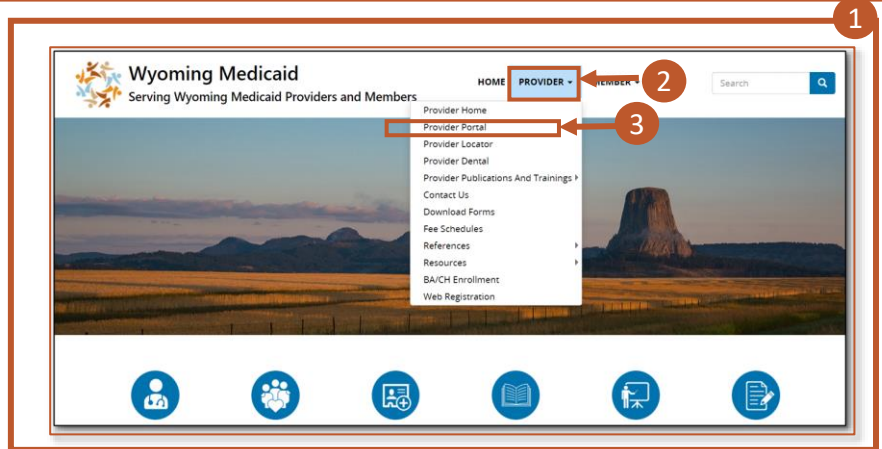
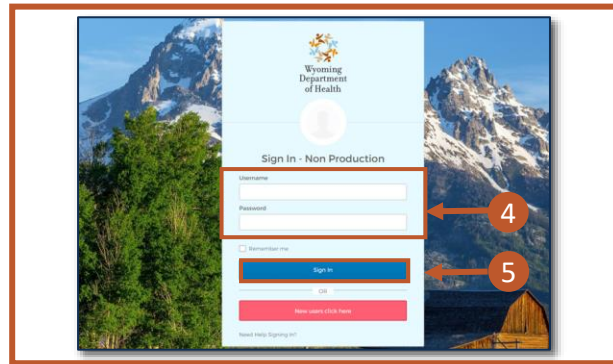


Accessing the Provider Portal

1. Use the following link to access the Medicaid website at:
<https://www.wyomingmedicaid.com>
2. Select **Provider**.
3. Select **Provider Portal**.

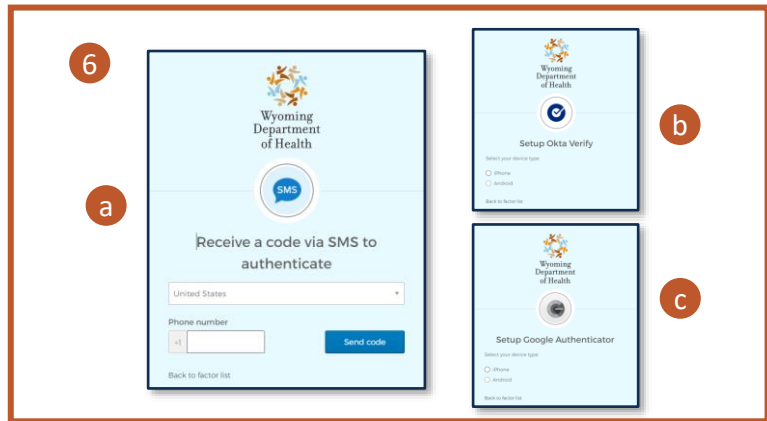


4. Log in to the Provider Portal with your **Username** and **Password**.
5. Select **Sign In**.



6. Verify authentication based on the method selected at account set up:

- a) For SMS, select **Send code**
- b) If you selected an OKTA push, accept the push
- c) If you chose Google Authenticator, enter that code



Note: If you have multiple Provider IDs, select the Provider ID (domain) then Eligibility Inquiry.

7. Select the domain you want to work in from the **Domain** drop-down list.
8. Select **Eligibility Inquiry**.
9. Select **Go**.



