ForwardHealth
Wisconsin serving you

Update
June 2008

No. 2008-68

Affected Programs: BadgerCare Plus, Medicaid
To: Dental Hygienists, Dentists, HMOs and Other Managed Care Programs

Changes to Prior Authorization for Dental Services

This *ForwardHealth Update* introduces important changes to prior authorization (PA) for dental 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 Dental Request Form (PA/DRF), F-11035 (10-08).
  - ✓ Prior Authorization Amendment Request, F-11042 (10/08).
  - ✓ Prior Authorization/Dental Attachment 1 (PA/DA1), F-11010 (10/08).
  - ✓ Prior Authorization/Dental Attachment 2 (PA/DA2) Oral Surgery, Orthodontic, and Fixed Prosthetic Services, F-11014 (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 and Wisconsin Medicaid members.

Changes to Prior Authorization with the Implementation of ForwardHealth interChange

In October 2008, the Department of Health and Family Services (DHFS) will implement ForwardHealth interChange, which replaces Wisconsin's existing Medicaid Management Information System (MMIS). ForwardHealth interChange will be supported as part of the State's new fiscal agent contract with EDS. With ForwardHealth interChange, providers and trading partners will have more ways to verify member enrollment and submit electronic claims, adjustments, and prior authorization (PA) requests through the secure ForwardHealth Portal. 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 PA forms and procedures that are detailed in this *Update*. These changes are not policy or coverage related (e.g., PA requirements, documentation requirements).

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.

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

Prior Authorization Numbers

The PA number will no longer be pre-printed on the Prior Authorization Dental Request Form (PA/DRF), F-11035 (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 of this *Update* for information about interpreting PA numbers.

Changes to Prior Authorization Forms

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

Note: If ForwardHealth receives a PA request on a previous version of the PA/DRF, 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 Dental Request Form and Instructions

The following revisions have been made to the PA/DRF:

- The PA number is eliminated from the form.
- The PA/DRF is a one-part form (no longer a two-part, carbonless form) that can be downloaded and printed. The paper PA/DRF 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 6b) to accommodate NPI implementation.

- In the billing provider's name and address fields, providers are now required to include the ZIP+4 code (Element 4) to accommodate NPI implementation.
- Two new fields are added:
  - ✓ Tooth — Using the numbers and letters on the dental diagram in Element 13, identify the tooth number or letter for the service requested in Element 16 of the PA/DRF.
  - ✓ Area of Oral Cavity — If the procedure applies to dentures, partials, or periodontal procedures performed by quadrant, enter the appropriate two-digit area of the oral cavity in Element 14 of the PA/DRF from the following list:
    - 01 — Maxillary Arch.
    - 02 — Mandibular Arch.
    - 10 — Upper Right Quadrant.
    - 20 — Upper Left Quadrant.
    - 30 — Lower Left Quadrant.
    - 40 — Lower Right Quadrant.

Prior Authorization Attachments

With the implementation of ForwardHealth interChange, dental services providers submitting a paper PA request will be required to use the revised Prior Authorization/Dental Attachment 1 (PA/DA1), F-1010 (10/08) or the revised Prior Authorization/Dental Attachment 2 (PA/DA2) Oral Surgery, Orthodontic, and Fixed Prosthetic Services, F-11014 (10/08). While the basic information requested on the forms has not changed, the format of the forms 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 7 for a copy of the completion instructions for the PA/DA1. Attachment 8 is a copy of the PA/DA1 for providers to photocopy. Refer to Attachment 9 for a copy of the PA/DA2 for providers to photocopy.

Obtaining Prior Authorization Request Forms and Attachments

The PA/DRF, PA/DA1, and PA/DA2 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/DRF, PA/DA1, or PA/DA2 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; however, X-rays, photographs, and dental molds will be returned once the PA is finalized. 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 5. Attachment 6 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; however, X-rays, photographs, and dental molds will be returned once the amendment request is finalized. 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.

Submitting Supplemental Information

Supplemental information is information that is included with a PA request such as X-rays, photographs, and dental molds.

