**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

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| **SECTION II — MEMBER INFORMATION** |
| 1. Name — Member (Last, First, Middle Initial)

      | 1. Date of Birth — Member

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| 1. Address — Member (Street, City, State, ZIP Code)

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| 1. Member Identification Number

      | 1. Gender — Member

[ ]  Male [ ]  Female |
| **SECTION III — DOCUMENTATION** |
| 1. Medical History of Hearing Loss

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| 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

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| 1. Medical, Cognitive, or Developmental Problems

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| 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      |