Submitting a Sign Language Claim in ProviderOne

HCA Interpreter Services Program
Medicaid Programs Division
October 2024

Objective

Successfully know how to enter and submit a claim in **ProviderOne**

Accessing ProviderOne

➢ Before logging into ProviderOne:
- Make sure you are using one of the following and your **popup blockers are turned OFF**:

Computer operating systems	Internet browsers
Windows • 10 • 8.1 • 8 • 7	Internet Explorer • 11 • 10
Macintosh • OS 10.12 Sierra • OS X 10.11 El Capitan • OS X 10.10 Yosemite	Google Chrome • 55.0.2883 • 54.0.2840
	Firefox • 50.0.2 • 45.5.1 ESR
	Safari • 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.

Getting Started

- Use web address: https://www.waproviderone.org

- Complete the **Domain**, **Username**, and **Password** fields.

- Click on the **Login** button.

ProviderOne

Domain Name

User Name

Password

Login

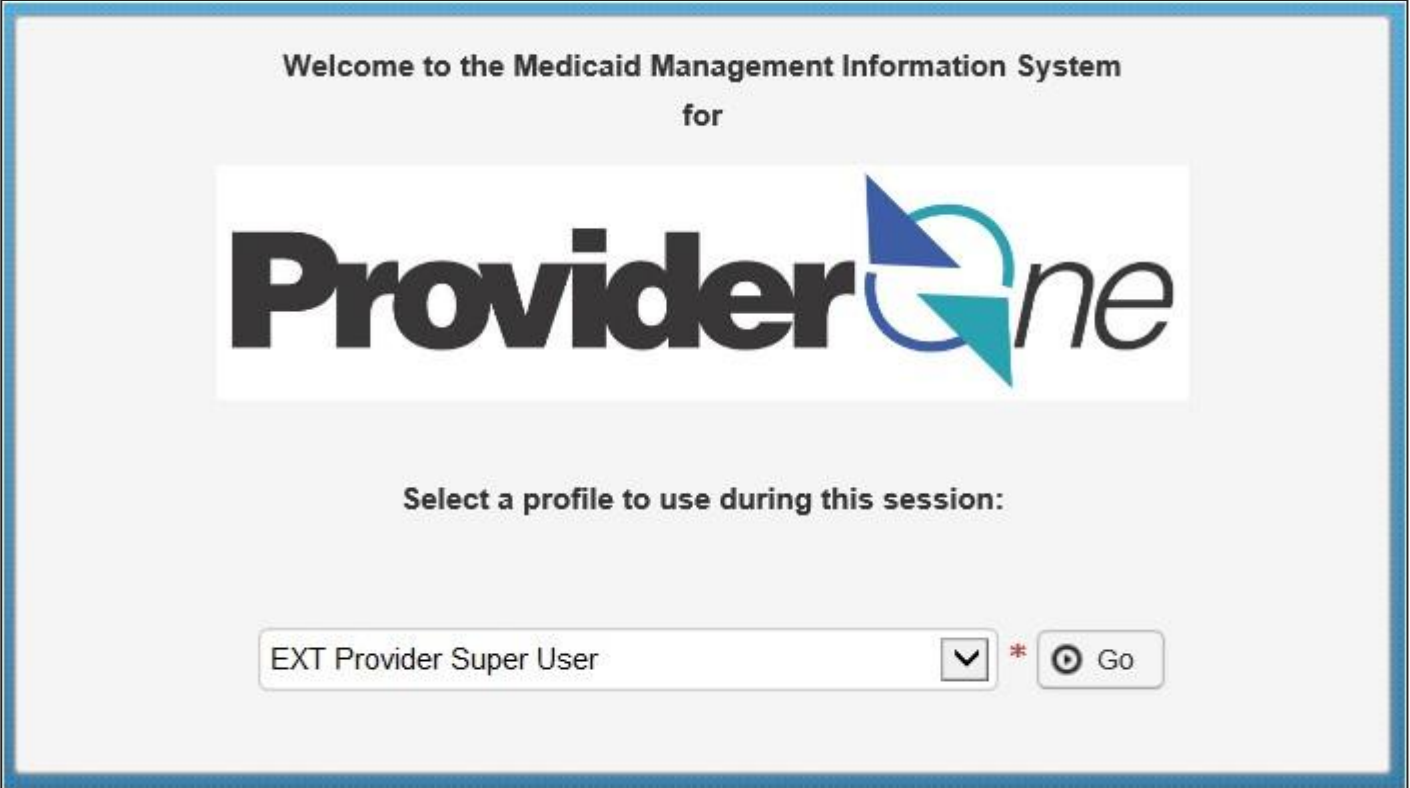**Note:** The Domain, Username and Password fields are case sensitive.

