



Wyoming
Department
of Health

Waiver & Care Management Entity (CME) Claim Submission

Waiver and CME Providers

Course Content

- Finding your Taxonomy
- Waiver/Professional Claims Submission Overview
- Waiver/Professional Claims Submission Submissions
- Building a Template
- Finding and Billing from a Template



Waiver/Professional Claims Submission Overview

- Waiver/Professional Claims Submission are submitted by Waiver & Care Management Entity (CME) Providers:
 - Member/Provider have an approved prior authorization (PA)
 - Member receives a service
 - Provider submits a claim
 - Claims include information about the Member, Provider, PA, and service
 - The claim is paid or denied



Waiver/Professional Claims Submission

How to enter a Waiver/Professional Claim

Wyoming Medicaid Website Provider Portal and Version Compatibility

Compatible web browsers and versions:

- Google Chrome – Version 90.0.4430.212 (Official Build) (64-bit)
- Firefox – Version 88.0.1
- Microsoft Edge – Version 90.0.818.6 (Official Build) (64-bit)

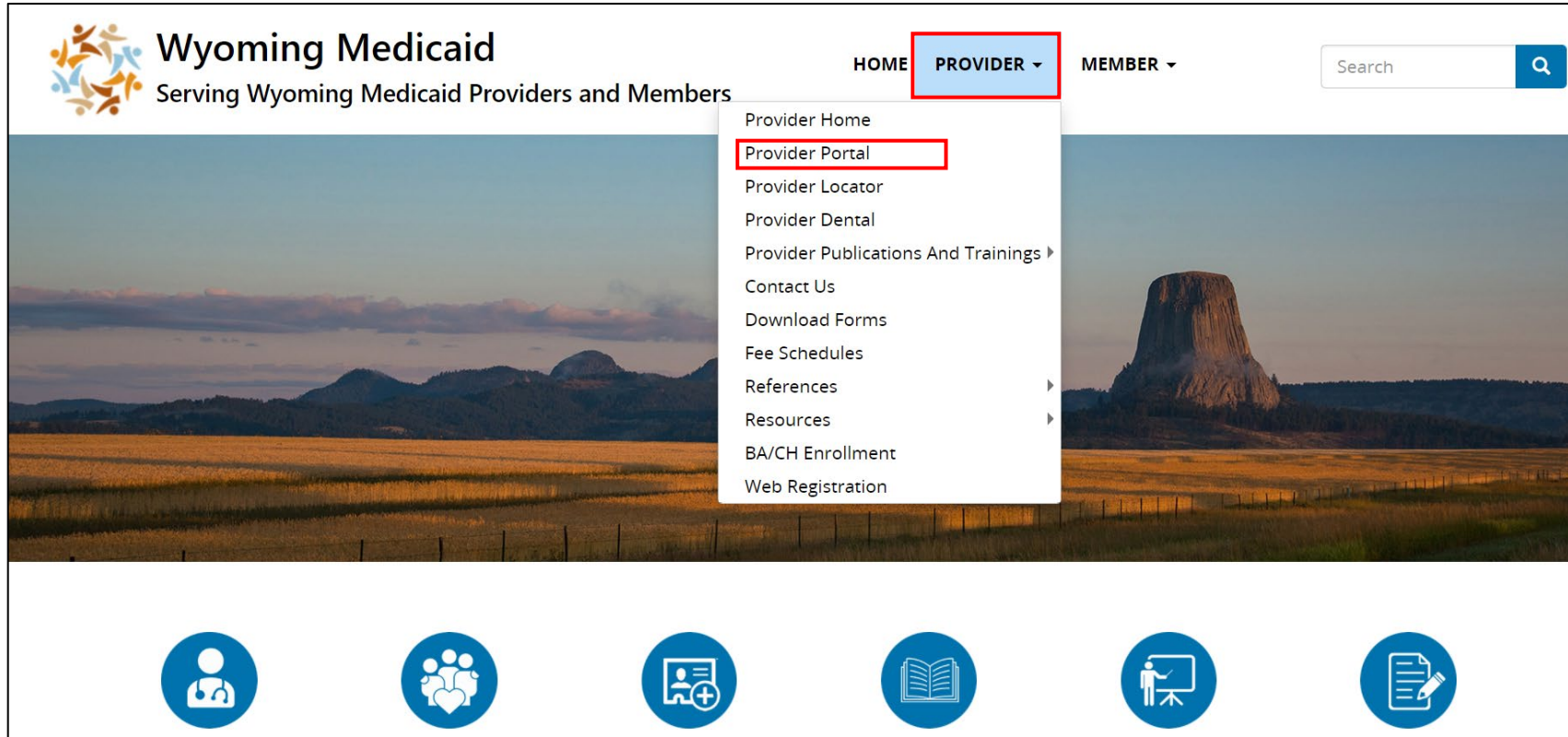
BMS requires the use of Pop-Ups, depending on the browser take one of the following actions:

- Update your browser to allow pop-ups
- Turn off your browser's pop-up blocker
- Disable pop-up blockers within your browser



Internet Explorer (IE) is not a compatible web browser when visiting either the Wyoming Medicaid website or the Provider Portal

Waiver/Professional Claims Submission



- Access the Medicaid Website at: <https://www.wyomingmedicaid.com/>
- Select **Provider** at the top of the page. A drop-down list displays
- Select **Provider Portal**

Waiver/Professional Claims Submission

Wyoming
Department
of Health

Sign In - Non Production

Username

Password

Remember me

Sign In

OR

New users click here

Need Help Signing In?

