Children's Long-Term Support Waiver Agency Prior Authorization

April 28, 2025



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1 Introduction

A prior authorization (PA) is a required authorization issued by the county waiver agency (CWA) before a provider may submit claims or receive payment for services and supports delivered to a Children's Long-Term Support (CLTS) participant. All CLTS services must have a PA, and all CLTS PAs are automatically approved once accepted into ForwardHealth.

CWAs can use the PA features on the ForwardHealth Portal (the Portal) to do the following:

- Upload a PA File
- View Upload PA File Results
- Access PA File Submission Template
- Submit a New PA
- Search or Amend a PA
- Search PAs in Bulk

2 Access the Prior Authorization Page

1. Access the Portal at forwardhealth.wi.gov/.



Figure 1 ForwardHealth Portal Homepage

2. Click Login. A Sign In box will be displayed.

ForwardHealth	
Sign In	
Username	
1	
Keep me signed in	
Next	
Unlock account?	
Help	
Logging in for the first time?	

Figure 2 Sign In Box

3. Enter the user's username.

4. Click **Next**. A Verify with your password box will be displayed.

Verify with your pa	assword
Password	
•••••	©
Verify	
Forgot password?	
Back to sign in	

Figure 3 Verify With Your Password Box

5. Enter the user's password.

6. Click Verify. The secure Waiver Agency page will be displayed.

Wisconsin.gov home state agencies department of health services	
ForwardHealth Wisconsin Serving you	Welcome Walver Agency Name » April 3, 2025 8:52 AM Logout
Home Search Waiver Agency Prior Authorization Account Contact Information iC Functionality User Guides Certification Message Center	Online Handbooks Site Map
You are logged in as WAIVER AGENCY NAME	Search
CLTS User Guides	Account Information
 Children's Long-Term Support Waiver Agency Portal 	Switch Organization
 Children's Long-Term Support Waiver Agency Prior Authorization 	
 Children's Long-Term Support Waiver High-Cost Request 	
 Children's Long-Term Support Waiver Rate Setting Outlier Request 	Quick Links
 Children's Long Term Support Waiver Program Eligibility and Enrollment 	 Waiver Enrollment Wizard
 Children's Long-Term Support Waiver Agency interChange Functionality 	 Waiver Member Search
CLTS Waiver Agency Training	 Waiver Pend Wizard
Currently, there are no CLTS Waiver Agency Trainings available.	 SUD Health Home User Guide
	Letters
CLTS Waiver Agency Reports	Waiver Agency Portal Admin
Enrollment Change Report	Change Request
Total Member List Report	High-Cost and Outlier Requests
Disenrollment Report for Waiver Agencies	Report Matrix
Predictive Disenrollment Report	Contraction and the
Link Report for Waiver Agencies	
Monthly Suspension Report for Waiver Agencies	

Figure 4 Secure Waiver Agency Page

7. Click **Prior Authorization** on the main menu at the top of the page. The Prior Authorization page will be displayed.



Figure 5 Prior Authorization Page

From the Prior Authorization page, CWAs can choose to do the following:

- Upload a Prior Authorization File
- View Uploaded Prior Authorization File Results
- Access Prior Authorization File Submission Template
- Submit a New Prior Authorization
- <u>Search or Amend a Prior Authorization</u>
- Prior Authorization Search-Bulk

3 Upload a Prior Authorization File

Users can upload PA files for processing via the Upload a PA file link.

1. On the Prior Authorization page, click **Upload a PA file** to upload a file.





The Upload PA Files panel will be displayed.

Upload PA Files	0
Required fields are indicated with an asterisk (*).	
File to Upload	
File To Upload* Choose File No file chosen	1
Uploaded Files	
*** No rows found ***	
Submit	Exit

Figure 7 Upload PA Files Panel

- 2. Click Choose File. Navigate to the desired file and double-click to select for uploading.
- 3. Click **Upload File**. If there are errors, an error message will be displayed at the top of the page.



The file content contains errors. Please select the record from the Uploaded Files list to view the error reasons.

Figure 8 Error Message

4. Select the record under the Uploaded Files list to view the error reasons under the Select File Errors section.

Upload PA Files		Ø
Required fields are	indicated with an asterisk (*).	
File to Upload	1	
File To Upload*	Choose File No file chosen	Upload File
Uploaded Files	IS T	
File Name	Error Count Upload Status	
clts-pa-file-l	layout (5).xlsx 2 Failed Validation	
Selected File [Detail	
Request Name	clts-pa-file-layout (5).xlsx	
Error Count	2	
		delete
Select File Err	rors	
Record Type	Row Number Error Message	
н	1 The CWA Org ID field length must be 8.	
н	1 Invalid Date. Date must be in YYYYMMDD format.	
		Submit Exit

Figure 9 Upload PA Files Panel—Select File Errors

5. Click **delete** to delete the file, then go back and correct the errors in the file. Note: If there are any errors, the PA file will not be uploaded. All errors must be corrected to upload and submit the file.

