

Field Number	Title	Action
1	Client Name	Client's name as it appears on their WY Medicaid Card. If the provider knows there has been a name change, they should instruct the client to contact Medicaid Enrollment to update their information.
2	Client ID	Client's WY Medicaid number
3	Pay-To Provider Name & Mailing Address	Pay-To Providers name and mailing address.
4	Pay-To Provider NPI Number	Pay-To Provider NPI Number. The pay-to provider number is the NPI used by the treating provider and/or facility to receive payment from Wyoming Medicaid and may be different than the treating provider.
5	Acute condition(s) requiring rehabilitative services	A detailed explanation as to the diagnosis and rehabilitative need for therapy for acute conditions only. Indicate why the client has exceeded their CAP limit.
6	Date of onset of acute condition	Date the acute condition began.
7	ICD-10 Diagnosis Code(s) for acute condition(s) requiring rehabilitative services	ICD-10 diagnosis code <i>including</i> the description.
8	Calendar Year for Request	Indicate which year the request is for (i.e., 2015, 2016). CAP waivers requested for multiple years must be requested on separate forms for each year.
9	Describe injury, illness or surgery	What caused the acute condition (i.e., fall, surgery)?
10	Rehabilitative Services	Indicate the anticipated date range for services, planned treatment methods, current goals and future goals.
11	Describe anticipated rehabilitative progress	Rehabilitative progress anticipated and length of additional treatment.
12	Therapist's /Chiropractor Signature	Original signature of the provider. No stamped signatures allowed.
13	Date	Date the form is being submitted.