



9779 South Franklin Drive, Suite 300
Franklin, Wisconsin 53132
1-800-230-1791
Facsimile 1-414-325-3978



IMPORTANT DME PRIOR AUTHORIZATION INFORMATION

Wyoming EqualityCare requires prior authorization for certain Durable Medical Equipment (DME). To help ensure proper processing of prior authorization requests, it is important that you use the correct contact information.

In early 2008, ACS acquired Bowers & Associates, Inc., a medical management company, now known as ACS Bowers. Wyoming EqualityCare has contracted with ACS Bowers to provide medical necessity reviews for prior authorization of DME. Please direct all prior authorization requests for DME to ACS Bowers.

- Phone (800)230-1791
 - Staffed 7 am to 5 pm MST, Monday-Friday
 - Answering service available after hours for emergency PA requests
- Fax (414)325-3978
- Address: ACS Bowers 9779 S. Franklin Drive Suite #300, Franklin, WI 53132

NOTE: Claims processing and inquiries regarding billing, client eligibility, and payments will continue to be handled by the ACS fiscal agent office in Cheyenne, Wyoming.

The Medical Supplies Covered and Limitations manual, containing current coverage policies, is available on the EqualityCare website at <http://wyequalitycare.acs-inc.com/manuals.html>. Also available on the EqualityCare website are a number of policy change bulletins that supersede coverage policies in the manual. These bulletins can be found on the Bulletins and Newsletters page at <http://wyequalitycare.acs-inc.com/pubs.html>. Providers will receive advance notification should any changes be made to the list of DME items requiring prior authorization, or to the coverage criteria for DME items.

For your convenience, please find enclosed a quick reference sheet, which lists frequently used phone numbers, addresses and websites as well as the new DME Prior Authorization Request form.

If there are any questions about the DME prior authorization process, you may contact ACS Bowers at (800)230-1791.



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Quick Address and Telephone Reference

Agency Name & Address	Phone Numbers And Hours	Fax	Contact For:
ACS Automated Voice Response System (AVRS)	1-800-251-1270 24 hrs a day 7 days per week 1-800-251-1268 OPTION 1 9-5pm MST M-F Touchtone telephone required	N/A	<ul style="list-style-type: none"> • Payment inquiries • Client eligibility • EqualityCare client number and information • Lock-in status • Medicare Buy-In data • Service limitations • Client third party coverage information <p>NOTE: The client's EqualityCare ID number or social security number is required for accessing client information.</p>
ACS Bowers 9779 S. Franklin Dr. Ste. #300 Franklin, WI 53132	1-800-230-1791 7-5pm MST M-F Answering service available during non-operating hours	(414) 325-3978	<ul style="list-style-type: none"> • Prior authorization requests for Durable Medical Equipment (DME)
ACS Claims P.O. Box 547 Cheyenne, WY 82003-0547	8-5pm MST M-F	N/A	<ul style="list-style-type: none"> • Claims adjustment requests • Hardcopy claims processing • Returning EqualityCare checks
ACS EDI P.O. Box 667 Cheyenne, WY 82003-0667	1-800-672-4959 9-5pm MST M-F	(307) 772-8405	<ul style="list-style-type: none"> • EDI Enrollment Form • Trading Partner Agreement • WINASAP software • Technical support for WINASAP • Technical support for vendors, billing agents and clearing houses
ACS Provider Relations P.O. Box 667 Cheyenne, WY 82003-0667	1-800-251-1268 OPTION 2 (307) 772-8401 OPTION 2 9-5pm MST M-F	(307) 772-8405	<ul style="list-style-type: none"> • Bulletin/Manuals inquiries • Cap limits • Claim inquiries • Claim submission problems • Client eligibility • How to complete forms • Payment inquiries • Request Field Representative visit • Training seminar questions • Timely filing inquiries • Troubleshooting prior authorization problems • Verifying validity of procedure codes • Claim void/adjustment inquiries • WINASAP training



