

**FORWARDHEALTH  
PRIOR AUTHORIZATION / PHYSICIAN-ADMINISTERED  
DRUG ATTACHMENT (PA/PAD) 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. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member ID number per Wis. Admin. Code § DHS 104.02(4).

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 by the form may result in denial of PA or payment for the service.

The use of this form is mandatory when requesting PA for certain drugs. 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 are required to complete, sign, and date the Prior Authorization/Physician-Administered Drug Attachment (PA/PAD) form, F-11034, to submit a PA request for physician-administered drugs that require PA. Attach the completed PA/PAD form to the Prior Authorization Request Form (PA/RF), F-11018, and submit the request to ForwardHealth on the ForwardHealth Portal, by fax, or by mail. Prescribers should make duplicate copies of all paper documents mailed to ForwardHealth.

Prescribers may submit PA requests on a PA drug attachment form in one of the following ways:

- For PA requests submitted on the Portal, prescribers may access [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).
- For PA requests by fax, prescribers should submit a PA/RF and the appropriate PA drug attachment form to ForwardHealth at 608-221-8616.
- For PA requests by mail, prescribers should submit a PA/RF and the appropriate PA drug attachment form to the following address:

ForwardHealth  
Prior Authorization  
Ste 88  
313 Blettner Blvd  
Madison WI 53784

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, followed by their 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.

**Element 3: Date of Birth – Member**

Enter the member's date of birth in mm/dd/ccyy format.

## **SECTION II – DRUG ORDER INFORMATION**

### **Element 4: Drug Name**

Enter the name of the drug.

### **Element 5: Drug Strength**

Enter the strength of the drug.

### **Element 6: National Drug Code**

Enter the national drug code of the prescribed drug.

### **Element 7: Healthcare Common Procedure Coding System Procedure Code**

Enter the Healthcare Common Procedure Coding System procedure code for the physician-administered drug being requested (usually a “J” code or “Q” code).

### **Element 8: Order Date**

Enter the order date of the drug.

### **Element 9: Dose**

Enter the drug dose.

### **Element 10: Name – Prescriber**

Enter the name of the prescriber.

### **Element 11: Address – Prescriber (Street, City, State, Zip+4 Code)**

Enter the address (street, city, state, zip+4 code) of the prescriber.

### **Element 12: Phone Number – Prescriber**

Enter the phone number, including area code, of the prescriber.

### **Element 13: National Provider Identifier – Prescriber**

Enter the 10-digit National Provider Identifier of the prescriber.

## **SECTION III – CLINICAL INFORMATION**

### **Element 14: Diagnosis Code and Description**

List the member’s condition that the prescribed drug is intended to treat. Enter the appropriate and most specific International Classification of Diseases diagnosis code and description most relevant to the drug requested.

## **SECTIONS IV–VII**

Complete the appropriate sections of this form:

- Section IV for diagnosis-restricted physician-administered drug requests
- Section V for physician-administered drugs with specific PA criteria addressed in the ForwardHealth Online Handbook
- Section VI for other physician-administered drug requests
- Section VII for additional information when extra space is needed to complete Sections IV–VI

## **SECTION IV – CLINICAL INFORMATION FOR DIAGNOSIS-RESTRICTED PHYSICIAN-ADMINISTERED DRUG REQUESTS**

### **Element 15**

Submit peer-reviewed medical literature to support the proven efficacy and safety of the requested use of the physician-administered drug. Include documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not used. Medical records should be provided as necessary to support the PA request.

## **SECTION V – CLINICAL INFORMATION FOR PHYSICIAN-ADMINISTERED DRUGS WITH SPECIFIC CRITERIA ADDRESSED IN THE FORWARDHEALTH ONLINE HANDBOOK**

### **Element 16**

Review the ForwardHealth Online Handbook PA criteria for the requested drug and document the required information. Refer to the appropriate topic of the Online Handbook for the drug-specific clinical PA criteria.

## **SECTION VI – CLINICAL INFORMATION FOR OTHER PHYSICIAN-ADMINISTERED DRUG REQUESTS**

### **Element 17**

Document the clinical rationale to support the medical necessity of the physician-administered drug being requested. Documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not used is required. Medical records and peer-reviewed medical literature should be provided as necessary to support the PA request.

## **SECTION VII – ADDITIONAL INFORMATION**

### **Element 18**

Include any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the drug requested may be included here. If the space provided in Sections IV–VI is not sufficient, include any additional information here.

## **SECTION VIII – AUTHORIZED SIGNATURE**

### **Element 19: Signature – Prescriber**

The prescriber is required to review the information, verifying that the information is accurate to the best of their knowledge, and sign the PA/PAD form.

### **Element 20: Date Signed**

Enter the month, day, and year the form was signed in mm/dd/ccyy format.