



Medicaid Dental Provider Billing Workshop

Presenters:

Marci Thietje, Provider Relations Unit
Matt Ashton, Provider Relations Unit

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Who is Provider Relations and what do we do?

Provide outreach and training for Washington Apple Health (Medicaid) providers

Specialize in the use of the ProviderOne portal

Assist with program and policy questions

Medicaid
Overview

Accessing
ProviderOne

Topics

Eligibility &
Billing Processes

Resources

Medicaid Overview

Medicaid Overview

Medicaid is no longer managed by DSHS

Medicaid is managed by the Health Care Authority

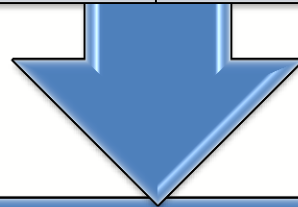
“Apple Health” is the new name for Medicaid

Medicaid Overview

How Medicaid purchases care

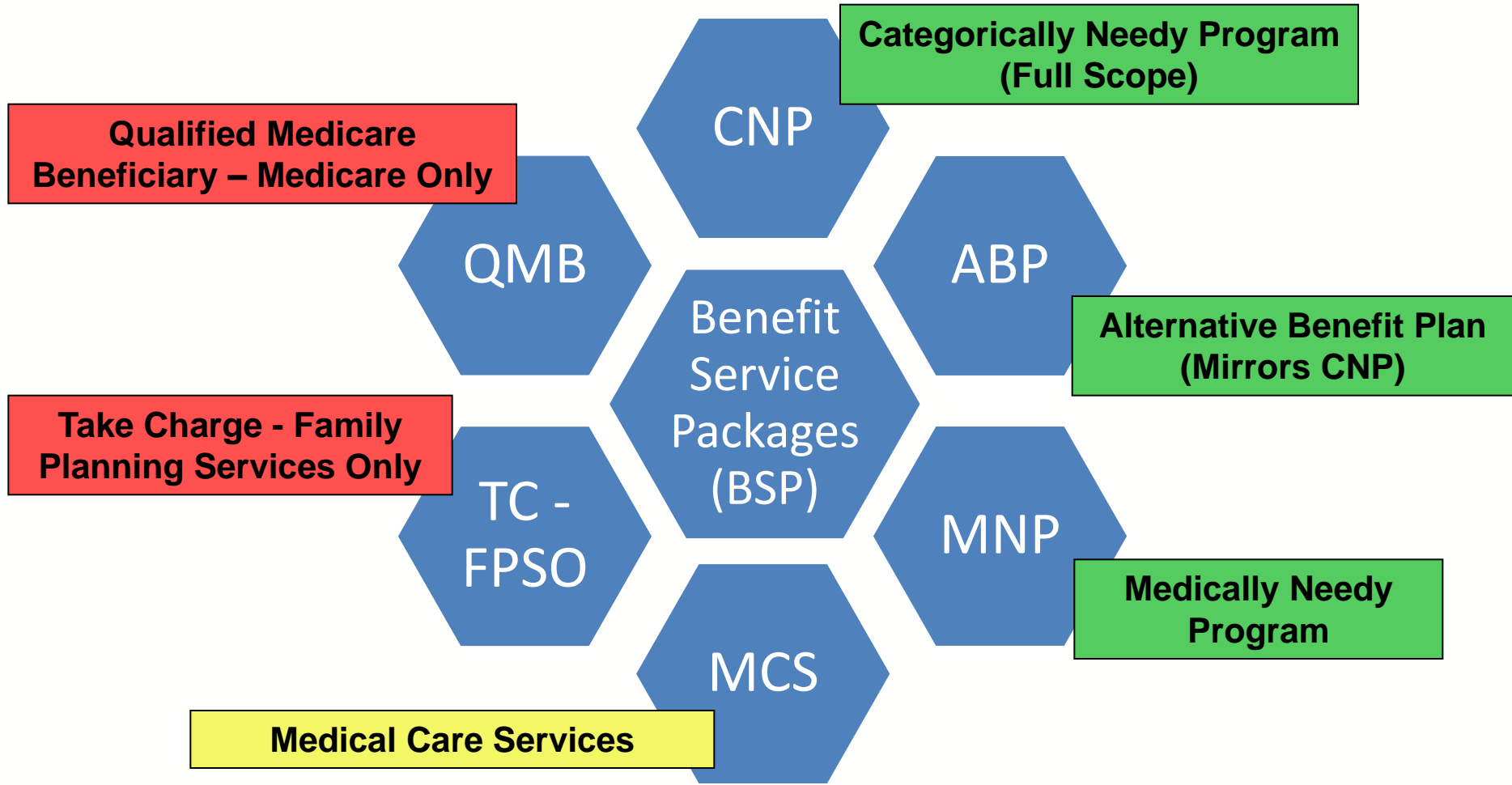
Fee for Service program

Managed Care



HCA's goal is to have the majority of Medicaid clients on Managed Care. "Migration" to the plans started July 2012.

Eligibility Programs



For a complete listing of BSP, visit the [ProviderOne Billing and Resource Guide](#).

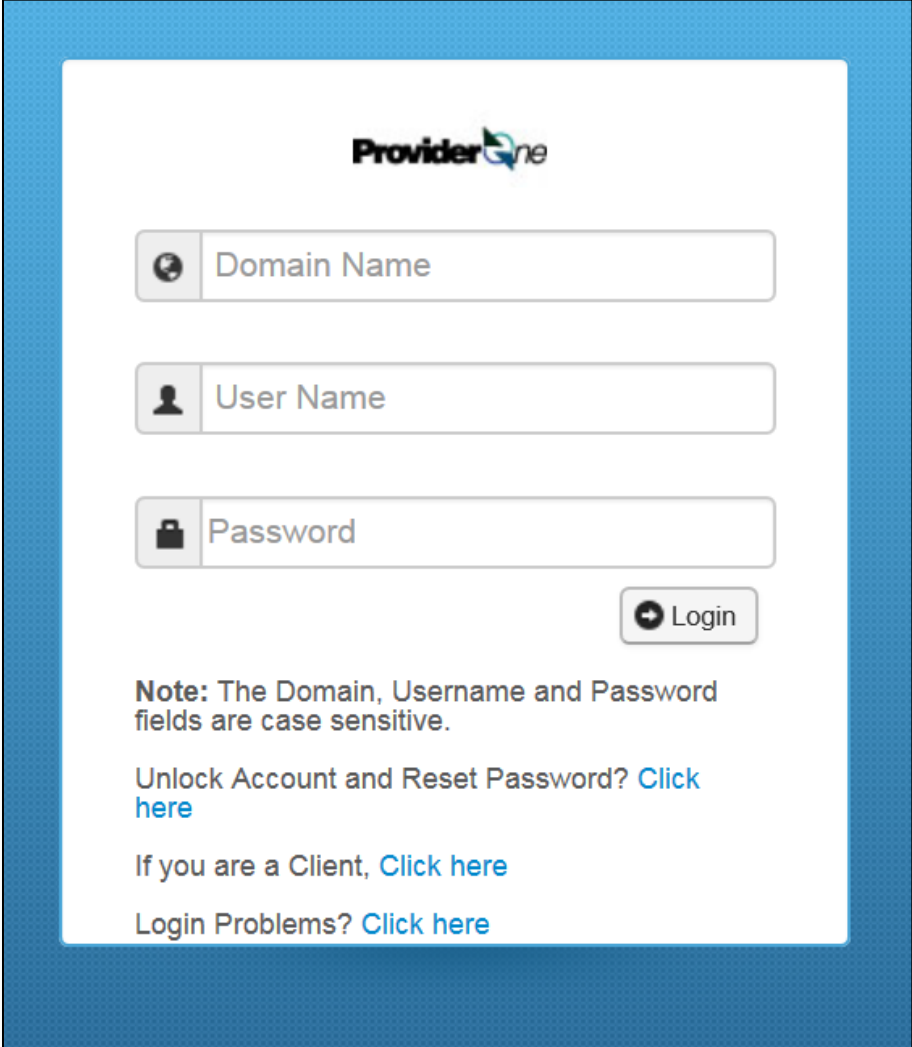
Accessing ProviderOne

Accessing ProviderOne

- Before logging into ProviderOne:
 - Make sure you are using one of the following browsers:
 - Microsoft Internet Explorer version 6.0 and above for Windows
 - Google Chrome, Firefox, Microsoft Edge
 - If using a MAC computer, make sure you are using the Safari browser (only browser compatible for MAC)
 - Turn **OFF** the Pop Up Blockers

Accessing ProviderOne

- Use web address <https://www.waproviderone.org>
- Ensure that your system **“Pop Up Blockers”** are turned **“OFF”**
- Login using assigned Domain, Username, and Password
- Click the **“Login”** button



The screenshot shows the ProviderOne login interface. At the top center is the "ProviderOne" logo. Below it are three input fields: "Domain Name" with a globe icon, "User Name" with a person icon, and "Password" with a lock icon. To the right of the password field is a "Login" button with a right-pointing arrow. Below the input fields is a "Note" stating that the fields are case sensitive. There are three links: "Unlock Account and Reset Password? Click here", "If you are a Client, Click here", and "Login Problems? Click here".

ProviderOne Users

HCA establishes System Administrators for your domain/NPI

- A System Administrator can assign profiles to other users as necessary
- Staff can be assigned one or more security profiles to meet their job duties and provide them the level of access necessary in the system.

Visit the [ProviderOne Security web page](#).


How to Get Access in ProviderOne

- Review the [ProviderOne Security web page](#) for detailed instructions on setting up users.
- New provider and don't have the form? Email ProviderOne Security at: provideronesecurity@hca.wa.gov (in the subject line enter "Request for ProviderOne User Access Request form")

How to Get Access in ProviderOne

- The ProviderOne User Access Request form is for a newly enrolled Facility, Clinic, Individual Provider, or a new Office Administrator.
- Complete the form and fax to: 360-507-9019.
- If changing System Administrators, a letter on office correspondence must also be completed and faxed with the form.

State of Washington



ProviderOne User Access Request

IMMEDIATE ACTION REQUIRED

ProviderOne Id:

In order to gain access to ProviderOne, you must complete and return this form. This form will be used to establish the System Administrator for your assigned Domain (ProviderOne ID) in the ProviderOne system.

The System Administrator is responsible for maintaining access to ProviderOne for your staff; which includes setting up accounts for additional users, assigning profiles to user accounts, and resetting user passwords.

Once you have completed and returned this form, we will send a username and a temporary password in two separate emails to the email address you provide.

ProviderOne System Administrator Information	
Name of System Administrator (First, Middle Initial, Last) <input type="text"/>	Physical Address Street: <input type="text"/> City: <input type="text"/> , State: <input type="text"/> Zip: <input type="text"/>
System Administrator's Date of Birth mm/dd/yyyy <input type="text"/>	Business Name <input type="text"/>
System Administrator's Individual Email Address (generic email addresses will not be accepted) <input type="text"/>	National Provider Identifier (NPI if applicable) <input type="text"/>
System Administrator's Phone Number <input type="text"/>	Federal Tax ID (FEIN/SSN) <input type="text"/>

Each domain user must have his/her own account:

With the system administrator login information, we will send instructions on how to create additional user accounts for your Domain and how to add profiles to the accounts.

*To better understand the different types of user profiles, look for the **Provider Information** link on our site: <http://www.hca.wa.gov/Medicaid/provider/Pages/index.aspx>*

To review or update provider information:

You may edit information in your provider file at any time by using the EXT Provider Maintenance or EXT Super User profile. Once you receive your login information, please verify the accuracy of all the data in your provider file.

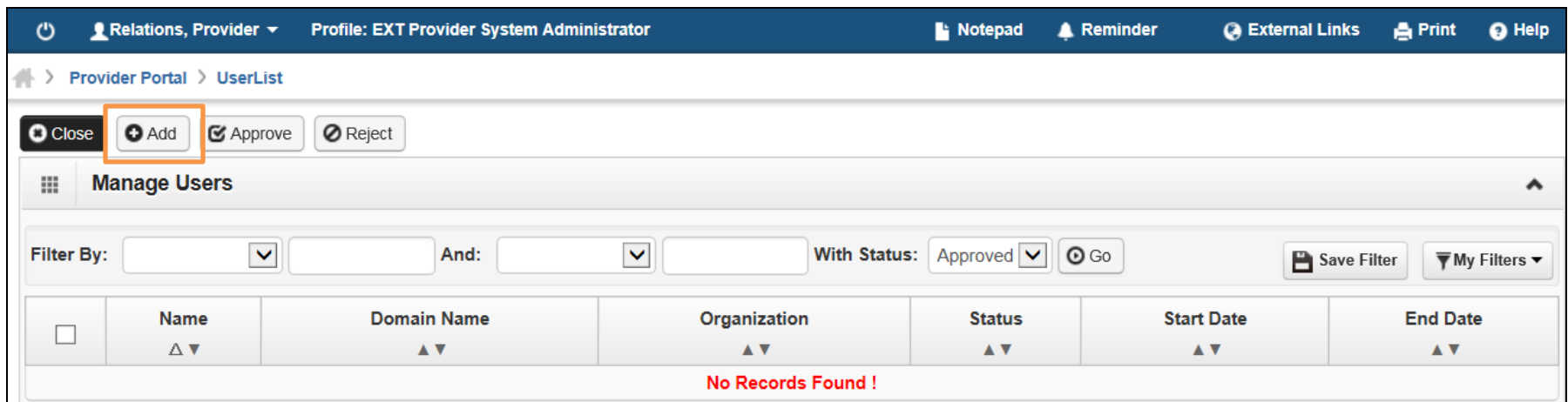
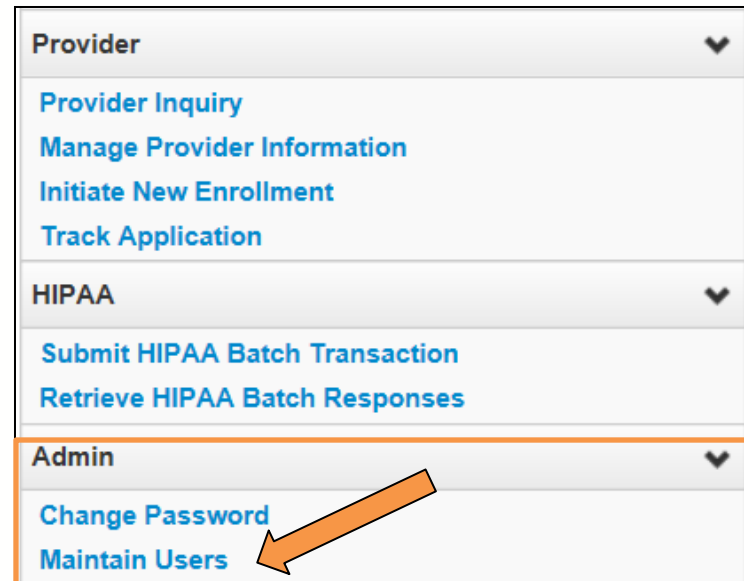
- Address Information
- Payment Detail; and
- Electronic Data Interchange Information if you plan on submitting HIPAA batch files

If updates are made in the Provider File Business Process Wizard, please make sure you go to the last step and *submit* your modification request for review and approval. Include a copy of the bar code coversheet on any documentation you send. http://hrsa.dshs.wa.gov/download/document_submission_cover_sheets.html

Return this completed form by email: provideronesecurity@hca.wa.gov, or
 Fax to: (360) 507-9019 or
 Mail to: HCA IT Security, PO Box 45512, Olympia, WA 98504-5512

How to Set Up a User

- Log in with the **System Administrator** Profile
- Click on **Maintain Users**
- The system now displays the User List screen
- Click on the **Add** button



How to Set Up a User

➤ Adding a user

Add User

Please enter the following information:

First Name: *	Middle Name:
Last Name: *	User Type: Batch User *
User Login ID: *	EID: *
Date of Birth: *	Expiration Date: 12/31/2999 *
Domain Name: 9999999	
Start Date: 01/05/2016 *	
Status: In Review	
Comments:	

Next **Cancel**

➤ Fill in all required boxes that have an asterisk *

➤ Click the **Next** button

How to Set Up a User

- Complete remaining required fields

Add User:

Please enter the following information:

User Login ID: NameP

Password: * Confirm Password: *

Email: *

Phone Number: * Pager Number:

Mobile Number:

Address Line 1: Address Line 2:
(Enter Street Address or PO Box Only)

Address Line 3: City/Town:

State/Province: County:

Country: Zip Code: -

Note: It is not necessary to complete the address information.

- Click the **Finish** button

How to Set Up a User

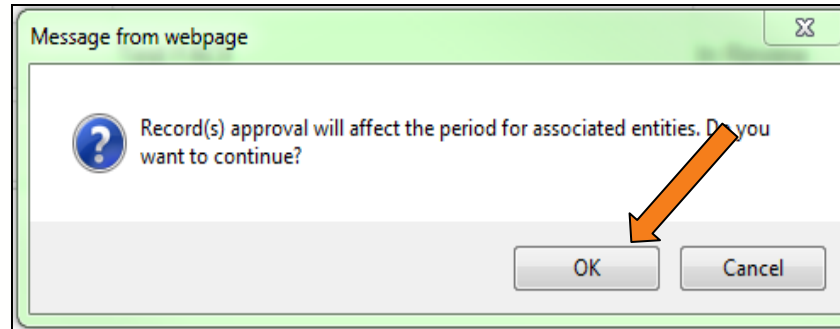
- To display the new user
 - In the **With Status** dropdown, select **In Review** and click **Go**
 - The user's name is displayed with In Review status
 - Click the box next to the user's name, then click the **Approve** button

The screenshot shows the 'Manage Users' interface. At the top, there are buttons for 'Close', '+ Add', 'Approve', and 'Reject'. Below this is a search bar with 'Filter By:' and 'And:' dropdowns. The 'With Status:' dropdown is set to 'In Review' and is highlighted with an orange box. To its right is a 'Go' button, also highlighted with an orange box and pointed to by an orange arrow. Below the search bar is a table with columns: Name, Domain Name, Organization, Status, Start Date, and End Date. The first row shows a user named 'Name, Pretend' with status 'In Review'. A checkbox is checked next to the user's name. At the bottom, there are navigation controls including 'View Page: 1', 'Go', '+ Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

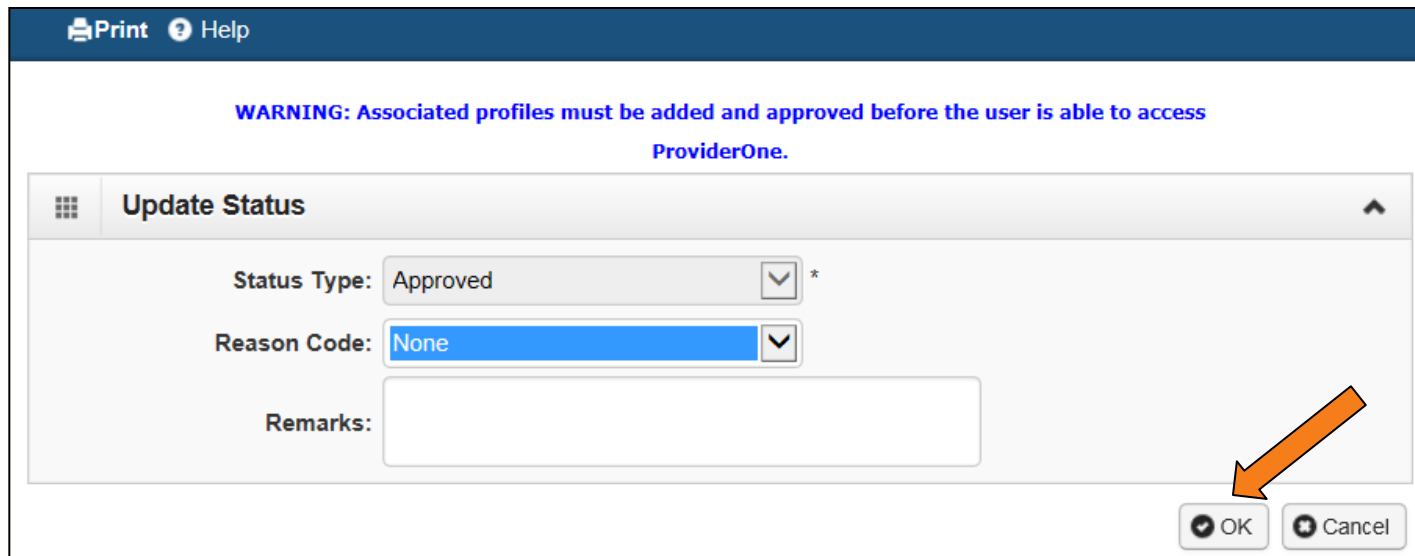
Name	Domain Name	Organization	Status	Start Date	End Date
<input checked="" type="checkbox"/> Name, Pretend	9999999	Test FAOI	In Review	11/30/2015	12/31/2999

How to Set Up a User

- Once approved, a dialogue box will pop up, click **Ok**

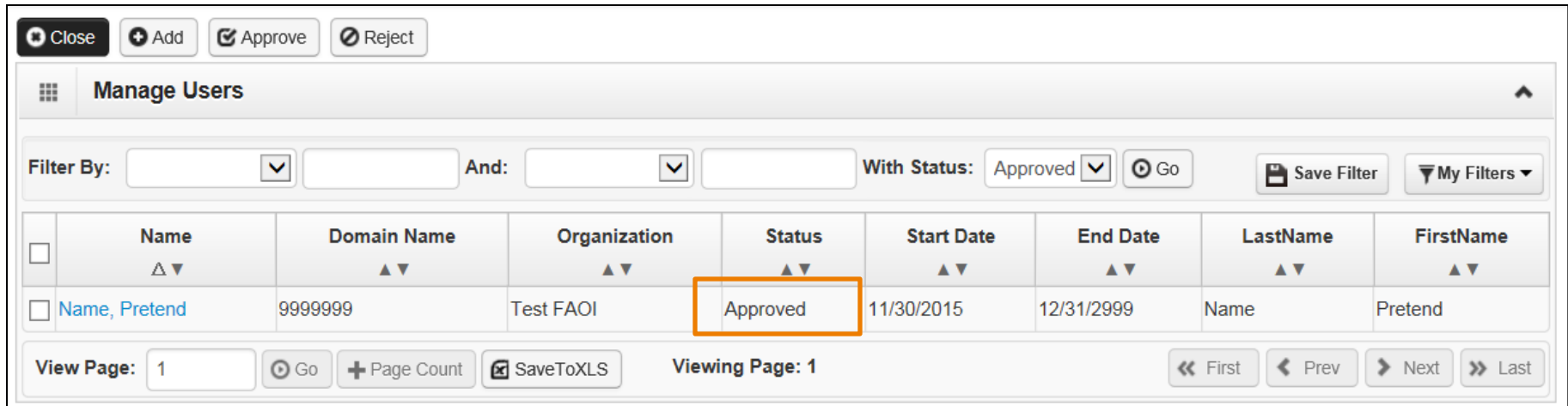


- Once clicked, another window will appear warning you that profiles must be added for this new user. Click **Ok** or **Cancel**.

A screenshot of a web application interface. At the top, there is a dark blue header with "Print" and "Help" icons. Below the header, a blue warning message reads: "WARNING: Associated profiles must be added and approved before the user is able to access ProviderOne." Below the warning is a form titled "Update Status". The form has three main sections: "Status Type" with a dropdown menu set to "Approved", "Reason Code" with a dropdown menu set to "None", and "Remarks" with a text input field. At the bottom right of the form, there are two buttons: "OK" and "Cancel". An orange arrow points from the "Remarks" field down to the "OK" button.