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Agency Name & Address	Phone Numbers And Hours	Fax	Contact For:
<p>ACS Third Party Liability (TPL)</p> <p>P.O. Box 667 Cheyenne, WY 82003-0067</p>	<p>1-800-251-1268 OPTION 4 or 5</p> <p>(307) 772-8401 OPTION 4 or 5</p> <p>9-5pm MST M-F</p> <p>Select Option 4 if you are with an insurance company, attorney's office or a child support enforcement office.</p> <p>OR</p> <p>Select Option 5 if you have a recipient, Medicare, Buy-In or Estate Recovery question.</p>	<p>(307) 772-8405</p>	<ul style="list-style-type: none"> • Medicare Buy-In status • Client accident covered by liability or casualty insurance or legal liability is being pursued • Estate and Trust Recovery • New insurance coverage • Policy no longer active • Problems getting insurance information needed to bill • Questions or problems regarding third party coverage or payers • WHIPP program



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Quick Website Reference

Agency Name	Web Address	Phone Number	Reference for
ACS EDI	http://www.acs-gcro.com	1-800-672-4959	<ul style="list-style-type: none"> • EDI enrollment form • Trading Partner Agreement • WINASAP software
EqualityCare	http://wyequalitycare.acs-inc.com	N/A	<ul style="list-style-type: none"> • Billing Manuals • HIPAA electronic transaction data exchange • Fee schedules • Frequently asked questions (FAQs) • Forms (e.g., Claim Adjustment/Void Request Form) • HIPAA • Outpatient Perspective Payment System (OPPS) • Publications • Remittance Advice Retrieval • WINASAP software • Secure Provider Web Portal
Office of Healthcare Financing	http://wdh.state.wy.us/medicaid	(307) 777-7531	<ul style="list-style-type: none"> • Eligibility information • FAQs • Health Management • Health Check • Medicaid State Rules • Program Integrity



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EqualityCare DME Prior Authorization Form

I. PATIENT INFORMATION				II. PROVIDER INFORMATION	
1. DOB	2. SEX	3. AGE	4. EQUALITYCARE ID#	9. NPI NUMBER	10. TAXONOMY
5. PATIENT NAME (LAST, FIRST, MI)				11. PROVIDER NAME	
6. STREET ADDRESS				12. STREET ADDRESS	
7. CITY, STATE, ZIP CODE				13. CITY, STATE, ZIP CODE	
8. TELEPHONE NUMBER				14. TELEPHONE NUMBER CONTACT NAME	
III. SERVICE INFORMATION			15. DATE(S) OF SERVICE MM/DD/YY		
			FROM	TO	
16. PROPOSED MEDICAL SUPPLIES, PHARMACY, SURGICAL PROCEDURES OR OTHER SERVICES, (LIST PRIMARY PROCEDURE FIRST)	17. PROCEDURE, NDC OR REVENUE CODE(S)	18. UNITS	19. ESTIMATED COST	20. TREATING PROVIDER NPI NUMBER	
A.					
B.					
C.					
D.					
21. SUMMARY OF HISTORY (DIAGNOSIS, DATE OF ONSET, PROGNOSIS, PHYSICAL EXAMINATION, LABORATORY, X-RAY STUDIES, PHARMACY, AND APPLICABLE DOCUMENTATION MUST BE SUPPLIED IN SUFFICIENT DETAIL TO SATISFY THE MEDICAL NECESSITY FOR THE PRESCRIBED SERVICE. ADDITIONAL DOCUMENTATION MAY BE ATTACHED WHEN NECESSARY.)					
22. REFERRING WYOMING PHYSICIAN:			TELEPHONE NUMBER:		
(IF THIS AUTHORIZATION REQUEST IS FOR SERVICE TO BE RENDERED OUT-OF-STATE, A BRIEF JUSTIFICATION STATEMENT IS REQUIRED)					
23. VERBAL AUTHORIZATION GIVEN BY:		DATE:		PA NUMBER:	
24. TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE, AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.					
SIGNATURE OF PROVIDER:				DATE:	
IV. AUTHORIZATION (FOR STATE USE ONLY)					
AUTHORIZATION IS VALID FOR SERVICES		25. FROM DATE:		26. TO DATE:	
27. PRIOR AUTHORIZATION NUMBER:					
28. COMMENTS/EXPLANATION:					

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO THE PATIENT'S ELIGIBILITY AND WYOMING BENEFIT LIMITATIONS. BE SURE THE EQUALITYCARE IDENTIFICATION CARD IS CURRENT BEFORE RENDERING SERVICES.