

Instructions for completing the EqualityCare Prior Authorization Form

Completing the EqualityCare Prior Authorization Form		
*Denotes Required Field		
Field Number	Title	Action
1	Date of Birth	Enter MMDDYY of client's date of birth.
2	Sex	Enter client's sex.
3	Age	Enter client's age.
4*	EqualityCare Identification Number	Enter the client's ten-digit EqualityCare ID number.
5*	Patient Name	Enter last name, first name, and middle initial exactly as it appears on the EqualityCare ID Card.
6*	Patient Address	Enter the street address, including P.O. Box and apartment number, where client resides.
7*	City, State, Zip Code	Enter the city, state, and zip code at which the client resides.
8	Telephone Number	Enter the telephone number of the client.
9*	NPI	Enter the provider's ten-digit NPI number.
10	Provider Taxonomy	Enter the provider's taxonomy code.
11*	Provider Name	Enter the provider's name as it appears on the provider enrollment form
12*	Provider Address	Enter the provider's street address or PO Box
13*	City, State, Zip Code	Enter the city, state, and zip code of the provider.
14*	Telephone Number	Enter the telephone number of the provider and a contact name.
15*	Date(s) of Service	Enter the date(s) of service this request will cover.
16*	Proposed Services	Enter narrative description of service(s) being requested.
17*	Procedure/NDC/Revenue Codes	Enter the codes for the service(s) being requested should reflect the narrative description.
18*	Units	Enter number of each service being requested.
19*	Estimated Cost	Enter dollar amount times the units for each service being requested.
20*	Treating Provider NPI Number	Enter the treating provider's ten-digit NPI number.
21	Summary of History	Provide as much information as possible supporting the need for the service(s) requested. Attach additional sheets if necessary.
22	Out-of-State Justification	Enter the Wyoming physician's name referring the client for out-of-state services. Enter the telephone number of the referring physician. The justification for out-of-state services can be brief.
23	Verbal Authorization	Enter the name verbal authorization was given by, the date authorization was given, and the PA number.
24*	Signature/Date	The form should be signed and dated by the entity requesting prior authorization of services.
25-28	Authorization (State Use Only)	ACS will complete these fields when prior authorization is approved.