# PA022 - PA HIAS1 Hearing Inst & Audiological Svcs Request Form - PHIDEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

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

F-11020 (05/2013)

## FORWARDHEALTH

PRIOR AUTHORIZATION REQUEST FOR HEARING INSTRUMENT  
AND AUDIOLOGICAL SERVICES (PA/HIAS1)

**Instructions:** Type or print clearly. 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. Refer to the Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) Completion Instructions, F-11020A, for information on completing this form.

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| SECTION I — PROVIDER INFORMATION | | | | | | | | | | | | | | | |
| 1. Process Type  123 | | | | | | 3. Name and Address — Testing Center (Street, City, State, ZIP+4 Code) | | | | | | | | | |
| 2. Telephone Number ― Testing Center | | | | | |
| 4a. Testing Center Provider Number | | | | | | | | | 4b. Testing Center Taxonomy Code | | | | | | |
| 5a. Name — Prescribing Physician | | | | | | | | | 5b. National Provider Identifier — Prescribing Physician | | | | | | |
| SECTION II — MEMBER INFORMATION | | | | | | | | | | | | | | | |
| 6. Name and Address — Member (Last, First, Middle Initial; Street, City, State, ZIP Code) | | | | | | | | | | | 7. Member Identification Number | | 8. Gender — Member Male  Female | | |
| 9. Date of Birth — Member | | | | |
| SECTION III — DIAGNOSIS / TREATMENT INFORMATION | | | | | | | | | | | | | | | |
| 10. Diagnosis — Code and Description | | | | | | | | | | | | | | | |
| 11. Rendering Provider Number | 12. Rendering Provider Taxonomy | 13. Procedure Code | 14. Modifiers | | | | | 15. POS | | 16. Description of Service | | 17. QR | | 18. Charge |
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| An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Medicaid and BadgerCare Plus payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the Managed Care Program. | | | | | | | | | | | | 19. Total Charges | |  | |
| 20. **SIGNATURE** — Requesting Provider | | | | | | | | 21. Provider Type  Audiologist  Hearing Instrument Specialist | | | | 22. Date Signed | | | |