

To:  
 Federally Qualified Health Centers  
 Home Health Agencies  
 Hospice Providers  
 Individual Medical Supply Providers  
 Medical Equipment Vendors  
 Nurse Practitioners  
 Nursing Homes  
 Occupational Therapists  
 Opticians  
 Optometrists  
 Outpatient Hospital Providers  
 Personal Care Agencies  
 Pharmacies  
 Physical Therapists  
 Physician Clinics  
 Physicians  
 Rehabilitation Agencies  
 Rural Health Clinics  
 Speech and Hearing Clinics  
 Speech-Language Pathologists  
 Therapy Groups  
 HMOs and Other Managed Care Programs

## Submitting Prior Authorization Requests Via the Web for Selected Services

Effective July 12, 2004, Wisconsin Medicaid will accept prior authorization (PA) requests via the Web for the following selected services:

- Disposable medical supplies.
- Durable medical equipment for orthotics, oxygen and oxygen-related services, prosthetics, shoes, and wheelchair services.
- Occupational therapy, physical therapy, and speech and language pathology services for spell of illness.
- Physician services.
- Vision services.

This is only for the submission of PA requests via the Web.

Prior authorization adjudication will follow the same clinical review process as the PA requests submitted on paper.

### Prior Authorization Request Submission on the Web in July

Effective July 12, 2004, Wisconsin Medicaid will accept prior authorization (PA) requests via the Medicaid Web site for the following selected services:

- Disposable medical supplies.
- Durable medical equipment for orthotics, oxygen and oxygen-related services, prosthetics, shoes, and wheelchair services.

- Occupational therapy, physical therapy, and speech and language pathology services for spell of illness.
- Physician services.
- Vision services.

*Note:* Providers may continue to submit paper PA requests by mail or fax, or, when applicable, they may submit requests using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA).

These services were selected for Web PA because the PA request submitted to Wisconsin Medicaid requires minimal information or limited documentation which can be easily submitted using a Web application. Wisconsin Medicaid will evaluate submission of other services via the Web in the future.

### Exceptions to Web Prior Authorization Submission

In some instances, providers will be *required* to submit PA requests on paper. An example of this includes, but is not limited to, when a provider has additional supporting information to include with a PA request (e.g., clinic notes, photographs, or X-rays).

## Registration for Submitting Prior Authorization Requests on the Medicaid Web Site

To register and login to submit PA requests via the Web, users should go to the Medicaid Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/) and do the following:

- Select “Providers” at the top of the page.
- Select “Web Prior Authorization (PA)” under “Related Programs and Services.”

This will take users to the Login and Registration page. Users will then have two options:

- To register as a new user. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for instructions on how to login as a new user.
- To enter a user name and password that were previously established for conducting Electronic Data Interchange (EDI) transactions (e.g., 837 Health Care Claim transactions). Refer to Attachment 2 for instructions on how to login when there is a previously established user name and password.

## Summary of Instructions for Submitting Web-Based Prior Authorization Requests

After registering and accessing the Web PA site, users will complete a Prior Authorization Request Form (PA/RF) and the appropriate PA attachment. The information on these Web forms is the same as on the paper versions.

*Note:* Users who submit Web PA requests must *not* submit duplicate paper or fax copies to Wisconsin Medicaid.

Refer to Attachment 3 for instructions on submitting a PA request via the Web. Refer to Attachment 4 for a list of service areas and their associated PA attachments.

## Using Unspecified Procedure Codes

If a user enters an unspecified procedure code (e.g., procedure code E1399 [Durable medical equipment, miscellaneous]) on the PA/RF, he or she is required to define the service or item on the PA attachment under “Additional Information” and use the appropriate modifier, if applicable. If the same unspecified code is used more than once on the PA/RF, users must define the service or item each time on their PA attachment.

## Prior Authorization Decision Notice

When the PA attachment is complete, users should select “Submit.” If an error is detected, a message on the screen will prompt the user to correct it. If the PA request contains no errors, a PA number will be assigned. The PA number will appear on the “Confirmation of Receipt” screen.