How to Set Up a User

- The user is now in “Approved” status



The screenshot displays the 'Manage Users' interface. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. Below this is a 'Filter By' section with dropdown menus and a 'With Status: Approved' dropdown, along with 'Go', 'Save Filter', and 'My Filters' buttons. The main area is a table with columns: Name, Domain Name, Organization, Status, Start Date, End Date, LastName, and FirstName. The first row shows a user named 'Name, Pretend' with a status of 'Approved', which is highlighted with an orange box. The bottom of the interface includes 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

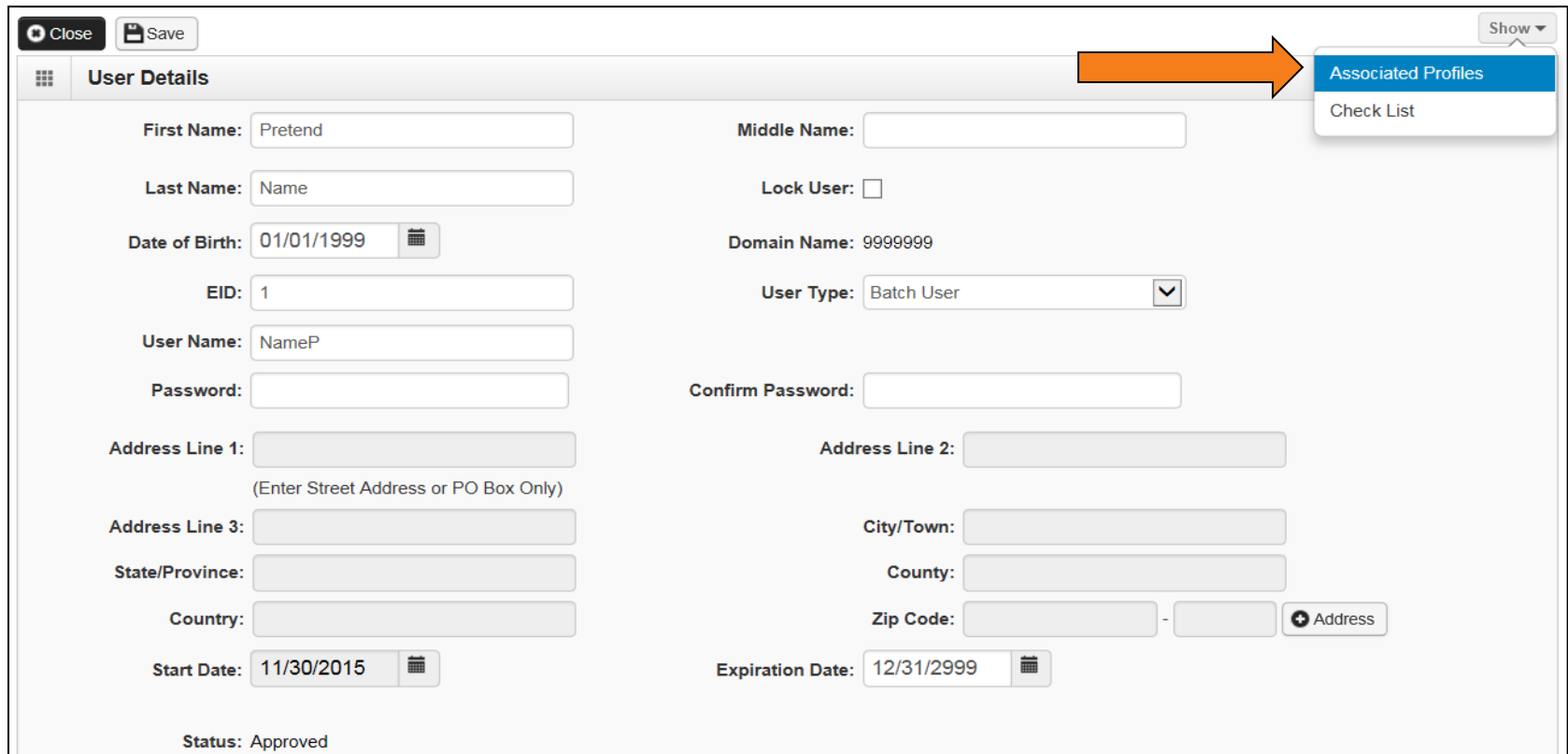
	Name	Domain Name	Organization	Status	Start Date	End Date	LastName	FirstName
<input type="checkbox"/>	Name, Pretend	9999999	Test FAOI	Approved	11/30/2015	12/31/2999	Name	Pretend

- Click on the **User Name** to access their user account and tell ProviderOne the functions they will perform in the system.

How to Set Up a User

➤ Adding Profiles

- Back on the Manage Users page, click on the **user's name** to access User Details



The screenshot shows a 'User Details' form with various input fields. An orange arrow points from the top right of the form to a 'Show' dropdown menu. The dropdown menu is open, showing two options: 'Associated Profiles' (highlighted in blue) and 'Check List'. The form fields include:

- First Name: Pretend
- Last Name: Name
- Date of Birth: 01/01/1999
- EID: 1
- User Name: NameP
- Password: [empty]
- Address Line 1: [empty]
- Address Line 3: [empty]
- State/Province: [empty]
- Country: [empty]
- Start Date: 11/30/2015
- Middle Name: [empty]
- Lock User:
- Domain Name: 9999999
- User Type: Batch User
- Confirm Password: [empty]
- Address Line 2: [empty]
- City/Town: [empty]
- County: [empty]
- Zip Code: [empty] - [empty]
- Expiration Date: 12/31/2999

Status: Approved

- On the Show menu click on **Associated Profiles**

How to Set Up a User

➤ Adding Profiles

- Click on the **Add** button to select profiles

User Location: NameP Name: Name, Pretend

Close Add Approve Reject Show ▾

Manage User Profiles ▾

Filter By: Filter By ▾ With Status: All ▾ Go Save this filter My Filters ▾

	Name ▲▼	Description ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼
No Records Found !					

How to Set Up a User

➤ Adding Profiles

Print Help

Add New Profiles to User

User Name: Name,Pretend

Start Date: * 12/15/2015 End Date: * 12/31/2999

Available Profiles

- EXT Provider EHR Administrator
- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider File View Only
- EXT Provider Managed Care Only
- EXT Provider Social Services Medical
- EXT Provider Social Services
- EXT Provider Upload Files
- EXT Provider Upload and Download Files

Associated Profiles

- EXT Provider System Administrator
- EXT Provider Super User

OK Cancel

- Highlight Available Profiles desired
- Click **double arrow button** and move to Associated Profiles box then click the **OK** button.

How to Set Up a User

➤ Adding Profiles

Close Add **Approve** Reject Show

Manage User Profiles

Filter By: Filter By With Status: All Go Save this filter My Filters

	Name	Description	Start Date	End Date	Status
<input checked="" type="checkbox"/>	EXT Provider Super User	EXT Provider Super User	12/15/2015	12/31/2999	In Review
<input checked="" type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra...	12/15/2015	12/31/2999	In Review

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

➤ To Display the new profiles

- The **With Status** dropdown box should state **All**. Click **Go**.
- The profiles are displayed with **In Review** status.
- Click the box next to the profile name, then click the **Approve** button.

How to Set Up a User

- Once approved a dialogue box will pop up, click **Ok**

Print Help

Update Status

Status Type: Approved *

Reason Code: None

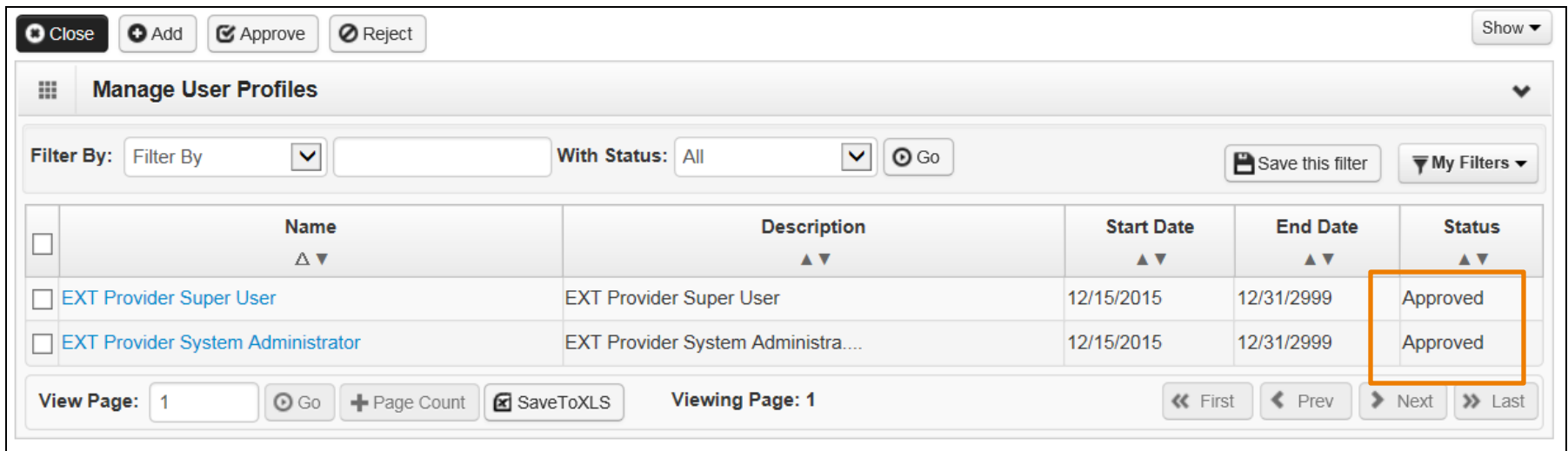
Remarks:

OK Cancel

Page ID: dlgUpdateStatusEntity(Common) Environment: UAT (Beta) ID: app02_01 Server Time: 01/11/2016 11:28

How to Set Up a User

➤ The profile statuses are now Approved



The screenshot displays the 'Manage User Profiles' interface. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. Below this is a search and filter section with 'Filter By' and 'With Status' dropdowns, and a 'Go' button. A table lists two user profiles, both with a status of 'Approved'. The 'Status' column for both rows is highlighted with an orange box. At the bottom, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

	Name	Description	Start Date	End Date	Status
<input type="checkbox"/>	EXT Provider Super User	EXT Provider Super User	12/15/2015	12/31/2999	Approved
<input type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra....	12/15/2015	12/31/2999	Approved

➤ Click **Close** to return to User Details.

How to Set Up a User

➤ Setting up a user's password

- Enter the new temporary password and click **Save** and then **Close**

User Login Id: NameP Name: Name,Pretend

Close Save

Show

User Details

First Name: Pretend Middle Name:

Last Name: Name Lock User:

Date of Birth: 01/01/1999 Domain Name: 9999999

EID: 1 User Type: Batch User

User Name: NameP

Password: Confirm Password:

Address Line 1: Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town:

State/Province: County:

Country: Zip Code: + Address

Start Date: 11/30/2015 Expiration Date: 12/31/2999

Status: Approved

Note: Passwords must be changed every 120 days!

How to Manage a User

➤ How to lock or end date a user

Close **Save**

User Details

First Name: Pretend
Last Name: Name
Date of Birth: 01/01/1999
EID: 1
User Name: NameP
Password:
Address Line 1:
(Enter Street Address or PO Box Only)
Address Line 3:
State/Province:
Country:
Start Date: 11/30/2015

Middle Name:
Lock User:
Domain Name: 9999999
User Type: Batch User
Confirm Password:
Address Line 2:
City/Town:
County:
Zip Code: - **Address**
Expiration Date: 12/31/2999

Status: Approved

• To lock or unlock a User, click this box.
• Users can also be end dated.

➤ Click **Save** and then **Close**

Provider File Maintenance

Provider File Maintenance

➤ Modifying Provider File Information

- Log into ProviderOne with the **Provider File Maintenance** or **Super User** profile.
- Click on the **Manage Provider Information** hyperlink

The screenshot shows the Provider Portal interface. On the left, there is a navigation menu with categories: Online Services, Claims, Client, Payments, Managed Care, Prior Authorization, and Provider. The 'Provider' category is highlighted with an orange box, and an orange arrow points to the 'Manage Provider Information' link. The main content area shows 'My Reminders' (No Records Found!), 'Your Recent Online Activities', and a 'Calendar' for December 2015. A text box on the right lists provider types.

Provider Types include:

- Individual
- Group
- Tribal
- Facilities (FAOI)
- Servicing

Go to the [ProviderOne manuals web page](#) for more information on provider file updates for the different provider types.

Provider File Maintenance

➤ Modifying Provider File Information

- The **Business Process Wizard** contains the steps for modification. Click on the step title to modify.

View/Update Provider Data - Group Practice							
Business Process Wizard - Provider Data Modification (Group Practice). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.							
<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	09/08/2009	09/30/2009	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	09/03/2009	09/30/2009	Complete		
<input type="checkbox"/>	Step 3: Specializations	Required	07/01/2008	07/01/2008	Complete		
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Required	09/08/2009	09/30/2009	Complete		
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	09/14/2009	09/30/2009	Complete		
<input type="checkbox"/>	Step 6: Training and Education	Optional	07/01/2008	07/01/2008	Complete		
<input type="checkbox"/>	Step 7: Identifiers	Optional	07/01/2008	07/01/2008	Complete		
<input type="checkbox"/>	Step 8: Contract Details	Optional	07/01/2008	07/01/2008	Complete		
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	09/08/2009	09/30/2009	Complete		
<input type="checkbox"/>	Step 10: EDI Submission Method	Optional	07/01/2008	07/01/2008	Complete		
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Optional	07/01/2008	07/01/2008	Complete		
<input type="checkbox"/>	Step 12: EDI Submitter Details	Optional	07/01/2008	07/01/2008	Complete		
<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	07/01/2008	07/01/2008	Complete		
<input type="checkbox"/>	Step 14: Servicing Provider Information	Required	09/14/2009	07/01/2008	Complete		
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	07/01/2008	07/01/2008	Complete		
<input type="checkbox"/>	Step 16: Submit Modification for Review	Required	07/01/2008	07/01/2008	Complete		

Provider File Maintenance

➤ Step 3: Specializations (Taxonomy Codes)

Close Add Update Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List

Filter By : And And Operational Status: Active Go Save Filter My Filters

Contract Number	Provider Type	Specialty/Subspecialty	Administration	Start Date	End Date	Operational Status	Status	Inactivation Date	End Reason	Location Code	Location Name
	12-Dental Providers	23-Dentist/G0001-General Practice	HRSA	01/01/1998	12/31/2999	Active	Approved			00	
	12-Dental Providers	23-Dentist/00000-Dentist	HRSA	01/01/1998	12/31/2999	Active	Approved			00	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- The taxonomy code shown here is separated by type and subspecialty. Add an "X" to the end of each taxonomy code you bill with (e.g. 122300000X).
- Be aware of the taxonomy code start date (should be the same as provider start date).
- Additional taxonomy codes may be added (based on the provider credentialing).

Provider File Maintenance

➤ Step 10: EDI Submission Method - How are you going to bill?

You may check multiple Modes of Submission. NPI is required for all selections.

EDI Submission Details

If Web Batch and/or FTP Secured Batch are selected, you must complete and mail a new ProviderOne Trading Partner Agreement.

Mode of Submission: Billing Agent/Clearinghouse FTP Secured Batch Web Batch Web Interactive

Status: In Review

Method	When to Use
Web Batch	For upload/download of files in ProviderOne
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
FTP Batch	For submitting files via an SFTP site
Web Interactive	For entering (keying) claims directly in ProviderOne

- Your EDI submission method is "Web Batch" if you currently upload and download batch files using WaMedWeb. This method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.
- Your EDI submission method is "FTP Secured Batch" if you submit and retrieve batches at a secure web folder assigned to you by DSHS. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.

OK Cancel

Provider File Maintenance

➤ Step 10: EDI Submission Method - Updates

- Adding or changing submission method, such as Billing Agent/Clearinghouse
- To see your addition, filter by **Status**
- Enter % and click **Go**
- Your request appears with **In Review** status

The screenshot displays a web application interface for managing EDI Submission Methods. At the top, there are 'Close' and 'Add' buttons. Below is a header 'EDI Submission Method'. A filter section is highlighted with an orange box, showing 'Filter By: Status' with a dropdown arrow and a text input field containing '%'. To the right of the filter are 'And' and 'And Operational Status' sections, with 'Active' selected in the latter. A 'Go' button and 'Save Filter' button are also present. Below the filter is a table with columns: EDI Submission Method, Start Date, End Date, Status, Operational Status, and Inactivation Date. The table contains one row: 'Billing Agent/Clearinghouse, Web Interactive' with Start Date '01/06/2016', End Date '12/31/2999', and Status 'IN REVIEW'. The 'IN REVIEW' status is highlighted with an orange box. At the bottom, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

EDI Submission Method	Start Date	End Date	Status	Operational Status	Inactivation Date
Billing Agent/Clearinghouse, Web Interactive	01/06/2016	12/31/2999	IN REVIEW	Active	

Provider File Maintenance

- Step 12: EDI Submitter Details – Billing Agent/Clearinghouse
 - Add the Billing Agent/Clearinghouse ProviderOne ID
 - Add the start date with your organization
 - Select authorized HIPAA transactions and click **Ok**

Associate Billing Agent/Clearinghouse

Billing Agent/Clearinghouse ProviderOne Id: *

Start Date: * End Date:

Status: In Review

Note: In the "Authorized Transaction Responses" section, please select 'yes' for any outbound HIPAA transactions that your clearinghouse acquires on your behalf.

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	
271-Eligibility Response	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
277-Claim Status Response	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
277U-Unsolicited Claims Status Response	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
278-Prior Authorization Response	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
820-Premium Payment	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
834-Benefit Enrollment	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>

View Page: Page Count Viewing Page: 1

Note: Get the ID number from the Billing Agent/Clearinghouse, or you can review the [published list](#).

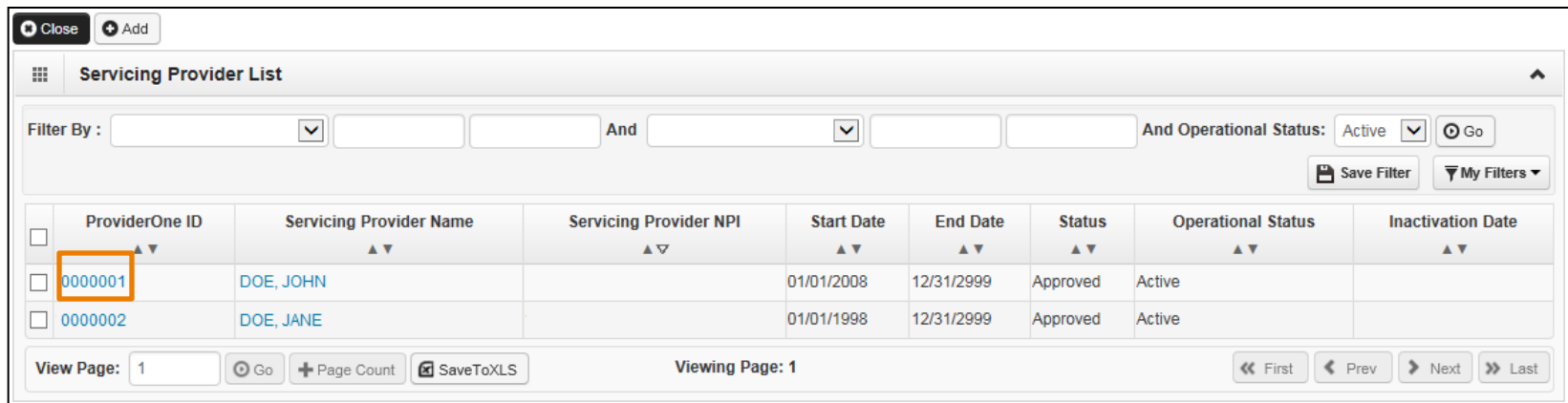
Provider File Maintenance

- Step 14: Servicing Provider Information
 - View the list of providers that work at the clinic

<input type="checkbox"/>	ProviderOne ID ▲▼	Servicing Provider Name ▲▼	Servicing Provider NPI ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>	0000001	DOE, JOHN		01/01/2008	12/31/2999	Approved	Active	
<input type="checkbox"/>	0000002	DOE, JANE		01/01/1998	12/31/2999	Approved	Active	

Provider File Maintenance

- Step 14: Servicing Provider Information – Ending a provider association
 - Click on the **ProviderOne ID** on the provider list



Close Add

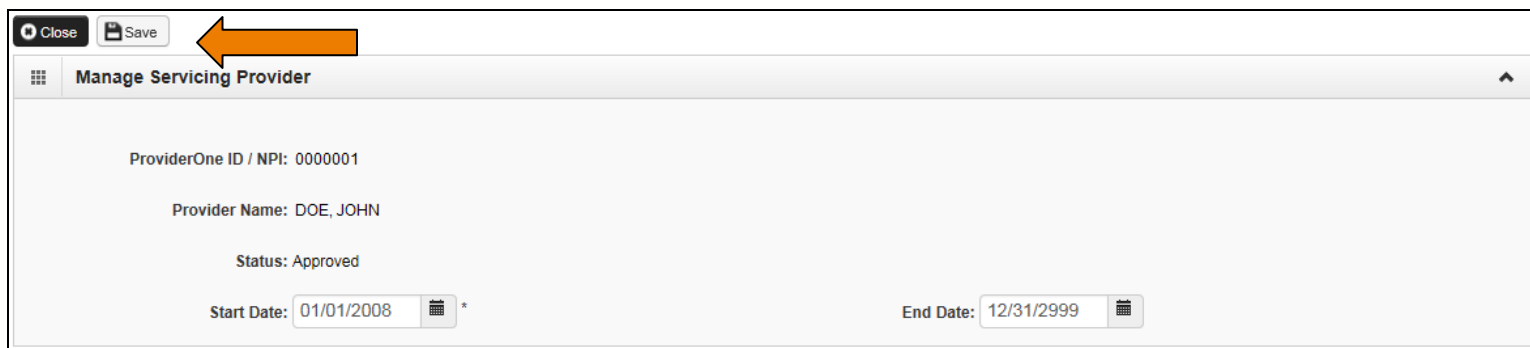
Servicing Provider List

Filter By: [] And [] And Operational Status: Active [Go] Save Filter My Filters

ProviderOne ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date
0000001	DOE, JOHN		01/01/2008	12/31/2999	Approved	Active	
0000002	DOE, JANE		01/01/1998	12/31/2999	Approved	Active	

View Page: 1 [Go] Page Count SaveToXLS Viewing Page: 1 [First] [Prev] [Next] [Last]

- Enter an end date and click the **Save** button



Close Save

Manage Servicing Provider

ProviderOne ID / NPI: 0000001

Provider Name: DOE, JOHN

Status: Approved

Start Date: 01/01/2008 []*

End Date: 12/31/2999 []

Provider File Maintenance

- Step 14: Servicing Provider Information
 - Viewing a Servicing Provider's taxonomy codes

Close Add

Servicing Provider List

Filter By : [] [] And []

<input type="checkbox"/>	ProviderOne ID	Servicing Provider Name
<input type="checkbox"/>	0000001	DOE, JOHN
<input type="checkbox"/>	0000002	DOE, JANE

View Page: 1 Go Page Count SaveToXLS

- At the provider list page, click on the **provider's name**
- ProviderOne opens the individual provider's **Business Process Wizard (BPW)**

- Click on **Step 3: Specializations** to see the taxonomy code list for your provider

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete all required steps.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	09/08/2009	07/01/2008	Complete
<input type="checkbox"/>	Step 2: Locations	Not Required	07/01/2008	07/01/2008	Incomplete
<input type="checkbox"/>	Step 3: Specializations	Required	07/01/2008	07/01/2008	Complete

Provider File Maintenance

➤ Step 15: Payment Details

- Current payment information is displayed
- To modify click on the **00**

The screenshot displays a web application interface for "Payment Details". At the top, there are "Close" and "Add" buttons. Below is a filter section with "Filter By:" and "And Operational Status:" dropdowns, and "Save Filter" and "My Filters" buttons. The main area is a table with the following columns: Location Code, Location Name, Payment Method, Start Date, End Date, Status, Operational Status, and Inactivation Date. The first row of data is highlighted with an orange box and an orange arrow pointing to the "00" in the Location Code column. The data in this row is: Location Code: 00, Location Name: JOHN AND JANE DOE DENTAL, Payment Method: Paper Check, Start Date: 01/01/1998, End Date: 12/31/2999, Status: APPROVED, Operational Status: Active. At the bottom, there are navigation buttons: "View Page: 1", "Go", "Page Count", "SaveToXLS", "Viewing Page: 1", "First", "Prev", "Next", and "Last".

Location Code	Location Name	Payment Method	Start Date	End Date	Status	Operational Status	Inactivation Date
00	JOHN AND JANE DOE DENTAL	Paper Check	01/01/1998	12/31/2999	APPROVED	Active	

Provider File Maintenance

➤ Step 15: Payment Details

- Switching to Electronic Funds Transfer (preferred)

The screenshot displays a web form for "Provider File Maintenance". The "Payment Details" section is expanded, showing the following information:

- Location: 00-JOHN AND JANE DOE DENTAL
- State Wide Vendor Number: P1V
- Payment Method: Electronic Funds Transfer(Direct Deposit) Paper Check
- Requested EFT Start Date: 01/01/1998
- End Date: 12/31/2999
- Status: Approved

The "Financial Institution Information" section is also expanded, with an orange arrow pointing to the "Financial Institution Name" field. The fields in this section are:

- Financial Institution Name: [] *
- Financial Institution Routing Number: [] *
- Providers Account Number with Financial Institution: [] *
- Type of Account at Financial Institution: Checking [v] *
- Payment Notification Preference: Email Notification [v] *
- EFT Test Status: [v]
- Account Number Linkage to Provider Identifier: [] *

- Enter your banking information under the Financial Institution Information fields and click **OK**

Provider File Maintenance

➤ Step 15: Payment Details

- Complete the Authorization Agreement for Electronic Funds Transfer form
 - Form 12-002 for new EFT sign-up
 - Check the box for change of EFT account number
- Have the form signed
- Fax in to 360-725-2144; or
- Mail to address on the form
- Find the form at the [Forms web page](#)

Provider File Maintenance

➤ Step 16: Submit Modification for Review

Close Submit Provider Modification

Final Submission

ProviderOne ID: Enrollment Type: Group Practice

The requested modifications submitted shall be verified and reviewed by the DSHS.
During this time, you may not make additional changes.

