Affected Programs: BadgerCare Plus, Medicaid
To: Federally Qualified Health Centers, HealthCheck Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

Changes to Prior Authorization for HealthCheck Services

This _ForwardHealth Update_ introduces important changes to prior authorization (PA) for HealthCheck environmental lead inspection services, effective October 2008, with the implementation of the ForwardHealth interChange system. These changes include the following:

- Establishing deadlines for providers to respond to returned PA requests and PA amendment requests.
- Revising all PA forms. The following PA forms will be available to download and print from the Web at _dhfs.wisconsin.gov/ForwardHealth/_:
  - ✓ Prior Authorization Request Form (PA/RF), F-11018 (10/08).
  - ✓ Prior Authorization Amendment Request, F-11042 (10/08).
  - ✓ Prior Authorization/Environmental Lead Inspection form, F-11062 (10/08).
  - ✓ STAT-PA System Instructions, F-11055 (10/08).

  Providers may also order copies from Provider Services.

The changes were made to do the following:
- Provide efficiencies for both providers and ForwardHealth.
- Accommodate changes required for full National Provider Identifier implementation.
- Align with Health Insurance Portability and
- Accountability Act of 1996 (HIPAA)
- terminology.

A separate _Update_ will give providers a calendar of additional important dates related to implementation including when to begin submitting the revised PA forms.

Information in this _Update_ applies to providers who provide services for BadgerCare Plus Standard Plan and Wisconsin Medicaid members.

Changes to Prior Authorization with the Implementation of ForwardHealth interChange

In 2008, the Department of Health and Family Services will implement a new health care program fiscal agent contract. Among many other changes, the new contract will support multiple state-sponsored health care programs and replace Wisconsin's existing Medicaid Management Information System with ForwardHealth interChange. Through a secured Web portal, this new system will allow providers and trading partners greater access to program information and to conduct business online. Refer to the March 2008 _ForwardHealth Update_ (2008-24), titled "Introducing ForwardHealth interChange, a New Web-Based Information System for State Health Care Programs," for an overview of the implementation and a more detailed outline of the many business process enhancements and added benefits the new system and fiscal agent contract will provide.

With the implementation of the ForwardHealth interChange system, important changes will be made to prior authorization (PA) forms and procedures that are detailed in this _Update_. These changes are not policy or coverage related (e.g., PA requirements, documentation requirements).

Department of Health and Family Services

The changes were made to:
- Provide efficiencies for both providers and ForwardHealth. Providers will be able to submit PA requests and receive decisions and requests for additional information via the ForwardHealth Portal.
- Accommodate changes required for full National Provider Identifier (NPI) implementation. Prior authorization forms were revised to include elements for providers to indicate NPI and taxonomy information.
- Align with Health Insurance Portability and Accountability Act of 1996 (HIPAA) terminology.

Specific implementation dates will be published in a separate *Update*.

Note: Use of information presented in this *Update* prior to implementation may result in returned PA requests.

Information in this *Update* applies to providers who provide services for BadgerCare Plus Standard Plan and Wisconsin Medicaid members.

Submitting Prior Authorization Requests

Using the ForwardHealth Portal, providers will be able to submit PA requests for *all* services requiring PA. In addition to the Portal, providers may submit PA requests via any of the following:
- Fax at (608) 221-8616.
- Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) at (800) 947-1197.
- Mail to the following address:

> ForwardHealth
> Prior Authorization
> Ste 88
> 6406 Bridge Rd
> Madison WI 53784-0088

Watch for future publications for information on submitting PA requests via the Portal.

Revised STAT-PA System Instructions

ForwardHealth has revised the STAT-PA System Instructions, F-11055 (10/08), to accommodate NPI requirements and the ForwardHealth interChange system capabilities. The revised STAT-PA System Instructions are included as Attachment 5 of this *Update*.

Refer to Attachment 6 for a quick reference guide for Wisconsin STAT-PA inquiries.

BadgerCare Plus Benchmark Plan

Prior authorizations cannot be approved through STAT-PA for members enrolled in the BadgerCare Plus Benchmark Plan.

Prior Authorization Numbers

The PA number will no longer be pre-printed on the Prior Authorization Request Form (PA/RF), F-11018 (10/08). As a result, providers will be able to download and print the form from the Portal and no longer have to order pre-printed forms from ForwardHealth. Upon receipt of the form, ForwardHealth will assign a PA number to each PA request.

The PA number will consist of 10 digits, containing valuable information about the PA (e.g., the date the PA request was received by ForwardHealth, the medium used to submit the PA request). Refer to Attachment 1 for information about interpreting PA numbers.

Changes to Prior Authorization Forms

With the implementation of ForwardHealth interChange, HealthCheck services providers submitting a paper PA request will be required to use the revised PA/RF. Refer to Attachments 2 and 3 for completion instructions and a copy of the PA/RF for providers to photocopy. Attachment 4 is a sample PA/RF for environmental lead inspections.

Note: If ForwardHealth receives a PA request on a previous version of the PA/RF, a letter will be sent to the provider stating that the provider is required to

submit a new PA request using the proper forms. This may result in a later grant date if the PA request is approved.