Unlock Account and Reset Password? Click here

If you are a Client, Click here

Login Problems? Click here

Claim Submission

- Select the **EXT Provider Super User** profile to submit claims using Direct Data Entry (DDE) and click **GO**.

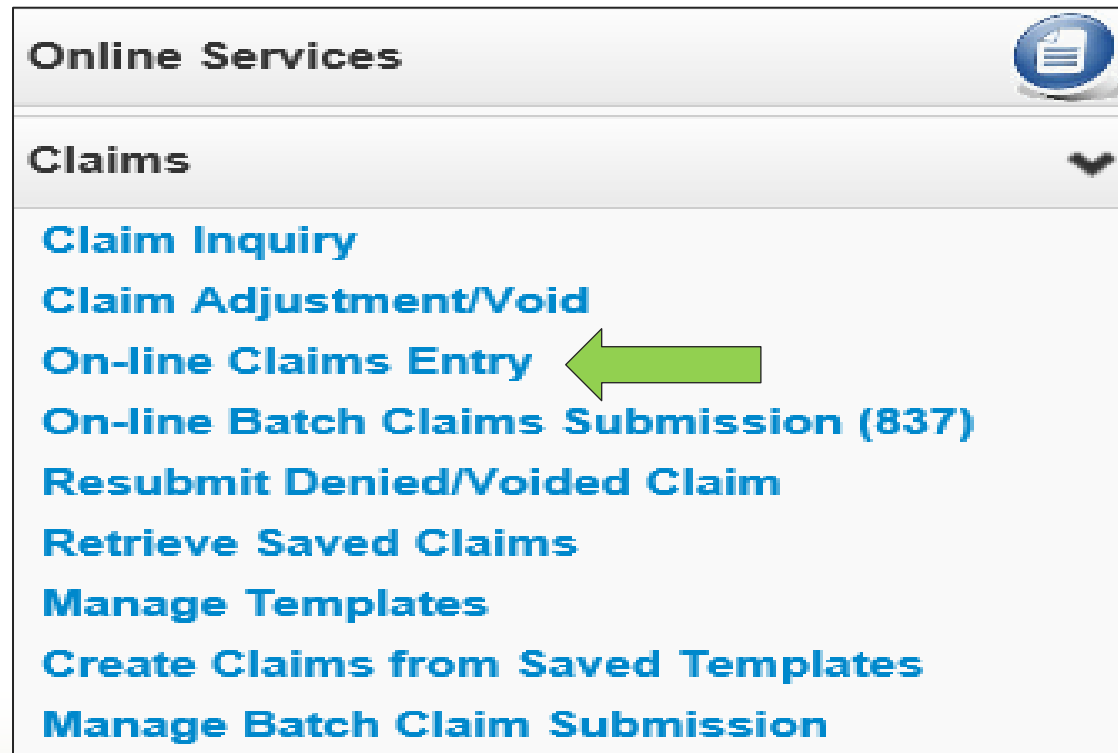Welcome to the Medicaid Management Information System

for

ProviderOne

Select a profile to use during this session:

EXT Provider Super User | ▼ | * | ⊙ Go

Claim Submission

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

Claim Submission

- Select the **Submit Professional** option.

