Washington State Health Care Authority

Billing with two authorization numbers

With the implementation of the HIPAA 5010 billing format there were numerous system changes. One of those changes was the placement of Prior Authorization (PA) or Expedited Prior Authorization (EPA) numbers on a claim if two authorization numbers are required on the same claim. HIPAA 5010 only allows one PA or EPA number at claim level. Placement of two authorization numbers on the claim must now be at the line level with the corresponding authorization number placed on the service line of the service being billed. Only one authorization number is allowed on each service line.

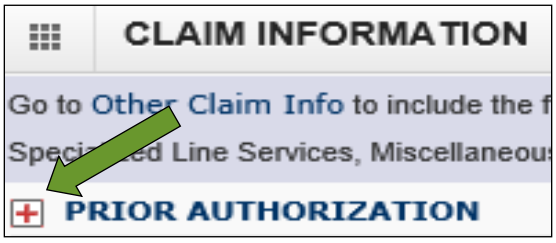
How do I know I need two PA or EPA numbers?

Each Medicaid covered program may or may not have a requirement for Prior Authorization or use of an Expedited Prior Authorization for selected services. Please refer to your specific Medicaid Provider Guide (MPG) to see if the service being provided requires PA or an EPA number. The program guide will explain the process for applying for PA or will list the criteria for using an EPA number.

- Professional rates and billing guides web page
- Hospital rates web page

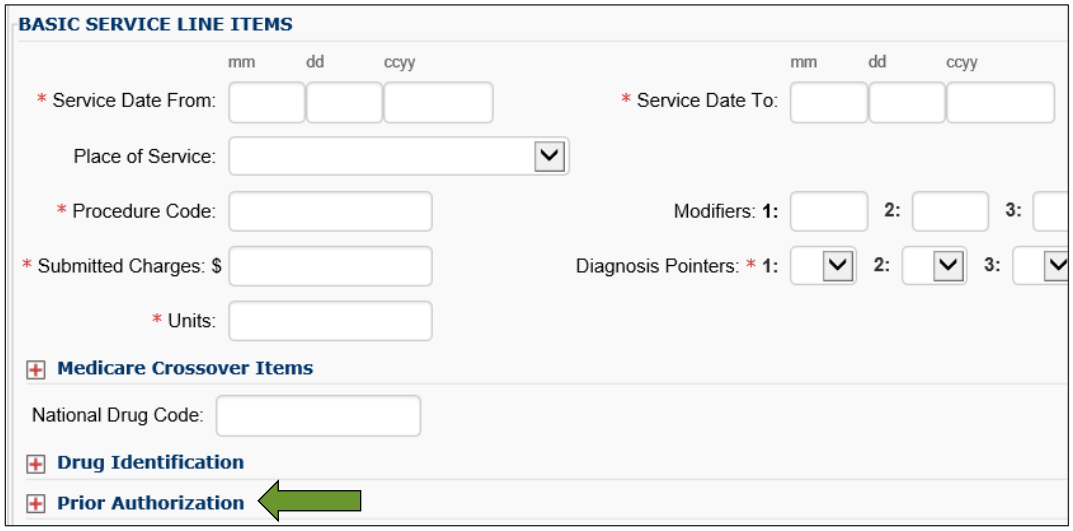
The following process works only for professional and dental direct data entry (DDE) claims. **Institutional DDE claims do not have a field for PA/EPA numbers at the line level. A second authorization on an institutional DDE claim should be entered in the Billing Note area.**

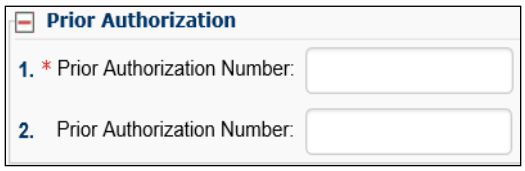
Complete the required fields at the top portion of the claim and expand the **Prior Authorization** area. Entering an authorization number here would apply to the entire claim.

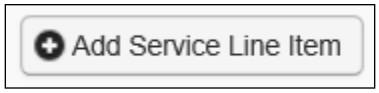


Basic line item information

Enter in all required line data down to the **Prior Authorization** field and click the plus to expand the line level Prior Authorization area. Enter the Prior Authorization or Expedited Authorization number that corresponds to the service line and click **Add Service Line Item**.







EDI batch claims – professional and dental claims

There are specific loops, segments, data elements, and information qualifiers to use when submitting a PA/EPA at the line level. See your system EDI staff to determine the actual placement of this information. HIPAA 5010 institutional claims are allowed placement of only one PA/EPA in the claim level data.