Social Services ProviderOne Billing Supplement for Providers of Medical Supplies and Equipment

The purpose of this billing supplement is to assist ProviderOne social services providers to properly bill the Health Care Authority (agency) for services provided to eligible clients.

What procedure codes may I bill the agency?

The agency created a Microsoft Excel spreadsheet (see Figure 1 below) containing all procedure codes social services providers may bill the agency for providing shared services[1] or equipment to eligible clients. This format will make it easy for providers to sort by agency program name (e.g., Respiratory Care), Department of Social Services (DSHS) blanket code[2], or procedure code. Each agency program name is a hyperlink to that particular Washington Apple Health billing guide. This spreadsheet is available on the agency's website.

DSHS "Blanket code" number	DSHS Blanket code name	HCPCS code	Modifier	Code short description	Modifier description	HCA Program Name
SA879	DME: Miscellaneous	A4606	NU	Oxygen probe used w oximeter	NEW EQUIPMENT	Respiratory Care
SA879	DME: Miscellaneous	A4640	RA	Alternating pressure pad	REPLACEMENT OF A DME ITEM	Durable Medical Equipment (Other) and Non-CRT Wheelchairs
SA879	DME: Miscellaneous	A4649	-	Surgical supplies	N/A	Nondurable Medical Supplies and Equipment (MSE)
SA879	DME: Miscellaneous	A4927	-	Non-sterile gloves	N/A	Home Infusion Therapy/Parenteral Nutrition Program

Figure 1

How do I bill for services?

- Instructions on how to bill professional claims and crossover claims electronically can be found on the agency's Medicaid Providers Training page under Medicaid 101.

- Also, see Appendix I of the agency's ProviderOne Billing and Resource Guide for general instructions on completing the CMS-1500 claim form.

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[1] Shared services are medical services shared between Washington Apple Health and the Department of Social and Health Services.

[2] A blanket code is a service code the DSHS worker authorizes that is connected to one or more HCPCS procedure codes. Social service providers may bill the agency using any procedure code connected to the blanket code, up to the maximum amount authorized. Both the blanket code and the maximum amount appear on the authorization letter DSHS sends to the social service provider.

> **Note:** To prevent billing denials, check the client's eligibility for other coverage **before** scheduling services and at the **time of the service.** See the agency's ProviderOne Billing and Resource Guide for instructions on how to verify a client's eligibility and how to request a limitation extension or exception to rule. Providers must exhaust other coverage before submitting a request for payment to the agency under a social services authorization.

National correct coding initiative

The agency continues to follow the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists the agency to control improper coding that may lead to inappropriate payment. The agency bases coding policies on the following:

- The American Medical Association's (AMA) CPT® manual
- National and local policies and edits
- Coding guidelines developed by national professional societies
- The analysis and review of standard medical and surgical practices
- Review of current coding practices

Procedure code selection must be consistent with the current CPT guidelines, introduction, and instructions on how to use the CPT coding book. Providers must comply with the coding guidelines that are within each section (e.g., E/M services, radiology, etc.) of the current CPT book.

The agency may perform a post-pay review on any claim to ensure compliance with NCCI. NCCI rules are enforced by the ProviderOne payment system. Visit the NCCI on the web.

Who do I contact if I have questions?

Visit the Washington Apple Health Contact Us page for further information about program coverage, how to bill, or who to contact with questions.