



Sign Language Interpreter Direct Data Entry (DDE) Claim Submission

JoAnna Gaffney/ Destiney Hodge/Kathy Template
Medicaid Program Delivery
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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**

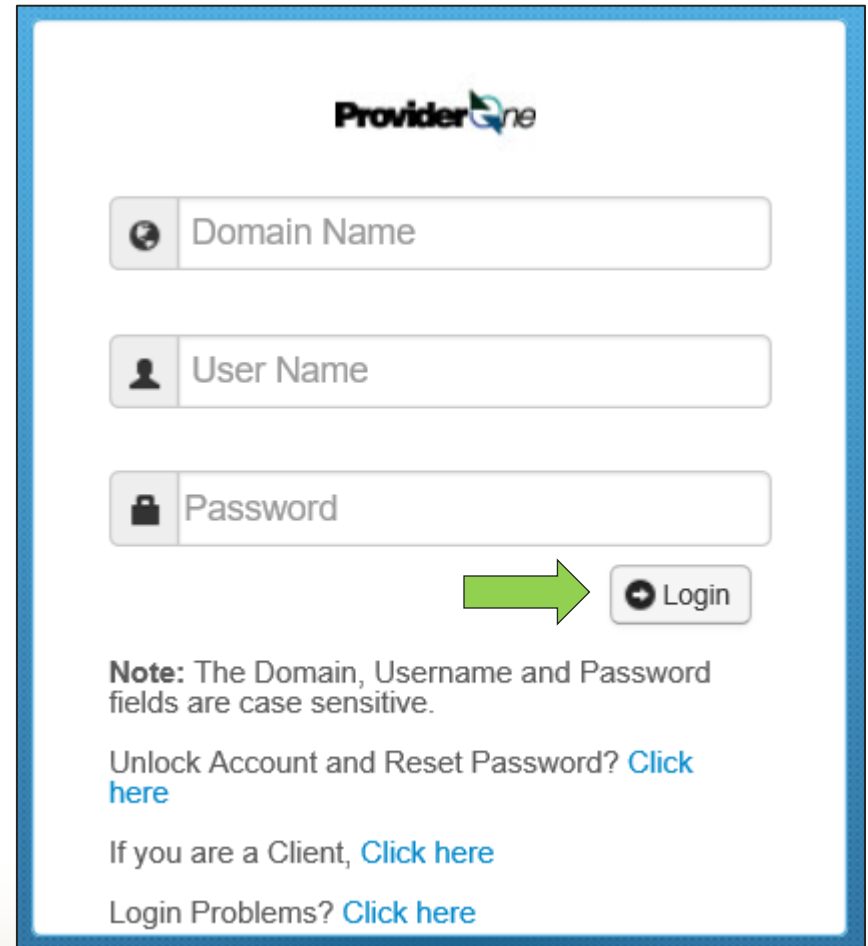
OFF:

| Computer operating systems | Internet browsers |
|---|--|
| Windows <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

