



Retrospective Review Admission Authorization

Authorization DOES NOT guarantee payment or client eligibility

Date Requested:	For Telligen Use Only	
Admission Date:	Date Received:	
Facility:	Current Approved:	Approved TD:
Facility NPI #:	Denied:	
Facility UR Rep:	Certified Through/LCD:	
UR Rep Phone #:	Reviewed By:	
UR Rep Fax #:	Authorization #:	
Inpatient Requests – Requested Days:		
Projected DC Date:		

The facility has agreed to share the status of the authorization with the physician and client.

Timelines for clinical information to be submitted to Telligen:

Retrospective Review: Within 30 calendar days of receipt of notification of eligibility

Attending Physician (first and last name):	
Physician Wyoming Medicaid ID:	
Physician Address:	Physician Phone #:
Was admission court ordered? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach court ordered paperwork	

Type of Review (Include admit date for each level of care and/or procedure date)			
Physical Rehab:	Transplant:	SNF Extraordinary Care:	VNS:
Weight Loss Surgery:	PRTF:	Acute Psych:	

Reason for Requesting Review (check applicable statement):	
<input type="checkbox"/> Client was made eligible for Medicaid benefits retrospectively. What date did you confirm eligibility and/or received client's ID number.	(mm/dd/yyyy)**:
<input type="checkbox"/> Facility received provider number retrospectively. What date did you received facility's Wyoming Medicaid provider number?	(mm/dd/yyyy)**:

****You must include supporting documentation that shows the notification date and reason, along with the complete medical record.**



CLIENT INFORMATION

Name:		Medicaid ID #:	
Address:		Phone #:	
DOB:	Age:	SS #:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Diagnosis:		Diagnosis Description:	

CPT Code and Procedure Description:

ICD-10-CM code(s) (provide ALL code numbers, as well as diagnosis names):	
1.	4.
2.	5.
3.	6.

If records are too large to be faxed they may be mailed to:

Telligen
1776 West Lakes Parkway
West Des Moines, IA 50266

Fax completed form to Telligen toll free @ 1-877-897-0111
Forms can be found online at wymedicaid.telligen.com