



## Tribal Billing Workgroup (TBWG)

**October 14, 2014**  
**Mike Longnecker**  
**HCA Tribal Affairs Office**

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## Agenda

- **New Business**
  - Monthly Data and analysis
  - Billing Guide
  - General updates (prolonged care, Optometrist)
- **Old Business**
  - Non-Native CD billing for ABP clients
  - Mental Health (RSN) modalities
  - Managed Care Denials
- **Cheat Sheets**
  - Certain diagnoses do not qualify for treatment on a Medical claim
  - Billing Medicare crossovers directly into ProviderOne
- **Weekly FAQ and Open Discussion**

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## July 2014 Claims Data (I/T/U)

	dollars	clients*	% of claims paid
Totals	<u>\$5,707,287</u>	<u>10625</u>	See categories
Medical	\$1,531,153	4498	77%
Dental	\$611,290	1789	78%
Mental Health	\$1,117,438	1275	94%
Chemical Dep	\$1,968,725	1148	70%
POS	\$406,540	4563	60%
Other FFS	\$72,139	32	94%

\* Client count will not be the sum from the categories due to 'overlap' (clients can be in more than 1 category)

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## Medical Claims – Top Denial Reasons

- Well Child/EPSTDT screening limits (119)

Well child/EPSTDT visit limits:

- Age 0-0 -- 5 screenings in first year
- Age 1-2 -- 3 screenings in second year
- Age 3-6 -- 1 screening per year
- Age 7-20 -- 1 screening per 24 months\*

\* Foster care clients allow 1 screening per year

- Well Child/EPSTDT claims are for age 0-20 (96 N129)

CPT 99381-99396 are for well child visits only

Many well adult visits appear to actually be for cancer screens – refer to physician billing guide (p.94) for cancer screen coding/coverage

- Missing/invalid NDC (16 M119)

HCPCS J, Q, S codes and serums (90281-90399) require NDC submission on the claim

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## Medical Claims - Top Denial Reasons

- **Treatment for this Diagnosis not reimbursable** (167)  
Refer to Diagnosis list at end of slides
- **Missing/invalid referring NPI** (16 N286)  
If a claim is submitted with a referring NPI the referring NPI must be active in ProviderOne  
These are the only services that **require** a referring NPI (focus is on Tribal Health billing)  
Outpatient Rehab (physical, speech, occupational therapy)  
Medical consults (CPT 99241-99275)  
Radiology (CPT 70000-79999) – taking x-ray (mod TC) or global (no modifier)
- **Missing/invalid servicing NPI** (16 N290)
- **Servicing taxonomy missing or not assigned to servicing provider** (16 N288)  
Refer to slides from March 11 TBWG

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## Medical Claims - Top Denial Reasons

- **T1015 without a payable service** (107)  
Encounter claims require a qualifying service be billed/payable in order for the T1015 line to pay
- **Client has Medicare** (22)
- **National Correct Coding Initiative (NCCI)** (236)  
<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/national-correct-coding-initiative.html>  
Some codes are not payable along with other codes (mutually exclusive)  
Sometimes the code-pair is payable if modifier (eg 25) is added
- **Client in managed care** (24)
- **Client not eligible on this date** (26)

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## Dental Claims – Top Denial Reasons

- Client not eligible on this date (26)
- Client ID not on file (31)
- Servicing NPI not active in ProviderOne (16 N290)
- Client birthday/gender mismatch (16 N329)/(16 MA39)
- Dental services not covered under client's benefit plan (usually family planning) (204)
- Claim not timely (29)
- Duplicate claim (18)

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## Mental Health Claims – Top Denial Reasons

- Servicing taxonomy missing or not assigned to servicing provider (16 N288)  
Refer to slides from March 11 TBWG
- Missing/invalid servicing NPI (16 N290)
- HE/SE modifier missing (4)
- Client not eligible on this date (26)
- Duplicate claim (18)

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## CD Claims – Top Denial Reasons

- Duplicate claims submission (18)
- Primary diagnosis is not allowed for CD (11)  
303.90-303.93, 304.90-304.93  
Kids and/or pregnant females allow the abuse dx 305.00 305.90
- Claim is missing the SCI=NA or SCI=NN note or T1015 has 2 modifiers (A1 N61)

### Billing Examples

AI/AN

Procedure code	Program modifier	Tribal modifier
96154	HF	HF
T1015		HF

Claim actually looks like this

Procedure code	modifier
96154	HF
T1015	HF

nonNative

Procedure code	Program modifier	Tribal modifier
96154	HF	HX
T1015		HX

Claim actually looks like this

Procedure code	modifier
96154	HF HX
T1015	HX

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## Billing Guide Update

### Tentative changes to billing guide:

- No changes to billing model at this time  
*no funds available for a change request.*
- All updates will be to reflect what we have been doing since October, 2012

### Let Mike know if:

- You want to have your voice heard or
- You want to be able to review the billing guide

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## General Updates

### **Prolonged Care (CPT 99354-99357)**

- Prolonged care codes are add-on codes. CPT added 90837 to the list of qualifying codes for prolonged care for 2014.
- HCA does not allow prolonged care codes on a mental health claim
- Prolonged Care claims with 90837 are currently being denied in full
- Beginning 11/22/2014 (retroactive) the Prolonged Care line will be denied and the rest of the claim will be payable (and Mike will reprocess claims)

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The logo for the Washington State Health Care Authority, featuring the text "Washington State Health Care Authority" with a red swoosh underline.

## General Updates

### **Optometrist encounters**

- Optometrist claims are encounter eligible.
- Optometrist encounters should be billing taxonomy 152W00000X
- Claims are currently erroring out but should start paying on 11/22/2014
- Mike will reprocess claims after update

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The logo for the Washington State Health Care Authority, featuring the text "Washington State Health Care Authority" with a red swoosh underline.