At implementation, submission guidelines for providers submitting supplemental information with paper PA requests are as follows:

- Providers must mail X-rays and photographs with the PA request.
- Mailing dental molds with PA requests is recommended.

Watch for future publications for information on options that are available for providers submitting supplemental information with Portal PA requests.

Information Regarding Managed Care

This *Update* contains fee-for-service policy and applies to services for members who receive their dental benefits on a fee-for-service basis. For managed care policy, contact the appropriate managed care organization. Managed care organizations 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/*.

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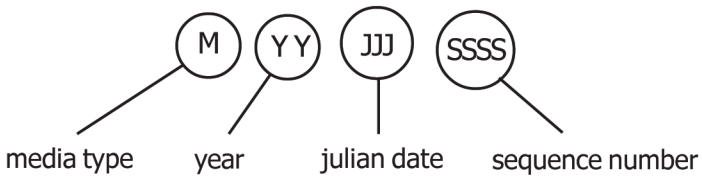
ATTACHMENT 1
Interpreting Prior Authorization Numbers

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.



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 Dental Request Form (PA/DRF) Completion Instructions

(A copy of the "Prior Authorization Dental Request Form [PA/DRF] Completion Instructions" is located on the following pages.)

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FORWARDHEALTH
PRIOR AUTHORIZATION DENTAL REQUEST FORM (PA/DRF) COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for dental 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 Prior Authorization Dental Request Form (PA/DRF), F-11035, is mandatory when requesting PA. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

Providers may submit PA requests, along with the Prior Authorization/Dental Attachment 1 (PA/DA1), F-11010, or the Prior Authorization/Dental Attachment 2 (PA/DA2), F-11014, by fax to ForwardHealth at (608) 221-8616. This option is available only when the PA request does not include additional documentation, such as dental models or X-rays. Providers should make duplicate copies of all paper documents mailed to ForwardHealth. Only non-paper documentation, such as dental models or X-rays, will be returned back to providers. Providers may submit PA requests with attachments 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
Enter an "X" in the box next to HealthCheck "Other Services" if the services requested on the PA/DRF 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/DRF are for a WCDP member.

Element 2 — Process Type
Check the appropriate box to indicate the process type for either dental services (124) or orthodontic services (125).

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+4 code for timely and accurate PA processing. 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 billing provider's NPI in Element 5a.

Element 6a — Rendering Provider Number
Enter the NPI of the rendering provider, if it is different from the number in Element 5a. This is the provider who will actually perform the service.

Element 6b — Performing Provider Taxonomy Code
Enter the national 10-digit alphanumeric taxonomy code that corresponds to the rendering provider's NPI in Element 6a.

SECTION II — MEMBER INFORMATION

Element 7 — Member Identification Number
Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth identification card or the Wisconsin Enrollment Verification System (EVS) to obtain the correct identification number.

Element 8 — Date of Birth — Member
Enter the member's date of birth in MM/DD/CCYY format (e.g., September 8, 1966, would be 09/08/1966).

Element 9 — Address — Member
Enter the complete address of the member's place of residence, including the street, city, state, and ZIP+4 code. If the member is a resident of a nursing home or other facility, include the name of the nursing home or facility.

Element 10 — 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 11 — Gender — Member
Enter an "X" in the appropriate box to specify male or female.

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

Element 12 — Place of Service
Check the appropriate place of service code designating where the requested service/procedure/item would be provided/performed/dispensed.

Element 13 — Dental Diagram
For partials, endodontics, and periodontics, enter an "X" next to the periodontal case type. On the dental diagram, cross out ("X") missing teeth (including extractions). Circle teeth to be extracted only when requesting endodontic or partial denture services. At the bottom of the element, indicate the number and type of X-rays submitted with this PA request.

Element 14 — Area of Oral Cavity
If the procedure applies to dentures, partials, or to periodontal procedures performed by quadrant, enter the appropriate two-digit area of the oral cavity from the list below.

