by Other Criteria

2. Click **Search**.

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

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

Figure 86 Example Error Message

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

Choose PA Record

From the list below select the PA record you wish to view and press enter. If the PA is not listed, select "Previous", refine your search criteria and search again, or [contact](#) provider services for assistance at 1-800-947-9627.

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

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

Figure 87 Choose PA Record Page

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

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

PA Record

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

PA Message

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

PA Information

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

Line Item Information

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

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

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

Previous Copy PA Exit

Figure 88 PA Record Page

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

6.3 Change Suspended Prior Authorization Status

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

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

Find PA Record

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)
114 - Spell of illness (SOI) for PT
115 - SOI for OT

Member ID

Requested Start Date

PA Status **Any**

Amendment Status **Any**

[Search](#) [Clear](#) [Exit](#)

Figure 89 Find PA Record Page

2. Search for the PA.

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

PA Record

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

PA Message

• ****There are No PA Messages****

PA Information

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

Line Item Information

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

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

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

Change Prior Authorization Status

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

Comments (Optional)

Submit

Previous Copy PA Exit

Figure 90 PA Record Page With Change Prior Authorization Status Section

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

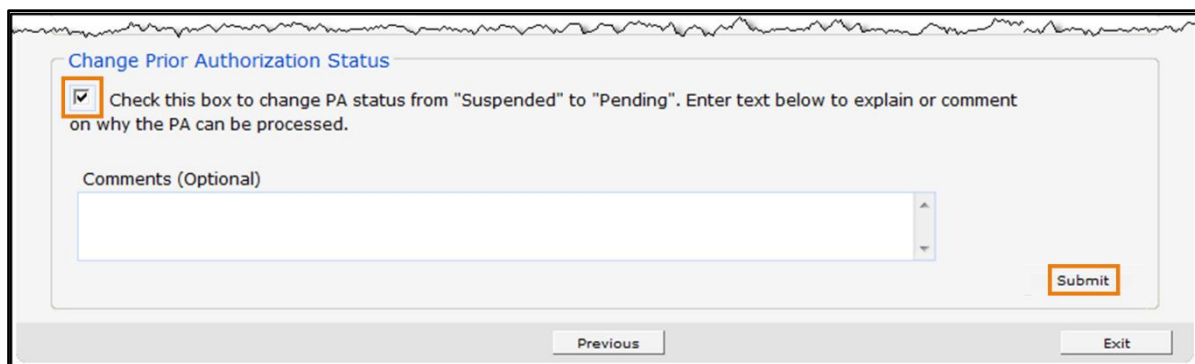


Figure 91 Change Prior Authorization Status Section

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

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

The following messages were generated:

To update the PA status, the additional supporting documentation response is required.

Figure 92 Example Error Message

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

The following messages were generated:

Your request to update the prior authorization status has been successfully sent.

Figure 93 Confirmation Message

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

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

7 Amend an Approved Prior Authorization

Only PAs with an approved status may be amended.

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

Find PA Record

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

PA Number

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

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Provider ID

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 94 Find PA Record Page

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

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.

Figure 95 PA Record Page

- To view the decision for this PA, click **View PA Decision Notice**. An OnBase Document Viewer window will open and display Document Results.