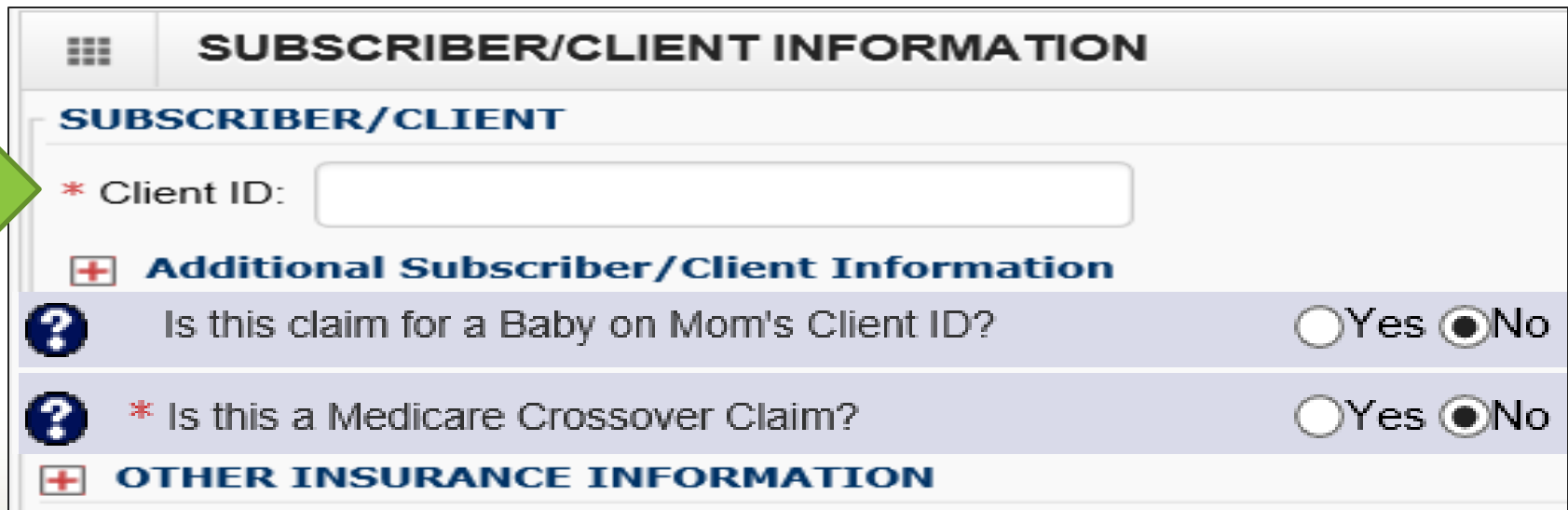# Claim Level: Billing Provider Details

- The Billing Provider Information of the claim screen is where you the contractor who is billing for services will enter your NPI. The taxonomy code for sign language claims will always be 171R00000X.

Claim Level: Subscriber/Client Details

- The **Subscriber/Client Information** of the claim screen is where you enter the detail of the client you are billing for. Make sure to click on the ➕ to include all the client's required information.
- You will answer "NO" to the below questions.
- The "Other Insurance Information" section can be **skipped** as it is not needed for sign language billing.

Claim Level: Subscriber/Client Details

- **Patient's Last Name, Date of Birth,** and **Gender** are required.
  - o The date of birth must be in the following format: **MM/DD/CCYY**.
  - o Additional shown information fields are **not** required for entry.

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: [ ]
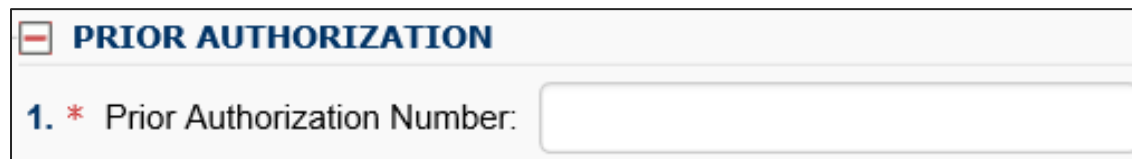
Top

Claim Level: Prior Authorization

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

PRIOR AUTHORIZATION

- **The Prior Authorization Number is required**. If the Prior Authorization is not Approved the claim will deny.

PRIOR AUTHORIZATION
1. * Prior Authorization Number:

➤ Note: This is the same number as the **Prior Authorization Reference Number**.

Claim Level: Claim Note

Click on the red (+) expander to open the
Claim Note section.

You will use this code to bypass a duplicate claim error ONLY if the claim is truly not a duplicate.

Claim Level: Claim Note, EPSDT Information, Condition Information

- The rest of these areas can be **skipped** as they are not needed for sign language billing.

Claim Level: Is this claim accident related?