## Non-Native CD Claims for Newly Eligible ABP Clients

**System update not ready yet.**

**Non-Native CD claims at the I/T clinics** for the newly eligible clients (ABP/N05/RAC 1201) should be eligible to pay the federal portion (100% of \$342 for 2014)

**Refer to slides from July 8<sup>th</sup> Billing Workgroup** for more information

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## Old Business - Mental Health

- Service Modalities that have been coded
- Brief Intervention – refer to Individual, Family, and Group
- Family Treatment – 90846, 90847
- Group Treatment – 90849, 90853
- Individual Treatment Services – 90785, 90832, 90833\*, 90834, 90836\*, 90837, 90838\*
- Intake Evaluation – 90791, 90792\*, E&M\*
- Medication Management – M0064\*, E&M\*
- Psychological Assessment\*\* – 96101, 96110, 96111, 96116, 96118, 96119

\* services rendered by Psych MD, Psych ARNP or Psych Mental Health Nurse Practitioner-board certified

\*\* Assessment/testing has limits/PA/EPA criteria , refer to Mental health billing guide

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## Old Business - Mental Health

- Service Modalities pending code decision
- Medication Monitoring (Medication training and support)
- Crisis Services
- Day Support
- Peer Support
- Stabilization services
- Therapeutic Psycho-Education – refer to individual treatment services

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## Managed Care Denials

- Claims denied by the Managed Care Plans can be sent to the HCA Managed Care help-desk at [hcamcprograms@hca.wa.gov](mailto:hcamcprograms@hca.wa.gov)
  - Include a copy of the EOB
  - Indicate that you are billing from a Tribal Health Clinic
- Claims denied by HCA/P1 can be sent to mike
  - Claim number (TCN) is all I need

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## Billing Medicare Crossovers in ProviderOne

- Most of the Medicare crossovers that ProviderOne receives directly from Medicare are HCFA/837P claims.
- Three items usually need to be added or changed in order for the claim to balance pay the encounter rate
  1. Billing taxonomy 208D00000X (assuming Medical)
  2. Modifier UA added to all lines (assuming AI/AN)
  3. T1015 line (+ UA) added to the claim

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## Billing Medicare Crossovers in ProviderOne

- Easiest to reprocess the claim that came directly from Medicare (TCN starts with '32')
- The Billed amount on the T1015 line does not matter
- The Medicare allowed, paid, coinsurance, deductible on the T1015 line is all \$0 (Medicare did not pay for this line)
- ProviderOne sample screen shots at end of TBWG slides

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## Open Questions and Open Discussion

- Please feel free to ask to be unmuted or use the questions pane
- If you think of questions or issues for the Billing workgroup later please send to Mike or Jessie
- Questions that have “stay tuned” for an answer will stay on the log until answered

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## Question Log from Previous TBWGs

### Client “race code” in ProviderOne

If the "race code" is incorrect, how can providers get this corrected?

Use the 'contact us' link at <https://fortress.wa.gov/hca/p1contactus/>

Steps/screenshots at end of TBWG slides

### Children’s Mental Health providers must have 2 years of experience working with kids

Is this required for RSN contracted providers as well?

No, this is not required for RSN providers. However, determination of Medical necessity for kids can only be made by a children’s MH specialist

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## Question Log from Previous TBWGs

### Chemical Dependency billing

CD diagnosis codes 304.90 and 303.90 are what we use for billing. Should we be using 304.90-304.93 and 303.90-303.93? WE were told only the 304.90 and 303.90 were payable

Refer to November 18 TBWG slides. Primary diagnosis must be:

303.90-303.93, 304.90-304.93

Children (<20) and pregnant females also allow the abuse diagnoses

305.00, 305.90

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## Question Log from Previous TBWGs

### Pharmacists

What about PharmD's? encounter or FFS? Are we lobbying for pharmacists to be able to get encounter rate for med therapy management?

*PharmD's are not encounter eligible at this time. What services can a pharmacist render on a professional/HCFCA claim? Stay tuned*

### Spend-down

We're having huge issues with spend-downs, especially the childrens' prior to 10/1/13. Any contact info with be appreciated

Spend-down claims applied to spend-down amount or do we need to send in an invoice to spend down dept?

**Stay tuned**

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## Question Log from Previous TBWGs

### Managed Care

What if managed care denies the claim?

Billing managed care and receiving denials for non-network.  
WAC is not honored cannot bill Medicaid wrap around without payment from HO

Please Send EOB to the HCA Managed Care helpdesk at  
[hcamcprograms@hca.wa.gov](mailto:hcamcprograms@hca.wa.gov)

Remember to mention that you are from a Tribal Health Clinic

Is there a way to get the medical claims to pay directly even if they have an MCO since they are Native and not required to have an MCO?

**Stay tuned**, pilot project is starting with the FQHCs

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## Question Log from Previous TBWGs

### Managed Care Timeliness

- Why can managed care plans set timely billing to 90 days when HCA is 365?
- CHPW allows a year for billing.
- We have been told that all Managed Medicaid plans must follow the 1 year timely filing rules. We must first appeal with the plan and if not resolved, then the state will cut a check
- Amerigroup has 90 day limit
- Amerigroup allows billing up to 6 months
- I believe the timely issues for managed care are because the contract each provider has signed has stated the time frames and I do believe you can negotiate with each insurance regarding these time billing frames. I know this to be true in private practices
- Stay tuned, I have requested the timely rules for all 5 MCOs with/without contract

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## Question Log from Previous TBWGs

### IUD payable separately outside of Encounter?

Not sure if this was already asked but can we bill for the implants separately also?

*Yes, IUDs and Implants are payable outside of encounter (needs to be on different claim, otherwise System will bundle it into the encounter payment)*

What about other supplies/services that may have a cost that is greater than the Encounter rate?

