



Provider's Guide on how to Bill for Sign Language Reimbursement

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Reimbursement Training Objectives

The Health Care Authority will provide reimbursement for in-person sign language interpreter requests submitted through ProviderOne.

- This training will go over:
- Which requests are eligible for reimbursement?
- How much will I be reimbursed?
- How do I cancel a request?
- How do I request reimbursement?
- Step by step entry for reimbursement claim submission.

What Requests are Eligible for Reimbursement?

HCA will only reimburse providers for pre-scheduled in-person requests submitted through ProviderOne. Claims for reimbursement must be submitted within 90 days from the date of service, include a reference number, and meet the below criteria:

- Request unable to be filled by HCA
- In-person interpreters
- Eligible health care services
- Medicaid-eligible clients
- Medicaid-enrolled providers
- Completed appointments

What Requests are not Eligible for Reimbursement?

There are some exceptions to what providers can claim for reimbursement. HCA will **not** reimburse a provider for interpreter services when:

- The interpreter is a member of the client's family.
- The client is receiving inpatient and/or hospital service.
- The client is receiving nursing facility services.
- The provider is a public health agency or hospital.
- The interpreting is providing administrative services, including but not limited to:
 - Scheduling appointments
 - Appointment reminder calls
 - Miscellaneous office or bookkeeping tasks

How Much Will Providers Get Reimbursed?

Interpreter rates are reimbursed at the full rate posted on the [Office of Deaf and Hard of Hearing Sign language Interpreter rates website](#)

Any expense that exceeds the established reimbursement rate will not be covered. **Providers are responsible for paying the difference.**

Mileage, travel and toll fees are reimbursed at the cost incurred.

How do I Cancel a Sign Language Request

To cancel a request you must email HCA Interpreter Services and include:

- PA reference number you are cancelling.
- Reason for cancellation.

Note: If you cancel a request that has been filled by an interpreter you will not be eligible for reimbursement

How do I request for Reimbursement?

If no interpreter was assigned and the provider chooses to cancel the job request and seek reimbursement, they must:

- Email HCA [Interpreter Services inbox](#) and include:
 - Reference number of the request that was previously cancelled
 - Attach a copy of the paid invoice for the interpreter the providers office secured in the email. The invoice must include:
 - Interpreter name
 - Date/time of service
 - Paid amount (mileage, parking, ferry and tolls included)

What Do I Do Once I Receive Approval for Reimbursement

Once HCA has sent a confirmation email that the request was approved:

- Provider is free to submit a ProviderOne reimbursement claim. This claim will be paid up to ODHH rates.
- Upload a copy of the paid interpreter invoice to the reimbursement claim.

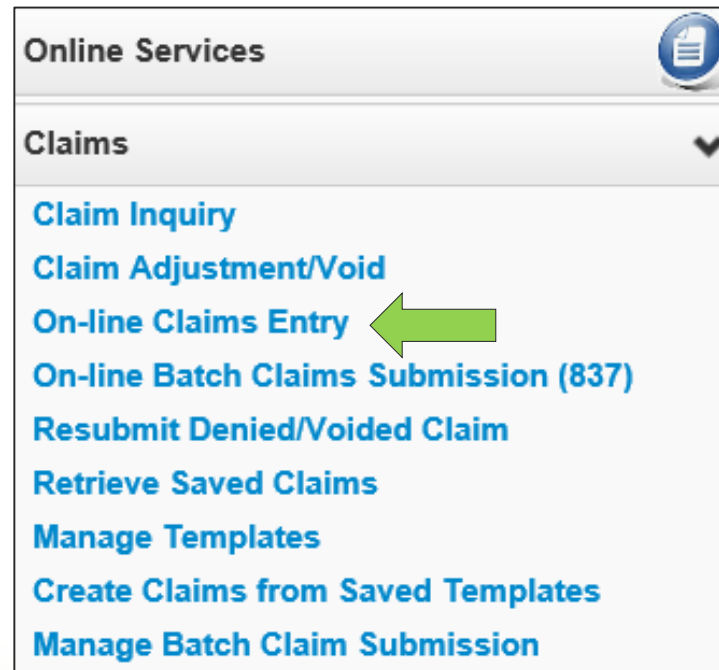
How to Bill a Claim in ProviderOne

ProviderOne is used by Washington Apple Health providers to submit claims and manage their provider accounts. It is compatible with the most commonly used internet browsers: Google Chrome, Firefox, Microsoft Edge, Internet Explorer (IE) for Windows, and Safari for Windows and MAC.

In order for **ProviderOne** to work on your computer, verify your browser **allows popups**, as these are vital to successful claims submission.


Claim Submission

From the Provider Portal, select the **Online Claims Entry** option located under the **Claims** heading.




Claim Submission

Select the **Submit Professional** option.

 Close

Choose an Option.

Submit Professional 	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Claim Level: Billing Provider Details

The Billing Provider Information of the claim screen is where the provider billing specifics will be entered. The sign language taxonomy code must be used on reimbursement claims.

