

# Understanding Prior Authorization Basics for New Providers

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# Agenda

- Prior Authorization (PA)  
Definition
- Purpose of PA
- Communication With Members
- Member Questions
- Reimbursement Not Guaranteed
- Other Health Insurance Sources
- PA Forms Overview
- PA Form Requirements
- Pharmacy PA Forms
- Options for Submitting PA
- Portal PA
- What to Expect Once PA Is Submitted
- Accessing PA Information
- Resources
- Questions

## PA Definition

- PA is the electronic or written authorization issued by ForwardHealth to a provider before providing a service.
- Generally, providers must obtain PA before providing services that require PA.

## PA Definition (Cont.)

- PA may be waived before providing services in situations such as:
  - Emergency situations, which are services that are necessary to prevent the death or serious impairment of the individual's health.
  - Urgent situations, which are medically necessary situations where a delay in authorization would result in undue hardship for the member or unnecessary costs for Medicaid, **as determined by Medicaid.**

## Purpose of PA

PA is designed to:

- Safeguard against unnecessary or inappropriate care and services.
- Safeguard against excess payments.
- Assess the quality and timeliness of services.
- Promote the most effective and appropriate use of available services and facilities.

## Purpose of PA (Cont.)

- Determine if less expensive alternative care, services, or supplies are permissible.
- Curtail misutilization practices of providers and members.
- Be processed based on criteria established by the Wisconsin Department of Health Services.

## Communication With Members

- Providers should inform members that PA is required for certain specified services before delivery of the services.
- Providers must inform members of the PA request status throughout the entire PA process.
- Providers are encouraged to inform members of communication or feedback provided by ForwardHealth during the PA process and following the final decision of the PA.

## Member Questions

- Members may call Member Services at 800-362-3002 to find out whether or not a PA request has been submitted.
- Members will be advised to contact the provider for additional information about the status of an individual PA request.



# Reimbursement Not Guaranteed

Wisconsin Medicaid may decline reimbursement for a prior authorized service if one or more of the following program requirements is not met:

- The service authorized on the approved PA request is the service provided.
- The service is provided within the grant and expiration dates on the approved PA request.

## Reimbursement Not Guaranteed (Cont.)

- The member is eligible for the service on the date the service is provided.
- The provider is enrolled in Wisconsin Medicaid on the date the service is provided.
- The service is billed according to service-specific claim instructions.
- The provider meets other program requirements.

## Reimbursement Not Guaranteed (Cont.)

Providers may **not** collect payment from members for services requiring PA under any of the following circumstances:

- The provider failed to seek PA before providing the service.
- The service was provided before the PA grant date or after the PA expiration date.
- The provider obtained PA but failed to meet other program requirements.

## Reimbursement Not Guaranteed (Cont.)

- The service was provided before a decision was made, the member did not accept responsibility for payment of the service before it was provided, and the PA was denied.

## Other Health Insurance Sources

Providers are encouraged, but not required, to request PA from ForwardHealth for covered services that require PA when members have other health insurance coverage.



## PA Form Overview

Depending on the service requested, most PA requests must include:

- A PA request form:
  - Prior Authorization Request Form (PA/RF), F-11018
  - Prior Authorization Dental Request Form (PA/DRF), F-11035
  - Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1), F-11020
- Service-specific PA attachment(s)
- Additional supporting clinical documentation

# PA Form Requirements

The PA/RF, PA/DRF, and PA/HIAS1 forms include three sections.

## **Section I – Provider Information**

- HealthCheck "Other Services" and Wisconsin Chronic Disease Program
- Process Type
- Billing Provider information
- Prescribing/Referring/Ordering Provider information

The PA/HIAS1 also includes testing center information.