*Services: The services of Dr's, P.A.'s, Nurse Practitioners (etc) are included in the encounter rate. the encounter payment is a bundled payment that covers all services provided to the client during a 24 hour period*

*Supplies: continued*

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## Question Log from Previous TBWGs

*What about other supplies/services that may have a cost that is greater than the Encounter rate? (continued from previous slide)*

#### **Services and supplies incidental to professional services**

Services and supplies incidental to the professional services of encounter-level practitioners are included in the encounter rate paid for the professional services when the services and supplies are:

- Administered as part of the practitioner's professional services (e.g., pharmaceuticals/drugs given by injection, oral, or topical delivery as part of a clinical visit).
- Furnished as an incidental, although integral, part of the practitioner's professional services (e.g. professional component of a x-ray or lab).
- Of a type commonly furnished either without charge or included in the encounter bill.
- Of a type commonly furnished in a provider's office (e.g., tongue depressors, bandages, etc.).
- Provided by center employees under the direct, personal supervision of encounter-level practitioners.
- Furnished by a member of the center's staff who is an employee of the center (e.g., nurse, therapist, technician, or other aide).

#### **Pharmaceuticals/drugs separate from professional services**

Prescriptions for pharmaceuticals/drugs that are filled outside of the clinical visit are not included in the encounter rate and are reimbursed as FFS. Intrauterine devices (IUDs) are also not included in the encounter rate and are reimbursed as FFS separate from the professional service to insert them.

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## Question Log from Previous TBWGs

### Why did you deny my prolonged care (CPT 99354-99357) claim?

CPT 90837 was added as an allowable service for prolonged care, (99354-99357). HCA will not pay prolonged care on a mental health claim. Currently the system is rejecting the entire claim – starting November 24<sup>th</sup> only the prolonged care code will be denied. Mike will reprocess claims after update

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*Thank you*

Send TBWG comments and questions to:

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## Diagnosis Appendix

- The following 7 slides contain ICD-9 diagnosis codes that are **usually** not payable on a Medical encounter if billed as the primary diagnosis (if billed as secondary that is ok). Medicaid does not consider these diagnoses eligible for *medical* treatment.
- The V-series ICD-9 diagnosis codes in this list are also not payable if billed as the primary diagnosis unless the claim is billed with a secondary diagnosis and the secondary diagnosis is not on this list

## Diagnosis appendix

Diagnosis Code	Description	Diagnosis Code	Description	Diagnosis Code	Description
1119	Dermatomycosis NOS	30289	Psychosexual dis NEC	30443	Amphetamin depend-remiss
1179	Mycoses NEC & NOS	3029	Psychosexual dis NOS	30450	Hallucinogen dep-unspec
27800	Obesity NOS	30300	Ac alcohol intox-unspec	30451	Hallucinogen dep-contin
27801	Morbid obesity	30301	Ac alcohol intox-contin	30452	Hallucinogen dep-episod
27802	Overweight	30302	Ac alcohol intox-episod	30453	Hallucinogen dep-remiss
2781	Localized adiposity	30303	Ac alcohol intox-remiss	30460	Drug depend NEC-unspec
3020	Ego-dystonic sex orient	30390	Alcoh dep NEC/NOS-unspec	30461	Drug depend NEC-contin
3021	Zoophilia	30391	Alcoh dep NEC/NOS-contin	30462	Drug depend NEC-episodic
3022	Pedophilia	30392	Alcoh dep NEC/NOS-episod	30463	Drug depend NEC-in rem
3023	Transvestic fetishism	30393	Alcoh dep NEC/NOS-remiss	30470	Opioid/other dep-unspec
3024	Exhibitionism	30400	Opioid dependence-unspec	30471	Opioid/other dep-contin
30250	Trans-sexualism NOS	30401	Opioid dependence-contin	30472	Opioid/other dep-episod
30251	Trans-sexualism, asexual	30402	Opioid dependence-episod	30473	Opioid/other dep-remiss
30252	Trans-sexual, homosexual	30403	Opioid dependence-remiss	30480	Comb drug dep NEC-unspec
30253	Trans-sex, heterosexual	30410	Sed,hyp,anxiolyt dep-NOS	30481	Comb drug dep NEC-contin
3026	Gendr identity dis-child	30411	Sed,hyp,anxiolyt dep-con	30482	Comb drug dep NEC-episod
30270	Psychosexual dysfunc NOS	30412	Sed,hyp,anxiolyt dep-epi	30483	Comb drug dep NEC-remiss
30271	Hypoactive sex desire	30413	Sed,hyp,anxiolyt dep-rem	30490	Drug depend NOS-unspec
30272	Inhibited sex excitement	30420	Cocaine depend-unspec	30491	Drug depend NOS-contin
30273	Female orgasmic disorder	30421	Cocaine depend-contin	30492	Drug depend NOS-episodic
30274	Male orgasmic disorder	30422	Cocaine depend-episodic	30493	Drug depend NOS-remiss
30275	Premature ejaculation	30423	Cocaine depend-remiss	30500	Alcohol abuse-unspec
30276	Dyspareunia,psychogenic	30430	Cannabis depend-unspec	30501	Alcohol abuse-continuous
30279	Psychosexual dysfunc NEC	30431	Cannabis depend-contin	30502	Alcohol abuse-episodic
30281	Fetishism	30432	Cannabis depend-episodic	30503	Alcohol abuse-in remiss
30282	Voyeurism	30433	Cannabis depend-remiss	317	Mild intellect disability
30283	Sexual masochism	30440	Amphetamin depend-unspec	3180	Mod intellect disability
30284	Sexual sadism	30441	Amphetamin depend-contin	3181	Sev intellect disability
30285	Gend iden dis,adol/adult	30442	Amphetamin depend-episod	3182	Profnd intellect disability