Revisions to the Prior Authorization Request Form and Instructions

The following revisions have been made to the PA/RF:
- The PA number is eliminated from the form.
- The paper PA/RF is a one-part form (no longer a two-part, carbonless form) that can be downloaded and printed. The PA/RF is available in two formats on the Portal — Microsoft® Word and Portable Document Format (PDF).
- Checkboxes are added for HealthCheck "Other Services" and Wisconsin Chronic Disease Program (WCDP) (Element 1) to create efficiencies for providers who render services to members in Wisconsin Medicaid, BadgerCare Plus, and WCDP.
- The term "rendering provider" replaces "performing provider" to align with HIPAA terminology.
- Billing and rendering provider taxonomy code fields are added (Elements 5b and 17) to accommodate implementation.
- In the billing provider's name and address fields, providers are now required to include the ZIP+4 code (Element 4) to accommodate implementation.

Prior Authorization Attachment

With the implementation of ForwardHealth interChange, HealthCheck services providers submitting a paper PA request will be required to use the revised Prior Authorization/Environmental Lead Inspection form, F-11062 (10/08). While the basic information requested on the form has not changed, the format of the form has changed to accommodate NPI information and to add a barcode. ForwardHealth will scan each form with a barcode as it is received, which will allow greater efficiencies for processing PA requests. Refer to Attachment 9 for a copy of the completion instructions for the Prior Authorization/Environmental Lead Inspection. Attachment 10 is a copy of the Prior

Authorization/Environmental Lead Inspection for providers to photocopy.

Obtaining Prior Authorization Request Forms and Attachments

The PA/RF and Prior Authorization/Environmental Lead Inspection are available in fillable PDF or fillable Microsoft® Word from the Forms page at *dhfs.wisconsin.gov/ForwardHealth/* prior to implementation and will be available from the Portal after implementation.

The fillable PDF is accessible using Adobe Reader® and may be completed electronically. To use the fillable PDF, click on the dash-outlined boxes and enter the information. Press the "Tab" key to move from one box to the next.

To request a paper copy of the PA/RF or the Prior Authorization/Environmental Lead Inspection for photocopying, call Provider Services at (800) 947-9627. Questions about the forms may also be directed to Provider Services.

In addition, a copy of any PA form and/or attachment is available by writing to ForwardHealth. Include a return address, the name of the form, and the number of the form (if applicable) and mail the request to the following address:

> ForwardHealth
> Form Reorder
> 6406 Bridge Rd
> Madison WI 53784-0003

Prior Authorization Decisions

The PA review process continues to include both a clerical review and a clinical review. The PA request will have one of the statuses detailed in the following table.

Prior Authorization Status	Description
Approved	The PA request was approved as requested.
Approved with Modifications	The PA request was approved with modifications to what was requested.
Denied	The PA request was denied.
Returned — Provider Review	The PA request was returned to the provider for correction or for additional information.
Pending — Fiscal Agent Review	The PA request is being reviewed by the Fiscal Agent.
Pending — Dental Follow-up	The PA request is being reviewed by a Fiscal Agent dental specialist.
Pending — State Review	The PA request is being reviewed by the State.
Suspend — Provider Sending Information	The PA request was submitted via the ForwardHealth Portal and the provider indicated they will be sending additional supporting information on paper.
Inactive	The PA request is inactive due to no response within 30 days to the returned provider review letter and cannot be used for PA or claims processing.

Communicating Prior Authorization Decisions

ForwardHealth will make a decision regarding a provider's PA request within 20 working days from the receipt of all the necessary information. After processing the PA request, ForwardHealth will send the provider either a decision notice letter or a returned provider review letter. Providers will receive a decision notice letter for PA requests that were approved, approved with modifications, or denied. Providers will receive a returned provider review letter for PA requests that require corrections or additional information. The new decision notice letter or returned provider review letter implemented with ForwardHealth interChange will clearly indicate what is approved or what correction or additional information ForwardHealth needs to continue adjudicating the PA request.

Providers submitting PA requests via the Portal will receive a decision notice letter or returned provider review letter via the Portal.

If the provider submitted a PA request via mail or fax and the provider has a Portal account, the decision notice letter or returned provider review letter will be sent to the provider via the Portal as well as by mail.

If the provider submitted a paper PA request via mail or fax and does not have a Portal account, the decision notice letter or returned provider review letter will be sent to the address indicated in the provider's file as his or her PA address (or to the physical address if there is no PA address on file), not to the address the provider wrote on the PA request.

The decision notice letter or returned provider review letter will not be faxed back to providers who submitted their paper PA request via fax. Providers who submitted their paper PA request via fax will receive the decision notice letter or returned provider letter via mail.

Returned Provider Review Letter

The returned provider review letter will indicate the PA number assigned to the request and will specify corrections or additional information needed on the PA request. Providers are required to make the corrections or supply the requested information in the space provided on the letter or attach additional information

to the letter before mailing the letter to ForwardHealth. Providers can also correct PAs that have been placed in returned provider review status in the Portal.

The provider's paper documents submitted with the PA request will no longer be returned to the provider when corrections or additional information are needed. Therefore, providers are required to make a copy of their PA requests (including attachments and any supplemental information) before mailing the requests to ForwardHealth. The provider is required to have a copy on file for reference purposes if ForwardHealth requires more information about the PA request.

Note: When changing or correcting the PA request, providers are reminded to revise or update the documentation retained in their records.

Thirty Days to Respond to the Returned Provider Review Letter

ForwardHealth must receive the provider's response within 30 calendar days of the date on the returned provider review letter, whether the letter was sent to the provider by mail or through the Portal. If the provider's response is received within 30 calendar days, ForwardHealth will still consider the original receipt date on the PA request when authorizing a grant date for the PA.

If ForwardHealth does not receive the provider's response within 30 calendar days of the date the returned provider review letter was sent, the PA status becomes inactive and the provider is required to submit a new PA request. This will result in a later grant date if the PA request is approved. Providers will not be notified when their PA request status changes to inactive, but this information will be available on the Portal and through the WiCall Automated Voice Response system. Watch for future publications for more information regarding checking PA status via WiCall.