6. Click **Upload File**. A confirmation message will be displayed at the top of the panel indicating the file has been successfully verified.

oad PA Files			
uired fields are indicated with an asterisk (*).			
File to Upload			
File To Upload* Choose File No file chosen			
			Upload File
Uploaded Files			
File Name	Error Count	Upload Status	
clts-pa-file-layout_(5).xlsx	0	Passed Validation	

Figure 10 Upload PA Files Panel—Passed Validation

7. Click **Submit**. A confirmation message will be displayed at the top of the panel indicating the file has been successfully uploaded.

te following messages were generated: 'our information was successfully uploaded.			
oload PA Files			
quired fields are indicated with an asterisk (*).		
File to Upload			
File To Upload* Choose File No file chose	n		
			Upload File
Uploaded Files			
File Name	Error Count	Upload Status	
clts-pa-file-layout_(5).xlsx	0	Passed Validation	
			Submit E

Figure 11 Upload PA Files Panel—Successfully Uploaded

8. Click **Exit**. The information from the file will be used by ForwardHealth to create the PA that will be stored in interChange. Files will be processed twice daily, and CWAs will receive a response file.

4 View Uploaded Prior Authorization File Results

Users can download the results of their uploaded PA files via the View Uploaded PA File Results link.

1. On the Prior Authorization page, click View Uploaded PA File Results.



Figure 12 Prior Authorization Page—View Uploaded PA File Results

The View Uploaded PA File Results panel will be displayed.

Vi	ew Uploaded PA File Results					3					
Re	Required fields are indicated with an asterisk (*).										
	 Select a row below to download the results of your uploaded prior authorization file. 										
ſ	CLTS PA Downloads										
	File Name	Upload Date	<u>Status</u>	Error Count	Total Records						
	clts-pa-file-layout_(5).xlsx	12/20/2024	Processed	0	1						
						Exit					

Figure 13 View Uploaded PA File Results Panel

2. Click the desired row to download the results of the uploaded PA file. The panel will be displayed with the file name listed under the Download Selected File section.

ew Uploaded I	PA File Results					
quired fields ar	e indicated with an	ı asterisk (*).				
Select a row l	below to download	the results of you	r uploaded prio	or authorization f	ile.	
CLTS PA Dow	nloads					
File Name		Upload Date	<u>Status</u>	Error Count	Total Records	
clts-pa-file-layout_(5).xlsx		12/20/2024	Processed	0	1	
File Name	clts-pa-file-layout	_(5).xlsx			/	
File Name	clts-pa-file-layout	_(5).xlsx				
Date Upload						
Date Upload	12/20/2024				Deverland DA	1
Date Upload	12/20/2024				Download PA	
Date Upload	12/20/2024				Download PA	
Date Upload	12/20/2024				Download PA	

Figure 14 View Uploaded PA File Results Panel—Download PA

3. Click **Download PA**. The PA file will be downloaded.

4. Navigate to the location in which the PA file was downloaded on the computer.

🖊 🛃 📮 Downloads					_	Х
File Home Share View						~ ?
\leftarrow \rightarrow \checkmark \uparrow \clubsuit > This PC > Down	nloads		∨ じ Se	arch Downloads		Ą
DXC-Desktop-Backup	^	Name V	Date modified	Туре		Size ^
📜 Microsoft Teams Chat Files		✓ Today (1)				
Recordings	÷	Clts-pa-file-layout (5)	12/20/2024 2:23 PM	Microsoft Excel Worksheet		
🗢 This PC		✓ Earlier this week (5)				
🧊 3D Objects	\checkmark	<				>
1,025 items						

Figure 15 Downloaded File

5. Double-click to open the file. The PA file results will be displayed in Microsoft Excel Worksheet.

*	AutoSave	• Of		al ~ ⊽ clts-pa-fil	e-layout (5) - Read	I-Only 🌘 Interna	l, Proprietary • Sa	ved to this PC \sim	₽ Search						- 0	×
Fil	e Hom	e Inse	rt Draw Pag	ge Layout Formula	as Data Revi	iew View A	utomate Help	Acrobat						모 Con	nments 🖻 🖻 Sl	nare 👻
P	aste	B B B	$\begin{array}{c c} I & U & V \\ \hline I & U & V \\ \hline A^{*} & A^{*} \\ \hline A^{*} & A^{*} \\ \hline Font \end{array}$	→ = = = A [×] = = = = E = = ≫ → Alignment	20 30 30 40 50 50 50 50 50 50 50 50 50 5	✓ 🔛 Co % ୨ 🖽 For ☞ Cel	nditional Formatti mat as Table ~ Il Styles ~ Styles	ng × I Inser	t v ∑ v ie v ⊈ v natv & v s Edit	Ź∇ ~ Sensiti Sensiti	ivity Add-	ins Analyze Data	e Create and Shar	PDF Creat re link Share Adobe Acrob	e PDF and via Outlook	~
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	А		В	с	D	E	F	G	н	1	J	K	L	М	N	
1 H 2 R 3 D 4 T	ECORD TYP	E FIELD	12345678 RECORD NUMBER 1 1	20241209 COUNTY WAIVER ID 12345678	CWAAUTHNUM	MEM MEDICAID II 1234567890	AUTH START DATE 20240701	AUTH END DATE 20250520	DIAGNOSIS COD Z418	ESERVICE CODE T2018	MODIFIER 1 GT	MODIFIER 2	MODIFIER 3	MODIFIER 4	UNITS APPROV	ED /
5		_														
-	•	CLTS	PA Inbound File	layout 🔶					E 4				-			Þ
Read	ty 🐻	C Access	ibility: Good to go							Ę	Display Setti	ings 🖽]	+	100%

Figure 16 Downloaded PA File

- 6. Click Save As. Name the file.
- 7. Choose a location on the computer or network. Save the file.

5 Access Prior Authorization File Submission Template

The Prior Authorization File Submission Template allows the user to input required PA information into a template used to create a PA request.