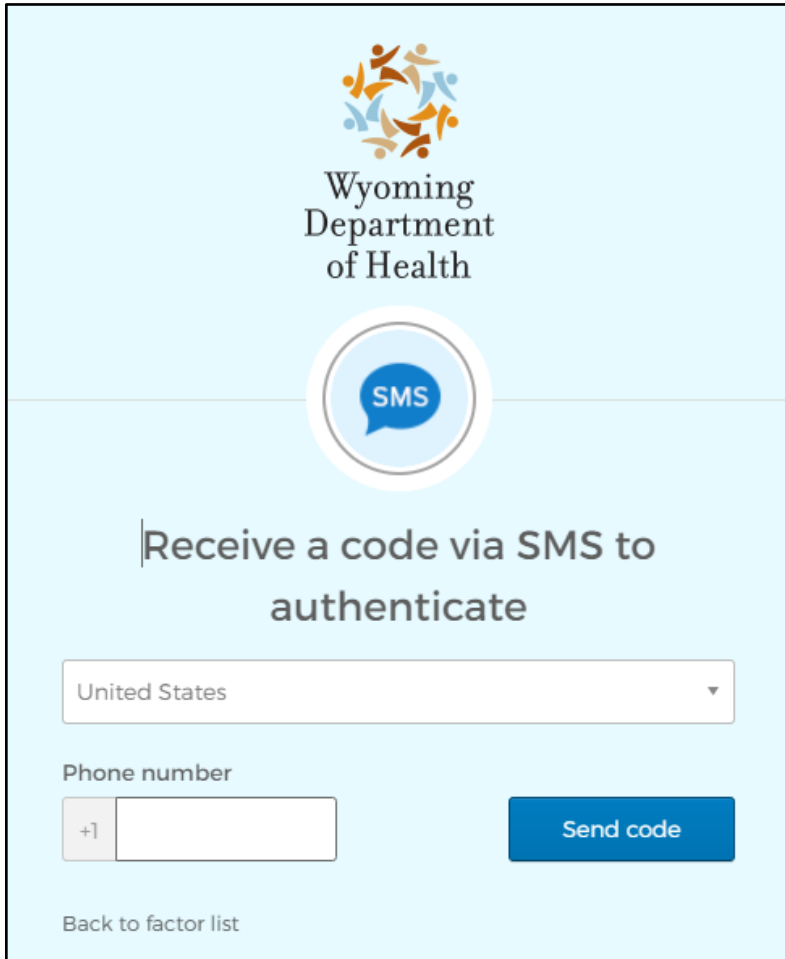
Log in with Credentials

Log in to the BMS system:

- Log in to the Provider Portal with your Single Sign-On (SSO) username and password

After logging in, an authentication screen displays to authenticate access to the system.

Waiver/Professional Claims Submission



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SMS

Receive a code via SMS to authenticate

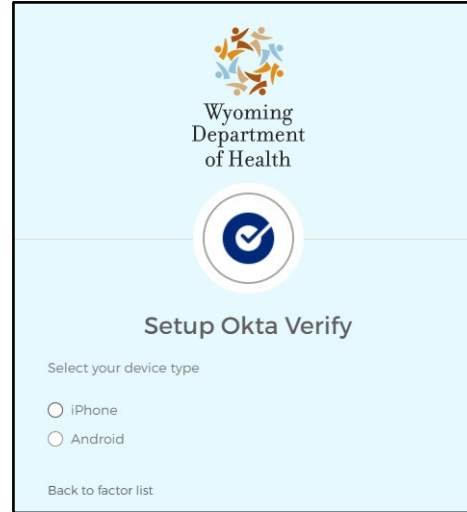
United States

Phone number

+1

Send code

Back to factor list



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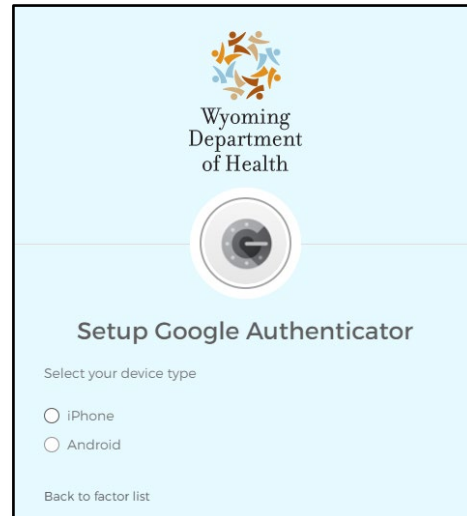
Setup Okta Verify

Select your device type

iPhone

Android

Back to factor list



Wyoming Department of Health

Setup Google Authenticator

Select your device type

iPhone

Android

Back to factor list

After logging in, the Multi-Factor Authentication (MFA) appears to authenticate access to the system:

Verify authentication based on your setup selection:

- Select **Send code** for SMS
- If you chose Google Authenticator, enter that code
- If you did an OKTA push, accept the push

