

This Update has been revised since its original publication. Revised information appears in red text on page(s) 1 and 2.

ForwardHealth UPDATE

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PRIOR AUTHORIZATION PROCESS IMPROVEMENTS: REVISING THE PRIOR AUTHORIZATION REQUEST FORM, VISION PROCEDURE CODES, AND PRIOR AUTHORIZATION REQUIREMENTS

Beginning April 13, 2026, ForwardHealth will update certain procedure codes for vision providers.

Beginning July 13, 2026, ForwardHealth will:

- Only accept prior authorization (PA) requests electronically on the ForwardHealth Portal (the Portal). **There are exceptions for pharmacy PA submissions and mailing models for dental or orthodontic PA submissions.**
- Publish revisions to the Prior Authorization Request Form (PA/RF), F-11018 (04/2026).
- Implement a universal PA backdating policy.
- Remove the Returned–Provider Review PA status.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

All Providers, HMOs and Other Managed Care Programs

QUICK LINKS

- [Retroactive Enrollment topic #280](#)
- [Clerical Review topic #450](#)
- [Clinical Review topic #451](#)
- [ForwardHealth Portal Prior Authorization topic #458](#)
- [Prior Authorization Process Improvements page](#)
- [Forms page](#)

The information provided in this ForwardHealth Update is published in accordance with CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F).

- Remove the requirement for Individualized Education Plans (IEPs) on home health therapy provider PA submissions.

Providers will need a secure ForwardHealth Provider Portal account to continue using ForwardHealth services. Review the [ForwardHealth Provider Portal Account User Guide \(PDF\)](#) for account setup instructions.

This ForwardHealth Update is the [third in a series](#) about PA process changes related to the Centers for Medicare & Medicaid Services (CMS) Interoperability and PA Rule ([CMS-0057-F](#)).

Ending Fax and Mail PA Requests

Beginning July 13, 2026, providers must submit PA requests electronically via the Portal. ForwardHealth will no longer accept PA request submissions via fax or mail, with a few exceptions.

- Providers must submit fully complete and accurate PAs. Incomplete PAs cannot be approved.
- ForwardHealth will no longer assign Suspended–Provider Sending Info PA status.
- ForwardHealth will void paper submissions received via fax or mail until October 1, 2026. After this date, ForwardHealth will not respond to PAs submitted via fax or mail and providers must resubmit the PA on the Portal.

Exceptions

Pharmacy providers may still submit PAs via fax or mail and partially submit PA requests through the Portal.

Dental and orthodontic providers must submit PAs electronically. If the PA request requires a 3D model submission, the model can be mailed in. However, the PA form must be submitted on the Portal. Physical 3D models can still be mailed in after July 13, 2026.

Revised Prior Authorization Request Form

ForwardHealth has updated the PA/RF to meet current readability standards, including a larger font size and larger spacing to make it easier to use beginning July 13, 2026.

ForwardHealth has also removed the SOI start and end dates from the PA/RF.

DID YOU KNOW?

If providers do not have all required documentation at the time of submission, they may save the PA submission on the Portal and come back to complete it with the missing documentation.

The information provided in this ForwardHealth Update is published in accordance with CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F).

Revised service-specific PA/RF instructions are available in the [ForwardHealth Online Handbook](#). The new version of the PA/RF will be available for all PA requests on the [Forms](#) page of the Portal.

Universal PA Backdating Policy

ForwardHealth is adopting a universal backdating policy. A provider can now backdate the start date on an initial PA request up to 14 calendar days before the date ForwardHealth received the PA request.

ForwardHealth will only grant backdating for initial PA requests over 14 calendar days in extraordinary circumstances.

A PA may be modified or denied if the PA request is received more than 14 calendar days after the date of service and does not meet the criteria for an extraordinary circumstance. If the PA request is modified or denied after a service was rendered, the provider cannot require payment from the member. This is considered balance billing.

Extraordinary Circumstances

For ForwardHealth to backdate any PA request more than 14 calendar days, the provider's specific request for backdating must:

- Be given in writing on the Portal.
- Include clinical justification for beginning the service before PA was granted **or** the reason why the PA was submitted more than 14 days after the requested start date.

Examples of extraordinary circumstances include:

- A court order or hearing decision was required to determine the member's Medicaid coverage. Providers must attach documentation of the court order or decision to the PA request.
- The member is [retroactively enrolled](#). Providers must indicate in the PA/RF that the service was provided during a period of member retroactive enrollment.
- The provider is on a correction plan.

Providers should contact Provider Services at 800-947-9627 to determine if their request falls under extraordinary circumstances.

Removing PA Returns

Beginning July 13, 2026, ForwardHealth will deny all incomplete non-drug

DATES TO REMEMBER

- **July 13, 2026:** ForwardHealth will no longer accept PA request submissions via fax or mail. ForwardHealth will remove the Returned-Provider Review PA status for all non-pharmacy PA submissions.
- **October 1, 2026:** Providers will no longer receive Void PA request notifications.

The information provided in this ForwardHealth Update is published in accordance with CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F).

PA submissions and will no longer return incomplete or inaccurate PAs for additional information.

All PA requests must be complete and accurate to be reviewed and approved. In addition, the Returned-Provider Review PA status will be removed for all non-drug PA submissions.

A PA request is considered incomplete if:

- Forms are filled out [incorrectly](#).
 - For example, the provider entered their National Provider Identifier in the Member Medicaid ID Number space.
- The form is missing required information.
 - For example, the form doesn't have the provider's signature.
- The submitted documentation doesn't match [policy requirements](#), including medical necessity verification documentation.
 - For example, the policy requires a face-to-face visit summary, and the summary was not included.

Updating Vision Procedure Codes

Beginning April 13, 2026, Wisconsin Medicaid no longer requires PA for these vision procedure codes.

CODE	CODE DESCRIPTION
92065	Orthoptic training; performed by a physician or other qualified health care professional
92066	Orthoptic training; under supervision of a physician or other qualified health care professional
92270	Electro-oculography with interpretation and report
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92326	Replacement of contact lens
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of spectacle mounted low vision aid; telescopic, or other compound lens system

REMINDER

An approved PA does not guarantee reimbursement. Reimbursement depends on member and provider enrollment at the time the service is provided and completeness of the claim. ForwardHealth will not reimburse for services initiated prior to PA approval or after the PA's expiration date.

The information provided in this ForwardHealth Update is published in accordance with CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F).

Home Health Therapy PA Requests

Beginning January 1, 2026, providers don't need to submit an IEP for school-aged children for any home health therapy PA requests.

Note: Personal care requests will continue to require an IEP for school-aged children.

All PA requirements and updated policy information are in the [Online Handbook](#).

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This Update applies to the processes for obtaining coverage determinations for services that members receive on a fee-for-service basis. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements. However, each MCO is allowed to determine their own process for coverage determinations.

The information provided in this ForwardHealth Update is published in accordance with CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F).

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.