01 — Maxillary Arch
02 — Mandibular Arch
10 — Upper Right Quadrant
20 — Upper Left Quadrant
30 — Lower Left Quadrant
40 — Lower Right Quadrant

Element 15 — Tooth
Using the numbers and letters on the dental diagram in Element 13, identify the tooth number or letter for the service requested.

Element 16 — Procedure Code
Enter the appropriate procedure code for each service/procedure/item requested.

Element 17 — Modifier
Enter the modifier corresponding to the procedure code listed if a modifier is required by ForwardHealth.

Element 18 — Description of Service
Enter a written description corresponding to the appropriate procedure code for each service/procedure/item requested.

Element 19 — Quantity Requested
Enter the appropriate quantity requested for each procedure code listed.

Element 20 — Charge
Enter the usual and customary charge for each service/procedure/item requested.

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

Element 21 — Total Charges
Enter the anticipated total charge for this request.

Element 22 — Signature — Rendering Provider
The original signature of the provider performing this service/procedure must appear in this element.

Element 23 — Date Signed
Enter the month, day, and year the PA/DRF was signed by the rendering provider (in MM/DD/CCYY format).

Element 24 — Signature — Member/Guardian (if applicable)
If desired, the member or member's guardian may sign the PA/DRF.

Element 25 — Date Signed
Enter the month, day, and year the PA/DRF was signed by the member or member's guardian (in MM/DD/CCYY format).

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

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

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-11035 (10/08)

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

FORWARDHEALTH
PRIOR AUTHORIZATION DENTAL REQUEST FORM (PA/DRF)

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 Prior Authorization Dental Request Form (PA/DRF) Completion Instructions, F-11035A.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable	2. Process Type (Check one)	3. Telephone Number — Billing Provider
❑ HealthCheck "Other Services"	❑ 124 (Dental)	
❑ Wisconsin Chronic Disease Program	❑ 125 (Ortho)	

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)	5a. Billing Provider Number
	5b. Billing Provider Taxonomy Code
	6a. Rendering Provider Number
	6b. Rendering Provider Taxonomy Code

SECTION II — MEMBER INFORMATION

7. Member Identification Number	8. Date of Birth — Member	9. Address — Member (Street, City, State, ZIP+4 Code)
10. Name — Member (Last, First, Middle Initial)	11. Gender — Member ❑ Male ❑ Female	

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Place of Service
❑ Dental Office (POS "11") ❑ Outpatient Hospital (POS "22") ❑ Ambulatory Surgical Center (POS "24")
❑ Skilled Nursing Facility (POS "31") ❑ Other (specify): _____

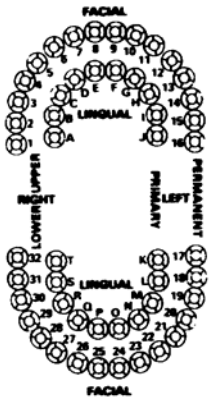
14. Area of Oral Cavity	15. Tooth	16. Procedure Code	17. Modifier	18. Description of Service	19. Quantity Requested	20. Charge

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, Medicaid reimbursement will be allowed only if the service is not covered by the Managed Care Program.

21. Total Charges

13. Dental Diagram

- Check periodontal case type if applicable.
  - ❑ I
  - ❑ II
  - ❑ III
  - ❑ IV
  - ❑ V
- Cross out missing teeth.
- Circle teeth to be extracted.



Staple X-Ray Envelope Here

Number of X-rays _____

Type of X-rays _____

22. **SIGNATURE** — Rendering Provider	23. Date Signed
24. **SIGNATURE** — Member / Guardian (if applicable)	25. Date Signed

DT-PA016-016

ATTACHMENT 4
Sample Prior Authorization Dental Request Form (PA/DRF) for Dental Services

(The sample "Prior Authorization Dental Request Form [PA/DRF]" for dental services is located on the following page.)

