Prior Authorization Drug Attachment for Weight Management Agents Instructions

ForwardHealth requires certain information to enable the programs to authorize and pay for medical 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. Per Wis. Admin. Code § DHS 104.02(4), this information should include information concerning enrollment status, accurate name, address, and member ID number.

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. Failure to supply the information requested on the form may result in denial of PA or payment for the service.

The use of this form is mandatory when requesting a PA for certain drugs. 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.

Instructions

Prescribers or their designees are required to complete, sign, and date the Prior Authorization Drug Attachment for Weight Management Agents form, F-00163, to request PA for weight management agents. Prescribers or their designees are required to retain a completed copy of the form.

Prescribers or their designees may submit PA requests on a Prior Authorization Drug Attachment for Weight Management Agents form in one of the following ways:

- For PA requests submitted through the Drug Authorization and Policy Override Center, prescribers or their designees may call 800-947-9627.
- For PA requests submitted on the ForwardHealth Portal, prescribers or their designees may access forwardhealth.wi.gov.
- For PA requests submitted by fax, prescribers or their designees should submit a Prior Authorization Request Form (PA/RF), F-11018, and the Prior Authorization Drug Attachment for Weight Management Agents form to ForwardHealth at 608-221-8616.
- For PA requests submitted by mail, prescribers or their designees should submit a PA/RF and the Prior Authorization Drug Attachment for Weight Management Agents form to the following address:

  ForwardHealth
  Prior Authorization
  Ste 88
  313 Blettner Blvd
  Madison WI 53784

Providers should make duplicate copies of all paper documents mailed to ForwardHealth. 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
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 ID card and the EVS do not match, use the spelling from the EVS.

Element 2: Member ID 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.

Element 3: Date of birth – Member
Enter the member's date of birth in mm/dd/ccyy format.

Section II – Provider information

Element 4: Name – Prescriber
Enter the name of the prescriber.

Element 5: Address – Prescriber
Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 6: Phone number – Prescriber
Enter the phone number, including area code, of the prescriber.

Element 7: National Provider Identifier (NPI) – Prescriber
Enter the 10-digit NPI of the prescriber.

Element 8: Name – Billing provider
Enter the name of the billing provider. Prescribers should indicate their name and NPI as the billing provider on the PA request.

Element 9: NPI – Billing provider
Enter the 10-digit NPI of the billing provider.

Section III – Prescription information

Element 10: Drug name
Enter the drug name.

Element 11: Drug strength
Enter the strength of the drug listed in Element 10.

Element 12: Date prescription written
Enter the date the prescription was written.

Element 13: Refills
Enter the number of refills.

Element 14: Directions for use
Enter the directions for use of the drug.

Section IV – Clinical information

Element 15: Diagnosis code and description
Enter the appropriate and most specific International Classification of Diseases (ICD) diagnosis code and description most relevant to the drug requested. The ICD diagnosis code must correspond with the ICD description.

Element 16: Member's current body mass index (BMI)
Enter the member's BMI.

Element 17: Date member's BMI was measured (Must be within the past three months)
Enter the date the member's weight was measured in mm/dd/ccyy format.

Element 18: BMI requirements
Check the appropriate box (A or B) to indicate which set of BMI requirements the member meets. If B is checked, two or more of the member's current risk factors must also be checked. If cardiovascular disease is checked under box B, the member's history must be supported by one or more of the following (Check all that apply.):

- Myocardial infarction (heart attack)
- Coronary revascularization
- Angina pectoris
- Stroke
- Intermittent claudication with an ankle-brachial index of less than or equal to 0.9
- Peripheral arterial revascularization due to atherosclerotic disease
- Amputation due to atherosclerotic disease

Element 19
Check the appropriate box to indicate whether or not the member has agreed to follow a reduced-calorie diet and increase their physical activity.

Section V – Authorized signature

Element 20: Signature – Prescriber
The prescriber is required to complete and sign this form.

Element 21: Date signed – Prescriber
Enter the month, day, and year the form was signed in mm/dd/ccyy format.

Section VI – Additional information

Element 22
Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the requested drug may be included.