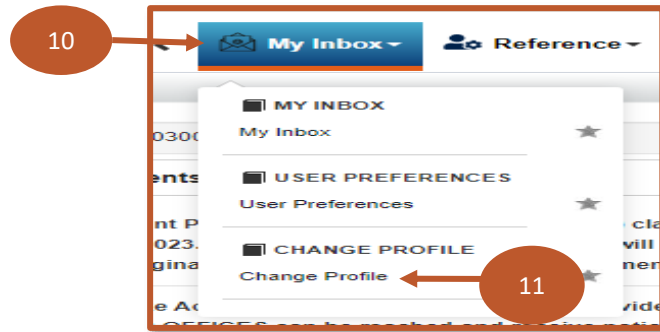
Accessing the Provider Portal Cont'd

If currently logged into the Provider Portal, change the profile:

10. Select **My Inbox**.

11. Select **Change Profile**.

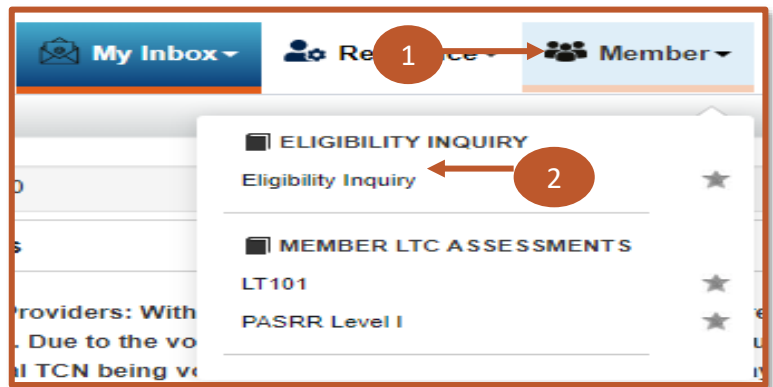
***Note:** The **Eligibility Inquiry** profile will be used.



Searching Member Eligibility

1. Select **Member**.

2. Select **Eligibility Inquiry**. The **Member Eligibility Inquiry** page opens.



The **Member Eligibility Inquiry** page allows authorized users the ability to search on a specified Member to determine eligibility status and benefit plan.

Notes:

- The **Member Eligibility Inquiry** adds the options to enter Diagnosis Codes and Procedure/Revenue Codes.
- Providers can search up to 4 Diagnosis Codes per inquiry, and 1 Procedure/Revenue Code per inquiry.

MEMBER ELIGIBILITY INQUIRY

Search By Service Type(s):

Servicing Provider NPI/Provider ID: 900000300 *

Filter By: ---SELECT---

SSN: AAA-GG-SSSS

Last Name:

First Name:

Date of Birth: MM/DD/YYYY

Gender: ---SELECT---

Zip Code:

MA Case Number:

Inquiry Start Date: 08/16/2022 *

Inquiry End Date: 08/16/2022 *

Diagnosis Code(s): 1: 2: 3: 4:

Procedure/Revenue Code:

Searching Member Eligibility Cont'd

3. Complete the search criteria.

- Select the **Filter By** criteria. When filtering by Member ID, enter the Member ID number in the next field.
- Enter the **Inquiry Start Date** and **Inquiry End Date**.
- Enter any applicable **Diagnosis Codes**.
- Enter the **Procedure/Revenue Code**, if applicable. This is an added benefit.

3

MEMBER ELIGIBILITY INQUIRY

Search By Service Type(s):

Servicing Provider NPI/Provider ID: 900000300 *

Filter By: ---SELECT--- ← a

SSN: AAA-GG-SSSS

Last Name:

Date of Birth: MM/DD/YYYY ← b

Gender: ---SELECT---

First Name:

MA Case Number:

Zip Code:

Inquiry Start Date: 08/16/2022 * Inquiry End Date: 08/16/2022 *

Diagnosis Code(s): 1: 2: 3: 4: ← c

Procedure/Revenue Code: ← d

4. Select **Submit**.

Provider Portal > Member Eligibility Inquiry

Close Submit ← 4

To submit an Eligibility Inquiry on a specific Member, complete one of the following criteria sets and click 'Submit'.