PROVIDER INFORMATION	
Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.	
BILLING PROVIDER	
* Provider NPI: <input type="text"/>	* Taxonomy Code: <input type="text" value="171R00000X"/>
? * Is the Billing Provider also the Rendering Provider?	<input type="radio"/> Yes <input type="radio"/> No
? * Is this service the result of a referral?	<input type="radio"/> Yes <input type="radio"/> No

Note: The claim will deny if the sign language taxonomy code **171R00000X** is not entered on this screen.

Claim Level: Subscriber/Client Details

- The **Subscriber/Client Information section** is designated for the client information of the patient that is receiving services.
- Answer “no” to the below questions:
 - Is the claim for a baby on mom’s client ID?
 - Is this a Medicare Crossover Claim? Answer is always No
- The “Other Insurance Information” section can be skipped as it is not needed for sign language billing.

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

+ Additional Subscriber/Client Information

? Is this claim for a Baby on Mom's Client ID? Yes No

? * Is this a Medicare Crossover Claim? Yes No

+ OTHER INSURANCE INFORMATION

Claim Level: Subscriber/Client Details

Once the field is expanded enter the **Patient's Last Name**, **Date of Birth**, and **Gender**. These are required fields.

- The date of birth must be in the following format: **MM/DD/CCYY**.

The screenshot shows a web form titled "SUBSCRIBER/CLIENT INFORMATION". Under the "SUBSCRIBER/CLIENT" section, the "Client ID" field is highlighted with a green box. Below it, the "Additional Subscriber/Client Information" section is expanded, and three fields are highlighted with green boxes: "Org/Last Name", "Date of Birth" (with mm, dd, ccy labels above the input boxes), and "Gender" (a dropdown menu). Other visible fields include "First Name", "Date of Death" (with mm, dd, ccy labels), "Patient Weight" (with lbs), and "Patient is pregnant" (radio buttons for Yes and No).

Claim Level: Claim Information Section

CLAIM INFORMATION

Go to [Other Claim Info](#) to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

+ PRIOR AUTHORIZATION

+ CLAIM NOTE

+ EPSDT INFORMATION

+ CONDITION INFORMATION

? * Is this claim accident related? Yes No

CLAIM DATA

Patient Account No.:

* Place of Service:

+ Additional Claim Data

Diagnosis Codes: * 1: 2: 3: 4: 5: 6:
7: 8: 9: 10: 11: 12:

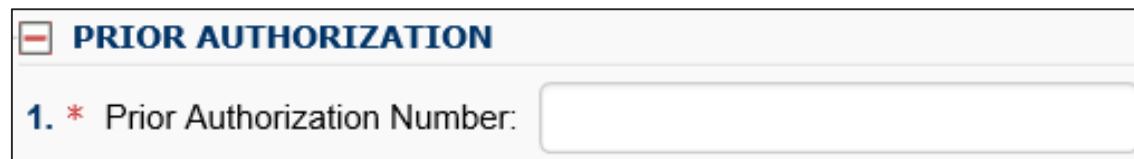
[Top](#)

Claim Level: Prior Authorization

- Click on the red (+) expander to open the **Prior Authorization** section.



- Enter the approved **Prior Authorization Number**. This is a required field for sign language claims.

A rectangular box with a thin black border. At the top left, there is a red minus sign (-) inside a small square, followed by the text "PRIOR AUTHORIZATION" in a bold, blue, sans-serif font. Below this, there is a list item: "1. * Prior Authorization Number:" followed by an empty rectangular input field.

Claim Level: Claim Note, EPSDT Information, Condition Information

- All of these areas should be skipped as they are not needed for sign language billing.

<input type="checkbox"/>	CLAIM NOTE
<input type="checkbox"/>	EPSDT INFORMATION
<input type="checkbox"/>	CONDITION INFORMATION
<input type="checkbox"/>	Additional Claim Data

- The answer to this will always be no. this is a required field

	* Is this claim accident related?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
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Claim Level: Is this claim accident related?

This question will always be answered **No**.

 * Is this claim accident related? Yes No

Claim Level: Patient Account Number

- The **Patient Account No.** You have the option to enter an internal patient account number number that will be included in the Remittance and Status Report (RA)

Patient Account No.:

- The **Place of Service** code is required. For sign language billing you will choose either option **11-OFFICE** or **12-HOME**.

* Place of Service: 

Claim Level: Diagnosis Codes

- Diagnosis code **Z710** is the only code used for sign language billing. Enter this diagnosis in box 1 of the diagnosis area.
- Enter this diagnosis without a decimal point.

Diagnosis Codes: * 1:	<input type="text" value="Z710"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>	5:	<input type="text"/>	6:	<input type="text"/>
7:	<input type="text"/>	8:	<input type="text"/>	9:	<input type="text"/>	10:	<input type="text"/>	11:	<input type="text"/>	12:	<input type="text"/>

Line Level: Service Dates and Place

Enter the **Service Date To and From** and **Service Date To** fields. This should match the date of the appointment on the Master Interpreter Request Form for Medical.

