Getting Started

**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.
Creating a Claim Template
Getting Started

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

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

• Click on the **Login** button.
Claim Template

• Select the **EXT Provider Super User** profile to start using the Direct Data Entry (DDE) template feature and click **GO**.
Creating a Claim Template

- Click on the **Manage Templates** hyperlink.

![Screenshot of menu with Manage Templates highlighted]
Creating a Claim Template

- At the Create a Claim Template and list screen, choose **Professional** from the **Type of Claim** box.
- Click the **ADD** button to bring up the claim template form.
Creating a Claim Template

- Preview of claims screen with addition of **Template Name**.
Creating a Claim Template

- Minimum required information to save template shown below:

- Template Name: 

  - * Is the Billing Provider also the Rendering Provider?  Yes  No
  - * Is this service the result of a referral?  Yes  No
  - * Is this claim for a Baby on Mom's Client ID?  Yes  No
  - * Is this a Medicare Crossover Claim?  Yes  No
  - * Is this claim accident related?  Yes  No

- Note: You can fill in as much information on the claim form template as long as the minimum information above is entered.
Creating a Claim Template

• Additional information that can be entered on each template and saved:

<table>
<thead>
<tr>
<th>BILLING PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Provider NPI:</td>
</tr>
<tr>
<td>* Taxonomy Code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis Codes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 1: Z710</td>
</tr>
<tr>
<td>2:</td>
</tr>
<tr>
<td>3:</td>
</tr>
<tr>
<td>4:</td>
</tr>
<tr>
<td>5:</td>
</tr>
<tr>
<td>6:</td>
</tr>
<tr>
<td>7:</td>
</tr>
<tr>
<td>8:</td>
</tr>
<tr>
<td>9:</td>
</tr>
<tr>
<td>10:</td>
</tr>
<tr>
<td>11:</td>
</tr>
<tr>
<td>12:</td>
</tr>
</tbody>
</table>

➢ Note: Although procedure information including date of service, procedure code, modifiers, units, and dollar amount, can be entered in the Basic Service Line Item detail, it is recommended that this area on your template be left blank. For example the dates of service will always change so will need to be added each time you submit a claim from a template.
Saving a Claim Template

• When done entering information needed, click on the **Save Template** button in the upper left corner.

• You will receive a pop up asking if you would like to save the template. Answer **OK** to save.
Claim Template List

- Claim options from the Claim Template List are:
  - Edit template
  - View template
  - Delete template
  - Save As/Copy template

<table>
<thead>
<tr>
<th>Template Name</th>
<th>Type</th>
<th>Last Updated By</th>
<th>Last Updated Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGN LANGUAGE TEMPLATE</td>
<td>Professional</td>
<td>PRU</td>
<td>01/31/2020</td>
</tr>
</tbody>
</table>
Claim Template List

• Enter a **check mark** in the box next to the template name.
• Click on the option button (Edit, View, Delete, SaveAs/Copy)
Save As/Copy Template

- **Rename** the template.
- Change any other information needed.
- Click on the **Save Template** button in upper left corner.

![Image of template with highlighted fields: Template Name: SIGN LANGUAGE TEMPLATE 2]
Submitting a Template Claim

- Claims can be submitted from a template.
- Click on the **Create Claims from Saved Templates** hyperlink.
Submitting a Template Claim

- The **Create Claims from Saved Templates** list is displayed.
- Click on the **Template Name** to bring up the template.
Submitting a Template Claim

- Once the template is displayed, continue to fill out the remaining missing information. Refer to slides 25-39
- Click on the **Submit Claim** button in the upper left corner.
Questions?
Claim Submission
Claim Submission

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

• Overview of the DDE Professional claim screen

### Claim Data
- **Patient Account ID:**
- **Place of Service:**
- **Diagnosis Codes:**
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
  - 12

### Basic Service Line Items
- **Service Date From:**
- **Service Date To:**
- **Place of Service:**
- **Procedure Code:**
- **Modifiers:**
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6

### Medicare Crosscare Items
- **National Drug Code:**
- **Drug Identification:**
- **Prior Authorization**
- **Additional Service Line Information**

### Condition Information
- **Is this claim accident related?** Yes/No

### Prior Authorization
- **Claim Note**
- **Claim Information**
- **Prior Authorization**

### Other Information
- **Additional Subscriber/Client Information**
- **Is this a Baby on Mom's Client ID?** Yes/No
- **Is this a Medicare Crosscare Claim?** Yes/No

### Beneficiary Information
- **Name:**
- **Address:**
- **Phone:**
- **SSN:**
- **DOB:**

### Service Line Information
- **Line Service Code:**
- **Line Description:**
- **MedIDS:**
- **Diagnosis Codes:**
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
  - 12

### Logon Information
- **User ID:**
- **Password:**
- **Last Logon:**

### Service Authorization
- **Service Authorization:**
- **Denied:**
- **Authorized:**
- **Pending:**

### Submitted Charges Information
- **Total Submitted Charges:**

### Additional Information
- **Other Information:**
- **Contact Information:**
- **Emergency Information:**

### Claim Submission Process
1. **Open Claim Submission Screen:**
2. **Enter Claim Details:**
3. **Submit Claim:**
4. **Review Submitted Claims**
Claim Level: Billing Provider Details

- The Billing Provider Information of the claim screen is where you will describe the provider and the specialty (taxonomy).