*Note:* When a user receives the PA number, this *does not* signal an approved PA request. While *clerical* errors have been reviewed, a *clinical* review of the PA request must still take place. Prior authorization requests will be processed as usual. After the clinical review, one of the following will be mailed to the user:

- For approved PA requests, users will receive a Prior Authorization Decision Notice. Refer to Attachment 5 for a sample of the decision notice.
- For denied, returned, or modified PA requests, users will receive a copy of the PA/RF and PA attachment.

Users may print a copy of the PA/RF and PA attachment in Portable Document Format (PDF) with Adobe Acrobat Reader<sup>®\*</sup> for their records when the PA is accepted. If users do not print this PA request when it is initially accepted, they will not be able to print it later.

**W**hen a user receives the PA number, this *does not* signal an approved PA request. While *clerical* errors have been reviewed, a *clinical* review of the PA request must still take place.

## **New Prior Authorization/Oxygen Attachment**

Providers of oxygen-related services will be required to use the new Prior Authorization/Oxygen Attachment (PA/OA), HCF 11066 (06/04), when submitting PA requests via the Web instead of the Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA). Refer to the June 2004 *Update* (2004-50), titled “Introducing the Prior Authorization/Oxygen Attachment,” for more information.

## **Durable Medical Equipment and Disposable Medical Supplies Providers’ Physician Prescription Information**

Providers who use the PA/DMEA will be prompted to enter the physician’s prescription, exactly as written by the physician, on the Web PA/DMEA. This will eliminate the need to send a paper prescription to Wisconsin Medicaid. However, providers are required to keep the paper prescription in their records.

## **Hours of Operation**

Users may submit PA requests via the Web Monday through Friday from 8:00 a.m. to 5:00 p.m. (Central Time). Web PA will not be available on weekends or state-observed holidays.

## **System Requirements**

To submit PA requests on the Web, users will need one of the following Web browsers:

- Internet Explorer™ 5.50 or greater.
- Netscape Navigator™ 4.70 or greater.

## **Web Site Security**

The Wisconsin Medicaid PA Web site will be secured with Secure Socket Layer (SSL) 128-bit encryption. If the Web PA application is idle for 30 minutes, the connection will be cut off.

The user will lose all previously entered information and will have to enter his or her user name and password to re-enter the Web PA system.

## **User Resources**

If users have questions about submitting PA requests on the Web, Wisconsin Medicaid offers a complete tutorial, online “Help,” and a helpdesk to assist providers submitting PA requests via the Web.

### *Online Tutorial*

For users who want step-by-step instructions on submitting PA requests via the Web site, they will have access to a complete tutorial. There will be a “Tutorial” link at the top of each screen of the Web PA process if a user has a question about a specific screen.

### *Online Help*

If users have a question about a specific item while submitting a PA request (e.g., a procedure code element on the PA/RF), they may select “Help” at the top of the Web page. This will give the provider a brief explanation about a specific area.

### *Helpdesk*

For help with logging in or other Web PA questions, users may also contact the Web PA technical helpdesk at (608) 221-9730. The helpdesk is available Monday through Friday from 8:30 a.m. to 4:30 p.m. (Central Time).

*Note:* For PA policy questions, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883.

**P**roviders of oxygen-related services will be required to use the new Prior Authorization/Oxygen Attachment (PA/OA), HCF 11066 (06/04), when submitting PA requests via the Web instead of the Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA).

## Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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\*The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site. Refer to the Adobe® Web site, [www.adobe.com/](http://www.adobe.com/), for more information.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT 1

## New User Registration

A user who has not previously registered to submit Electronic Data Interchange (EDI) transactions or prior authorization (PA) requests via the Web should select “Register to use site” to access the “New User Registration” page. Users who have previously registered to submit EDI transactions do *not* need to re-register to submit Web PA requests.

On the “New User Registration” page, users will be asked to enter or select the following information (all items are required except as noted):

- **User’s first and last name.**
- **Address line 1.**
- **Address line 2.**
- **City.**
- **State.**
- **ZIP code.**
- **E-mail address.** E-mail addresses are not case sensitive.
- **Telephone number** (with extension, if applicable).
- **Fax number** (optional).
- **User name.** User names must be at least six characters long and can be alphanumeric. User names are not case sensitive. Each user is required to select a unique user name and password.
- **Password.** Passwords must be at least eight characters long, and contain at least one letter character and one numeric character. Passwords are case sensitive. As a security check, users will be asked to retype their password.
- **Select a personal password reminder question.** Users are required to choose just one of the following questions:
  - ✓ “What is your mother’s maiden name?”
  - ✓ “What is your father’s middle name?”
  - ✓ “What are the last four digits of your Social Security number?”
  - ✓ “What was the name of your high school?”
- **Question response.** Users are required to enter the answer to the question they selected. The maximum length of this response is 25 characters. Question responses are case sensitive. This feature is used to confirm a user’s identity if a password is forgotten.
- **Select “Register.”** If an error is found on the page, a message on the screen will prompt the user to correct it. When the error is corrected, users should select “Register” again.