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-11035 (10/08)

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

FORWARDHEALTH

PRIOR AUTHORIZATION DENTAL REQUEST FORM (PA/DRF)

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 Prior Authorization Dental Request Form (PA/DRF) Completion Instructions, F-11035A.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable
- ☐ HealthCheck "Other Services"
- ☐ Wisconsin Chronic Disease Program

2. Process Type (Check one)
- ☒ 124 (Dental)
- ☐ 125 (Ortho)

3. Telephone Number — Billing Provider
(XXX) XXX-XXXX

4. Name and Address — Billing Provider (Street, City, State, ZIP Code + 4)
I.M. Provider
1 W. Williams St.
Anytown, WI 55555-1234

5a. Billing Provider Number
0111111110

5b. Billing Provider Taxonomy
123456789X

6a. Rendering Provider Number
0222222220

6b. Rendering Provider Taxonomy
123456789X

SECTION II — MEMBER INFORMATION

7. Member Identification Number
1234567890

8. Date of Birth — Member
MM/DD/CCYY

9. Address — Member (Street, City, State, ZIP Code)
609 Willow St.
Anytown, WI 55555

10. Name — Member (Last, First, Middle Initial)
Member, Im A.

11. Gender — Member
☐ Male ☒ Female

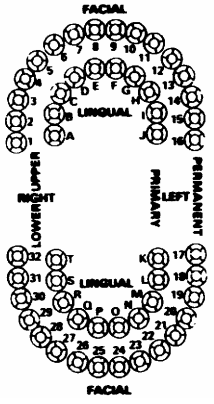
SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Place of Service
☒ Dental Office (POS "11") ☐ Outpatient Hospital (POS "22") ☐ Ambulatory Surgical Center (POS "24")
☐ Skilled Nursing Facility (POS "31") ☐ Other (specify): _____

14. Area of Oral Cavity	15. Tooth	16. Procedure Code	17. Modifier	18. Description of Service	19. Quantity Requested	20. Charge
		D5110		**Complete denture - maxillary**	**1**	**XXX.XX**
					21. Total Charges	**XXX.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, Medicaid reimbursement will be allowed only if the service is not covered by the Managed Care Program.

13. Dental Diagram
- Check periodontal case type if applicable.
  - ☐ I
  - ☒ II
  - ☐ III
  - ☐ IV
  - ☐ V
- Cross out missing teeth.
- Circle teeth to be extracted.



Staple X-Ray Envelope Here

Number of X-rays **4**
Type of X-rays **2 BW, 2 PA**

22. **SIGNATURE** — Rendering Provider
I.M. Provider

23. Date Signed
MM/DD/CCYY

24. **SIGNATURE** — Member / Guardian (if applicable)

25. Date Signed

ATTACHMENT 5
Prior Authorization Amendment Request Completion Instructions

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

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 6
Prior Authorization Amendment Request
(for photocopying)

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

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-11042 (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

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

ATTACHMENT 7
Prior Authorization/Dental Attachment 1 (PA/DA1) Completion Instructions

(A copy of the "Prior Authorization/Dental Attachment 1 [PA/DA1] Completion Instructions" is located on the following pages.)

FORWARDHEALTH

PRIOR AUTHORIZATION / DENTAL ATTACHMENT 1 (PA/DA1) 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 services.

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. When completing PA requests, answer all elements as thoroughly as possible. Provide enough information (check all boxes that apply) for ForwardHealth to make a determination about the request.

Submitting Prior Authorization Requests
Dentists may submit PA requests by fax to ForwardHealth at (608) 221-8616 *if X-rays or models are not required for documentation purposes*. Dentists who wish to continue submitting PA requests by mail or who are submitting PA requests that require X-rays or models may do so by submitting them 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 mailed to ForwardHealth.

HEADER COMPLETION INSTRUCTIONS
Complete the numeric information at the top of **each** page of the PA/DA1. This information ensures accurate tracking of the PA/DA1 with the Prior Authorization Dental Request Form (PA/DRF), F-11035, through the PA review process. This attachment will be returned to the provider if the numeric information is not completed at the top of each page submitted.

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

Billing Provider's National Provider Identifier (NPI)
Enter the NPI of the billing provider.

Rendering Provider's NPI (if different)
Enter the NPI of the rendering provider who will actually provide the service if the rendering provider is different from the billing provider.