- Member ID/Card Number or
- Last Name, First Name and Date Of Birth or
- Last Name, First Name and SSN or
- SSN and Date Of Birth
- Additional Search Options (Use if needed with one of the Search Options above to obtain a unique member match) :
- Gender
- Zip Code
- Case Number
- Diagnosis Code(s)
- Procedure/Revenue Code

MEMBER ELIGIBILITY INQUIRY

Search By Service Type(s):

Servicing Provider NPI/Provider ID: *

Filter By: ---SELECT---

SSN: AAA-GG-SSSS

Last Name:

First Name:

Searching Member Eligibility Cont'd

The **Member Eligibility Inquiry** page now includes the Diagnosis Codes search, as well as the Procedure/Revenue Code search. When viewing the search results, will see either a **Yes** link or **No**.

- **Yes link:** Select this link to access more details regarding the Diagnosis Codes or Procedure/Revenue Code.
- **No text (no active link):** When displayed, this is not a covered service.

5. Select **Yes** next to the specific Diagnosis Codes or Procedure/Revenue Code, when applicable. *A user must select this link to access code details including threshold limits, utilized units, available units, and Prior Authorization requirements.*

Note (for Dental and Vision Providers): This checks conflicting codes with the inquired Procedure Code. Select the **Yes** link for the Procedure Code to inquire on frequency of billing, thresholds and PA requirements.

Allowed Units mentioned below are the service usage threshold per calendar year before an Authorization of Medical Necessity is required.
Disclaimer: Eligibility shown does not guarantee payment of services.

Inquiry Date Range: 01/16/2024 - 01/16/2024 Commercial / Other: N

Gender: MALE

Date Of Birth: 03/10/2021

Case Number: 00850684 Lock-In Provider Restriction: N

Case Phone: (918) 986-7056 Ext: Indicators: N

Case Email: lori1atchford3@bresnan.net

County Of Residence:

Citizenship: Yes Phone:

Diagnosis Code 1: F482	Diagnosis Code 1 Covered: Yes
Diagnosis Code 2:	Diagnosis Code 2 Covered:
Diagnosis Code 3:	Diagnosis Code 3 Covered:
Diagnosis Code 4:	Diagnosis Code 4 Covered:
Procedure/Revenue Code: v2020	Procedure/Revenue Code Covered: Yes

Non Covered Service Types

BENEFIT PLANS

Benefit Plan ID	Benefit Plan Type	Provider ID	Service Type Details	Created Date	Transaction Date	Start Date	End Date
KIDA	FEE FOR SERVICE		Click To View Service Types	09/02/2022	09/02/2022	01/16/2024	01/16/2024

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Commercial Insurance Indicator

When the indicator for the **Commercial / Other** field is **Y**, displays as an active link. The user can select this link to view the Member's other insurance information.

1. When applicable, select **Commercial / Other**. The **Insurance Details** page displays.

Inquiry Date Range:	09/01/2022 - 09/01/2022	Commercial / Other:	Y
Gender:		Lock-In Provider Restriction:	N
Date Of Birth:		Indicators:	N
Case Number:		Cost Share Met:	Y
Case Phone:		Cap Amount Remaining(\$):	0.00
Case Email:		Phone:	
County Of Residence:		Diagnosis Code 1 Covered:	
Citizenship:	Yes	Diagnosis Code 2 Covered:	
Diagnosis Code 1:		Diagnosis Code 3 Covered:	
Diagnosis Code 2:		Diagnosis Code 4 Covered:	
Diagnosis Code 3:		Procedure/Revenue Code:	J0150
Diagnosis Code 4:		Procedure/Revenue Code Covered:	Yes

From the **Insurance Details** page, the user can view the Member's Primary insurance information, including:

