



Attention Providers!

This update applies to Prior Authorizations that will be used for professional claims.

No changes are being made to Prior Authorizations that will be used on Institutional claims.

No changes are being made to how claims are billed.

These changes do not impact DMEPOS PA requests.

Effective with claims submitted on or after August 28, 2023, the treating/rendering provider will not be reviewed. As long as the listed provider is actively enrolled and part of the billing group, the claim will be processed, even if it is not the treating/rendering on the PA. This will be true for PAs that are already existing or new PAs that you request going forward.

For example, if The Therapy Group has a PA approved for 15 units of 97153 with provider Mary Kane, and the member uses some of these units with provider Jamison France, NO NEW PA will be needed, the claim will still process so long as the **same billing provider** (in this case The Therapy Group) is used and matches the PA.

For new PA requests, starting August 28, 2023, requests should:

- Be submitted as **one combined request for all services** for the member under the treatment plan.
- The request dates should match the **dates of the treatment plan** (exception for dates of the treatment plan prior to the member meeting the threshold and requiring a PA)
 - Example – Treatment plan 1 is from 2/1/23 – 4/30/2023 and treatment plan 2 is from 5/1/23 – 7/31/23 – member meets threshold as of 3/15/23.
 - This request should be for dates 3/15/23 – 4/30/23.
 - The next request should be for the following treatment plan dates of 5/1/23 – 7/31/23.
- The request should be submitted with the primary therapist/provider as the rendering provider.
 - If there is a mix of therapists and no one provider is considered primary, then the submitter may select any provider.
 - Only one provider will be listed on the PA.
 - The CLAIM must still show the correct rendering provider when billed.
 - The rendering provider on the claim DOES NOT have to match the rendering provider on the PA.
- The PA request should include all units for all services being requested all together, combined across providers.

- Example – Member will receive 25 units of H2014 from Jacob Bartak and 25 units of H2014 from Jane Peterson – the request will have 50 units requested all together on one line, with only one of the providers listed.
- In the near future, Telligen will switch to sending only the requesting/pay-to provider information on the PA to the claims system.
 - You will continue to need to enter one provider as Treating Physician on the PA request.
 - When you view the PA in the Medicaid claims system, you will only see the requesting/pay-to provider at the header and the line level of the PA.
 - Example:
 - Telligen Qualitrac: PA requesting provider – Children’s Therapy Group – PA treating provider – Bonnie Kalokas
 - Medicaid BMS: PA requesting provider – Children’s Therapy Group – PA treating provider – Children’s Therapy Group
- NO CHANGES to how the claim is billed – claims MUST contain the appropriate rendering provider. As always, all documentation and claims billed to Medicaid need to be accurate and reflect the correct treating/rendering provider.

Effective with requests submitted October 1, 2023, PA requests will be rejected by Telligen if they do not follow these guidelines.

For any questions, please email UM Coordinator and Contract Manager, Amy Buxton – amy.buxton@wyo.gov.