By clicking on the button "Submit Provider Modification", you are agreeing that the information submitted for modification is correct (Privacy and Confidentiality).

Please use your NPI in all the documentation sent to DSHS. If you do not use an NPI please use your ProviderOne ID.

Instructions for submitting documentation:

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the the NPI number or ProviderOne ID number in the Provider ID field on the cover sheet.
4. Include the cover sheet, with the NPI number or ProviderOne ID number, when mailing or faxing documentation to the DSHS.

Application Document Checklist

Forms/Documents ▲▼	Special Instructions ▲▼	Source ▲▼	Required ▲▼
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov/	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	http://www.doh.wa.gov	YES
EDI Required Documentations	Please provide a copy of all required Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement.		YES
Business License	Please provide a copy of business license.	http://www.dor.wa.gov	YES

View Page: 1 Go Page Count SaveToXLS
Viewing Page: 1

First Prev Next Last

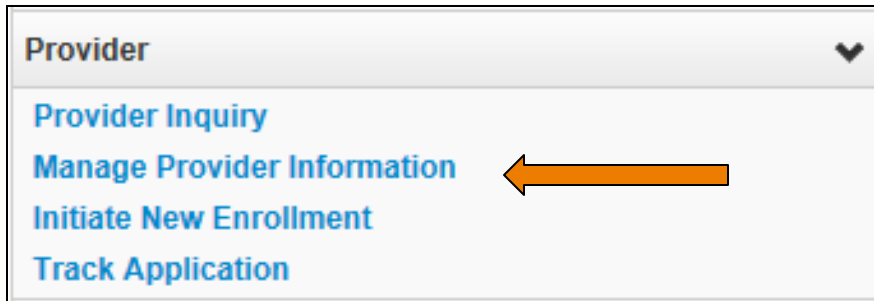
Provider File Maintenance

- More information on provider file maintenance, visit the [ProviderOne user manuals](#) web page.
- Find your manual to review

Enroll an Existing Rendering Provider

Enroll an Existing Rendering Provider

- Log into ProviderOne using the **File Maintenance or Super User profile**

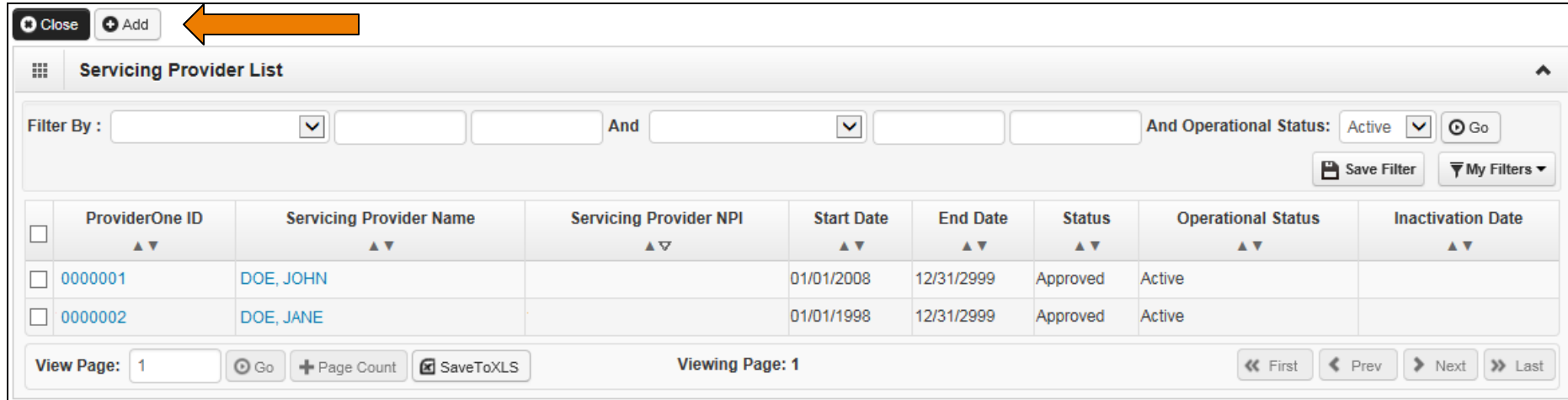


- Under Provider click on the hyperlink **Manage Provider Information**
- At the Business Process Wizard click on **Step 14: Servicing Provider Information**

<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	07/01/2008
<input type="checkbox"/>	Step 14: Servicing Provider Information	Required	09/14/2009
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	07/01/2008

Enroll an Existing Rendering Provider

- When the Servicing Provider List opens, click on the **Add** button.



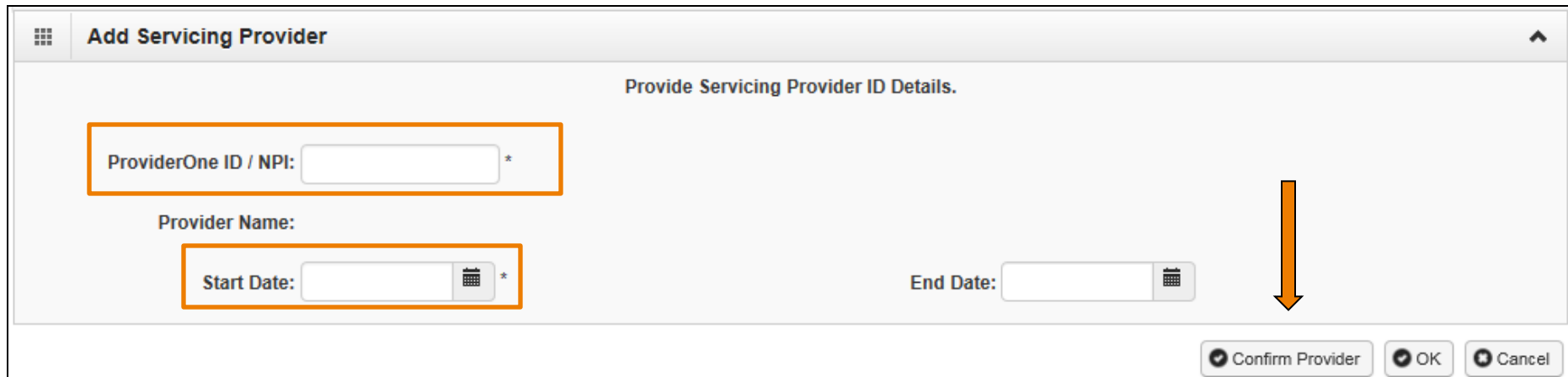
The screenshot shows a web application interface for a "Servicing Provider List". At the top left, there are two buttons: "Close" and "Add". An orange arrow points to the "Add" button. Below the buttons is a search and filter section with "Filter By:" followed by two dropdown menus and "And" operators. To the right, there is an "And Operational Status:" dropdown set to "Active" and a "Go" button. Further right are "Save Filter" and "My Filters" buttons. The main area is a table with the following columns: ProviderOne ID, Servicing Provider Name, Servicing Provider NPI, Start Date, End Date, Status, Operational Status, and Inactivation Date. The table contains two rows of data:

ProviderOne ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date
0000001	DOE, JOHN		01/01/2008	12/31/2999	Approved	Active	
0000002	DOE, JANE		01/01/1998	12/31/2999	Approved	Active	

At the bottom, there is a "View Page: 1" section with "Go", "Page Count", and "SaveToXLS" buttons. To the right, it says "Viewing Page: 1" and has navigation buttons: "First", "Prev", "Next", and "Last".

Enroll an Existing Rendering Provider

- At the Add screen:
 - Enter the provider's NPI
 - Enter their start date at your clinic
 - Click on the **Confirm Provider** button



The screenshot shows a web form titled "Add Servicing Provider" with a sub-header "Provide Servicing Provider ID Details." The form contains three input fields: "ProviderOne ID / NPI:" (with an asterisk), "Start Date:" (with a calendar icon and asterisk), and "End Date:" (with a calendar icon). An orange arrow points from the "Start Date" field down to the "Confirm Provider" button at the bottom right. The "Confirm Provider" button is highlighted with a blue border, along with "OK" and "Cancel" buttons.

Enroll an Existing Rendering Provider

- If the provider is already entered in ProviderOne - their name will be confirmed

Add Servicing Provider

Provide Servicing Provider ID Details.

ProviderOne ID / NPI: 0000000001 *

Provider Name: BETTY DOE

Start Date: 05/16/2013 *

End Date:

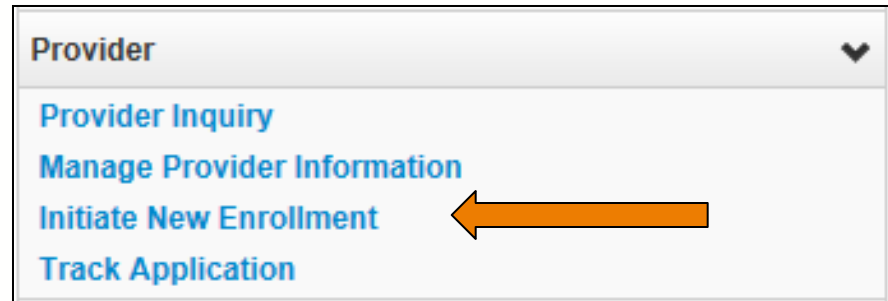
Confirm Provider OK Cancel

- Click the **OK** button to add the provider to your list
- Remember to click **Step 16: Submit Modification for Review**
- Your modification request will be reviewed and worked in chronological order

Enroll a New Rendering Provider

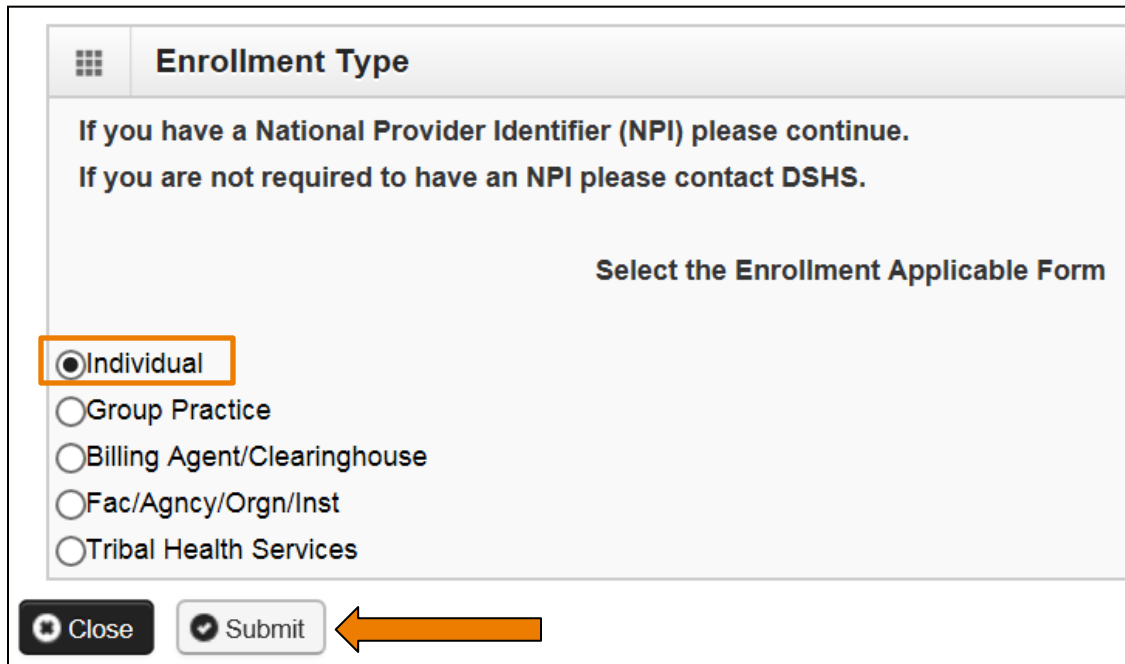
Enrolling a New Rendering Provider

- On the Provider Portal, select the **Initiate New Enrollment** hyperlink.



Provider

- Provider Inquiry
- Manage Provider Information
- Initiate New Enrollment
- Track Application



Enrollment Type

If you have a National Provider Identifier (NPI) please continue.
If you are not required to have an NPI please contact DSHS.

Select the Enrollment Applicable Form

Individual

Group Practice

Billing Agent/Clearinghouse

Fac/Agency/Organization/Institution

Tribal Health Services

Close Submit

- Click on **Individual** to start a new enrollment for the rendering/servicing provider and click **Submit**.

Enrolling a New Rendering Provider

- At the Basic Information page for the rendering provider enrollment:

- Click the **SSN** radio button
- Complete the rest of the data fields
- Select **Servicing Only** as the Servicing Type
- For the **W-9 Entity Type**, choose **Other**
- In the **W-9 Entity Type (If Other)** box enter **Servicing Only**
- Once complete, click **Finish**

Basic Information If you don't have NPI and *

Tax Identifier Type: FEIN **SSN**

Provider Name(Organization Name): (as shown on Income Tax Return)

Organization Business Name: Federal Employer Identification Number(FEIN):


Provider Name: (First Name) (Middle Name) (Last Name)

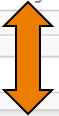
Suffix: Gender:

SSN: Title:

Date of Birth: Servicing Type:

National Provider Identifier(NPI): UBI:

W-9 Entity Type: *  W-9 Entity Type (If Other):

Other Organizational Information: * 

Enrollment Effective Date:

Receive Invoice for Medical Services?: *

Enrolling a New Rendering Provider

- Once the fields are completed on the Basic Information screen, the enrollment application is submitted into ProviderOne which generates an application number.

Print Help

Application Id: 1111111112222 Name: DOE, LINDA Enrollment Type: Individual

You have successfully completed the basic information on the Enrollment Application This is your Application #: 1111111112222
Please make note of this application number. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.

Ok

- Be sure to record this application number for use in tracking the status of the enrollment application
- Click **OK**

Enrolling a New Rendering Provider

- The Business Process Wizard - Step 1 shows complete

Close Required Credentials Purge

Enroll Provider -Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	01/06/2016	01/06/2016	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Add Specializations	Required			Incomplete	
Step 4: Ownership & Managing/Controlling Interest details	Not Required			Incomplete	
Step 5: Add Licenses and Certifications	Optional			Incomplete	
Step 6: Add Training and Education	Optional			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Contract Details	Not Required			Incomplete	
Step 9: Add Federal Tax Details	Optional			Incomplete	
Step 10: Add EDI Submission Method	Not Required			Incomplete	
Step 11: Add EDI Billing Software Details	Not Required			Incomplete	
Step 12: Add EDI Submitter Details	Not Required			Incomplete	
Step 13: Add EDI Contact Information	Not Required			Incomplete	
Step 14: Add Billing Provider Details	Optional			Incomplete	
Step 15: Add Payment and Remittance Details	Not Required			Incomplete	
Step 16: Complete Enrollment Checklist	Required			Incomplete	
Step 17: Submit Enrollment Application for Review	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- The steps indicated as "Required" are a reflection of the W-9 Entity Type selected on the Basic Information screen

Enrolling a New Rendering Provider

- The required steps for "Servicing Only" are shown here. See next slide for description:

Close → Required Credentials Purge

Enroll Provider -Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	01/06/2016	01/06/2016	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Add Specializations	Required	01/06/2016	01/06/2016	Complete	
Step 4: Ownership & Managing/Controlling Interest details	Not Required			Incomplete	
Step 5: Add Licenses and Certifications	Required	01/06/2016	01/06/2016	Complete	
Step 6: Add Training and Education	Optional			Incomplete	
Step 7: Add Identifiers	Optional				
Step 8: Add Contract Details	Not Required				
Step 9: Add Federal Tax Details	Optional				
Step 10: Add EDI Submission Method	Not Required				
Step 11: Add EDI Billing Software Details	Not Required				
Step 12: Add EDI Submitter Details	Not Required			Incomplete	
Step 13: Add EDI Contact Information	Not Required			Incomplete	
Step 14: Add Billing Provider Details	Optional	01/06/2016	01/06/2016	Complete	
Step 15: Add Payment and Remittance Details	Not Required			Incomplete	
Step 16: Complete Enrollment Checklist	Required	01/06/2016	01/06/2016	Complete	
Step 17: Submit Enrollment Application for Review	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

« First < Prev > Next » Last

Optional steps will change to "Required" depending on your entry.

Enrolling a New Rendering Provider

- Step 3: Specializations
 - Add Taxonomy here
- Step 5: Licenses and Certifications
 - Enter license/certification issued by the Department of Health
- Step 7: Identifiers
 - DEA number (if applicable)
- Step 14: Billing Provider Details
 - Add the NPI and Name of clinic that will bill for this rendering provider's services
- Step 16: Complete Enrollment Checklist
 - Answer questions displayed
 - Click **Save** and then **Close**

Enrolling a New Rendering Provider

- Step 17: Submit Modification for Review
 - Click this step to initiate sending the enrollment
 - Click the **Submit Enrollment** button

Close Submit Enrollment

Final Submission

Application #: 1111111112222 Enrollment Type: Individual

The information submitted for enrollment shall be verified and reviewed by the DSHS.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Privacy and Confidentiality).

Please use the Application # in all the documentation sent to the DSHS.

Instructions for submitting documentation:

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the Application number in the 'Application #' field of the cover sheet.
4. Include the cover sheet, with the Application number, when mailing or faxing documentation to the DSHS.

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov/	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	http://www.doh.wa.gov	YES
EDI Required Documentations	Please provide a copy of all required Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement.		YES
Business License	Please provide a copy of business license.	http://www.dor.wa.gov	YES

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Send in all required supporting documentation (CPA, Certifications, etc.)

How can we help?

Provider Enrollment

- Assists with enrollment of billing/servicing providers
- Can be contacted at 800-562-3022, ext. 16137
- To request assistance via email:
providerenrollment@hca.wa.gov

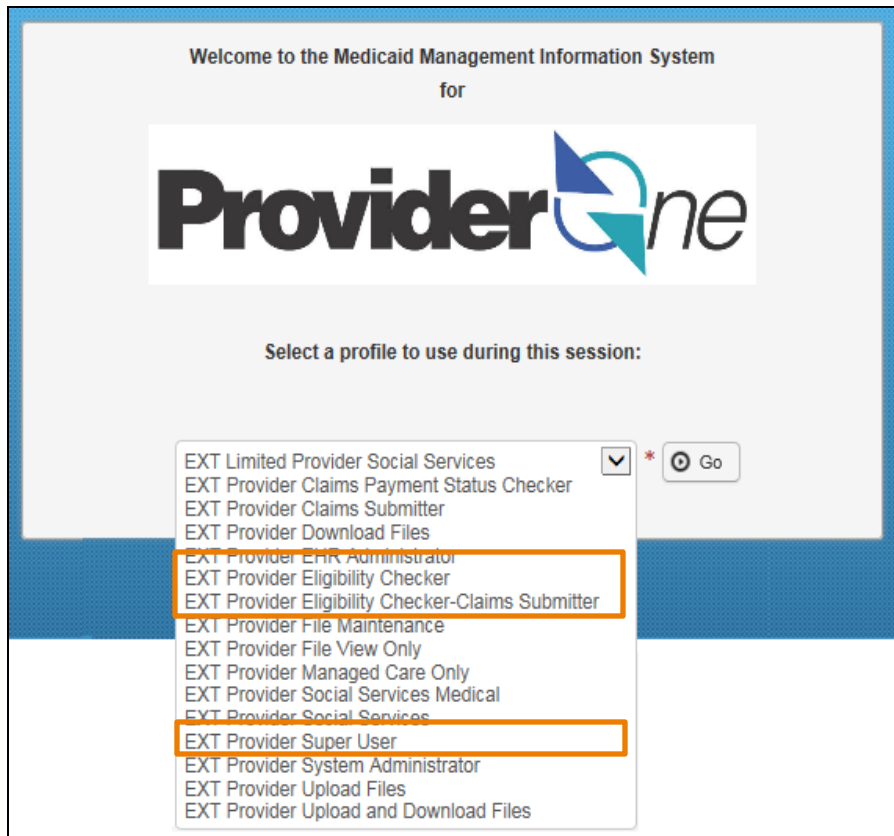
User Profiles

- Provider Relations can assist in a variety of formats tailored to individual needs
- To request assistance, send email to:
providerrelations@hca.wa.gov

Eligibility & Billing Processes

How Do I Obtain Eligibility in ProviderOne

- Select the proper user profile



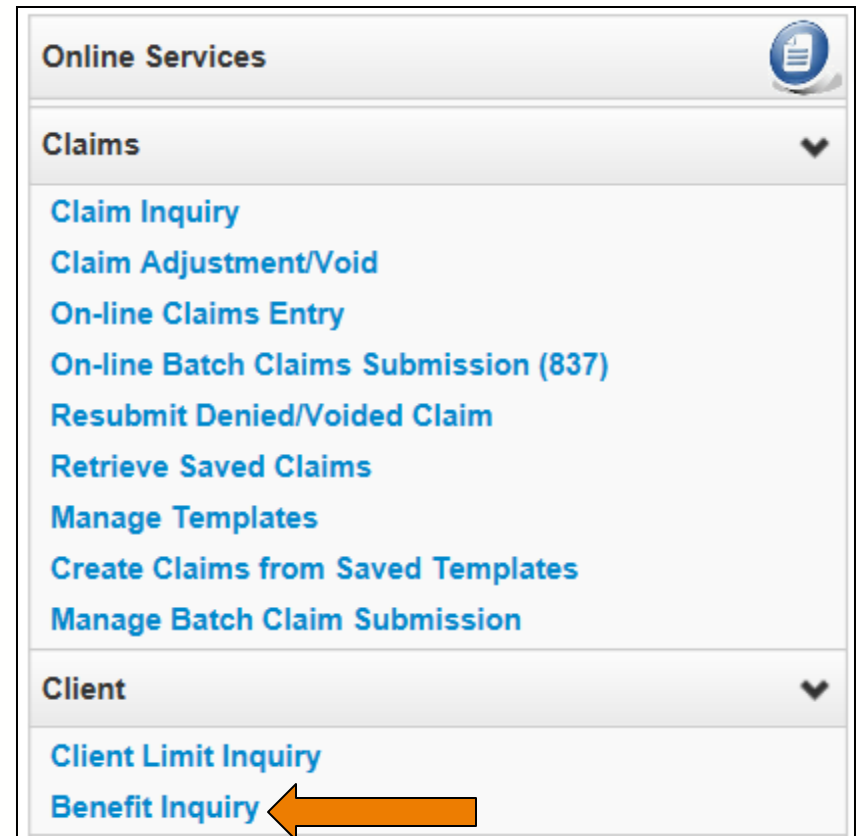
Welcome to the Medicaid Management Information System
for

ProviderOne

Select a profile to use during this session:

- EXT Limited Provider Social Services
- EXT Provider Claims Payment Status Checker
- EXT Provider Claims Submitter
- EXT Provider Download Files
- EXT Provider EHR Administrator
- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider File View Only
- EXT Provider Managed Care Only
- EXT Provider Social Services Medical
- EXT Provider Social Services
- EXT Provider Super User
- EXT Provider System Administrator
- EXT Provider Upload Files
- EXT Provider Upload and Download Files

Go



Online Services

Claims

- Claim Inquiry
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Voided Claim
- Retrieve Saved Claims
- Manage Templates
- Create Claims from Saved Templates
- Manage Batch Claim Submission

Client

- Client Limit Inquiry
- Benefit Inquiry

- Select Benefit Inquiry under the Client area

How Do I Obtain Eligibility In ProviderOne

- Use one of the search criteria listed along with the dates of service to verify eligibility.

Close Submit

Submit an Eligibility Inquiry on a specific client; complete one of the following criteria sets and click 'Submit':

- ProviderOne Client ID(Client Identification Code) or
- Last Name, First Name AND Date of Birth or
- Last Name, First Name AND SSN or
- SSN AND Date of Birth
- ProviderOne Client ID(Client Identification Code), Last Name, First Name AND Date of Birth or
- ProviderOne Client ID(Client Identification Code), Last Name AND Date of Birth or
- ProviderOne Client ID(Client Identification Code) AND Last Name

Please contact Customer Service Center at (800) 562-3022

Client Eligibility Inquiry

ProviderOne Client ID: SSN:

Last Name: First Name:

Date of Birth:

Inquiry Start Date: 12/29/2015 * Inquiry End Date: 12/29/2015 *

- An unsuccessful check would look like this:

Close Submit Another Inquiry Exit

Selection Criteria Entered

Date of Request: 12/29/2015
Time in Request: 10:27:21 AM PST
Provider ID: 200320900
From Date of Service: 12/29/2015
To Date of Service: 12/29/2015

ProviderOne Client ID: 9999999900
Client Date of Birth:
Client SSN:
Client Last Name:
Client First Name:

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID:
Client First,Middle,Last Name:
CSO/HCS:
County Code:
CSOR:
Date of Birth:
Gender:
Language:
Placement:
ACES Client ID:
HIC:

System Response Information:

Valid Request Indicator: N
Reject Reason Code: 72 - Invalid/Missing Subscriber/Insured ID
Eligibility or Benefit Information Code:
Follow-Up Action Code: C - Please correct data and resubmit

- Unsuccessful eligibility checks will be returned with an error message
- Check your keying!