Waiver/Professional Claims Submission

How to find taxonomy

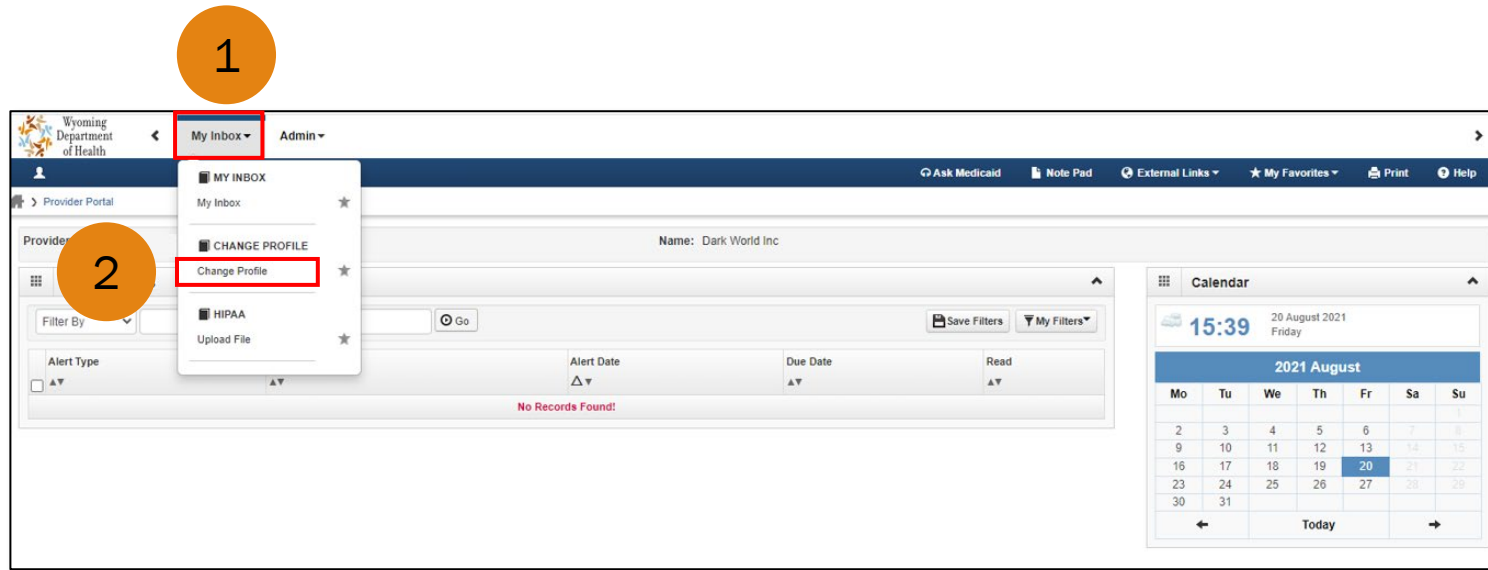
Waiver/Professional Claims Submission

The screenshot shows the Wyoming Department of Health logo and name. Below it is a form with three main components: a 'Domain' dropdown menu, a 'Profile' dropdown menu, and a 'Go' button. An orange arrow labeled 'Domain' points to the 'Domain' dropdown. The 'Domain' dropdown is currently empty. An orange arrow labeled 'Profile' points to the 'Profile' dropdown, which is open and shows a list of options: 'Select Profile', 'Claims Access', 'Claims Inquiry Only', 'Eligibility Inquiry', 'Prior Authorization Access', 'Provider Access', and 'Provider Domain Administrator'. An orange arrow labeled 'Select Go' points to the 'Go' button, which is a green button with a white circle and the text 'Go'.

Next, select the domain and role:

- Select the applicable domain from the **Domain** drop-down list
- Select **Provider Access** from the **Profile** drop-down list
- Select **Go**

Waiver/Professional Claims Submission

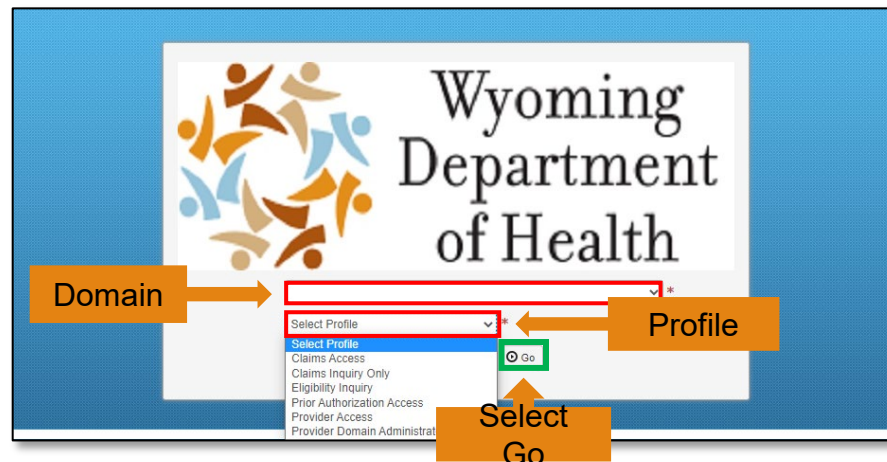


If you are already logged in to the Provider Portal, you can change your profile:

1. Select **My Inbox**.
2. Select **Change Profile**.

Next, select the domain and role:

- Select the applicable domain from the **Domain** drop-down list
- Select **Provider Access** from the **Profile** drop-down list
- Select **Go**



Waiver/Professional Claims Submission

The screenshot shows the Wyoming Department of Health Provider Portal. At the top, the 'Provider' dropdown menu is open, with 'Manage Provider Information' selected. The main content area features a 'System Notification' about Medicare Crossover Claim Updates and a 'My Reminders' table. The table is currently empty, displaying 'No Records Found!'. A calendar widget on the right shows the date 31 January 2022.

