**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  0  10  20  30  40  50  60  70  80  90  100  110  120 | | Legend | | | | |  | |  | | 125 | | 250 | | | 500 | | | 1000 | | 2000 | | | | 4000 | | | 8000 | | |
| Air | | Bone | | |  | | |  | | |  | |  | |  |  |  |  | | | |  |  | |  |  |
|  | Ear | Un- masked | Masked | Un- masked | Masked | | NR |  |  | | |  | | |  | |  | |  |  |  |  | | | |  |  | |  |  |
| Right | o - o |  |  | [ | |  |  | | |  | | |  | |  | |  |  |  |  | | | |  |  | |  |  |
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|  | 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) | | |  |  | |  |  | | |  | | |  | |  | |  |  |  |  | | | |  |  | |  |  |
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|  | | | | | | | | | 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 | | | | | | |

