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
- ❑ HealthCheck "Other Services"
- ❑ Wisconsin Chronic Disease Program (WCDP)

2. Process Type: 129

3. Telephone Number — Billing Provider: (555) 555-5555

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)
I.M. Provider
1 W. Wilson
Anytown WI 55555-5555

5a. Billing Provider Number: 0111111110

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)
555 Willow Rd
Anytown WI 55555

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

10. Gender — Member: ❑ Male ❑ Female X

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

11. Diagnosis — Primary Code and Description: 295.32 — paranoid type schizophrenia, chronic

12. Start Date — SOI:

13. First Date of Treatment — SOI:

14. Diagnosis — Secondary Code and Description: 301.0 — paranoid personality disorder

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
		H2012	HE				11	Behavioral health day treatment, per hour	10	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, 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