



Prior Authorization for Sign Language Request

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What is happening?

- Beginning January 01, 2021 the Office of the Deaf and Hard of Hearing (ODHH) has implemented an online method for intaking sign language interpreter requests.
- Authorized requestors will be able to submit their request for sign language interpreters through the ODHH online request system.
- Sign Language contractors will directly enter the requests into the ProviderOne Prior Authorization system
- Claims will be paid directly to the Sign Language Agency/Independent contractor.

IMPORTANT! Once you have successfully submitted your prior authorization, you will receive a 9-digit reference number as verification. Contractors must not bill until the job has been completed. The agency's prior authorization review process has not changed, and requests will still be processed in the order they are received.

Accessing ProviderOne

Before logging into ProviderOne:

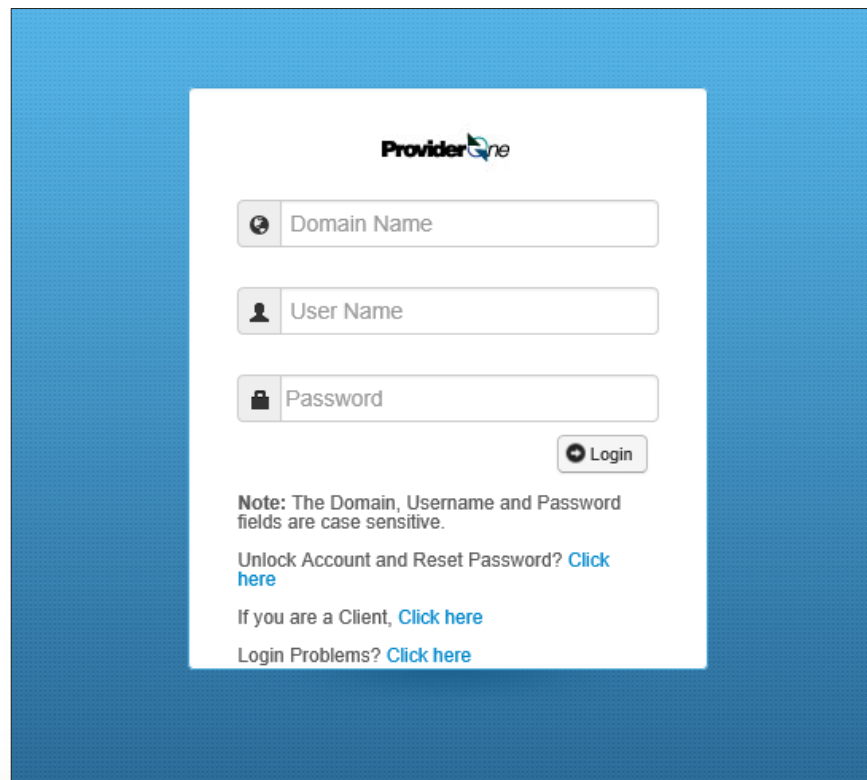
- Make sure to use one of the following operating systems and your **popup blockers are turned OFF**:

Computer operating systems	Internet browsers
Windows <ul style="list-style-type: none"> • 10 • 8.1 • 8 • 7 	Internet Explorer <ul style="list-style-type: none"> • 11 • 10
Macintosh <ul style="list-style-type: none"> • OS 10.12 Sierra • OS X 10.11 El Capitan • OS X 10.10 Yosemite 	Google Chrome <ul style="list-style-type: none"> • 55.0.2883 • 54.0.2840
	Firefox <ul style="list-style-type: none"> • 50.0.2 • 45.5.1 ESR
	Safari <ul style="list-style-type: none"> • 10.0.1

IMPORTANT! If submitting backup documentation by mail, Internet Explorer (IE) is the **only** browser at this time that populates the barcode correctly.

Logging in to ProviderOne

- Log in to ProviderOne using domain number, user name, and password:



The screenshot shows the ProviderOne login interface. It features a white login box centered on a blue background. At the top of the box is the 'ProviderOne' logo. Below the logo 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, there is a note: 'Note: The Domain, Username and Password fields are case sensitive.' followed by three links: 'Unlock Account and Reset Password? [Click here](#)', 'If you are a Client, [Click here](#)', and 'Login Problems? [Click here](#)'.