- Payer Name
- Payer ID
- Group Number
- Policy Number
- Begin Date
- End Date
- Coverage Type Member has on file with WY Medicaid

INSURANCE DETAILS												
All	Active	Go										Save
PAYER NAME	PAYER ID	GROUP NUMBER	POLICY NUMBER	BEGIN DATE	END DATE	MEDICAL PHARMACY	DENTAL	MEDICARE VISION	LTC	ME		
MEDICAREENROLLED IN PART B	44444444			07/01/2011	12/31/2999	N	N	N	Y	N		
MEDICAREENROLLED IN PART A	33333333			07/01/2011	12/31/2999	N	N	N	Y	N		
MEDICAREENROLLED IN MEDICARE PART D	66666666			01/01/2013	12/31/2999	N	N	N	Y	N		
MEDICAREENROLLED IN MEDICARE PART D	66666666			07/01/2011	12/31/2012	N	N	N	Y	N		

Diagnosis Code/Procedure Code Details

When the user selects the Diagnosis Code **Yes** indicator link (see page 4), the Diagnosis Code details populate as shown in the example below.

Diagnosis Code: D0511		Description: Intraductal carcinoma in situ of right breast			
AgeRange: 0 to 999 Years		Gender: Both			
Category: ICD-10-CM					
Indicators					
Claim Type	Modifier	Indicator Name	Indicator Value	Start Date	End Date
0-All		ACCIDENT INDICATOR	N-No	10/01/2015	12/31/2999
0-All		DIAG_ABORT_IND	N-No	10/01/2015	12/31/2999
0-All		DIAG_PRES_ON_ADMIT_REQ_CD	Y-Yes	10/01/2015	12/31/2999
0-All		Diag Family Planning	N-No	10/01/2015	12/31/2999
0-All		Emergency	N-No	10/01/2015	12/31/2999
0-All		Prior Authorization	Y-Yes	10/01/2015	12/31/2999
0-All		STERILIZATION	N-No	10/01/2015	12/31/2999
View Page: 1 <input type="button" value="Page Count"/> <input type="button" value="SaveToXLS"/>		<input type="button" value="First"/> <input type="button" value="Previous"/>			

When the user selects the Procedure/Revenue Code **Yes** indicator link (see page 4), the Procedure/Revenue Code details, Last date of Service, Next date of service and PA details are displayed.

Procedure/Revenue Code: V2020		Description: Vision svcs frames purchases									
AgeRange: 0 to 20 years		Gender: Both									
Category: HCPCS/CPT											
Limit											
Limit Code	Limit Desc	Period Type	Time Period Value	Anchor Date	PA Override	Allowed units	Used Units	Balance Units	Last Service Date	Next Service Date Possible	
1P365D	ONE FRAME PER 365 DAYS	DAY	365	First Date Of Service	No	1	0	1	10/18/2022	10/18/2023	
Indicators											
Claim Type	Modifier	Indicator Name	Indicator Value	Start Date	End Date						
0-All		PROC_REFER_IND	N-No	01/01/2021	12/31/2999						
0-All		Prior Authorization	N-No	01/01/2021	12/31/2999						
0-All		Procedure Status Indicator	03-Status Indicator 03	01/01/2021	12/31/2999						
0-All		Procedure Tooth Requirement Indicator	N-TOOTH CODE NOT REQL	01/01/2021	12/31/2999						
0-All		QUADRANT NMBR RQURD INDCTR	N-No	01/01/2021	12/31/2999						
0-All		TOOTH_SURF_CD	N-No	01/01/2021	12/31/2999						
0-All		Trauma Code	N-No	01/01/2021	12/31/2999						

