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The Online Handbook has not yet been revised to include information in this Update.

ForwardHealth UPDATE

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PRIOR AUTHORIZATION PROCESS IMPROVEMENTS: REVISING THE PRIOR AUTHORIZATION PORTAL SUBMISSION PROCESS

This ForwardHealth Update is the fifth in a series about prior authorization (PA) process changes related to the Centers for Medicare & Medicaid Services Interoperability and Prior Authorization Rule (CMS-0057-F).

Beginning August 17, 2026, for **all providers**, ForwardHealth will:

- No longer allow extending PA submission timeframes.
- Apply the universal backdating policy to PA renewal requests.
- Release updated versions of PA decision letters.

Beginning August 17, 2026, for service area-specific providers, ForwardHealth will:

- Release updated versions of PA forms.
- End date amended PA submissions in real time for some provider types.

AFFECTED PROGRAMS
BadgerCare Plus, Medicaid

TO
All Providers, HMOs and Other Managed Care Programs

QUICK LINKS
- Renewal Requests topic #442
- 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).

WISCONSIN DEPARTMENT of HEALTH SERVICES

- Remove the PA collaborative option from PA submissions.
- Change the maximum allowable quantity for certain disposable medical supply (DMS) procedure codes.
- Redefine PA requirements for oxygen and respiratory durable medical equipment (DME).
- Refine the real-time and manual adjudication process for residential substance use disorder PA requests.

Providers will need a secure ForwardHealth Provider Portal account to continue using ForwardHealth functions, including PA submission. Providers don't need a secure account on the ForwardHealth Portal (the Portal) for all activities. Review the ForwardHealth Provider Portal Account User Guide (PDF) for account setup instructions.

PA Submission Changes—All Providers

Beginning August 17, 2026, ForwardHealth is streamlining the PA submission process for all providers.

Denying Incomplete PA Requests

ForwardHealth will deny incomplete PA requests. Providers should submit a PA request when all required information is ready for review for coverage determination.

Previously, ForwardHealth would hold an incomplete, returned, or pending PA for 30 days to allow providers to send more information. Pending PA submission timeframe extensions are no longer allowed.

Note: Incomplete PAs are not denied based on medical necessity. Incomplete PA denials indicate ForwardHealth was unable to make a coverage determination due to incomplete information.

PA Backdating Applied to Initial and Renewal Requests

ForwardHealth will allow PA backdating for all initial and renewal PAs. However, ForwardHealth will not allow backdating for PA amendments.

All PA requirements must be met to qualify for backdating. Providers must submit the request within 14 days of the requested start date unless they meet the extraordinary circumstances criteria.

DID YOU KNOW?

Providers must resubmit void mailed and faxed PAs on the Portal.

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All requests to extend treatment via a PA amendment request must be received by ForwardHealth prior to the expiration date of the current PA request.

Refer to the ForwardHealth Online Handbook for the most up-to-date policies regarding PA requirements. Find all required PA attachments and supporting clinical documentation for provider types in the Attachment to this Update.

PA Decision Letters Updated

ForwardHealth revised the PA decision letters that notify providers of PA request determinations to improve clarity and understanding.

Note: If a provider has a Portal account, the PA decision letters will no longer be mailed. Providers must access PA decision letters through the Portal.

PA Submission Changes—Service Area-Specific Providers

Beginning August 17, 2026, ForwardHealth is streamlining the PA submission process for service area-specific providers.

PA Form Changes

ForwardHealth revised, retired, and updated certain PA forms to reflect the updated PA process.

ForwardHealth will consider old versions of these PA forms incomplete and denied if providers submit them after August 17, 2026. Providers must resubmit the PA request using the latest version of the PA form.

Providers can fill out forms directly on the Portal, rather than uploading them as an attachment. Updated PA forms are available on the Forms page of the Portal.