Choose your profile

- Available profiles for online PA submission:
 - EXT Provider Claims Submitter
 - EXT Provider Eligibility Checker
 - EXT Provider Eligibility Checker/Claims Submitter
 - EXT Provider Super User

Welcome to the Medicaid Management Information System
for

ProviderOne

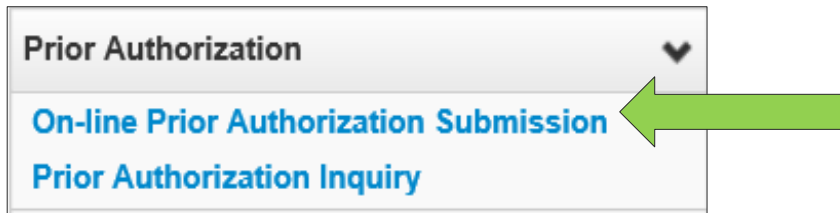
Select a profile to use during this session:

EXT Provider Super User [v] [Go]

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

Provider portal

- Once logged into ProviderOne on the provider portal, select **On-line Prior Authorization Submission**:



- Select the Organization Unit or type of authorization request you are submitting

- [530-PA- Sign Language](#)

- Click the **Next** button.

*Organization Unit:	—SELECT—
	501 - Dental Services
	502 - Durable Medical Equipment Services
	504 - Home Health Services
	505 - Hospice services
	506 - Inpatient Hospital Services
	508 - Medical services
	509 - Medical Nutrition services
	511 - Outpt Proc / Diag Services
	513 - Physical Medicine & Rehabilitation Services
	514 - ADSA Org Unit
	516 - DSHS- Miscellaneous Service Org
	518 - PA LTAC
	519 - PA Respiratory
	521 - PA Maternity Support and Infant Case Management
	524 - PA Concurrent Care
	525 - PA - ABA Therapy
	526 - PA - CRT
	527 - Chemically-Using Pregnant Women Program
	528 - PA - ERSO - Inpatient MH
	529 - PA - MH Inpatient St Contract
	530 - PA Sign Language

Initiate authorization request

- Select a **In Person** from the dropdown as the Service Type Code.

SERVICE TYPE CODE SELECTION

Please select Service Type Code

* Service Type Code: ▼

SERVICE TYPE CODE SELECTION

Please select Service Type Code

* Service Type Code: **---SELECT---**

BSS2 - Bariatric surgery stage 2
 BTX - Botox
 CIERP - Cochlear Implant Ext Repl Prts
 CR - Cardiac Rehab
 ERSO - ERSO-PA
 EV - ER Visit
 H-ERSO - Habilitative-ERSO
 H-OT - Habilitative-Occup Therapy
 H-PT - Habilitative-Physical Therapy
 H-ST - Habilitative-Speech Therapy
 HEA - Hearing Aids
 IPT - Infusion/Parental Therapy
 MC - Medications
 MISC - Miscellaneous
 NF - Non-Formulary
 NP - Neuro-Psych
 O - Other
 OOS - Out of State
 PHY - Pharmacy
 PSY - Psychotherapy
 PYS - Physician Services
 R - Respiratory
 SYN - Synagis
 T - Therapies (PT/OT/ST)
 TX - Transportation
 V - Vision
 VST - Vest
 VT - Vision Therapy

CLIENT INFO

CLIENT

* Client ID:

REQUESTOR

REQUESTOR

* Requesting Provider:

SERVICE REQUEST

* Col:

* Prod:

Complete all required fields

- ProviderOne **Client ID** (include **WA**), Clients First Name and Clients Last Name
- **Requesting Provider NPI** (can be an individual or facility payable NPI).
- **Billing Provider NPI** (This is your NPI as the Sign Language contractor who will be submitting a claim for this job).
- A **Referring Provider NPI** (this will be the same as the requesting provider NPI)

Note: All fields marked with a red asterisk (*), are required and must be completed.