Successful Eligibility Check

Client Id: 000000000WA Name: Doe, Jane

[Printer Friendly Version](#)

Close Submit Another Inquiry Exit

Search Criteria Used

Selection Criteria Entered

Date of Request: 05/02/2016	ProviderOne Client ID: 000000000WA
Time in Request: 09:06:50 AM PDT	Client Date of Birth:
Provider ID: 200320900	Client SSN:
From Date of Service: 05/02/2016	Client Last Name:
To Date of Service: 05/02/2016	Client First Name:

Demographic and Response Information

Client Demographic Information:	System Response Information:
ProviderOne Client ID: 000000000WA	Valid Request Indicator: Y
Client First,Middle,Last Name: Doe, Jane	Reject Reason Code:
CSO/HCS:	Eligibility or Benefit information Code: 1-Active Coverage
County Code: 031-Snohomish	Follow-Up Action Code:
CSOR: 065-SMOKEY POINT CSO	
Date of Birth: 01/30/1999	
Gender: Female	
Language: ENG-English	
Placement:	
ACES Client ID: 000000000	
HIC:	

Basic client detail returned, including ID, gender, and DOB. The eligibility information can be printed out using the **Printer Friendly Version** link in blue.

Successful Eligibility Check

- After scrolling down the page the first entry is the **Client Eligibility Spans** which show:
 - The eligibility program (CNP, MNP, etc.)
 - The date span for coverage

Insurance Type Code	Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date	Eligibility End Date	ACES Coverage Group	ACES Case Number	Retro Eligibility	Delayed Certification
MC: Medicaid	1203	CNP	02/01/2014	12/31/2999	N11	000000000		

View Page: 1 Viewing Page: 1

Note: Some sections of the eligibility screens do not apply to dental providers such as Managed Care Information and Restricted Client Information.

Note: Occasionally the Medicare Information section will be utilized by a dental provider if the patient has a Medicare Part C plan listed. Providers will need to verify with this plan if it covers dental and if so, bill them as primary.

Successful Eligibility Check

Coordination of Benefits Information

- Displays phone numbers and any Policy or Group numbers on file with WA Apple Health for the commercial plans listed.
- For DDE claims the Carrier Code (Insurance ID) is found here.

Coordination of Benefits Information									
Service Type Code	Insurance Type Code	Insurance Co. Name & Contact	Carrier Code	Policy Holder Name	Policy Number	Group Number	Plan Sponsor	Start Date	End Date
30: Health Benefit Plan Coverage	C1: Commercial	NORTHWEST ADMINISTRATORS (800) 458-3053	NW01	JANE DOE	55555555			08/01/2014	12/31/2999
30: Health Benefit Plan Coverage	C1: Commercial	WASHINGTON DENTAL SERVICE (800) 537-3403	WD01	JANE DOE	55555555			08/01/2014	12/31/2999

View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1 << First < Prev Next > >> Last

Successful Eligibility Check DD Client

- Segment is labeled Developmental Disability Information
- It will show the start and end date
 - If current, there will be an open-ended date with 2999 as the year.

Developmental Disability Information	
Start Date	End Date
02/04/2013	12/31/2999

View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1 << First < Prev Next > >> Last

Note: If a client has the DD indicator, they may be eligible for expanded dental benefits.

Successful Eligibility Check Foster Care Information

- Foster Care Client's Medical Records History is available.
 - There is an extra button at the top of the eligibility screen.

The screenshot shows a web application interface with a top navigation bar containing buttons for 'Close', 'Submit Another Inquiry', 'Medical Records' (highlighted with an orange box), and 'Exit'. Below the navigation bar, there are two main sections: 'Selection Criteria Entered' and 'Demographic and Response Information'. The 'Selection Criteria Entered' section displays the following information:

Date of Request: 05/02/2016	ProviderOne Client ID: 000000000WA
Time in Request: 09:52:37 AM PDT	Client Date of Birth:
Provider ID: 200320900	Client SSN:
From Date of Service: 05/02/2016	Client Last Name:
To Date of Service: 05/02/2016	Client First Name:

The 'Demographic and Response Information' section displays the following information:

Client Demographic Information:	System Response Information:
ProviderOne Client ID: 000000000WA	Valid Request Indicator: Y

- Click the **Medical Records** button to see:
 - Pharmacy services claims
 - Medical services claims (**includes dental**)
 - Hospital services claims
- See the [ProviderOne Billing and Resource Guide](#) for complete details. Web address is on the last slide.

Successful Eligibility Check Foster Care Information

- Foster Care Client's Medical Records History shows claims paid by ProviderOne. Each section looks like:

Pharmacy

Filter By Period: All

Fill Date	Drug Name	Strength	Qty	Days	Refill Sequence	Prescriber Name	Pharmacy Name	Pharmacy Phone #
10/27/2015	GUANFACINE HCL	1 MG	60	30	00	DAVIES,JULIAN	RITE AID PHARMACY # 05228	
10/23/2015	POLYETHYLENE GLYCOL 3350	0	527	30	07	DAVIES,JULIAN	RITE AID PHARMACY # 05228	
04/13/2015	POLYETHYLENE GLYCOL 3350	0	527	30	03	DAVIES,JULIAN	RITE AID PHARMACY # 05228	
04/02/2015	GUANFACINE HCL	1 MG	60	30	00	DAVIES,JULIAN	RITE AID PHARMACY # 05228	
03/17/2015	DESONIDE	.05 %	15	7	00	DAVIES,JULIAN	RITE AID PHARMACY # 05228	

View Page: 2 Viewing Page: 1

Medical Services (primary and specialty care)

Filter By Period: All

Start Date	End Date	Primary Code/DX Description	Other Diagnosis Codes	Procedure Code	Servicing Provider Name	Billing Provider Name	Billing Provider Phone #
06/18/2014	06/18/2014			D0120,D1120,D1208			(206) 782-8223
06/12/2014	06/12/2014	3129 - Conduct disturbance NOS		90847		King County	(800) 790-8049
05/29/2014	05/29/2014	3129 - Conduct disturbance NOS		90847		King County	(800) 790-8049
05/22/2014	05/22/2014	3129 - Conduct disturbance NOS		90847		King County	(800) 790-8049
05/21/2014	05/21/2014	3129 - Conduct disturbance NOS		90846		King County	(800) 790-8049

View Page: 11 Viewing Page: 10

Hospital Care

Filter By Period: All

Start Date	End Date	Primary Code/DX Description	Other Diagnosis Codes	ER/Outpatient/Inpatient	DRG Description	Attending Provider Name	Billing Provider Name	Billing Provider Phone #
10/21/2015	10/21/2015	M6289 - OTHER SPECIFIED DISORDERS OF MUSCLE	Z4689	Outpatient		MOSCA, VINCENT	Molina Healthcare of Washington Inc	(800) 869-7165

- Sort by using the "diamonds" under each column name
- Search by using the "Filter by Period" boxes
- If there are more pages of data use the **Next** or **Previous** buttons
- If there is no data for the section it will display "no records found"

Gender and Date of Birth Updates

- Verified with ProviderOne system staff as of 01/27/14:
 - A large number of claims are denied due to a mismatch between the patient's DOB in the provider's record and the ProviderOne's client eligibility file. Providers can send a secure email to mmishelp@hca.wa.gov with the client's ProviderOne ID, name, and correct DOB. The same is true if providers find a gender mismatch; send the ProviderOne client ID, name, and correct gender to the same email address.

Verifying Eligibility

- Coverage status can change at any time
 - Verify coverage for each visit
 - Print the Benefit Inquiry result
 - If eligibility changes after this verification, HCA will honor the printed screen shot
 - Exception: Client with commercial insurance carrier that is loaded after you verify eligibility; commercial insurance must be billed first.

Direct Data Entry (DDE) Claims

Fee For Service Claims and
Commercial Insurance Secondary
Claims

After this training, you can:

- Submit fee for service DDE claims

- Create and Submit TPL secondary claims DDE
 - With backup
 - Without backup

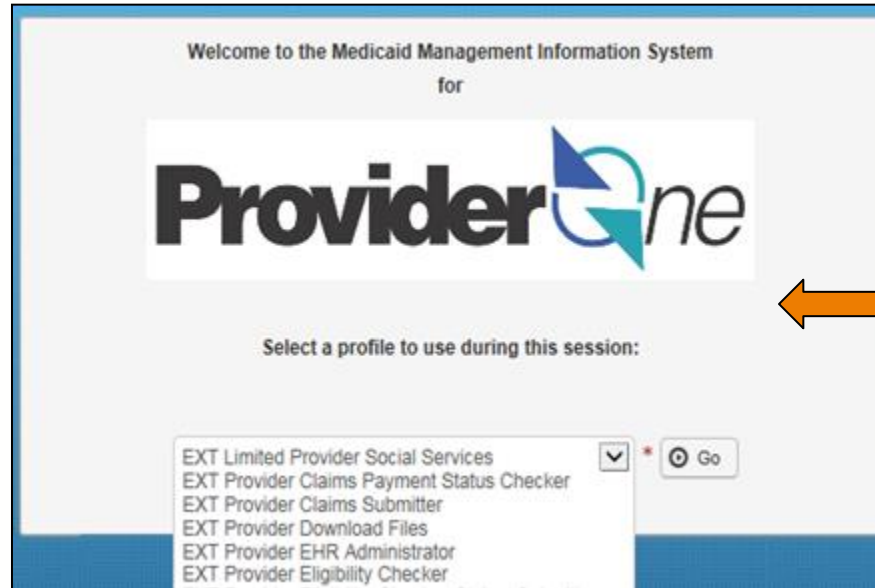
Direct Data Entry (DDE) Claims

- ProviderOne allows providers to enter claims directly into the payment system.
- All claim types can be submitted through the DDE system:
 - Professional (CMS 1500)
 - Institutional (UB-04)
 - Dental (ADA Form)
- Providers can CORRECT and RESUBMIT denied or previously voided claims.
- Providers can ADJUST or VOID previously paid claims.

Determine What Profile to Use

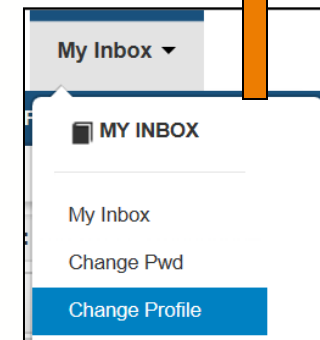
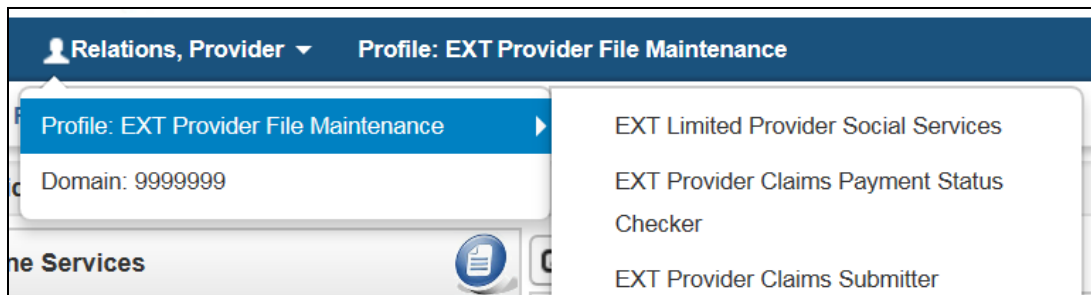
With the upgrade to 3.0, ProviderOne allows you to change your profile in more than one place.

➤ At initial login:



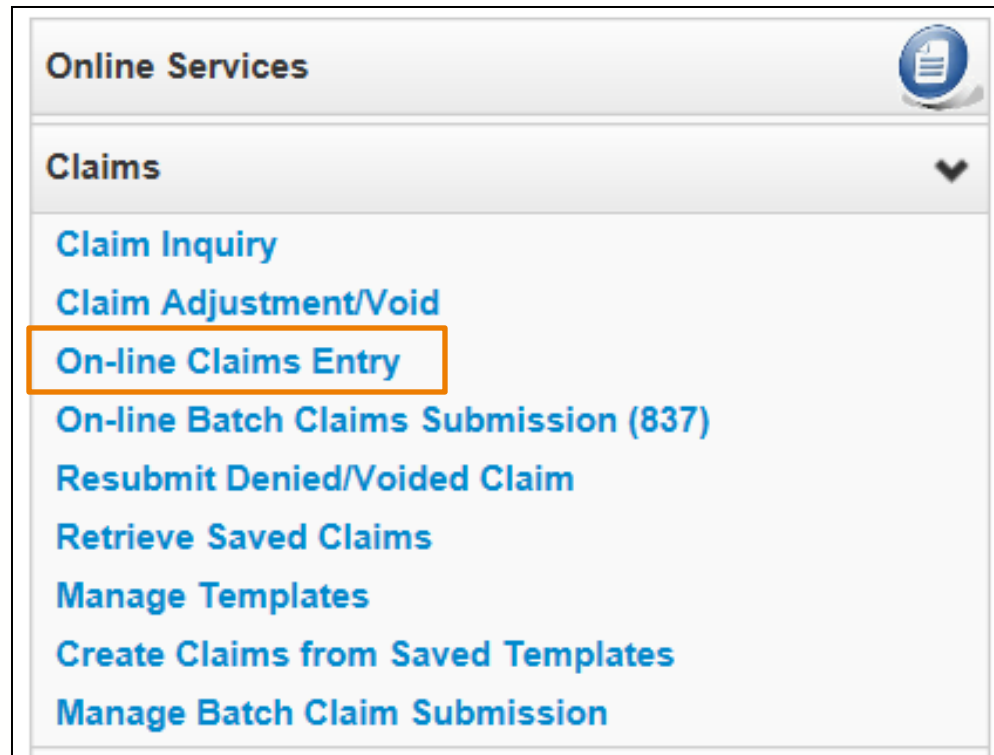
Note: Using "My Inbox" to change profiles, takes you back to the main profile screen.

➤ And in the portal:



Direct Data Entry (DDE) Claims

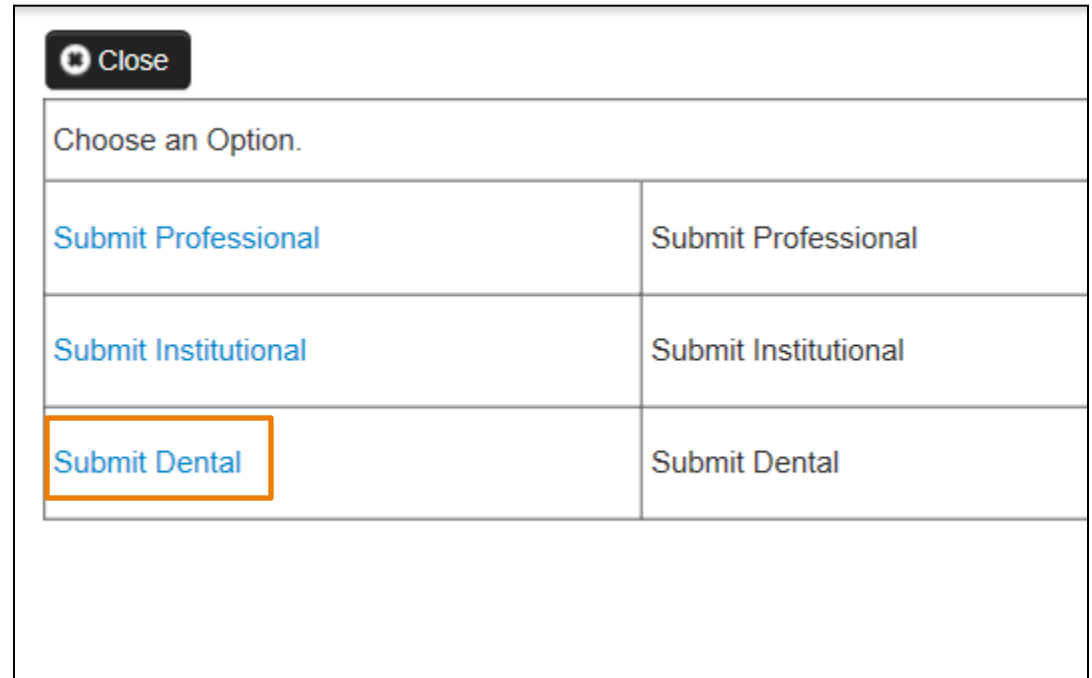
- From the Provider Portal select the **Online Claims Entry** option located under the Claims heading.



Provider Portal

➤ Choose the type of claim that you would like to submit with the appropriate claim form:

- Professional – CMS 1500
- Institutional - UB04
- Dental - 2012 ADA



The screenshot shows a web interface for submitting claims. At the top left is a 'Close' button with a red 'X' icon. Below it is the text 'Choose an Option.' followed by a table with three rows and two columns. The first row contains 'Submit Professional' in both columns. The second row contains 'Submit Institutional' in both columns. The third row contains 'Submit Dental' in both columns, and this row is highlighted with an orange border.

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Direct Data Entry (DDE) Claims

Close Save Claim Submit Claim Reset

Dental Claim ^

Note: asterisks (*) denote required fields. [Billing Instructions](#)

Basic Claim Info Other Claim Info

[Billing Provider](#) | [Subscriber](#) | [Claim](#) | [Service](#)

Submitter ID:

PROVIDER INFORMATION ^

Go to [Other Claim Info](#) to enter information for providers other than the Referring provider.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

? * Is the Billing Provider also the Rendering Provider? Yes No [Top](#)

SUBSCRIBER/CLIENT INFORMATION ^

SUBSCRIBER/CLIENT

* Client ID:

[+ Additional Subscriber/Client Information](#)

[+ OTHER INSURANCE INFORMATION](#) [Top](#)

CLAIM INFORMATION ^

Go to [Other Claim Info](#) to enter additional claim information not displayed on this page.

CLAIM DATA

Patient Account No:

mm dd ccpy

* Service Date:

* Place of Service:

[+ Additional Claim Data](#)

[+ Diagnosis Codes](#)

Direct Data Entry (DDE) Claims

+ PRIOR AUTHORIZATION

+ CLAIM NOTE

? * Is this claim accident related? Yes No

☰ BASIC LINE ITEM INFORMATION

Click on the Other Svc. Info link associated with each added Service Line Item to enter line item information other than that displayed on this page.

BASIC SERVICE LINE ITEMS

* Procedure Code:

* Submitted Charges: \$

Place of Service:

Modifiers: 1: 2: 3: 4:

+ Diagnosis Pointers

+ Tooth Information

* Procedure Count/Units: (Billing for anesthesia? Please indicate minutes here.)
mm dd ccyy

Service Date: (If different from the claim service date)
mm dd ccyy

Appliance Placement Date:

Oral Cavity Designation: 1: 2:

3: 4:

5:

+ Prior Authorization

+ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$ 0.00

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Ptrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	1	2	3	4	5						

Billing Provider Information

- Section 1: Billing Provider Information of the DDE Dental claim form

Dental Claim

Note: asterisks (*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

PROVIDER INFORMATION

Go to [Other Claim Info](#) to enter information for providers other than the Referring provider.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

? * Is the Billing Provider also the Rendering Provider? Yes No


Billing Provider Information

- Enter the Billing Provider NPI and Taxonomy code
 - This will likely be the NPI and Taxonomy Code of the clinic/office where the service was performed and where you would like payment to be received.


BILLING PROVIDER	
* Provider NPI:	<input type="text"/>
* Taxonomy Code:	<input type="text"/>

Rendering Provider Information

- If the Rendering Provider is the same as the Billing Provider answer the question **YES** and go on to the next section.

 * Is the Billing Provider also the Rendering Provider? Yes No

- If the Rendering Provider is different than the Billing Provider entered in the previous question, answer **NO** and enter the Rendering (Performing/Service) Provider NPI and Taxonomy Code.


 * Is the Billing Provider also the Rendering Provider? Yes No

RENDERING (PERFORMING) PROVIDER

* Provider NPI: * Taxonomy Code:


Subscriber/Client Information


➤ Section 2: Subscriber/Client Information

 **SUBSCRIBER/CLIENT INFORMATION**

SUBSCRIBER/CLIENT

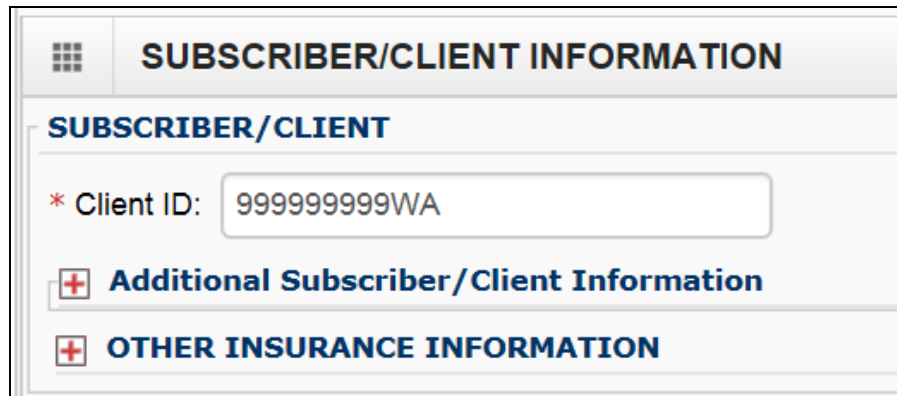
* Client ID:

 **Additional Subscriber/Client Information**

 **OTHER INSURANCE INFORMATION**

Subscriber/Client Information

- Enter the Subscriber/Client ID found on the WA Medicaid services card. This ID is a 9-digit number followed by **WA**.
 - Example: **999999999WA**



The screenshot shows a web form with a title bar containing a grid icon and the text "SUBSCRIBER/CLIENT INFORMATION". Below the title bar, the form is organized into sections. The first section is titled "SUBSCRIBER/CLIENT" and contains a label "* Client ID:" followed by a text input field containing the value "999999999WA". Below this section, there are two expandable sections, each with a red plus sign icon and a blue title: "Additional Subscriber/Client Information" and "OTHER INSURANCE INFORMATION".

- Click on the red **+** to expand the Additional Subscriber/Client Information to enter additional required information.

Subscriber/Client Information

- Once the field is expanded enter the patient's Last Name, Date of Birth, and Gender.
 - Date of birth must be in the following format: MM/DD/CCYY

SUBSCRIBER/CLIENT

* Client ID:

Additional Subscriber/Client Information

* Org/Last Name: First Name:

mm dd ccyy

* Date of Birth: * Gender:

Insurance Other than Medicaid

- If the client has other commercial insurance open the “Other Insurance Information” section by clicking on the red + expander. If there is no insurance skip over this.



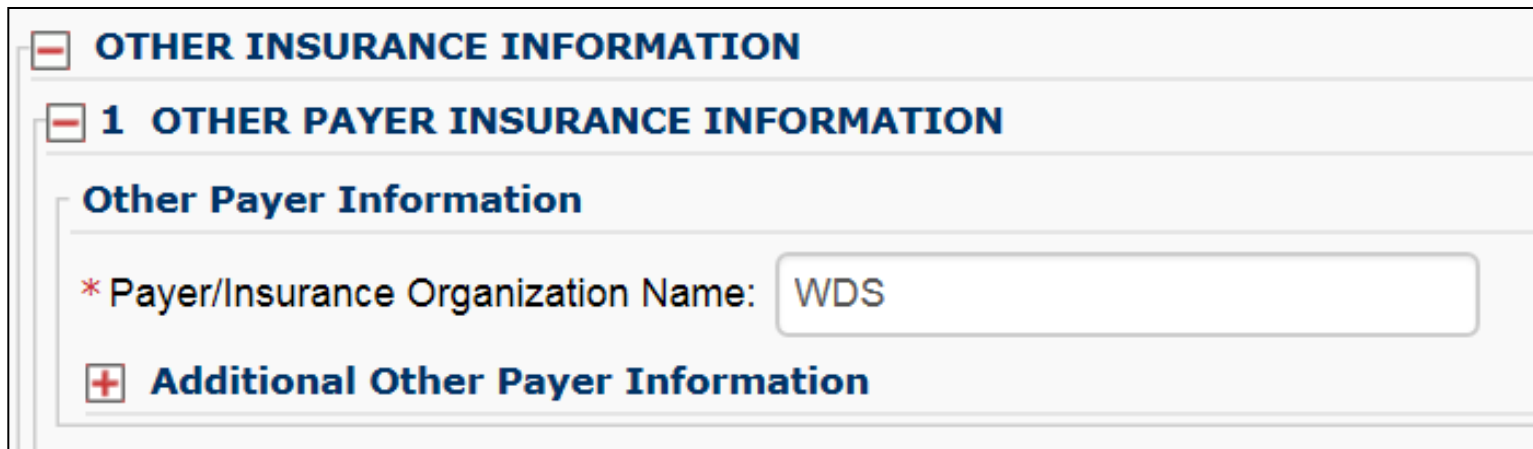
- Then open up the “1 Other Payer Insurance Information” section by clicking on the red + expander.