Note: These are the questions and areas to be completed in this section of the claim form. The next slides will show each question individually.
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.
• You will answer “no” to the below questions:
  • Is the claim for a baby on mom’s client ID?
  • Is this a Medicare Crossover Claim?
• The “Other Insurance Information” section can be skipped as it is not needed for sign language billing.
Claim Level: Subscriber/Client Details

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

![Subscriber/Client Information Form](image)
Claim Level: Claim Information Section

Note: These slides will describe the questions and fields to be answered in the claim information area. The next slides will show each topic individually.
Claim Level: Prior Authorization

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

• Enter the approved Prior Authorization Number.

> Note: This is the same number as the Prior Authorization Reference Number.
Claim Level: Claim Note, EPSDT Information, Condition Information

- All of these areas should 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 to 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: 11-OFFICE
Claim Level: Diagnosis Codes

- Diagnosis code **Z710** will be 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.
Line Level: Basic Service Line Information

- Overview of the Basic Line Item Information

### BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information:

- Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Purchased Services and Line Adjudication.

#### BASIC SERVICE LINE ITEMS

<table>
<thead>
<tr>
<th></th>
<th>mm</th>
<th>dd</th>
<th>yyyy</th>
<th></th>
<th>mm</th>
<th>dd</th>
<th>yyyy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Date From</td>
<td></td>
<td></td>
<td></td>
<td>Service Date To</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure Code</td>
<td></td>
<td></td>
<td></td>
<td>Modify: 1: 2: 3: 4:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted Charges: $</td>
<td></td>
<td></td>
<td></td>
<td>Diagnosis Pointers: 1: 2: 3: 4:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Medicare Crossover Items

- National Drug Code:  

- Drug Identification

- Prior Authorization

- Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

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

<table>
<thead>
<tr>
<th>Line Service Dates</th>
<th>Proc. Code</th>
<th>Modifiers</th>
<th>Diagnosis Pointers</th>
<th>Submitted Charges</th>
<th>Units</th>
<th>PA Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No From To</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: These slides will describe the fields required in the line level information area. The next slides will show each area individually.
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

![Service Date From:](mm dd ccyy)

• 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:
  - T1013 – Sign Language Interpreter Services
  - S0215 – Mileage
  - A0170 – Parking Fees/Tolls
  - T2024 – Agency Finder Fee

➢ 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 U3 for sign language
    - Must be used on all procedure codes
  - Modifier U9 for behavioral health
  - Modifier U8 for substance abuse disorder (SUD)
  - Modifier 52 for cancelled appointment

> Modifier 52 will always come last
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.
Line Level: Units

- Enter the procedure **Units**.
  - For Sign Language interpreter services, 1 unit equals 15 minutes
  - For mileage, 1 unit equals 1 mile.

➢ Travel time must be 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.
Line Level: Service Details

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

➢ 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.
• Follow the same steps as outlined in slides 35-42.
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.

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Service Dates From</th>
<th>Service Dates To</th>
<th>Proc. Code</th>
<th>Modifiers</th>
<th>Diagnosis Ptnrs</th>
<th>Submitted Charges</th>
<th>Units</th>
<th>PA Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01/23/2020</td>
<td>01/23/2020</td>
<td>T1013</td>
<td>U3</td>
<td>1</td>
<td>30.00</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Total Submitted Charges: $ 30.00
Update Service Line Items

- Once the service line is updated, click on the **Update Service Line Item** button to add the corrected information to the service line.

Note: Once the **Update Service Line Item** button is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item section to view and verify that the changes were completed.
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.

• Click on the **OK** button to attach the **DSHS Request for Sign Language Interpreter Form (DSHS 17-123A)**.
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.
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.
Submitting a Template Claim

- Claims can be submitted from a template.
- Click on the **Create Claims from Saved Templates** hyperlink.

![Online Services Menu]

- Claim Inquiry
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Voided Claim
- Retrieve Saved Claims
- Manage Templates
- **Create Claims from Saved Templates**
- Manage Batch Claim Submission
Submitting a Template Claim

- The **Create Claims from Saved Templates** list is displayed.
- Click on the **Template Name** to bring up the template.

![Image of Create Claim from Saved Templates List](image-url)
Submitting a Template Claim

- Once the template is displayed, continue to fill out the remaining missing information. Refer to slides 25-39
- Click on the **Submit Claim** button in the upper left corner.

![Professional Claim]

- The following pop up window is displayed.

![Message from webpage]

- Click on the **OK** button to attach the **DSHS Request for Sign Language Interpreter Form (DSHS 17-123A)**.
Submitting Claim for Processing

- The **Claims Backup Documentation** page is displayed.
  - Enter the **Attachment Type** of 77-Support Data for Verification.
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- ProviderOne will display the attached electronic record under the **Attachment List** section.
- Click the final **Submit** button to send your claim to ProviderOne.
Contact and Support

• Contact Interpreter Services at:
  o interpretersvcs@hca.wa.gov

• Interpreter Services Website:
  o www.hca.wa.gov/isproviders
  o www.hca.wa.gov/sli-transition

• HCA Provider Enrollment
  o providerenrollment@hca.wa.gov
  o 1-800-562-3022 ext 16137

• ODHH
  o www.dshs.wa.gov/altsa/office-deaf-and-hard-hearing
  o 1-800-422-3263

• Contact Provider Relations:
  o 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.