SERVICE SECTION COMPLETION INSTRUCTIONS

Category
Select the category that describes the requested service(s).

Procedure Codes
Check the box for the appropriate procedure code(s) that represents the service(s) being requested.

Treatment Plan Justification
Check all boxes that apply for the appropriate reason(s) to the procedure(s) being performed.

Required Documentation
Refer to this column to determine the documentation that must be submitted with the PA reques

ATTACHMENT 8
Prior Authorization/Dental Attachment 1 (PA/DA1) (for photocopying)

(A copy of the "Prior Authorization/Dental Attachment 1 [PA/DA1]" is located on the following pages.)

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FORWARDHEALTH

PRIOR AUTHORIZATION / DENTAL ATTACHMENT 1 (PA/DA1) CHECK BOX FORMAT

The requested identifying information will only be used to process the prior authorization (PA) request. Failure to supply any of the requested information may result in denial of the PA.

Member Identification Number	Billing Provider's National Provider Identifier (NPI)	Rendering Provider's NPI

CATEGORY	PROCEDURE CODES (Check All That Apply)		TREATMENT PLAN JUSTIFICATION (Check All That Apply)	REQUIRED DOCUMENTATION
Diagnostic Services	❑ D0210 ❑ D0330 ❑ D0470 (Prior authorization only required in certain circumstances.)		❑ Frequency limitation to be exceeded (D0210 and D0330) ❑ Member over age 20 (D0470) ❑ Department of Health Services request ❑ Date of models (MM/DD/CCYY) _____	• Explanation to exceed frequency limitation. • Document number and type of X-rays taken (for D0210 and D0330).
Restorative Services	❑ D2390 ❑ D2932 ❑ D2933 (For members ages 0-20, PA is *not* required.)	Tooth No.	❑ Tooth numbers 6-11, 22-27, D-G, supernumerary (56-61, 72-77) ❑ Successful endodontic treatment ❑ More than 50 percent tooth involved in trauma / caries ❑ Cannot be restored with composite ❑ American Association of Periodontists (AAP) I or II ❑ Frequency limitation to be exceeded ❑ Member over age 20	• One periapical X-ray. • Explanation to exceed frequency limitation. • D2933 is not allowed on teeth numbers 22-27.
Endodontic Services	❑ D3310 ❑ D3320	Tooth No.	❑ Involves root canal therapy on four or more teeth (PA not required for three or fewer teeth)	All documentation listed below and a treatment plan that indicates all indicated teeth meet clinical criteria.
	❑ D3330 (For members ages 0-20, PA is *not* required.)	Tooth No.	❑ AAP I or II ❑ Evidence visible on radiographs that at least 50 percent of the clinical crown is intact ❑ Restorative treatment completed ❑ Restorative treatment in process ❑ Extractions completed in last three years (Indicate tooth number, date, and reason for any extractions) _____ ❑ Pathology, describe _____ ❑ Involves root canal therapy on four or more teeth (PA not required for three or fewer teeth)	• Full-mouth series X-rays to include bitewing X-rays. • Intra-oral charting. • Document pathology, abscesses, carious exposure, non-vital, etc.
Periodontic Services	❑ D4210 ❑ D4211		❑ Medication-induced hyperplasia ❑ Irritation from orthodontic bands ❑ Hyperplasia ❑ More than 25 percent crown involved ❑ Other _____	• Periodontal charting. • Comprehensive periodontal treatment plan. • Include Area of Oral Cavity code(s) on PA/DRF: 10 (upper right), 20 (upper left), 30 (lower left), and 40 (lower right).
	❑ D4341 ❑ D4342		❑ Member over age 12 — pockets 4 to 6 mm ❑ History of periodontal abcess ❑ Early bone loss ❑ Moderate bone loss ❑ AAP II or III ❑ Oral hygiene (choose one) — ❑ Good ❑ Fair ❑ Poor ❑ Full-mouth debridement completed in last 12 months. Date of service for D4355 (MM/DD/CCYY) _____	• Periodontal charting. • Comprehensive periodontal treatment plan. • Include Area of Oral Cavity code(s) on PA/DRF: 10 (upper right), 20 (upper left), 30 (lower left), and 40 (lower right).
	❑ D4355 (For members ages 13 and older, PA is *not* required.)		❑ Excess calculus on X-ray ❑ AAP I or II ❑ No dental treatment in multiple years ❑ Oral hygiene (choose one) — ❑ Good ❑ Fair ❑ Poor ❑ Member under age 13	• Bitewing or full mouth X-rays. • Calculus must be visible on X-rays.
	❑ D4910		❑ Recent history of periodontal scale / surgery ❑ Oral hygiene (choose one) — ❑ Good ❑ Fair ❑ Poor Years requested (check one) — ❑ 1 ❑ 2 ❑ 3	• Periodontal charting. • Comprehensive periodontal treatment plan. • Allowed once per 12 months.