Note: Split out denied lines from paid lines and submit two claims to the Agency. If the commercial payer amount is added at the claim level, it will be applied to all lines – paid or denied. Splitting them out, there would be no payment from the primary which may result in a payment of the denied service at the Medicaid allowed amount.

Insurance Other than Medicaid

- Enter the Payer/Insurance Organization Name



The screenshot shows a web form with the following structure:

- OTHER INSURANCE INFORMATION** (collapsible section, currently expanded)
- 1 OTHER PAYER INSURANCE INFORMATION** (collapsible section, currently expanded)
- Other Payer Information** (sub-section)
 - * Payer/Insurance Organization Name:
- Additional Other Payer Information** (collapsible section, currently collapsed, indicated by a red + icon)

- Open up the “Additional Other Payer Information” section by clicking on the red + expander.

Insurance Other Than Medicaid

- In the “Additional Other Payer Information” section fill in the following information:

The screenshot shows a web form titled "OTHER INSURANCE INFORMATION". It contains several sections and fields:

- OTHER INSURANCE INFORMATION** (collapsible section)
- 1 OTHER PAYER INSURANCE INFORMATION** (collapsible section)
- Other Payer Information**
 - * Payer/Insurance Organization Name:
- Additional Other Payer Information** (collapsible section)
 - *ID: (with sub-fields for mm, dd, ccy)
 - *ID Type: (with a dropdown arrow)
 - Claim Check or Remittance Date:
 - Number Type: (with a dropdown arrow) PA/Referral No.:
- Secondary ID Information** (collapsible section)

A callout box on the right side of the form contains the text: "Enter the Insurance ID number and the ID Type."

- The next slide shows where to get the **ID** number

Insurance Other Than Medicaid

- Use the “Carrier Code” for the insurance found on the client eligibility screen under the Coordination of Benefits Information section as the **ID** number for the insurance company; or
- Use the assigned insurance company ID provided on the insurance EOB.

Coordination of Benefits Information									
Service Type Code	Insurance Type Code	Insurance Co. Name & Contact	Carrier Code	Policy Holder Name	Policy Number	Group Number	Plan Sponsor	Start Date	End Date
30: Health Benefit Plan Coverage	C1: Commercial	NORTHWEST ADMINISTRATORS (800) 458-3053	NW01	JANE DOE	55555555			08/01/2014	12/31/2999
30: Health Benefit Plan Coverage	C1: Commercial	WASHINGTON DENTAL SERVICE (800) 537-3406	WD01	JANE DOE	55555555			08/01/2014	12/31/2999

View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

Insurance Other Than Medicaid

- Enter the total amount paid by the commercial private insurance.

OTHER INSURANCE INFORMATION

1 OTHER PAYER INSURANCE INFORMATION

Other Payer Information

* Payer/Insurance Organization Name:

Additional Other Payer Information

*ID: *ID Type:

mm dd ccyy

Claim Check or Remittance Date:

Number Type: PA/R

Secondary ID Information

COB Monetary Amounts

COB Payer Paid Amount:

Additional COB Information

Note: If you will be sending in the Insurance EOB via fax/mail, stop here.

- If the claim is for an insurance denial or insurance applied to the deductible, enter a 0 here.

Insurance Other Than Medicaid

- Click on the red + to expand the "Claim Level Adjustments" section

OTHER INSURANCE INFORMATION

1 OTHER PAYER INSURANCE INFORMATION

Other Payer Information

* Payer/Insurance Organization Name:

Additional Other Payer Information

*ID: *ID Type:

mm dd cyy

Claim Check or Remittance Date:

Number Type: PA/Referral No.:

Secondary ID Information

COB Monetary Amounts

COB Payer Paid Amount:

Additional COB Information

OTHER PAYER BILLING PROVIDER

OTHER PAYER ASSISTANT SURGEON

CLAIM LEVEL ADJUSTMENTS

Other Subscriber Information

Other Insurance Coverage

[Add Another](#)

Insurance Other Than Medicaid

- Enter the adjustment Group Code, Reason Code (Number Only), and Amount


CLAIM LEVEL ADJUSTMENTS					
1 * Group Code:	<input type="text" value=""/>	* Reason Code	<input type="text" value=""/>	* Amount: <input type="text" value=""/>	Quantity: <input type="text" value=""/>
2 Group Code:	<input type="text" value=""/>	Reason Code:	<input type="text" value=""/>	Amount: <input type="text" value=""/>	Quantity: <input type="text" value=""/>
3 Group Code:	<input type="text" value=""/>	Reason Code:	<input type="text" value=""/>	Amount: <input type="text" value=""/>	Quantity: <input type="text" value=""/>
4 Group Code:	<input type="text" value=""/>	Reason Code:	<input type="text" value=""/>	Amount: <input type="text" value=""/>	Quantity: <input type="text" value=""/>
5 Group Code:	<input type="text" value=""/>	Reason Code:	<input type="text" value=""/>	Amount: <input type="text" value=""/>	Quantity: <input type="text" value=""/>

Group Code Legend:
CO-Contractual Obligations
CR-Correction and Reversals
OA-Other adjustments
PI-Payer Initiated Reductions
PR-Patient Responsibility

Note: The Agency only accepts the standardized HIPAA compliant group and reason codes. These can be located at the [Washington Publishing Company's \(WPC\) website](#).

Claim Information

➤ Section 3: Claim Information Section

 **CLAIM INFORMATION**


Go to [Other Claim Info](#) to enter additional claim information not displayed on this page.


CLAIM DATA


Patient Account No:


mm dd cyy


* Service Date:


* Place of Service: 

 **Additional Claim Data**

 **Diagnosis Codes**

 **PRIOR AUTHORIZATION**

 **CLAIM NOTE**

 * Is this claim accident related? Yes No

Patient Account Number

- The Patient Account No. field allows the provider to enter their internal patient account numbers assigned to the patient by their practice management system.

CLAIM DATA	
Patient Account No:	<input type="text" value="123456"/>

Note: Entering internal patient account numbers may make it easier to reconcile the weekly remittance and status report (RA) as these numbers will be posted on the RA.

Service Date

- Enter the date of service here. This date will be placed on all lines of the claim.
 - The Service Date must be entered in the following format: MM/DD/CCYY

CLAIM DATA


Patient Account No:

mm dd ccy

* Service Date:

Place of Service

- With 5010 implementation, the Place of Service box has been added to the main claim section. Choose the appropriate **Place of Service** from the drop down.

* Place of Service: 11-OFFICE 

01-PHARMACY	20-URGENT CARE FACILITY	51-INPATIENT PSYCHIATRIC FACILITY
03-SCHOOL	21-INPATIENT HOSPITAL	52-PSYCHIATRIC FACILITY - PARTIAL HOSPITALIZATION
04-HOMELESS SHELTER	22-OUTPATIENT HOSPITAL	53-COMMUNITY MENTAL HEALTH CENTER
05-INDIAN HLTH SVC FREE-STANDING FACILITY	23-EMERGENCY ROOM - HOSPITAL	54-INTERMEDIATE CARE FACILITY (ICF/MR)
06-INDIAN HLTH SVC PROVIDER-BASED FACILITY	24-AMBULATORY SURGICAL CENTER	55-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
07-TRIBAL 638 FREE-STANDING FACILITY	25-BIRTHING CENTER	56-PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
08-TRIBAL 638 PROVIDER-BASED FACILITY	26-MILITARY TREATMENT FACILITY	57-NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
09-PRISON/CORRECTIONAL FACILITY	31-SKILLED NURSING FACILITY (SNF)	60-MASS IMMUNIZATION CENTER
11-OFFICE	32-NURSING FACILITY	61-COMPREHENSIVE INPATIENT REHAB FACILITY
12-Home	33-CUSTODIAL CARE FACILITY	62-COMPREHENSIVE OUTPATIENT REHAB FACILITY
13-ASSISTED LIVING FACILITY	34-Hospice	65-END-STAGE RENAL DISEASE TREATMENT FACILITY
14-Group Home	41-AMBULANCE - LAND	71-PUBLIC HEALTH CLINIC
15-MOBILE UNIT	42-AMBULANCE - AIR OR WATER	72-RURAL HEALTH CLINIC (RHC)
16-TEMPORARY LODGING	49-INDEPENDENT CLINIC	81-INDEPENDENT LABORATORY
17-WALK-IN RETAIL HEALTH CLINIC	50-FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	99-OTHER PLACE OF SERVICE

Note: The Place of Service is required in this section but can still be added to the line level of the claim. Line level is not required.

Additional Claim Data

- The Additional Claim Data red + expander will allow the provider to enter the patient's spenddown amount.

CLAIM DATA

Patient Account No: 123456

mm dd cyy

* Service Date: 03 10 2015

* Place of Service: 11-OFFICE

+ Additional Claim Data

- If patient has a spenddown click on the red + expander to display the below image. Enter the spenddown amount in the **Patient Paid Amount** box.

- Additional Claim Data

Delay Reason Code: [dropdown]

Provider Signature on File: Yes No

Special Program Type Code: [dropdown]

Provider Accept Assignment Code: [dropdown]

Benefits Assignment Certification: [dropdown]

Release Of Information Code: [dropdown]

Service Authorization Exception Code: [dropdown]

Patient Paid Amount: [input box]

mm dd cyy

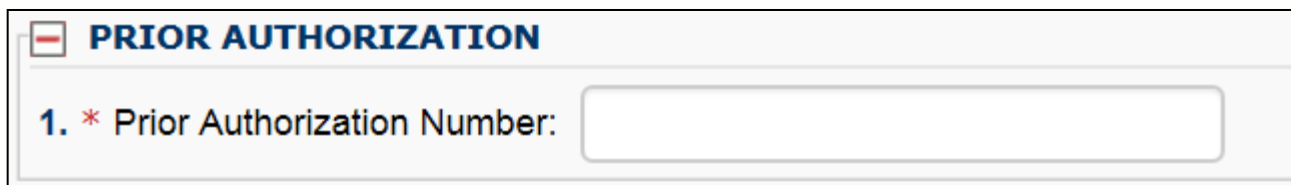
Appliance Placement Date: [input box] [input box] [input box]

Prior Authorization

- If a Prior Authorization number needs to be added to the claim, click on the red + to expand the Prior Authorization fields.



- EPA numbers are considered authorization numbers and should be entered here.



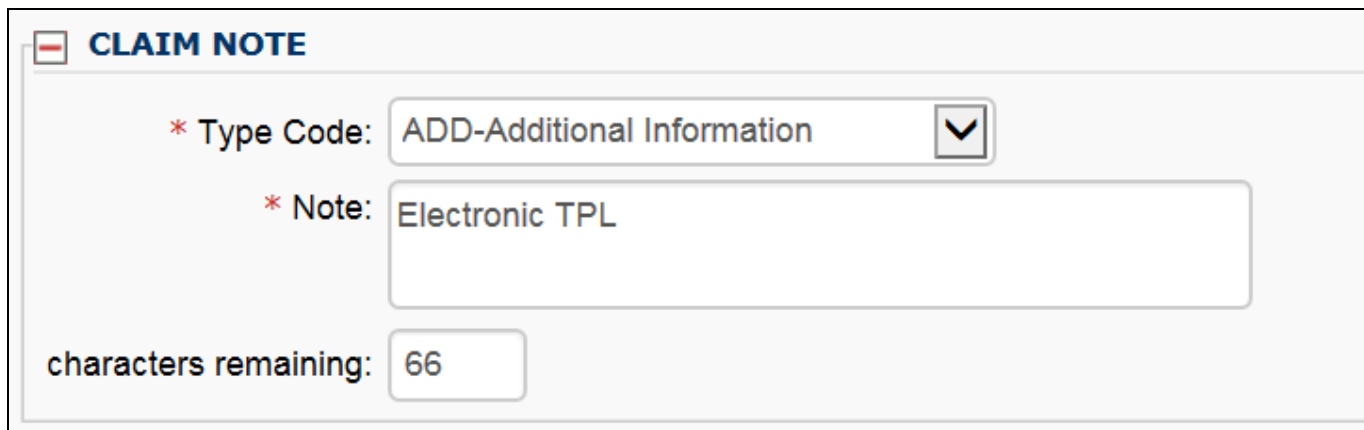
Note: We recommend that providers enter any authorization number in these boxes. Entering the number here will cover the entire claim.

Claim Note

- A note may need to be added to the claim to assist in the processing.




- Click on the red + to expand the Claim Note section.
 - Enter the Type Code **ADD-Additional Information**.
 - The NOTE must say **Electronic TPL** if no EOB is sent.
 - The note could say **Sending Insurance EOB** if the EOB is sent.
 - ProviderOne allows up to 80 characters.

A screenshot of a web form titled 'CLAIM NOTE' with a minus sign icon on the left. The form contains two required fields, each marked with a red asterisk. The first field is 'Type Code', which is a dropdown menu currently showing 'ADD-Additional Information' with a downward arrow. The second field is 'Note', which is a text input box containing the text 'Electronic TPL'. At the bottom left of the form, there is a label 'characters remaining:' followed by a text input box containing the number '66'.

Is the Claim Accident Related?

- This question will always be answered **NO**. Washington Medicaid has a specific Casualty Office that handles claims where another casualty insurance may be primary.
 - The Casualty office can be reached at 800-562-3022 ext. 15462.

 * Is this claim accident related? Yes No

Basic Service Line Items

➤ Section 4: Basic Line Item Information

BASIC LINE ITEM INFORMATION

Click on the Other Svc. Info link associated with each added Service Line Item to enter line item information other than that displayed on this page.

BASIC SERVICE LINE ITEMS

* Procedure Code:

* Submitted Charges: \$

Place of Service: ▼

Modifiers: 1: 2: 3: 4:

+ Diagnosis Pointers

+ Tooth Information

* Procedure Count/Units: (Billing for anesthesia? Please indicate minutes here.)

mm dd ccyy

Service Date: (If different from the claim service date)

mm dd ccyy

Appliance Placement Date:

Oral Cavity Designation: 1: ▼ 2: ▼

3: ▼ 4: ▼

5: ▼

+ Prior Authorization

+ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

+ Add Service Line Item
✎ Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 0.00

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Ptrns				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	1	2	3	4	5						

Basic Service Line Items

- Enter the Procedure Code using current codes listed in the coding manuals.

* Procedure Code:

- Enter Submitted Charges

* Submitted Charges: \$

Note: If dollar amount is a whole number no decimal point is needed.

Note: The Agency requests that providers enter their usual and customary charges here. If providers have billed a commercial insurance, please enter the same charges here as billed to the primary. If a provider is billing a service that required prior authorization, please enter the same amount you requested on the authorization because these amounts must match.

Basic Service Line Items

- Optional - Place of Service Code (not required – already entered at the Claim Level)

Place of Service:

- Modifiers and Diagnosis codes are not required on dental claims

Modifiers: 1: 2: 3: 4:

 **Diagnosis Pointers**

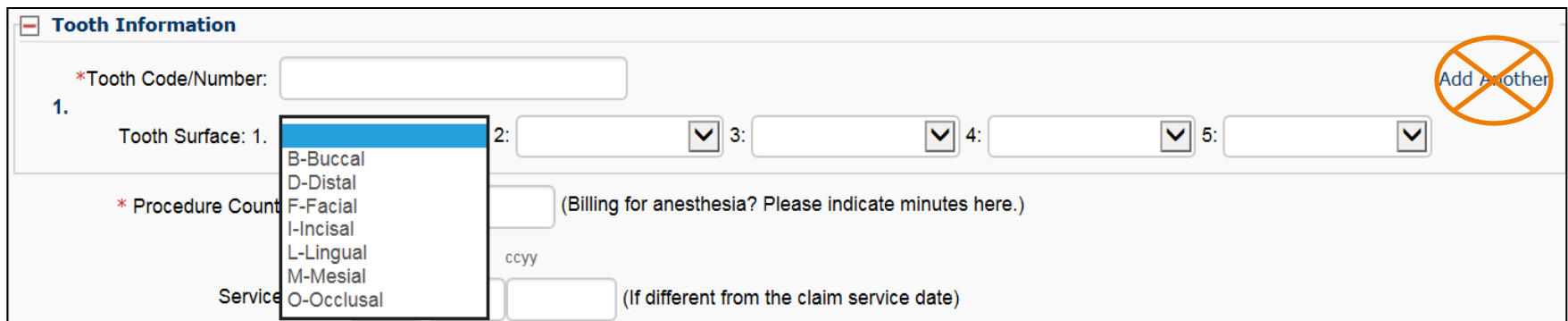
Basic Service Line Items

➤ Tooth Number

- If the service requires tooth information, click on the **+** to expand this section



- Enter the tooth number/letter
- Use single digits (unless a supernumerary tooth)
- Enter tooth surface(s) if required
- Only add one tooth per service line!



Tooth Information

*Tooth Code/Number:

1. Tooth Surface: 1. 2: 3: 4: 5:

* Procedure Count (Billing for anesthesia? Please indicate minutes here.)

ccyy

Service (If different from the claim service date)

Basic Service Line Items

- Enter procedure Units:
 - DO NOT enter minutes in this box.

Note: At least 1 unit is required.

* Procedure Count/Units: (Billing for anesthesia? Please indicate minutes here.)

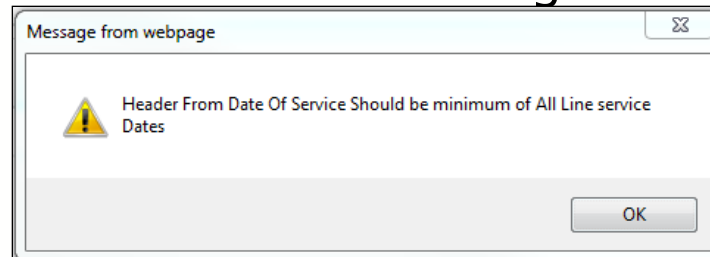
- If billing two different dates of service on the same claim, enter the second date here (applied to this line only).

Service Date: mm dd ccyy (If different from the claim service date)

Appliance Placement Date: mm dd ccyy

Note: For Orthodontic services enter the banding date here as the Appliance Placement Date.

- If the second date entered at the line is before the date entered at the claim level, you will receive the following error:



Basic Service Line Items


- If the service requires a HIPAA oral area designation:
 - Click on the appropriate **Arch designation**; or
 - Click on the appropriate **Quadrant designation**.

Oral Cavity Designation: 1:	<input type="text"/>	2:	<input type="text"/>
3:	00-Oral Intraoral Cavity	4:	<input type="text"/>
5:	01-Oral Maxillary Area		
	02-Oral Mandibular Area		
	09-Other Area of Oral Cavity		
	10-Upper Right Quadrant		
	20-Upper Left Quadrant		
	30-Lower Left Quadrant		
	40-Lower Right Quadrant		
	L-Left		
	R-Right		

- Only indicate one oral area per service line.

Basic Service Line Items

- If a Prior Authorization number needs to be added to a line level service, click on the red + to expand the Prior Authorization.



+ Prior Authorization

Note: If a Prior Authorization number was entered previously on the claim it is not necessary to enter it again here.

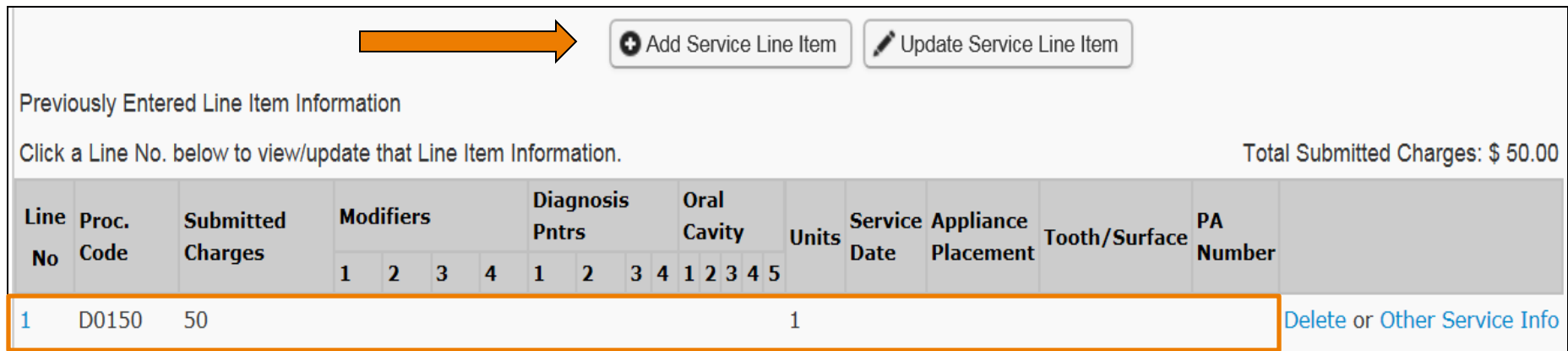
- The Additional Service Line Information is not needed for claims submission.



+ Additional Service Line Information

Add Service Line Items

- Click on the **Add Service Line Item** button to list the procedure line on the claim.



Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 50.00

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs			Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number		
			1	2	3	4	1	2	3	4	1	2	3	4							5
1	D0150	50													1						Delete or Other Service Info

Note: Please ensure all necessary claim information has been entered before clicking the Add Service Line Item button to add the service line to the claim.

Note: Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form.

Add Additional Service Line Items

- If additional service lines need to be added, click on the **Service** hyperlink to get quickly back to the Basic Service Line Items section.

Close Save Claim Submit Claim Reset

Dental Claim

Note: asterisks (*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | **Service**

- Follow the same procedure as outlined above for entering data for each line.

Update Service Line Items

- Update a previously added service line item by clicking on the "Line No." of the line that needs to be updated. This will re-populate the service line item boxes for changes to be made.

+ Add Service Line Item ✎ Update Service Line Item

Previously Entered Line Item Information


Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 50.00

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs			Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	1	2	3	4						5
1	D0150	50													1					Delete or Other Service Info

Note: Once the line number is chosen, ProviderOne will refresh screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item boxes and make corrections.

Update Service Line Items

- Once the service line is corrected, click on the **Update Service Line Item** button to add corrected information on the claim.

+ Add Service Line Item
✎ Update Service Line Item


Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 60.00

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number		
			1	2	3	4	1	2	3	4	1	2	3	4	5							
1	D0150	60														1						Delete or Other Service Info

Note: Once the Update Service Line Item button is chosen, ProviderOne will refresh screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item section to view and verify that changes were completed.

Delete Service Line Items

- A service line can easily be deleted from the claim before submission by clicking on the **Delete** option at the end of the added service line.

+ Add Service Line Item ✎ Update Service Line Item

Previously Entered Line Item Information

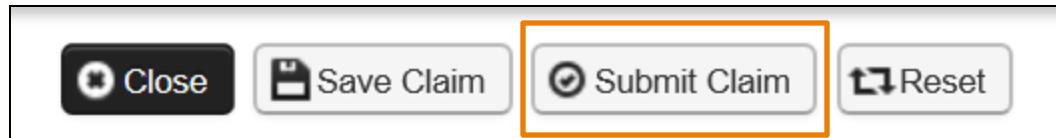
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 60.00

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth Surface	PA Number		
			1	2	3	4	1	2	3	4	1	2	3	4	5							
1	D0150	60														1						Delete or Other Service Info

Note: Once the service line item is deleted it will be permanently removed from the claim. If the service line was accidentally deleted, the provider will need to re-enter the information following previous instructions.

Submit Claim for Processing

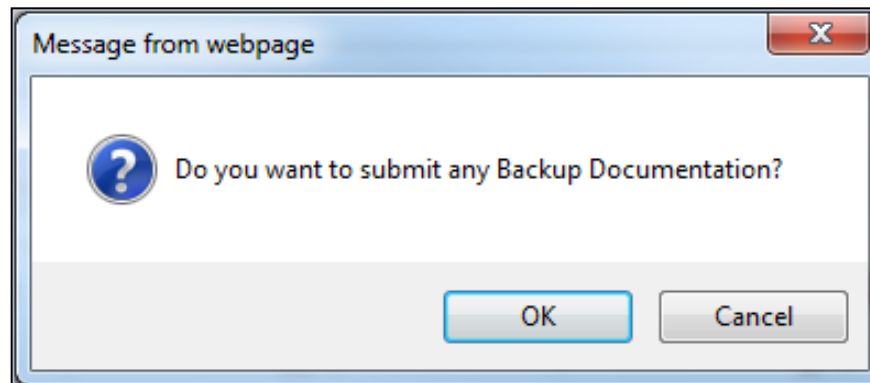
- When the claim is ready for processing, click the **Submit Claim** button at the top of the claim form.



Note: Make sure the browser **Pop Up Blocker** is off or your system will not allow the claim to be submitted.

