



Prior Authorization for Sign Language Request

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Key Take-aways

- Purpose of a prior authorization and who submits for this?
- How to successfully submit a prior authorization to confirm client and provider eligibility?
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- Purpose of the prior authorization reference number.
- What to do with a prior authorization number?

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 <ul style="list-style-type: none"> • 10 • 8.1 • 8 • 7 	Internet Explorer <ul style="list-style-type: none"> • 11 • 10
Macintosh <ul style="list-style-type: none"> • OS 10.12 Sierra • OS X 10.11 El Capitan • OS X 10.10 Yosemite 	Google Chrome <ul style="list-style-type: none"> • 55.0.2883 • 54.0.2840
	Firefox <ul style="list-style-type: none"> • 50.0.2 • 45.5.1 ESR
	Safari <ul style="list-style-type: none"> • 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

DES/ODHH sign language master contractors may receive request for Apple Health jobs. To ensure the provider request the sign language interpreter is an eligible Medicaid requestor, and the client is a current Apple Health client a prior authorization (PA) will need to be submitted.

- 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](#)

ProviderOne Log In


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

Welcome to the Medicaid Management Information System
for



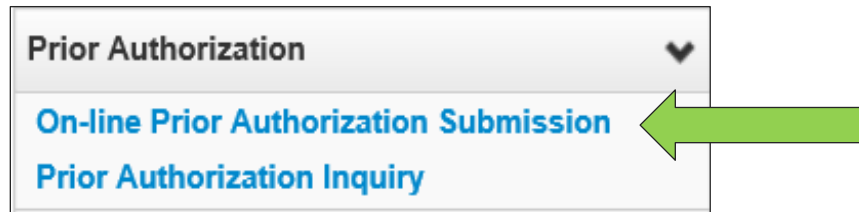
Select a profile to use during this session:

EXT Provider Super User *



Provider portal

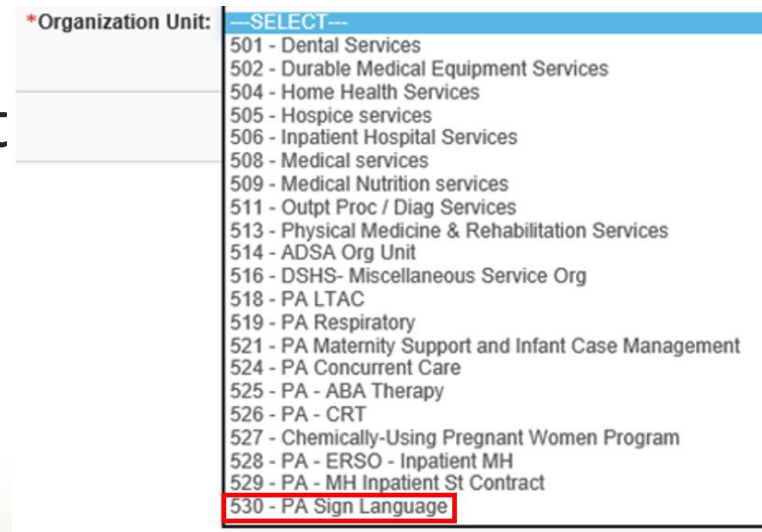
- Once logged into ProviderOne on the provider portal, select **On-line Prior Authorization Submission:**



- Click on Organization Unit and select

530-PA- Sign Language

- Click the **Next** button.




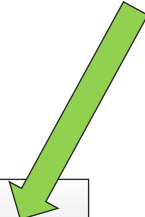
Service Type Code Selection

- Select a **In Person** from the dropdown as the Service Type Code.