- 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

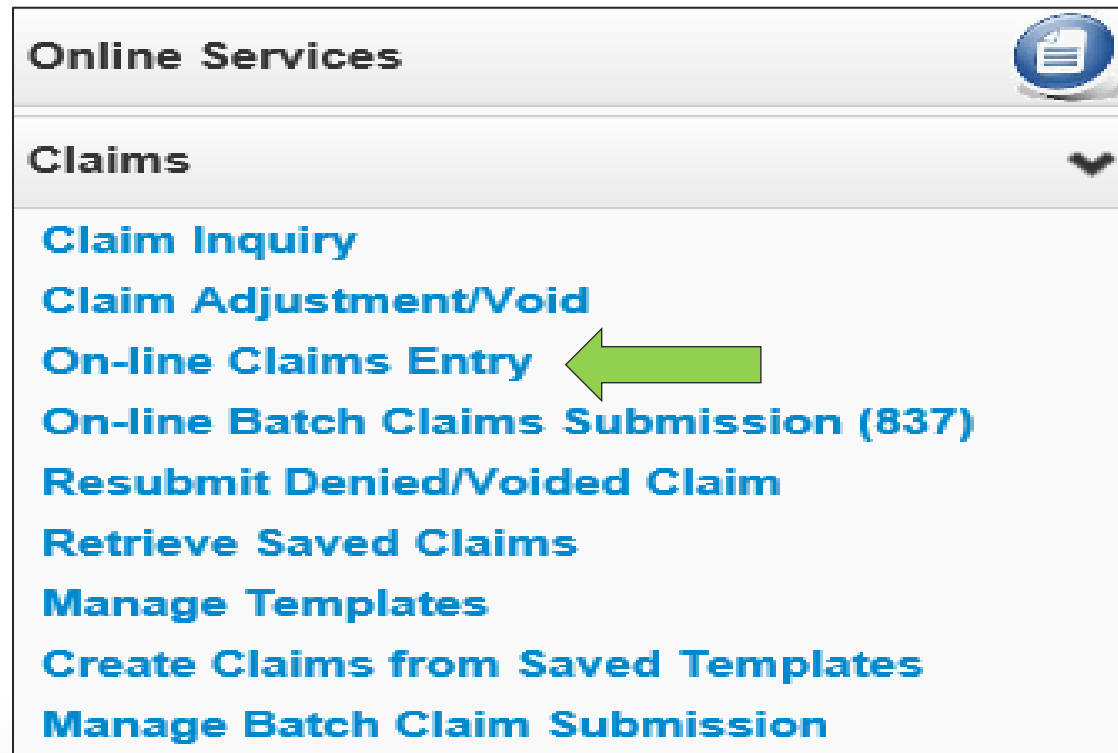


Select a profile to use during this session:

EXT Provider Super User *


Claim Submission

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




Claim Submission

- Select the **Submit Professional** option.




 Close

Choose an Option.



| | |
|--|----------------------|
| Submit Professional  | Submit Professional |
| Submit Institutional | Submit Institutional |
| Submit Dental | Submit Dental |