# Diagnosis Appendix

Diagnosis Code	Description	Diagnosis Code	Description	Diagnosis Code	Description
319	Intellect disability NOS	V112	Hx of neurosis	V131	Hx-trophoblastic disease
52872	Keratin ridge muc-excess	V113	Hx of alcoholism	V1321	History-pre-term labor
6060	Azoospermia	V114	Hx combat/stress reactn	V1322	Hx of cervical dysplasia
6061	Oligospermia	V118	Hx-mental disorder NEC	V1329	Hx-genital/obs dis NEC
6068	Male infertility NEC	V119	Hx-mental disorder NOS	V133	Hx-skin/subcutan tis dis
6069	Male infertility NOS	V1200	Prsnl hst unsp nfct prst	V134	Hx of arthritis
60784	Impotence, organic origin	V1201	Prsnl hst tuberculosis	V1361	Hx-hypospadias
6280	Infertility-anovulation	V1202	Prsnl hst poliomyelitis	V1362	Hx-cong malform-gu
6281	Infertil-pituitary orig	V1203	Personal history malaria	V1363	Hx-cong malform-nervous
6282	Infertility-tubal origin	V1204	Hx Methiclin resist Staph	V1364	Hx-cong malform-eye,face
6283	Infertility-uterine orig	V1209	Prsnl hst oth nfct parst	V1365	Hx-cong malform-heart
6284	Infertil-cervical orig	V1240	Hx nerv sys/snse org NOS	V1366	Hx-cong malform-resp sys
6288	Female infertility NEC	V1242	Personl hx infection CNS	V1367	Hx-cong malform-digest
6289	Female infertility NOS	V1249	Hx nerv sys/snse org NEC	V1368	Hx-cong malform-skin,ms
700	Corns and callosities	V1250	Hx-circulatory dis NOS	V1369	Hx-congenital malfor NEC
70900	Dyschromia, unspecified	V1251	Hx-ven thrombosis/embols	V137	Hx-perinatal problems
70909	Other dyschromia	V1252	Hx-thrombophlebitis	V138	Hx of diseases
7091	Vascular disord of skin	V1253	Hx sudden cardiac arrest	V139	Hx of disease NOS
7092	Scar & fibrosis of skin	V1254	Hx TIA/stroke w/o resid	V140	Hx-penicillin allergy
734	Flat foot	V1259	Hx-circulatory dis NEC	V141	Hx-antibiot allergy NEC
7836	Polyphagia	V1260	Hx resp system dis NOS	V142	Hx-sulfonamides allergy
79391	Image test incon d/t fat	V1261	Prsnl hx recur pneumonia	V143	Hx-anti-infect allergy
7981	Instantaneous death	V1269	Hx resp system dis NEC	V144	Hx-anesthetic allergy
7982	Death within 24 hr sympt	V1270	Prsnl hst unsp dgstv ds	V145	Hx-narcotic allergy
7989	Unattended death	V1271	Prsnl hst peptic ulcr ds	V146	Hx-analgesic allergy
79981	Decreased libido	V1272	Prsnl hst colonic polyps	V147	Hx-vaccine allergy
V070	Prophylactic isolation	V1300	Prsnl hst unrn dsrd unsp	V148	Hx-drug allergy NEC
V110	Hx of schizophrenia	V1301	Prsnl hst unrn dsrd calc	V149	Hx-drug allergy NOS
V111	Hx of affective disorder	V1309	Prsn hst of spf urn dsrd	V1501	Hx-peanut allergy

# Diagnosis Appendix

Diagnosis Code	Description	Diagnosis Code	Description	Diagnosis Code	Description
V1502	Hx-milk prod allergy	V1641	Fm hx ovary malignancy	V1859	Fam hx digest disord NEC
V1503	Hx-eggs allergy	V1642	Fm hx prostate malig	V1861	Fam hx-polycystic kidney
V1504	Hx-seafood allergy	V1643	Fm hx testis malig	V1869	Fam hx-kidney dis NEC
V1505	Hx-other food allergy	V1649	Fm hx genital malig NEC	V187	Family hx-gu disease NEC
V1506	Hx-allergy insct/arachnd	V1651	Family hx-kidney malig	V188	Fm hx-infect/parasit dis
V1507	Hx-latex allergy	V1652	Fam hx-bladder malig	V189	Fam hx genet dis carrier
V1508	Hx-radiogrpnc dye allergy	V1659	Fam hx-urinary malig NEC	V190	Family hx-blindness
V1509	Hx-allergy NEC	V166	Family hx-leukemia	V191	Family hx-eye disord
V151	Hx-major cardiovasc surg	V167	Fam hx-lymph neoplas NEC	V192	Family hx-deafness
V153	Hx of irradiation	V168	Family hx-malignancy NEC	V193	Family hx-ear disord NEC
V1541	Hx of physical abuse	V169	Family hx-malignancy NOS	V194	Family hx-skin condition
V1542	Hx of emotional abuse	V170	Fam hx-psychiatric cond	V195	Fam hx-congen anomalies
V1549	Psychological trauma NEC	V171	Family hx-stroke	V196	Family hx-allergic dis
V1553	Hx retained FB, rem	V172	Fam hx-neurolog dis NEC	V197	Consanguinity
V156	Hx of poisoning	V173	Fam hx-ischem heart dis	V198	Family hx-condition NEC
V157	Hx of contraception	FAM HX- OTHER CARDIOVASCULAR DISEASES		V200	Foundling health care
V1581	Hx of past noncompliance	V174		V201	Care of healthy child NEC
V1582	History of tobacco use	V1741	Fam hx sudden card death	V2031	Health supvsn nb <8 days
V1584	Hx-contc/expos asbestos	V1749	Fam hx-cardiovas dis NEC	V2032	Health supv nb 8-28 days
V1585	Hx-contc/expos haz bdy fld	V175	Family hx-asthma	V210	Rapid childhood growth
V1586	Hx-contact/exposure lead	V176	Fam hx-chr resp cond NEC	V211	Puberty
V1587	Hx of ECMO	V177	Family hx-arthritis	V212	Adolescence growth NEC
V1588	Personal history of fall	V1781	Family hx-osteoporosis	V2130	Low birthwt status NOS
V1589	Hx-health hazards NEC	V1789	Fam hx-musculosk dis NEC	V2131	Low birthwt status <500g
V160	Family hx-gi malignancy	V180	Fam hx-diabetes mellitus	V2132	Low birthwt 500-999g
V161	Fm hx-trach/bronchog mal	V1811	Fam hx-MEN syndrome	V2133	Low birthwt 1000-1499g
V162	Fam hx-intrathoracic mal	V1819	Fm hx endo/metab dis NEC	V2134	Low birthwt 1500-1999g
V163	Family hx-breast malig	V182	Family hx-anemia	V2135	Low birthwt 2000-2500g
V1640	Fm hx genital malig NOS	V183	Fam hx-blood disord NEC	V218	Constit state in dev NEC
		V184	Fm hx-intellect disability		