SERVICE TYPE CODE SELECTION

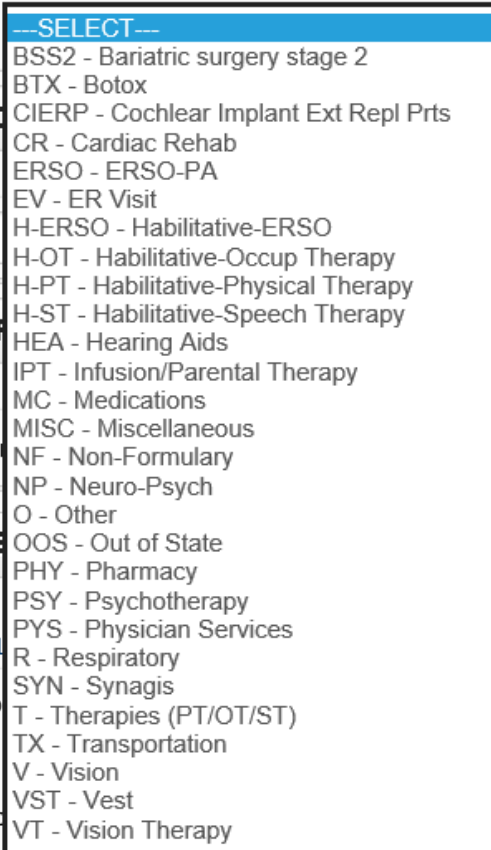
Please select Service Type Code

* Service Type Code: 



SERVICE TYPE CODE SELECTION

Please select Service Type Code

* Service Type Code: 

CLIENT INFO

CLIENT

* Client ID:

REQUESTOR

REQUESTOR

* Requesting Provider:

SERVICE REQUEST

* Code:

* Product:

- SELECT---
- BSS2 - Bariatric surgery stage 2
- BTX - Botox
- CIERP - Cochlear Implant Ext Repl Prts
- CR - Cardiac Rehab
- ERSO - ERSO-PA
- EV - ER Visit
- H-ERSO - Habilitative-ERSO
- H-OT - Habilitative-Occup Therapy
- H-PT - Habilitative-Physical Therapy
- H-ST - Habilitative-Speech Therapy
- HEA - Hearing Aids
- IPT - Infusion/Parental Therapy
- MC - Medications
- MISC - Miscellaneous
- NF - Non-Formulary
- NP - Neuro-Psych
- O - Other
- OOS - Out of State
- PHY - Pharmacy
- PSY - Psychotherapy
- PYS - Physician Services
- R - Respiratory
- SYN - Synagis
- T - Therapies (PT/OT/ST)
- TX - Transportation
- V - Vision
- VST - Vest
- VT - Vision Therapy

Complete all required fields

- ProviderOne **Client ID** (include WA), Clients First Name and Clients Last Name
- **Requesting Provider NPI** (can be an individual or facility payable NPI).
- **Billing Provider NPI** (This is your NPI as the Sign Language contractor who will be submitting a claim for this job).
- A **Referring Provider NPI** (this is not a required field)

Note: All fields marked with a red asterisk (*), are required and must be completed.

SERVICE TYPE CODE SELECTION		
Please select Service Type Code		
* Service Type Code:	<input type="text" value="INPER - In Person"/>	<input type="button" value="v"/>
CLIENT INFORMATION		
CLIENT		
* Client ID:	<input type="text"/>	* Client First Name:
<input type="text"/>	<input type="text"/>	* Client Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
REQUESTOR INFORMATION		
REQUESTOR		
* Requesting Provider NPI:	<input type="text"/>	* Billing Provider NPI:
<input type="text"/>	<input type="text"/>	Referring Provider NPI:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Service Request Information

- **Code Qualifier** select the P- HCPCS Proc Code.
- **National Code.** This is the service line code.
 - **T1013** Identifies interpreter's time. This includes the appointment time they interpret as well as pre-approved travel time.
 - **U3** is **required** in the first modifier position. This identifies SIGN LANGUAGE.
 - If the appointment is identified as a Mental Health (MH) appointment a second modifier of U9 is required.
 - If the appointment is identified as a Substance Use Disorder (SUD)

SERVICE REQUEST LINE ITEMS - MEDICAL

* Code Qualifier: P - HCPCS Procedure Code

* National Code:

Modifiers: 1: 2:

Important Information

- Contractors only need to enter a request for interpreter's **time** on a PA. This will be a combination of appointment and travel time.
 - Any additional codes T2024, S0215, A0170 will **ONLY** be identified on a claim.
- Travel time must be entered in units **prior to** the appointment taking place.
- Contractors do **not** need to double units for an interpreting team.
 - If an appointment is for 6 units and it requires 2 interpreters, you will enter 6 units on the PA request.
- Contractors do **not** need to enter multiple lines on a PA request for an interpreting team.

Service Request Information cont.