Submit Claim for Processing

- Click on the Submit Claim button to submit the claim. ProviderOne should then display this prompt:



- Click on the **Cancel** button if no backup is to be sent.
- Click on the **OK** button if backup needs to be attached.

Note: If all insurance information has been entered on the claim, it is not necessary to send the insurance EOB with the claim.

Submit Claim for Processing – No Backup

- ProviderOne now displays the Submitted Dental Claim Detail screen.

Submitted Dental Claim Details:

TCN: 201600400003943000
Provider NPI: 5100000004
Client ID: 99999998WA
Date of Service: 01/15/2015-01/15/2015
Total Claim Charge: \$ 60.00

Please click "Add Attachment" button, to attach the documents.

Attachment List

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found !							

Print Print Cover Page **Submit**

- Click on the **Submit** button to finish submitting the claim!

Submit Claim for Processing – With Backup (Electronic File Attached)

- The Claim's Backup Documentation page is displayed.

The screenshot shows a web form with a dark blue header containing 'Print' and 'Help' icons. Below the header, a light gray box contains the instruction: 'Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.' This box contains three dropdown menus: 'Attachment Type' (selected: '03-Report Justifying Treatment Bey'), 'Transmission Code' (selected: 'AA-Available on Request at Provid'), and 'Line No:'. Below this, another light gray box contains the instruction: 'Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS-'. This box contains a 'Filename:' label, a text input field, and a 'Browse...' button. At the bottom right of the form are 'OK' and 'Cancel' buttons. An orange arrow points from the 'Browse...' button area down towards the 'OK' button.

- Enter the **Attachment Type**
- Pick one of the following Transmission Codes:
 - **EL-** Electronic Only or Electronic file
 - Browse to find the file name
- Click the **OK** button

Submit Claim for Processing – With Backup (Electronic File Attached)

- The Submitted Dental Claim Details page is then displayed.

Print Help

Submitted Dental Claim Details:

TCN: 201600400003942000
Provider NPI: 5100000004
Client ID: 999999998WA
Date of Service: 01/15/2015-01/15/2015
Total Claim Charge: \$ 60.00

Please click "Add Attachment" button, to attach the documents. Add Attachment

Attachment List

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
0	10-22.pdf	EB	EL		76kb	X	01/04/2016

View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1 << First < Prev Next > >> Last

Print Print Cover Page **Submit**

- Click the **Submit** button to submit the claim!

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- The Claims Backup Documentation page is displayed.

The screenshot shows a web interface for submitting a claim. At the top, there are 'Print' and 'Help' icons. Below that, a instruction reads: 'Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.' Two dropdown menus are highlighted with orange boxes: 'Attachment Type' (set to '03-Report Justifying Treatment Be') and 'Transmission Code' (set to 'AA-Available on Request at Provid'). Below these is a 'Line No:' dropdown. A section titled 'Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS-' contains a 'Filename:' field with a 'Browse...' button. At the bottom right, there are 'OK' and 'Cancel' buttons. A large orange arrow points down towards the 'OK' button.

- Enter the **Attachment Type**
- Pick one of the following Transmission Codes:
 - **BM** - By Mail; or
 - **FX** - Fax
- Click the **OK** button

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- If sending paper documents with the claim, at the Submitted Dental Claim Details page, click on the **Print Cover Page** button.

Print Help

Submitted Dental Claim Details:

TCN: 201600400003944000
Provider NPI: 5100000004
Client ID: 999999998WA
Date of Service: 01/15/2015-01/15/2015
Total Claim Charge: \$ 60.00

Please click "Add Attachment" button, to attach the documents. [Add Attachment](#)

Attachment List

<input type="checkbox"/>	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
<input type="checkbox"/>	0	BM	EB	BM		0kb	X	01/04/2016

View Page: 1 [Go](#) [+ Page Count](#) [SaveToXLS](#) Viewing Page: 1 [First](#) [Prev](#) [Next](#) [Last](#)

[Print](#) [Print Cover Page](#) [Submit](#)

Submit Claim for Processing – With Backup

- Fill in the boxes with the appropriate information
 - Tab between fields
 - Expands the bar code
- When completed click on the **Print Cover Sheet** button and mail to:

Electronic Claim Back-up
Documentation
PO BOX 45535
Olympia, WA 98504-5535

OR

Fax: 1-866-668-1214

ProviderOne
ECB Attachment Submission Cover Sheet

Provider Identifier Type:
(Select Identifier type)

Provider ID:
(Please enter numeric value. Length based on Identifier type.)

TCN:
(Please enter 18 or 21 digit numeric value starting with 1,2,3,4 or 9.)

Date of Service:
(Please use:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

 Today: 1/11/2016)

ProviderOne Client ID:
(Please enter 9 digit numeric value and suffix with WA or wa.)

Instructions will not appear on the printed coversheet
Please use the Print Cover Sheet Button Above to print ONLY.
FAX to: 1-866-668-1214. THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET. 03/12/2012 Ver 3.0

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- Now push the **Submit** button to submit the claim!

Print Help

Submitted Dental Claim Details:

TCN: 201600400003944000
Provider NPI: 5100000004
Client ID: 999999998WA
Date of Service: 01/15/2015-01/15/2015
Total Claim Charge: \$ 60.00

Please click "Add Attachment" button, to attach the documents. [+ Add Attachment](#)

Attachment List

<input type="checkbox"/>	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded C ▲▼
<input type="checkbox"/>	0	BM	EB	BM		0kb	X	01/04/2016



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[Print](#) [Print Cover Page](#) [Submit](#)

Saving and Retrieving a Direct Data Entry Claim

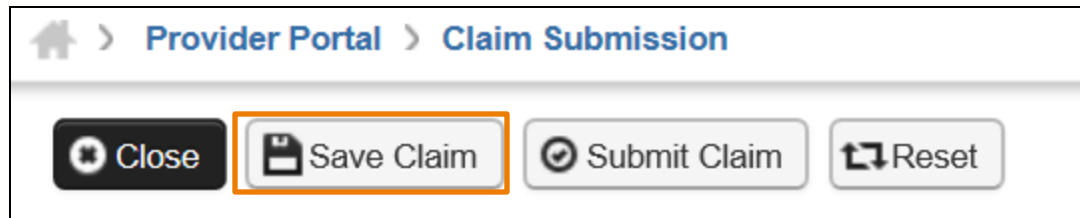
Saving a Direct Data Entry Claim

- ProviderOne now allows a provider to save a claim if the provider is interrupted during the process of entering.
- Provider retrieves the saved claim to finish it and submit the claim.
- The following data elements are the minimum required to be completed before a claim can be saved:

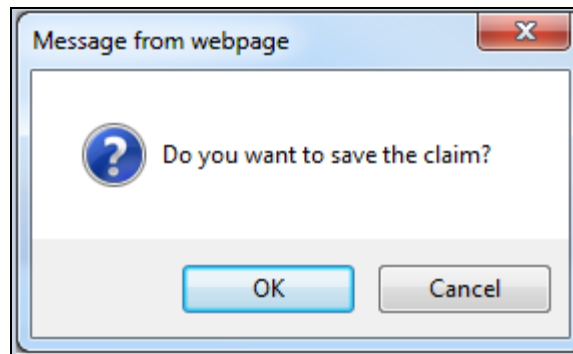
Section 1: Billing Provider Information	Section 2: Subscriber/Client Information	Section 3: Claim Information
Billing Provider NPI	Client ID number	 Is this claim accident related?
Billing Provider Taxonomy		
 Is the Billing Provider also the Rendering Provider?		

Saving a Direct Data Entry Claim

- Save the claim by clicking on the **Save Claim** button.



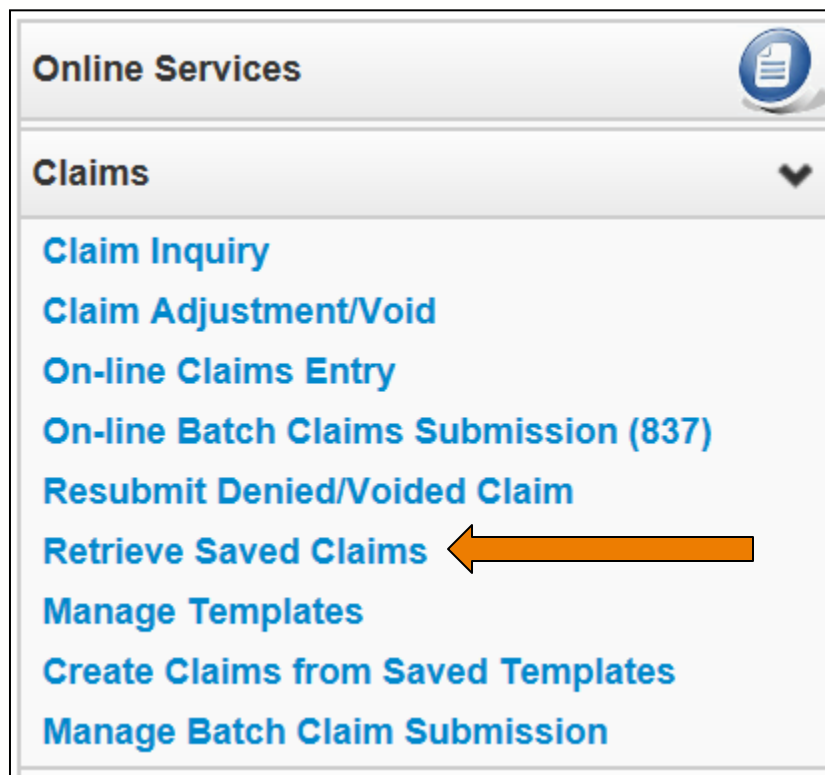
- ProviderOne now displays the following confirmation box:



- Click the **OK** button to proceed or **Cancel** to return to the claim form.
- Once the **OK** button is clicked, ProviderOne checks the claim to make sure the minimum data fields are completed.
- If all data fields are completed, ProviderOne saves the claim and closes the claim form.

Retrieving a Saved Direct Data Entry Claim

- At the Provider Portal, click on the **Retrieve Saved Claims** hyperlink.



Retrieving a Saved Direct Data Entry Claim

- ProviderOne displays the Saved Claims List.
 - Click on the “Link” Icon to retrieve a claim.

Close Delete

Saved Claims List

Filter By: [dropdown] [input] And [dropdown] [input] [input] Go Save Filter My Filters

Link	Billing Provider NPI	Client ID	Client Last Name	User Login ID
<input type="checkbox"/> ▶	5100000004	999999998WA	Doe	PRU

View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

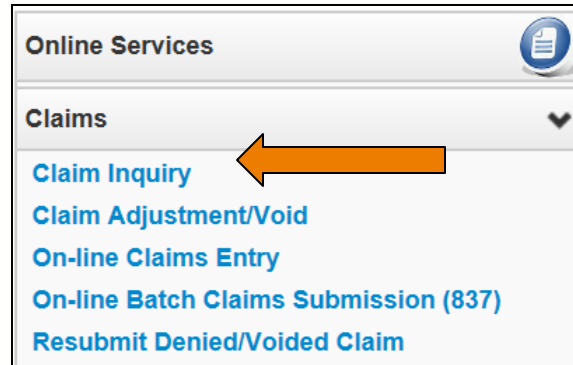
- The system loads the saved claim in the correct DDE claim form screen. Continue to enter data, then submit the claim.
- Once a saved claim has been retrieved and submitted, it will be removed from the Saved Claim List.

Claim Inquiry

Claim Inquiry

➤ How do I find claims in ProviderOne?

- **Claim Inquiry**

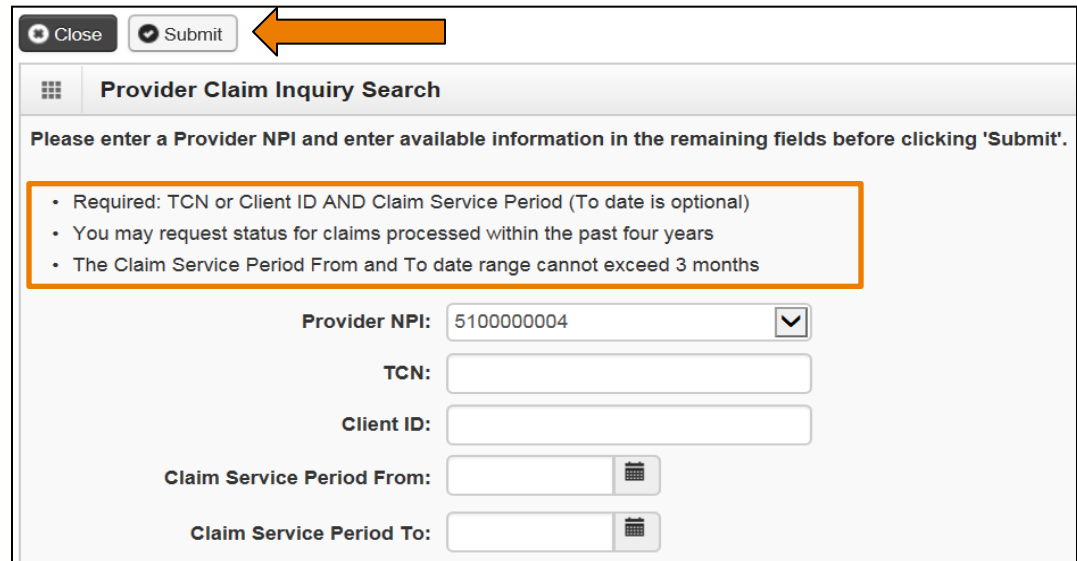


Online Services

Claims

- Claim Inquiry
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Voided Claim

➤ Enter search data then submit



Close Submit

Provider Claim Inquiry Search

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may request status for claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months

Provider NPI: 5100000004

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Claim Inquiry

➤ Claim TCN's returned

- Click on TCN number to view the claim data.
 - Denied claims will show the denial codes.
 - Easiest way to find a timely TCN number for re-bills.

Close

Provider NPI: 510000004

Claim Inquiry Providers List

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
<input type="checkbox"/>	201600400003942000	01/15/2015	0: Cannot provide further status electronically.	\$60.00	\$0.00	John	999999998WA
<input type="checkbox"/>	201600400003943000	01/15/2015	0: Cannot provide further status electronically.	\$60.00	\$0.00	John	999999998WA
<input type="checkbox"/>	201600400003944000	01/15/2015	0: Cannot provide further status electronically.	\$60.00	\$0.00	John	999999998WA

View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1 « First « Prev Next » Last »

Why can't I pull up my claim?

- There are many reasons why you might not be able to retrieve a claim (for any system functions):
 - It has been Adjusted, you can't retrieve a claim that has already been Adjusted
 - It has been replaced by another claim
 - It hasn't finished processing
 - It was billed under a different domain
 - You could be using the wrong profile
 - Trying to do a Resubmit on a paid claim or an Adjustment on a denied claim
 - Claims billed with an NPI not reported in ProviderOne
 - Claims billed with an ID only rendering provider NPI number as the pay-to provider

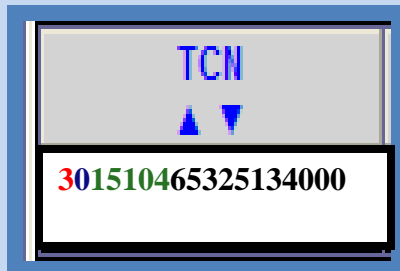
Timely Billing

Timely Billing

- What are the Agency's timeliness guidelines?
 - The initial billing must occur within **365** days from the date of service on the claim.
 - Providers are allowed **2** years in total to get a claim paid or adjusted.
 - For Delayed Certification client eligibility the Agency allows 12 months from the Delayed Cert date to bill.
 - Recoupments from other payer's-timeliness starts from the date of the recoupment, not the date of service.
 - The Agency uses the Julian calendar for dates.

What is a TCN?

**TCN=Transaction
Control Number**



**18 digit number that
ProviderOne
assigns to each
claim received for
processing. TCN
numbers are never
repeated.**

How do I read a TCN?

1st digit-Claim Medium Indicator

- 1-paper
- 2-Direct Data Entry
- 3-electronic, batch submission
- 4-system generated (Credits/Adjustment)

2nd digit-Type of Claim

- 0-Medical/Dental
- 2-Crossover or Medical

3rd thru 7th digits-Date Claim was Received

- 3rd and 4th digits are the year
- 5th, 6th and 7th digits are the day it was received

Example TCN:

301510465325134000

- 3** Electronic submission via batch
- 0** Medical claim
- 15** Year claim was received-2015
- 104** Day claim was received-April 14

How do I prove timeliness?

- HIPAA batch transaction
 - Enter the timely TCN in the claim note, Loop 2300, segment NTE02=TCN

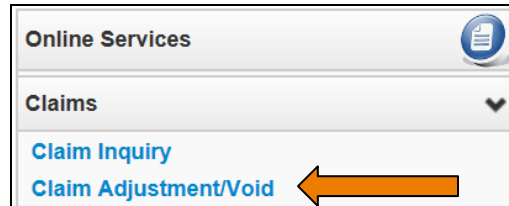
- Direct Data Entry (DDE) Claims
 - Resubmit Original Denied/Voided Claim; or
 - Enter timely TCN in the Claim Note


- Paper billing – ADA form
 - Enter timely TCN in box 35


Adjust / Void a Claim

Adjust/Void a Paid Claim


- Select **Claim Adjustment/Void** from the Provider Portal.



Online Services 

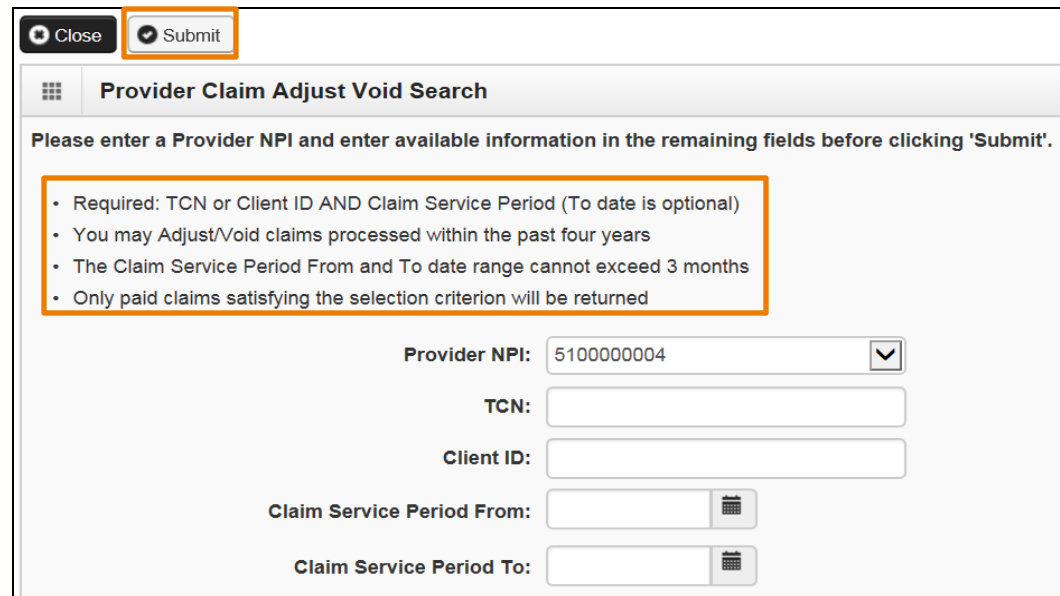
Claims 

[Claim Inquiry](#)

[Claim Adjustment/Void](#) 

- Enter the **TCN** number if known; or
- Enter the **Client ID** and the **From-To date** of service and click the **Submit** button.


Note: Per **WAC 182-502-0150** claims can only be adjusted/voided in ProviderOne 24 months from the date of service. Prescription drug claims have only 15 months.



Provider Claim Adjust Void Search


Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.


- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

Provider NPI: 

TCN:

Client ID:

Claim Service Period From: 

Claim Service Period To: 

Adjust/Void a Paid Claim

- The system will display the paid claim(s) based on the search criteria.

Close Adjust Void Claim ← Provider NPI: 1447329578

Provider Claims Adjust Void List

	TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID	Child Tcn
<input checked="" type="checkbox"/>	201600700488853000	01/18/2015	1: For more detailed information, see remittance advice.	\$60.00	\$24.84	Client	999999998WA	

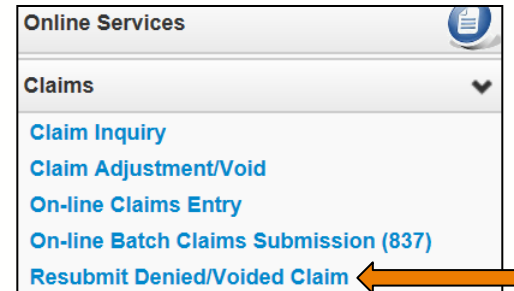
View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Check the box of the TCN to adjust/void.
- ProviderOne loads the DDE screen with the claim data.
 - Update the claim information to adjust, then submit.
 - Claim data cannot be changed when doing a void, just submit the void.

Resubmit Denied Claims

Resubmit a Denied Claim

- Select **Resubmit Denied/Voiced** Claim from the Provider Portal.



- Enter **TCN**, if known; or
- Enter the **Client ID** and the **From-To date** of service and click the **Submit** button.

A screenshot of the 'Provider Claim Inquiry Search' form. The form has a 'Close' button and a 'Submit' button, both highlighted with orange boxes. Below the buttons, there is a heading 'Provider Claim Inquiry Search' and a instruction: 'Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit''. A list of instructions is enclosed in an orange box: 'Required: TCN or Client ID AND Claim Service Period (To date is optional)', 'You may request status for claims processed within the past four years', and 'The Claim Service Period From and To date range cannot exceed 3 months'. The form contains several input fields: 'Provider NPI' (with a dropdown arrow and the value '5100000004'), 'TCN', 'Client ID', 'Claim Service Period From' (with a calendar icon), and 'Claim Service Period To' (with a calendar icon).

Resubmit a Denied Claim

- The system will display the claim(s) based on the search criteria.

Close Retrieve ←

Provider NPI: 5100000004

Provider Claims Model List

	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
<input checked="" type="checkbox"/>	201600400003942000	01/15/2015	1: For more detailed information, see remittance advice.	\$60.00	\$0.00	John	999999998WA

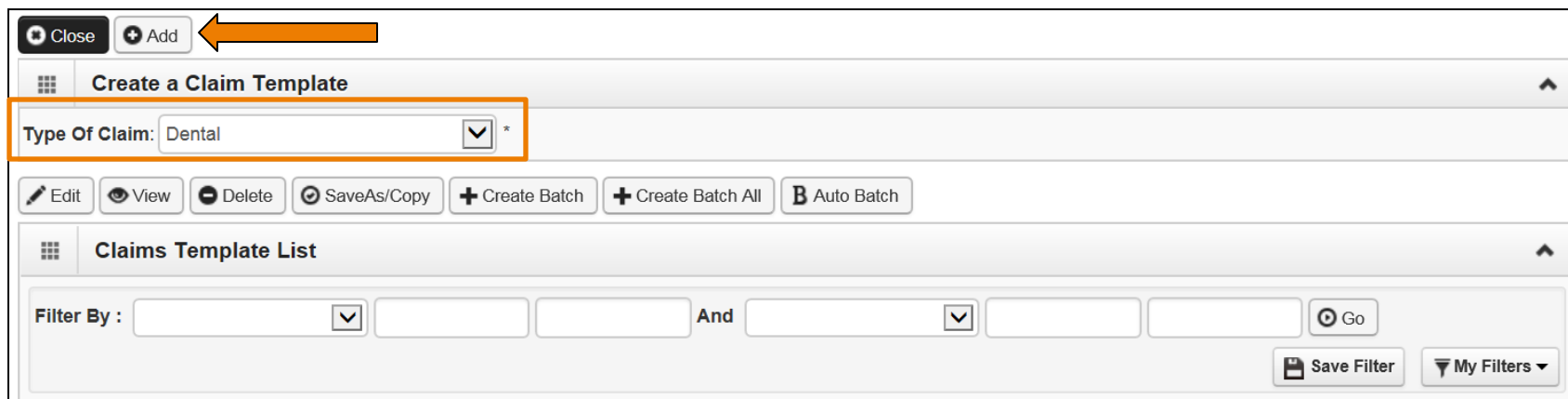
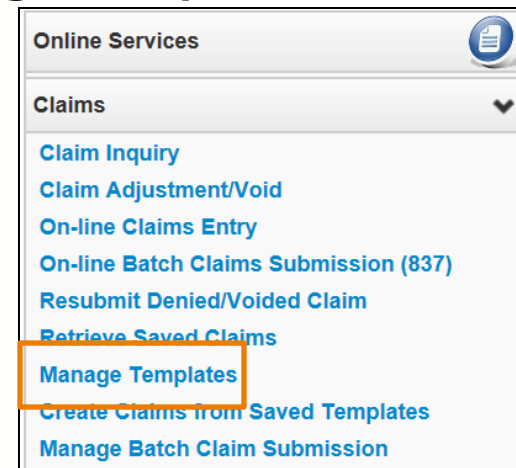
View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Check the box of the TCN to resubmit and click **Retrieve**.
- ProviderOne loads the DDE screen with the claim data.
 - Update the claim information that caused the claim to deny, then submit.