- Provider taxonomy is located under Manage Provider Information:
1. Select **Provider**.
 2. Select **Manage Provider Information**.

Waiver/Professional Claims Submission

Close Undo Update

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/> Step 1: Provider Basic Information	Required			Complete
<input type="checkbox"/> Step 2: Locations	Required			Complete
<input type="checkbox"/> Step 3: Taxonomy Details	Required			Complete
<input type="checkbox"/> Step 4: License/Certification/Other	Optional			Complete
<input type="checkbox"/> Step 5: Identifiers	Optional			Complete
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional			Complete
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional			Complete
<input type="checkbox"/> Step 8: EDI Contact Information	Required			Incomplete
<input type="checkbox"/> Step 9: Associate Billing Agent	Optional			Complete
<input type="checkbox"/> Step 10: Upload Documents	Optional			Incomplete
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required			Incomplete
<input type="checkbox"/> Step 12: Submit Modification Request	Required			Incomplete

From the **View/Update Provider Data** page:

1. Select **Step 3: Taxonomy Details**.
2. From the **Taxonomy List** page, write down the waiver taxonomy code.

Taxonomy codes are required on the claim and letters must be capitalized.

Close

Taxonomy List

Filter By [] And Filter By [] And Operational Status Active [v] Go Save Filters My Filters

<input type="checkbox"/> Taxonomy	Description	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Taxonomy
<input type="checkbox"/> 251S00000X	Care Management Entity (CME)	11/02/2020	12/30/2199	APPROVED	Active		Yes

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

What Providers need to enter a claim

- Taxonomy number(s) – billing and treating, if applicable
- Provider ID/NPI for treating Provider, if applicable (when billing and rendering are not the same)
- Member ID – Medicaid Member ID number
- Member Name and Date of Birth
- Procedure code(s)
- Modifier(s)
- Prior Authorization (PA) number(s)
- Dates of service

 Waiver & CME Providers do not bill or submit claims to other insurance or Medicare

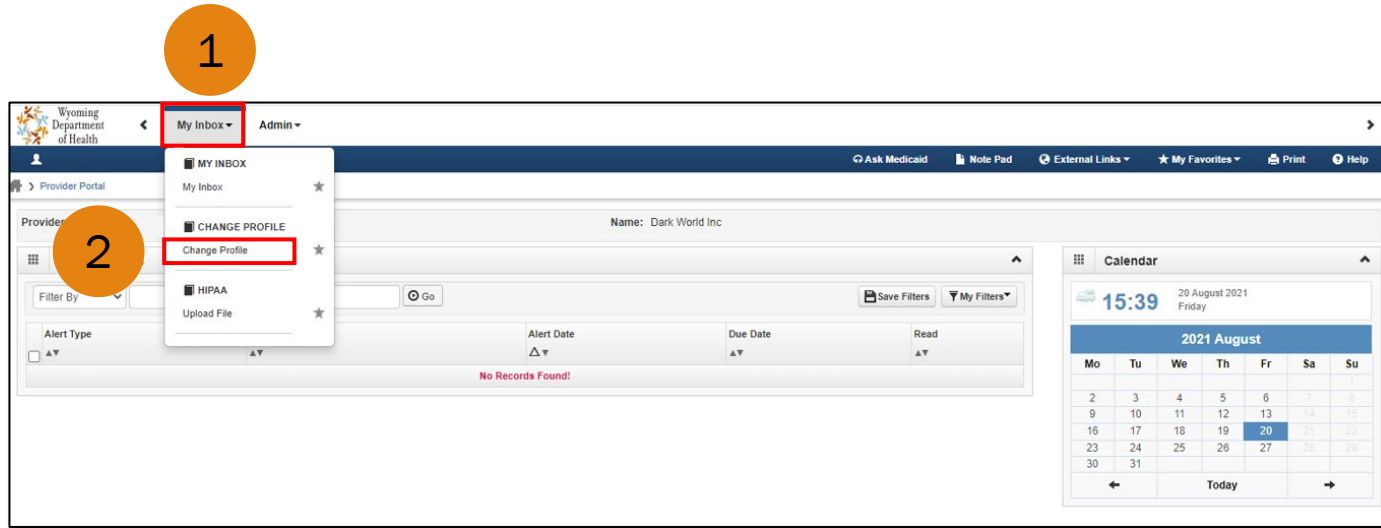
Contact for Prior Authorization

Agency Name & Address	Phone/ Fax Numbers	Website URL	Contact Us for
Magellan Healthcare, Inc.	Tel (307) 459-6162 8-5 pm MST M-F (855) 883-8740	https://www.magellanofwyoming.com	<ul style="list-style-type: none">• Care Management Entity Services that require PA