If ForwardHealth receives additional information from the provider after the 30-day deadline has passed, a letter will be sent to the provider stating that the PA request is inactive and the provider is required to submit a new PA request.

Listing Procedure Codes Approved as a Group on the Decision Notice Letter

In certain circumstances, ForwardHealth will approve a PA request for a group of procedure codes with a total quantity approved for the entire group. When this occurs, the quantity approved for the entire group of codes will be indicated with the first procedure code. All of the other approved procedure codes within the group will indicate a quantity of zero.

Providers may submit claims for any combination of the procedure codes in the group up to the approved quantity.

New Amendment Process

Providers are required to use the Prior Authorization Amendment Request, F-11042 (10/08), to amend an approved or modified PA request. The Prior Authorization Amendment Request was revised to accommodate NPI information. Instructions for completion of the Prior Authorization Amendment Request are located in Attachment 7. Attachment 8 is a copy of the revised Prior Authorization Amendment Request for providers to photocopy.

ForwardHealth does not accept a paper amendment request submitted on anything other than the Prior Authorization Amendment Request. The Prior Authorization Amendment Request may be submitted through the Portal as well as by mail or fax. If ForwardHealth receives a PA amendment on a previous version of the Prior Authorization Amendment Request form, a letter will be sent to the provider stating that the provider is required to submit a new PA amendment request using the proper forms.

ForwardHealth will make a decision regarding a provider's amendment request within 20 working days from the receipt of all the information necessary. If the provider submitted the amendment request via the Portal, the decision notice letter or returned amendment provider review letter will be sent to the provider via the Portal.

If the provider submitted an amendment request via mail or fax and the provider has a Portal account, the decision notice letter or returned amendment provider review letter will be sent to the provider via the Portal as well as by mail.

If the provider submitted a paper amendment request via mail or fax and does not have a Portal account, the decision notice letter or returned amendment provider review letter will be sent to the address indicated in the provider's file as his or her PA address (or to the physical address if there is no PA address on file), not to the address the provider wrote on the amendment request.

Neither the decision notice letter nor the returned amendment provider review letter will be faxed back to providers who submitted their paper amendment request via fax. Providers who submitted their paper amendment request via fax will receive the decision notice letter or returned amendment provider review letter via mail.

Returned Amendment Provider Review Letter

If the amendment request needs correction or additional information, a returned amendment provider review letter will be sent. The letter will show how the PA appears currently in the system and providers are required to respond by correcting errors identified on the letter. Providers are required to make the corrections or supply the requested information in the space provided on the letter or attach additional information to the letter before mailing the letter to ForwardHealth. Providers can also correct an amendment request that

has been placed in returned provider review status in the Portal.

ForwardHealth must receive the provider's response within 30 calendar days of the date the returned amendment provider review letter was sent. After 30 days the amendment request status becomes inactive and the provider is required to submit a new amendment request. The ForwardHealth interChange system will continue to use the original approved PA request for processing claims.

The provider's paper documents submitted with the amendment request will no longer be returned to the provider when corrections or additional information are needed. Therefore, providers are required to make a copy of their amendment requests (including attachments and any supplemental information) before mailing the requests to ForwardHealth. The provider is required to have a copy on file for reference purposes if ForwardHealth requires more information about the amendment request.

Note: When changing or correcting the amendment request, providers are reminded to revise or update the documentation retained in their records.

Valid Diagnosis Codes Required

Effective with implementation, the PA/RF will be monitored for the most specific *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis codes for all diagnoses. The required use of valid diagnosis codes includes the use of the most specific diagnosis codes. Valid, most specific, diagnosis codes may have up to five digits.

Prior authorization requests sent by mail or fax with an invalid diagnosis code will be returned to the provider. Providers using the Portal will receive a message that the diagnosis code is invalid and will be allowed to correct the code and submit the PA request.

Information Regarding Managed Care

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis. For managed care policy, contact the appropriate managed care organization. HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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 Health Care Access and Accountability, Wisconsin Department of Health and Family Services (DHFS). Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHFS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *dhfs.wisconsin.gov/forwardhealth/.*

PHC 1250

ATTACHMENT 1
Interpreting Prior Authorization Numbers

Each prior authorization (PA) request is assigned a unique PA number. This number identifies valuable information about the PA. The following diagram and table provide detailed information about interpreting the PA number.

media type   year   julian date   sequence number
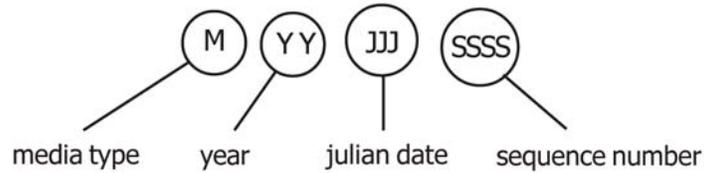
Type of Number and Description	Applicable Numbers and Description
Media — One digit indicates media type.	Digits are identified as follows: 1= paper; 2 = fax; 3 = Specialized Transmission Approval Technology-Prior Authorization (STAT-PA); 4 = STAT-PA; 5 = Portal; 6 = Portal; 7 = National Council for Prescription Drug Programs (NCPDP) transaction
Year — Two digits indicate the year ForwardHealth received the PA request.	For example, the year 2008 would appear as 08.
Julian date — Three digits indicate the day of the year, by Julian date, that ForwardHealth received the PA request.	For example, February 3 would appear as 034.
Sequence number — Four digits indicate the sequence number.	The sequence number is used internally by ForwardHealth.