SERVICE TYPE CODE SELECTION		
Please select Service Type Code		
* Service Type Code:	INPER - In Person	
CLIENT INFORMATION		
CLIENT		
* Client ID:	* Client First Name:	* Client Last Name:
REQUESTOR INFORMATION		
REQUESTOR		
* Requesting Provider NPI:	* Billing Provider NPI:	Referring Provider NPI:

Service Request Information

- **Code Qualifier** select the P- HCPCS Proc Code.
- **National Code.** This is the service line code.
 - For sign language interpretation it will be T1013 with a U3 modifier.
 - If the appointment is identified as a Mental Health (MH) appointment a second modifier of U9 is required.
 - If the appointment is identified as a Substance Use Disorder (SUD) appointment a second modifier of U8 is required.

SERVICE REQUEST LINE ITEMS - MEDICAL

* Code Qualifier: P - HCPCS Procedure Code

* National Code: Modifiers: 1: 2:

Service Request Information cont.

- Appointment Date Field - Proc From Date and Proc To Date
 - Both of these dates should be the **actual date of service**.

	mm	dd	ccyy		mm	dd	ccyy	
* Proc From Date:	<input type="text" value="10"/>	<input type="text" value="22"/>	<input type="text" value="2020"/>		* Proc To Date:	<input type="text" value="10"/>	<input type="text" value="22"/>	<input type="text" value="2020"/>

- Last field in this section that is required is the **# Units/Days Requested**.
 - This should be the total time that will be billed for interpreter. Appointment time and travel time.
 - 1 Unit is equal to 15 minutes

Units/Days Requested:

- Once those required fields are correctly filled out select the Add Service Request Line Item button.

Service Request Information

- This will move the information entered to the bottom of the screen and clear the Service Request Line Items area.
- The line number is a blue hyperlink that when selected will re-populate the information in the Service Request Line Item.
 - Make any needed changes by clicking the **Update Service Request Line Item** button to update the line.
- To delete an entire line select the **Delete** hyperlink in blue next to the Service Request Line Item.

SERVICE REQUEST LINE ITEMS - MEDICAL

* Code Qualifier:

* National Code:

Modifiers: 1: 2:

mm dd cyy

* Proc From Date:

* Proc To Date:

Units/Days Requested:

\$ Amount Requested:

Previously Entered Service Request Line Item Information

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

Line No	Service Request Dates		Code Qualifier	National Code	Modifiers		# Units/Days Requested	\$ Amount Requested	
	From	To			1	2			
1	10/22/2020	10/22/2020	P - HCPCS Procedure Code	T1013	U3	U9	8		Delete

Medical Information

- Diagnosis Code is **not** a required field
- Next field Place of Service.
 - This should be the 11 – Office or 12 - Home
- The Comments box **must** contain the request service number that the online request system generates.
- Without this number a request could be rejected.

Medical Information

- Enter **Place of Service** from the drop down box. (Diagnosis Code is not required)
 - 11- Office or 12 – Home

☰ MEDICAL INFORMATION

Diagnosis Code:

Place of Service: ---SELECT--- ▼

Comments:

- 01 - PHARMACY
 - 02 - Telehealth
 - 03 - SCHOOL
 - 04 - HOMELESS SHELTER
 - 05 - INDIAN HLTH SVC FREE-STANDING FACILITY
 - 06 - INDIAN HLTH SVC PROVIDER-BASED FACILITY
 - 07 - TRIBAL 638 FREE-STANDING FACILITY
 - 08 - TRIBAL 638 PROVIDER-BASED FACILITY
 - 09 - 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
 - 18 - PLACE OF EMPLOYMENT - WORKSITE
 - 19 - Off Campus-Outpatient Hospital
 - 20 - URGENT CARE FACILITY
 - 21 - INPATIENT HOSPITAL
 - 22 - On Campus-Outpatient Hospital
 - 23 - EMERGENCY ROOM - HOSPITAL
 - 24 - AMBULATORY SURGICAL CENTER
 - 25 - BIRTHING CENTER
 - 26 - MILITARY TREATMENT FACILITY
 - 31 - SKILLED NURSING FACILITY (SNF)
 - 32 - NURSING FACILITY
 - 33 - CUSTODIAL CARE FACILITY
 - 34 - Hospice
 - 41 - AMBULANCE - LAND

