



# COMMUNICABLE DISEASE UNIT

## TB Program – Prior Authorization Request Form

Submit prior authorization requests via email at [edu.treatment@wyo.gov](mailto:edu.treatment@wyo.gov) or fax to 307-777-5729.

Today's date:		Name of TB Case Manager:	
Clinic name:		Phone:	Fax:
Patient name:			Patient DOB:
Insurance Status: <input type="checkbox"/> Uninsured <input type="checkbox"/> Insured (insurance must be billed first)			
Risk factor(s) (select all that apply): <input type="checkbox"/> Contact with infectious TB <input type="checkbox"/> HIV positive <input type="checkbox"/> Positive TB test			
<input type="checkbox"/> Travel/residence in TB endemic country, specify country: _____			
<input type="checkbox"/> Other:			

COMPLETED BY TB CASE MANAGER				COMPLETED BY TB PROGRAM ONLY	
Service Requested	Qty	Proposed Service Provider	Proposed DOS	CPT code	Rate
IGRA/venipuncture					\$
CXR/rad read <input type="checkbox"/> 1 view <input type="checkbox"/> 2 view					\$
LFT/venipuncture					\$
Sputum smear/culture					\$
Sputum PCR/NAAT					\$
EDN visit					\$
Other:					\$
Other:					\$
Other:					\$

COMPLETED BY TB PROGRAM ONLY	
Authorization #	Services must be correctly billed to the TB Program by: <u>12/31/2026</u> <b>Billing instructions are on page 2 of this document.</b>
Comments:	
TB Program approval signature and date:	

The TB Case Manager must provide copies of both pages 1 and 2 of this document to the billing department of each service provider. Additionally, TB Case Managers may give copies of both pages to the patient, so they can present the document to the service provider at the time of service.



# COMMUNICABLE DISEASE UNIT

## TB Program Prior Authorization Service Provider Billing Instructions

The Wyoming Communicable Disease Unit (CDU) follows a direct fee-for-service model for provider reimbursement. All services must be prior authorized, and service providers must accept Wyoming Medicaid rates. By providing a prior-authorized service, the service provider agrees to the terms of the prior authorization. Balance billing the patient for prior-authorized services is not allowable, and service providers may not seek payment from the patient for prior-authorized services.

### Billing Instructions

The CDU TB Program is the payor of last resort; all other payor sources must be processed before the CDU can proceed with payment.

All claim submissions must include the following information:

1. To: **WDH Communicable Disease Unit TB Program**  
122 W. 25th St, 3rd Floor West  
Cheyenne, WY 82002
2. The patient's name, date of birth, and complete address
3. Service provider name, complete address, and phone number
4. Date the service was provided
5. Diagnosis code or procedure code for the service provided
6. Cost of each service provided
7. Total amount of all services on this claim
8. Explanation of benefits from other payor sources (if the patient has other payor sources)

CDU prefers claims to be submitted on a Health Insurance Claim Form (HICF/UB04/Form1500); however, an invoice is acceptable if it includes all of the above information.

All claims must be submitted by the end of the calendar year in which the service was provided. There are three options to submit completed claims to CDU:

1. E-mail: [cdu.treatment@wyo.gov](mailto:cdu.treatment@wyo.gov)
2. Confidential fax: 307-777-5729
3. **WDH Communicable Disease Unit**  
**ATTN: TB Program**  
122 W. 25th St, 3<sup>rd</sup> Floor West  
Cheyenne, Wyoming 82002

Incomplete claims, incorrectly submitted claims, and claims submitted after the end of the calendar year in which the service was provided will not be processed for payment.

All WDH CDU services are subject to funding availability.