1. On the Prior Authorization page, click **Prior Authorization File Submission Template** to download the template.

Prior Authorization	
Prior Authorization A prior authorization (PA) is a required authorization issued by the county waiver agency before a provider may submit claims or receive payment for services and supports delivered to a CLTS participant.	User Guides View the Prior Authorization User • Guide
Add text here	-
Select a link below to begin a process that you need. Upload a PA file 	
Search or Amend a PA	
<u>Submit a new PA</u> <u>View Uploaded PA File Results</u>	
 <u>PA Search-Bulk</u> <u>Prior Authorization File Submission Template</u> Select the following link to download the Prior Authorization file submission template, to be used in the 	
Upload a Prior Authorization File process. For PA file specification instructions select here.	

Figure 17 Prior Authorization Page—Prior Authorization File Submission Template

2. Navigate to the location where the template file was downloaded on the computer.

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File Home Share View						\sim	/ ?
\leftarrow \rightarrow \checkmark \uparrow \clubsuit > This PC > Down	loads		ٽ ~	Search Downloads			Q
Professional	^	Name V	Date modified	Туре		Size	^
Screenshots		✓ Today (1)					- 1
😹 Creative Cloud Files		pa_submission_templ	12/20/2024 10:59 A	. Microsoft Excel Worksheet			
loneDrive - Gainwell Technologies		 Earlier this week (5) 			•		
📕 Apps		👜 CWA Prior Authorizati	12/17/2024 2:36 PM	Microsoft Word Document			~
Attachments	\checkmark	<					>
1,025 items							

Figure 18 Downloaded File

3. Double-click to open the file. The Prior Authorization File Submission Template will be displayed with the required PA fields in Microsoft Excel Worksheet.

¢	AutoSa	ive 💽 🤇	off) 🖪 5) ~ (² ~	÷	pa_submission_template (1) 🛡 li	nternal, Propr	etary • Saved	d to this PC 丶	/	Q		-		×
	File Ho	me In	nsert Draw	Page La	ayout	Formulas Data R	view	View Au	itomate I	Help Acro	obat		Γ	omments	ि st	nare 🗸
,	Clipboard	A Font	Alignment	% Number	E C	onditional Formatting ~ ormat as Table ~ ell Styles ~	Cells	Editing	Sensitivity	Add-ins	Analyze Data	Create and Sha	e PDF are link S	Create PDF hare via O) Fand utlook	
R	8		X V fr			Styles			Sensitivity	Add-Ins			Adobe	Acrobat		~
	C	· · · · · ·	Jx -	P		Q		R			S			Т		
1 2 3 4	AUTH DOL	LARAMT	BILLING PROV	/IDER NUM (I	MA ID)	AUTH REVISION INDICATO	R FC	RWARDHEAL	TH PA NUM.	RENDERING	PROVIDER	TYPE R	ENDERIN	PROVIDE	RNUMB	R
5													~			•
	4	CLT	S PA Inboun	d File layo	out	(+)			1.1	1						

Figure 19 Prior Authorization File Submission Template

- 4. Fill out the template with the required information.
- 5. Follow the instructions under the <u>Upload a Prior Authorization File</u> chapter of this user guide. Multiple PAs can be submitted at one time.

6. On the Prior Authorization page, click **here** for PA file specification instructions.



Figure 20 Prior Authorization Page

6 Submit a New Prior Authorization

Users can submit a new PA via the Submit a new PA link.

1. On the Prior Authorization page, click **Submit a new PA**.

Prior Authorization	
Prior Authorization A prior authorization (PA) is a required authorization issued by the county waiver agency before a provider may submit claims or receive payment for services and supports delivered to a CLTS participant.	User Guides View the Prior Authorization User • Guide
Add text here Select a link below to begin a process that you need.	
<u>Upload a PA file</u> <u>Search or Amend a PA</u> <u>Submit a new PA</u>	
<u>View Uploaded PA File Results</u> PA Search-Bulk	
 Prior Authorization File Submission Template Select the following link to download the Prior Authorization file submission template, to be used in the Upload a Prior Authorization File process. For PA file specification instructions select <u>here</u>. 	

Figure 21 Prior Authorization Page—Submit a New PA

The Service Information panel will be displayed.

Mambas Information				
member information				
Member ID*				
First Name				
Last Name				
Start Date*				
End Date*				
Service Information				
Billing Provider ID ³		10.0		
CWA PA Numbe		[Sea	rcn j	
Primary Diagnosis Code		[Search]	Primary Diag Descri	intion
		[Search]		
Secondary Diagnosis Code	ł	[Search]	Secondary Diag Descri	iption //
Line Item				
Service Type Code*	Procedure Code	*		
Procedure Code		Search 1		
Service Code Description				
Modifiers	[Sea	irch]	[Search] [Sea	arch] [Search
Place of Service	99 - Other Place	of Service		
Units	C	0		
Dollar Amount	\$0.00	2		

Figure 22 Service Information Panel

2. Enter the member ID in the Member ID field and click outside the field to automatically populate the First Name and Last Name fields.