### *User Name and Password Confirmation*

Users will receive an e-mail after their registration is accepted that confirms their user name and password. This confirmation e-mail will also contain a link that users must select to activate their account.

### *Authorizing Billing Provider Numbers*

Once the account is activated, users will then be able to enter one or more Wisconsin Medicaid billing provider numbers for submitting PA requests on the Web.

*Note:* A single provider (e.g., clinic or hospital) may have multiple users who submit PA requests via the Web. Also, a staff member (e.g., billing clerk) may be able to submit PA requests via the Web for multiple billing providers.

To authorize the billing provider numbers, users must do the following:

- **Enter a Medicaid billing provider number.** This is the provider's eight-digit Wisconsin Medicaid provider number.
- **Enter the billing provider's name.** At a minimum, users are required to enter the first three characters of the provider's last name or the organization's name to validate that the provider number was entered correctly. Users are required to enter the provider's name that was used when the provider became Medicaid certified.
- **"Confirm."** When "Confirm" is selected, the billing provider number and name should appear on the screen. Users may authorize multiple billing provider numbers.
- **"Add."** Select "Add" once the user has verified that he or she has the correct billing provider to add the provider to the user's list.
- **"Create PA."** When the billing provider numbers have been added, users will select "Create PA" to begin submitting PA requests on the Web.

For help with logging in or other Web PA questions, users may also contact the Web PA technical helpdesk at (608) 221-9730.

# ATTACHMENT 2

## Login with an Established User Name and Password

Users who have previously registered to submit Electronic Data Interchange (EDI) transactions (e.g., 837 Health Care Claims) but have not yet submitted a prior authorization (PA) request via the Web may enter their user name and password on the Login and Registration page.

Users will then be able to authorize one or more Wisconsin Medicaid billing provider numbers for submitting PA requests on the Web. To authorize the billing provider numbers, users must do the following:

- **Enter a Medicaid billing provider number.** This is the provider's eight-digit Wisconsin Medicaid provider number.
- **Enter the billing provider's name.** At a minimum, users are required to enter the first three characters of the provider's last name or the organization's name to validate that the provider number was entered correctly. Users are required to enter the provider's name that was used when the provider became Medicaid certified.
- **"Confirm."** When "Confirm" is selected, the billing provider number and name should appear on the screen. Users may authorize multiple billing provider numbers.
- **"Add."** Select "Add" once the user has verified that he or she has the correct billing provider to add the provider to the user's list.
- **"Create PA."** When the billing provider numbers have been added, users will select "Create PA" to begin submitting PA requests on the Web.

### Forgotten User Names and Passwords

If a user forgets his or her password, he or she should select "Forgotten password help" on the Login and Registration page and then do the following on the next screen:

- Enter his or her user name.
- Enter his or her e-mail address.  
*Note:* If a user's e-mail address has changed since his or her initial registration, he or she should select the "Update Profile" link at the top of any Web PA page to change his or her e-mail address.
- Select "Submit." A password will be e-mailed shortly. Once a user has received the password, he or she may return to the Login and Registration page and login.

If a user forgets his or her user name, he or she may contact the Web PA technical helpdesk at (608) 221-9730.

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## ATTACHMENT 3

# Summary of Instructions for Submitting Web-Based Prior Authorization Requests

After registering as a user and activating his or her account, a user should complete a Prior Authorization Request Form (PA/RF) and the appropriate PA attachment. The information on the Web PA screens is the same as on the paper versions.

*Note:* Users who submit Web PA requests must *not* submit duplicate paper or fax copies to Wisconsin Medicaid.