Updated PA Forms

ForwardHealth revised these PA forms:

- Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA) form, F-11030 (07/2026)
- Prior Authorization/Home Health Therapy Attachment (PA/HHTA) form, F-11044 (07/2026)
- Prior Authorization/Oxygen Attachment (PA/OA) form, F-11066 (07/2026)

REMINDER

Effective August 17, 2026, ForwardHealth will no longer accept PA request submissions or provider decision letters via fax or mail.

After August 17, all PA requests and letters must be submitted in full electronically via the Portal.

Submitting PA through the Portal is the best way to reduce submission errors.

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- Prior Authorization/Residential Substance Use Disorder Treatment Attachment (PA/RSUD) form, F-02567 (07/2026)
- Prior Authorization/Vision Services Attachment (PA/VA) form, F11051 (07/2026)

Retired PA Forms

ForwardHealth no longer uses these PA forms:

- Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/2012)
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1), F-11020 (05/2013)
    - Audiology providers will fill out the Prior Authorization/Request Form (PA/RF), F-11018 (04/2026), on the Portal instead of submitting the PA/HIAS1.

New PA Forms

ForwardHealth created these new PA forms:

- Prior Authorization/Disposable Medical Supplies Attachment (PA/DMSA), F-03432 (07/2026)
- Prior Authorization/Orthotics and Prosthetics Attachment (PA/OPA), F-03431 (07/2026)

Real-Time PA End-Dating

Information about end-dating a PA request in real time is now available in the ForwardHealth Online Handbook for these service areas:

- Behavioral Treatment
- Chiropractic
- Dental

Note for dental providers: Providers can't end date a PA request in real time for Healthcare Common Procedure Coding System (HCPCS) procedure code D4910 (Periodontal maintenance). Providers must use the current PA amendment request submission process to end date a PA request for D4910.

Ending PA Collaboratives

ForwardHealth will no longer allow PA collaboratives that link two or more PA requests for the same member together.

Procedure Code Changes

ForwardHealth changed the maximum allowable quantity of DMS for PA requests per member of these HCPCS DMS procedure codes.

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CODE	DESCRIPTION	MAX QUANTITY
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each	15 per month
A4606	Oxygen probe for use with oximeter device, replacement	8 per month
A7008 with modifier 59 (Distinct procedural service)	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	20 per month
A9277	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system	4 per year
T4537	Incontinence product, protective underpad, reusable, bed size, each	6 per year

Simplified Oxygen and Respiratory Durable Medical Equipment Submission Process

ForwardHealth is simplifying PA requirements for DME requests by allowing providers to request both oxygen and respiratory DME on the same request.

Previously, providers were required to use the PA/DMEA for respiratory PA requests and the PA/OA for oxygen PA requests. Now, providers only need to submit one request using the revised PA/OA to request oxygen and respiratory DME.

Note: Providers will need to submit a separate PA request using the PA/DMSA for the DMS needed to use oxygen and respiratory DME.

Revised Residential Substance Use Disorder Form

The PA/RSUD form is now shorter and easier to fill out on the Portal, which is reflected in the real-time review process.

In the event a coverage decision cannot be made through the real-time review process, a PA request must go through the manual adjudication process.

PA approval does not relieve the provider of their responsibility to meet all requirements, nor is it a guarantee of payment.

CALL TO ACTION

Providers can find all PA requirements and updated policy information in the Online Handbook.

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ForwardHealth requires these supplemental documents in the PA Portal submission to perform a full clinical review of a PA request:

- American Society of Addiction Medicine assessment
- Biopsychosocial assessment
- Treatment plan
- Continuing care plan

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 services that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. 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.

Looking for field rep information for your county?

Check out the updated Assigned Professional Field Representatives by County map (PDF)!

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ATTACHMENT
Required Attachments for Prior Authorization Submissions

Per Wis. Admin. Code § DHS 107.02(2m)(a), most services below require a detailed, signed, and dated prescription for reimbursement. All service areas with an asterisk (*) require this prescription with the prior authorization (PA) request. The provider listed on the prescription must match the prescribing provider on the Prior Authorization Request Form (PA/RF), F-11018 (04/2026). All out-of-state PA requests must include a letter from the rendering and/or prescribing provider that verifies this service cannot be provided in Wisconsin. Providers must complete these PA forms on their secure ForwardHealth Provider Portal account. Supplemental forms can be found on the Forms page of the ForwardHealth Portal (the Portal).