# PA Form Requirements (Cont.)

## **Section II – Member Information**

- Name
- Member ID



## PA Form Requirements (Cont.)

### **Section III – Diagnosis/Treatment Information**

- Diagnosis Code and Description
- Requested PA Start Date
- Rendering Provider information
- Service Code and Modifiers if applicable
- Place of Service Code
- Quantity and Charge
- Signature and Date

## PA Form Requirements (Cont.)

### **Section III – Diagnosis/Treatment Information (Cont.)**

The PA/DRF also includes:

- Dental Diagram
- Area of Oral Cavity
- Tooth

# Pharmacy PA Forms

The PA/RF and one of the following attachments:

- Prior Authorization/Preferred Drug List (PA/PDL) forms
- Prior Authorization/Drug Attachment (PA/DGA) form, F-11049
- Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA) form, F-11083

# Options for Submitting PA

- Portal PA
- 278 Health Care Services Review — Request for Review and Response Transaction
- Drug Authorization and Policy Override (DAPO) Center for drugs
- Specialized Transmission Approval Technology-PA (STAT-PA) system for drugs
- Fax or mail using paper forms

## Portal PA

- In the secure Provider Portal account, PA information is on the Provider and the Prior Authorization pages of the Portal.
- Providers may:
  - Customize their secure Provider home page to display the most recent five–20 PAs.
  - Customize PAs to display only PAs of a particular status.
  - Click any PA to select it; the PA detail will be displayed.

# Portal PA (Cont.)

The screenshot shows the ForwardHealth Provider Portal PA page. At the top, there is a navigation bar with links for 'wisconsin.gov home', 'state agencies', 'subject directory', and 'department of health services'. Below this is the ForwardHealth logo with the tagline 'Wisconsin serving you' and the text 'interChange Provider'. A 'Welcome Train' message is visible on the right. A main navigation menu includes links for Home, Search, Providers (highlighted), Enrollment, Claims, Prior Authorization, Remittance Advices, Trade Files, Health Check, Max Fee Home, Account, Contact Information, Online Handbooks, Site Map, User Guides, and Cert. Below the navigation, a login status message reads: 'You are logged in with NPI: 1639245558, Taxonomy Number: 282N00000X, Zip Code: 53709 - 1234, Financial Payer: Medicaid'. A 'Providers' icon is also present. The 'What's New?' section features a magnifying glass icon and a paragraph stating that providers can improve efficiency with real-time applications. Below this are three bullet points: 'New Rate Reform Part 3 Ideas/Recommendations Requested.', 'Incentive Payments. . . Are you Eligible?', and 'ForwardHealth System Generated Claim Adjustments'. The 'Messages' section shows '\*\*\* No rows found \*\*\*' and a confidentiality notice. The 'Claims' section also shows '\*\*\* No rows found \*\*\*'. On the right side, there are two sections: 'Home Page' with links like 'Update User Account' and 'Check My Revalidation Date', and 'Quick Links' with links like 'Register for E-mail Subscription' and 'Express Enrollment for Adults'.

wisconsin.gov home state agencies subject directory department of health services

ForwardHealth Wisconsin serving you interChange Provider Welcome Train

Home Search **Providers** Enrollment Claims Prior Authorization Remittance Advices Trade Files Health Check Max Fee Home Account Contact Information Online Handbooks Site Map User Guides Cert

You are logged in with NPI: 1639245558, Taxonomy Number: 282N00000X, Zip Code: 53709 - 1234, Financial Payer: Medicaid

Providers

**What's New?**

Providers can improve efficiency while reducing overhead and paperwork by using real-time applications available on the new ForwardHealth Portal. Submission and tracking of claims and prior authorization requests and amendments, on-demand access to remittance information, 835 trading partner designation, and instant access to the most current ForwardHealth information is now available.

- New Rate Reform Part 3 Ideas/Recommendations Requested.
- Incentive Payments. . . Are you Eligible?
- ForwardHealth System Generated Claim Adjustments

**Messages**

\*\*\* No rows found \*\*\*

The information contained in this message is confidential and is intended solely for the use of the person or entity named above. This message may contain individually identifiable information that must remain confidential and is protected by state and federal law. If the reader of this message is not the intended recipient, the reader is hereby notified that any dissemination, distribution or reproduction of this message is strictly prohibited. If you have received this message in error, please immediately notify the sender by telephone and destroy the original message. We regret any inconvenience and appreciate your cooperation

**Claims**

\*\*\* No rows found \*\*\*

**Home Page**

- Update User Account
- Customize Home Page
- Demographic Maintenance
- Electronic Funds Transfer
- Check My Revalidation Date
- Revalidate Your Provider Enrollment

**Quick Links**

- Register for E-mail Subscription
- Provider-specific Resources
- Request Portal Access
- Designate 835 Receiver
- Online Handbooks
- ForwardHealth Updates
- Fee Schedules
- Forms
- Become a Provider
- Enrollment Tracking Search
- Training Listing
- Explanation of Benefits (EOBs)
- Express Enrollment for Adults
- MAC
- SBS User Guide
- Student Roster File Format



# Portal PA (Cont.)

**Prior Authorizations**

The grant date and expiration date shown below are for the first line-item only.