Diagnosis Code/Procedure Code Details Cont'd

Diagnosis Code details page

Diagnosis Code: D0511

AgeRange: 0 to 999 Years

Category: ICD-10-CM

Description: Intraductal carcinoma in situ of right breast

Gender: Both

Indicators

Claim Type	Modifier	Indicator Name	Indicator Value	Start Date	End Date
0-All		ACCIDENT INDICATOR	N-No	10/01/2015	12/31/2999
0-All		DIAG_ABORT_IND	N-No	10/01/2015	12/31/2999
0-All		DIAG_PRES_ON_ADMIT_REQ_CD	Y-Yes	10/01/2015	12/31/2999
0-All		Diag Family Planning	N-No	10/01/2015	12/31/2999
0-All		Emergency	N-No	10/01/2015	12/31/2999
0-All		Prior Authorization	Y-Yes	10/01/2015	12/31/2999
0-All		STERILIZATION	N-No	10/01/2015	12/31/2999

View Page: 1 Page Count SaveToXLS First Pre

Procedure/Revenue Code details page

The Procedure code details include the number of allowed units, used units, the last date of service, and the next date of service the procedure code is billable.

Procedure/Revenue Code: V2020

AgeRange: 0 to 20 years

Category: HCPCS/CPT

Description: Vision svcs frames purchases

Gender: Both

Limit

Limit Code	Limit Desc	Period Type	Time Period Value	Anchor Date	PA Override	Allowed units	Used Units	Balance Units	Last Service Date	Next Service Date Possible
1P36SD	ONE FRAME PER 365 DAYS	DAY	365	First Date Of Service	No	1	0	1	10/18/2022	10/18/2023

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NDC Crosswalk Information

NDC Crosswalk Information

The NDC Crosswalk link is active for a procedure code that requires an NDC.

Procedure/Revenue Code: J0150 Description: Injection adenosine 6 mg

AgeRange: 0 to 999 Years Gender: Both

Category: HCPCS/CPT

[NDC Crosswalk](#) ←

Limit

Limit Code	Period Type	Time Period Value	Anchor Date	PA Override	inits	Used Units	Balance Units
No Records Found!							

Indic

Claim Type	Indicator Name	Indicator Value	Start Date	End Date
0-All	PROC_REFER_IND	N-No	01/01/2015	12/31/2999
0-All	Prior Authorization	N-No	01/01/2015	12/31/2999
0-All	Procedure Tooth Requirement Indicator	N-TOOTH CODE NOT REQUIRED	01/01/2015	12/31/2999
0-All	QUADRANT NMBR RQURD INDCTR	N-No	01/01/2015	12/31/2999
0-All	TOOTH_SURF_CD	N-No	01/01/2015	12/31/2999
0-All	Trauma Code	N-No	01/01/2015	12/31/2999

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NDC to Procedure Crosswalk

This page displays the NDC associated with a particular procedure code. The End Date for the NDC/Procedure code combination is displayed.

NDC to Procedure Crosswalk

Filter By And Filter

NDC	Procedt	Procedure Description	Conversion Factor	Operational Flag	Start Date	End Date	Effective Da
00469823412	J0150	Injection adenosine 6 mg	1	Active	05/15/2002	12/31/2014	08/16/2022
00469823414	J0150	Injection adenosine 6 mg	0.5	Active	05/15/2002	12/31/2014	08/16/2022
00641611301	J0150	Injection adenosine 6 mg	1	Active	05/21/2012	12/31/2014	08/16/2022
00641611310	J0150	Injection adenosine 6 mg	0.1	Active	05/21/2012	12/31/2014	08/16/2022
17478054202	J0150	Injection adenosine 6 mg	0.1	Active	03/15/2011	12/31/2014	08/16/2022
17478054225	J0150	Injection adenosine 6 mg	0.04	Active	05/20/2012	12/31/2014	08/16/2022
25021030167	J0150	Injection adenosine 6 mg	0.1	Active	05/01/2014	12/31/2014	08/16/2022
25021030168	J0150	Injection adenosine 6 mg	0.05	Active	04/01/2014	12/31/2014	08/16/2022
54569561000	J0150	Injection adenosine 6 mg	1	Active	09/22/2009	12/31/2014	08/16/2022
63323065102	J0150	Injection adenosine 6 mg	0.1	Active	06/09/2005	12/31/2014	08/16/2022

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