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

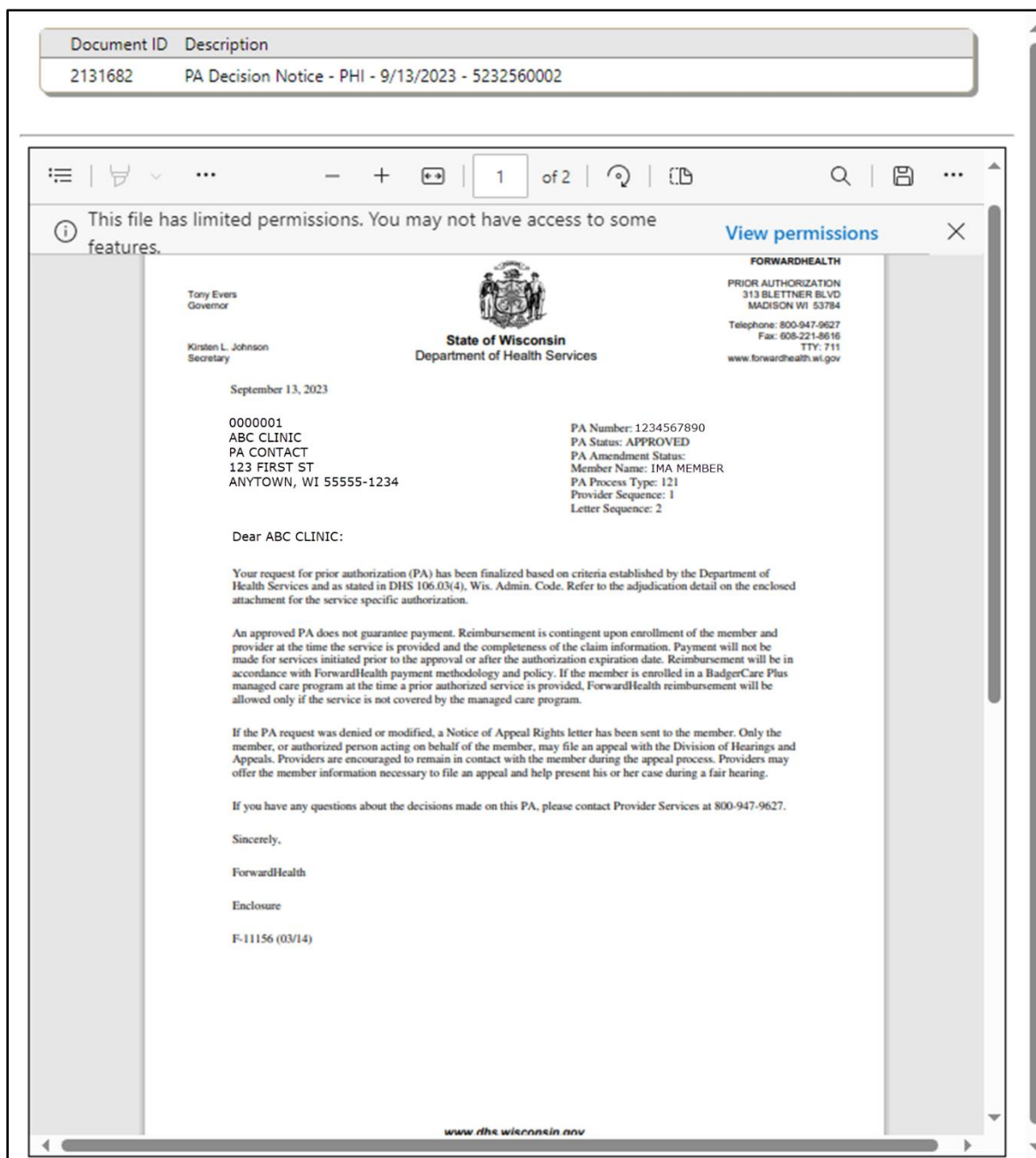


Figure 96 OnBase Document Viewer Window

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

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

Amendment Request

Required fields are indicated with an asterisk (*).

SECTION I - MEMBER INFORMATION

Original PA Number1234567890

Today's Date01/08/2024

Process Type121 - Personal care services

Member ID0987654321

First NameIMA

Last NameMEMBER

SECTION II - PROVIDER INFORMATION

NameABC CLINIC

Provider ID12121212 MCD

Address Line 1123 FIRST ST

Address Line 2

CityANYTOWN

State/ZIPWI 55555 - 1234

SECTION III - AMENDMENT INFORMATION

Requested Start Date*

Requested End Date*(If different from end of current PA)

Reason for Amendment Request (Check All That Apply)

☐ Change Billing Provider ID

☐ Change Grant or Expiration Date

☐ Add Procedure Code / Modifier

☐ Discontinue PA

☐ Change Procedure Code / Modifier

☐ Change Quantity

☐ Change Diagnosis Code

☐ Other (Specify)

Description and Justification for Requested Change*

Additional supporting clinical documentation to be mailed or faxed

☐ Check this box if any additional supporting clinical documentation will be mailed or faxed. A PA cover sheet will be required with any additional documentation. The PA cover sheet will be available once the amendment request has been submitted.

☐ Check this box if any additional supporting clinical documentation will be uploaded electronically. Documents can be uploaded once the admendment request has been submitted.

Signature - Requesting Provider*

Date Signed - Requesting Provider*

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

Submit

Cancel

Figure 97 Amendment Request Page

7 Amend an Approved Prior Authorization 76

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

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

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

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

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

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

8. Click **Submit**.

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

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

File Upload

Required fields are indicated with an asterisk (*).

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

Upload File

File Path* No file chosen

Uploaded File List

*** No rows found ***

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

Next

Figure 98 File Upload Panel

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

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

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

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

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

Upload File
File Path* No file chosen

Uploaded File List

File Name	Remove File
F11018_PA-RF.pdf	X

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

Next

Figure 99 Uploaded File List Section

- d. Upload as many files as necessary.

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

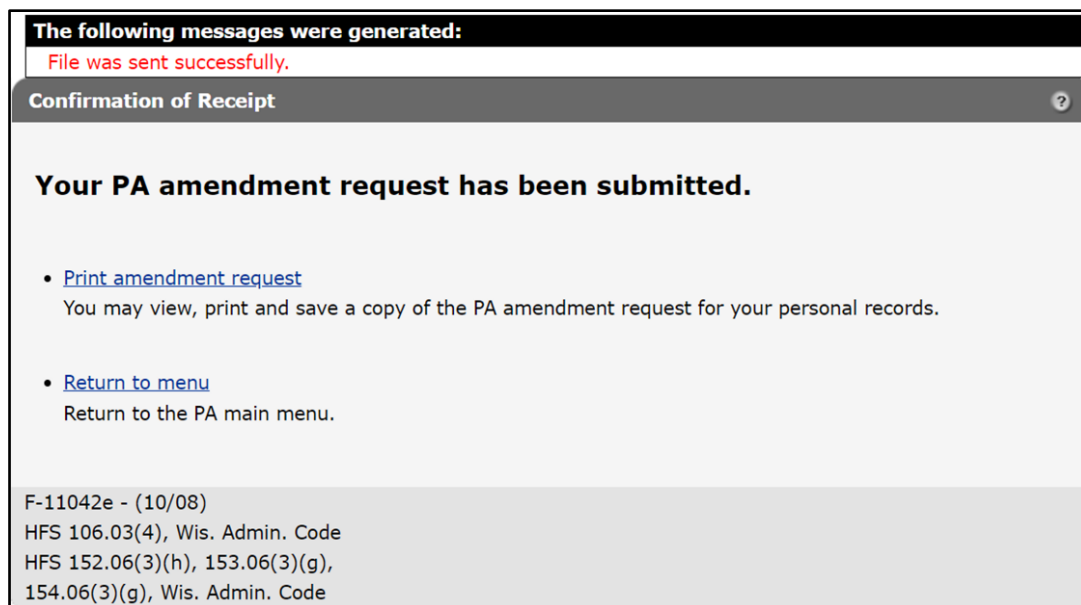


Figure 100 Confirmation of Receipt Page

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


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

Figure 101 Draft PDF Version of the PA Amendment Request

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

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

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

8 Correct a Returned Prior Authorization

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

Find PA Record

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

PA Number

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

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 102 Find PA Record Page

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

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

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

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

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

The screenshot shows a web application window titled "Choose PA Record". Below the title bar, there is a text instruction: "From the list below select the PA record you wish to view and press enter. If the PA is not listed, select 'Previous', refine your search criteria and search again, or [contact](#) provider services for assistance at 1-800-947-9627." Below this instruction is a table with the following columns: PA Number, Member Id, Last Name, First Name, Process Type, PA Status, Amendment Status, Requested Start Date, Grant Date, Expiration Date, and PA Notice. A single record is displayed in a light green row. At the bottom of the table area are two buttons: "Previous" and "Exit".