Templates

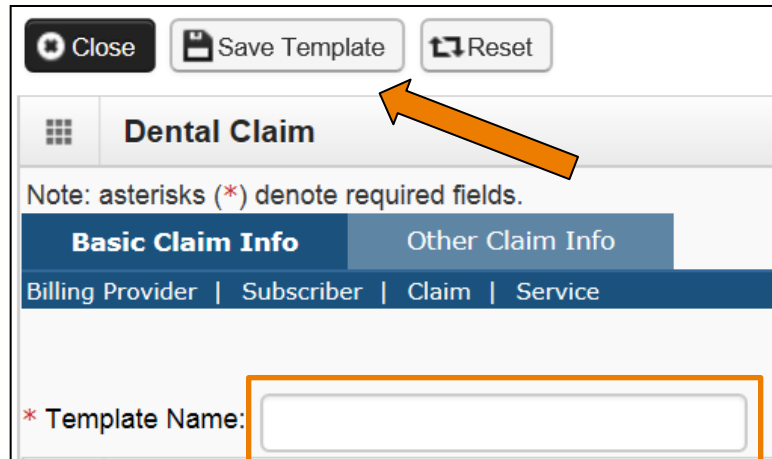
Creating a Claim Template

- ProviderOne allows creating and saving templates.
 - Log into ProviderOne
 - Click on the **Manage Templates** hyperlink
 - At the Create a Claim Template screen, use the dropdown to choose the **Type of Claim**
 - Click the **Add** button

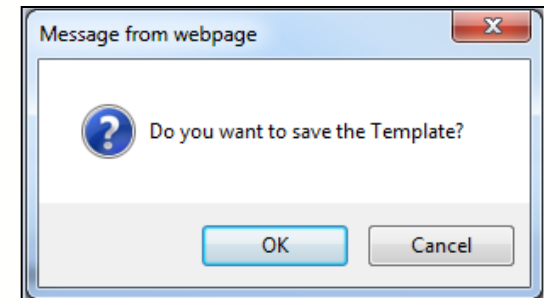


Creating a Claim Template

- Once a template type is picked the system opens the DDE screen.



- Name the template then fill in as much data as wanted on the template.
- Click on the **Save Template** button and the system verifies you are saving the template.



Note: The minimum information required to save a template is the Template Name and answer required questions. 

Creating a Claim Template

- After the template is saved it is listed on the Claims Template List

Close Add

Create a Claim Template

Type Of Claim: Dental

Edit View Delete SaveAs/Copy + Create Batch + Create Batch All B Auto Batch

Claims Template List

Filter By : [] And [] [] [] Go Save Filter My Filters

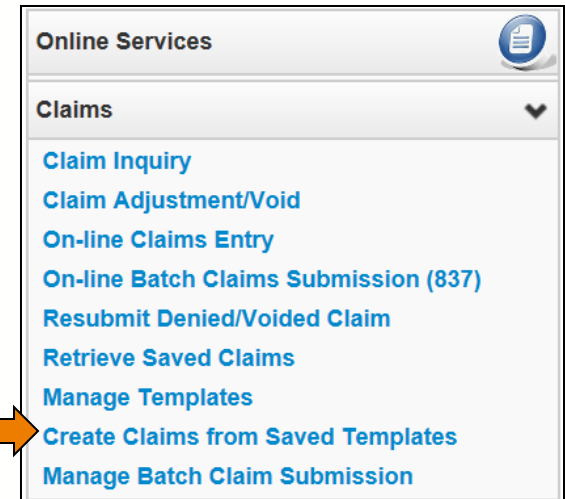
	Template Name	Type	Last Updated By	Last Updated Date
<input type="checkbox"/>	Jane Doe	Dental	PRU	01/04/2016
<input type="checkbox"/>	John Doe	Dental	PRU	01/04/2016

- Additional templates can be created by:
 - Copying a template on the list; or
 - Creating another from scratch
- Templates can be edited, viewed, and deleted.

Submitting a Template Claim

➤ Claims can be submitted from a Template

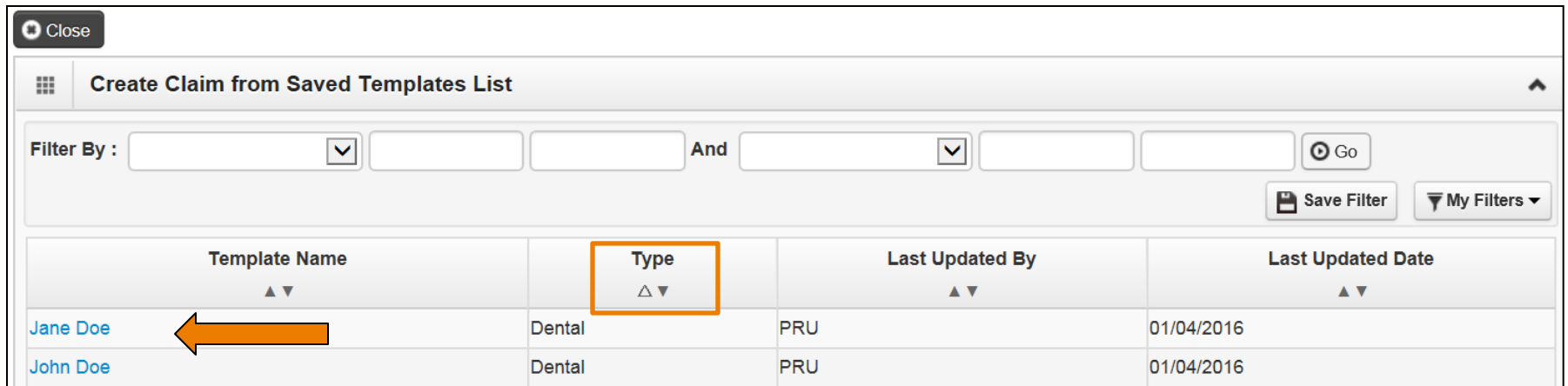
- Log into ProviderOne
- Click on the **Create Claims from Saved Templates**
- At the Saved Template List find the template to use (sort using the sort tools outlined).



Online Services

Claims

- Claim Inquiry
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Voided Claim
- Retrieve Saved Claims
- Manage Templates
- Create Claims from Saved Templates**
- Manage Batch Claim Submission



Close

Create Claim from Saved Templates List

Filter By : And Go

Save Filter My Filters

Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
Jane Doe	Dental	PRU	01/04/2016
John Doe	Dental	PRU	01/04/2016

Submitting a Template Claim

- Click on the Template name
- The DDE screen is loaded with the template

The screenshot displays a web-based form for submitting a Dental Claim. At the top, there are four buttons: 'Close', 'Save Claim', 'Submit Claim', and 'Reset'. Below the buttons is a header section titled 'Dental Claim' with a grid icon and an upward arrow. A note states: 'Note: asterisks (*) denote required fields.' and a link for 'Billing Instructions' is visible. The form is divided into two tabs: 'Basic Claim Info' (selected) and 'Other Claim Info'. Under 'Basic Claim Info', there are sub-sections for 'Billing Provider', 'Subscriber', 'Claim', and 'Service'. A 'Submitter ID' field contains the value '200320900'. The 'PROVIDER INFORMATION' section includes a note: 'Go to Other Claim Info to enter information for providers other than the Referring provider.' Below this is the 'BILLING PROVIDER' section with fields for '* Provider NPI:' (5100000004) and '* Taxonomy Code:' (122300000X). A question asks '* Is the Billing Provider also the Rendering Provider?' with radio buttons for 'Yes' (selected) and 'No'. A 'Top' link is at the bottom right of this section. The 'SUBSCRIBER/CLIENT INFORMATION' section includes a field for '* Client ID:' (999999998WA).

- Enter or update the data for claim submission then submit as normal.

HIPAA Transactions

HIPAA Transactions

- Who can conduct Batch submissions?
 - Anyone can as long as you or your clearinghouse have gone through testing to confirm your software is HIPAA compliant.
 - Link to [HIPAA Electronic Data Interchange \(EDI\)](#) web page.

HIPAA Transactions

- What kinds of transactions are available?
 - All the available HIPAA transactions and their descriptions can be found at the [HIPAA Electronic Data Interchange \(EDI\)](#) web page.

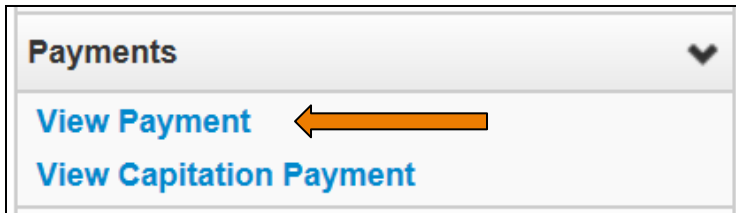
HIPAA Transactions

- Where do I get information:
 - [HIPAA Electronic Data Interchange \(EDI\)](#) web page
- Contact information:
 - hipaa-help@hca.wa.gov

Reading the Remittance Advice (RA)

Reading the Remittance Advice (RA)

- How do I retrieve the PDF file for the RA?
 - Log into ProviderOne with a **Claims/Payment Status Checker, Claims Submitter, or Super User** profile.



- At the Portal click on the hyperlink **View Payment**.

- The system will open your list of RAs.

RA/ETRR Number △▼	Check Number ▲▼	Check/ETRR Date ▲▼	RA Date ▲▼	Claim Count ▲▼	Charges ▲▼	Payment Amount ▲▼	Adjusted Amount ▲▼	Download ▲▼
500649639			08/06/2015	2	\$300.00	\$0.00	\$300.00	
500955089			12/16/2015	1	\$100.00	\$0.00	\$100.00	

View Page: 1 Viewing Page: 1

- Click on the **RA number** in the first column to open the whole RA.

Reading the Remittance Advice (RA)

- The Summary Page of the RA shows:
 - Billed and paid amount for Paid claims
 - Billed amount of denied claims
 - Total amount of adjusted claims
 - Provider adjustment activity

RA Number: 8765432 Warrant/EFT # 852741!								Prepared Date: 05/30/2014 RA Date: 05/30/2014						
Warrant/EFT Amount: \$9325.93				Warrant/EFT Date: 05/29/2014				Payment Method: EFT				Page 2		
Claims Summary								Provider Adjustments						
Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
1122334455	Paid	\$28930.00	\$16114.57	\$0.00	\$0.00	\$0.00	\$9325.93	1122334455	214148190028/ 40140123456789 0000	System Initiated	NOC Invoice	\$0.00	\$0.00	\$3266.00
1122334455	Denied	\$6525.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1122334455	214148190028/ 40149870123456 0000	System Initiated	NOC Referred to CARS	\$3266.00	\$3266.00	\$0.00
1122334455	Adjustments	-\$2981.00	-\$3371.87	\$0.00	\$0.00	\$0.00	-\$3266.00							
1122334455	In Process	\$5946.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Total Adjustment Amount												\$3266.00		

Reading the Remittance Advice (RA)

➤ Adjustments:

- P1Off (offset) adjustments: These adjustment amounts can carry over on each week's RA until the amount is paid off or reduced by the amount paid out for claims adjudicated that week.
 - Claims that caused these carry over adjustment amounts can be on previous RAs.
 - Updates to the RA format now provide the parent TCN under the FIN Invoice Number for reference.
- NOC (non-offset) Referred to CARS: System-generated recoveries or adjustments that are referred to OFR for collection.
 - Updates to the RA format now provide the parent TCN under the FIN Invoice Number for reference.

➤ Retention Policy:

- Providers must keep RA's on file for 7 years per Washington Administrative Code (WAC).

Reading the Remittance Advice (RA)

- The RA is sorted into different Categories as follows (screen shown is sample of Denials)
 - Paid
 - Denied
 - Adjustments
 - In Process

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/		TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
Client, Pseudo 999999998WA		201534801403737000 Professional Claim	1		12/01/2015- 12/01/2015	96152	3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N255 N290 N95	170 = \$100.00
Document Total:					12/01/2015-12/01/2015		3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N255,N29 0	16,B7
Category Total:							3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Billing Provider Total:							3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

Reading the Remittance Advice (RA)

- EOB Codes
 - The Adjustment Reason Codes
 - The Remark Codes for denied claims & payment adjustments are located on the last page of the RA

Adjustment Reason Codes / NCPDP Rejection Codes

119 : Benefit maximum for this time period or occurrence has been reached.

15 : The authorization number is missing, invalid, or does not apply to the billed services or provider.

16 : Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

18 : Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

35 : Lifetime benefit maximum has been reached.

96 : Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remark Codes

N20 : Service not payable with other service rendered on the same date.

N329 : Missing/incomplete/invalid patient birth date.

N37 : Missing/incomplete/invalid tooth number/letter.

N39 : Procedure code is not compatible with tooth number/letter.

- The complete list of Federal codes can be located on the [Washington Publishing Company's \(WPC\) website](#).

Authorization

Authorization

1

Complete Authorization Form
13-835

2

Submit Authorization Request to
the Agency with Required Back-up

3

Check the Status of a Request

4

Send in Additional Documentation
if Requested by the Agency

Authorization

1. Example of a completed Authorization Form **13-835**:
 - a) Fill (type) in all required fields as indicated on the directions page.
 - b) Use the codes listed in the directions for the required fields.
 - c) Add as much other detail as necessary that may help in approval.
 - d) The data on this form is scanned directly into ProviderOne.
 - e) Processing begins as soon as a correctly filled out form is received.

Step by step instructions:

[ProviderOne Billing and Resource Guide](#)

Washington State Health Care Authority

General Information for Authorization

Org	1. 501	Service Type	2. MISC			
Client Information						
Name	3. JOHN DOE	Client ID	4. 999999998WA			
Living Arrangements	5. [REDACTED]	Reference Auth #	6. [REDACTED]			
Provider Information						
Requesting NPI #	7. 1122334455	Requesting Fax #	8. 360-777-1111			
Billing NPI #	9. 1122334455	Name	10. Dr. Baum			
Referring NPI #	11. [REDACTED]	Referring Fax #	12. [REDACTED]			
Service Start Date:	13. [REDACTED]		14. [REDACTED]			
Service Request Information						
Description of service being requested:		16.	17.			
15. SURGICAL EXT #9		18. Serial/NEA or MEA #		19. [REDACTED]		
20. Code Qualifier	21. National Code	22. Mod	23. # Units/Days Requested	24. \$ Amount Requested	25. Part # (DME Only)	26. Tooth or Quad #
I	D7241	[REDACTED]	1	[REDACTED]	[REDACTED]	9
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Medical Information						
Diagnosis Code	27. [REDACTED]	Diagnosis name	28. [REDACTED]			
Place of Service Code	29. [REDACTED]					
30. Comments: SURGICAL EXTRACTION #9 - SEE X-RAY						

www.hca.wa.gov/medicaid/forms/Pages/Index.aspx

Please fax this form and any supporting documents to 1-866-668-1214.

The material in this facsimile transmission is intended only for the use of the individual to whom it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. HIPAA Compliance: Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific health care operations.

Directions for Authorization form 13-835

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME	ACTION																																																												
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1	Org (Required)	<p>Enter the Number that Matches the Program/Unit for the Request</p> <p>501 – Dental 502 – Durable Medical Equipment (DME) 504 – Home Health 505 – Hospice 506 – Inpatient Hospital 508 – Medical 509 – Medical Nutrition 511 – Outpt Proc/Diag 513 – Physical Medicine & Rehabilitation (PM & R) 514 – Aging and Long-Term Support Administration (AL TSA) 518 – LTAC 519 – Respiratory 521 – Maternity Support/Infant Case Management 524 – Concurrent Care 525 – ABA Services 526 – Complex Rehabilitation Technology (CRT) 527 – Chemical-Using Pregnant (CUP) Women Program</p>																																																												
2	Service Type (Required)	<p>Enter the letter(s) in all CAPS that represent the service type you are requesting. If you selected "501 – Dental" for field #1, please select one of the following codes for this field:</p> <table border="0"> <tr> <td>ASC for ASC</td> <td>IP for In-Patient</td> </tr> <tr> <td>CWN for Crowns</td> <td>ODC for Orthodontic</td> </tr> <tr> <td>DEN for Dentures</td> <td>OUTP for Out-Patient</td> </tr> <tr> <td>DP for Denture/Partial</td> <td>PSM for Perio-Scaling/Maintenance</td> </tr> <tr> <td>EXT for Extractions</td> <td>PTL for Partial</td> </tr> <tr> <td>EXTD for Extractions w/Dentures</td> <td>RBS for Rebases</td> </tr> <tr> <td>GA for General Anesthesia</td> <td>RLNS for Relines</td> </tr> <tr> <td>GAE for General Anesthesia w/ extractions</td> <td>TC for Transfer Case</td> </tr> <tr> <td></td> <td>MISC for Miscellaneous</td> </tr> </table> <p>If you selected "502 – Durable Medical Equipment (DME)" for field #1, please select one of the following codes for this field:</p> <table border="0"> <tr> <td>AA for Ambulatory Aids</td> <td>OS for Orthopedic Shoes</td> </tr> <tr> <td>BB for Bath Bench</td> <td>OTC for Orthotics</td> </tr> <tr> <td>BEM for Bath Equipment (misc.)</td> <td>OP for Ostomy Products</td> </tr> <tr> <td>BGS for Bone Growth Stimulator</td> <td>ODME for Other DME</td> </tr> <tr> <td>BP for Breast Pump</td> <td>OTRR for Other Repairs</td> </tr> <tr> <td>C for Commode</td> <td>PL for Patient Lifts</td> </tr> <tr> <td>CG for Compression Garments</td> <td>PWH for Power Wheelchair - Home</td> </tr> <tr> <td>CSC for Commode/Shower Chair</td> <td>PWNF for Power Wheelchair – NF</td> </tr> <tr> <td>DTS for Diabetic Testing Supplies (See Pharmacy Billing Instructions for FOS Billing)</td> <td>PWR for Power Wheelchair Repair</td> </tr> <tr> <td>ERSO for ERSO-PA</td> <td>PRS for Prone Standers</td> </tr> <tr> <td>FSFS for Floor Sitter/Feeder Seat</td> <td>PROS for Prosthetics</td> </tr> <tr> <td>GL for Gloves</td> <td>RE for Room Equipment</td> </tr> <tr> <td>HB for Hospital Beds</td> <td>SC for Shower Chairs</td> </tr> <tr> <td>HC for Hospital Cribs</td> <td>SBS for Specialty "Beds/Surfaces</td> </tr> <tr> <td>IS for Incontinent Supplies</td> <td>SGD for Speech Generating Devices</td> </tr> <tr> <td>MWH for Manual Wheelchair - Home</td> <td>SF for Standing Frames</td> </tr> <tr> <td>MWNF for Manual Wheelchair – NF</td> <td>STND for Standers</td> </tr> <tr> <td>MWR for Manual Wheelchair Repair</td> <td>TU for TENS Units</td> </tr> <tr> <td></td> <td>US for Urinary Supplies</td> </tr> <tr> <td></td> <td>WDCS for VAC/Wound - decubiti supplies</td> </tr> <tr> <td></td> <td>MISC for Miscellaneous</td> </tr> </table>	ASC for ASC	IP for In-Patient	CWN for Crowns	ODC for Orthodontic	DEN for Dentures	OUTP for Out-Patient	DP for Denture/Partial	PSM for Perio-Scaling/Maintenance	EXT for Extractions	PTL for Partial	EXTD for Extractions w/Dentures	RBS for Rebases	GA for General Anesthesia	RLNS for Relines	GAE for General Anesthesia w/ extractions	TC for Transfer Case		MISC for Miscellaneous	AA for Ambulatory Aids	OS for Orthopedic Shoes	BB for Bath Bench	OTC for Orthotics	BEM for Bath Equipment (misc.)	OP for Ostomy Products	BGS for Bone Growth Stimulator	ODME for Other DME	BP for Breast Pump	OTRR for Other Repairs	C for Commode	PL for Patient Lifts	CG for Compression Garments	PWH for Power Wheelchair - Home	CSC for Commode/Shower Chair	PWNF for Power Wheelchair – NF	DTS for Diabetic Testing Supplies (See Pharmacy Billing Instructions for FOS Billing)	PWR for Power Wheelchair Repair	ERSO for ERSO-PA	PRS for Prone Standers	FSFS for Floor Sitter/Feeder Seat	PROS for Prosthetics	GL for Gloves	RE for Room Equipment	HB for Hospital Beds	SC for Shower Chairs	HC for Hospital Cribs	SBS for Specialty "Beds/Surfaces	IS for Incontinent Supplies	SGD for Speech Generating Devices	MWH for Manual Wheelchair - Home	SF for Standing Frames	MWNF for Manual Wheelchair – NF	STND for Standers	MWR for Manual Wheelchair Repair	TU for TENS Units		US for Urinary Supplies		WDCS for VAC/Wound - decubiti supplies		MISC for Miscellaneous
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Instructions to fill out the General Information for Authorization form, HCA 13-835

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Directions for Authorization form 13-835

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME	ACTION
		ALL FIELDS MUST BE TYPED.
2	Service Type (Required) (Continued)	<p>If you selected "514 – Aging and Long-Term Support Administration (AL TSA)" for field #1, please select one of the following codes for this field:</p> <p>PDN for Private Duty Nursing MISC for Miscellaneous</p> <p>If you selected "518 – LTAC" for field #1, please select one of the following codes for this field:</p> <p>ERSO for ERSO-PA LTAC for LTAC O for Other</p> <p>If you selected "519 – Respiratory" for field #1, please select one of the following codes for this field:</p> <p>CPAP for CPAP/BIPAP OXY for Oxygen ERSO for ERSO-PA SUP for Supplies NEB for Nebulizer VENT for Vent OXM for Oximeter O for Other</p> <p>If you selected "521 – Maternity Support/Infant Case Management (MSS)" for field #1, please select one of the following codes for this field:</p> <p>ICM for Infant Case Management PO for Post Pregnancy Only PPP for Prenatal/Post Pregnancy O for Other</p> <p>If you selected "524 – Concurrent Care" (for children on Hospice) for field #1, please select one of the following codes for this field:</p> <p>CC for Concurrent Care Services</p> <p>Enter the letter(s) in all CAPS that represent the service type you are requesting. If you selected "525 – ABA Services" for field #1, please select one of the following codes for this field:</p> <p>IH for In Home/Community/Office DAYP for Day Program</p> <p>If you selected "526 – Complex Rehabilitation Technology" (CRT) for field #1, please select one of the following codes for this field:</p> <p>ERSO for ERSO-PA PWH for Power Wheelchair - Home MWH for Manual Wheelchair - Home PWNF for Power Wheelchair – NF MWNF for Manual Wheelchair - NF PWR for Power Wheelchair Repairs MWR for Manual Wheelchair Repairs PWS for Power Wheelchair Supplies MWS for Manual Wheelchair Supplies</p> <p>If you selected "527 – Chemical-Using Pregnant (CUP) Women Program" for field #1, please select one of the following codes for this field:</p> <p>DX for Detox DM for Detox/Medical Stabilization MS for Medical Stabilization</p>

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME	ACTION
		ALL FIELDS MUST BE TYPED.
3	Name: (Required)	Enter the last name, first name, and middle initial of the patient you are requesting authorization for.
4	Client ID: (Required)	<p>Enter the client ID - 9 numbers followed by WA.</p> <p>For Prior Authorization (PA) requests when the client ID is unknown (e.g. client eligibility pending):</p> <ul style="list-style-type: none"> You will need to contact HCA at 1-800-562-3022 and the appropriate extension of the Authorization Unit. A reference PA will be built with a placeholder client ID. If the PA is approved – once the client ID is known – you will need to contact HCA either by fax or phone with the Client ID. <p>The PA will be updated and you will be able to bill the services approved.</p>
5	Living Arrangements	Indicate where your patient resides such as, home, group home, assisted living, skilled nursing facility, etc.
6	Reference Auth #	If requesting a change or extension to an existing authorization, please indicate the number in this field.
7	Requesting NPI #: (Required)	The 10 digit number that has been assigned to the requesting provider by CMS.
8	Requesting Fax#	The fax number of the requesting provider.
9	Billing NPI #: (Required)	The 10 digit number that has been assigned to the billing provider by CMS.
10	Name	The name of the billing/servicing provider.
11	Referring NPI #	The 10 digit number that has been assigned to the referring provider by CMS.
12	Referring Fax #	The fax number of the referring provider.
13	Service Start Date	The date the service is planned to be started if known.
15	Description of service being requested: (Required).	A short description of the service you are requesting (examples, manual wheelchair, eyeglasses, hearing aid).
18	Serial/NEA or MEA#: Required for all DME repairs.	Enter the serial number of the equipment you are requesting repairs or modifications to or the NEA/MEA# to access the x-rays/pictures for this request.
20	Code Qualifier: (Required).	Enter the letter corresponding to the code from below: T - CDT Proc Code C - CPT Proc Code D - DRG P - HCPCS Proc Code I - ICD-9/10 Proc Code R - Rev Code N - NDC-National Drug Code S - ICD-9/10 Diagnosis Code
21	National Code: (Required).	Enter each service code of the item you are requesting authorization that correlates to the Code Qualifier entered.
22	Modifier	When appropriate enter a modifier.
23	# Units/Days Requested: (Units or \$ required).	Enter the number of units or days being requested for items that have a set allowable. (Refer to the program specific Medicaid Provider Guide for the appropriate unit/day designation for the service code entered).
24	\$ Amount Requested: (Units or \$ required).	Enter the dollar amount being requested for those service codes that do not have a set allowable. (Refer to the program specific Medicaid Provider Guide and fee schedules for assistance) Must be entered in dollars & cents with a decimal (e.g. \$400 should be entered as 400.00).
25	Part # (DME only): (Required for all requested codes).	Enter the manufacturer part # of the item requested.