# Diagnosis Appendix

Diagnosis Code	Description	Diagnosis Code	Description	Diagnosis Code	Description
V219	Constit state in dev NOS	V2632	Female genetic test NEC	V400	Problems with learning
V2341	Preg w hx pre-term labor	V2633	Genetic counseling	V401	Prob with communication
V237	Insufficient prenatal care	V2634	Male genetic test dis car	V402	Mental problems NEC
V2384	Suprv young multigravida	V2635	Test male/fem preg loss	V403	Behavioral problems
V2385	Pregnt-assist repro tech	V2639	Male genetic test NEC	V4031	Wandering-dis elsewhere
V2386	Preg-hx in utro prev prg	V2641	Natrl family plan counsel	V4039	Oth spc behavior problem
V2501	Prescrip-oral contracept	V2642	Fertility preserv counsel	V409	Mental/behavior prob NOS
V2502	Initiate contracept NEC	V2649	Procr mgmt cns/adv NEC	V410	Problems with sight
V2503	Contracept mgmt-emergency	V2651	Tubal ligation status	V411	Eye problems NEC
V2504	Natrl fam pln-avoid preg	V2652	Vasectomy status	V412	Problems with hearing
V2511	Insertion of iud	V2681	Assist repro fertility	V413	Ear problems NEC
V2512	Removal of iud	V2682	Fertility preserv proc	V414	Voice production problem
V2513	Remove/insert iud	V2689	Procreative management NEC	V415	Smell and taste problem
V252	Sterilization	V269	Procreative mangnt NOS	V416	Problem w swallowing
V253	Menstrual extraction	V270	Deliver-single liveborn	V417	Sexual function problem
V2540	Contracept surveill NOS	V271	Deliver-single stillborn	V418	Probl w special func NEC
V2541	Contracept pill surveill	V272	Deliver-twins, both live	V422	Heart valve transplant
V2542	iud surveillance	V273	Del-twins, 1 nb, 1 sb	V423	Skin transplant status
V2543	Srvl mplt sbdrm cntncep	V274	Deliver-twins, both sb	V424	Bone transplant status
V2549	Contracept surveill NEC	V275	Del-mult birth, all live	V425	Cornea transplant status
V255	Nsrt mplt sbdrm cntncep	V276	Del-mult birth, some live	V427	Liver transplant status
V258	Contraceptive mangnt NEC	V277	Del-mult birth, all sb	V4281	Trnspl status-bne marrow
V259	Contraceptive mangnt NOS	V279	Outcome of delivery NOS	V4282	Trspl sts-perip stm cell
V260	Tuboplasty or vasoplasty	V280	Screening-chromosom anom	V4283	Trnspl status-pancreas
V261	Artificial insemination	V281	Screen-alphafetoprotein	V4284	Trnspl status-intestines
V2621	Fertility testing	V282	Screen by amniocent NEC	V4289	Trnspl status organ NEC
V2622	Sterilization rev aftcare	V285	Screen-isoimmunization	V429	Transplant status NOS
V2629	Investigate & test NEC	V2882	Scrn risk preterm labor	V4322	Artificial heart replace
V2631	Fem genetic test dis car	V293	NB obs genetc/metabl cnd	V440	Tracheostomy status