Waiver/Professional Claims Submission

Billing a waiver/professional claim

Waiver/Professional Claims Submission

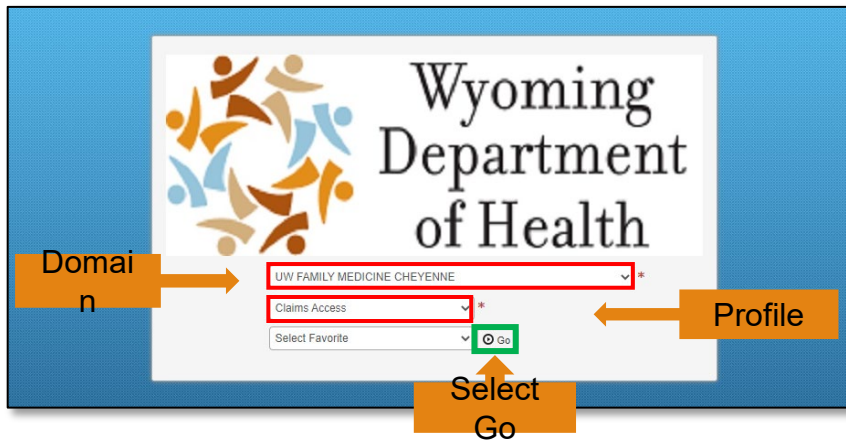


If you are already logged in to the Provider Portal, you can change your profile:

1. Select **My Inbox**.
2. Select **Change Profile**.

Next, select the domain and role:

- Select the applicable domain from the **Domain** drop-down list
- Select **Claims Access** from the **Profile** drop-down list
- Select **Go**



Waiver/Professional Claims Submission

1

2

The screenshot displays the Wyoming Department of Health Provider Portal. The 'Claims' menu is open, showing options under 'CLAIM SUBMISSION', 'MANAGE CLAIMS', 'INQUIRE CLAIMS', 'RA LIST', and 'INQUIRE PHARMACY CLAIMS'. The 'Submit Professional' option is highlighted with a red box. The main content area shows a search for 'Test BACH Test' with 'No Records Found!' displayed. A calendar for August 2021 is visible on the right side of the screen.

Waiver Providers submit Professional Claims:

1. Select **Claims**.
2. Select **Submit Professional**.

Waiver/Professional Claims Submission

Note: Asterisks (*) denote required fields.

1 Provider ID: 139206900 * Type: Provider ID Taxonomy Code: * **2**

Address Line 1: * (Enter Street Address or PO Box Only)
Address Line 2: *
Address Line 3: *
City/Town: OTHER *
State/Province: OTHER *
County: OTHER *
Country: UNITED STATES *
Zip Code: * - 1966 Validate Address

Is the Billing Location also the Service Facility Location? Yes No
Is the Billing Provider also the Rendering Provider? Yes No

RENDERING PROVIDER
Provider ID: * Type: * Taxonomy Code: *

Is the Billing Provider also the Supervising Provider? Yes No
Is this service the result of a referral? Yes No
Is this service the result of a Primary Care Referral? Yes No

Select Validate Address

Provider ID: * Type: Provider ID Taxonomy Code: *

Address Line 1: 580 Livingston Ave * (Enter Street Address or PO Box Only)
Address Line 2: *
Address Line 3: *
City/Town: Cheyenne *
State/Province: WYOMING *
County: Laramie *
Country: UNITED STATES *
Zip Code: 82007 * - 1966 Validate Address

Address validation successful

Address Validation Successful

To enter Professional Claims information, required fields are indicated with an *:

1. Provider ID, National Provider Identifier (NPI) or Provider # is auto-populated. Confirm this is the correct NPI.
2. Enter the applicable **Taxonomy Code** associated with the Provider. All letters in the taxonomy must be capitalized.
3. For the address, enter **Address Line 1** and **Zip Code**. If it is incorrect, enter the correct address.
4. Next, select **Validate Address**.

Waiver/Professional Claims Submission

Wyoming Department of Health

My Inbox Claims

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal Submit Institutional Claim

Close Submit Claim Save as Template Reset

Institutional Claim

Note: Asterisks (*) denote required fields.

Basic Claim Info

Provider Beneficiary Claim Service Line

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type: NPI * Taxonomy Code: *

Address Line 1: 508 Livingston Ave *
(Enter Street Address or PO Box Only)

Address Line 2: *

Address Line 3: *

State/Province: WYOMING *
Country: UNITED STATES *

City/Town: Cheyenne *
County: Laramie *
Zip Code: 82007 * - 1966 * Validate Address

Address validation successful

BMS validates the address information and displays the message “Address validation successful”

- If a message displays “International Address,” change **Country** to **United States** and re-validate


Waiver/Professional Claims Submission

 Is the Billing Location also the Service Facility Location?	<input checked="" type="radio"/> Yes <input type="radio"/> No
 Is the Billing Provider also the Rendering Provider?	<input checked="" type="radio"/> Yes <input type="radio"/> No
 Is the Billing Provider also the Supervising Provider?	<input checked="" type="radio"/> Yes <input type="radio"/> No
 Is this service the result of a referral?	<input type="radio"/> Yes <input checked="" type="radio"/> No
 Is this service the result of a Primary Care Referral?	<input type="radio"/> Yes <input checked="" type="radio"/> No

- If the location of where services are rendered is the same as the location billed, select **Yes**.
- If you are both the billing and servicing Provider, select **Yes**.

All questions have a default, review the questions and answer appropriately for your business.

- Leave the answer to referral-related questions as “No”.

 Group Providers select “No” for “Is the Billing Provider also the Rendering Provider?” and enter the rendering Provider’s information (such as Provider ID/NPI, type, and taxonomy code).

