



ProviderOne How to Upload Documents in Prior Authorization Request

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How to submit supporting documentation

To Submit supporting documentation through ProviderOne Sign Language (SL) Prior Authorization (PA) Request select **Add Attachment**.

Submitted PA Request Details:

Note: Supporting documentation is required and will delay the request if any documentation is not attached. **Ensure all required documentation is attached prior to submitting your request.**

PA Request Number: 100618007
 Provider ID: 1801231717
 Client ID: 999999998WA
 Date of Service: 11/09/2017 - 02/09/2018

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

Add Attachment

Attachment List:
▲

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

Print Details
Print Cover Page
Submit

Adding documentation

- Once the **Add Attachment** button has been selected, the Back Up Documentation screen will appear.
- Select **Attachment Type 77- Support Data for Verification**

Back Up Documentation - Internet Explorer

Print Help

Please select one of the option from the Required Fields * and attach file, if the Transmission Code is 'WB-Web'

Attachment Type: **---SELECT---** Transmission Code: **---SELECT---** *

Please attach PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX

* OK Cancel

77-Support Data for Verification
 AS-Admission Summary
 B2-Prescription
 B3-Physician Order
 CT-Certification
 DA-Dental Models
 DG-Diagnostic Report
 DS-Discharge Summary
 EB-Explanation of Benefits
 MT-Models
 NN-Nursing Notes
 OB-Operative Notes
 OZ-Support Date for Claim
 PN-Physical Therapy Notes
 PO-Prosthetics or Ortho3tic Certification
 PZ-Physical Therapy Certification
 RB-Radiology Films
 RR-Radiology Reports
 RT-Report of Tests and Analysis Report

Adding Documentation

Select the **Transmission Code** by using the dropdown:

- For uploaded documents select WB - web submission

Please select one of the option from the Required Fields * and attach file, if the Transmission Code is 'WB-Web'

Attachment Type: * Transmission Code: *

BM-By Mail
WB-Web

Please attach the File(s). The File Format must be PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX

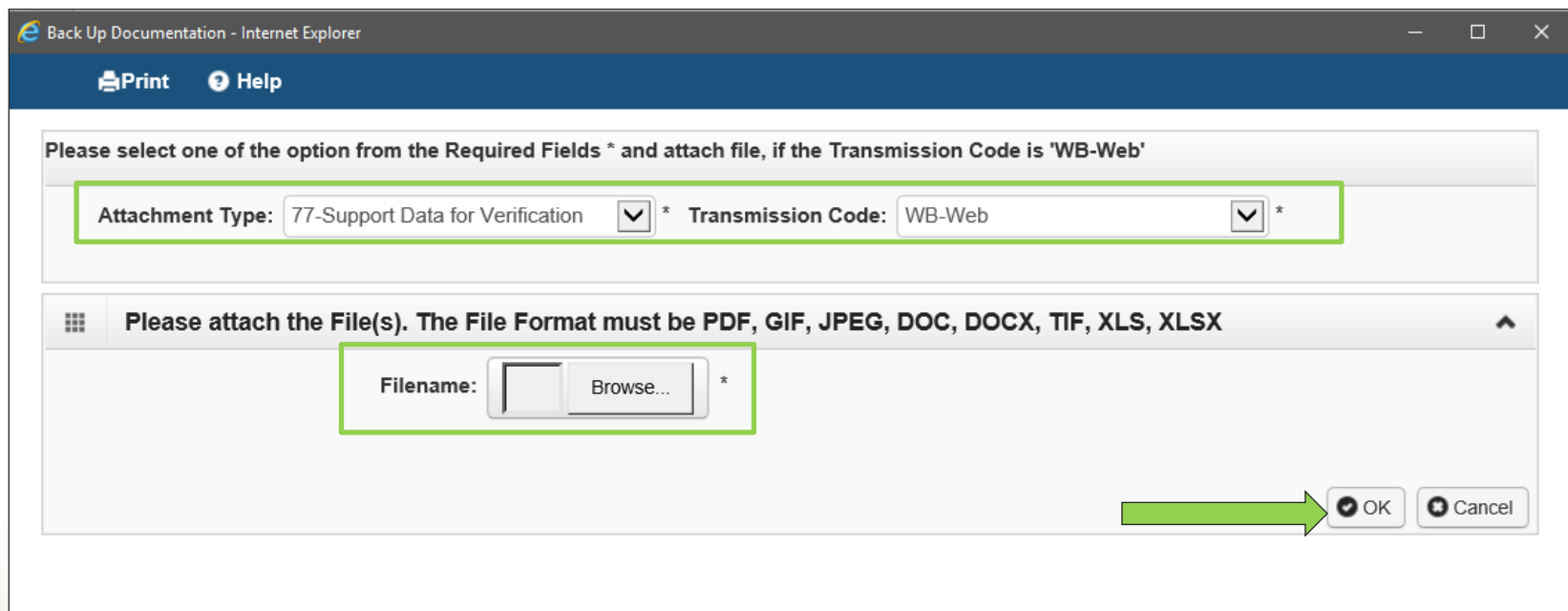
Filename: Browse... *

OK Cancel



Adding documentation – Web

- Select the **Browse** button to upload the Interpreter Request form.
- Once the file appears next to filename: select the **Ok** button.



