

**FORWARDHEALTH
PRIOR AUTHORIZATION / HOME HEALTH THERAPY ATTACHMENT (PA/HHTA)**

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/Home Health Therapy Attachment (PA/HHTA) Completion Instructions, F-11044A.

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. Therapist's National Provider Identifier (NPI)

6. Telephone Number — Therapist

7. Name — Referring / Prescribing Physician

8. Referring / Prescribing Physician's NPI

SECTION III — DOCUMENTATION

9. Provide a brief history pertinent to the service(s) requested.

10. Provide a description of the member's diagnosis and problems as they pertain to the need for the therapy services requested.
(Include the date of onset.)

Continued



SECTION III — DOCUMENTATION (Continued)

11. State member's therapy history. (Indicate type / date / location for all types of therapy.)

Service Area	Location	Date	Problem Treated
Physical Therapy			
Occupational Therapy			
Speech and Language Pathology			

12. Indicate the date of initial evaluation. (Supply dates / tests used / results of additional evaluations.)

13. Describe progress in measurable / functional terms since treatment was initiated or last authorized.

14. Attach a plan of care indicating specific, measurable goals and procedures to meet those goals.

15. Describe rehabilitation potential.

16. **SIGNATURE** — Requesting Provider

17. Date Signed