ATTACHMENT 2
Prior Authorization Request Form (PA/RF)
Completion Instructions for
Environmental Lead Inspections

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. The use of this form is mandatory to receive PA of certain procedures/services/items. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

Providers should make duplicate copies of all paper documents mailed to ForwardHealth. Providers may submit PA requests, along with the Prior Authorization/Environmental Lead Inspection (PA/ELI) form, F-11062, by fax to ForwardHealth at (608) 221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — PROVIDER INFORMATION

Element 1 — HealthCheck "Other Services" and Wisconsin Chronic Disease Program (WCDP)
Enter an "X" in the box next to HealthCheck "Other Services" if the services requested on the Prior Authorization Request Form (PA/RF), F-11018, are for HealthCheck "Other Services." Enter an "X" in the box next to Wisconsin Chronic Disease Program (WCDP) if the services requested on the PA/RF are for a WCDP member.

Element 2 — Process Type
Enter process type 999 (Other). The process type is a three-digit code used to identify a category of service requested.

Element 3 — Telephone Number — Billing Provider
Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the billing provider.

Element 4 — Name and Address — Billing Provider
Enter the name and complete address (street, city, state, and ZIP+4 code) of the billing provider. Providers are required to include both the ZIP code and the four-digit extension for timely and accurate billing. The name listed in this element must correspond with the billing provider number listed in Element 5a.

Element 5a — Billing Provider Number
Enter the National Provider Identifier (NPI) of the billing provider. The NPI in this element must correspond with the provider name listed in Element 4.

Element 5b — Billing Provider Taxonomy Code
Enter the national 10-digit alphanumeric taxonomy code that corresponds to the NPI of the billing provider in Element 5a.

SECTION II — MEMBER INFORMATION

Element 6 — Member Identification Number
Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth identification card or Wisconsin's Enrollment Verification System (EVS) to obtain the correct number.

Element 7 — Date of Birth — Member
Enter the member's date of birth in MM/DD/CCYY format.

Element 8 — Address — Member
Enter the complete address of the member's place of residence, including the street, city, state, and ZIP code. If the member is a resident of a nursing home or other facility, include the name of the nursing home or facility.

Element 9 — Name — Member
Enter the member's last name, followed by his or her first name and middle initial. Use the EVS to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth card and the EVS do not match, use the spelling from the EVS.

Element 10 — Gender — Member
Enter an "X" in the appropriate box to specify male or female.

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

Element 11 — Diagnosis — Primary Code and Description
Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and description most relevant to the service/procedure requested.

Element 12 — Start Date — SOI (not required)

Element 13 — First Date of Treatment — SOI (not required)

Element 14 — Diagnosis — Secondary Code and Description
Enter the appropriate secondary ICD-9-CM diagnosis code and description relevant to the service/procedure requested, if applicable.

Element 15 — Requested PA Start Date
Enter the requested start date for service(s) in MM/DD/CCYY format, if a specific start date is requested.

Element 16 — Rendering Provider Number (not required)

Element 17 — Rendering Provider Taxonomy Code (not required)

Element 18 — Procedure Code
Enter the appropriate procedure code for each service/procedure/item requested.

Element 19 — Modifiers
Enter the modifier(s) corresponding to the service code listed if a modifier is required.

Element 20 — POS
Enter place of service (POS) code "12." The only allowable POS is the child's home.

Element 21 — Description of Service
Enter a written description corresponding to the appropriate procedure code for each service/procedure/item requested.

Element 22 — QR
Enter the appropriate quantity (e.g., number of services, days' supply) requested for the procedure code listed.

Element 23 — Charge
Enter the provider's usual and customary charge for each service/procedure/item requested. If the quantity is greater than "1.0," multiply the quantity by the charge for each service/procedure/item requested. Enter that total amount in this element.

> *Note:* The charges indicated on the request form should reflect the provider's usual and customary charge for the procedure requested. Providers are reimbursed for authorized services according to provider *Terms of Reimbursement* issued by the Department of Health Services.

Element 24 — Total Charges
Enter the anticipated total charges for this request.

Element 25 — Signature — Requesting Provider
The original signature of the provider requesting/performing/dispensing this service/procedure/item must appear in this element.

Element 26 — Date Signed
Enter the month, day, and year the PA/RF was signed (in MM/DD/CCYY format).

ATTACHMENT 3
Prior Authorization Request Form (PA/RF)
(for photocopying)

(A copy of the "Prior Authorization Request Form [PA/RF]" is located on the following page.)

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, 6406 Bridge Road, Madison, WI 53784-0088. **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	2. Process Type	3. Telephone Number — Billing Provider
❑ HealthCheck "Other Services" ❑ Wisconsin Chronic Disease Program (WCDP)		

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)	5a. Billing Provider Number
	5b. Billing Provider Taxonomy Code

SECTION II — MEMBER INFORMATION

6. Member Identification Number	7. Date of Birth — Member	8. Address — Member (Street, City, State, ZIP Code)

9. Name — Member (Last, First, Middle Initial)	10. Gender — Member ❑ Male ❑ Female	

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

11. Diagnosis — Primary Code and Description	12. Start Date — SOI	13. First Date of Treatment — SOI

14. Diagnosis — Secondary Code and Description	15. Requested PA Start Date	

16. Rendering Provider Number	17. Rendering Provider Taxonomy Code	18. Service Code	19. Modifiers 1	2	3	4	20. POS	21. Description of Service	22. QR	23. Charge

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.