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

Figure 103 Choose PA Record Page

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

PA Record

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

PA Message

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

PA Information

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

Line Item Information

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

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

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

Previous Copy PA **Correct this PA** (Option 2) Exit

Figure 104 PA Record Page

4. To view the latest PA returned letter, click **View latest PA Returned letter** (Refer to Option 1, Figure 103). An OnBase Document Viewer window will open and display Document Results.

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

Figure 105 OnBase Document Viewer Window

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

6. Close the OnBase Document Viewer and PDF viewer windows.
7. Review the information on the PA Record page.
8. Click **Correct this PA** (Refer to Option 2, Figure 103). A dialog box may be displayed.

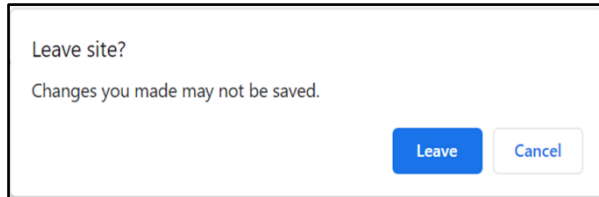


Figure 106 Dialog Box

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:

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT
- 116 - SOI for SLP
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers
- 117 - Physician-Administered Drug
- 118 - Chiropractic
- 120 - Home Care
- 120 - Home Health Therapy

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 107 Initial Information Page

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

11. Close the OnBase Document Viewer and PDF viewer windows.
12. Make any necessary changes on the Initial Information page.

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

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

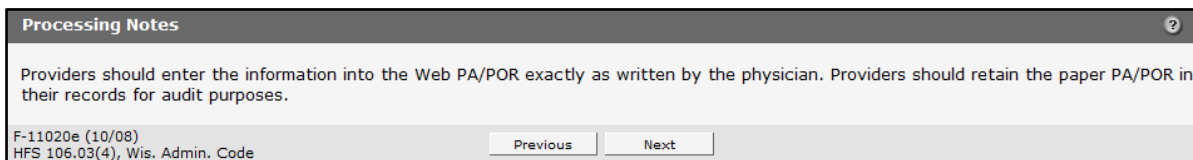
A screenshot of the 'Processing Notes' page. The title bar says 'Processing Notes' with a help icon. The main text reads: 'Providers should enter the information into the Web PA/POR exactly as written by the physician. Providers should retain the paper PA/POR in their records for audit purposes.' Below this, it says 'F-11020e (10/08)' and 'HFS 106.03(4), Wis. Admin. Code'. At the bottom are 'Previous' and 'Next' buttons.

Figure 108 Processing Notes Page

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

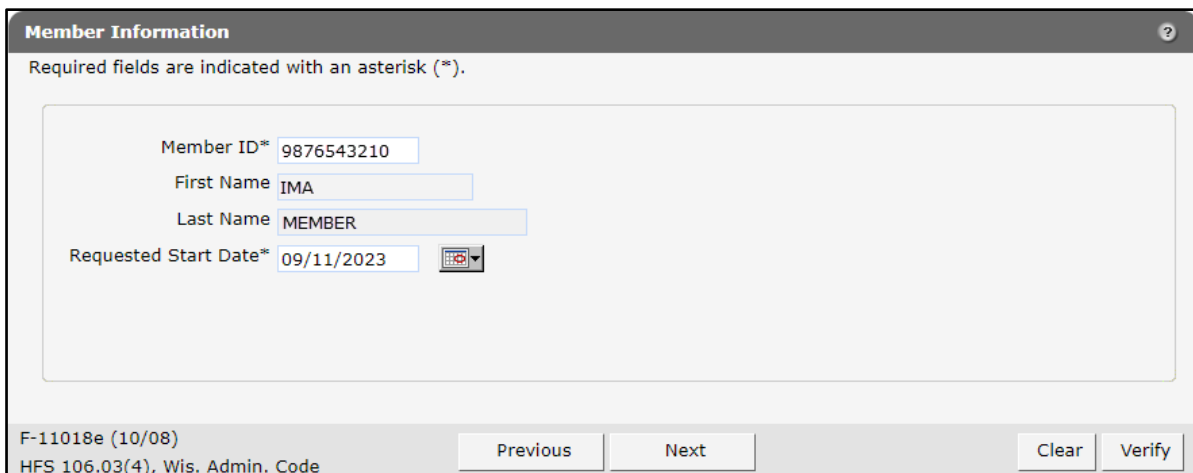
A screenshot of the 'Member Information' page. The title bar says 'Member Information' with a help icon. Below the title, it says 'Required fields are indicated with an asterisk (*).' The form contains four fields: 'Member ID*' with value '9876543210', 'First Name' with value 'IMA', 'Last Name' with value 'MEMBER', and 'Requested Start Date*' with value '09/11/2023' and a calendar icon. At the bottom, it says 'F-11018e (10/08)' and 'HFS 106.03(4), Wis. Admin. Code'. There are 'Previous', 'Next', 'Clear', and 'Verify' buttons.

Figure 109 Member Information Page

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

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

Service Information

Required fields are indicated with an asterisk (*).