Continued

Member Identification Number	Billing Provider's NPI	Rendering Provider's NPI

CATEGORY	PROCEDURE CODES (Check All That Apply)	TREATMENT PLAN JUSTIFICATION (Check All That Apply)	REQUIRED DOCUMENTATION
Prosthodontic Services — Complete Dentures	❑ D5110 ❑ D5120	❑ Initial placement of dentures (year) Max _____ Mand ____ ❑ Age of existing denture(s) (years) Max _____ Mand _____ ❑ New denture request because of the following (choose all that apply) ❑ Worn base / broken teeth ❑ Poor fit ❑ Vertical dimension ❑ Date(s) last teeth extracted (MM/DD/CCYY) _____ ❑ Reason for edentulation_____ _____ ❑ Lost / stolen / broken dentures ❑ Reline / repair not appropriate ❑ Has not worn existing dentures for more than three years ❑ Edentulous more than five years without dentures ❑ Additional justification _____ _____ ❑ Frequency limitation must be exceeded.	• New dentures limited to one per five years, per arch. • Six weeks healing period required unless special circumstances documented. • Document reasons for not wearing dentures, or for not having ever had dentures. • Submit medical documentation to support special requests. • Document loss and plan for prevention of future mishaps. • Explanation to exceed frequency limitation.
Prosthodontic Services — Partial Dentures	❑ D5211 ❑ D5212 ❑ D5213 ❑ D5214 ❑ D5225 ❑ D5226 ❑ D5670 ❑ D5671	❑ Initial placement of dentures (year) Max _____ Mand _____ ❑ Age of existing denture(s) (years) Max _____ Mand _____ ❑ New denture partial request because of the following (choose all that apply) ❑ Worn base / broken teeth ❑ Poor fit ❑ Vertical dimension ❑ Date(s) last teeth extracted _____ ❑ Tooth numbers extracted _____ ❑ Missing at least one anterior tooth and/or has fewer than two posterior teeth in any one quadrant in occlusion with opposing arch ❑ Has at least six missing teeth per arch ❑ AAP I or II ❑ Nonrestorable teeth have been extracted ❑ Restorative procedures scheduled ❑ Restorative procedures completed ❑ Unusual clinical circumstances — must be documented (e.g., needed for employment) ❑ Lost / stolen / broken dentures ❑ Reline / repair not appropriate ❑ Additional justification _____ ❑ Frequency limitation must be exceeded.	• X-rays to show entire arch. • Periodontal charting. • New partials limited to one per five years, per arch. • Six weeks healing period required unless special circumstances documented. • Document reasons for not wearing partial dentures, or reasons for not having ever had partial dentures. • Submit medical documentation to support special requests. • Document loss and plan for prevention of future mishaps. • Explanation to exceed frequency limitation.
Prosthodontic Services — Denture Reline	❑ D5750 ❑ D5751 ❑ D5760 ❑ D5761	❑ Loose or ill fitting ❑ Tissue shrinkage or weight loss ❑ Member is wearing denture ❑ Age of the denture or partial _____ ❑ Frequency limitation must be exceeded.	• Relines limited to one per three years, per arch. • Document special circumstances. • Explanation to exceed frequency limitation.
Adjunctive General Services — Anesthesia	❑ D9220 ❑ D9241 ❑ D9248 (Prior authorization not required for the following: • Services performed in a hospital or ambulatory surgery center. • Services for members ages 0-20 when performed by a pediatric dentist or oral surgeon.)	❑ Behavior ❑ Disability (describe) _____ ❑ Geriatric ❑ Physician consult ❑ Complicated medical history _____ ❑ Extensive restoration ❑ Maxillofacial surgery (describe) _____ ❑ Three or more extractions in more than one quadrant.	Submit medical documentation to support special circumstances.
HealthCheck Other Services	❑ D0999 ❑ D2999 ❑ D4999 ❑ D9999	❑ Periodic oral evaluation (additional) ❑ Single unit crown. Tooth number _____ ❑ Surgical procedure ❑ Non-surgical procedure	• Submit medical documentation to support special requests. • HealthCheck referral required.

