

Submitting a Prior Authorization Request

For PDN Services

This Instructional Power Point is intended for Professional Homecare Providers (PHP) Members ONLY. This should NOT be shared with non-members! This is intended to be a resource to assist you in submitting a Prior Authorization Request. Please note that Forward Health may change the format or requirements and you should also refer to your online handbook. PHP is not liable for any PA Request submitted not in compliance with Forward Health requirements.

If you are not a current PHP member, you may obtain membership information at

Wisconsinphp.org

and click on “info for” then “nurses”.

Log into your Portal

ForwardHealth Portal Login:

Username

Password

- [Logging in for the first time?](#)
- [Forgot your password?](#)

NOTICE TO USERS

This computer system is the private property of its owner, whether individual, corporate or government. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.

Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to your employer, to authorized site, government, and law enforcement personnel, as well as authorized officials of government agencies, both domestic and foreign.

By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of such personnel or officials. Unauthorized or improper use of this system may result in civil and criminal penalties and administrative or disciplinary action, as appropriate. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

Click on Prior Authorization tab

- Home
 - Search
 - Providers**
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 - Remittance Advices
 - Trade Files
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 - Max Fee Home
 - Account
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 - Site Map
 - Certification
- User Guides

You are logged in with NPI: 1[redacted], Taxonomy Number: 163W00000X, Zip Code: [redacted], Financial Payer: Medicaid

Search



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.

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Messages

Category	Subject	Date Sent	Expiration Date	Remove
Notification	Changes for ICD-10 Prior to Implementation	02/13/2014	03/13/2104	<input type="checkbox"/>
Notification	June and July 2015 ForwardHealth Training Opportunities	05/26/2015	06/26/2015	<input type="checkbox"/>

Prior Authorization

Prior authorization (PA) is the electronic or written authorization issued by ForwardHealth to a Provider prior to the provision of service. For services that require PA, Providers are required to obtain PA before providing services to the member.

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](#)
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- [Print PA cover sheet](#)
- [Upload documents for a PA](#)



Click on Submit a new PA

Providers having difficulties determining whether a service requires PA may refer to the [online handbook](#) or call provider services at 800-947-9627.

Required fields are indicated with an asterisk (*).

Process Type

Select a process type:*

- 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 - Synagis
- 118 - Chiropractic
- 120 - Home Care
- 120 - Home Health Therapy
- 120 - Private Duty Nursing

Highlight 120-Private Duty Nursing

HealthCheck "Other Service"

Is this a HealthCheck "Other Service"?*

☐ Yes ☒ No

Select No

Program Financial Payer

Select one:*

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

Select BadgerCare Plus (TXIX)

Next

← Click Next

Member Information



Required fields are indicated with an asterisk (*).

Member ID*

First Name*

Last Name*

Enter Member ID (Box #2 on Care Plan)

Enter Client's First Name

Enter Client's Last Name

Requested Start Date*

Enter date in 00/00/0000 format
or

click on calendar and select date



Previous

Next



Click Next

Clear

Verify

F-11018e (10/08)

HFS 106.03(4), Wis. Admin. Code

The Requested Start Date for an ongoing case should be the day following the expiration date of your current PA. You may NOT backdate your PA for an ongoing case.

For a new client PA Request, enter the first date you wish to begin services. You are able to backdate 14 days for an initial PA Request.

Service Information

Required fields are indicated with an asterisk (*).

Primary Diagnosis Code*

*1

[Search]

Secondary Diagnosis Code

*2

[Search]

Requested Start Date

06/06/2015

National Provider Identifier - Prescribing/Referring/Ordering Provider

*3

[Search]

Primary Diag Description

Secondary Diag Description

Requesting Provider Signature*

*4

Name - Prescribing/Referring/Ordering Provider

- *1 & 2. Enter primary and secondary diagnosis codes (omit the decimal point)
- *3. Enter the Physician's NPI number that signed your pa/cpa and click search (if a box comes up with multiple choices for this physician, choose the MA/Badgercare and correct specialty)
- *4. Type your name (electronic signature)