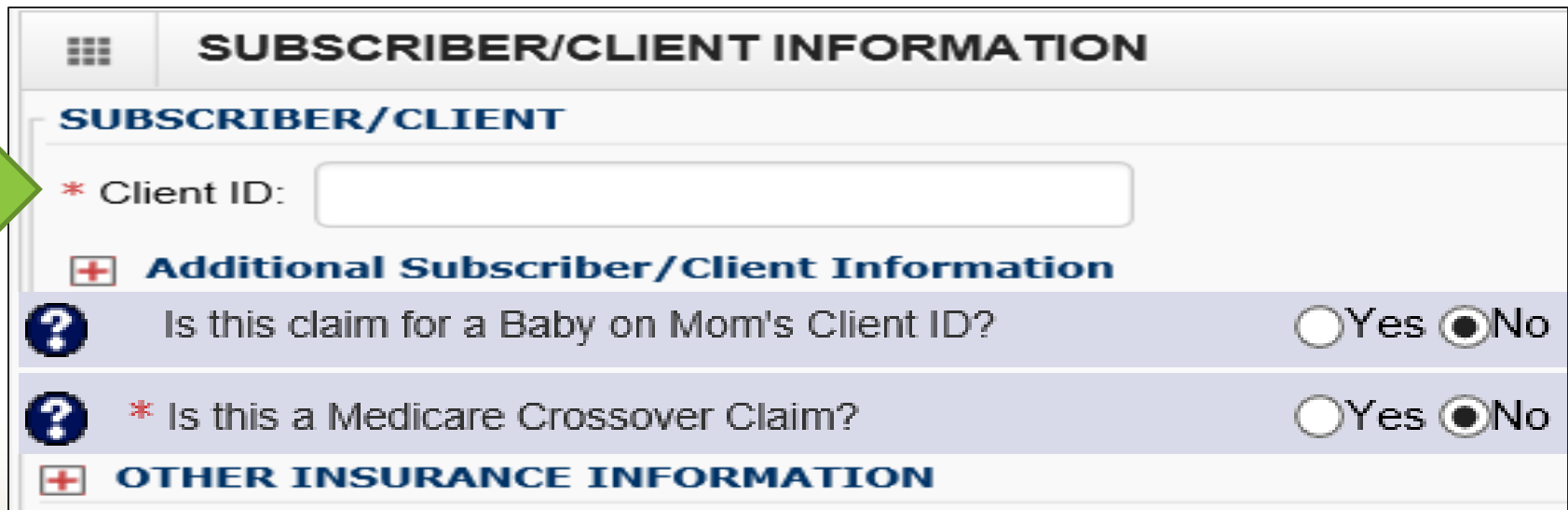
Claim Level: Billing Provider Details


- 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.

|  PROVIDER INFORMATION | |
|--|---|
| Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers. | |
| BILLING PROVIDER | |
| * Provider NPI: | <input type="text" value="SL Contractor NPI"/> |
| * Taxonomy Code: | <input type="text" value="171R00000X"/> |
|  * Is the Billing Provider also the Rendering Provider? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|  * Is this service the result of a referral? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

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.





 **SUBSCRIBER/CLIENT INFORMATION**


SUBSCRIBER/CLIENT

* Client ID:

 **Additional Subscriber/Client Information**

 Is this claim for a Baby on Mom's Client ID? Yes No

 * Is this a Medicare Crossover Claim? Yes No

 **OTHER INSURANCE INFORMATION**

Claim Level: Subscriber/Client Details

- **Patient's Last Name, Date of Birth, and Gender** are required.
 - 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**

SUBSCRIBER/CLIENT

* Client ID:

Additional Subscriber/Client Information

| | |
|--|---|
| <p>* <u>Org/Last Name:</u> <input style="width: 250px;" type="text"/></p> <p style="text-align: center; font-size: 0.8em;">mm dd cyy</p> <p>* <u>Date of Birth:</u> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/></p> <p style="text-align: center; font-size: 0.8em;">mm dd cyy</p> <p>Date of Death: <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/></p> | <p>First Name: <input style="width: 250px;" type="text"/></p> <p>* <u>Gender:</u> <input style="width: 150px;" type="text"/> ▼</p> <p>Patient Weight: <input style="width: 50px;" type="text"/> lbs</p> |
|--|---|

Patient is pregnant: Yes No

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.



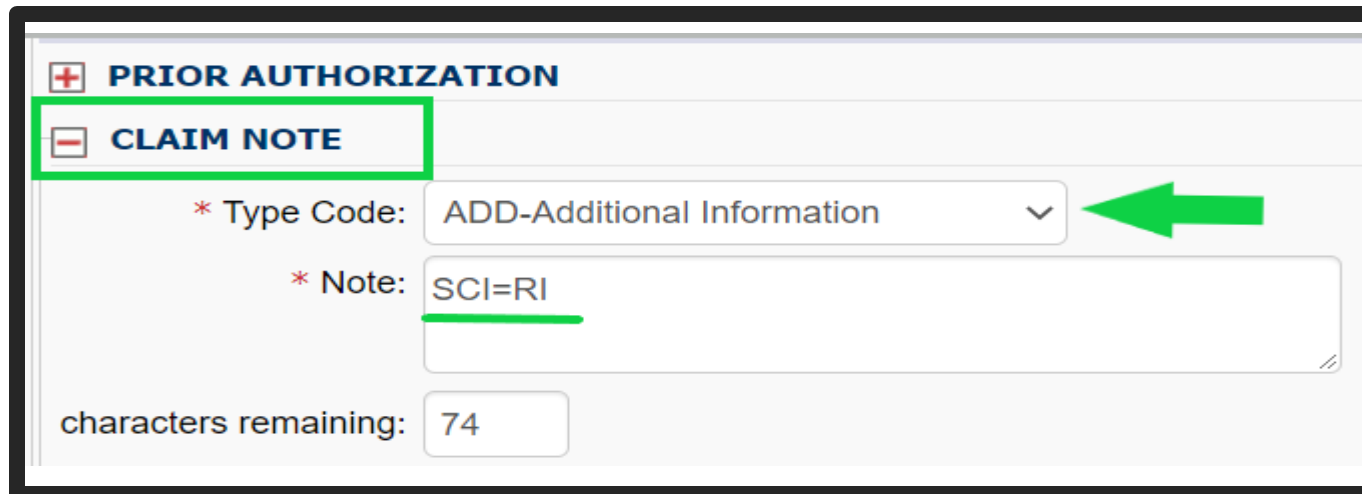
- **The Prior Authorization Number is required.** If the Prior Authorization is not Approved the claim will deny.

