Wyoming Department of Health

Telligen®

CONTINUED STAY
SKILLED NURSING EXTRAORDINARY CARE

Extraordinary Recipients: MDS Activities of Daily Living Sum score of ten (10) or more and require special care or clinically complex care as recognized under the Medicare RUG III classification system for those conditions which have been prior authorized by the Department.

Note: Certification DOES NOT guarantee payment or client eligibility

Date requested:	**For Telligen Use Only**	
Admission date:	Date received:	
Requested Additional Days:	Approved:	Approved YTD:
Facility:	Denied:	
Facility NPI #:	Certified Through:	
Facility UR rep:	Reviewed By:	
Phone #:	Authorization #:	
Fax #:		

The facility has agreed to share the status of authorization with the member.

PATIENT INFORMATION				
Name:		Medicaid ID #:		
Please include current: 1) MDS assessment	2)Progress notes	3)Nursing Care Plan	4)MD orders	
Ventilator Dependent? ☐Yes ☐No				
New ICD-10-CM code(s) (provide ALL code numbers as well as diagnosis names):				
1. 2. 3.		4. 5. 6.		
HCPCS code(s) (provide ALL code numbers as well as diagnosis names):				
1. 2. 3.		4. 5. 6.		

Fax form to Telligen Toll-free @ 1-877-897-0111
Forms can be found on-line at wymedicaid.telligen.com

Wyoming Department of Health

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WYOMING NURSING FACILITY
EXTRAORDINARY CARE RATE REQUEST FORM

Patient Name:
Medicaid ID:
Facility:
Projected Time Period:

Per Wyoming Medicaid Rules, Chapter 7, Section 22 (a), the negotiated rate determined is to cover the cost of medically necessary services and supplies that are not included in the Nursing Facility per diem rate.

REQUESTED NEGOTIATED RATE	Negotiated Rate per Day
Services under Fee Schedule	
Ventilator Care Check box if applies: ☐ $435.00 Includes supplies, equipment and staffing time required to assist with ventilator care	
Additional Staffing Staff Time (list number of 1:1 hours required per day that is above standard care) RN: $36.32	
LPN: $24.98	
CNA: $16.27	
Additional Staffing – Please indicate what the additional staffing will be performing that is not included in the NH per diem:	
Additional Services required (An updated invoice and/or itemized list must accompany request to be considered)	
Equipment (list type and cost/day):	
Medical Supplies (list items and cost/day):	
Wound Care (list item)	
Wound VAC rental: Cost/day =	
Wound VAC supplies:	
Dressing Kits Cost for 15 kits = /30	
Canisters Cost of 10 canisters = /30	

Other (specify):	Cost/day =	
Other (specify):	Cost/day =	
	Sub-total Negotiated Rate Current Nursing Facility Per Diem Rate: Net Extraordinary Care Rate	

[1]Maximum coverage of 15 kits per month
[2]Maximum coverage of 10 canisters per month