	24. Total Charges

25. **SIGNATURE** — Requesting Provider	26. Date Signed

DT-PA049-049

ATTACHMENT 4
Sample Prior Authorization Form (PA/RF) for Environmental Lead Inspections

(The sample "Prior Authorization Request Form [PA/RF]" for environmental lead inspections is located on the following page.)

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-11018 (10/08)

STATE OF WISCONSIN
HFS 106.03(4), Wis. Admin. Code
HFS 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, 6406 Bridge Road, Madison, WI 53784-0088. **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	2. Process Type	3. Telephone Number — Billing Provider
❏ HealthCheck "Other Services" ❏ Wisconsin Chronic Disease Program (WCDP)	**999**	**(XXX) XXX-XXXX**

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)	
I.M. Billing Provider **609 Willow St** **Anytown WI 55555-1234**	5a. Billing Provider Number **0222222220** 5b. Billing Provider Taxonomy Code **123456789X**

SECTION II — MEMBER INFORMATION

6. Member Identification Number **1234567890**	7. Date of Birth — Member **MM/DD/CCYY**	8. Address — Member (Street, City, State, ZIP Code) **322 Ridge St** **Anytown WI 55555**
9. Name — Member (Last, First, Middle Initial) **Member, Im A.**	10. Gender — Member ❏ Male ☒ Female	

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

11. Diagnosis — Primary Code and Description **984.9 — unspecified lead compound**	12. Start Date — SOI	13. First Date of Treatment — SOI
14. Diagnosis — Secondary Code and Description	15. Requested PA Start Date **MM/DD/CCYY**	

16. Rendering Provider Number	17. Rendering Provider Taxonomy	18. Service Code	19. Modifiers 1	2	3	4	20. POS	21. Description of Service	22. QR	23. Charge
		T1029	**EP**				**12**	**lead inspection — initial visit**	**1**	**XX.XX**
		T1029	**EP**	**TS**			**12**	**lead inspection — follow-up**	**1**	**XX.XX**
		T1002	**EP**				**12**	**educ visit**	**4**	**XX.XX**

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.	24. Total Charges **XXX.XX**

25. **SIGNATURE** — Requesting Provider *I.M. Provider*	26. Date Signed **MM/DD/CCYY**

ATTACHMENT 5
STAT-PA System Instructions

(A copy of the "STAT-PA System Instructions" is located on the following pages.)

FORWARDHEALTH
STAT-PA SYSTEM INSTRUCTIONS

The ForwardHealth Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system is an automated voice response system that allows Medicaid-certified providers to receive PA via telephone rather than by mail or the Web. Providers answer a series of questions and receive an immediate response of an approved or returned PA.

Providers communicate with the STAT-PA system by entering requested information on a touch-tone telephone keypad or by calling Provider Services. Providers must have their provider number to access the STAT-PA system.

The STAT-PA system is available by calling one of the following telephone numbers:
- **Touch-Tone Telephone**
  (800) 947-1197
  Available 24 hours a day, seven days a week.
- **Provider Services**
  (800) 947-9627
  Available from 7:00 a.m. to 6:00 p.m., Monday through Friday, excluding state-observed holidays.

REQUIRED INFORMATION
All providers using STAT-PA are required to provide the following information:
- Provider number.
- Practice Location ZIP+4 code.
- Member identification number.
- National Drug Code (NDC) or procedure code.
- *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code.
- Patient location.
- First date of service (DOS).
- Days supply or total number requested.

Note: When requesting a drug, Prescribing Provider information is required. Additionally, if a National Provider Identifier is entered, and the requesting provider is not a retail pharmacy, the Taxonomy Code is required.

HOW TO USE WISCONSIN STAT-PA
1. Complete the appropriate PA attachment form.
2. Select mode of transmission (touch-tone telephone or Provider Services).

TOUCH-TONE TELEPHONE REQUESTS
To use a touch-tone telephone to submit a PA request:
1. Call (800) 947-1197. This connects the provider directly with the STAT-PA system.
2. When the system answers, it will ask a series of questions that providers answer by entering the information on the telephone keypad. The service-specific PA attachments list the information needed in the order it is requested by the STAT-PA system.

Note: When using a touch-tone telephone to enter the National Provider Identifier, member ID, NDC or procedure code, ICD-9-CM diagnosis code, patient location code, requested first DOS, and quantity, always press the pound (#) key to mark the end of the data just entered. The pound (#) key signals the system that the provider has finished entering the data requested and ensures the quickest response from the system.

Providers may be asked to enter alphabetic data, which can be entered by using the asterisk (*) key. For example, a provider is asked to enter a procedure code such as L3216. The first character is an alpha character; therefore, the provider presses the single asterisk (*) key followed by the two digits that indicate the letter. The first digit is the number on the keypad where the letter is located, and the second digit is the position of the letter on that key. For example: Procedure code L3216 should be entered as *53 3 2 1 6.

Alphabet Key:

A = *21	G = *41	M = *61	S = *73	Y = *93
B = *22	H = *42	N = *62	T = *81	Z = *12
C = *23	I = *43	O = *63	U = *82	

3. Once all data have been entered completely, STAT-PA processes the information, indicates the status of the PA request, and gives providers the chance to finalize, cancel, or change their entered information. Once the PA request is finalized, STAT-PA indicates the PA number and, if approved, the effective dates and authorized number of services.

Once familiar with the STAT-PA system, providers may enter the PA information in the designated order immediately — there is no need to wait for the full voice prompt. Providers may key information at any time, even when the system is processing information. The system automatically proceeds to the next function.