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

Line Items

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

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

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

Add Save Delete

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

Figure 110 Service Information Page

17. Enter the requesting provider's signature.

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

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

Line Items

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

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

Figure 111 Service Information Page—Line Items Section

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

Line Items

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

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

Figure 112 Service Information Page—Line Items Section

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

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

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

OK Cancel

Figure 113 Dialog Box

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

Line Items

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

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 114 Service Information Page

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

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

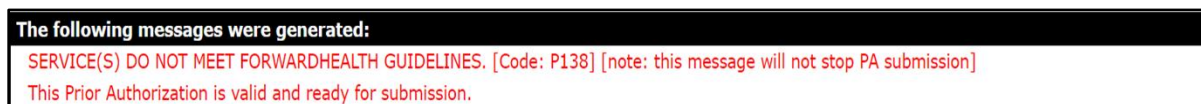


Figure 115 Valid Prior Authorization Message

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

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

Figure 116 Required Attachments Page

21. Select a Submission Method from the Submission Method* drop-down menu.
 - a. If Web is selected, refer to the [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 117 PA Summary Page

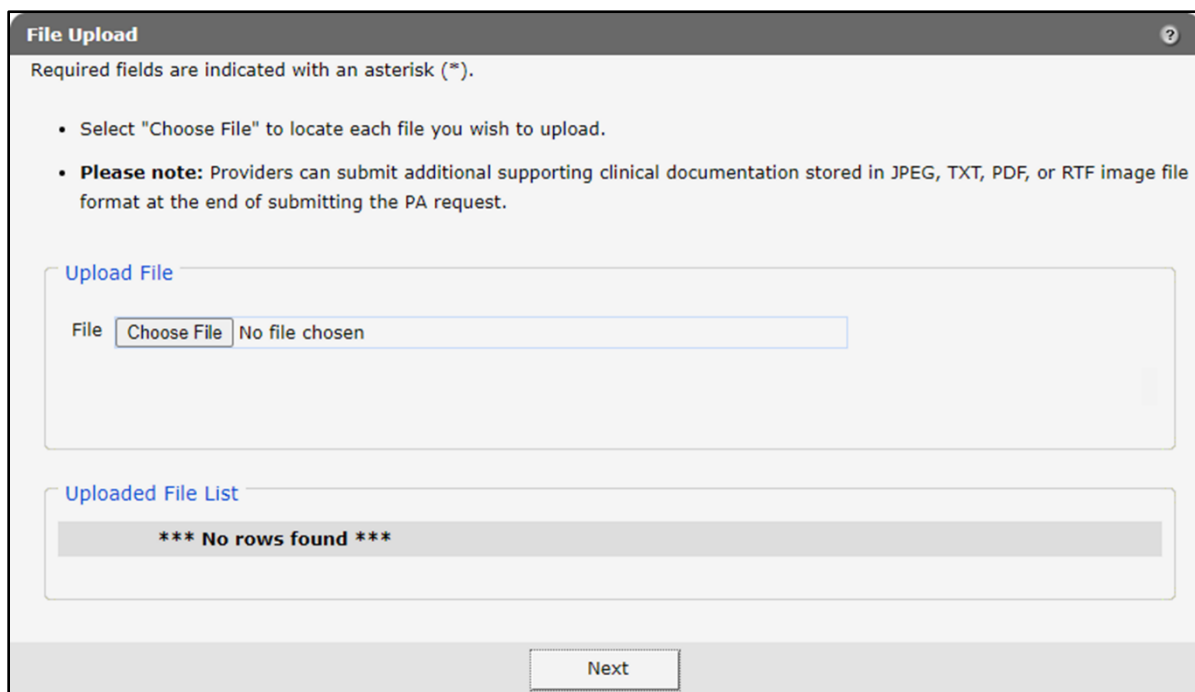
24. To view a draft of the PA request, click **Preview PA**. A draft PDF version of the PA request will open in a new window.

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

26. Close the window.

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

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



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

Figure 118 File Upload Panel

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

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

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

File Upload ?

Required fields are indicated with an asterisk (*).

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

Upload File

File No file chosen

Uploaded File List

File Name	Remove File
F11018_PA-RF.pdf	X

Figure 119 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.

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Figure 120 Confirmation of Receipt Page

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

9 Correct a Returned Prior Authorization Amendment

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

Find PA Record

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

PA Number

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

Process Type

Any
111 - Physical therapy (PT)
112 - Occupational therapy (OT)
113 - Speech and language pathology (SLP)
114 - Spell of illness (SOI) for PT
115 - SOI for OT

Member ID

Requested Start Date

PA Status

Amendment Status

Figure 121 Find PA Record Page

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

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

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

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

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

Choose PA Record

From the list below select the PA record you wish to view and press enter. If the PA is not listed, select "Previous", refine your search criteria and search again, or [contact](#) provider services for assistance at 1-800-947-9627.

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

Previous Exit

Figure 122 Choose PA Record Page

The PA Record page will be displayed.