Prior Authorization	Client ID	Last Name	First Name	Status	Process Type	Requested Start Date	Grant Date	Expiration Date
5113220001	5110615357	TRAINING	SUSAN	PENDING - FISCAL AGENT REVIEW	127 - Psychotherapy (Hospital)	12/01/2011		
5113220002	8110569889	JOHNSON	BILLY	INACTIVE - INFO NOT RECEIVED	117 - J Codes	12/15/2011		
5113050001	1110560117	MEDICAID	MARY	APPROVED	133 - Transplants	12/01/2011	12/01/2011	12/31/2011
5113610001	1110560117	MEDICAID	MARY	PENDING - FISCAL AGENT REVIEW	111 - Physical therapy (PT)	01/10/2012	01/01/2014	07/01/2014

**Remittance Advices**

To get RA's older than 121 days, please contact provider services.  
[View Remittance Advices](#)

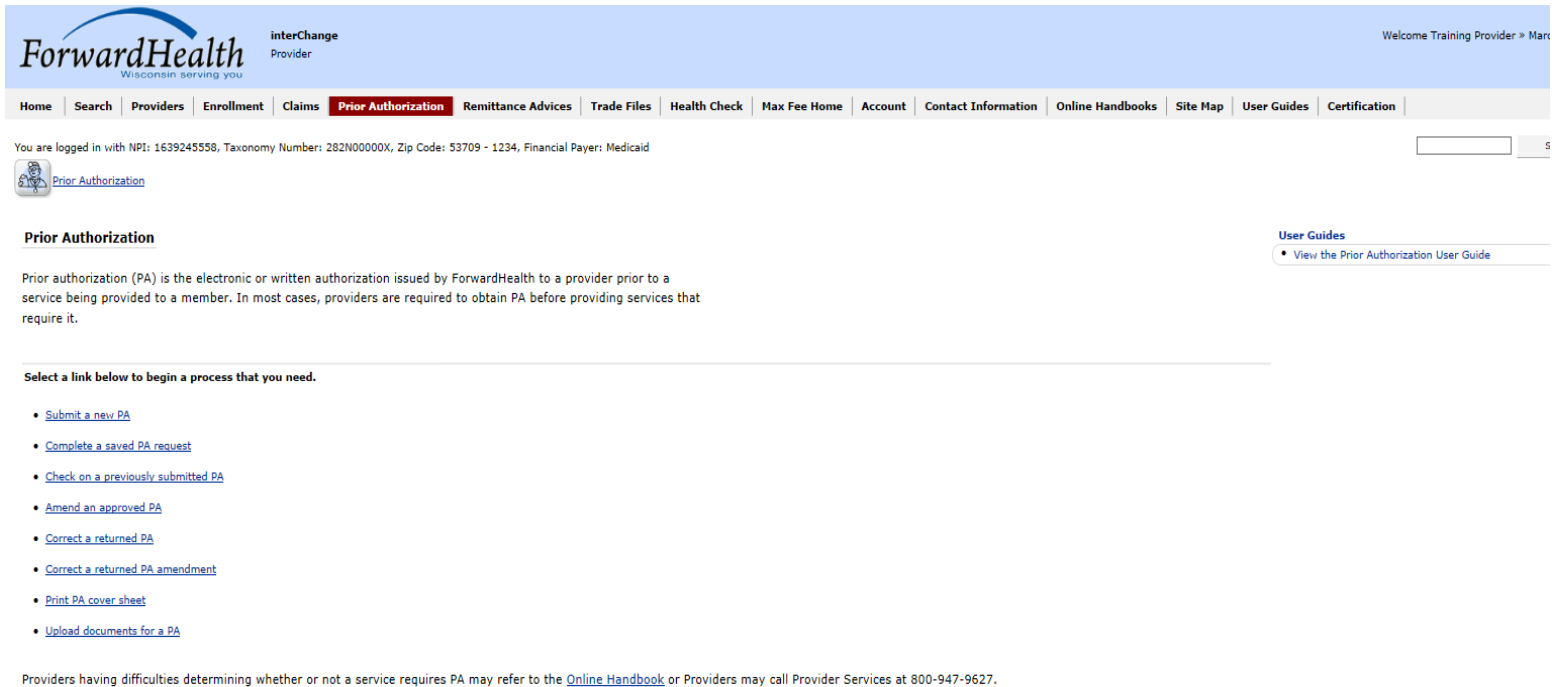
- Accessing the MTM Member List instructions
- MTM Data Dictionary
- Medication Therapy Management (MTM) Docu
- View Nursing Home Rate Communications
- Nursing Home Level Of Care Reports
- Hospice Election
- Express Enrollment for Children
- Express Enrollment for Pregnant Women
- Express Enrollment Change Request
- Physical Exam Health Indicators
- MedSolutions
- Wisconsin Medicaid EHR Incentive Program
- Wisconsin Medicaid EHR Incentive Program A
- Upload Audit Documentation
- Wisconsin Well Woman Program Policy and Pr
- Hospital Pay For Performance
- Other Coverage Discrepancy Report
- Prior Authorization Exempted