Service Informat	ion			Ø
Required fields are	indicated with an asteri	sk (*).		
Member Infor	mation			
Member ID*	01234567890			
First Name	DANNY			
Last Name	CLTS			
Start Date*				
End Date*				
C. Consider Inform				
Service Inform	mation			
Billing	Provider ID*	[Se	arch]	
CWA	A PA Number			
Primary Diag	nosis Code*	[Search]	Primary Diag Description	on //
Secondary Dia	agnosis Code	[Search]	Secondary Diag Description	on //
C Line Item				
Service 1	ype Code* Procedure	Code 🗸		
Proce	edure Code	[Search]		
Service Code I	Description			
	Modifiers	[Search]	[Search] [Search	[Search]
Place	of Service 99 - Other	Place of Service		
0.1	Units	0		
Doi	lar Amount	\$0.00		
		N.		Cancel

Figure 23 Service Information Panel—Member Information

- 3. Enter the remaining information. Note: All fields with an asterisk are required.
- 4. In the Billing Provider ID^{*} field, the CWA will only select provider type "88" along with the appropriate service location for their PA when searching for their billing provider ID. To do this, complete the following steps:

a. Under the Service Information section, click **[Search]** next to the Billing Provider ID^{*} field.

Service Information			0
Required fields are indicated wit	th an asterisk (*).		
Member Information			
Member ID*			
First Name			
Last Name			
Start Date*	•••		
End Date*			
Service Information			
Billing Provider ID*		[Search]	
CWA PA Number			
Primary Diagnosis Code*	[Search] Primary Diag Description	1.
Secondary Diagnosis Code	[Search] Secondary Diag Description	1.
		mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Figure 24 Service Information Panel—Billing Provider ID^{*} Field

The Billing Provider ID Search panel will be displayed.

📕 Billing Provider	ID				
				<u>Help</u>	Close
Search					0
Provider ID					
Business OR					
Last Name					
First, MI					
Financial Payer	ALL PAYERS	~			
			search	cle	ear
•					
					.4

Figure 25 Billing Provider ID Panel

- Click **Help** to access the @neTouch Help page.
- Click **Close** to return to the Service Information panel.

b. Enter the search criteria and click **search**. The search results will be displayed at the bottom of the panel. The Type column displays the provider type, and the Address, City, State, and Zip columns display the service location information.

	Billing Provider I	D													^
I													Help	Close	
l	Search					Ø									
I	Provider ID														
I.															
L	Business OR	CLTS													
I.	Last Name														
I.	First, MI														1
L	Financial Payer	ALL DAVERS		~											
I.															11
L					search	clear									
L															
L		_	_	_					_		_		_		
	Search Results														11
L	National	Program								s 📕					
L	Provider ID /	Provider ID	Base ID	Financial Payer	Billing Status	Name	Type	Description	Taxonomy	Address	City	State	Zie		
L	1212121212	00000001	111111	TXIX	Biller and Performer	CLTS892 HERRERA2	88	Childrens Long Term Support	111B00000X	123 MAIN ST	MADISON	WI	53708-000	10	
L	6767676767	000000004	44444	TXIX	Biller and Performer	CLTS888 HERRERA	88	Childrens Long Term Support	111B00000X	123 NORTH ST	MADISON	WI	53705-000	00	
L	6767676767	000000004	44444	TXIX	Biller and Performer	CLTS888 HERRERA	24	Pharmacy	333B00000X	123 FIRST ST	MADISON	WI	53705-000	10	1
L	6767676767	000000004	44444	TXIX	Biller and Performer	CLTS888 HERRERA	88	Childrens Long Term Support	111B00000X	123 SOUTH AVE.	MADISON	WI	53562-060	18	
L	5656565656	000000003	333333	TXIX	Biller and Performer	CLTS892 HERRERA	88	Childrens Long Term Support	111B00000X	123 SECOND ST	MADISON	WI	53705-000	10	
I.	3434343434	000000002	222222	TXIX	Biller and Performer	CLTS894 HERRERA2	88	Childrens Long Term Support	000B00000X	123 THIRD ST	MADISON	WI	53708-000	10	
L	0000000000	000000006	777777	TXIX	Biller and Performer	CLTS890 HERRERA	88	Childrens Long Term Support	000B00000X	123 9TH ST	MADISON	WI	53705-000	10	
H	0987654321	122222222	888888	TXIX	Biller and Performer	CLTS TEST	88	Childrens Long Term Support	000XX0000X	111 PARK LN	MADISON	WI	53715-578	3	
L	0987654321	34444444	999999	TXIX	Biller and Performer	CLTS TEST	24	Pharmacy	000XX0000X	111 PARK LN	MADISON	WI	53715-578	3	
1	4555555555	000000005	566666	XIX	Biller and Performer	CLTS894 HERRERA GA	88	Childrens Long Term Support	456B00000X	123 WEST AVE.	MADISON	WI	53705-007	/6	
						Pre	W 12	34567 Next							
ł															•
4															,

Figure 26 Billing Provider ID Panel—Search Results

- c. To search for the provider ID, click **Prev** or **Next** at the bottom of the page.
- d. Double-click the desired row. The Billing Provider ID^{*} field will be populated under the Service Information section.