- Appointment Date Field - Proc From Date and Proc To Date
 - Both dates should be the **actual date of service**.

* Proc From Date:

* Proc To Date:

- Last field in this section that is required is the # Units/Days Requested.
 - This should be the total time that will be billed for interpreter. Appointment time and travel time.
 - Anything over 40 units will required further review
 - 1 Unit is equal to 15 minutes

Procedure Code	Unit Description	Note
T1013_ Interpreter time	15 minutes = 1 unit	This is appointment and pre-approved travel time.

Service Request Information

- Once those required fields are correctly filled out select the Add Service Request Line-Item button.
- This will move the information entered to the bottom of the screen and clear the Service Request Line Items area.

SERVICE REQUEST LINE ITEMS - MEDICAL

* Code Qualifier:

* National Code:

Modifiers: 1: 2:

mm dd cyy

* Proc From Date:

* Proc To Date:

Units/Days Requested:

\$ Amount Requested:

Previously Entered Service Request Line Item Information

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

Line No	Service Request Dates		Code Qualifier	National Code	Modifiers		# Units/Days Requested	\$ Amount Requested
	From	To			1	2		
1	10/22/2020	10/22/2020	P - HCPCS Procedure Code	T1013	U3	U9	8	Delete

Service Request Information

- The line number is a blue hyperlink that when selected will re-populate the information in the Service Request Line Item.
 - Click the **Update Service Request Line-Item** button to make changes.
- To delete an entire line, select the **Delete** hyperlink in blue next to the Service Request Line Item.

SERVICE REQUEST LINE ITEMS - MEDICAL

* Code Qualifier:

* National Code:

Modifiers: 1: 2:

mm dd cyy

* Proc From Date:

* Proc To Date:

Units/Days Requested:

\$ Amount Requested:

Previously Entered Service Request Line Item Information

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

Line No	Service Request Dates		Code Qualifier	National Code	Modifiers		# Units/Days Requested	\$ Amount Requested	
	From	To			1	2			
1	10/22/2020	10/22/2020	P - HCPCS Procedure Code	T1013	U3	U9	8		Delete

Medical Information

- The Comments box **must** contain the Service Request number (SR#) that the ODHH online request system generates. Without this number a request could be rejected.
- If there is travel time required, this will also be entered in the comments box.
 - See example below.
- Enter **Place of Service** from the drop-down box. (Diagnosis Code is not required)

MEDICAL INFORMATION

Diagnosis Code:

Place of Service:

Comments:

MEDICAL INFORMATION

Diagnosis Code:

Comments: SR# 111111
Travel Time:
Interpreter A 2 hours travel
Interpreter B 1:15 travel

Submitting your request

- Once the information is complete, click the **Submit PA Request Info** button at the top of the PA Request screen:
 - This is to check for errors, THIS IS NOT THE FINAL SUBMISSION.

The screenshot displays a web application interface for submitting a Prior Authorization (PA) request. At the top, there are three buttons: 'Close', 'Submit PA Request Info' (highlighted with a green box), and 'Reset'. Below the buttons is a header for the 'On-Line Prior Authorization Submission Screen - Initiate Medical PA Request Screen'. A note indicates that asterisks (*) denote required fields. The main section is titled 'PA Request Info' and contains a navigation bar with tabs: 'Service Type Code Selection', 'Client Info', 'Requestor Info', 'Service Request Info', and 'Medical Info'. The 'Service Type Code Selection' tab is active, showing a dropdown menu with the selected value 'INPER - In Person'.

Close Submit PA Request Info Reset

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

SERVICE TYPE CODE SELECTION

Please select Service Type Code

* Service Type Code: INPER - In Person

Submitting your request

- When any red warnings are received at the top of the PA Request screen, verify and correct the information.
- These corrections must be completed before ProviderOne will accept the online PA request.

The screenshot displays the 'On-Line Prior Authorization Submission Screen - Initiate Medical PA Request Screen'. At the top, there are three buttons: 'Close', 'Submit PA Request Info', and 'Reset'. Below these buttons, two red warning messages are displayed in a green-bordered box:

- Warning : Error retrieving Client Details / Client ID Not Valid.**
- Warning : Error retrieving Requesting Provider Details / Requesting Provider Not Found.**

Below the warnings, the screen title is 'On-Line Prior Authorization Submission Screen - Initiate Medical PA Request Screen'. A note states: 'Note: asterisks (*) denote required fields.' The main content area is titled 'PA Request Info' and contains a navigation bar with the following options: 'Service Type Code Selection | Client Info | Requestor Info | Service Request Info | Medical Info'. At the bottom of the screenshot, the 'SERVICE TYPE CODE SELECTION' section is visible.

