

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 <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)	2. Process Type 128	3. Telephone Number — Billing Provider (555) 555-5555
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 0123456780
		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 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

11. Diagnosis — Primary Code and Description 303.91 - Other and unspecified alcohol dependence, continuous		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
9876543210	012345678X	H0022	HO				11	Alcohol and/or drug intervention service (planned facilitation)	2	XXX.XX
9876543210	012345678X	H0005	HO				11	Alcohol and/or drug services; group counseling by a clinician	26	XXX.XX
9876543210	012345678X	T1006	HO				11	Alcohol and/or substance abuse services, family/couple counseling	4	XXX.XX

Sample Prior Authorization Request Form [PA/RF] for Outpatient Substance Abuse Treatment Services

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
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25. SIGNATURE — Requesting Provider <i>I.M. Provider</i>	26. Date Signed MM/DD/CCYY
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