PROCESS TYPE	FORMS	SUPPORTING CLINICAL DOCUMENTATION
111—Physical Therapy (Outpatient)	Prior Authorization/ Therapy Attachment (PA/TA), F-11008 (12/2025)	All physical therapy PAs require: • A therapy evaluation and prescription. • A therapy plan of care. If the request is for ongoing treatment, submit the most recent progress note with an updated plan of care.
112—Occupational Therapy (Outpatient)	PA/TA, F-11008 (12/2025)	All occupational therapy PAs require: • A therapy evaluation and prescription. • A therapy plan of care. If the request is for ongoing treatment, submit the most recent progress note with an updated plan of care.
113—Speech and Language Pathology Therapy (Outpatient)	PA/TA	All speech and language pathology PAs require: • A therapy evaluation and prescription. • A therapy plan of care. If the request is for ongoing treatment, submit the most recent progress note with an updated plan of care.

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PROCESS TYPE	FORMS	SUPPORTING CLINICAL DOCUMENTATION
117—Physician Services (Rural Health Clinic, Federally Qualified Health Center, Ketamine, Physician-Administered Drugs)	• Prior Authorization/ Physician-Administered Drug Attachment (PA/PAD), F-11034 (07/2022) • IV Ketamine Infusion Therapy Attestation, F-03342 (01/2025)	Documentation is required to support the approval criteria for each type of covered physician service. Include medical records that support PA requirements and coverage criteria that verify medical necessity.
118—Chiropractic	Prior Authorization/ Chiropractic Attachment (PA/CA), F-11029 (04/2026)	Completely and accurately filling out information on forms on the Portal may be enough to successfully submit a PA request. If not, submit current supporting clinical documentation as outlined in ForwardHealth policy.
120—Home Health	• Prior Authorization/Care Plan Attachment (PA/CPA), F-11096 (08/2015)	Home Care PA Requests: • Initial prescription or order • Plan of care • Documentation of the initial face-to-face visit with the prescribing provider
120—Home Health Therapy	• Prior Authorization/ Home Health Therapy Attachment (PA/HHTA), F-11044 (07/2026)	Home Health Therapy PA Requests: • Initial prescription or order • Plan of care • Therapy evaluation • Documentation of the initial face-to-face visit with the prescribing provider • Individualized Family Service Plan (for children under three years of age enrolled in the Birth to 3 Program)

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PROCESS TYPE	FORMS	SUPPORTING CLINICAL DOCUMENTATION
120—Private Duty Nursing	• Private Duty Nursing Prior Authorization Acknowledgement, F-11041 (10/2008) • Prior Authorization/Care Plan Attachment (PA/CPA), F-11096 (08/2015)	Private Duty Nursing PA Requests: • Initial prescription or order • Plan of care • Documentation of the initial face-to-face visit with the prescribing provider

121—Personal Care Worker (PCW)	• Personal Care Prior Authorization Provider Acknowledgement, F-11134 (07/2012)
	• Personal Care Screening Tool (PCST), F-11133 (11/2024)
	• Personal Care Addendum, F-11136 (10/2008)
	Note: The Portal may pre-populate these forms for providers.
		All PCW PAs require:
		• A signed and dated plan of care with specific orders for each part of the request, including any amount of as needed services per year and all activities of daily living (ADLs), medically oriented tasks, and services incidental to ADLs that the member requires assistance with.
		• Recent clinic notes to support medical necessity.
		• An Individualized Education Plan (IEP) for members under 18 years old.
		• A travel map if requesting travel time over 28 units per week.
		• If requesting an Electronic Visit Verification (EVV) exemption, PCW PAs require:
		  ○ An Electronic Visit Verification (EVV) Live-In Worker Identification form, F-02717 (04/2023).
		  ○ EVV proof of residency.

