

Provider Requirements for Preauthorization Request Forms

The provider must submit a Provider Request for Preauthorization Review form (e-mail, fax, or mail) which includes case specific information as well as the following:

1. Injured worker information:
 - a. Name,
 - b. case number,
 - c. date of birth, and
 - d. date of injury.
2. Diagnosis
3. ICD-10-CM diagnosis code(s)
4. CPT Code(s)
5. Written procedure to include side and part of body
6. Medical notes/information, signed by the Requesting Physician, giving indications for surgery/procedure, substantiating the need for the requested health care; include diagnostic reports from the previous 12 months information ("Requesting Physician" is defined as the person who will be performing the surgery/procedure.)
7. The requesting physician's information--
 - a. Name,
 - b. office telephone number,
 - c. office fax number, and
 - d. contact name.

The Provider Request for Preauthorization Review form can be found at:

<http://www.wyomingworkforce.org/docs/providers/Provider-Request-for-Preauthorization-Review.pdf>