Service Information			0
Required fields are indicated wit	h an asterisk (*).		
Member Information			
Member ID*			
First Name			
Last Name			
Start Date*			
End Date*			
Service Information			
Billing Provider ID*	0987654321 NPI	[Search]	
CWA PA Number			
Primary Diagnosis Code*	[Search]	Primary Diag Description	1.
Secondary Diagnosis Code	[Search]	Secondary Diag Description	1.
man man man man man and man and a second man and a second			

Figure 27 Service Information Panel—Billing Provider ID* Field Populated

5. Once all information is entered, click **Next**. The PA Summary panel will be displayed.



Figure 28 PA Summary Panel

6. Click **Preview PA Request**. A PDF version of the PA request will be displayed.

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k,																đ
e,		DEPARTMENT O ForwardHealth F-11018 (05/13)	OF HEALTH SER	VICES						E	HS 152.06(3)(h), 153.0	DHS 6(3)(g), 15	STATE C 106.03(4), W 4.06(3)(g), W	DF WISCONSIN is. Admin. Code is. Admin. Code	e
1.		Providers may su	hmit price authoria		UTH	ORI	FOR	ION	REQ		FORM (PA/RF)	dianth D	vice Authoriza	tion Suite	00
Q		88, 313 Blettner E Request Form (P	Ioulevard, Madiso A/RF) Completion	n, WI 53784. Ins Instructions.	tructio	ns: Ty	pe or j	print c	learly. B	efore com	pleting this f	iorm, read t	he service-	specific Prior	Authorization	
		SECTION I -	PROVIDER IN	FORMATION												
		 Check only # HealthChe 	applicable tck "Other Service	ns"		14	47 - C	ess Ty Childr	pe ens Lo	ng-	3. Telepho	ne Number	- Daling I	Provider		
ini,		Wisconsin	Chronic Disease	Program (WCDP	7	Te	erm S	Suppo	ort		(101)	010-010	D			
		4. Name and Ad	ktress — Billing P	rovider (Street, C	iky, Sta	te, Zil	2+4 Co	de)			Sa. Billing	Provider No.	mber			
Ó,		CLTS TEST	r								0007	E 4334				
		111 PARK	LN								5b. Billing	Provider Ta	stonomy C	ode		
		MADISON,	WI 53715-57	783							0000	xooox				
		6a. Name — Pr	escribing / Referri	ng / Ordering Pro	wider						6b. Nation Ordering F	al Provider Provider	Identifier -	- Prescribing	/ Referring /	
		SECTION II -	MEMBER INF	ORMATION											_	
		7. Member iden	sfication Number	8. Date	e of Bir	th — M	Aembe	r		9.	Address — M	Aember (Str	eet, City, 5	State, ZIP Coc	de)	
		123456789	90	04	/02/2	015				33	22 DAN	ES ST				
		10. Name — Me	mber (Last, First,	Middle Initial)			11. Ge	nder -	- Membe	er	ADICOL					
		CLTS, DAN	INY			1	A Mak	• •	Female	M	ADISON,	WI 535	02			
		12. Diagnosis – Z418-ENCN	- DIAGNOSIS / - Primary Code ar TR FOR OTH	PROC FOR F	URP	OSE	OTH		13. Sta	art Date -	- SOI		14. First	t Date of Trea	atment - SOI	
		THAN REME	DY HEALTH Secondary Code	STATE and Description			2.00	_	16. Ro	quested	PA Start Dat					
			,,						05/0	2/2024						
		17. Rendering	18. Rendering	19. Service	20.1	Modifie	¥5	_	21.	22. Do	scription of 5	iervice		23. QR	24. Charge	
		Provider Number	Provider Taxonomy	Code	1	z	3	4	POS							1
		0987654321	000XX0000X	H0046	U2				99	MENTA	L HEALTH S	ERVICE, N	IOS	1	\$25.00	
																1
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					\vdash	-	-	-								
																\sim
					-	-	-	-	<u> </u>	<u> </u>						ى:
		An approved author provided and the op date. Reimburseme Care Program at the Manager Care Program	ization does not guess replateness of the cla rt will be in accordance i Sme a prior authorize ram.	intee payment. Reim in information. Paym ce with Forward-least ed service is provided	burseme ent will r h poymo I, Forwar	nt is constitute of the consti	ntingent ade for adulogy reimbu	upon e service and po rsemer	realiment o s initiated p icy. If the r t will be all	if the ment prior to appr member is a lowed only i	or and provide oval or after the moled in a fla f the service is	r at the time th e sufficientiation dgerCare Plus not covered by	e service is expiration Managed / the	25. Total Charges	\$25.00	C
		26. SIGNATUR	E — Requesting F	Provider										27. Date S	igned	
		grant	waiver											12/19/2	2024	S,
														DT-P/	1049-049	Q

Figure 29 PDF Version of the PA Request

7. Click Submit. The confirmation page will be displayed.



Figure 30 Confirmation of Receipt

- 8. Click **View Approved PA** to view the approved PA request.
- 9. Click **Print PA request** to view, print, or save a PDF version of the PA request.
- 10. To print or save the PA request to a hard drive or network location, use the Print or Save As function of the browser.
- 11. Click **Return to menu** to be redirected to the Prior Authorization page.

7 Search or Amend a Prior Authorization

Users can search for and amend a PA once the PA request has been submitted via the Search or Amend a PA link.

1. On the Prior Authorization page, click Search or Amend a PA.

Prior Authorization	
Prior Authorization A prior authorization (PA) is a required authorization issued by the county waiver agency before a provider may submit claims or receive payment for services and supports delivered to a CLTS participant.	User Guides View the Prior Authorization User • Guide
Add text here Select a link below to begin a process that you need. Upload a PA file	
Search or Amend a PA Submit a new PA View Uploaded PA File Results PA Search-Bulk	
 Prior Authorization File Submission Template Select the following link to download the Prior Authorization file submission template, to be used in the Upload a Prior Authorization File process. For PA file specification instructions select <u>here</u>. 	

Figure 31 Prior Authorization Page—Search or Amend a PA

The CLTS PA Search panel will be displayed.