Submitting your request

- On this screen, there is an option of printing a copy of this confirmation for your records, using the **Print Details** button.
 - Note the PA Request number. This is **not** a confirmation of eligibility. This is a reference number for your records..
- In order for the agency to receive your request, you must click the final submit button on the bottom right of this screen.**

☰ Submitted PA Request Details:
▲

PA Request Number: 100618007

Provider ID: 1801231717

Client ID: 999999998WA

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

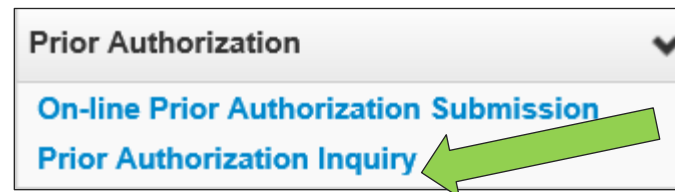
Things to Note

IMPORTANT!

- Once you have successfully submitted your prior authorization, you will receive a **9-digit reference number** as verification. This number is **not** a confirmation of eligibility.
- A PA request is considered eligible when it is in ***approved*** status.
- Contractors must not bill until the job has been completed and the PA is ***approved***.
- Each PA is for the client's appointments. You do not need multiple PA's for interpreting team.

Checking the status of your PA request

- To check the status of your authorization request, click the **Prior Authorization Inquiry** hyperlink on the provider portal:



Checking the status of your PA request

- Enter the authorization number in the **Prior Authorization Number** field, or use one of the criteria noted on the PA Inquire screen:

Close
Submit

PA Inquire

To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'.

- Prior Authorization Number; or
- Provider NPI AND Client ID; or
- Provider NPI, Client Last Name, Client First Name, AND Client Date of Birth

For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022

Prior Authorization Number: ←

Provider NPI:

Client ID:

Client Last Name:

Client First Name:

Client Date of Birth:

Checking the status of your PA request

- Request must be in an **approved** status to be considered eligible.
- If you have a last-minute request and you need eligibility confirmed please email [interpreter services](#).

Close Add Attachment

PA Utilization

Authorization #: 100618007
Client ID: 999999998WA
Service: Medications
Request Date: 2017-11-09
Service Start Date: 2017-11-09
Requestor ID: 1801231717

Authorization Status: Error
Client Name: Client, Pseudo
Organization: PA - Medical
Last Updated Date: 2017-11-09
Service End Date: 2018-02-09
Requestor Name: Test FAOI

Service List

Line #	Modified Date	Servicing Provider ID	Code	Claim Type	Modifier1	Modifier2	Part Number	From Date	To Date	Request Amount	Request Units	Auth Amount	Auth Units	Used Amount	Used Units	Status
1	11/09/2017	1801231717	T1013					11/09/2017	02/09/2018	0	2	0	0	0	0	Requested

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

<< First < Prev > Next >> Last

Authorization status

Status	Description
Error	There is an error in the system that will be cleared by HCA staff.
Requested	The request has been received and HCA staff will process within 2 business days.
Approved	Request has been reviewed and has been approved. Approved requests can be billed after services are rendered.
Rejected	Request has not been processed. Due to no eligibility or incorrect procedure code or modifier
Approve/Hold	Request is eligible for reimbursement
Cancelled	Request has been cancelled. Due to job cancel or contractor needs to re-enter a new request correctly

Resources

HCA IS Program

Additional Resources

Contact

- INTERPRETERSVC@hca.wa.gov

Additional Information

- www.hca.wa.gov/isproviders
- <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/sign-language-interpreters>

Prior Authorization 1-800-562-3022

- www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing

ProviderOne 1-800-562-3022 Ext 16137

- www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider

ODHH 1-800-422-3263

- <https://www.dshs.wa.gov/altsa/odhh/sign-language-interpreter-contracts-and-resources-program-1>