PROVIDER SERVICES REQUESTS
Providers who do not have a touch-tone telephone may call Provider Services at (800) 947-9627. The Provider Services correspondent will access STAT-PA and enter the required data requested from the provider.

Provider Services is available to all STAT-PA users. Providers who are experiencing difficulties with the system can select to be transferred to Provider Services for assistance.
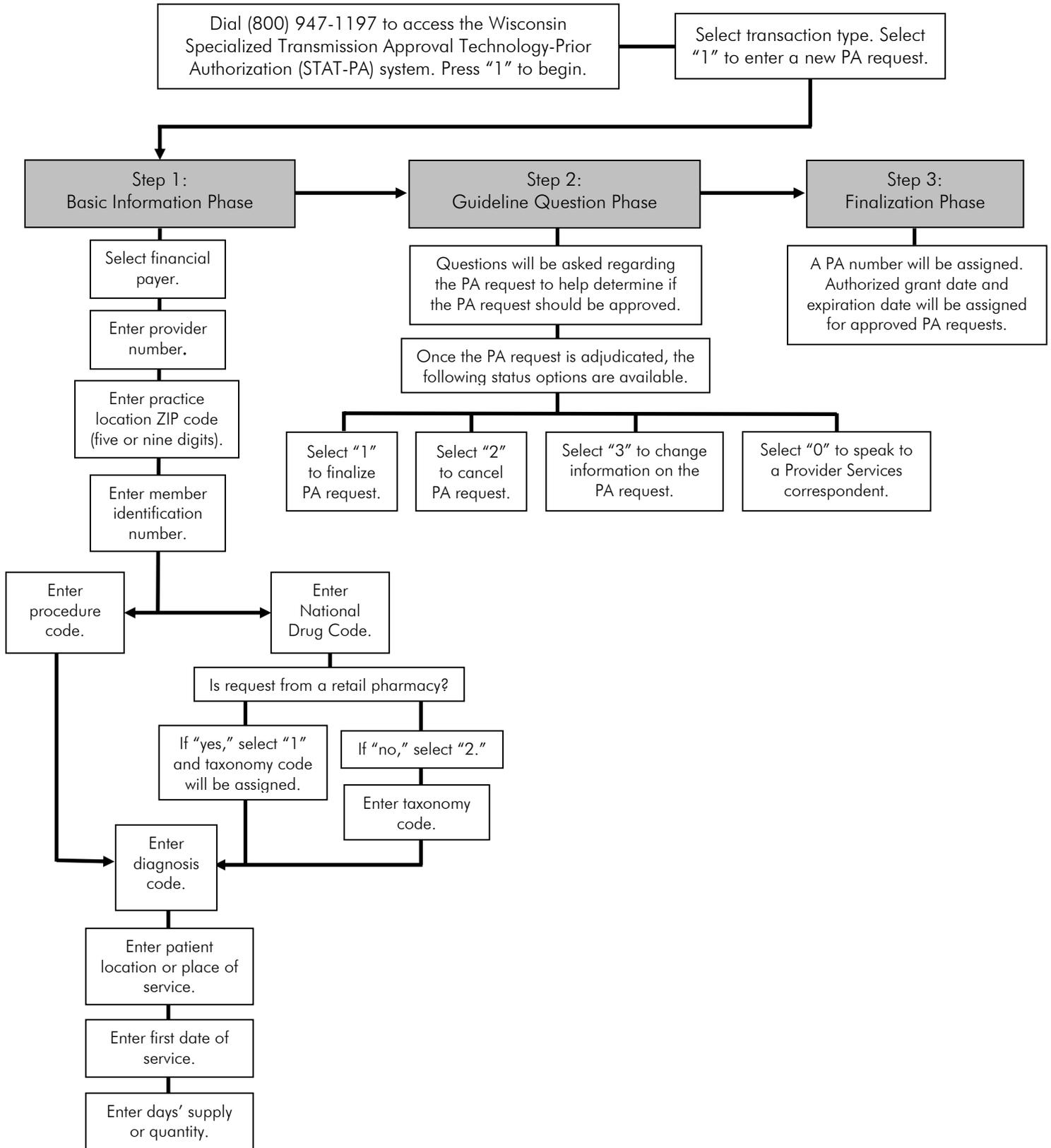
DOCUMENTATION INFORMATION
Providers must maintain all documentation that supports medical necessity, claim information, and delivery of the approved service(s) in their records for a period not less than five years. Regardless of what STAT-PA method is used, providers will receive a letter by mail indicating the assigned PA number and the STAT-PA decision. Providers with a secure ForwardHealth Portal account will also receive a copy of this letter in their portal mailbox. This letter should be maintained as a permanent record of the transaction.

Helpful Hints
- The provider is given three attempts at each field to correctly enter the requested data. If those attempts are unsuccessful, the provider can select to be transferred to Provider Services for assistance, or the call will be terminated.
- Providers are given two attempts to enter data within 10 seconds. If those attempts are unsuccessful, the provider can select to be transferred to Provider Services for assistance, or the call will be terminated.
- Providers are allowed 25 PA requests per connection for touch-tone telephone.
- Providers are allowed up to 25 minutes per connection for touch-tone telephone.
- The decimal point for diagnosis codes is not required when entering a STAT-PA request by touch-tone telephone; however, all digits of the codes must be entered.
- The first date of service entered by the provider may be up to 31 calendar days in the future or up to 14 days in the past.
- Providers who need to end date a PA request due to a change in prescription may do so through STAT-PA if the request was originally submitted through STAT-PA. If a provider needs assistance with the end date process, the provider may select to be transferred to Provider Services for assistance.