CLTS PA Search		0
Search Criteria PA Number Member ID Start Date	CWA Auth Number Billing Provider ID End Date	Search Clear
Search Results		
*** No rows	found ***	
		Cancel

Figure 32 CLTS PA Search Panel

2. Enter search information. Note: The PA Number is the ForwardHealth-assigned number, and the CWA Auth Number is an optional number the CWA receives with their PA.

CLTS PA Search				0
Search Crite PA Number Member ID Start Date	eria 1212121212	CWA Auth Number Billing Provider ID End Date	Search	Clear
Search Res	sults			
	** No rows found	***		
				Cancel

Figure 33 CLTS PA Search Panel

3. Click **Search**. The search results will be displayed with all of the associated information that was previously entered.

Search Criteria							
DA Number Internet	Citita Auth A	to the second					
Member ID	Billing Provi	der ID					
Start Date	End Date						
						Search	Clear
Search Results							
Prior Auth Number C	WA Auth Number Billin	g Provider ID Member ID	Last Name F	First Name	Amendment Status	Start Date	End Date
1212121212	098	7654321 1234567890	CLTS C	DANNY	APPROVED	05/02/2024	04/30/20
Date of Bi Amendment Stat	th 04/02/2015						
Process Ty Primary Diagnosis Co Secondary Diagnosis Co Line Items	Pe 147 - Childrens Lon de Z418 de	g-Term Support Description ENCNTR F Description	OR OTH PROC	FOR PURP	POSE OTH THAN RE	EMEDY HEALT	TH STATE
Process Ty Primary Diagnosis Co Secondary Diagnosis Co Line Items Line Item Service Co 01 H0046	de Units Requested D 1.000	g-Term Support Description ENCNTR F Description collars Requested Units Au \$25.00	OR OTH PROC	FOR PURP s Authorized \$25.00	POSE OTH THAN RE	EMEDY HEALT	TH STATE,
Process Ty Primary Diagnosis Co Secondary Diagnosis Co Line Items Line Item Service Co 01 H0046 Line Item Information Line Item Rendering Provider II Service Code Typ Service Code Typ Service Cod Service Code Description Modifier Place of Servic Units Requester Units Authorize Units Remainin Start Dat	Pe 147 - Childrens Lon de 2418 de 2418 de 1.000 de 1.000 0 0987654321 NPI Procedure Code H0046 MENTAL HEALTH SER 2 9 1.000 de 1.000 de 1.000 de 1.000	g-Term Support Description ENCNTR F Description Collars Requested Units Au \$25.00 VICE, NOS Dollars Requested Dollars Authorized Dollars Remaining	CR OTH PROC thorized Dollar 1.000 \$25. \$25. \$25. \$0.	FOR PURP s Authorized \$25.00 00 00 00	OSE OTH THAN RE	EMEDY HEALT	TH STATĘ,

Figure 34 CLTS PA Search Panel—Results

4. Click Amend PA. The Amendment Request panel will be displayed.

SECTION I -	MEMBER INFORMATION	
PA Number	1212121212	
Today's Date	12/18/2024	
Process Type	147 - Childrens Long-Term Support	11
Member ID	1234567890	
First Name	DANNY	
Last Name	CLTS	
Billing	Start Date 05/02/2024 Image: Control of the start of	
Billing Service Proc Service Code Diag	Start Date 05/02/2024 End Date 04/30/2025 Provider ID 0987654321 NPI [Search] Type Code Procedure Code edure Code H0046 Description MENTAL HEALTH SERVICE, NOS Modifiers U2 [Search] [Search] Units 1 pnosis Code Z418 [Search]	
Billing Service Proc Service Code Diagnosis	Start Date 05/02/2024 End Date 04/30/2025 Provider ID 0987654321 NPI [Search] Type Code Procedure Code ✓ edure Code H0046 Description MENTAL HEALTH SERVICE, NOS Modifiers U2 [Search] Units 1 gnosis Code Z418 ENCNTR FOR OTH PROC FOR PURPOSE OTH THAN REMEDY HEALTH STATE	

Figure 35 Amendment Request Panel

- 5. Make desired modifications. Only certain fields can be edited. Fields that cannot be edited will be grayed out.
- 6. Click Submit. The confirmation page will be displayed.