122—Vision Services	Prior Authorization/ Vision Services Attachment (PA/VA), F-11051 (07/2026)	Completely and accurately filling out information on forms on the Portal may be enough to successfully submit a PA request. If not, submit current supporting clinical documentation as outlined in ForwardHealth policy.

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PROCESS TYPE	FORMS	SUPPORTING CLINICAL DOCUMENTATION
123—Audiology and Hearing Instruments*	• Prior Authorization Request/Hearing Instrument and Audiological Services (PA/HIAS2), F-11021 (07/2012) • Prior Authorization/ Physician Otological Report (PA/POR), F-11019 (07/2012)	Include medical records that support the PA requirements and coverage criteria that verify medical necessity, such as current member use and compliance data.
124—Dental	Prior Authorization/ Dental Attachment 1 (PA/DA1), F-11010 (01/2019)	Unless otherwise stated in the ForwardHealth Online Handbook, all requests require: • Periodontal charting (for members over age 15). • A full mouth set of X-rays or equivalent. • Intraoral/extraoral photos as needed per ForwardHealth policy. • Professional attestations from other treating health care providers as needed per ForwardHealth policy. • A specific dental treatment plan as needed per ForwardHealth policy. • A completed dental diagram on the Prior Authorization Dental Request Form (PA/DRF), F-11035 (06/2024).

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PROCESS TYPE	FORMS	SUPPORTING CLINICAL DOCUMENTATION
125—Orthodontics	Prior Authorization/ Dental Attachment 2 (PA/DA2) Oral Surgery, Orthodontic, and Fixed Prosthetic Services, F-11014 (02/2020)	All orthodontic PAs require: • Records of the examination and consultation, including intraoral/extraoral photos, full mouth set of X-rays, cephalometric X-rays, and diagnostic casts. Casts are either digital or 3D models. If submitted by mail, 3D model casts must be securely packed, clearly labeled to identify the provider and the member, and include a bite registration. • Professional attestations from other treating health care providers as needed per ForwardHealth policy. • A completed dental diagram on the PA/DRF. • A specific orthodontic treatment plan that addresses appliances to be used during treatment.

126—Intensive In-Home Treatment Services, HealthCheck Other Services*	• Prior Authorization/ Intensive In-Home Treatment Attachment (PA/ITA), F-11036 (12/2019)
	• Prior Authorization/ Intensive In-Home Mental Health and Substance Abuse Services Assessment and Recovery/ Treatment Plan Attachment, F-00212 (02/2010)
		All intensive in-home treatment PAs require:
		• A prescription or order signed and dated by a provider acting within the scope of their practice not more than one year prior to the requested first date of service.
		• The provider's own assessments in lieu of the PA/ ITA, but they must include:
		  ○ Assessments.
		  ○ Multi-agency treatment plans.
		  ○ In-home recovery treatment plans.
		• Child and Adolescent Needs and Strengths (CANS) assessment summaries.

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PROCESS TYPE	FORMS	SUPPORTING CLINICAL DOCUMENTATION
127—Genetic Testing	None	All psychotherapy PAs require: • A letter of medical necessity for children. • Peer-reviewed journal articles or published studies as evidence of the medical necessity of a particular test when published guidelines are not available or are inconclusive.
129—Child/ Adolescent Day Treatment and Adult Mental Health Day Treatment*	• Prior Authorization/ Child/Adolescent Day Treatment Attachment (PA/CADTA), F-11040 (12/2019) • Prior Authorization/ Adult Mental Health Day Treatment Attachment (PA/AMHDTA), F-11038 (07/2012)	All child/adolescent day treatment PAs require: • The provider's prescription or order. • A multidisciplinary child/adolescent day treatment plan. • All adult mental health day treatment PAs require Section I only of the Mental Health Day Treatment Functional Assessment, F-11090 (08/2015). Providers are encouraged to submit selected existing medical documentation with a PA request in lieu of writing the same required information on the PA attachment.

