



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/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 patient 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 clients only)

Please complete the following:

Patient Date of admit: _____

First Date of Service billed to the Department of Health: _____

Date of Discharge: _____

BILLING INSTRUCTIONS:

- Mail the required T25 documentation to:
Brenda Stout
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 client's T25 or T26 eligibility.
- **Once the 15 business days has lapsed**, submit your T25 claims electronically for client. Effective 11/1/2020, all T25 claims are required to be submitted electronically to WY Medicaid.
 - Enter the client's Medicaid ID on the claim
 - Remember to bill primary insurance/Medicare prior to submitting to Medicaid and enter as appropriate on the claim and/or include EOB/COB attachment
 - Include any additional supporting documentation as appropriate for medically necessary services