- The dates of service must be entered in the following format: MM/DD/CCYY

	mm	dd	ccyy
* Service Date From:	<input type="text"/>	<input type="text"/>	<input type="text"/>

The **Place of Service** code is optional at the service line level as it was previously entered. For sign language billing you will choose:

- 11-OFFICE
- 12-HOME

Place of Service:	<input type="text" value="11-OFFICE"/>	<input type="button" value="v"/>
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Line Level: Procedure Code

- Enter the **Procedure Code**.
- The following procedure codes that will be used for sign language billing are:
 - T1013 – Sign Language Interpreter Services
 - S0215 – Mileage
 - A0170 – Parking Fees/Tolls
 - T2024 – Agency ONLY Finder’s Fee

* Procedure Code:

Line Level: Modifiers

- When billing for sign language codes or services related to sign language the U3 modifier is required with each code.
- Enter the appropriate 2 digit modifier(s) in the **Modifiers** box.
 - First modifier will always be U3
 - Additional modifiers may include:
 - Modifier U8 for behavioral health or
 - Modifier U9 for substance abuse disorder (SUD)
 - Modifier 52 for cancelled appointment

Modifiers: 1:	<input type="text" value="U3"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>
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Note: 52 modifier will always be the last modifier in a series

Line Level: Submitted Charges and Diagnosis Pointers

- Enter the **Submitted Charges**.
 - If the dollar amount is a whole number, no decimal point is needed.

* Submitted Charges: \$

- For the sign language billing, choose the number 1 from the **Diagnosis Pointer** dropdown box 1.

Diagnosis Pointers: * 1: 2: 3: 4:

Line Level: Units

Enter the procedure **Units**.

- For Sign Language interpreter services, 1 unit equals 15 minutes
- For mileage, 1 unit equals 1 mile.

* Units:

Line Level: Medicare Crossover Items, Drug Identification, Prior Authorization, and Additional Service Line Information

The following areas are not required for sign language billing.

+ Medicare Crossover Items
National Drug Code: <input type="text"/>
+ Drug Identification
+ Prior Authorization
+ Additional Service Line Information

Line Level: Service Details

Select the **Add Service Line Item** button to add the procedure line on the claim.

+ Add Service Line Item
✎ Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 30.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/23/2020	01/23/2020	T1013	U3				1				30.00	2		Delete or Other Service Info

Note: Ensure all necessary claim information has been entered before clicking the button to add the service line to the claim, or you may get errors.

Update Service Line Items

- To change a service line item select the number of the line that needs to be updated.
 - This will repopulate the service line item boxes for edits to be made.
 - Once the service line is updated, click the Update Service Line Item button to add corrected information to the claim

+ Add Service Line Item **Update Service Line Item**

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 30.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number			
	From	To		1	2	3	4	1	2	3	4						
1	01/23/2020	01/23/2020	T1013		U3					1				30.00	2		Delete or Other Service Info

Submitting Claim for Processing

- Click on the **Submit Claim** button on the top left header bar to submit your claim.

Close Save Claim **Submit Claim** Reset

Professional Claim

Note: asterisks (*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

- The following pop up window is displayed.

Message from webpage

Do you want to submit any Backup Documentation?

OK Cancel

- Click on the **OK** button to attach a **copy of the paid invoice**.

Submitting Claim for Processing

- The **Claims Backup Documentation** page is displayed.
 - Enter the **Attachment Type** of 77-Support Data for Verification.
 - Enter the **Transmission Code** of EL-Electronically Only.
 - Click on the **Browse** button to choose the electronic file to attach.
- Click on the **OK** button.

Print Help

Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.

Attachment Type: 77-Support Data for Verification * Transmission Code: EL-Electronically Only *

Line No:

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

Filename: Browse... *

OK Cancel

Submitting Claim for Processing

- The **Submitted Professional Claim Details** confirmation page is displayed. It will display a summary of the basic claim information, as well as the assigned claim number (TCN).
- ProviderOne will display the attached electronic record under the **Attachment List** section.
- Click the final **Submit** button to send your claim to ProviderOne.

Submitted Professional Claim Details:

TCN: 202003800000015000
 Provider NPI: 5100000004
 Client ID: 999999998WA
 Date of Service: 01/01/2020-01/01/2020
 Total Claim Charge: \$ 10.00

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

Attachment List

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
<input type="checkbox"/>	test.docx	77	EL		12kb	X	02/07/2020

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

Print
Print Cover Page
Submit

Trouble Shooting Uploading Invoices

If you are unable to upload a copy of your paid invoice it could be because:

- The naming convention has symbols
- The document type is not recognized/accepted into provider one
- There is a problem with the attachment

When submitting additional documentation in ProviderOne the following are acceptable file formats:

PDF, GIF, JPEG, DOC, DOCX, XLSX and document sizes no more than 10 MB.

Note: If you continue to have trouble uploading paid invoice please email Interpreter Services Inbox for assistance.

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

- 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