



Mark Gordon
Governor

State of Wyoming
Department of Workforce Services
 DIVISION OF WORKERS' COMPENSATION
 5221 Yellowstone Rd
 Cheyenne, Wyoming 82009
<http://www.wyomingworkforce.org>



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Director
 Elizabeth Gagen, J.D.
Deputy Director

Durable Medical Equipment Preauthorization Request

Phone: 307-687-5304

Fax: 307-687-5312

Email: heidi.gerken@wyo.gov

Date:

Claimant Name:

Claim Number:

Requestor Name:

Federal Tax ID Number:

Phone Number:

Fax Number:

Email:

Contact Name:

Durable Medical Equipment/Supplies Needed (Include HCPCS code/description and time frame, if applicable)	QUANTITY	QUOTE

Along with this form, the following is required. Please include with this request:
 a. Treating provider prescription or LOMN with an applicable diagnosis code included on order.
 b. Medical records to support DME need(s)
 Provider order and medical notes are required criteria to be considered a complete request

Durable Medical Equipment guidelines are available at:

**Reimbursement will be paid according to the Wyoming Workers
 Compensation Fee Schedule if approved.**

For Fee Schedule questions, contact dws-providerrelations@wyo.gov.

To be completed by WCD DME Coordinator nurse ONLY Authorization: Yes _____ Date: _____ Preauthorization# _____ Approval Valid: _____ Through: _____ Signature _____ Comments _____ _____ _____ _____