Additional Comments

ATTACHMENT 9
Prior Authorization/Dental Attachment 2 (PA/DA2) Oral Surgery, Orthodontic, and Fixed Prosthetic Service (for photocopying)

(A copy of the "Prior Authorization/Dental Attachment 2 [PA/DA2] Oral Surgery, Orthodontic, and Fixed Prosthetic Services" is located on the following pages.)

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DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-11014 (10/08)

STATE OF WISCONSIN
HFS 107.07(2), Wis. Admin. Code

FORWARDHEALTH

PRIOR AUTHORIZATION / DENTAL ATTACHMENT 2 (PA/DA2) ORAL SURGERY, ORTHODONTIC, AND FIXED PROSTHETIC SERVICES

Instructions: Complete Section I for all orthodontics, oral surgery, and fixed prosthetic services. Complete Section II when anesthesia or a professional visit is necessary. Complete Section III for orthodontic services only. The requested identifying information will only be used to process the prior authorization (PA) request. If necessary, attach additional pages for provider responses. *Refer to the dental publications for service restrictions and additional documentation requirements.* Provide enough information for ForwardHealth to make a determination about the request. The use of this form is mandatory when requesting PA for certain procedures.

Member Identification Number	Billing Provider's National Provider Identifier (NPI)	Rendering Provider's NPI

SECTION I — ORAL SURGERY, ORTHODONTIC, AND FIXED PROSTHETIC SERVICES

Diagnosis

Treatment Plan

Treatment Prognosis (Check one. If "poor," explain the reason for the requested treatment.)

❑ Excellent ❑ Good ❑ Fair ❑ Poor

Indicate if the member is physically, psychologically, or otherwise indefinitely disabled, or has a medical condition that impacts the treatment requested.

SECTION II — ANESTHESIA

PROCEDURE CODES (Check All That Apply)	**TREATMENT PLAN JUSTIFICATION (Check All That Apply)**	**REQUIRED DOCUMENTATION**
❑ D9220 ❑ D9241 ❑ D9248 (Prior authorization not required for the following: • Services performed in a hospital or ambulatory surgery center. • Services for members ages 0-20 when performed by a pediatric dentist or oral surgeon.)	❑ Behavior ❑ Disability (describe)_____ ❑ Geriatric ❑ Physician consult ❑ Complicated medical history_____ ❑ Extensive restoration ❑ Maxillofacial surgery (describe)_____ ❑ Three or more extractions in more than one quadrant	Submit medical documentation to support special circumstances.

SECTION III — ORTHODONTIC SERVICES ONLY

Anticipated Number of Monthly Adjustments	HealthCheck referral for orthodontic treatment.

Continued

Submitting Prior Authorization Requests

ForwardHealth requires certain information to enable the programs to authorize and pay for dental 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 services.

Dentists may submit PA requests by fax to ForwardHealth at (608) 221-8616 *if X-rays or models are not required for documentation purposes*. Providers should make duplicate copies of all paper documents mailed to ForwardHealth. Dentists who wish to continue submitting PA requests by mail or who are submitting PA requests that require X-rays or models may do so by submitting them to the following address:

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