

# Desk Aid for: Requesting Sign Language Interpreters in ProviderOne

**Provider Portal**

- Enter New Interpreter Request

\*Organization Unit: --SELECT--

Prior Authorization ▼

On-line Prior Authorization Submission

Prior Authorization Inquiry

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 Interpreter Request**

- Select In Person

**SERVICE TYPE CODE SELECTION**

Please select Service Type Code

\* Service Type Code: --SELECT--

**Service Request Information**

- Client ID- P1 Number
- Requesting provider and Billing Provider NPI must match
- Referring is not necessary

Please select Service Type Code

\* Service Type Code: INPER - In Person

**CLIENT INFORMATION**

**CLIENT**

\* Client ID:

**REQUESTOR INFORMATION**

**REQUESTOR**

\* Requesting Provider NPI:  \* Billing Provider NPI:  Referring Provider NPI:

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## Service Request Information Cont.

- Code Qualifier must be P- HCPCS
- Proc From Date = Date of Appointment
- Length of time must be entered in units. 1 Unit = 15 minutes

**SERVICE REQUEST LINE ITEMS - MEDICAL**

\* Code Qualifier: P - HCPCS Procedure Code

mm dd cyy  
\* Proc From Date: 11 09 2017

# Units/Days Requested:

+ Add Ser

## Service Request Information Cont.

- National Code T1013
- Modifier 1 will always be U3
- If Mental Health or SUD add 2<sup>nd</sup> Modifier
- U8 = SUD
- U9 = Mental Health

**SERVICE REQUEST INFORMATION**

**SERVICE REQUEST LINE ITEMS - MEDICAL**

\* Code Qualifier: P - HCPCS Procedure Code

mm dd cyy  
\* Proc From Date: 05 01 2020

# Units/Days Requested: 4

\* National Code: T1013

mm dd cyy  
\* Proc To Date: 08 02 2020

\$ Amount Requested:

Modifiers: 1: U3 2:

+ Add Service Request Line Item / Update Service Request Line Item

Previously Entered Service Request Line Item Information

## Submitting Request

- Place of Service will be office or home
- Diagnosis code is NOT required
- To have your approval faxed enter fax # in comments box

**MEDICAL INFORMATION**

Diagnosis Code:

Place of Service: --SELECT--

Comments:

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## Submitting Request Cont.

- (Submit PA Request Info) DOES NOT SUBMIT YOUR REQUEST
- You must verify and correct the errors before ProviderOne will accept the online PA request.

Close Submit PA Request Info Reset

Warning : Error retrieving Client Details / Client ID Not Valid.

Warning : Error retrieving Requesting Provider Details / Requesting Provider Not Found.

On-Line Prior Authorization Submission Screen - Initiate Medical PA Request Screen

Note: asterisks (\*) denote required fields.

PA Request Info

Service Type Code Selection | Client Info | Requestor Info | Service Request Info | Medical Info

## Attaching Required DSHS 17-123A Form

- Note: PA Request Number for reference or to check status of request
- Add DSHS 17-123A form here

Submitted PA Request Details:

PA Request Number: 100618007  
 Provider ID: 1801231717  
 Client ID: 99999998WA  
 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 DSHS 17-123A Form

- Attachment Type – 77 Supporting Data
- Transition Code = WB
- Browse to find completed DSHS 17-123A form

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

Attachment Type: 77-Support Data for Verification \* Transmission Code: WB-Web \*

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

Filename: Browse... \*

OK Cancel

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## Final Submission

- **FINAL SUBMIT**  
Will get your request and required form to HCA

**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.

**Attachment List:**

<input type="checkbox"/>	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    Viewing Page: 1

\*\* 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 @  
INTERPRETERSVC@hca.wa.gov