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PROCESS TYPE	FORMS	SUPPORTING CLINICAL DOCUMENTATION
130—Durable Medical Equipment (DME): Pediatric Hospital Beds and Cribs*, Wheelchair Accessories*	• Prior Authorization/ Pediatric Hospital Bed (PA/PHB), F-03327 (11/2024) • Prior Authorization/ Durable Medical Equipment Attachment (PA/DMEA), F-11030 (07/2026)	All DME PAs require: • Face-to-face documentation as needed. • Medical records that support the PA requirements and coverage criteria that substantiate medical necessity, including current member usage and compliance data. • An itemized list of requested items with documentation of medical need. All DME PAs for pediatric hospital beds and cribs require: • Face-to-face documentation. • Written prescription/order indicating the requested medical equipment is a restraint, and the member can receive the equipment to prevent harm to the member. • An evaluation and monitoring plan compiled by a licensed physician, physician's assistant, clinical nurse specialist, nurse practitioner, occupational therapist, or physical therapist. All DME PAs for complex rehabilitation technology (CRT) require: • A qualified health care professional (QHCP)'s evaluation. • The QHCP's attestation to no financial relationship with the provider. • A qualified CRT's professional evaluation. • The CRT's professional attestation to coordinate care with the QHCP and provider-appropriate training to the member. • Current CRT certification. • Completed Durable Medical Equipment Home Accessibility Report form, F-02891 (08/2022).

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PROCESS TYPE	FORMS	SUPPORTING CLINICAL DOCUMENTATION
132—Disposable Medical Supplies	Prior Authorization/ Disposable Medical Supplies Attachment (PA/DMSA), F-03432 (07/2026)	Include medical records that support the PA requirements and coverage criteria that verify medical necessity, such as current member use and compliance data.
133—Transplants	None	Documentation must support approval criteria for the type of covered physician service.
136—Substance Abuse Day Treatment (AODA)	Prior Authorization/ Substance Abuse Day Treatment Attachment (PA/SADTA), F-11037 (07/2012)	Include a biopsychosocial assessment.
139—Oxygen and Respiratory Equipment	• Prior Authorization/ Oxygen Attachment (PA/OA), F-11066 (07/2026) • Nursing Home Daily Usage (if the member lives in a nursing home)	Include medical records that support the PA requirements and coverage criteria that verify medical necessity, such as current member use and compliance data.
140—DME: Orthotics, Footwear, Prosthetics*	Prior Authorization/ Orthotics and Prosthetics Attachment (PA/OPA), F-03431 (07/2026)	All DME PAs for orthotics, footwear, prosthetics, cochlear implants require medical records from the prescribing provider that support the PA requirements and coverage criteria.

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PROCESS TYPE	FORMS	SUPPORTING CLINICAL DOCUMENTATION
142—Behavioral Treatment*	Prior Authorization/ Behavioral Treatment Attachment (PA/BTA), F-01629 (12/2019) (for members over age 6)	All behavioral treatment PAs require: • A behavioral treatment prescription and plan of care. • A diagnostic evaluation (for members over age 6). • A provider's initial assessment. • Previous treatment history. • Age-normed testing results. • A behavioral treatment team. • A plan of care with notes on any medical conditions. • A care collaboration plan. • Supporting documentation. • An IEP (for members over age 6). • A schedule for comprehensive standardized testing (for members over age 6). • A diagnostic attestation (for an initial request for members under age 6).
999—Miscellaneous: Brain Injury, Ambulance, Other*	None	All brain injury PAs require: • Sequential Functional Independence Measure assessments, or other assessments, with the most recent assessment completed not more than 30 days before the PA start date. • A legal record of guardianship, protective placement order, or activated power of attorney, as applicable. • A plan of care dated within 30 days of the requested PA start date, outlining each therapeutic modality with the specific functional goal for each sector and discharge plan with an anticipated discharge date. • An individual therapy evaluation with treatment goals dated within 30 days of the requested PA start date • Clinical records dated within 30 days of the requested PA start date. PA documentation needs to be submitted every 60 days for renewal of PA. All other (ambulance, lead inspection, etc.) PAs require medical records from the prescribing provider supporting the PA requirements and coverage criteria.

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