ATTACHMENT 6
STAT-PA Quick Reference Guide

Dial (800) 947-1197 to access the Wisconsin Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system. Press "1" to begin.

Select transaction type. Select "1" to enter a new PA request.

Step 1:
Basic Information Phase

Step 2:
Guideline Question Phase

Step 3:
Finalization Phase

Select financial payer.

Questions will be asked regarding the PA request to help determine if the PA request should be approved.

A PA number will be assigned. Authorized grant date and expiration date will be assigned for approved PA requests.

Enter provider number.

Once the PA request is adjudicated, the following status options are available.

Enter practice location ZIP code (five or nine digits).

Enter member identification number.

Select "1" to finalize PA request.

Select "2" to cancel PA request.

Select "3" to change information on the PA request.

Select "0" to speak to a Provider Services correspondent.

Enter procedure code.

Enter National Drug Code.

Is request from a retail pharmacy?

If "yes," select "1" and taxonomy code will be assigned.

If "no," select "2."

Enter taxonomy code.

Enter diagnosis code.

Enter patient location or place of service.

Enter first date of service.

Enter days' supply or quantity.

ATTACHMENT 7
Prior Authorization Amendment Request Completion Instructions

(A copy of the "Prior Authorization Amendment Request Completion Instructions" is located on the following pages.)

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-11042A (10/08)

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

FORWARDHEALTH
PRIOR AUTHORIZATION AMENDMENT REQUEST
COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

Providers are required to use the Prior Authorization Amendment Request, F-11042, to request an amendment to a PA. The use of this form is mandatory when requesting an amendment to a PA. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth medical consultants to make a reasonable judgment about the case.

Attach the completed Prior Authorization Amendment Request to the PA Decision Notice of the PA to be amended along with physician's orders, if applicable, (within 90 days of the dated signature) and send it to ForwardHealth. Providers may submit the Prior Authorization Amendment Request to ForwardHealth by fax at (608) 221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — MEMBER INFORMATION

Element 1 — **Original PA Number**
Enter the unique PA number from the original PA to be amended.

Element 2 — **Process Type**
Enter the process type as indicated on the PA to be amended.

Element 3 — **Member Identification Number**
Enter the member ID as indicated on the PA to be amended.

Element 4 — **Name** — **Member**
Enter the name of the member as indicated on the PA to be amended.

SECTION II — PROVIDER INFORMATION

Element 5 — **Billing Provider Number**
Enter the billing provider number as indicated on the PA to be amended.

Element 6 — **Name** — **Billing Provider**
Enter the name of the billing provider as indicated on the PA to be amended.

SECTION III — AMENDMENT INFORMATION

Element 7 — **Address** — **Billing Provider**
Enter the address of the billing provider (include street, city, state, and ZIP+4 code) as indicated on the PA to be amended.

Element 8 — Requested Start Date
Enter the requested start date for the amendment in MM/DD/CCYY format if a specific start date is required.

Element 9 — Requested End Date (If Different from Expiration Date of Current PA)
Enter the requested end date for the amendment in MM/DD/CCYY format if the end date is different that the current expiration date.

Element 10 — Reasons for Amendment Request
Enter an "X" in the box next to each reason for the amendment request. Check all that apply.

Element 11 — Description and Justification for Requested Change
Enter the specifics and supporting rationale of the amendment request related to each reason indicated in Element 10.

Element 12 — Are Attachments Included?
Enter an "X" in the appropriate box to indicate if attachments are or are not included with the amendment request. If Yes, specify all attachments that are included.

Element 13 — Signature — Requesting Provider
Enter the signature of the provider that requested the original PA.

Element 14 — Date Signed — Requesting Provider
Enter the date the amendment request was signed by the requesting provider in MM/DD/CCYY format.

ATTACHMENT 8
Prior Authorization Amendment Request
(for photocopying)

(A copy of the "Prior Authorization Amendment Request" is located
on the following page.)

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, 6406 Bridge Road, Madison, WI 53784-0088. **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

4. Name — Member (Last, First, Middle Initial)

SECTION II — PROVIDER INFORMATION

5. Billing Provider Number	7. Address — Billing Provider (Street, City, State, ZIP+4 Code)
6. Name — Billing Provider	

SECTION III — AMENDMENT INFORMATION

8. Requested Start Date	9. Requested End Date (If Different from Expiration Date of Current PA)

10. Reasons for Amendment Request (Check All That Apply)

❏ Change Billing Provider Number   ❏ Add Procedure Code / Modifier

❏ Change Procedure Code / Modifier   ❏ Change Diagnosis Code

❏ Change Grant or Expiration Date   ❏ Discontinue PA

❏ Change Quantity   ❏ Other (Specify)_____

11. Description and Justification for Requested Change

12. Are Attachments Included?   ❏ Yes   ❏ No
    If Yes, specify attachments below.

13. **SIGNATURE** — Requesting Provider	14. Date Signed — Requesting Provider

DT-PA002-002

ATTACHMENT 9
Prior Authorization/Environmental Lead Inspection Instructions

(A copy of the "Prior Authorization/Environmental Lead Inspection Instructions" is located on the following pages.)

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-11062A (10/08)

STATE OF WISCONSIN
HFS 107.06(2), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION / ENVIRONMENTAL LEAD INSPECTION
INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

The use of this form is mandatory when requesting PA for certain services. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a determination about the request.