PA Record

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

PA Message

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

PA Information

PA Number

1234567890

Media Type

WEB

First Name

SPENDDOWN

Member ID

9876543210

Last Name

CARLSON

Date of Birth

11/12/1973

PA Status

APPROVED

View PA Decision Notice

Amendment Status

RETURNED - PROVIDER REVIEW

View latest Amendment Return

Process Type

121 - Personal care services

Program

Medicaid

HealthCheck Other Service

No

Start Date - SOI

Requested Start Date

09/13/2023

First Date of Treatment - SOI

Primary Diagnosis Code

F200

Description

PARANOID SCHIZOPHRENIA

Secondary Diagnosis Code

Description

National Provider Identifier-
Prescribing/Referring/Ordering Provider

Name - Prescribing/Referring/
Ordering Provider

Line Item Information

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

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

Line Item

01

Status

APPROVED

Rendering Provider ID

87654321 MCD

Prescribing Provider ID

Service Code Type

Procedure Code

Service Code

T1019

Service Code Description

123 UNITS/WK X 53 WKS

Tooth

Area of the Oral Cavity

Modifiers

Place of Service

12

Units Requested

500.000

Dollars Requested

\$1,000.00

Units Authorized

6519.000

Dollars Authorized

\$0.00

Units Remaining

6,519.000

Dollars Remaining

\$0.00

Grant Date

09/13/2023

Expiration Date

09/12/2024

Previous

Copy PA

Correct PA Amendment

Exit

Figure 123 PA Record Page

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

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

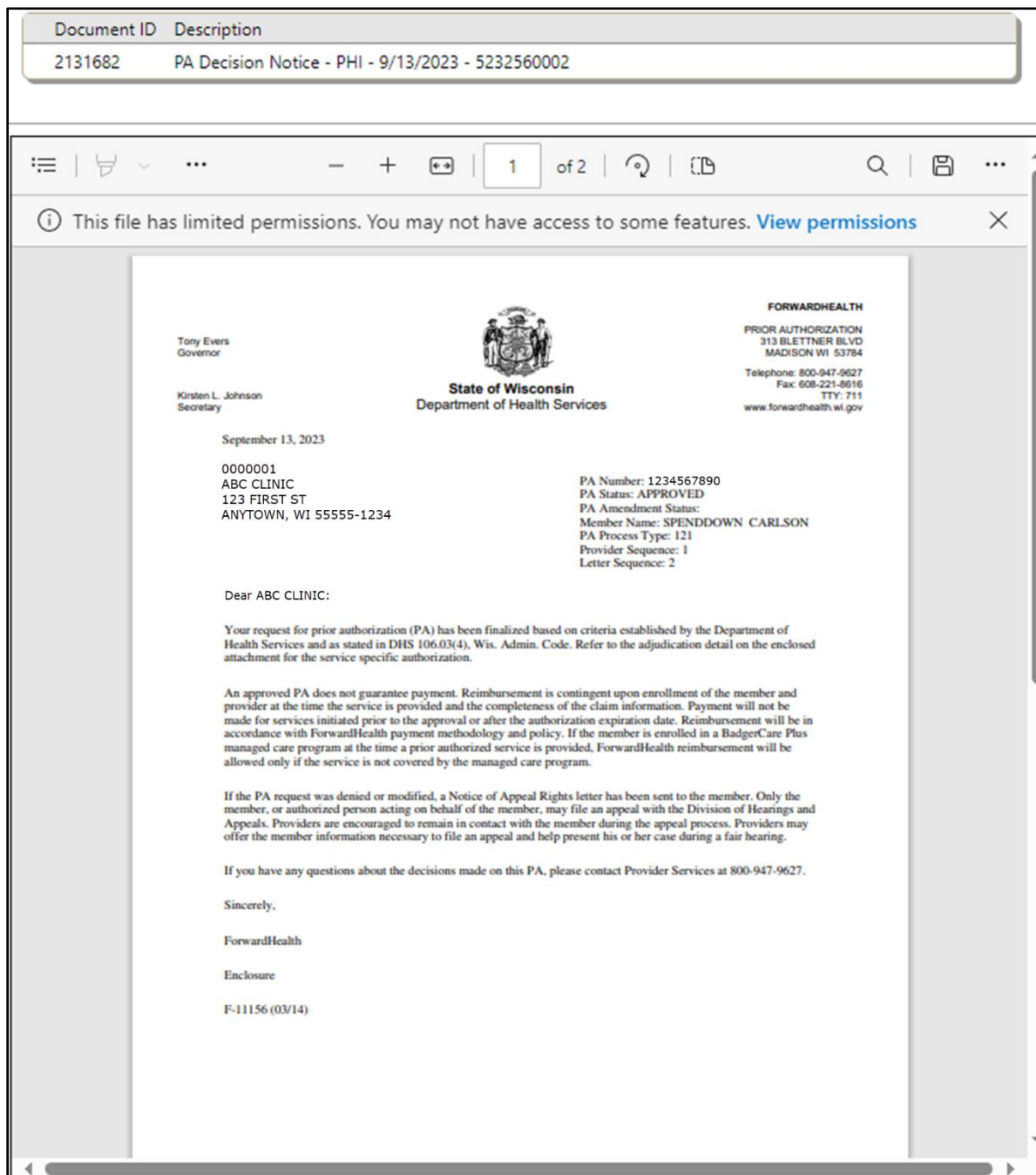


Figure 124 OnBase Document Viewer Window

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

5. Close the OnBase Document Viewer window and the PDF viewer window.
6. Click **View latest Amendment Returned Letter** to view the most recent PA Amendment Returned Provider Review Letter. An OnBase Document Viewer window will open and display Document Results.

