**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

ForwardHealth Wis. Admin. Code §§ DHS 107.16(2), 107.17(2), 107.18(2)

F-11039 (10/15)

**FORWARDHEALTH**

**PRIOR AUTHORIZATION / SPELL OF ILLNESS ATTACHMENT (PA/SOIA)**

**Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Spell of Illness Attachment (PA/SOIA) Completion Instructions, F-11039A. Providers may submit SOI requests by fax to ForwardHealth at 608-221-8616, or providers may send the completed form to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784.

|  |
| --- |
| **SECTION I — MEMBER INFORMATION** |
| 1. Name — Member (Last, First, Middle Initial)      |
| 2. Age — Member      | 3. Member Identification Number      |
| **SECTION II — PROVIDER INFORMATION** |
| 4. Name and Credentials — Therapist      |
| 5. National Provider Identifier (NPI) — Therapist       | 6. Telephone Number — Therapist      |
| 7. Name — Prescribing Physician      | 8. NPI — Prescribing Physician      |
| **SECTION III — DOCUMENTATION** |
| 9. Requesting SOI for [ ]  Physical Therapy (PT) [ ]  Occupational Therapy (OT) [ ]  Speech and Language Pathology (SLP) |
| 10. Requested Start Date      |
| 11. Primary *International Classification of Diseases* (ICD) Diagnosis Code or ICD Procedure Code and Description      |
| 12. Indicate the condition that qualifies this SOI request. (Check only one of the following options.)The member requires therapy due to the following:[ ]  An acute onset of a new disease, injury, or condition such as neuromuscular dysfunction, including stroke-hemiparesis, multiple sclerosis (MS), Parkinson’s disease, and diabetic neuropathy.[ ]  An acute onset of a new disease, injury, or condition such as musculoskeletal dysfunction, including fracture, amputation, strains and sprains, and complications associated with surgical procedures.[ ]  An acute onset of a new disease, injury, or condition such as problems and complications associated with physiological dysfunction, including severe pain, vascular conditions, and cardio-pulmonary conditions.[ ]  An exacerbation of a pre-existing condition including, but not limited to, MS, rheumatoid arthritis, or Parkinson’s disease.[ ]  A regression in the member’s condition due to a lack of therapy, as indicated by a decrease of functional ability, strength, mobility, or motion.*Note:* Examples of member conditions for PT, OT, and SLP SOI approval may be found in the Prior Authorization section of the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the ForwardHealth Online Handbook on the ForwardHealth Portal. |
| 13. Indicate yes or no for the following statement. The member displays the potential to re-achieve the skill level that he or she had previously. [ ]  Yes [ ]  No |

*Continued*

**PRIOR AUTHORIZATION / SPELL OF ILLNESS ATTACHMENT (PA/SOIA)** 2 of 2

F-11039 (10/15)

|  |
| --- |
| **SECTION III — DOCUMENTATION (Continued)** |
| I hereby certify that the documentation of the acute onset, exacerbation, or regression of the member's disease, injury, or condition is as stated above. I acknowledge that the SOI ends when the skilled services of a therapist are no longer required, when the plan of care is met, or when the number of treatment sessions granted have been used, whichever comes first. I acknowledge that unused treatment days from one SOI may not be carried over to a new SOI and that treatment days covered by Medicare or other third-party insurance shall be included in computing the SOI treatment. I acknowledge that the provider is responsible for maintaining documentation to justify this SOI and all recordkeeping requirements.  |
| 14. **SIGNATURE** — Therapist Providing Evaluation / Treatment | 15. Date Signed      |