Social Services ProviderOne Billing Supplement for Providers of Medical Equipment and Supplies

Who should use this billing supplement?

The purpose of this billing supplement is to assist ProviderOne social services providers to properly bill for services provided to eligible clients when properly authorized by the case worker.

What procedure codes may I bill HCA?

Based on provider feedback, we have developed a Microsoft Excel workbook (see Figures 1-3) which contains all HCPCS codes social services providers may bill HCA when providing shared[*] services or equipment to eligible clients. This format will make it easy for providers to search by HCPCS or short description to verify the correct social service code[†]. Frequently utilized non-medical items authorized by social services have been added to the list for your convenience. The Excel workbook is available on HCA's website under **Provider billing guides and fee schedules**. Navigate to the program-specific billing guide. The Excel workbook is located under the title **Social Services**.

As noted in the instructions at the top of each page:

- Having a social service blanket code does not imply an item or procedure is covered by every social service program.
- The list is auto-populated until a HCPCS/procedure code (Figure 1), a key term or short description (Figure 2) or a Modifier (Figure 3) is entered in the search field.
- Figure 1: Use the HCPCS code to search for DME. Search "NA" for nonmedical equipment and supplies or assistive technology. Search the procedure code for other services.

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[*] Shared services are medical services shared between Washington Apple Health and the Department of Social and Health Services (DSHS).
[†] A blanket code is a service code the DSHS worker authorizes that is connected to one or more HCPCS procedure codes. Social service providers must bill HCA using any procedure code(s) connected to the blanket code, up to the maximum dollar amount authorized. Both the blanket code and the maximum dollar amount appear on the social service provider's authorization list in ProviderOne. If the provider has opted for communication via mail, ProviderOne will generate an authorization letter that will indicate the authorization number, blanket code, amount authorized, and applied client responsibility.

- Not every item available using SA421 or SA075 is included in this search tool.

- Use of service codes SA421 and SA075 may vary across DSHS programs; please defer to the authorizing case manager.
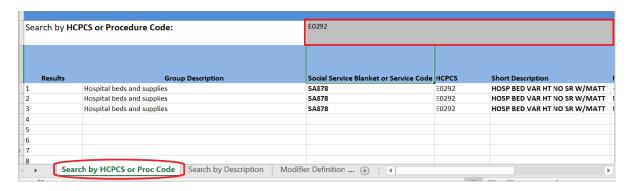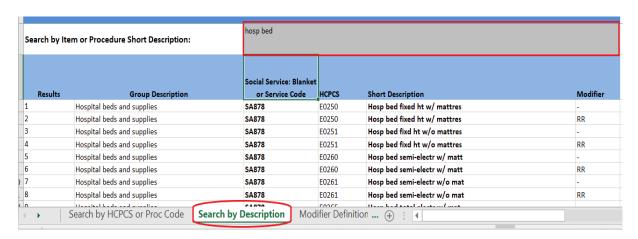
Search by HCPCS or Procedure Code: E0292

Results	Group Description	Social Service Blanket or Service Code	HCPCS	Short Description	
1	Hospital beds and supplies	SA878	E0292	HOSP BED VAR HT NO SR W/MATT	-
2	Hospital beds and supplies	SA878	E0292	HOSP BED VAR HT NO SR W/MATT	
3	Hospital beds and supplies	SA878	E0292	HOSP BED VAR HT NO SR W/MATT	
4					
5					
6					
7					
8					

Search by HCPCS or Proc Code | Search by Description | Modifier Definition ... ⊕

Figure 1

Search by Item or Procedure Short Description: hosp bed

Results	Group Description	Social Service: Blanket or Service Code	HCPCS	Short Description	Modifier
1	Hospital beds and supplies	SA878	E0250	Hosp bed fixed ht w/ mattres	-
2	Hospital beds and supplies	SA878	E0250	Hosp bed fixed ht w/ mattres	RR
3	Hospital beds and supplies	SA878	E0251	Hosp bed fixd ht w/o mattres	-
4	Hospital beds and supplies	SA878	E0251	Hosp bed fixd ht w/o mattres	RR
5	Hospital beds and supplies	SA878	E0260	Hosp bed semi-electr w/ matt	-
6	Hospital beds and supplies	SA878	E0260	Hosp bed semi-electr w/ matt	RR
7	Hospital beds and supplies	SA878	E0261	Hosp bed semi-electr w/o mat	-
8	Hospital beds and supplies	SA878	E0261	Hosp bed semi-electr w/o mat	RR

