



Healthcare Financing Division
 Wyoming Medicaid
 122 W 25th Street, 4 West
 Cheyenne, WY 82002
 Phone (307) 777-7531 • 1-866-571-0944
 Fax (307) 777-6964 • www.health.wyo.gov

Title 25 Provider Checklist Coversheet

*For all Claims submitted to the Wyoming Department of Health for payment under the Wyoming Title 25 statute

Required Documentation:

- Title 25 Provider Checklist Coversheet
- Title 25 Certification form – **must be** completed and submitted
- Copy of the Clinician or Medical Examiner documentation supporting involuntary hold (Form 3-81)
- Copy of the Order for Continuing Emergency Detention and/or the Order for Involuntary Hospitalization
- Copy of the Order of Dismissal – required if the Member is being discharged (Form 14-81)
- Copy of the Explanation of Benefits, if applicable
- WYhealth Prior Authorization Letter – for inpatient services only, approved or denied (for Medicaid Members only)

Please complete the following:

Member Date of Admit:

**First Date of Service Billed to the
 Department of Health:**

Date of Discharge:

Billing Instructions:

- Mail the required T25 documentation to:
 Laura Harnish
 Medicaid Benefit Quality Control Manager
 122 West 25th Street, 4 West
 Cheyenne, WY 82002

Note: Do not send paper claims with this documentation as they will not be processed.

- **Wait 15 business days** from the date the T25 documentation is placed in the mail for Medicaid to review and forward to the Fiscal Agent to add or update the Member’s T25 or T26 eligibility
- **Once the 15 business days has lapsed**, submit your T25 claims electronically for Member; all T25 claims are required to be submitted electronically to WY Medicaid
 - Enter the Member’s Medicaid ID on the claim
 - Remember to bill primary insurance or Medicare prior to submitting to Medicaid and enter as appropriate on the claim and/or include EOB or COB attachment
 - Include any additional supporting documentation as appropriate for medically necessary services