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

Claim Level: Patient Account Number

- The **Patient Account No.** field is not required

- You may enter an internal patient account number or SR # to be included in the Remittance and Status Report (RA)

Patient Account No.:	Not Required

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

* Place of Service:	11-OFFICE

Claim Level: Diagnosis Codes

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

| Diagnosis Codes: * 1: | **Z710** | 2: | | 3: | | 4: | | 5: | | 6: | |
| 7: | | 8: | | 9: | | 10: | | 11: | | 12: | |

Line Level: Basic Service Line Information

- Overview of the Basic Line-Item Information.
  - Everything with a red asterisk is required

Line Level: Service Dates and Place

- Enter the **Service Date To and From** fields.
  - The dates of service must be entered in the following format: MM/DD/CCYY

	mm	dd	ccyy
* Service Date From:			

- The **Place of Service** code is optional at the service line level as it was previously entered. For sign language billing you will choose option **11-OFFICE** or **12-HOME**.

Place of Service: | 11-OFFICE ▼ |

Line Level: Procedure Code

- Enter the **Procedure Code**.
- The following procedure codes that will be used for sign language billing are:

Code	Description	Note
T1013	Interpreters Time	This is appointment time and travel time per the DES/ODHH contract
T2024	Agencies Finder's Fee	Only U3 modifier. No additional mods. This is only to be used by agencies.
S0215	Mileage	
A0170	Parking Fees/Tolls/Airfare/Taxi/Rideshare	Only U3 modifier. No additional mods.
S9976	Lodging	Only U3 modifier. No additional mods.

➢ Note: Code T2024 will only be used by Agencies to pay for a finder fee.

Line Level: Modifiers

- For the sign language billing, modifiers will be needed when billing procedure code T1013.
- Enter the appropriate 2-digit modifier(s) in the **Modifiers** box.

Modifier	Description	Note
U3	Sign Language	This must always be used with T1013 and T2024 in the first modifier position.
U8	Substance Use Disorder	If this code is used it will go in the second modifier position.
U9	Mental Health	If this code is used it will go in the second modifier position.
52	Last minute Cancellation/No Show	If this code is used it will always go in the last modifier position.

Modifiers: **1:** U3   **2:** [   ]   **3:** [   ]   **4:** [   ]

Line Level: Submitted Charges and Diagnosis Pointers

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

* Submitted Charges: $ [   ]

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

Diagnosis Pointers: * 1: [1 ▼] 2: [▼] 3: [▼] 4: [▼]

Line Level: Units

- Each line item will require you enter **Units**.

Procedure Code	Unit Description	Note
T1013 Interpreter time	15 minutes = 1 unit	This is appointment and pre–approved travel time.
T2024 Finder's Fee	1 unit = 1 interpreter	If there is more than one interpreter do not put multiple units. Add multiple lines of T2024/U3 with 1 unit.
S0215 – Mileage	1 unit = 1 mile	This will be the total mileage
A0170 – Parking Fee/Tolls etc.	1 unit = 1 fee	For units it will be one. In the submitted charges field, you will enter the fee invoiced amount. Add multiple lines of A0170/U3 with 1 unit for multiple expenses.
S9976 – Lodging	1 unit = 1 fee	For units it will be one. In the submitted charges field, you will enter the exact approved lodging amount.

➢ Travel time must be pre- approved and added to the T1013 units

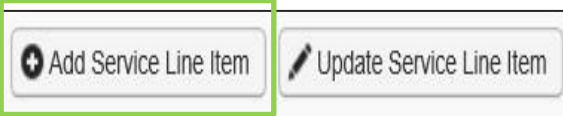# Line Level: Medicare Crossover Items, Drug Identification, Prior Authorization, and Additional Service Line Information

- The following areas are not required for sign language billing

➕ **Medicare Crossover Items**	
National Drug Code:	[ ]
➕ **Drug Identification**	
➕ **Prior Authorization**	
➕ **Additional Service Line Information**	

Line Level: Service Details

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

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

Previously Entered Line Item Information

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

> ➤ **Note: Please ensure all necessary claim information has been entered before clicking the button to add the service line to the claim.**
>
> ➤ **Note: Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form.**

Add Additional Service Line Items

- If additional service lines need to be added, click on the **Service** hyperlink at the top of the page to get quickly back to the **Basic Service Line Items** section.