Submitting your request

- Once the information is complete, click the **Submit PA Request Info** button at the top of the PA Request screen:

The screenshot displays a web application interface for submitting a PA request. At the top, there are three buttons: 'Close', 'Submit PA Request Info' (highlighted with a green box), and 'Reset'. Below the buttons is a header section with a grid icon and the title 'On-Line Prior Authorization Submission Screen - Initiate Medical PA Request Screen'. A note states: 'Note: asterisks (*) denote required fields.' Below the note is a blue navigation bar with the following tabs: 'PA Request Info' (selected), 'Service Type Code Selection', 'Client Info', 'Requestor Info', 'Service Request Info', and 'Medical Info'. The main content area is titled 'SERVICE TYPE CODE SELECTION' and contains the instruction 'Please select Service Type Code'. A dropdown menu is shown with the selected value 'INPER - In Person' and a downward arrow icon.

Submitting your request

- When any red warnings are received at the top of the PA Request screen, verify and correct the information.
- Corrections must be completed before ProviderOne will accept the online PA request.

The screenshot shows a web interface for submitting a PA request. At the top, there are three buttons: 'Close', 'Submit PA Request Info', and 'Reset'. Below these buttons, two red warning messages are displayed in a box: 'Warning : Error retrieving Client Details / Client ID Not Valid.' and 'Warning : Error retrieving Requesting Provider Details / Requesting Provider Not Found.'. The main title of the screen is 'On-Line Prior Authorization Submission Screen - Initiate Medical PA Request Screen'. A note states: 'Note: asterisks (*) denote required fields.' Below the note, there is a section titled 'PA Request Info' with a sub-menu containing 'Service Type Code Selection', 'Client Info', 'Requestor Info', 'Service Request Info', and 'Medical Info'. The current view is 'SERVICE TYPE CODE SELECTION'.

Submitting your request

- On this screen, there is an option of printing a copy of this confirmation for your records, using the **Print Details** button.
- Make a note of the PA Request number.
- **In order for the agency to receive your request, you must click the final submit button on the bottom right of this screen.**
- **If you close the pop-up window without hitting submit, the PA will be canceled.**

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](#)

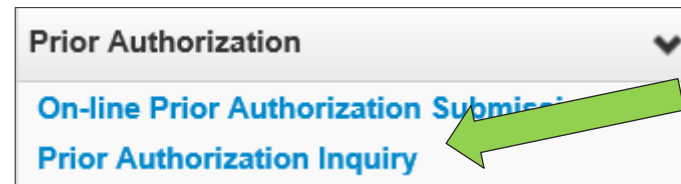
Attachment List:

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

Print Details Print Cover Page Submit

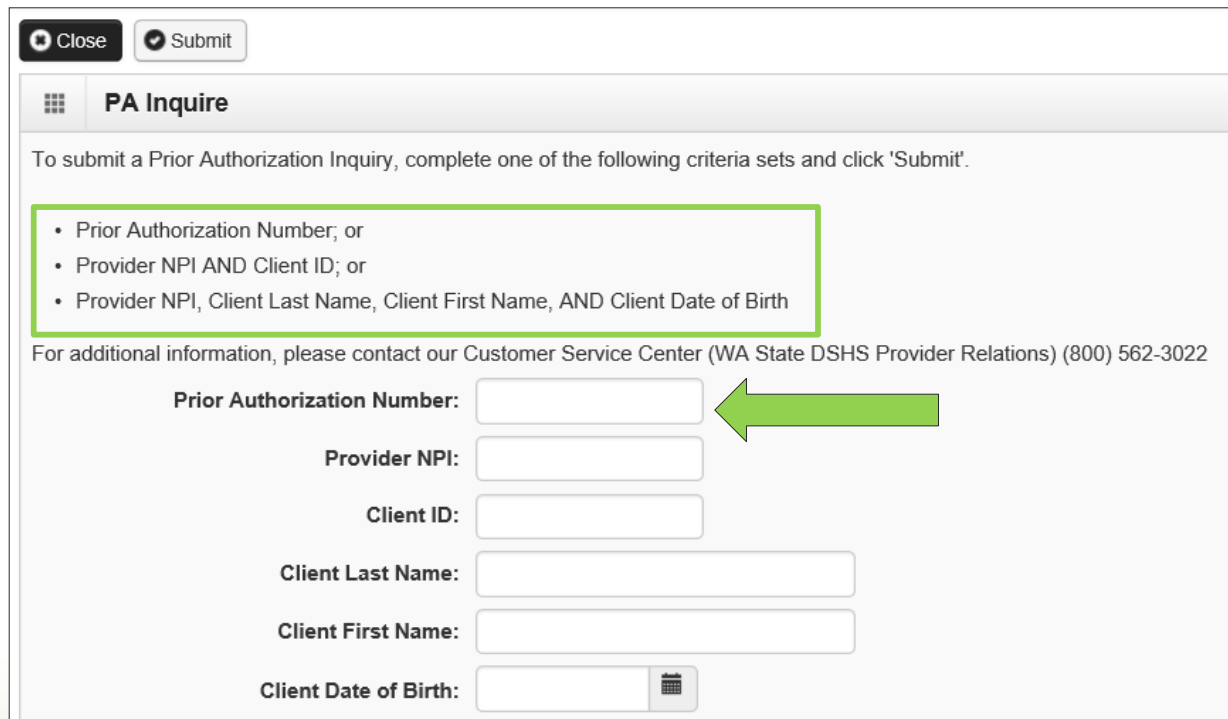
Checking the status of your PA request

- To check the status of your authorization request, click the **Prior Authorization Inquiry** hyperlink on the provider portal:



Checking the status of your PA request

- Enter the authorization number in the **Prior Authorization Number** field, or use one of the criteria noted on the PA Inquire screen:



The screenshot shows a web form titled "PA Inquire" with a "Close" button and a "Submit" button. Below the title, there is a grid icon and the text "PA Inquire". A message states: "To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'." A green box highlights the following criteria:

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

Below the criteria, there is a note: "For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022". The form contains several input fields:

- Prior Authorization Number: (A green arrow points to this field)
- Provider NPI:
- Client ID:
- Client Last Name:
- Client First Name:
- Client Date of Birth: (with a calendar icon)

Checking the status of your PA request

- Once processed by HCA, the status of the request will show as “Requested”:

Close Add Attachment

PA Utilization

Authorization #: 100618007 **Authorization Status:** Error
Client ID: 999999998WA **Client Name:** Client, Pseudo
Service: Medications **Organization:** PA - Medical
Request Date: 2017-11-09 **Last Updated Date:** 2017-11-09
Service Start Date: 2017-11-09 **Service End Date:** 2018-02-09
Requestor ID: 1801231717 **Requestor Name:** Test FAOI

Service List

Line #	Modified Date	Servicing Provider ID	Code	Claim Type	Modifier1	Modifier2	Part Number	From Date	To Date	Request Amount	Request Units	Auth Amount	Auth Units	Used Amount	Used Units	Status
1	11/09/2017	1801231717	T1013		U3			11/09/2017	02/09/2018	0	2	0	0	0	0	Requested

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

Authorization status

- Below is a list of the different PA request statuses.

Error	Definition
Error	There is an error in ProviderOne that will be cleared once the request is worked. No action needed by the provider.
Requested	The authorization has been requested and received.
In review	The authorization request is currently being reviewed.
Cancelled	The authorization request has been cancelled.
Pended	Additional information has been requested from the provider.
Referred	The authorization request has been forwarded to a second level reviewer.
Approved/hold	The request is approved but additional information is necessary before the authorization can be released for billing.
Approved/denied	The authorization request is partially approved with some services denied.
Rejected	The authorization request was returned as incomplete.
Approved	The authorization has been approved.
Denied	The authorization has been denied.

Resources

HCA IS Program

Additional Resources

Contact

- INTERPRETERSVCS@hca.wa.gov

Additional Information

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

ProviderOne

- www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider
- 1-800-562-3022 Ext 16137
- provideronesecurity@hca.wa.gov
 - For account lock-out

ODHH

- <https://www.dshs.wa.gov/altsa/odhh/sign-language-interpreter-contracts-and-resources-program-1>
- 1-800-422-3263