



Attention Providers!

This notice is for any provider requesting a Prior Authorization for a service that will be billed on the CMS-1500/Professional/837P claim type.

There will be a change coming in mid to late August regarding the request for Prior Authorization for any service that is billed on a professional claim.

Currently, the treating physician/therapist on the prior authorization request and the rendering provider on the claim have to match in order for the PA and the claim to match and the claim to process and pay.

When the change is implemented, the rendering provider will no longer need to be a match. This means if there is a change in therapist, surgeon, or other provider, the PA will not need to be updated or changed, as long as the codes and the pay-to/requesting provider stay the same.

For those requesting multiple services such as behavioral health providers at a CMHC, this means you will be able to submit all of your requests under ONE request with only ONE listed therapist. The services will be authorized to your group, not any specific therapist.

Please watch for more detailed information to come in the next few weeks.

For questions, you are welcome to email Amy Buxton at amy.buxton@wyo.gov.