Waiver/Professional Claims Submission

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * Middle Initials: Suffix:

Date of Birth: mm dd yyyy * Gender: v *

Onset of Current Illness/symptom Date: mm dd yyyy

Does the beneficiary have insurance other than Medicaid? Yes No

Complete the required **Beneficiary Information** (Member data), required fields are indicated with an *:

- Beneficiary (Member) ID
- Last Name
- First Name
- Date of Birth
- Gender

As a waiver and CME Provider, leave the default answer as “No” to the “Does the beneficiary have insurance other than Medicaid?”.

Waiver/Professional Claims Submission

The screenshot shows a web form titled "CLAIM INFORMATION". Under the "RELEVANT DATES" section, there is a sub-section for "PRIOR AUTHORIZATION/REFERRAL/CLIA". It contains three fields: "Prior Authorization Number:" with a red-bordered input box and a circled "1" above it; "Agency PA:" with radio buttons for "Yes" and "No" and a red-bordered box around the "No" option and a circled "2" above it; and "Referral Number:" with an empty input box.

Note: It is very important that you enter the appropriate PA number into the claim. Make certain you are entering the correct PA for information such as dates of service, procedure codes, and modifiers. Any discrepancy between the PA and entered claim data will result in a claim denial.

All waiver and CME services require prior authorization (PA).

Prior Authorization Number is not required to be entered here!





If you enter the Prior Authorization Number here, it must be the same PA number for every Basic Service Line Item on this claim.

1. Enter the **Prior Authorization Number**.
2. The **Agency PA** (Yes or No) is not a required selection.

If you have multiple PAs, enter the PA numbers in the **Basic Service Line Items** section for the corresponding Procedure Code.

Waiver/Professional Claims Submission

All questions have a default answer. As a Waiver and CME Provider, these should remain “No”.

	Is this claim related to Chiropractic Spinal Manipulation?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Is this a vision claim involving replacement lenses or frames?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Is this claim accident related?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Does this claim have backup documentation?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Waiver/Professional Claims Submission

CLAIM DATA

Patient Account No.: *

Place of Service: *

Please check if the claim is related to NEMT/Waiver Program Services and does not have a valid Diagnosis code

Diagnosis Code Category: *

Diagnosis Codes: 1: * 2: 3: 4:

ANESTHESIA RELATED PROCEDURE

CONDITION INFORMATION

DELAY REASON

AMBULANCE INFORMATION

Under **Claim Data**:

1. Enter the **Patient Account No.**
 - The Patient Account Number is determined by the Provider and can be any combination of letters or numbers between 1 and 20 digits.
2. Select the **Place of Service** from the drop-down list.
3. Select the checkbox.
 - Diagnosis codes are no longer required (*) after selecting this checkbox.
 - If you are required to submit with a dx code, do not select this checkbox

Waiver/Professional Claims Submission

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy *

Place of Service:

Procedure Code: *

Submitted Charges: *

Units/Quantity: *

EPSDT/Family Planning:

EMG:

Service To Date: mm dd yyyy *

Procedure Description: Characters Remaining: 80

Modifiers: 1: 2: 3: 4:

Diagnosis Pointers: 1: * 2: 3: 4:

Claim Note: Characters Remaining: 80

Prior Authorization Number: Agency PA: Yes No Referral Number: CLIA:

Rendering Provider ID:(If different from header) Type: Taxonomy Code:

Ordering Provider ID: Type:

Referring Provider ID:(If different from header) Type:

Primary Care Referring Provider ID:(If different from header) Type:

Complete the **Basic Line-Item Information**.

- Service From Date
- Service To Date
- Procedure Code
- Submitted Charges
- Units/Quantity
- Modifiers (if applicable)
- Prior Authorization Number

Complete a quick review of your entries.

Waiver/Professional Claims Submission

Is the Header Service Facility Location also the Service Line Facility Location? Yes No

National Drug Code: Quantity: Unit: Qualifier: Prescription/Link No:

Prescription Date: mm dd yyyy

AMBULANCE INFORMATION

Previously Entered Line Item Information
 Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$0.00
 Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number	
	From	To		1	2	3	4	1	2	3	4				

Under **Basic Line Item Information:**

- Select on **Add Service Line Item**.

The claim information submitted is added, scroll down to view the line information just entered.

Previously Entered Line Item Information
 Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$75.00
 Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number	Insurance Info
	From	To		1	2	3	4	1	2	3	4				
1	01/03/2022	01/03/2022	T2022									75.00	3	012345670	<input type="button" value="Copy"/> <input type="button" value="Delete"/>

Waiver/Professional Claims Submission

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy *
Place of Service:

Service To Date: mm dd yyyy *
Procedure Description: Characters Remaining: 80

Procedure Code: *
Submitted Charges: *
Units/Quantity: *
EMG:

Modifiers: 1: 2: 3: 4:
Diagnosis Pointers: 1: 2: 3: 4:
Claim Note: Characters Remaining: 80

Prior Authorization Number: Agency PA: Yes No Referral Number: CLIA:

Rendering Provider ID:(If different from header) Type: Taxonomy Code:

Ordering Provider ID: Type:

Referring Provider ID:(If different from header) Type:

Primary Care Referring Provider ID:(If different from header) Type:

Multiple service lines can be billed in a claim. If there is an additional line to bill, once again complete the **Basic Line Item Information**:

- Service From Date
- Service To Date
- Procedure Code
- Submitted Charges
- Units/Quantity
- Modifiers (if applicable)
- Prior Authorization Number

Complete a quick review of your entries.