Line Level: Service Details

- If the job requires an interpreting team you will identify this line by line on the claim.

  – Each sign language interpreter will be billed on their own line with the amount of units they worked (including pre – approved travel time)

  – Each agency finders fee will have its own line with 1 unit.

  Note: Finders fees vary based on the negotiated rate by referral agencies.

Example of how a claim might look for a SL for MH and finder's fee for Interpretering team

Line No	Service Dates From	To	Proc. Code	Modifiers 1	2	3	4	Diagnosis Pntrs 1	2	3	4	Submitted Charges	Units
1	09/01/2021	09/01/2021	T1013	U3	U9 ← Interpreter #1 Service line			1				210	6
2	09/01/2021	09/01/2021	T1013	U3	U9 ← Interpreter # 2 Service line			1				220	6
3	09/01/2021	09/01/2021	T2024	U3 ← Interpreter #1 Finders Fee				1				35	1
4	09/01/2021	09/01/2021	T2024	U3 ← Interpreter #2 Finders Fee				1				35	1

Update Service Line Items

- Update a previously added service line item by clicking on the line number of the line that needs to be updated.
  - This will repopulate the service line-item boxes for changes to be made.

Submitting Claim for Processing

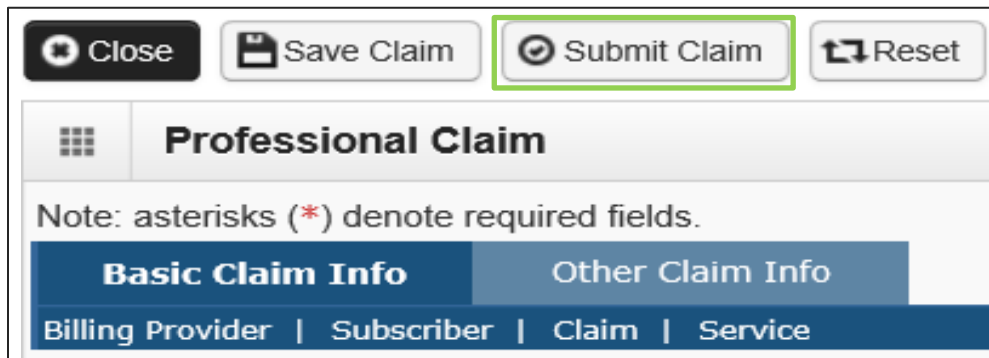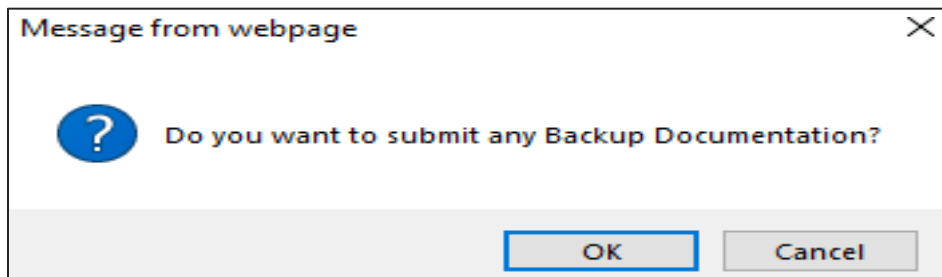- Click on the **Submit Claim** button on the top left header bar to submit your claim.

- The following pop-up window is displayed.

Select **Cancel** if you do not need to upload any documentation.

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). You may want to keep this number for your records.
- ProviderOne will display the attached electronic record under the **Attachment List** section if you chose to attach any documentation. (**this is not required**)
- Click the final **Submit** button in the bottom right corner to send your claim to ProviderOne.

Submitting Claim for Processing

Contact and Support

- Contact Interpreter Services at:
  - interpretersvcs@hca.wa.gov
- Interpreter Services Website:
  - www.hca.wa.gov/isproviders
- HCA Provider Enrollment
  - providerenrollment@hca.wa.gov
  - 1-800-562-3022 ext 16137
- ODHH
  - https://www.dshs.wa.gov/altsa/odhh
  - 1-800-422-3263
- Contact Provider Relations:
  - providerrelations@hca.wa.gov

> ➢ 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.