## Portal PA (Cont.)

- Select Submit a New PA from the Prior Authorization page.
- Complete the necessary information by working through a series of panels.
- Use Previous and Next to navigate.
- Click Clear to remove all information entered on the current panel, if needed.



# Portal PA (Cont.)



The screenshot shows the ForwardHealth interChange Provider portal. The header includes the ForwardHealth logo, the text "interChange Provider", and a welcome message "Welcome Training Provider > Marc". A navigation menu contains links for Home, Search, Providers, Enrollment, Claims, Prior Authorization (highlighted), Remittance Advices, Trade Files, Health Check, Max Fee Home, Account, Contact Information, Online Handbooks, Site Map, User Guides, and Certification. Below the menu, a user login status is displayed: "You are logged in with NPI: 1639245558, Taxonomy Number: 282N00000X, Zip Code: 53709 - 1234, Financial Payer: Medicaid". A search bar is present on the right. The main content area is titled "Prior Authorization" and includes a "User Guides" section with a link to "View the Prior Authorization User Guide". The text explains that prior authorization (PA) is an electronic or written authorization issued by ForwardHealth to a provider prior to a service being provided to a member. A list of links is provided to begin a process that the user needs, including: Submit a new PA, Complete a saved PA request, Check on a previously submitted PA, Amend an approved PA, Correct a returned PA, Correct a returned PA amendment, Print PA cover sheet, and Upload documents for a PA. A footer note states that providers having difficulties determining whether or not a service requires PA may refer to the Online Handbook or Providers may call Provider Services at 800-947-9627.


ForwardHealth  
Wisconsin serving you

interChange  
Provider

Welcome Training Provider > Marc

Home Search Providers Enrollment Claims **Prior Authorization** Remittance Advices Trade Files Health Check Max Fee Home Account Contact Information Online Handbooks Site Map User Guides Certification

You are logged in with NPI: 1639245558, Taxonomy Number: 282N00000X, Zip Code: 53709 - 1234, Financial Payer: Medicaid

 [Prior Authorization](#)

**Prior Authorization**

**User Guides**

- [View the Prior Authorization User Guide](#)

Prior authorization (PA) is the electronic or written authorization issued by ForwardHealth to a provider prior to a service being provided to a member. In most cases, providers are required to obtain PA before providing services that require it.

Select a link below to begin a process that you need.

- [Submit a new PA](#)
- [Complete a saved PA request](#)
- [Check on a previously submitted PA](#)
- [Amend an approved PA](#)
- [Correct a returned PA](#)
- [Correct a returned PA amendment](#)
- [Print PA cover sheet](#)
- [Upload documents for a PA](#)

Providers having difficulties determining whether or not a service requires PA may refer to the [Online Handbook](#) or Providers may call Provider Services at 800-947-9627.



# Portal PA (Cont.)

## Initial Information

Required fields are indicated with an asterisk (\*).