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

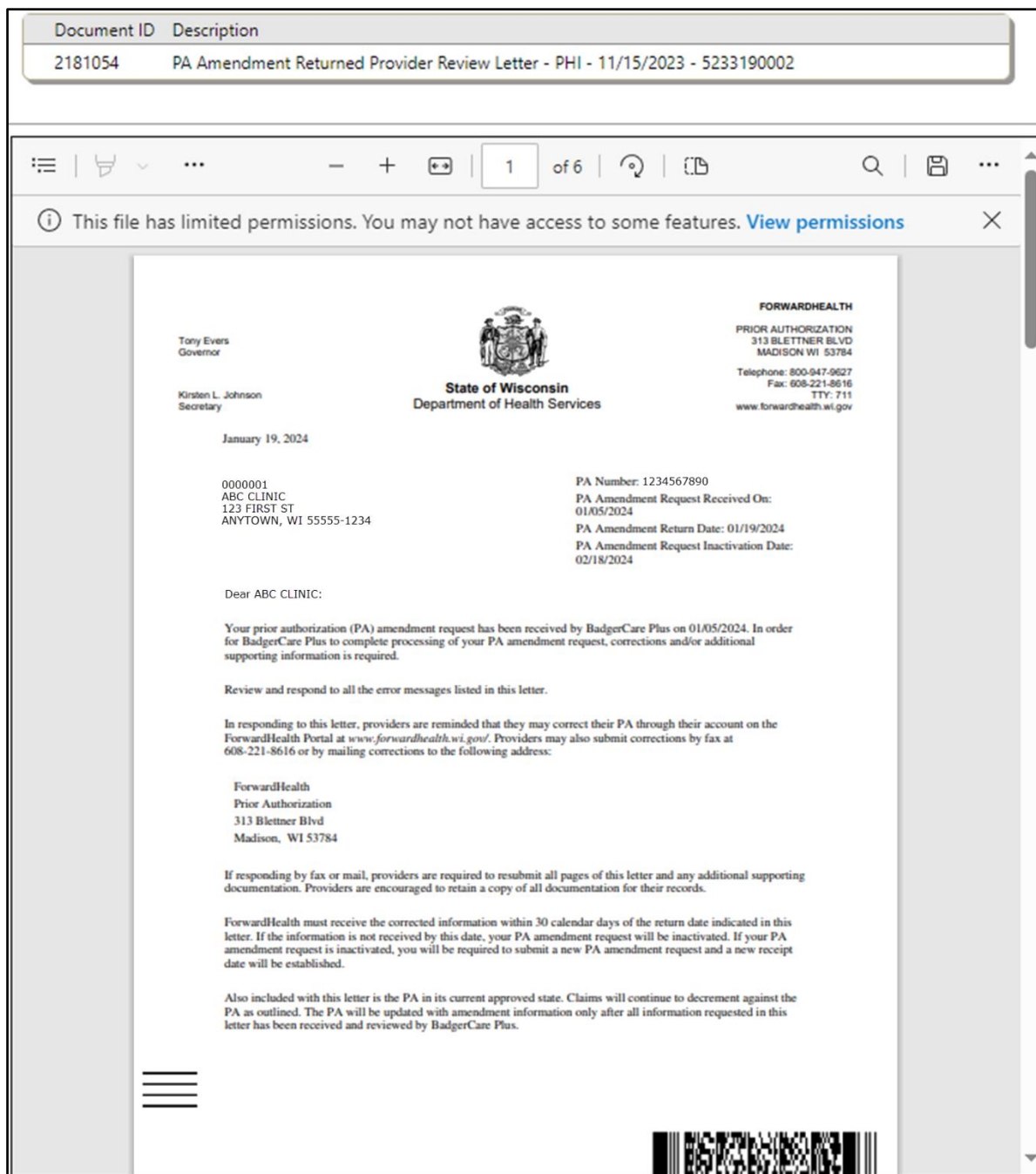


Figure 125 OnBase Document Viewer

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

Amendment Request

Required fields are indicated with an asterisk (*).

SECTION I - MEMBER INFORMATION

Original PA Number 1234567890
Today's Date 01/09/2024
Process Type 121 - Personal care services
Member ID 9876543210 First Name SPENDDOWN
Last Name CARLSON

SECTION II - PROVIDER INFORMATION

Name ABC CLINIC
Provider ID 87654321 MCD
Address Line 1 123 FIRST ST
Address Line 2
City ANYTOWN
State/ZIP WI 55555 - 1234

SECTION III - AMENDMENT INFORMATION

Requested Start Date*
Requested End Date* (If different from end of current PA)

Reason for Amendment Request (Check All That Apply)

<input type="checkbox"/> Change Billing Provider ID	<input type="checkbox"/> Change Procedure Code / Modifier
<input type="checkbox"/> Change Grant or Expiration Date	<input type="checkbox"/> Change Quantity
<input type="checkbox"/> Add Procedure Code / Modifier	<input type="checkbox"/> Change Diagnosis Code
<input type="checkbox"/> Discontinue PA	<input type="checkbox"/> Other (Specify) <input type="text"/>

Description and Justification for Requested Change*

Additional supporting clinical documentation to be mailed or faxed

☐ Check this box if any additional supporting clinical documentation will be mailed or faxed. A PA cover sheet will be required with any additional documentation. The PA cover sheet will be available once the amendment request has been submitted.

☐ Check this box if any additional supporting clinical documentation will be uploaded electronically. Documents can be uploaded once the admendment request has been submitted.

Signature - Requesting Provider*
Date Signed - Requesting Provider*

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

Submit Cancel

Figure 126 Amendment Request Page

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

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

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

A screenshot of a web application window titled "Confirmation of Receipt" with a question mark icon in the top right corner. The main heading reads "Your PA amendment request has been submitted." Below this, there are two bullet points: "Print amendment request" with a subtext "You may view, print and save a copy of the PA amendment request for your personal records." and "Return to menu" with a subtext "Return to the PA main menu." At the bottom, there is a footer containing regulatory codes: "F-11042e - (10/08)", "HFS 106.03(4), Wis. Admin. Code", "HFS 152.06(3)(h), 153.06(3)(g),", and "154.06(3)(g), Wis. Admin. Code".

Confirmation of Receipt

Your PA amendment request has been submitted.

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

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

Figure 127 Confirmation of Receipt Page

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


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

Figure 128 Draft PDF Version of the PA Amendment Request

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

10 Print Prior Authorization Cover Sheet

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

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

Generate PA Cover Sheet ?

