

FORWARDHEALTH PRIOR AUTHORIZATION DENTAL REQUEST FORM (PA/DRF) INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for dental services provided to eligible members.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include information concerning enrollment status, accurate name, address, and member ID number per Wis. Admin. Code § DHS 104.02(4).

Under Wis. Stat. § 49.45(4), 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. The Prior Authorization Dental Request Form (PA/DRF), F-11035, is mandatory when requesting PA. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

Providers may submit PA requests, along with the Prior Authorization/Dental Attachment 1 (PA/DA1), F-11010, or the Prior Authorization/Dental Attachment 2 (PA/DA2), F-11014, by fax to ForwardHealth at 608-221-8616. This option is available only when the PA request does not include additional documentation, such as dental models or X-rays. Providers should make duplicate copies of all paper documents mailed to ForwardHealth. Only non-paper documentation, such as dental models or X-rays, will be returned to providers. Providers may submit PA requests with attachments by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

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 – PROVIDER INFORMATION

Element 1

Check the box next to HealthCheck “Other Services” if the services requested on the PA/DRF are for HealthCheck “Other Services.”

Check the box next to Wisconsin Chronic Disease Program (WCDP) if the services requested on the PA/DRF are for a WCDP member.

Element 2: Process Type

Check the appropriate box to indicate the process type for either dental services (124) or orthodontic services (125).

Element 3: Name and Address – Billing Provider

Enter the name and complete address (street, city, state, and zip+4 code) of the billing provider. Providers are required to include the zip+4 code for timely and accurate PA processing. The name listed in this element must correspond with the billing provider number listed in Element 5a.

Element 4: Phone Number – Billing Provider

Enter the phone number, including the area code, of the office, clinic, facility, or place of business of the billing provider.

Element 5a: Billing Provider Number

Enter the National Provider Identifier (NPI) of the billing provider. The NPI in this element must correspond with the provider name listed in Element 3.

Element 5b: Billing Provider Taxonomy Code

Enter the national 10-digit alphanumeric taxonomy code that corresponds to the billing provider's NPI in Element 5a.

Element 6a: Rendering Provider Number

Enter the NPI of the rendering provider if it is different from the number in Element 5a. This is the provider who will actually perform the service.

Element 6b: Rendering Provider Taxonomy Code

Enter the national 10-digit alphanumeric taxonomy code that corresponds to the rendering provider's NPI in Element 6a if it is different from the number in Element 5b.

Element 7: Requested Start Date

Enter the requested start date for the PA in mm/dd/ccyy format.

Element 8: Name – Contact Person

Enter the name of the staff member who should be contacted if ForwardHealth needs more information about this PA request.

Element 9: Phone Number – Contact Person

Enter the phone number of the contact person listed in Element 8.

SECTION II – MEMBER INFORMATION

Element 10: Member ID Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth ID card or the Wisconsin Enrollment Verification System (EVS) to obtain the correct ID number.

Element 11: Date of Birth – Member

Enter the member's date of birth in mm/dd/ccyy format.

Element 12: Address – Member

Enter the complete address of the member's place of residence, including the street, city, state, and zip+4 code. If the member is a resident of a nursing home or other facility, include the name of the nursing home or facility.

Element 13: Name – Member

Enter the member's last name, followed by their first name and middle initial. Use the EVS to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth card and the EVS do not match, use the spelling from the EVS.

Element 14: Gender – Member

Check the appropriate box to specify whether the member is male or female.

SECTION III – DIAGNOSIS / TREATMENT INFORMATION

Element 15: Place of Service

Check the box next to the place of service code where the requested service, procedure, or item would be provided, performed, or dispensed.

Element 16: Dental Diagram

For partials, endodontics, and periodontics, enter and check the periodontal case type. On the dental diagram, cross out ("X") missing teeth (including extractions). Circle teeth to be extracted only when requesting endodontic or partial denture services. Indicate the number and type of X-rays submitted with this PA request.

Element 17: Area of Oral Cavity

If the procedure applies to dentures, partials, or to periodontal procedures performed by quadrant, enter the appropriate two-digit area of the oral cavity from the list below.

- 01 – Maxillary Arch
- 02 – Mandibular Arch
- 10 – Upper Right Quadrant
- 20 – Upper Left Quadrant
- 30 – Lower Left Quadrant
- 40 – Lower Right Quadrant

Element 18: Tooth

Using the numbers and letters on the dental diagram in Element 16, identify the tooth number or letter for the service requested.

Element 19: Procedure Code

Enter the procedure code for each service, procedure, or item requested.

Element 20: Modifier

Enter the modifier for the procedure code listed if required by ForwardHealth.

Element 21: Description of Service

Enter a written description of the procedure code for each service, procedure, or item requested.

Element 22: Quantity Requested

Enter the quantity requested for each procedure code listed.

Element 23: Charge

Enter the usual and customary charge for each service, procedure, or item requested.

Note: The charges indicated on the PA/DRF should reflect the provider's usual and customary charge for the procedure requested. Providers are reimbursed for authorized services according to the provider Terms of Reimbursement issued by the Wisconsin Department of Health Services.

Element 24: Total Charges

Enter the anticipated total charge for this request.

Element 25: Signature – Rendering Provider

The provider performing this service or procedure must sign this element.

Element 26: Date Signed

Enter the month, day, and year the PA/DRF was signed by the rendering provider (in mm/dd/ccyy format).

Element 27: Signature – Member/Guardian (if applicable)

If applicable, the member or member's guardian should sign the PA/DRF.

Element 28: Date Signed

Enter the month, day, and year the PA/DRF was signed by the member or member's guardian (in mm/dd/ccyy format).