Providers may submit Prior Authorization/Environmental Lead Inspection requests in one of the following ways:

1) For Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) requests, providers should call (800) 947-1197.

2) For paper PA requests by fax, providers should submit a Prior Authorization Request Form (PA/RF), F-11018, and the Prior Authorization/Environmental Lead Inspection form, F-11062, by fax to ForwardHealth at (608) 221-8616.

3) For paper PA requests by mail, providers should submit a PA/RF and the PA/Environmental Lead Inspection form to the following address:

> ForwardHealth
> Prior Authorization
> Ste 88
> 6406 Bridge Rd
> Madison WI 53784-0088

Providers should make duplicate copies of all paper documents sent to ForwardHealth. The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

Environmental Lead Inspection Information and Requirements (Technical Aspects of Inspections)
1. Determine the most likely sources of high-dose exposure to lead.
2. Investigate the child's home, giving special attention to painted surfaces, dust, soil, and water.
3. Advise parents about identified and potential sources of lead and ways to reduce exposure.
4. Notify the property owner immediately that a child residing on the property has lead poisoning.
5. Monitor the effectiveness and timeliness of abatement procedures closely.
6. Coordinate environmental activities with those of other public health and social management agencies.

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member
Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Member
Enter the member's date of birth in MM/DD/CCYY format.

Element 3 — Member Identification Number
Enter the member ID. Do not enter any other numbers or letters.

SECTION II — PROVIDER INFORMATION

Element 4 — Provider Name
Enter the name of the provider who would perform/provide the requested service/procedure.

Element 5 — National Provider Identifier
Enter the National Provider Identifier of the provider performing the service.

SECTION III — CLINICAL INFORMATION FOR ENVIRONMENTAL LEAD INSPECTION

Element 6 — Member's Blood Lead Level
Enter the member's two-digit blood lead level. (If the blood level is a one-digit number, please precede the number with a zero when entering.)

Element 7 — Date of Testing
Enter the date of testing in MM/DD/CCYY format.

Element 8
Check the appropriate box to indicate whether or not the previous lead level test taken by the same member at least 90 days prior to the most recent test had a blood lead level greater than 15.

Element 9
Check the appropriate box to indicate whether or not the inspection staff has completed the Department of Health Services-approved lead inspection training.

SECTION IV — FOR PROVIDERS USING STAT-PA

Element 10 — Procedure Code
Enter procedure code "T1029" (Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling).

Element 11 — Diagnosis Code
Enter the *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code "984" (Toxic effect of lead and its compounds [including fumes]).

Element 12 — Place of Service
Enter the only allowable place of service code for environmental lead inspection ("12," the child's home).

Element 13 — Date of Service
The date of service may be up to 31 days in the future or up to 14 days in the past. Enter in MM/DD/CCYY format.

Element 14 — Total Number of Services Requested
Enter "1."

Element 15 — Assigned Prior Authorization Number
Record the PA number assigned by the STAT-PA system.

Element 16 — Grant Date
Record the grant date of the PA as assigned by the STAT-PA system.

Element 17 — Expiration Date
Record the date that the PA expires as assigned by the STAT-PA system.

SECTION V — SIGNATURE

Element 18 — SIGNATURE — Provider
The provider must sign this Element.

Element 19 — Date Signed
Enter the date signed in MM/DD/CCYY format.

ATTACHMENT 10
Prior Authorization/Environmental Lead Inspection
(for photocopying)

(A copy of the "Prior Authorization/Environmental Lead Inspection" is located on the following pages.)

FORWARDHEALTH
PRIOR AUTHORIZATION / ENVIRONMENTAL LEAD INSPECTION

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization / Environmental Lead Inspection Instructions, F-11062A. Refer to the STAT-PA System Instructions, F-11055, for details regarding data entry through the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system.

Providers may call ForwardHealth at (800) 947-9627 with questions.

SECTION I — MEMBER INFORMATION	
1. Name — Member	2. Date of Birth — Member
3. Member Identification Number	

SECTION II — PROVIDER INFORMATION	
4. Provider Name	5. National Provider Identifier

SECTION III — CLINICAL INFORMATION FOR ENVIRONMENTAL LEAD INSPECTION	
6. Member's Blood Lead Level	7. Date of Testing
8. Was a previous lead level test taken by the same member at least 90 days prior to the most recent test with a blood level greater than 15?	❑ Yes ❑ No
9. Has inspection staff completed the Department of Health Services-approved lead inspection training?	❑ Yes ❑ No

SECTION IV — FOR PROVIDERS USING STAT-PA	
10. Procedure Code	11. Diagnosis Code
12. Place of Service	13. Date of Service
14. Total Number of Services Requested	15. Assigned Prior Authorization Number
16. Grant Date	17. Expiration Date

NOTE:
An approved prior authorization (PA) request allows ForwardHealth's reimbursement for two services. This includes initial inspection (T1029, EP — Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling; service provided as part of ForwardHealth's Early and Periodic Screening, Diagnosis, and Treatment [EPSDT] Program) and one follow-up inspection (T1029, EP and TS — Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling; service provided as part of follow-up to ForwardHealth's Early and Periodic Screening, Diagnosis and Treatment [EPSDT] Program **and** follow-up service). Where necessary, one interperiodic visit for education related to lead poisoning may be provided after lead inspection PA has been approved. The code for this is T1002, EP (Registered nurse services, up to 15 minutes; service provided as part of ForwardHealth's Early and Periodic Screening, Diagnosis and Treatment [EPSDT] Program).

SECTION V — SIGNATURE	
18. **SIGNATURE** — Provider	19. Date Signed

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