DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-11021 (07/2012)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code

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.

SECTION I — PROVIDER INFORMATION

1. Name — Provider
2. National Provider Identifier
3. Telephone Number — Provider
4. Address — Provider (Street, City, State, ZIP+4 Code)

SECTION II — MEMBER INFORMATION

5. Name — Member (Last, First, Middle Initial)
6. Date of Birth — Member
7. Member Identification Number
8. Gender — Member
   ❑ Male ❑ Female
9. Has the Member Ever Used a Hearing Instrument?
   ❑ Yes ❑ No
10. Describe Prior Hearing Instrument Use
11. Testing Date
12. Test Reliability (Check One)
   ❑ Good ❑ Fair ❑ Poor

SECTION III — DOCUMENTATION

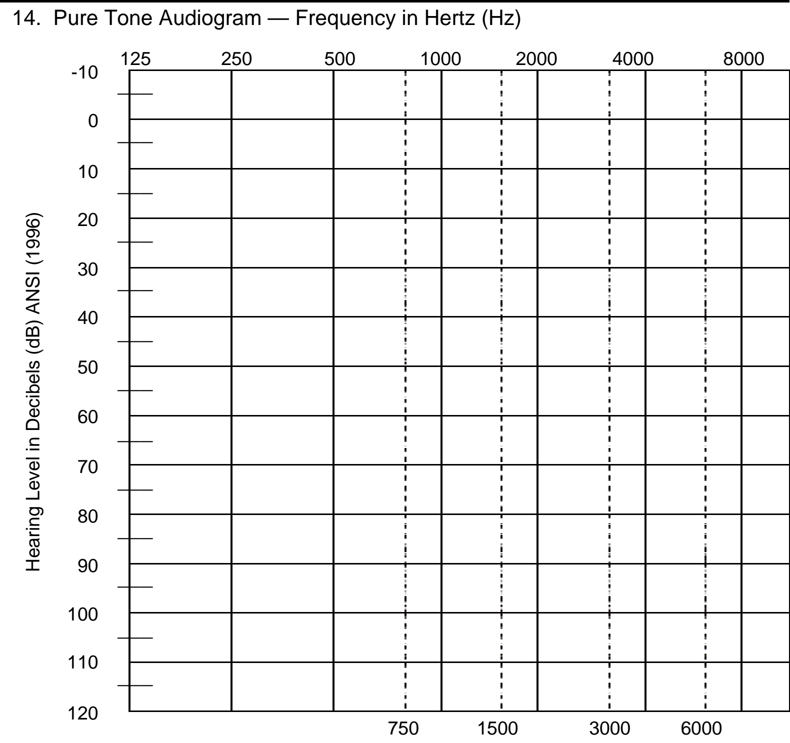
13.

Legend

Ear	Air Un-masked	Air Masked	Bone Un-masked	Bone Masked	NR
Right	o - o	Δ – Δ	<	[	↙
Left	x - x	□ – □	>	]	↘

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)			

14. Pure Tone Audiogram — Frequency in Hertz (Hz)



15. Additional Audiometric Studies and Results, Pertinent Social Background, Other Relevant Information (Use an Attachment if Necessary)

16. Recommendations for a Hearing Instrument (use an attachment if necessary)

   Ear (Check One) ❑ Left ❑ Right ❑ Both

   Ear Mold Style__________________ Hearing Aid Style_________________

   Describe Electroacoustic Specifications

   Ear Mold ❑ Left ❑ Right ❑ Both

   Special Modifications

17. **SIGNATURE** — Requesting Provider
18. Name — Requesting Provider (Print)
19. Provider Type (Check One)
   ❑ Audiologist
   ❑ Hearing Instrument Specialist
20. Date Signed

DT-PA023-023