Waiver/Professional Claims Submission

Close Submit Claim **Submit Claim**

SERVICE LINE ITEM INFORMATION

Service Line Items

Revenue Code: *

HCPCS Code: Modifiers: 1: 2: 3: 4:

Service Date: mm dd yyyy

Last Date of Service: mm dd yyyy

Service Units: *

Total Line Charges: *

Operating Physician ID: (If different from header):

Other Operating Physician ID: (If different from header):

Rendering Physician ID: (If different from header):

Referring Physician ID: (If different from header):

HCPCS Description: Characters Remaining: 80

Non-covered Line Charges:

Type:

Type:

Type:

Type:

National Drug Code: Quantity: Unit: Qualifier: Prescription/Link No:

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Revenue Code	HCPCS Code	Modifiers				Dates		Units	Charges	Non covered Charges
			1	2	3	4	Service Date	Last DOS			

- At the bottom of the **Claims** page, Service Line items must be entered before Claim Submission
- After all lines of the claim are entered at the bottom of the claim submission form and primary information is updated, select **Submit Claim**
- A pop-up displays with claim information and the option to attach documents if needed

Waiver/Professional Claims Submission

The screenshot shows a web application interface for submitting professional claims. The top section is titled "Submitted Professional Claim Details" and is highlighted with a red box. Below this title bar, there are three columns of information: "TCN: Total Number of Lines:" and "Total Claim Charge:" on the left; "Billing Provider ID:" and "Billing Provider Name:" in the middle; and "Beneficiary ID:" and "Beneficiary Name:" on the right. Below this is a "Cover Sheet" section with a heading "Please select the document(s) to be mailed/faxed:". It contains a list of document types with checkboxes: Hysterectomy Forms, History and Physical, Reports, EOB Insurance, Notes, Other (with a text input field), Medical Documentation, Predictive Modeling, Anesthesia Records, Ambulance, Forms, NDC Drug Dosing and Cost Info, Voluntary Sterilization Forms, and Diagnostic Tests. At the bottom right of the form are two buttons: "Generate Coversheet" and "Reset".

- Once the submitted information is validated in BMS, the system displays the **Submitted Professional Claim Details** page.

Waiver/Professional Claims Submission

Building a Template

Template Reminders

- 50 templates per Provider are allowed
- Templates cannot be named, only the auto-populated name is assigned
- Find a method to track your templates
- It is encouraged to only use information on templates (unless you have less than 50) that will be the same across all claims submitted

Waiver/Professional Claims Submission

The screenshot shows the 'Professional Claim' form in the Wyoming Department of Health's Provider Portal. The form is divided into sections: 'Basic Claim Information', 'BILLING PROVIDER INFORMATION', and 'RENDERING PROVIDER'. In the 'BILLING PROVIDER INFORMATION' section, the 'Provider ID' field contains '139206900' and is circled with a red '1'. The 'Taxonomy Code' field is empty and circled with a red '2'. Below this, there are fields for 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'County', and 'Zip Code'. A 'Validate Address' button is highlighted with a green box and an orange arrow pointing to it with the text 'Select Validate Address'. Below the form, there are several yes/no questions regarding the billing and rendering provider.

This screenshot shows the same form as above, but with the 'Address validation successful' message displayed in a red box. An orange arrow points from this message to the 'Validate Address' button. The 'Address Line 1' field now contains '580 Livingston Ave'. The 'City/Town' dropdown is set to 'Cheyenne', 'County' to 'Laramie', and 'Zip Code' to '82007 - 1956'. The 'Validate Address' button is now disabled.

- Provider ID and address are encouraged on a template to keep information from claim to claim:

1. Provider ID, National Provider Identifier (NPI) or Provider # is auto-populated. Confirm this is the correct NPI.

2. Enter the applicable **Taxonomy Code** associated with the Provider. All letters in the taxonomy must be capitalized.

- For the address, enter **Address Line 1** and **Zip Code**. If it is incorrect, enter the correct address.

3. Next, select **Validate Address**.

- BMS validates the address information and displays the following message “Address Validation Successful”

Waiver/Professional Claims Submission

 Is the Billing Location also the Service Facility Location?	<input checked="" type="radio"/> Yes <input type="radio"/> No
 Is the Billing Provider also the Rendering Provider?	<input checked="" type="radio"/> Yes <input type="radio"/> No
 Is the Billing Provider also the Supervising Provider?	<input checked="" type="radio"/> Yes <input type="radio"/> No
 Is this service the result of a referral?	<input type="radio"/> Yes <input checked="" type="radio"/> No
 Is this service the result of a Primary Care Referral?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Answer the questions applicably for the template:





- If the location of where services are rendered is the same as the location billed, select “Yes”.
- If you are both the billing and servicing Provider, answer “Yes”

All questions have a default, review the questions and answer appropriately for your business.

- Referral questions should remain “No”

Waiver/Professional Claims Submission

All questions have a default answer and as a Waiver and CME Provider, these should remain “No”.

