

FORWARDHEALTH PRIOR AUTHORIZATION / SUBSTANCE ABUSE DAY TREATMENT ATTACHMENT (PA/SADTA) 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 (DHS 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 to receive PA for certain procedures/services/items. 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 to make a determination about the request.

Attach the completed Prior Authorization/Substance Abuse Day Treatment Attachment (PA/SADTA), F-11037, to the Prior Authorization Request Form (PA/RF), F-11018, and send it to ForwardHealth. Providers should make duplicate copies of all paper documents mailed to ForwardHealth. Providers may submit PA requests electronically via the ForwardHealth Portal by accessing www.forwardhealth.wi.gov/, by fax to ForwardHealth 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 — Name — Member (Last, First, Middle Initial)

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Age — Member

Enter the age of the member in numerical form (e.g., 16, 21, 60).

Element 3 — Member Identification Number

Enter the Member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct Member ID.

SECTION II — PROVIDER INFORMATION

Element 4 — Name and Credentials — Requesting / Rendering Provider

Enter the name and credentials of the therapist who will be providing treatment/service.

Element 5 — Telephone Number — Requesting / Rendering Provider

Enter the rendering provider's telephone number, including area code.

The remaining portions of this attachment are to be used to document the justification for the service requested. **Substance abuse day treatment is not a covered service for members who are residents of a nursing home or who are hospital inpatients.**

SECTION III — DOCUMENTATION

Element 6

Describe the length and intensity of treatment requested. Include the anticipated beginning treatment date and estimated substance abuse day treatment discharge date, and attach a copy of treatment design.

Element 7

List the dates of diagnostic evaluations or medical examinations and **specific** diagnostic procedures that were employed.

Element 8

List the codes and descriptions from the most recent *Diagnostic and Statistical Manual of Mental Disorders* (DSM) for the member's current primary and secondary diagnosis. Allowable DSM diagnoses are 303.90 (other and unspecified alcohol dependence), 304.00-304.90 (drug dependence), 305.00 (alcohol abuse, unspecified), or 305.20-305.90 (other drug abuse, excluding caffeine intoxication).

Element 9

Describe the member's current clinical problems and relevant clinical history, including substance abuse history. (Give details of dates of abuse, substance[s] abused, amounts used, date of last use, etc.)

Element 10

Indicate whether or not the member has received any substance abuse treatment in the past 12 months. If the member has received substance abuse day treatment within the past 12 months, indicate the date for each treatment episode, the type of service provided, and the treatment outcomes.

Element 11

If the member received any inpatient substance abuse care, intensive outpatient substance abuse services, or substance abuse day treatment in the past 12 months, give rationale for appropriateness and medical necessity of the current request. Discuss projected outcome of additional treatment requested.

Element 12

Describe the member's severity of illness using the indicators in a-f. Refer to the substance abuse day treatment criteria on the Substance Abuse Day Treatment area of the Online Handbook.

Element 13

Describe the member's treatment plan and attach a copy of the plan.

Element 14 — Signature — Member or Representative

Signature of the member or representative indicates the signer has read the attached request for PA of substance abuse and agrees that it will be sent to ForwardHealth for review.

Element 15 — Date Signed

Enter the month, day, and year the PA/SADTA was signed by the member or the member's representative (in MM/DD/CCYY format).

Element 16 — Relationship (If Representative)

Include relationship to member (if a representative signs).

Element 17 — Signature — Rendering Provider

Enter the signature of the rendering provider.

Element 18 — Date Signed

Enter the month, day, and year the PA/SADTA was signed by the rendering provider (in MM/DD/CCYY format).

Element 19 — Discipline of Rendering Provider

Enter the discipline of the rendering provider.

Element 20 — Signature — Supervising Physician or Psychologist

Enter the signature of the supervising physician or psychologist.

Element 21 — Date Signed

Enter the month, day, and year the PA/SADTA was signed by the supervising physician or psychologist (in MM/DD/CCYY format).

Element 22 — Supervising Physician or Psychologist's NPI

Enter the supervising physician or psychologist's NPI.