COMMUNICABLE DISEASE UNIT – PRIOR AUTHORIZATION FORM

Submit prior authorizations via email at cdu.treatment@wyo.gov or fax to 307-777-7382.

Today's date:	Proposed date of service:		
Facility requesting service:	Case Manager:	Phone:	Fax:
Patient Name:		Patient DOB:	
Insurance Status:	Insured	Uninsured	Medicare/Medicaid
Soundex number (Treatment Only):	Provider/Company Name:	Phone:	

TREATMENT PROGRAM SERVICES		
Medical care	Dental care	Vision care/glasses
Mental health	Substance abuse	Lab/other diagnostics
Meals/Nutrition	Supportive services	Other

Attach provider estimate for services and describe request:

Transportation

Bus pass/tokens   Taxi   Other____________________________________

Third Party Driver, person/company providing service ______________________________

TUBERCULOSIS TESTING

Services Requested ☐ Chest X-Ray ☐ IGRA ☐ Liver Function Panel ☐ Sputum

High Risk Factor (select all that apply)

☐ Contact to infectious TB patient ☐ HIV positive ☐ Positive TST or IGRA

☐ Foreign born, specify Country of Origin:

KIDNEY FUNCTION TESTING

Testing Requested   Specify Test:

Claims must be submitted by expiration date noted below to ensure payment.

Claims for payment must be submitted on health insurance claim forms (HICF) to:
Wyoming Department of Health, Communicable Disease Unit
122 W. 25th St., West Herschler, Suite 301
Cheyenne, WY 82002

☐ Request Approved	Authorization #	Expiration date:
☐ Request Denied, Reason:		
Approved amount $	Approval Comments:	
Program signature and date		

Communicable Disease Unit - Prior Authorization Provider Billing Instructions

The Wyoming Communicable Disease Unit (CDU) follows a direct fee for service model for provider reimbursement. A client may seek services at any provider across the State of Wyoming.

All Treatment Program services **must be prior authorized and require a written cost estimate**. Providers must also accept Wyoming Medicaid. In some cases a letter of medical necessity may need to be provided.

Billing Instructions

The CDU is a payor of last resort, all primary billing must be processed before the Program can proceed with payment. Primary billers include, but are not limited to, private or marketplace insurance, Medicare, and Medicaid.

CDU prefers provider billing offices submit claims on a health insurance claim form (HICF/UB-04/Form 1500). An in-house invoice is also acceptable as long as the listed documentation is provided:

- Date of Service
- Service Location
- Provider Name & Address
- Diagnosis Codes
- Procedure Codes

The program requires this listed documentation in order to process payment. Claims processing may be delayed if any of the above documentation is missing.

Please send complete bill including the detailed billing and the primary insurance EOB to:

Wyoming Department of Health, Communicable Disease Unit
122 W. 25th St., 3rd Floor West
Cheyenne, WY 82002

Claims may also be confidentially faxed to the Program at 307-777-7382 or emailed to cdu.treatment@wyo.gov