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:	Phone:	Fax:
Provider/Company Name:	Phone:	Fax:

Insurance Status: ☐ Uninsured ☐ Insured, list carrier for service requested (i.e. Delta Dental, BCBS, Medicaid etc.)

_____

TREATMENT PROGRAM SERVICES

Soundex number:

Service Requested (please select from below)

☐ Medical care	☐ Dental care	☐ Vision care/glasses
☐ Mental health	☐ Substance use	☐ Lab/other diagnostics
☐ Meals/Nutrition	☐ Supportive services	☐ Other (specify):

Attach provider estimate for services and describe request:

Transportation

☐ Bus pass/tokens ☐ Taxi ☐ Other:_____

☐ Third Party Driver, person/company providing service: _____

TUBERCULOSIS TESTING

Patient Name:	Patient DOB:

Service(s) Requested: ☐ Chest X-rays ☐ IGRA ☐ Sputum ☐ Office Visit

☐ Liver Function Panel, specify number of draws: _____

High Risk Factor (select all that apply)

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

☐ Foreign born, specify Country of Origin: _____

PrEP KIDNEY FUNCTION TESTING

Patient Name:	Patient DOB:
Specify Testing Requested:	

Claims must be submitted to client's primary insurance prior to payment from the Communicable Disease Unit. Remaining amount due must be submitted on a health insurance claim form (HICF) to:
Wyoming Department of Health, Communicable Disease Unit
122 W. 25th St., 3rd Floor West Cheyenne, WY 82002

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

☐ 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. Providers must bill any primary insurance a client has prior to billing CDU. Balance billing patient's for services prior authorized at the approved amount is not allowable.

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 be required.

Billing Instructions

The CDU is 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/Form1500).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