### Process Type

Select a process type:\*

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT
- 116 - SOI for SLP
- 117 - J Codes
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers
- 117 - Synaqs
- 118 - Chiropractic
- 120 - Home Care

### HealthCheck "Other Service"

Is this a HealthCheck "Other Service"?\*

Yes  No

### Program Financial Payer

Select one:\*

- BadgerCare Plus (TXIX)
- Wisconsin Chronic Disease Program (WCDP)

### Billing Provider Number

Select a billing provider number:\*

1639245558 NPI



# Portal PA (Cont.)


**Member Information** ?

Required fields are indicated with an asterisk (\*).

Member ID\*

First Name\*

Last Name\*

Requested Start Date\*  

F-11018e (10/08)  
HFS 106.03(4), Wis. Admin. Code



# Portal PA (Cont.)

**Service Information** ?

Required fields are indicated with an asterisk (\*).

Primary Diagnosis Code\*  [ Search ]

Secondary Diagnosis Code  [ Search ]

Requested Start Date

National Provider Identifier - Prescribing/Referring/Ordering Provider  [ Search ]

Primary Diag Description

Secondary Diag Description

Requesting Provider Signature\*

Name - Prescribing/Referring/Ordering Provider

**Line Items**

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
01				0	\$0.00	
				<b>Total:</b>	<b>\$0.00</b>	

Select row to update/delete -or- enter new line item information and select Add

Line Item

Rendering Provider ID  [ Search ] (If blank, will default to Billing Provider)

Rendering Provider

Taxonomy

Service Code Type\*  (After choosing, move off field, and wait for Service Code field to appear)

Service Code\*  [ Search ]

Service Code Description

Additional Service Code Description

Modifiers

Place of Service\*

Quantity Requested\*

Charge\*



## Portal PA (Cont.)

### Required Attachments ?

Required fields are indicated with an asterisk (\*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

**Attachment** THERAPY ATTACHMENT (PA/TA)

**Submission Method\***

**Notes** The attachment form must be completed online before the PA request can be submitted.

## Portal PA (Cont.)

The Required Attachments panel indicates the following information:

- Attachment — Displays the title of the required attachment
- Submission Method — Displays submission options users can select

## Portal PA (Cont.)

Refer to the following sections of the Prior Authorization User Guide for more information about submitting PA documentation:

- Section 3.1, Submission Method — Web
- Section 3.2, Submission Method — Electronic Upload
- Section 3.3, Submission Method — Mail or Fax
- Section 3.4, Health check Request — No Attachment is needed

# Portal PA (Cont.)

**PA Summary** ?

- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.
- [Preview PA Request](#)  
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.
- **Additional Supporting Clinical Documentation**
  - By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
  - By uploading electronically. Files may be uploaded once the PA has been submitted.
- Select "Submit" to submit the PA request.



## Portal PA (Cont.)

### **Additional Supporting Clinical Documentation**

- Providers may submit supporting clinical documentation via mail, fax, or Portal upload.
- Providers can upload documents in the following formats — JPEG, PDF, Rich Text Format (.rtf), .txt, or OrthoCAD.
- Providers can also upload documentation via the Portal when:
  - Correcting a PA that is in Returned — Provider Review status.
  - Submitting an approved PA amendment.

## Portal PA (Cont.)

Confirmation of Receipt

**Your PA Request has been submitted.**

**PA Number: 5131990001**

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)  
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)  
Return to the PA main menu.

## What to Expect Once a PA Is Submitted

- ForwardHealth makes a PA request decision within 20 working days from the receipt of **all** the necessary information.
- After processing the PA request, ForwardHealth sends the provider a decision notice letter or a returned provider review letter.
- If a provider receives a returned provider review letter, they can correct the concerns identified directly on the Portal.
- When a PA request is denied, ForwardHealth notifies both the provider and the member.

## What to Expect Once PA Is Submitted (Cont.)

The PA review process includes both clerical and clinical reviews. The following table details the possible PA statuses.

Prior Authorization Status	Description
Approved	The PA request was approved.
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 Portal, and the provider indicated they will be sending additional supporting information on paper.
Inactive	The PA request is inactive due to no response from the provider within 30 days to the returned provider review letter and cannot be used for PA or claims processing.

# Accessing PA Information

## **Decision Notices and Return Letters**

- Providers submitting PA requests via the Portal receive decision notice or returned provider reviews letter via the Portal.
- Providers submitting PA requests via mail or fax receive decision notice or returned provider review letters via the Portal and by mail.
- PA decision notices and review letters are available the day after the PA request is processed by ForwardHealth.