The screenshot shows a web browser window titled "Back Up Documentation - Internet Explorer". The page has a blue header with "Print" and "Help" icons. The main content area contains a form with the following elements:

- A message: "Please select one of the option from the Required Fields * and attach file, if the Transmission Code is 'WB-Web'"
- Two dropdown menus: "Attachment Type: 77-Support Data for Verification" and "Transmission Code: WB-Web". Both are marked with an asterisk (*).
- A section titled "Please attach the File(s). The File Format must be PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX".
- A "Filename:" label followed by a text input field and a "Browse..." button, both marked with an asterisk (*).
- At the bottom right, there are "OK" and "Cancel" buttons. A green arrow points to the "OK" button.

Adding documentation – Web

- Your supporting information shows in the **Attachment List** section.
- Acceptable file formats are PDF, GIF, JPEG, DOC, DOCX, XLS, XLSX, and document sizes no more than **10 MB**.
- Multiple attachments can be added.

Submitted PA Request Details:

PA Request Number: 100617986
 Provider ID: 1801231717
 Client ID: 99999998WA
 Date of Service: 10/25/2017 - 01/25/2018

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

Attachment List:

File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
<input type="checkbox"/> backup_info.docx	77	WB		12kb	X	10/25/2017

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

Print Details Print Cover Page Submit

Submitting your request

- Once your documents are attached, click the final submit button.
- **In order for the agency to receive your request, you must click the final submit button on the bottom right of this screen.**

Submitted PA Request Details:

PA Request Number: 100618007
Provider ID: 1801231717
Client ID: 999999998WA
Date of Service: 11/09/2017 - 02/09/2018

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

[Add Attachment](#)

Attachment List:

<input type="checkbox"/>	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found !							

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

Note: "No records found!" means there is not yet any backup documentation attached to the claim.

Adding documentation – By Mail

- Once you have chosen the Attachment Type and Transmission Code of BM for mailing your back up, click the **Ok** button:

Please select one of the option from the Required Fields * and attach file, if the Transmission Code is 'WB-Web'

Attachment Type: B2-Prescription * Transmission Code: BM-By Mail *

Please attach the File(s). The File Format must be PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX

Filename: Browse... *



Adding documentation – By Mail

- A dialogue box will appear and provide the option to **Print Cover Page**.
- Make a note of the **PA Request Number** and select the **Print Cover Page** button.

Submitted PA Request Details:

PA Request Number: 100618001

Provider ID: 1801231717

Client ID: 999999998WA

Date of Service: 10/31/2017 - 01/31/2018

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

[Add Attachment](#)

Attachment List:

	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
<input type="checkbox"/>		B2	BM			X	10/31/2017

View Page: [Go](#) [+ Page Count](#) [SaveToXLS](#) Viewing Page: 1

[<< First](#)
[< Prev](#)
[Next >](#)
[>> Last](#)

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

Adding documentation – By Mail

- Enter the authorization number in the **Authorization Reference** box
- Click outside of the Authorization Reference field, or press “enter” after the number, to populate
- Select the **Print Cover Sheet** button

IMPORTANT! Internet Explorer (IE) is the **only** browser that populates the barcode correctly for authorization submission. If you use another browser, save this document and open it in Adobe Reader before faxing.

The screenshot shows a web browser window displaying a form. At the top, there are navigation icons and a status bar with 'Fill & Sign' and 'Comment' buttons. Below the browser window, the form content includes a header with three thick black horizontal lines. The main title is 'ProviderOne' followed by 'PA Pend Forms Submission Cover Sheet'. A text label 'Authorization Reference #' is positioned to the left of a text input field containing the value '100618001'. A red box highlights the input field, and a green box highlights the text '100618001'. Below the input field is a note: '(Please enter 9 digit numeric value.)'. A large barcode is centered below the input field. To the right of the form, there are three vertical black bars. At the bottom, there are two buttons: 'Print Cover Sheet' and 'Clear Fields'. A green arrow points to the 'Print Cover Sheet' button.

Adding a document – By mail

- Mail the supporting documentation with barcode coversheet to:
 - Authorization Services Office
 - PO Box 45535
 - Olympia WA 98504-5535
- Fax the barcode coversheet and printed PA request to 1-866-668-1214
 - Do not add a coversheet if faxing. Use barcode sheet as the only cover sheet.



Resources

HCA Interpreter Services Program

Contact

- INTERPRETERSVCS@hca.wa.gov

Additional Information

- www.hca.wa.gov/isproviders
- www.hca.wa.gov/sli-transition

- Note: Contact Interpreter Services for program and policy questions. Contact Provider Enrollment for provider file updates. Contact Provider Relations for DDE billing claims/templates or profiles.

Additional Resources

ProviderOne Provider Enrollment

- www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider
- 1-800-562-3022 Ext 16137

ODHH

- www.dshs.wa.gov/altsa/office-deaf-and-hard-hearing
- 1-800-422-3263