

# Desk Aid

## Checking Status of Sign Language Interpreters Request in ProviderOne

### Provider Portal

➤ **Prior Authorization Inquiry**

Prior Authorization

[On-line Prior Authorization Submission](#)

[Prior Authorization Inquiry](#) ←

### PA Inquire

➤ **Complete all 6 fields to ensure response**

1. **PA/Reference #**
2. **Requesting NPI**
3. **ProviderOne #**
4. **Client Last Name**
5. **Client First Name**
6. **Client D.O.B**

**CLICK SUBMIT BUTTON**

Close Submit

**PA Inquire**

To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'.

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

For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022

Prior Authorization Number:

Provider NPI:

Client ID:

Client Last Name:

Client First Name:

Client Date of Birth:

### PA Utilization

➤ **Service list line shows:**

- **Code submitted**
- **Modifiers used**
- **Appointment Date/From Date**
- **Units/Time Requested**
- **Status of Request**

Close Add Attachment

**PA Utilization**

Authorization #: 100618007      Authorization Status: Error  
 Client ID: 99999998WA      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 |            |           |           |             | 11/09/2017 | 02/09/2018 | 0              | 2             | 0           | 0          | 0           | 0          | Requested |

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### Authorization Status

# Desk Aid

## Checking Status of Sign Language Interpreters Request in ProviderOne

| 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.  |

- **Error = HCA staff needs to work**
- **Requested = Error has been cleared and we received your request**
- **Referred=We are working on getting an interpreter**
- **Reject = Incorrect information in request**
- **Approved = Interpreter assigned**

### Troubleshooting Tips

1. Key in all information correctly, double check for typos
2. When you check a request and it is in error status you do not need to resubmit. You must wait two business days before a request is processed and your status is updated.
3. You will only receive a letter from us via fax or mail **IF** we pend for additional information, we reject for incorrect information, or we approve because we have filled the job or we have approved you for the reimbursement process

### Submitting Request

**\*\* Step by step training is on our webpage @ [www.hca.wa.gov/sli-transition](http://www.hca.wa.gov/sli-transition)**

**\*\*\* Trouble submitting a request please email us @ [INTERPRETERSVCS@hca.wa.gov](mailto:INTERPRETERSVCS@hca.wa.gov)**