If a clerical error is detected while a user is completing a Web PA request, a message on the screen will prompt the user to correct it. Examples of clerical errors that providers will be prompted to correct include, but are not limited to, the following:

- Invalid place of service code.
- Obsolete procedure code.
- Invalid recipient name.
- Invalid recipient Medicaid identification number.
- Invalid Medicaid provider number.
- Failure to indicate a recipient's primary diagnosis code.

Once the PA/RF information is entered and after the clerical review is complete, users are required to complete the appropriate PA attachment. Some information from the PA/RF will be automatically entered on the PA attachment. Users should enter the necessary information just as they would on a paper PA attachment.

### **Prior Authorization Decision Notice**

When the PA attachment is complete, the user should select "Submit." If an error is detected, a message on the screen will prompt the user to correct it. If the PA contains no errors, a PA number will be assigned and the PA number will appear on the "Confirmation of Receipt" screen. Users may print this screen for their records.

When a user receives the PA number, this *does not* signal an approved PA request. While *clerical* errors have been reviewed, a *clinical* review of the PA request must still take place. Prior authorization requests will be processed as usual. After the clinical review, one of the following will be mailed to the user:

- For approved PA requests, users will receive a Prior Authorization Decision Notice.
- For denied, returned, or modified PA requests, users will receive a copy of the PA/RF and PA attachment.

Users may also print a copy of the PA/RF and PA attachment (with Adobe Acrobat Reader®\*) for their records when the PA is accepted. If users do not print this PA request when it is initially accepted, they will not be able to print it later.

*Note:* Since partially completed PA requests may *not* be saved, users should complete and submit the PA/RF and appropriate PA attachment together when they log on to the Web PA site. If, for example, a user turns off his or her computer before submitting the PA request, all the information will be lost.

\*The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site. Refer to the Adobe® Web site, [www.adobe.com/](http://www.adobe.com/), for more information.

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# ATTACHMENT 4

## Service Areas and Associated Prior Authorization Attachments

The following table lists the service areas that may submit prior authorization (PA) requests on the Web and the associated PA attachments for each service area.

<b>Service Areas</b>	<b>Prior Authorization Attachment</b>
Disposable medical supplies (DMS)	Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA)
Durable medical equipment (DME) for orthotics, oxygen-related services, prosthetics, shoes, and wheelchair services	PA/DMEA
DME for oxygen	Prior Authorization/Oxygen Attachment (PA/OA)
Physician services	Prior Authorization Physician Attachment (PA/PA)
Therapy services for spell of illness	Prior Authorization/Spell of Illness Attachment (PA/SOIA)
Vision	Prior Authorization/Vision Attachment (PA/VA)

# ATTACHMENT 5

## Sample Prior Authorization Decision Notice

**DEPARTMENT OF HEALTH AND FAMILY SERVICES**

Division of Health Care Financing  
HCF 11070 (Rev. 07/04)

**STATE OF WISCONSIN**

HFS 106.03(4) Wis. Admin. Code

**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION DECISION NOTICE**

Letter Seq: 00001

PA No: 1234567                      ICN: 24922004194230000                      Batch: 230                      Date: JULY 12, 2004

Request Authorization: **Approved**

EOB: A PHOTOCOPY OF THE PA REQUEST FORM HAS BEEN MAILED SEPARATELY IDENTIFYING THE REIMBURSEMENT RATE FOR THE PROCEDURE CODES AUTHORIZED.

Provider Seq: 00001

IM A PROVIDER  
123 MAIN STREET  
APT 104  
MADISON                      WI 53707

Provider Number: 12345678

Recipient Name: HES A RECIPIENT

Medicaid ID Number: 1234567890

Primary Diagnosis: 343.9

Secondary Diagnosis: 737.39

Detail Auth	Service Authorized	Modifier	POS	Perform Provider	Quantity Auth	Grant Date	Expire Date
APPROVED	K0108	U1	11	12345678	1.00	07/12/04	01/11/05
	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED						
APPROVED	K0108	U2	11	12345678	1.00	07/12/04	01/11/05
	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED						
APPROVED	K0108	U3	11	12345678	1.00	07/12/04	01/11/05
	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED						

An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient 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 Wisconsin Medicaid payment methodology and policy. If the recipient is enrolled in a Medicaid HMO at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the HMO.