Search by HCPCS or Proc Code | **Search by Description** | Modifier Definition ... ⊕

Figure 2

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2 | COMPLEX REHABILITATION TECHNOLOGY (CRT)/HOME INFUSION THERAPY/PARENTERAL NUTRITION/MEDICAL EQUIPMENT & SUPPLIES/PROSTHETICS AND ORTHOTICS/RESPIRATORY CARE
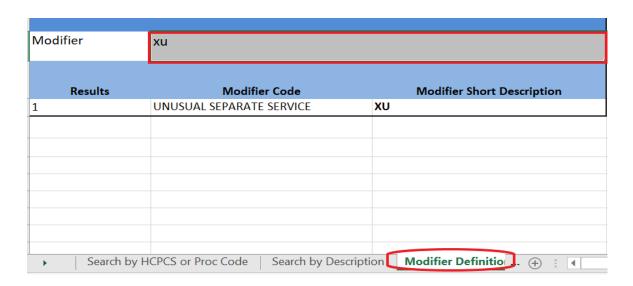
Figure 3

How do I bill for services?

- Instructions on how to bill Direct Data Entry (DDE) claims can be found on HCA's **Billers and Providers** web page, under **Webinars**.

- For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the **HIPAA Electronic Data Interchange (EDI)** web page

- Also, see HCA's **ProviderOne Billing and Resource Guide** for general billing information.

Authorizations by social services for medical equipment and supplies, nonmedical equipment and supplies, and assistive technology must be error-free and in "Reviewing" status prior to completing orders. Following confirmation of receipt of the item(s), the authorization will be changed to "Approved." The authorization must be in "Approved" status for a provider to be able to bill.

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3 | COMPLEX REHABILITATION TECHNOLOGY (CRT)/HOME INFUSION THERAPY/PARENTERAL NUTRITION/MEDICAL EQUIPMENT & SUPPLIES/PROSTHETICS AND ORTHOTICS/RESPIRATORY CARE

> **Note**: To prevent billing denials, check the client's eligibility for other coverage **before** scheduling services and at the **time of the service**. See HCA's ProviderOne Billing and Resource Guide for instructions on how to verify a client's eligibility and how to request a limitation extension or exception to rule. Providers must exhaust other coverage before submitting a request for payment to HCA under a social services authorization.
>
> To reduce payment issues, providers must ensure an error-free authorization is in ProviderOne prior to completing a service when it will be paid for by social services. When claiming, providers should check that the authorization is consistent with their claim, including code, rate, units, etc.

National correct coding initiative

HCA continues to follow the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists HCA to control improper coding that may lead to inappropriate payment. HCA bases coding policies on the following:

- The American Medical Association's (AMA) CPT® manual

- National and local policies and edits

- Coding guidelines developed by national professional societies

- The analysis and review of standard medical and surgical practices

- Review of current coding practices

Procedure code selection must be consistent with the current CPT guidelines, introduction, and instructions on how to use the CPT coding book. Providers must comply with the coding guidelines that are within each section (e.g., E/M services, radiology, etc.) of the current CPT book.

HCA may perform a post-pay review on any claim to ensure compliance with NCCI. NCCI rules are enforced by the ProviderOne payment system. Visit the NCCI on the web.

Who do I contact if I have questions?

Visit HCA's website for further information about program coverage, how to bill, or who to contact with questions.

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4 | COMPLEX REHABILITATION TECHNOLOGY (CRT)/HOME INFUSION THERAPY/PARENTERAL NUTRITION/MEDICAL EQUIPMENT & SUPPLIES/PROSTHETICS AND ORTHOTICS/RESPIRATORY CARE