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

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

Search By PA Number

PA Number

Selected Results

NPI Number

Taxonomy

Member Id

Date Received

Process Type

Name

Address Line 1

Address Line 2

City

State/ZIP -

Figure 129 Generate PA Cover Sheet Page

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

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

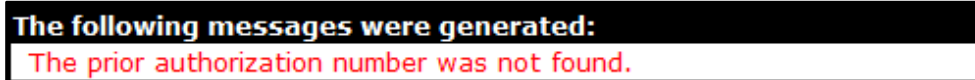


Figure 130 Example Error Message

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

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

Generate PA Cover Sheet

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

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

[Search By PA Number](#)

PA Number

[Selected Results](#)

NPI Number
Taxonomy
Member Id
Date Received
Process Type
Name
Address Line 1
Address Line 2
City
State/ZIP -

[Generate Coversheet](#)


Figure 131 Generate PA Cover Sheet Page With Populated Information

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

January 18, 2024 Page 2 of 2

Tony Evers
Governor

Kristen L. Johnson
Secretary


State of Wisconsin
Department of Health Services

FORWARDHEALTH
PROVIDER SERVICES
313 BLETNER BLVD
MADISON WI 53784

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

January 18, 2024

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

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

Dear ABC CLINIC:

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

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

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

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

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

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

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

Sincerely,

ForwardHealth
F-11159 (07/12)

List the additional supporting documentation below:

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



DT-PAG09-608-5240180001-2201802726-131
www.dhs.wisconsin.gov

Figure 132 Sample PDF Version of a PA Cover Sheet

5. To print or save the cover sheet to a hard drive or network location, use the Print or Save As function of the browser.

11 Upload Documents for a Prior Authorization

Providers may submit additional clinical documentation for a PA request that is in a *Suspended* or *Pending* status. For PA requests in a suspended status, providers may change the status from *Suspended* to *Pending* before uploading the required documentation.

Providers can upload documents in the following formats:

- Joint Photographic Experts Group (JPEG) (.jpg or .jpeg)
- PDF (.pdf)
- Rich Text Format (.rtf)
- Text File (.txt)
- OrthoCAD™ (.3dm) (for dental providers)

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

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

Prior Authorization File Upload

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

Search By PA Number

PA Number

Search Results

PA Number

PA Status

Amendment Status

Member Id

Requested Start Date

Process Type

Figure 133 Prior Authorization File Upload Panel

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

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

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

The screenshot shows a web application window titled "Prior Authorization File Upload". It contains instructions, a search section, and a results section.

Prior Authorization File Upload

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

Search By PA Number

PA Number:

Search Results

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

Figure 134 Prior Authorization File Upload Panel With Populated Information

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

File Upload

Required fields are indicated with an asterisk (*).

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

Note

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

Upload File

File Path* No file chosen

Uploaded File List

*** No rows found ***

Figure 135 File Upload Panel

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

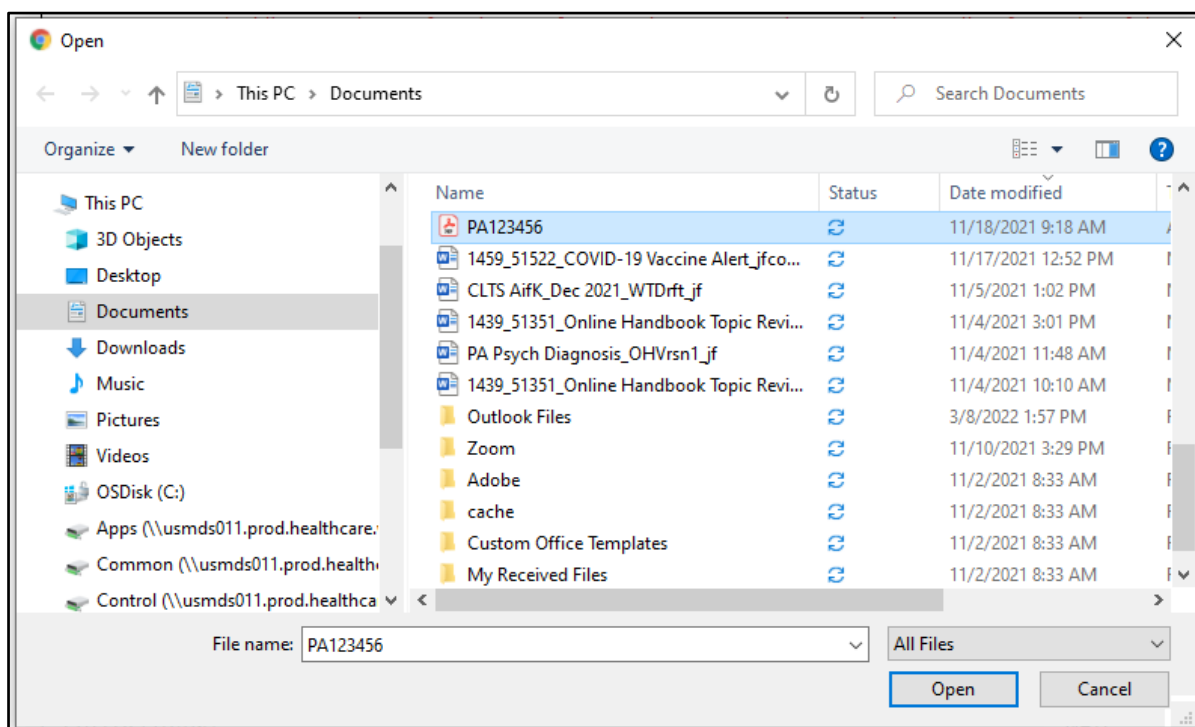


Figure 136 Choose File Window

6. Browse to and select the desired file.
7. Click **Open**.

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

The following messages were generated:

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

File Upload

Required fields are indicated with an asterisk (*).