## Accessing PA Information (Cont.)

Providers can find PA records:

- On their secure Portal home page.
- By searching for a PA on the Prior Authorization page.

# Accessing PA Information (Cont.)



## Prior Authorization

### Prior Authorization

Prior authorization (PA) is the electronic or written authorization issued by ForwardHealth to a provider prior to a service being provided to a member. In most cases, providers are required to obtain PA before providing services that require it.

#### User Guides

- [View the Prior Authorization User Guide](#)

Select a link below to begin a process that you need.

- [Submit a new PA](#)
- [Complete a saved PA request](#)
- [Check on a previously submitted PA](#)
- [Amend an approved PA](#)
- [Correct a returned PA](#)
- [Correct a returned PA amendment](#)
- [Print PA cover sheet](#)
- [Upload documents for a PA](#)



Providers having difficulties determining whether or not a service requires PA may refer to the [Online Handbook](#) or Providers may call Provider Services at 800-947-9627.

# Accessing PA Information (Cont.)

### Find PA Record

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".


PA Number

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Member ID

Requested Start Date  

PA Status

Amendment Status



# Accessing PA Information (Cont.)

**Choose PA Record** ?

From the list below select the PA record you wish to view and press enter. If the PA is not listed, select "Previous", refine your search criteria and search again, or [contact](#) provider services for assistance at 1-800-947-9627.

<a href="#">PA Number</a>	<a href="#">PA Status</a>	<a href="#">Amendment Status</a>	<a href="#">Member Id</a>	<a href="#">Requested Start Date</a>	<a href="#">Process Type</a>
5013346088	APPROVED	RETURNED - PROVIDER REVIEW	0987654321	11/21/2013	111 - Physical therapy (PT)
5013346083	APPROVED	RETURNED - PROVIDER REVIEW	0123456789	12/13/2013	111 - Physical therapy (PT)

# Accessing PA Information (Cont.)

**PA Record**

- The PA record below is in "RETURNED - PROVIDER REVIEW" status.
- To view the decision on this approved PA select "View PA Decision Notice" located in the PA Information section.

**PA Information**

PA Number: 5013346083      Media Type: WEB  
 First Name: JAMA      Member ID: 0123456789  
 Last Name: MEMBER      Date of Birth: 01/01/1983  
 PA Status: APPROVED      [View PA Decision Notice](#)  
 Amendment Status: RETURNED - PROVIDER REVIEW      [View latest Amendment Returned letter](#) ←  
 Process Type: 111 - Physical Therapy (PT)  
 Program: Medicaid  
 HealthCheck Other Service: No      Start Date - SOI  
 Requested Start Date: 12/13/2013      First Date of Treatment - SOI  
 Primary Diagnosis Code: 1919      Description: MALIGNANT BRAIN  
 Secondary Diagnosis Code: 7812      Description: ABNORMALITY OF GAIT  
 Referring Physician's Name:      Referring Provider ID:

**Line Item Information**

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	APPROVED	97112	18.000	\$XXXX.XX	18.000	\$0.00	11/22/2013	01/23/2014
02	APPROVED	97110	18.000	\$XXXX.XX	18.000	\$0.00	11/22/2013	01/25/2014

Select row above to display a different line item's data below.

Line Item: 01  
 Status: APPROVED  
 Rendering Provider ID: 888888888 NPI  
 Prescribing Provider ID:  
 Service Code Type: Procedure Code  
 Service Code: 97112  
 Service Code Description: NEUROMUSCULAR REEDUCATION  
 Tooth:  
 Modifiers:  
 Area of the Oral Cavity:  
 Place of Service: 22  
 Units Requested: 18.000      Dollars Requested: \$XXXX.XX  
 Units Authorized: 18.000      Dollars Authorized: \$0.00  
 Units Remaining: 17.000      Dollars Remaining: \$XXXX.XX  
 Grant Date: 11/22/2013  
 Expiration Date: 01/23/2014

Previous      Correct PA Amendment      Exit

## Resources

- Portal: <https://www.forwardhealth.wi.gov/>
- Provider Services: 800-947-9627
- Portal Helpdesk: 866-908-1363
- ForwardHealth Professional Relations Representatives

# Questions

**Thank You**