Figure 36 Confirmation of Receipt

7. Click **Print amendment request** to view, print, or save a PDF version of the waiver amendment request.

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а,	DEPARTMENT	OF HEALTH SERV	ICES	w	aiv	/er	A	me	ndr	nent			STATE C	OF WISCONSIN	00
0	ForwardHealth F-11018 (05/13)		-			FOR	WAR	DHEAL	тн	CHS 152.06	(3)(h), 153.0	DHS 6(3)(g), 154	106.03(4), W 4.06(3)(g), W	is. Admin. Code is. Admin. Code	
IA.	Providers may su 88, 313 Blettner B Roquest Form (P)	bmit prior authorizi Ioulevard, Madisor A/RF) Completion	ation (PA) reque 1, WI 53784. Ins Instructions.	sts by f tructio	fax to F	CATI Forwar tpe or p	dHealt print cl	th at (608 learly. Bo	221-86 fore con	FORM 16 or by ma spleting this	(PA/RF) il to: Forwar form, read th	dHealth, Pr ne service-:	rior Authoriza specific Prior	tion, Suite Authorization	
Ox,	SECTION I -	PROVIDER INF applicable	ORMATION		2	Proce	ess Ty Childr	pe ens Lor	ig-	3. Teleph	one Number	— Billing P	Provider	_	
	Wisconsin Wisconsin A. Name and Ad CLTS TEST	Chronic Disease dress — Billing Pr	Program (WCD) ovider (Street, C	7) Sty, Sta	Te ite, ZiP	erm S	de)	ort	-	(101) Sa. Biling	010-0100 Provider No) umber			
	111 PARK MADISON,	LN WI 53715-57	83							0987 5b. Billing	654321 Provider Ta	ixonomy C	ode		
	6a. Name — Pr	escribing / Referrin	ng / Ordering Pro	wider						6b. Natio Ordering	nal Provider Provider	Identifier –	- Prescribing	/ Referring /	
	SECTION II - 7. Member Iden 12345678	- MEMBER INFO stication Number 90	B. Dat 04	e of Bin /02/2	th — N 015	Aembe	r		9.	Address -	Member (Str	eet, City, S	itate, ZIP Coc	50)	
	10. Name — Me CLTS, DAN SECTION III -	ember (Last, First, I INY – DIAGNOSIS /	Middle Initial)	INFO	RMAT	11. Ger Male	nder –	– Membe Female	M	ADISON	, WI 5356	52			
	12. Diagnosis – Z418-ENCN THAN REME	- Primary Code an TR FOR OTH I EDY HEALTH S	d Description PROC FOR I STATE and Description	VRP	OSE	отн		13. Sta	t Date -	- SOI	le	14. First	t Date of Trea	stment — SOI	
	12 Deptering	18 Production	10 Searce	20.4	Undific	~		05/01	/2024	contine of	Condro		21.08	24 Charge	
	Provider Number	Provider Taxonomy Code	Code	1	2	3	4	POS	MENTA	LHEALTH	SERVICE N	05.	23. 44	24. Charge	
															_
	An approved author provided and the co	Calion does not guara	ntoo payment. Ruim n information. Paym	burserne ert will o	ret is con	tingent ade for	upon er	multiment of	the memi	ber and provide	r al fhe lime th	e service is explation	25. Total		
	date. Reinfourserne Care Program at the Managed Care Prog 26. SIGNATUR	nt will be in accordance i time a prior authorized pare. E — Requesting Pr	e with Forward Neak d service is provide towider	h paymar 1. Forwar	nt metho cPhoaith	dalagy reimbu	and pol	icy. If the m I will be allo	ember is i wed only	errolled in a B If the service is	idgerCare Plus not covered by	Managed the	Charges 27. Date S	\$25.00 igned	
	grant v	waiver											12/18/2	024	
													DT-P/	詳認認証明 \049-049	0

Figure 37 PDF Version of the Waiver Amendment Request

- 8. To print or save the waiver amendment request to a hard drive or network location, use the Print or Save As function of the browser.
- 9. Click **Return to menu** to be redirected to the Prior Authorization page.

8 Prior Authorization Search-Bulk

Users can search for and view PA information in bulk via the PA Search-Bulk link.

1. On the Prior Authorization page, click **PA Search-Bulk**.

Prior Authorization	User Guides
prior authorization (PA) is a required authorization issued by the county waiver agency before a rovider may submit claims or receive payment for services and supports delivered to a CLTS articipant.	View the Prior Authorization User Guide
Add text here	
Add text here Select a link below to begin a process that you need. • <u>Upload a PA file</u>	
Add text here Select a link below to begin a process that you need. Upload a PA file Search or Amend a PA	
Add text here Select a link below to begin a process that you need. • <u>Upload a PA file</u> • <u>Search or Amend a PA</u> • <u>Submit a new PA</u>	
Add text here Select a link below to begin a process that you need. • Upload a PA file • Search or Amend a PA • Submit a new PA • View Uploaded PA File Provits	

Figure 38 Prior Authorization Page—PA Search-Bulk

The PA Search-Bulk panel will be displayed.

PA Search-Bulk						3
Required fields are inc	dicated with an asterisk(*).					
Search Criteria						
CWA ID	12345678					
Provider ID						
PA Number						
CWA PA Number						
Member ID						
Service Code						
From DOS*						
To DOS*						
				Search	Export	
Search Results						
*** No rows fou	und ***					
						Exit

Figure 39 PA Search-Bulk Panel

- 2. Enter the information into the following fields. In order to search, users are required to enter the desired date span in the From DOS^{*} and To DOS^{*} fields in MM/CC/CCYY format.
 - CWA ID—This is the number identifying the waiver agency.
 - Provider ID—This is the billing provider's ID as specified on the PA request.
 - PA Number—This is the number assigned to a PA request.
 - CWA PA Number—This is the PA number assigned by the CWA.
 - Member ID—This is the recipient's ID as specified on the PA request.
 - Service Code—This is the service code as specified on the PA request.
 - From DOS^{*}—This is the authorized PA start date.
 - To DOS^{*}—This is the authorized PA stop date.