	Is this claim related to Chiropractic Spinal Manipulation?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Is this a vision claim involving replacement lenses or frames?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Is this claim accident related?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Does this claim have backup documentation?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Waiver/Professional Claims Submission

CLAIM DATA

Patient Account No.: *

Place of Service: *

Please check if the claim is related to NEMT/Waiver Program Services and does not have a valid Diagnosis code

Diagnosis Code Category: *

Diagnosis Codes: 1: * 2: 3: 4:

ANESTHESIA RELATED PROCEDURE

CONDITION INFORMATION

DELAY REASON

AMBULANCE INFORMATION

Under **Claim Data**:

- Select the checkbox for “Please check if claim is related to Non-Emergency Medical Transportation (NEMT)/Waiver Program Services and doesn't not have a valid Diagnosis code”

A waiver Provider will not have to bill a diagnosis code. This will be true claim to claim.

Waiver/Professional Claims Submission

Close Submit Claim Save as Template **Save as a Template**

SERVICE LINE ITEM INFORMATION

Service Line Items

Revenue Code: *

HCPCS Code: Modifiers: 1: 2: 3: 4:

Service Date: mm dd yyyy
 HCPCS Description:

Last Date of Service: mm dd yyyy
 Characters Remaining: 80

Service Units: *

Total Line Charges: *

Non-covered Line Charges:

Operating Physician ID: (If different from header):

Type:

Other Operating Physician ID: (If different from header):

Type:

Rendering Physician ID: (If different from header):

Type:

Referring Physician ID: (If different from header):

Type:

National Drug Code: Quantity: Unit: Qualifier: Prescription/Link No:

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Revenue Code	HCPCS Code	Modifiers				Dates		Units	Charges	Non covered Charges
			1	2	3	4	Service Date	Last DOS			

- When complete, select **Save as a Template** at the top of the claim. The template is saved.

Waiver/Professional Claims Submission

Accessing a template

Waiver/Professional Claims Submission

1

The screenshot displays the Wyoming Department of Health Provider Portal interface. A dropdown menu is open under the 'Claims' tab, which is highlighted with a red box and a circled '1'. The menu items are: CLAIM SUBMISSION (with sub-items: Submit Professional, Submit Institutional, Submit Dental), Search Template (highlighted with a red box and a circled '2'), MANAGE CLAIMS (with sub-item: Adjust/Void Claim Provider), INQUIRE CLAIMS (with sub-item: Inquire Claims), RA LIST (with sub-item: RA List), and INQUIRE PHARMACY CLAIMS (with sub-item: Inquire Pharmacy Claims - Provider). The main content area shows a search for 'Test BACH Test' with 'No Records Found!' displayed. A calendar widget for August 2021 is visible on the right side of the screen.

Accessing a Template:

1. Select **Claims**.
2. Select **Search Template**.

Waiver/Professional Claims Submission

The screenshot displays the 'Search Templates' interface in the Wyoming Department of Health Provider Portal. The page includes a search bar with 'Filter By' dropdowns and a 'Go' button. Below the search bar is a table of search results. The first row is highlighted with a red box, indicating the selected template. The table columns are: Template Number, Billing Provider NPI, Invoice Type, Pay-To Provider NPI, Procedure Codes, and Created Date. The selected row shows Template Number 0500000300P0000001, Invoice Type P-Professional, and Procedure Codes 93799. The page also features navigation controls like 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

Template Number	Billing Provider NPI	Invoice Type	Pay-To Provider NPI	Procedure Codes	Created Date
<input type="checkbox"/> 0500000300P0000001		P-Professional		93799	12/14/2021

- From the **Search Template** page:
- Select the template.
- Use Filter By to search multiple templates.
- Information from the template auto-populates to build your claim and bill for services rendered.

Contact Us

Agency Name and Address	Phone/Fax Numbers	Website URL	Contact Us For...
<p>Claims Department Wyoming Department of Health P.O. Box 547 Cheyenne, WY 82003-0547</p>	<p>Phone (888) WYO-MCAD or 888-996-6223 7:00 am – 6:00 pm Mon-Fri (Call Center Hours) Fax (307) 460-7408 24/7 IVR Availability</p>	<p>www.wyomingmedicaid.com</p>	<ul style="list-style-type: none"> • Claim adjustment submissions • Hardcopy claims submissions • Returning Medicaid checks
<p>Provider Services Wyoming Department of Health PO Box 1248 Cheyenne, WY 82003-1248</p>	<p>Phone (888) WYO-MCAD or 888-996-6223 7:00 am – 6:00 pm Mon-Fri (Call Center Hours) Fax (307) 460-7408 24/7 IVR Availability</p>	<p>www.wyomingmedicaid.com</p>	<ul style="list-style-type: none"> • Bulletin/manual inquiries • Claim inquiries/submission problem • Member eligibility • Documentation of Medical Necessity • How to complete forms • Payment inquiries • Request Field Representative visit • Training seminar questions • Timely filing inquiries • Provider Portal assistance/training • WY Companion Guide • Trading Partner Registration • Web Registration
<p>Wyoming Medicaid Website</p>	<p>N/A</p>	<p>www.wyomingmedicaid.com</p>	<ul style="list-style-type: none"> • Provider manuals and bulletins. • Wyoming Medicaid EDI Companion Guide. • Fee Schedule. • Frequently asked questions (FAQ) • Forms (e.g., Claim adjustment/void request form) • Contacts • What's New • Remittance Advice Retrieval • Secured Provider Portal • Training Material • Web Registration.

Course Review

- Finding your Taxonomy
- Waiver/Professional Claims Submission Overview
- Waiver/Professional Claims Submission Submissions
- Building a Template
- Finding and Billing from a Template





Wyoming
Department
of Health

Thank you

Waiver & Care Management Entity (CME) Claim
Submission