# Diagnosis Appendix

Diagnosis Code	Description	Diagnosis Code	Description	Diagnosis Code	Description
V441	Gastrostomy status	V521	Fitting artificial leg	V6107	Family dsrpt-death membr
V442	Ileostomy status	V522	Fitting artificial eye	V6108	Fmly dsrpt-fam absnce NEC
V443	Colostomy status	V523	Fitting dental prosthesis	V6109	Family disruption NEC
V444	Enterostomy status NEC	V524	Fit/adj breast pros/impl	V6110	Consl partner prob
V4450	Cystostomy status NOS	V529	Fitting prosthesis NOS	V6111	Cnsl victm partner abuse
V4451	Cutaneous-vesicos status	V534	Fit orthodontic device	V6112	Cnsl perp partner abuse
V4452	Appendico-vesicos status	V538	Adjustment of wheelchair	V6120	Cnsl prnt-child prob NOS
V4459	Cystostomy status NEC	V562	Fit/adj perit dial cath	V6121	Cnsl victim child abuse
V446	Urinostomy status NEC	V5721	Encntr occupatnal thrpy	V6122	Cnsl perp parent child ab
V447	Artificial vagina status	V5722	Encntr vocational thrpy	V6123	Cnsl prnt-biol child prob
V448	Artif open status NEC	V574	Orthoptic training	V6124	Cnsl prnt-adpt child prob
V449	Artif open status NOS	V5781	Orthotic training	V6125	Cnsl prnt-fstr child prob
V4584	Dental restoratr status	V5789	Rehabilitation proc NEC	V6129	Oth parent-child problem
V4982	Dental sealant status	V579	Rehabilitation proc NOS	V613	Problem w aged parent
V4984	Bed confinement status	V5970	Egg donor NEC	V6141	Alcoholism in family
V4986	Do not resuscitate status	V5971	Egg donor age <35 anon	V6142	Substance abuse-family
V4987	Physical restrain status	V5972	Egg donor age <35 desig	V6149	Family health probl NEC
V4989	Conditn influ health NEC	V5973	Egg donor age 35+ anon	V615	Multiparity
V499	Probl influ health NOS	V5974	Egg donor age 35+ desig	V618	Family circumstances NEC
V500	Hair transplant	V600	Lack of housing	V619	Family circumstance NOS
V501	Plastic surgery NEC	V601	Inadequate housing	V620	Unemployment
V502	Routine circumcision	V602	Economic problem	V621	Adverse eff-work environ
V503	Ear piercing	V603	Person living alone	V622	OCCUP CIRCUMSTANCES NEC
V5041	Prphylct orgn rmlv brst	V604	No family able to care	V623	Educational circumstance
V5042	Prphylct orgn rmlv ovary	V605	Holiday relief care	V624	Social maladjustment
V5049	Prphylct orgn rmlv other	V606	Person in resident inst	V625	Legal circumstances
V508	Elective surgery NEC	V6081	Foster care (status)	V626	Refusal of treatment
V509	Elective surgery NOS	V6089	Housing/econo circum NEC	V6281	Interpersonal probl NEC
V520	Fitting artificial arm	V609	Housing/econo circum NOS	V6282	Bereavement, uncompliat

## Diagnosis Appendix

Diagnosis Code	Description	Diagnosis Code	Description	Diagnosis Code	Description
V6283	Cnsl perp phys/sex abuse	V6542	Counseling sbstn use abuse	V706	Health exam-pop survey
V6284	Suicidal ideation	V6543	Counseling injry prevent	V707	Exam-clinical trial
V6285	Homicidal ideation	V6549	Other specfd counseling	V708	General medical exam NEC
V6289	Psychosocial stress NEC	V655	Persn w feared complaint	V709	General medical exam NOS
V629	Psychosocial circum NOS	V658	Reason for consult NEC	V7101	Obsv-adult antisoc behav
V630	Home remote from hospiti	V659	Reason for consult NOS	V7109	Observ-mental cond NEC
V631	No medical serv in home	V667	Encountr palliative care	V712	Observ-suspect TB
V632	Wait adm to oth facility	V669	Convalescence NOS	V713	Observ-work accident
V638	No med facilities NEC	V6809	Issue of med certif NEC	V719	Observ-suspect cond NOS
V639	No med facilities NOS	V681	Request expert evidence	V7212	Hearing conservativ/trtmt
V6400	No vaccination NOS	V682	Referral-no exam/treat	V726	LABORATORY EXAMINATION
V6401	No vaccin-acute illness	V6881	Administrtrve encout NEC	V7282	Preop respiratory exam
V6402	No vaccin-chronc illness	V6889	Administrtrve encout NEC	V7283	Oth spcf preop exam
V6403	No vaccin-immune comp	V689	Administrtrve encout NOS	V7284	Preop exam unspcf
V6404	No vaccin-allergy to vac	V690	Lack of physical exercise	V7285	Oth specified exam
V6405	No vaccin-caregivr refuse	V691	Inapprpt diet eat habits	V7389	Scrn oth spcf viral dis
V6406	No vaccination-pt refuse	V692	High-risk sexual behavr	V7399	Scrn unspcf viral dis
V6407	No vaccination-religion	V693	Gambling and betting	V778	Screening for obesity
V6408	No vaccin-prev disease	V694	Lack of adequate sleep	V790	Screening for depression
V6409	No vaccination NEC	V695	Behav insomnia-childhood	V791	Screening for alcoholism
V641	No proc/contraindication	V698	Oth prblms rftd lfstyle	V792	Scrn intellect disability
V642	No proc/patient decision	V699	Prblm rftd lfstyle NOS	V793	Screen-development prob
V643	No proc for reasons NEC	V70	GENERAL MEDICAL EXAM	V798	Screen-mental dis NEC
V650	Healthy person w sick	V700	Routine medical exam	V799	Screen-mental dis NOS
V6511	Ped pre-brth vst-parent	V701	Psych exam-authority req	V826	Multiphasic screening
V6519	Person consult for anoth	V702	Gen psychiatric exam NEC	V850	BMI less than 19,adult
V652	Person feigning illness	V703	Med exam NEC-admin purp	V851	BMI between 19-24,adult
V6540	Counseling NOS	V704	Exam-medicolegal reasons	V8521	BMI 25.0-25.9,adult
V6541	Exercise counseling	V705	Health exam-group survey	V8522	BMI 26.0-26.9,adult

