



# Wyoming Medicaid

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## Attention Severe Malocclusion Providers

### Changes to SMP Prior Authorization Process – New Non-Medicaid Dental Insurance Attestation Form

Severe Malocclusion Program (SMP) Prior Authorization (PA) requests must include information about potential other insurance coverage. To facilitate this requirement, Conduent has created the Medicaid Client Primary Dental Insurance Attestation Form, shown below. The form will be utilized to report if a client has primary dental insurance, if that insurance covers orthodontic services, and how much the primary insurance will pay towards orthodontic treatment.

Effective 03/01/2021, the form will be **required** with all SMP Prior Authorization requests. Requests received after the effective date without this form will be held awaiting submission of the form. If it is not received within 30 days, the PA request will be denied. Authorizations denied after 30 days must be resubmitted as fresh requests, complete with all previously submitted documentation.



### Medicaid Client Primary Dental Insurance Attestation Form

New     Change

Client Information	
1. CLIENT NAME:	2. CLIENT MEDICAID ID NUMBER:
3. CLIENT DOB:	4. CLIENT SSN:

5. Other Dental Insurance Coverage:     Yes     No\*  
 \* If no, continue to Provider Information.

6. Orthodontic Services Covered:     Yes     No

Insurance Information	
7. INSURANCE COMPANY NAME:	11. GROUP NUMBER:
	12. START DATE (MM/DD/YY):
8. INSURANCE COMPANY ADDRESS:	13. END DATE (MM/DD/YY):
	14. ORTHO BENEFITS:
9. POLICY HOLDER:	
10. POLICY NUMBER:	
15. POLICY HOLDER RELATIONSHIP TO CLIENT:	
<input type="checkbox"/> Self	<input type="checkbox"/> Absent Parent
<input type="checkbox"/> Spouse	<input type="checkbox"/> Brother/Sister
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other
	<input type="checkbox"/> Uncle/Aunt
	<input type="checkbox"/> Parent
	<input type="checkbox"/> Grandparent

Provider Information	
16. NAME:	17. NPI:
18. COMPLETED BY:	19. DATE SUBMITTED:

Include with all SMP Prior Authorization requests

FISCAL AGENT USE ONLY

MEDICAL POLICY INPUT BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TPL VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TPL INPUT BY: \_\_\_\_\_ DATE: \_\_\_\_\_

V 01/2021

This form and detailed instructions are available on the [Dental](#) and [Forms](#) pages of the website. If you have questions please contact Dental Services at 888-863-5806.



Help identify and combat Medicaid Fraud by visiting the website or contacting the Fraud Hotline:

• <https://health.wyo.gov/healthcarefin/program-integrity/>

• 1-855-846-2563

**WYhealth** is a Medicaid health management and utilization management program offered by the Wyoming Department of Health through Optum. Medicaid clients and providers will benefit from a wide array of programs and services offered and coordinated by Optum. Visit <https://www.wyhealth.net/tpa-ap-web/> for more information



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Be sure to add [wycustomersvc@conduent.com](mailto:wycustomersvc@conduent.com) to your address book to ensure the proper delivery of your Wyoming Medicaid updates and weekly payment summary information.

Wyoming Medicaid, Provider Relations, PO Box 667, Cheyenne, WY 82003

Please do not reply to this email with any customer service issues. Specific account inquiries will not be read. For assistance, contact Provider Relations at 1-800-251-1268

<https://wymedicaid.portal.conduent.com/>

#### Deployment Information:

- Deployment Date: 1/15/2021
- Deployment Time: 10:30 AM
- Audience: SMP Providers
  - Taxonomies: 1223G0001X, 122300000X, 1223X0400X, 261QP0904X