A screenshot of an expanded section header. On the left is a red square icon containing a white minus sign. To its right, the text 'PRIOR AUTHORIZATION' is displayed in a bold, blue, sans-serif font. Below the header, the text '1. * Prior Authorization Number:' is followed by an empty white rectangular input field with a thin grey border.

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



Claim Level: Claim Note

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



+ PRIOR AUTHORIZATION

- CLAIM NOTE

* Type Code: ADD-Additional Information  

* Note: SCI=RI

characters remaining: 74

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.

| |
|--|
|  EPSDT INFORMATION |
|  CONDITION INFORMATION |
|  Additional Claim Data |

Claim Level: Is this claim accident related?

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

 * Is this claim accident related? Yes 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.: | <input type="text" value="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: | <input type="text" value="11-OFFICE"/> | <input type="button" value="v"/> |
|---------------------|--|----------------------------------|

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: 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

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

* Service Date From:

Place of Service:

* Procedure Code:

* Submitted Charges: \$

* Units:

* Service Date To:

Modifiers: 1: 2: 3: 4:

Diagnosis Pointers: * 1: 2: 3: 4:

+ 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. Total Submitted Charges: \$

| Line Service Dates | | | Proc. Code | Modifiers | | | | Diagnosis Pntrs | | | | Submitted Charges | Units | PA Number | |
|--------------------|------|----|------------|-----------|---|---|---|-----------------|---|---|---|-------------------|-------|-----------|--|
| No | From | To | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | | | |
| | | | | | | | | | | | | | | | |

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: | <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 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: | <input type="text" value="11-OFFICE"/> | <input type="button" value="v"/> |
|-------------------|--|----------------------------------|

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 | |

➤ 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: 2: 3: 4:

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.

Diagnosis Pointers: * 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 | 1 unit = 1 fee | For units it will be one, on submitted charges you will enter the fee amount |

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

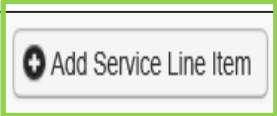
Line Level: Medicare Crossover Items, Drug Identification, Prior Authorization, and Additional Service Line Information

- The following areas are not required for sign language billing

| |
|--|
| + Medicare Crossover Items |
| National Drug Code: <input type="text"/> |
| + 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.



Previously Entered Line Item Information

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

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

- **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.

Close
Save Claim
Submit Claim
Reset

Professional Claim

Note: asterisks (*) denote required fields.

Basic Claim Info
Other Claim Info

Billing Provider
Rendering Provider
Subscriber
Claim
Service

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.