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

Note

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

Upload File

File Path* No file chosen

Uploaded File List

File Name	Remove File
F11018_PA-RF.pdf	X

Figure 137 Uploaded File List Section

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

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

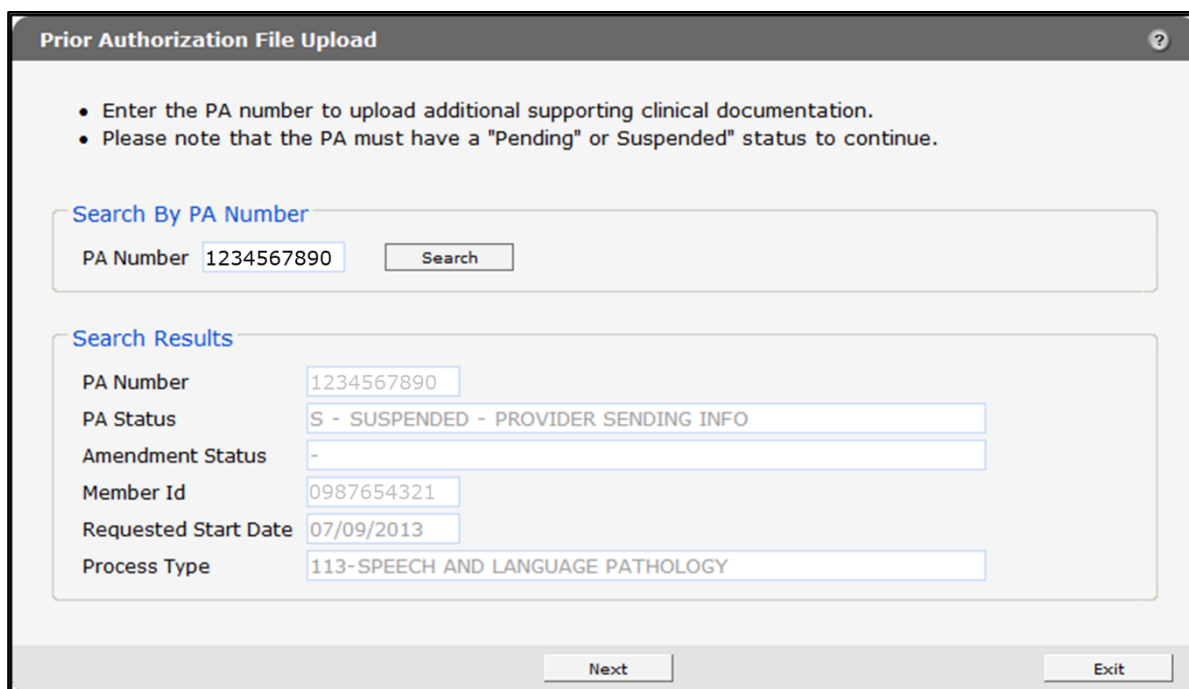
11.1 Change Suspended Prior Authorization Status to Pending

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

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

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

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



The screenshot shows a web application window titled "Prior Authorization File Upload". It contains two main sections: "Search By PA Number" and "Search Results".

Search By PA Number:

- PA Number: 1234567890
- Search button

Search Results:

PA Number	1234567890
PA Status	S - SUSPENDED - PROVIDER SENDING INFO
Amendment Status	-
Member Id	0987654321
Requested Start Date	07/09/2013
Process Type	113-SPEECH AND LANGUAGE PATHOLOGY

At the bottom of the panel are two buttons: "Next" and "Exit".

Figure 138 Prior Authorization File Upload Panel With Populated Information

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

File Upload

Required fields are indicated with an asterisk (*).

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

Change Prior Authorization Status

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

Upload File

File Path* No file chosen

Uploaded File List

*** No rows found ***

Figure 139 File Upload Panel

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

Change Prior Authorization Status

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

Figure 140 Change Prior Authorization Status Section

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

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

12 View Documents for a Prior Authorization

Providers can view documents they upload during the PA process.

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

View PA Documents

- Enter the PA number to view supporting documentation.

Search By PA Number

PA Number

Search Results

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

Figure 141 View PA Documents Panel

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

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

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

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

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

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

Figure 142 View PA Documents Panel With Populated Information

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

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

Document ID	Description
2176683	PA Amendment Request Form - PHI - 1/9/2024 - 5231640002
2096126	PA Decision Notice - PHI - 6/13/2023 - 5231640002
2095662	PA Request Auto-approval Records - PHI - 6/13/2023 - 5231640002
2095661	PA RF Request Form - PHI - 6/13/2023 - 5231640002

Figure 143 OnBase Document Viewer Window

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

13 View or Maintain a Prior Authorization Collaboration

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

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

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

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

13.1 Viewing and Submitting Prior Authorization Collaborations

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

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

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

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

Figure 144 PA Collaboration Page

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

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

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

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

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

Billing Provider Signature*:

Save Opt Out

Submit Cancel

Figure 145 PA Collaboration Page With Populated Information

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

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

13.2 Opting Out of Prior Authorization Collaborations

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

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

PA Collaboration

Collaborative Information

Collaborative ID*
Expected PA Count
Start Date
End Date
Reason

PA List

*** No rows found ***

PA Summary Information

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

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

Billing Provider Signature

Figure 146 PA Collaboration Page

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

PA Collaboration

Collaborative Information

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

PA List

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

PA Summary Information

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

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

Billing Provider Signature*

Save Opt Out

Submit Cancel

Figure 147 PA Collaboration Page With Populated Information

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

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

Billing Provider Signature* ALK

Verify Opt Out

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

Save Opt Out

Submit Cancel

Figure 148 PA Collaboration Page With Verify Opt Out Section

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