3. Click **Search**. The search results will be displayed at the bottom of the panel.

Soarch Critoria								
Search Chiteria								
CWA ID	1234567	78						
Provider ID								
PA Number								
Marshar ID								
Member ID								
Service Code								
From DOS*	01/01/2	025						
To DOS*	01/31/2	025						
							Search	Export
						L		
Conroh Doculto								
Search Results								
PA Number	Line Item	CWA PA Number	CWA ID	Provider ID	Member ID	Service Code	From DOS	To DOS
525000001	01		12345678	0987654321	000000001	T2040	12/01/2024	11/30/202
5250000002	01		12345678	0987654321	000000002	T2040	01/01/2025	12/31/202
	01		12345678	0987654321	000000003	T2040	01/01/2025	11/30/202
525000003	01		12343070	0907034321	0000000000		,,	,,

Figure 40 PA Search-Bulk-Search Results

- 4. Click **Export**. A PA bulk report Excel file will be downloaded.
- 5. Navigate to the location where the file was downloaded on the computer.

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	Name	Date modified	Туре	Size
↓ Downloads	🖈 📕 🗠 Today			
Pictures	PA_Bulk_Report_202	50416_121306 4/16/2025 12:13 PM	Microsoft Excel Com	2 KB
Documents	✓ Yesterday			
	provider_appeals_ug	(16) 4/15/2025 1:38 PM	Adobe Acrobat Docu	5,714 KB
1,131 items				

Figure 41 Downloads

6. Double-click to open the file. The comma-separated values file will be displayed in Excel.

AutoSav	ve Off	9- 6-	⇒ PA_Bu	ulk_Report_2	0250416_121	1306 🕝 •	Saved to this I	PC V		₽ Searc	h													- 0	×
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A	вс	D	E	F	G	н	1	J	К	L	м	N	0	Р	0	R	s	T	U	V	W	x	y z	AA	
1 PA Numbe	Line Item I CWA P	A N CWA ID	Billing Pro	Member II	First Nam	Last Nam	Start Date	End Date	Amendm	e Primary D	Seconda	n Rendering	Service C	Co Service (Co Modifie	er 1 Modifier	2 Modif	ier 3 Modifier 4 L	Jnits Auth Un	its Use(Un	its Rem Do	llars AL Doll	ars Us Dollars	le External T	ext
2 5.25E+09	1	12345678	1.93E+09	7.21E+09	JOSE	CLTS	20241201	20251130	N			1.93E+09	T2040	FINANCI	AIGT	HQ	UN		5	0	5	200	0 20	0	
3 5.25E+09	1	12345678	1.93E+09	8.21E+09	SOPHIA	CLTS	20250101	20251231	N			1.93E+09	T2040	FINANCI	AIGT	HQ	UN		5	0	5	200	0 20	0	
4 5.25E+09	1	12345678	1.93E+09	6.21E+09	MARIANA	CLTS	20250101	20251130	N			1.93E+09	T2040	FINANCI	AIGT	HQ	UN		5	0	5	200	0 20	0	
5 5.25E+09	1	12345678	1.93E+09	7.21E+09	JOSE	CLTS	20250125	20260124	Y			1.93E+09	T2013	HABIL EC	D\GT				10	0	10	100	0 10	0	
6																									
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Figure 42 Microsoft Excel Window-PA Bulk Report

Information for the following fields will be displayed:

- PA Number—This is the number assigned to a PA request.
- Line Item Number—This represents the PA line item number for the PA record. Each PA record may have up to 10 line items.
- CWA PA Number—This is the PA number assigned by the CWA.
- CWA ID—This is the number identifying the waiver agency.
- Billing Provider ID—This is the billing provider's ID as specified on the PA request.
- Member ID—This is the recipient's ID as specified on the PA request.
- First Name—This is the recipient's first name.
- Last Name—This is the recipient's last name.
- Start Date—This is the authorized PA start date.
- End Date—This is the authorized PA stop date.
- Amendment Status—Indicates "Y" or "N" if the PA has been amended.
- Primary Diagnosis Code—This is the primary diagnosis code as specified on the PA request.
- Secondary Diagnosis Code—This is the secondary diagnosis code as specified on the PA request.
- Rendering Provider ID—This is the performing provider ID as specified on the PA request.
- Service Code—This is the service code as specified on the PA request.
- Service Code Description—This is the service code description. This allows the entry of descriptions for unlisted procedure codes.
- Modifiers 1–4—These are procedure code modifiers of the PA.

- Units Authorized—This is the number of units authorized for the PA line item service.
- Units Used—This is the number of services that have been used to date for a service/PA line item for a particular claim detail.
- Units Remaining—This indicates the remaining units quantity, which is calculated by subtracting the used units quantity from the authorized units quantity.
- Dollars Authorized—This is the dollar amount authorized for the PA line item service.
- Dollars Used—This is the dollar amount that has been used to date for a service/PA line item for a particular detail.
- Dollars Remaining—This indicates the remaining units quantity, which is calculated by subtracting the used amount from the authorized amount.
- External Text—This displays the WPS-assigned PA number for the converted PAs.
- 7. Certain column field names may be cut off or may show scientific notation in place of long numbers such as PA numbers.

D	4 、	<pre></pre>	$\checkmark f_{x} \sim$	1234567	8 ~
1	А	В	С	D	E 🔺
1	PA Numbe	Line Item I	CWA PA N	CWA ID	Billing Pro
2	5.25E+09	1		12345678	1930
3	5.25E+09	1		12345678	1930
4	5.25E+09	1		12345678	1930
5	5.25E+09	1		12345678	1930
6					
7					
	< >	PA	+	•••	•
		🕼 Disp	lay Settings	Ħ	

Figure 43 Microsoft Excel Window

8. To correct this, click and drag the vertical line at the top of the field column to expand the column.



Figure 44 Microsoft Excel Window

- 9. Click Save As and name the file.
- 10. Choose a location on the computer or network and save the file.