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

| Line No | Service Dates | | Proc. Code | Modifiers | | | | Diagnosis Pntrs | | | | Submitted Charges | Units |
|---------|---------------|------------|------------|-----------|----|---|---|-----------------|---|---|---|-------------------|-------|
| | From | To | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | |
| 1 | 09/01/2021 | 09/01/2021 | T1013 | U3 | U9 | | | 1 | | | | 210 | 6 |
| | | | | | | | | | | | | | |
| 2 | 09/01/2021 | 09/01/2021 | T1013 | U3 | U9 | | | 1 | | | | 220 | 6 |
| | | | | | | | | | | | | | |
| 3 | 09/01/2021 | 09/01/2021 | T2024 | U3 | | | | 1 | | | | 35 | 1 |
| | | | | | | | | | | | | | |
| 4 | 09/01/2021 | 09/01/2021 | T2024 | U3 | | | | 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.

Previously Entered Line Item Information

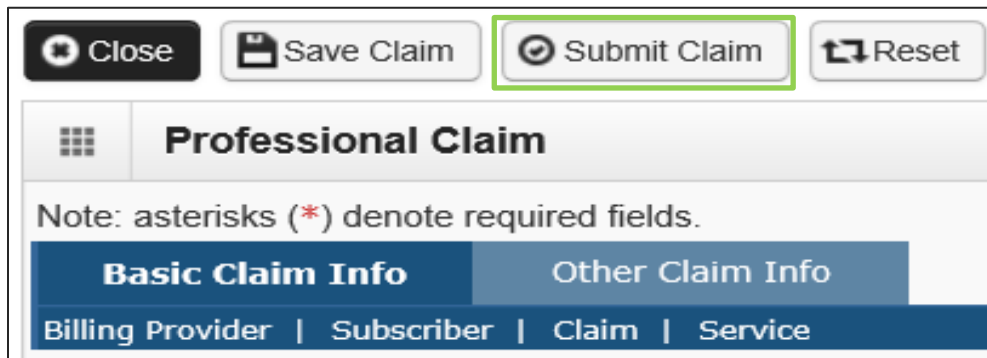
Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$ 30.00

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

Submitting Claim for Processing

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



Close Save Claim **Submit Claim** Reset

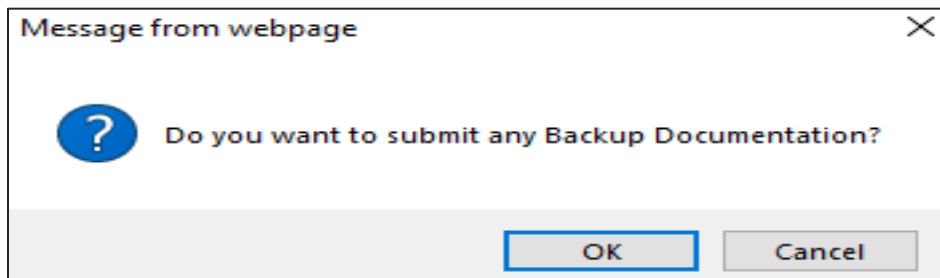
Professional Claim

Note: asterisks (*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

- The following pop-up window is displayed.



Message from webpage

Do you want to submit any Backup Documentation?

OK Cancel

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

Submitting Claim for Processing

Submitted Professional Claim Details:

TCN: 20200380000015000

Provider NPI: 5100000004

Client ID: 999999998WA

Date of Service: 01/01/2020-01/01/2020

Total Claim Charge: \$ 10.00

Please click "Add Attachment" button, to attach the documents.

[Add Attachment](#)

Attachment List

| <input type="checkbox"/> | Line No | File Name | Attachment Type | Transmission Code | Attachment Control # | File Size | Delete | Uploaded On |
|--------------------------|---------|-----------|-----------------|-------------------|----------------------|-----------|--------|-------------|
| | ▲▼ | ▲▼ | ▲▼ | ▲▼ | ▲▼ | ▲▼ | ▲▼ | ▲▼ |
| <input type="checkbox"/> | 0 | test.docx | 77 | EL | | 12kb | X | 02/07/2020 |

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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.

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

- www.dshs.wa.gov/altsa/office-deaf-and-hard-hearing

- 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.