**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services DHS 106.03(4), Wis. Admin. Code

F-11021 (07/2012)

**FORWARDHEALTH**

**PRIOR AUTHORIZATION REQUEST / HEARING INSTRUMENT**

**AND AUDIOLOGICAL SERVICES (PA/HIAS2)**

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/Hearing Instrument and Audiological Services (PA/HIAS2) Completion Instructions, F-11021A.

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| **SECTION I — PROVIDER INFORMATION** |
| 1. Name — Provider      | 4. Address — Provider (Street, City, State, ZIP+4 Code)      |
| 2. National Provider Identifier      |
| 3. Telephone Number — Provider      |
| **SECTION II — MEMBER INFORMATION** |
| 1. Name — Member (Last, First, Middle Initial)

      | 1. Date of Birth — Member

      |
| 1. Member Identification Number

      | 1. Gender — Member

 [ ]  Male [ ]  Female | 9. Has the Member Ever Used a Hearing Instrument? [ ]  Yes [ ]  No |
| 1. Describe Prior Hearing Instrument Use

      | 1. Testing Date

      | 1. Test Reliability (Check One)

 [ ] Good [ ]  Fair  [ ] Poor |
| **SECTION III — DOCUMENTATION** |
| 13. | 14. Pure Tone Audiogram — Frequency in Hertz (Hz) |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-10 0102030405060708090100110120 | Legend |  |  |  125 |  250 |  500 | 1000 | 2000 |  4000 |  8000 |
| Air | Bone |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Ear | Un- masked | Masked | Un- masked | Masked | NR |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Right | o - o |  |  | [ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Left | x - x | **** |  | ] |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | SPEECH AUDIOMETRY | R | L | SF |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Threshold (SRT or SDT) |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |
| Word recognition in quiet |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |
| Word recognition in noise |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |
| Uncomfortable level (dB-HL) |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |
| Most comfortable level (dB-HL) |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 750 |  1500 |  3000 |  6000 |  |
|  |
| 15. Additional Audiometric Studies and Results, Pertinent Social Background, Other Relevant Information (Use an Attachment if Necessary)      |
| 1. Recommendations for a Hearing Instrument (use an attachment if necessary)

Hearing Level in Decibels (dB) ANSI (1996)Ear (Check One) [ ]  Left [ ] Right [ ]  Both Ear Mold Style       Hearing Aid Style      Describe Electroacoustic Specifications Ear Mold [ ] Left[ ] Right[ ] Both Special Modifications       |
| 1. **SIGNATURE** — Requesting Provider

      | 1. Name — Requesting Provider (Print)

      | 1. Provider Type (Check One)

 [ ]  Audiologist [ ]  Hearing Instrument Specialist | 1. Date Signed

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