## Diagnosis Appendix

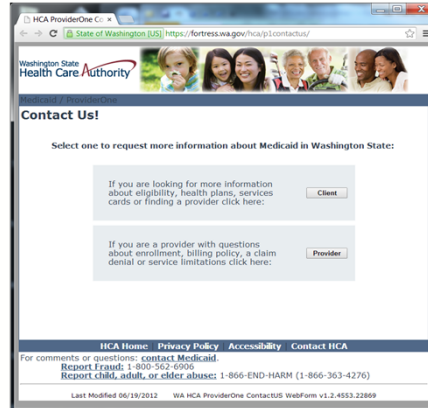
Diagnosis Code	Description
V8523	BMI 27.0-27.9,adult
V8524	BMI 28.0-28.9,adult
V8525	BMI 29.0-29.9,adult
V8530	BMI 30.0-30.9,adult
V8531	BMI 31.0-31.9,adult
V8532	BMI 32.0-32.9,adult
V8533	BMI 33.0-33.9,adult
V8534	BMI 34.0-34.9,adult
V8535	BMI 35.0-35.9,adult
V8536	BMI 36.0-36.9,adult
V8537	BMI 37.0-37.9,adult
V8538	BMI 38.0-38.9,adult
V8539	BMI 39.0-39.9,adult
V854	BODY MASS INDEX 40 & OVER/ADULT
V8541	BMI 40.0-44.9, adult
V8542	BMI 45.0-49.9, adult
V8543	BMI 50.0-59.9, adult
V8544	BMI 60.0-69.9, adult
V8545	BMI 70 and over, adult
V8811	Acq total absnc pancreas
V8812	Acq part absnce pancreas

## Managed Care Dis-enrollment/Contact Us

### Managed Care Dis-enrollment or PCCM Enrollment for AI/AN Clients

Use the "contact us" at <https://fortress.wa.gov/hca/pl/contactus/>

1. Click the above hyperlink. The Washington State Medicaid Contact Us webpage will appear.



(Follow the next step if you are using the Web Form on behalf of the client.)

2. Click the "Client" button. The "Client Web Form" will appear. Click inside the box next to "Your Email Address:". Enter your email address in the box.

## Managed Care Dis-enrollment/Contact Us

### Managed Care Dis-enrollment or PCCM Enrollment for AI/AN Clients

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## Medicare Crossovers

- The following slides are intended to help reprocess a claim that crossed over directly from Medicare and make the necessary updates to enable it to balance pay at the encounter rate.

## Medicare Crossovers

Log in to ProviderOne

Click on the Resubmit Denied/Voided claim button

The screenshot shows the ProviderOne web portal interface. At the top, there is a navigation bar with 'Home - MACSC Knowled...', 'Medicaid Providers Home', and the URL 'http://www.npaihb...'. Below this is a 'My Inbox' section with a 'Welcome Longnecker, Mike' message and a 'Path: Provider Portal' indicator. The main content area is titled 'Provider Portal:' and lists various 'Online Services' categorized into 'Claims', 'Client', 'Payments', 'ProviderOne-Generated Invoices', 'Managed Care', and 'Prior Authorization'. Each category has a 'Hide/Max' button. The 'Claims' section is expanded, showing links for 'Claim Inquiry', 'Claim Adjustment/Void', 'On-line Claims Entry', 'On-line Batch Claims Submission (837)', 'Resubmit Denied/Voided Claim' (which is highlighted), 'Retrieve Saved Claims', 'Manage Templates', 'Create Claims from Saved Templates', and 'Manage Batch Claim Submission'. The 'Client' section includes 'Client Limit Inquiry' and 'Benefit Inquiry'. The 'Payments' section includes 'View Payment' and 'View Capitation Payment'. The 'ProviderOne-Generated Invoices' section includes 'View Invoice' and 'Validate Invoice'. The 'Managed Care' section includes 'View Enrollment Roster' and 'View ETRR'. The 'Prior Authorization' section includes a 'View' link. The page footer shows 'Page ID: ppProviderPortal(provider)' and 'End'.

# Medicare Crossovers

Enter the TCN that needs to be reprocessed and click the Submit button

Provider Claim Model 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 Model claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only denied and voided claims satisfying the selection criterion will be returned

Provider NPI: [Redacted]

TCN: 321305000070501000

Client ID: [Empty]

Claim Service Period From: [Empty]

Claim Service Period To: [Empty]

Page ID: ppProviderClaimModelSearch(Claims) Environment: UAT

# Medicare Crossovers

Toggle the checkbox to the left of the TCN and click the Retrieve button

Provider Claims Model List:

<input type="checkbox"/>	TCN	Date of Service	Claim ID
<input checked="" type="checkbox"/>	321316600017147000	03/25/2013	1: For more detailed information, see remit

Navigation: < Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

# Medicare Crossovers

## STEP 1 – Billing Taxonomy

Billing taxonomy on claim is currently 363L00000x, change it to one of the encounter taxonomy codes (usually 208D00000X for Medical)

Close Submit Claim Reset

Professional Claim:

Note: asterisks (\*) denote required fields.

Basic Claim Info Other Claim Info  
Billing Provider | Rendering Provider | Subscriber | Claim | Service

PROVIDER INFORMATION  
Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other provider

BILLING PROVIDER  
\* Provider NPI: 1234567890 \* Taxonomy Code: 363L00000X ← Before

Is the Billing Provider also the Rendering Provider?  Yes  No

RENDERING (PERFORMING) PROVIDER  
\* Provider NPI: 1234567890 \* Taxonomy Code: 207Q00000X

Is this service the result of a referral?  Yes  No

Close Submit Claim Reset

Professional Claim:

Note: asterisks (\*) denote required fields.