Directions for Authorization form 13-835

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME	ACTION																																																																
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26	Tooth or Quad#: (Required for dental requests).	Enter the tooth or quad number as listed below: QUAD 00 – full mouth 01 – upper arch 02 – lower arch 10 – upper right quadrant 20 – upper left quadrant 30 – lower left quadrant 40 – lower right quadrant Tooth # 1-32, A-T, AS-TS, and 51-82																																																																
27	Diagnosis Code	Enter appropriate diagnosis code for condition.																																																																
28	Diagnosis name	Short description of the diagnosis.																																																																
29	Place of Service	Enter the appropriate two digit place of service code. <table border="1"> <thead> <tr> <th>Place of Service Code(s)</th> <th>Place of Service Name</th> </tr> </thead> <tbody> <tr><td>1</td><td>Pharmacy</td></tr> <tr><td>3</td><td>School</td></tr> <tr><td>4</td><td>Homeless Shelter</td></tr> <tr><td>5</td><td>Indian Health Service Free-standing Facility</td></tr> <tr><td>6</td><td>Indian Health Service Provider-based Facility</td></tr> <tr><td>7</td><td>Tribal 638 Free-standing Facility</td></tr> <tr><td>8</td><td>Tribal 638 Provider-based Facility</td></tr> <tr><td>9</td><td>Prison-Correctional Facility</td></tr> <tr><td>11</td><td>Office</td></tr> <tr><td>12</td><td>Home</td></tr> <tr><td>13</td><td>Assisted Living Facility</td></tr> <tr><td>14</td><td>Group Home</td></tr> <tr><td>15</td><td>Mobile Unit</td></tr> <tr><td>16</td><td>Temporary Lodging</td></tr> <tr><td>17</td><td>Walk in Retail Health Clinic</td></tr> <tr><td>20</td><td>Urgent Care Facility</td></tr> <tr><td>21</td><td>Inpatient Hospital</td></tr> <tr><td>22</td><td>Outpatient Hospital</td></tr> <tr><td>23</td><td>Emergency Room – Hospital</td></tr> <tr><td>24</td><td>Ambulatory Surgical Center</td></tr> <tr><td>25</td><td>Birth Center</td></tr> <tr><td>26</td><td>Military Treatment Facility</td></tr> <tr><td>31</td><td>Skilled Nursing Facility</td></tr> <tr><td>32</td><td>Nursing Facility</td></tr> <tr><td>33</td><td>Custodial Care Facility</td></tr> <tr><td>34</td><td>Hospice</td></tr> <tr><td>41</td><td>Ambulance - Land</td></tr> <tr><td>42</td><td>Ambulance – Air or Water</td></tr> <tr><td>49</td><td>Independent Clinic</td></tr> <tr><td>50</td><td>Federally Qualified Health Center</td></tr> <tr><td>51</td><td>Inpatient Psychiatric Facility</td></tr> </tbody> </table>	Place of Service Code(s)	Place of Service Name	1	Pharmacy	3	School	4	Homeless Shelter	5	Indian Health Service Free-standing Facility	6	Indian Health Service Provider-based Facility	7	Tribal 638 Free-standing Facility	8	Tribal 638 Provider-based Facility	9	Prison-Correctional Facility	11	Office	12	Home	13	Assisted Living Facility	14	Group Home	15	Mobile Unit	16	Temporary Lodging	17	Walk in Retail Health Clinic	20	Urgent Care Facility	21	Inpatient Hospital	22	Outpatient Hospital	23	Emergency Room – Hospital	24	Ambulatory Surgical Center	25	Birth Center	26	Military Treatment Facility	31	Skilled Nursing Facility	32	Nursing Facility	33	Custodial Care Facility	34	Hospice	41	Ambulance - Land	42	Ambulance – Air or Water	49	Independent Clinic	50	Federally Qualified Health Center	51	Inpatient Psychiatric Facility
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30	Comments	Enter any free form information you deem necessary.																										

Authorizations

2. Submit Authorization Request to the Agency with Required Back-up

a) By Fax

- 1-866-668-1214
- **Form 13-835 must be first**

b) By Mail

Authorization Services Office
PO Box 45535
Olympia, WA 98504-5535

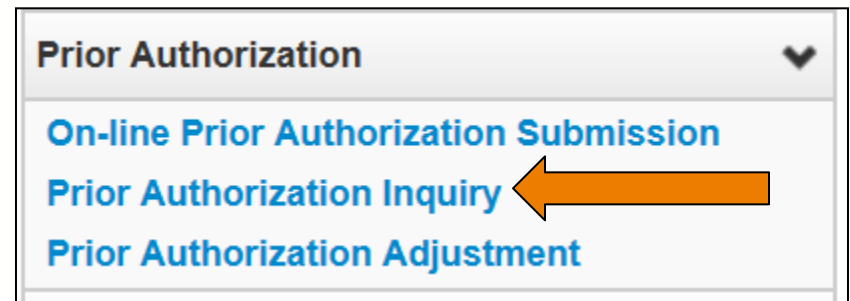
- If mailing x-rays, photos, CDs, or other non-scannable items, do the following:
 - Place the items in a large envelope;
 - Attach the PA request form to the **outside** of the envelope;
 - Write on the outside of the envelope:
 - Client name
 - Client ProviderOne ID
 - Your NPI
 - Your name
 - Sections the request is for:
 - ❖ Dental or Orthodontic

Another option for submitting photos or x-rays:

Providers can submit dental photos or x-rays for Prior Authorization by using the FastLook and FastAttach services provided by National Electronic Attachment, Inc. (NEA). Providers may register with NEA by visiting **www.nea-fast.com** and entering "**FASTWDRZ1M**" in the promotion code box for a 0\$ registration fee and 1 month of free service. Contact NEA at 800-782-5150 ext. 2 with any questions. When this option is chosen, fax requests to the Agency and indicate the NEA# in the NEA field on the PA Request Form. ***There is an associated cost, which will be explained by the NEA services.***

Check Status of an Authorization Request

- Necessary Profiles for checking Authorization Status:
 - EXT Provider Claims Submitter
 - EXT Provider Eligibility Checker
 - EXT Provider Eligibility Checker-Claims Submitter
 - EXT Provider Super User
- Select the Provider Authorization Inquiry



Check Status of an Authorization Request

- Search using one of the following options:
 - Prior Authorization number; or
 - Provider NPI and Client ID; or
 - Provider NPI, Client Last & First Name, and the client birth date.

Close Submit

PA Inquire

To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'.

- Prior Authorization Number; or
- Provider NPI AND Client ID; or
- Provider NPI, Client Last Name, Client First Name, AND Client Date of Birth

For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022

Prior Authorization Number:

Provider NPI:

Client ID:

Client Last Name:

Client First Name:

Client Date of Birth:

Check Status of an Authorization Request

- This authorization list was returned using the NPI and the Client ID.
 - Do not submit multiple requests for the same client/service;
 - Check on-line after 48 hours to verify the authorization request was received before resubmitting;
 - The status of these requests are explained in more detail on the following slides.

Auth #	Client ID	Status	Org	Requestor ID	Last Updated	Request Date	Service Type
		Rejected	PA - DENTAL		01/05/2016	01/05/2016	Dentures
1000000000	999999998WA	Approved	PA - DENTAL	1122334455	01/05/2016	01/05/2016	Dentures

Check Status of an Authorization Request

- The system may return the following status information:

This authorization example is in approved status. Other possible statuses of authorization requests are listed on the slide below.

Close

PA Utilization
▲

Authorization #:

Client ID:

Service: Dentures

Request Date: 2016-01-05

Service Start Date: 2016-01-05

Requestor ID:

Authorization Status: Approved

Client Name:

Organization: PA - DENTAL

Last Updated Date: 2016-01-05

Service End Date: 2016-04-06

Requestor Name:

Service List
▲

Line #	Modified Date	Servicing Provider ID	Code	Claim Type	Modifier1	ToothNum	ToothSurf	Quad	From Date	To Date	Request Amount	Request Units	Auth Amount	Auth Units	Used Amount	Used Units	Status
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
1	01/05/2016	0000000000	D5110	0-All					01/05/2016	04/06/2016	0	1	0	1	0		Approved

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List of Statuses for Authorization Requests

Requested	This means the authorization has been requested and received.
In Review	This means your authorization is currently being reviewed.
Cancelled	This means the authorization request has been cancelled.
Pended	This means we have requested additional information in order to make a decision on the request.
Referred	This means the request has been forwarded to a second level reviewer.
Approved/Hold	This means the request has been approved, but additional information is necessary before the authorization will be released for billing.
Approved/Denied	This means the request has been partially approved and some services have been denied.
Rejected	This means the request was returned to you as incomplete.
Approved	This means the Department has approved your request.
Denied	This means the Department has denied your request.

The Agency receives up to 4,000 requests a month (orthodontia requests up to 2,000). Currently the turnaround time is approximately 30 to 35 days.

Submit Prior Authorization Request

ProviderOne

PA Pend Forms Submission Cover Sheet

Authorization Reference #
(Please enter 9 digit numeric value.)



Instructions will not appear on the printed coversheet

INSTRUCTIONS:
Click ENTER on your keyboard after typing the number in above.
Please use the Print Cover Sheet Button Above to print ONLY.
Use Only ADOBE Reader to generate this coversheet. Other readers will not generate the barcode correctly.

DO NOT USE FOR PHARMACY RELATED AUTHORIZATION REQUESTS!

Privacy Statement:
This material in this facsimile is intended only for the use of the individual who it is addressed and may contain information that is confidential, privileged and exempt from disclosure under applicable law.

HIPAA Compliance:
Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment to see insurance payment or to perform other specific health care operations.

FAX to : 1-866-668-1214.

THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET.



For more information, visit the [document submission cover sheets](#) web page.

Spenddown

What is a Spenddown?

- An expense or portion of an expense which has been determined by the Agency to be a client liability.
- Expenses which have been assigned to meet a client liability are not reimbursed by the Agency.
- Spenddown liability is deducted from any payment due the provider.
- Call the customer service call center at 1-877-501-2233.

How does a Provider know if a Client has a Spenddown Liability?

- The client benefit inquiry indicating “Pending Spenddown – No Medical” looks like this:

Client Eligibility Spans								
Insurance Type Code	Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date	Eligibility End Date	ACES Coverage Group	ACES Case Number	Retro Eligibility	Delayed Certification
MC: Medicaid	1113	QMB	06/01/2014	12/31/2999	S03	00000000		
MC: Medicaid	1126	Pending Spenddown - No Medical	01/01/2015	05/31/2015	S99	000000000		

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- No longer pending – has MNP coverage:

MC: Medicaid	1124	LCP-MNP	11/01/2014	01/31/2015	S99
--------------	------	---------	------------	------------	-----

What is the Spenddown amount?

- The same eligibility check indicates the spenddown amount:

Spenddown Information							
RAC Code - 1126		Base Period - Start: 12/01/2014 End: 05/31/2015					
Total Spenddown ▲▼	Spenddown Liability ▲▼	Remaining Spenddown ▲▼	EMER Liability ▲▼	Remaining EMER ▲▼	Spenddown Status ▲▼	Update Date ▲▼	Spenddown Start Date ▲▼
144.00	144.00	144.00	0.00	0.00	Pending	10/27/2014	12/01/2014

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- The clients "award" letter indicates who the client pays.
- Call the spenddown call center at Call 1-800-394-4571.

How does a provider report the Spenddown amount on a claim?

- Dental paper claim enter the spenddown:
 - In field 35, comments
 - Enter **Spenddown**
 - Then **enter the \$\$** amount
- 837D – HIPAA/EDI dental claim:
 - Enter amount in Loop 2300, data element AMT02
 - In AMT01 use the F5 qualifier

Billing a Client

Background

Effective for dates of service on and after January 1, 2011, Health Care Authority implemented revisions to Washington Administrative Code (WAC) 182-502-0160, Billing a Client, allowing providers, in limited circumstances, to bill fee-for-service or managed care clients for covered healthcare services, and allowing fee-for-service or managed care clients the option to self-pay for covered healthcare services.

The full text of WAC 182-502-0160 can be found on the [Apple Health \(Medicaid\) manual WAC index](#) page.

Billing a Client

Healthcare Service Categories

The groupings of healthcare services listed in the table in WAC 182-501-0060. Healthcare service categories are included or excluded depending on the client's **Benefit Service Package (BSP)**.

Excluded Services

A set of services that we do not include in the client's BSP. There is no Exception To Rule (ETR) process available for these services (e.g. Family Planning Only).

Covered service

A healthcare service contained within a "service category" that is included in a medical assistance BSP as described in WAC 182-501-0060.

Non-covered service

A specific healthcare service (e.g., crowns for 21 and older) contained within a service category that is included in a medical assistance BSP, for which the Agency does not pay without an approved exception to rule (ETR) (see WAC 182-501-0160). **A non-covered service is not an excluded service** (see WAC 182-501-0060). Non-covered services are identified in WAC 182-501-0070 and in specific health-care program rules.

Agreement to Pay for Healthcare Services
WAC 182-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) that the Health Care Authority (HCA) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

Client - A recipient of Medicaid or other healthcare benefits through the HCA or a managed care organization (MCO) that contracts with the HCA.

Provider - An institution, agency, business, or person that provides healthcare services to HCA clients and has a signed agreement with the HCA or authorization from an MCO.

This Agreement and WAC 182-502-0160 apply to billing a client for covered and noncovered services as described in WAC 182-501-0050 through WAC 182-501-0070. Providers may not bill any HCA client (including those enrolled with an MCO that contracts with the HCA) for services which the HCA or an MCO that contracts with the HCA may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S ID NUMBER
PROVIDER'S PRINTED NAME	PROVIDER NUMBER

Directions:

- Both the provider and the client must fully complete this form **before** an HCA client receives any service for which this Agreement is required.
- You must complete this form no more than 90 calendar days before the date of the service. If the service is not provided within 90 calendar days, the provider and client must complete and sign a new form.
- The provider and the client must complete this form **only after** they exhaust all applicable HCA or HCA-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 182-501-0160 or the administrative hearing process, if the client chooses to pursue these processes.
- Limited English proficient (LEP) clients must be able to understand this form in their primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. Both the client and the provider must sign a translated form.

Fully complete the table on back of this form. If needed, attach another sheet for additional services. The client, provider, and interpreter (if applicable) must sign and date each additional page.

Important Note from HCA:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 182-502-0160 or does not satisfy HCA conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 182-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. Give a copy of this completed, signed agreement to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at <http://hrsa.dshs.wa.gov/mpforms.shtml>.

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR/NFJ REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED, IF APPLICABLE	
			<input type="checkbox"/> Noncovered service <input type="checkbox"/> Noncovered service, ETR waived <input type="checkbox"/> Non-formulary drug, NFJ waived <input type="checkbox"/> Covered but denied as not medically necessary <input type="checkbox"/> Covered, but specific type not paid for <input type="checkbox"/> Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH HCA NOTICE)
			<input type="checkbox"/> Noncovered service <input type="checkbox"/> Noncovered service, ETR waived <input type="checkbox"/> Non-formulary drug, NFJ waived <input type="checkbox"/> Covered but denied as not medically necessary <input type="checkbox"/> Covered, but specific type not paid for <input type="checkbox"/> Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH HCA NOTICE)
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<ul style="list-style-type: none"> I understand that HCA or an MCO that contracts with HCA will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) HCA does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not. I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after an HCA or HCA-contracted MCO denial of a request for a noncovered service; 2) submit a Non-Formulary Justification (NFJ) with the help of my prescriber for a non-formulary medication; or 3) ask for a hearing to appeal an HCA or HCA-contracted MCO denial of a requested service. I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by the HCA or an HCA-contracted MCO, and I still choose to get the specified service(s) above. I understand that HCA does not cover services ordered by, prescribed by, or are a result of a referral from a healthcare provider who is not contracted with HCA as described in Chapter 182-502 WAC. <i>I agree to pay the provider directly for the specific service(s) listed above.</i> I understand the purpose of this form is to allow me to pay for and receive service(s) for which HCA or an HCA-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form. I understand that I can call HCA at 1-800-562-3022 to receive additional information about my rights or services covered by HCA under fee-for-service or managed care. 						
I AFFIRM: I understand and agree with this form's content, including the bullet points above.			CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE		DATE	
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 182-502-0160.			PROVIDER OF SERVICE(S) SIGNATURE		DATE	
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.			INTERPRETER'S PRINTED NAME AND SIGNATURE		DATE	

The bill counts toward the financial obligation of the client or applicant (such as spenddown liability, client participation as described in WAC 388-513-1380, emergency medical expense requirement, deductible, or copayment required by the Agency.)

Printed or copied records requested by the client. Department of Health has established a policy noted at WAC 246-08-400.

WHEN CAN A PROVIDER BILL A CLIENT WITHOUT FORM 13-879

The client represented himself/herself as a private pay client and not receiving medical assistance when the client was already eligible for and receiving benefits under a Washington Apple Health.

The client refused to complete and sign insurance forms, billing documents, or other forms necessary for the provider to bill a third party insurance carrier for a service.

The client chose to receive services from a provider who is not contracted with Washington Apple Health.

The service is covered by the Agency with prior authorization, all the requirements for obtaining authorization are completed and was denied, the client completes the administrative hearings process or chooses to forego it or any part of it, and the service remains denied by the Agency as not medically necessary.

The service is covered by the Agency and does not require authorization, but the service is a specific type of treatment, supply, or equipment based on the client's personal preference that the Agency does not pay for. The client completes the administrative hearings process or chooses to forego it or any part of it.

WHEN CAN A PROVIDER BILL A CLIENT WITH FORM 13-879?

If the service is not covered, the provider must inform the client of his or her right to have the provider request an ETR, and the client chooses not to have the provider request an ETR .

The service is not covered by the Agency, the provider requests an ETR and the ETR process is exhausted, and the service is denied.

Services for which the provider did not correctly bill the Agency.

If the Agency returns or denies a claim for correction and resubmission, the client cannot be billed.

WHEN CAN A PROVIDER NOT BILL A CLIENT?

Services for which the Agency denied the authorization because the process was placed on hold pending receipt of requested information but the requested information was not received by the Agency. (WAC 182-501-0165(7)(c)(i)). This includes rejected authorizations, when the authorization request is returned due to missing required information.

The cost difference between an authorized service or item and an "upgraded" service or item preferred by the client (e.g., precious metal crown vs. stainless steel).

Providers are not allowed to:

- “Balance bill” a client
- Bill a client for missed, cancelled, or late appointments
- Bill a client for a “rescheduling fee”

"Boutique," "concierge," or enhanced service packages (e.g., newsletters, 24/7 access to provider, health seminars) as a condition for access to care.

WHEN CAN A PROVIDER NOT BILL A CLIENT?

Services for which the provider has not received payment from the Agency or the client's MCO because the provider did not complete all requirements necessary to obtain payment; (example: billing using a diagnosis code which is not a primary diagnosis code per ICD-9).

Copying, printing, or otherwise transferring healthcare information, as the term healthcare information is defined in chapter 70.02 RCW, to another healthcare provider, which includes, but is not limited to:

- Medical/dental charts,
- Radiological or imaging films
- Laboratory or other diagnostic test results
- Postage or shipping charges related to the transfer

Online Resources

Online Resources

- [Medicaid Providers' Home](http://www.hca.wa.gov/billers-providers) (www.hca.wa.gov/billers-providers)

Washington State Health Care Authority

Search Home About HCA Contact HCA

Home > Billers & providers

Billers and Providers

ProviderOne

Forms & publications News Electronic Health Records (EHR) Contact Us

- > [New Apple Health provider?](#)
- > [Dental program changes](#)
- > [New rates start July 1](#)

Claims and billing

- Getting started
- Provider resources (billing guides/fee schedules)
- HIPAA Electronic Data Interchange (EDI)

ProviderOne resources

- ProviderOne Billing and Resource Guide
- ProviderOne user manuals
- ProviderOne Security
- ProviderOne for social services

Programs and services

- Program benefits and scope of services
- Autism (App)
- Dental
- Durable medical equipment and

Web page currently under construction!

Online Resources

➤ ProviderOne Billing and Resource Guide

July 1, 2016

Washington State
Health Care Authority

ProviderOne Billing and Resource Guide



This Guide:

- Provides general information that applies to most Medicaid providers.
- Takes providers through the process of billing the Washington Apple Health program of the Health Care Authority for covered services delivered to eligible clients.



Every effort has been made to ensure this guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and an Agency rule, the Agency rule controls.

Home > Billers & providers > ProviderOne resources > ProviderOne Billing and Resource Guide

Billers and Providers

ProviderOne

Forms & publications News Electronic Health Records (EHR) Contact Us

ProviderOne resources

- ProviderOne Billing and Resource Guide
- ProviderOne user manuals
- ProviderOne for social services
- ProviderOne Security
- Fact sheets
- Webinars
- ProviderOne maintenance
- ProviderOne Discovery Log

ProviderOne Billing and Resource Guide

A complete guide for using ProviderOne.

On this page

- Paperless billing at HCA
- Provider billing guides and fee schedules
- Appendixes

The ProviderOne Billing and Resource Guide gives step-by-step instruction to help provider billing staff:

- Find client eligibility for services.
- Bill in a timely fashion.
- Receive accurate payments for covered services.

The guide is intended to:

- Strengthen the current instructions that apply to nearly all types of providers.
- Respond to provider requests for more step-by-step reference materials for ProviderOne.

[ProviderOne Billing and Resource Guide \(complete guide\)](#)

Stay informed!

[Sign up for Provider Alerts](#)


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Contact Us

ContactUs!

Select one to request more information about Washington Apple Health (Medicaid):

If you are looking for more information about eligibility, health plans, services cards or finding a provider click here:	<input type="button" value="Client"/>
If you are a provider with questions about enrollment, billing policy, a claim denial or service limitations click here:	<input type="button" value="Provider"/>



Use the Apple Health [web form!](#)

<https://fortress.wa.gov/dshs/p1contactus/>

Contact Us

ContactUs!
Information Request Form for Providers

Your Email Address:

7 digit Provider ID:
(Enter NPIs in Comments)

FirstName:

Business or Last Name:

Select Topic: <--Select-->

Other Comments:

Submit Request Cancel

- Using the drop down Select Topic, gives the following topics to choose from:

<--Select-->

<--Select-->

Authorization

Billing/Policy

Claim Denial

Client Eligibility Clarification

Create Template/Batch

Ordering-Referring-Prescribing

Overpayment Dispute

Provider Enrollment

Service Limits


Other

- 48 hour turnaround for **Service Limit** checks:
- Be sure to include the Date of Service (DOS)
 - Procedure Code and the date range for search
 - ProviderOne Domain number

Contact Us

ContactUs!

Information Request Form for Providers

Your Email Address:	<input type="text" value="email@email.com"/>		
NPI:	<input type="text" value="0000000"/>		
FirstName:	<input type="text" value="Provider"/>		
Business or Last Name:	<input type="text" value="Dental Clinic"/>		
Select Topic:	<input type="text" value="Service Limits"/> ▼		
Client ID	<input type="text" value="999999998WA"/>	AND: Date of Service (mm/dd/yyyy)	<input type="text" value="02012016"/> 
Procedure Code:	<input type="text" value="D1110"/>	Type of service:	<input type="text" value="Prophy"/>
Other Comments:	<input type="text" value="Please check D1110 for last 6 months. Thank you!"/>		



**All responses to this box will be via email*

Online Resources

Dental Provider Web Page and Email

- <http://www.hca.wa.gov/node/71>
- dentalprovhelphca@hca.wa.gov

Provider Enrollment Website and Email

- <http://www.hca.wa.gov/node/356>
- ProviderEnrollment@hca.wa.gov

ProviderOne Resources Website and Email

- <http://www.hca.wa.gov/node/126>
- ProviderRelations@hca.wa.gov

HCA Forms Web Page

- <http://www.hca.wa.gov/billers-providers/forms-and-publications>

Washington Administrative Code – Administration of Medical Programs

- <http://www.hca.wa.gov/node/981>

