**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services DHS 107.19(2), Wis. Admin. Code

F-11019 (07/2012)

**FORWARDHEALTH**

**PRIOR AUTHORIZATION / PHYSICIAN OTOLOGICAL REPORT (PA/POR)**

Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at 608-221-8616 or by mail to ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Physician Otological Report (PA/POR) Completion Instructions, F-11019A.

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| **SECTION I — PROVIDER INFORMATION** | | | |
| 1. Name — Physician | 1. Physician’s National Provider Identifier | | |
| 1. Address — Physician (Street, City, State, ZIP+4 Code) | 1. Telephone Number — Physician | | |
| **SECTION II — MEMBER INFORMATION** | | | |
| 1. Name — Member (Last, First, Middle Initial) | | 1. Date of Birth — Member | |
| 1. Address — Member (Street, City, State, ZIP Code) | | | |
| 1. Member Identification Number | | 1. Gender — Member    Male  Female | |
| **SECTION III — DOCUMENTATION** | | | |
| 1. Medical History of Hearing Loss | | | |
| 1. Pertinent Otological Findings     Normal Problems (describe)  (check below)  Right: Canal  Ear Drum  Middle Ear  Left: Canal  Ear Drum  Middle Ear | | 1. Describe Additional Findings (e.g., results of special studies, such as caloric and postural tests) | |
| 1. Clinical Diagnosis of Hearing Status | | | |
| 1. Medical, Cognitive, or Developmental Problems | | | |
| 1. Physician’s Recommendations (check all applicable)   I have medically evaluated this patient and refer him / her for a hearing instrument evaluation as follows:  One or more of the situations listed below applies to this patient. Therefore, as required by BadgerCare Plus regulations, I refer this patient to an audiologist for a hearing instrument evaluation / diagnosis:  The patient is 21 years of age or under.  The patient is behaviorally or cognitively impaired.  The patient has other special needs requiring a comprehensive evaluation or specialized diagnostic tools of a clinically certified evaluation.  None of the above situations applies to this patient. Either an audiologist or a hearing instrument specialist may provide the hearing instrument evaluation.  A home hearing test is required. | | | |
| **SIGNATURE** — Physician | | | Date Signed |