Basic Claim Info Other Claim Info  
Billing Provider | Rendering Provider | Subscriber | Claim | Service

PROVIDER INFORMATION  
Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other provider

BILLING PROVIDER  
\* Provider NPI: 1234567890 \* Taxonomy Code: 208D00000X ← After

Is the Billing Provider also the Rendering Provider?  Yes  No

RENDERING (PERFORMING) PROVIDER  
\* Provider NPI: 1234567890 \* Taxonomy Code: 207Q00000X

Is this service the result of a referral?  Yes  No

REFERRING PROVIDER INFORMATION

# Medicare Crossovers

## STEP 2 – adding the UA (or SE) modifiers

Scroll down to the bottom of the page and click on line 1

Close Submit Claim Reset

Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

\* Service Date From: mm dd cyy

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

Medicare Crossover Items

National Drug Code:

Drug Identification

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

Add Service Line Item Update S

Previously Entered Line Item Information

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

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges
	From	To		1	2	3	4	1	2	3	4	
1	←	03/25/2013	99214		25				1	2		215
2		03/25/2013	71020		TC				1	2		124

# Medicare Crossovers

Scroll back down, notice that line 1 is now ready for editing  
 Add the UA (assuming AI/AN client) modifier and then click the Update Service Line Item button

Close | Submit Claim | Reset  
 Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From: mm dd yyyy 03 25 2013 \* Service Date To: mm dd yyyy 03 25 2013

Place of Service: 11-OFFICE

\* Procedure Code: 99214

\* Submitted Charges: \$ 215

\* Units: 1

Modifiers: 1: 25 2: UA

Diagnosis Pointers: \*1: 1 2: 2

Medicare Crossover Items

National Drug Code:

Drug Identification

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: \$ 487.2

Line No	Service Dates			Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number	
	From	To			1	2	3	4	1	2	3	4				
1	03/25/2013	03/25/2013		99214	25				1	2			215	1		Delete or Other Service Info

# Medicare Crossovers

I got an error popup that says "Medicare crossover information – Medicare Deductible is a required field" – click ok to remove the error popup  
 Click on the + sign next to Medicare crossover items and add the missing medicare data (the claim came from Medicare with null values. P1 does not like null values, change the nulls to \$0  
 Click the Update Service Line Item button

Close | Submit Claim | Reset  
 Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From: mm dd yyyy 03 25 2013 \* Service Date To: mm dd yyyy 03 25 2013

Place of Service: 11-OFFICE

\* Procedure Code: 99214

\* Submitted Charges: \$ 215

\* Units: 1

Modifiers: 1: 25 2: UA

Diagnosis Pointers: \*1: 1 2: 2

Medicare Crossover Items

National Drug Code:

Drug Identification

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: \$ 487.2

Line No	Service Dates			Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number	
	From	To			1	2	3	4	1	2	3	4				
1	03/25/2013	03/25/2013		99214	25				1	2			215	1		Delete or Other Service Info

Medicare Crossover Items

Medicare Deductible: \$ 0

Medicare Paid: \$ 55.59

Medicare Allowed Amount: \$ 105.99

Medicare Paid Date: mm dd yyyy 06 14 2013

Medicare Coinsurance: \$ 21.4

# Medicare Crossovers

- Repeat step 2, adding the UA (assuming AI/AN client) to all lines on the claim

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# Medicare Crossovers

**STEP 3 – add the T1015 line.**  
**Scroll back down – notice the blank billing line**

**This area is the blank billing line area**

Close Submit Claim Reset

**BASIC SERVICE LINE ITEMS**

\* Service Date From: mm dd cyyy      \* Service Date To: mm dd cyyy

Place of Service:

\* Procedure Code:       Modifiers: 1:  2:

\* Submitted Charges: \$       Diagnosis Pointers: \*t:  2:

\* Units:

Medicare Crossover Items

National Drug Code:

Drug Identification

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: \$ 487.2

Line No	Service Dates	Proc. Code	Modifiers	Diagnosis Ptrs	Submitted Charges	Units	PA Number	
	From	To	1 2 3 4	1 2 3 4				
1	03/25/2013	03/25/2013	99214	25 UA	1 2	215	1	Delete or Other Service Info

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# Medicare Crossovers

Add the T1015 line (billed amount does not matter)  
 Expand (click the red X) the Medicare crossover items and enter in all \$0 for Medicare.  
 Enter the Medicare statement date (easiest to copy from one of the other lines)  
 Then click the Add Service Line Item button

Close Submit Claim Reset

**BASIC SERVICE LINE ITEMS**

\* Service Date From: mm dd yyyy 03 25 2013 \* Service

Place of Service: 11-OFFICE

\* Procedure Code: T1015 Modifier

\* Submitted Charges: \$ 330.00 Diagnos

\* Units: 1

Medicare Crossover Items

\* Medicare Deductible: \$ 0

\* Medicare Paid: \$ 0

\* Medicare Paid Date: mm dd yyyy 07 08 2013

\* Medicare Coinsurance: \$ 0

\* Medicare Allowed Amount: \$ 0

National Drug Code:

Drug Identification

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

Add Service Line Item Update Service Line

# Medicare Crossovers

Step 4 – submit the claim – click the Submit Claim button

Path: Provider Portal/ Provider Claim Model Se

Close Submit Claim Reset

**Professional Claim:**

Note: asterisk (\*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider Rendering Provider Subscriber Claim Service

**PROVIDER INFORMATION**

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other

**BILLING PROVIDER**

\* Provider NPI: 1234567890 \* Taxonomy Code: 208D00000X

\* Is the Billing Provider also the Rendering Provider? Yes

**RENDERING (PERFORMING) PROVIDER**

\* Provider NPI: 1234567890 \* Taxonomy Code: 207Q00000X

\* Is this service the result of a referral? Yes

**REFERRING PROVIDER INFORMATION**

\* Provider NPI:

**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**

\* Client ID: XXXXXXXXWA

Page ID: pgSubmitProfClaim(Claims) Environment

# Medicare Crossovers

## Step 4 ½

If you get error popup about Medicare items.

Remember that ProviderOne does not like null values.

The Medicare values that we are concerned with at this time are at document level (directly below the client's name)

Washington State Health Care Authority

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# Medicare Crossovers

Step 4 again, submit the claim – click on the Submit Claim Button

You may get an error popup like this. P1 does some simple validation to make sure that all the line level coinsurances add up, all the line level paid add up, all the line level deductibles add up, all the line level allowed add up. It may be necessary to go back through each of the lines and make sure that all the money adds up to what is being billed at the top of the page

Washington State Health Care Authority

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