Line Items

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

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

Line Item

01

Rendering Provider ID

*5

[Search]

*5. Your NPI # (will be at the top of your page when logged into your portal) (If blank, will default to Billing Provider)

Rendering Provider Taxonomy

*6

*6. Your taxonomy # (will be at the top of your page when logged into your portal)

Service Code Type*

PROCEDURE CODE

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

Leave as is "Procedure Code"

Service Code*

*7

[Search]

*7. Enter "S9123" if non-vent/"99504" if vent client

Service Code Description

Leave this blank

Additional Service Code Description

*8

*8. Enter wording for requested hours on Care Plan (Box #15). Example: "PDN 20 hrs/day x 7 days/wk x 52 wks not to exceed 1820 hrs/13 wks flex time (to coordinate with approval blocks from Forward Health)"

Modifiers

*9

*9. Leave blank if non-vent/Enter "TD" in one box if vent client

Place of Service*

*10

*10. Enter "12" in most cases (in the home or wherever they go within their normal daily life)

Quantity Requested*

*11

0

*11. Enter the total number of hours you are requesting for the entire year

Charge*

*12

\$0.00

*12. Enter the total dollar amount requested for the entire year (Example: number entered in *11 x \$60)

Do NOT click Add

Add

Cancel

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.

Select submission method for your pa/cpa, pdn-pa acknowledgment form, and any other documents supporting your PA Request

(Do Not select "Web")

"Electronic Upload" if you will be uploading to the portal

"Mail or Fax" if you will be mailing via postal service or faxing

Attachment PRIOR AUTHORIZATION / CARE PLAN ATTACHMENT (PA/CPA)

Submission Method* Electronic Upload ▾

Notes The attachment form must be uploaded electronically after the PA request has been submitted.

Previous

Next



Click Next

Save and Complete Later

Providers are reminded that photographs submitted to ForwardHealth as additional supporting clinical documentation for prior authorization requests will not be returned to providers and will be disposed of securely. Refer to the April 2011 ForwardHealth Update (2011-22), titled "Photographs Mailed to ForwardHealth as Additional Supporting Clinical Documentation for Prior Authorization Requests Will No Longer Be Returned to Providers," for additional information.

- 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](#)

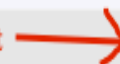
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.

- **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 the submission method
you chose on the previous page.

- Select "Submit" to submit the PA request.

[Previous](#)**Click Submit**[Submit](#)[Save and Complete Later](#)

File Upload



Required fields are indicated with an asterisk (*).

Select "Browse" to locate each file you wish to upload.

Select "Upload" when you are ready to upload each file.

Please note: JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

******You must have your documents saved in one of the listed formats and each individual file must be no more than 4 mgb.******

Upload File

File Path* No file chosen

If Mail or Fax, you will not enter anything on this page/will not see this page.

See below screen shot for instructions on Electronic Upload of documents.

List of Files Uploaded

F-11071e (10/08)

1. Click "Choose File"
2. Select in menu drop box where you have saved the supporting documents
3. Select the first file to upload and click "open" (you can only select one at a time)
4. Click "Upload" (you will see the file appear in the box under "List of Files Uploaded")
5. Repeat steps 1-4 until all supporting documents have been uploaded
6. Click Next (your documents have all been uploaded. You will not be able to see them on your portal, but DHS will be able to view them.)

Your PA Request has been submitted.

PA Number: 5 [REDACTED] 9

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.

You will now be given a PA number. You can print your PA Request. It will also be visible at the bottom of your “Provider” page when you log into your portal.

If you did not have your supporting documentation available when you submitted your PA Request, you are able to electronically upload them at a later date by following the instructions in the next 5 slides.

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- Enter the PA number to upload additional supporting clinical documentation.
- Please note that the PA must have a "Pending" or Suspended" status to continue.

Search By PA Number

PA Number

Enter the PA # you were given when you submitted your request (will be under Prior Authorizations at the bottom of your "Provider" page when you log into your portal). Then click "search" and then "next".

Search Results

PA Number

PA Status

Amendment Status

Member Id

Requested Start Date

Process Type

File Upload



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