



# Prior Authorization Direct Data Entry submission for Sign Language Request

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# What is happening?

- Beginning January 01, 2020 Health Care Authority (HCA) has implemented an online method for requesting Sign Language Interpreters for our eligible Deaf, DeafBlind, and Hard of Hearing clients.
- Requestors will be able to submit their request for Sign Language Interpreters through ProviderOne's Prior Authorization (PA) system
  - Claims will be paid directly to the Sign Language Agency/Independent contractor.
  - Requestors will have the ability to track the status of the request

**IMPORTANT! Once you have successfully submitted your authorization, you will receive a 9-digit reference number as verification that the agency has received your request. Providers must not bill until the job has been completed. The agency's prior authorization review process has not changed, and requests will still be processed in the order they are received. Please ensure that all required documentation is included.**

# Provider Responsibility

- According to [Title VI of the Civil Rights Acts of 1964](#) and the [Americans with Disabilities Act \(ADA\)](#), providers are required to assure language access to Deaf, DeafBlind, and Hard of Hearing clients.
- The Health Care Authority (HCA) supports you in this effort by offering interpreter services through the Sign Language (SL) master contract. If HCA's interpreter services is unable to provide an interpreter via the SL master contract, providers are still responsible to provide an interpreter at their expense.

# Accessing ProviderOne

## ➤ Before logging into ProviderOne:

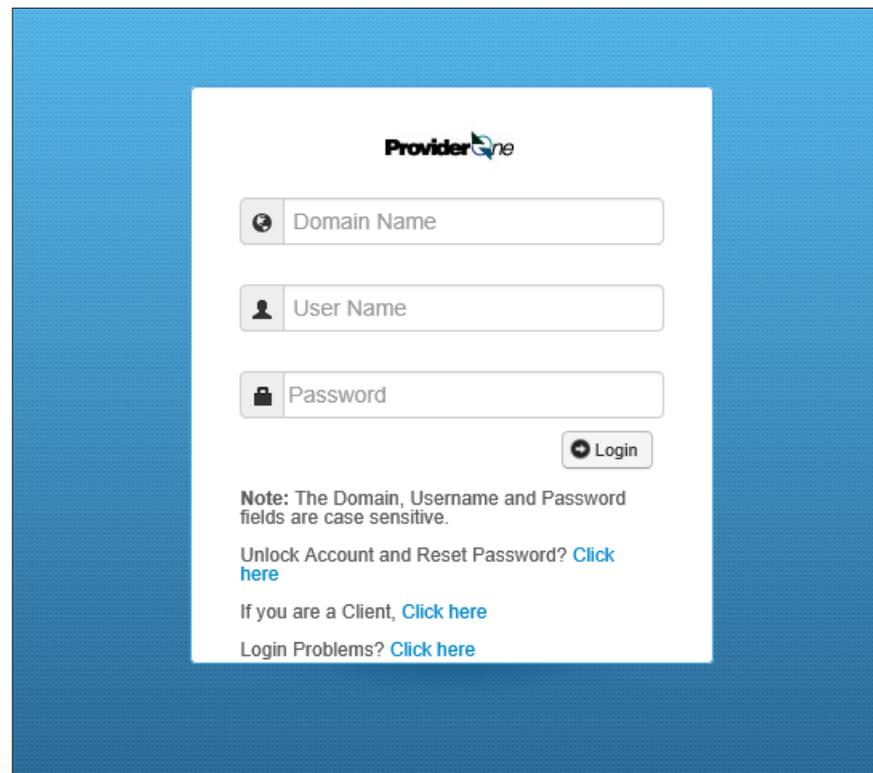
- Make sure you are using one of the following and your **popup blockers are turned OFF**:

Computer operating systems	Internet browsers
Windows <ul style="list-style-type: none"> <li>• 10</li> <li>• 8.1</li> <li>• 8</li> <li>• 7</li> </ul>	Internet Explorer <ul style="list-style-type: none"> <li>• 11</li> <li>• 10</li> </ul>
Macintosh <ul style="list-style-type: none"> <li>• OS 10.12 Sierra</li> <li>• OS X 10.11 El Capitan</li> <li>• OS X 10.10 Yosemite</li> </ul>	Google Chrome <ul style="list-style-type: none"> <li>• 55.0.2883</li> <li>• 54.0.2840</li> </ul>
	Firefox <ul style="list-style-type: none"> <li>• 50.0.2</li> <li>• 45.5.1 ESR</li> </ul>
	Safari <ul style="list-style-type: none"> <li>• 10.0.1</li> </ul>

**IMPORTANT!** If submitting backup documentation by mail, Internet Explorer (IE) is the **only** browser at this time that populates the barcode correctly.

# Logging in to ProviderOne

- Log in to ProviderOne using your domain number, user name, and password:



The screenshot shows the ProviderOne login interface. It features a white login box centered on a blue background. At the top of the box is the 'ProviderOne' logo. Below the logo are three input fields: 'Domain Name' with a globe icon, 'User Name' with a person icon, and 'Password' with a lock icon. To the right of the password field is a 'Login' button with a right-pointing arrow. Below the input fields, there is a note: 'Note: The Domain, Username and Password fields are case sensitive.' followed by three links: 'Unlock Account and Reset Password? [Click here](#)', 'If you are a Client, [Click here](#)', and 'Login Problems? [Click here](#)'.

# Choose your profile

- Available profiles for online PA submission:
  - EXT Provider Claims Submitter
  - EXT Provider Eligibility Checker
  - EXT Provider Eligibility Checker/Claims Submitter
  - EXT Provider Super User

Welcome to the Medicaid Management Information System  
for

**ProviderOne**

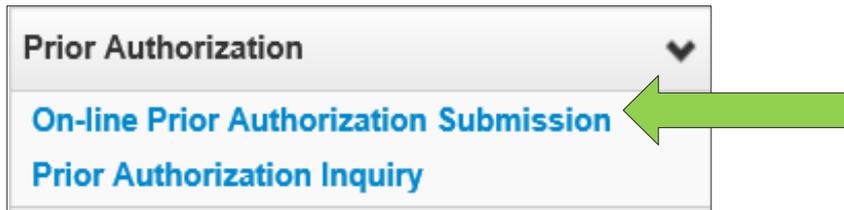
Select a profile to use during this session:

EXT Provider Super User [v] [Go]

- | EXT Limited Provider Social Services              |
|---|
| EXT Provider Claims Payment Status Checker        |
| EXT Provider Claims Submitter                     |
| EXT Provider Download Files                       |
| EXT Provider EHR Administrator                    |
| EXT Provider Eligibility Checker                  |
| EXT Provider Eligibility Checker-Claims Submitter |
| EXT Provider File Maintenance                     |
| EXT Provider File View Only                       |
| EXT Provider Managed Care Only                    |
| EXT Provider Social Services Medical              |
| EXT Provider Social Services                      |
| EXT Provider Super User                           |
| EXT Provider System Administrator                 |
| EXT Provider Upload Files                         |
| EXT Provider Upload and Download Files            |

# Provider portal

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



- Select the Organization Unit or type of authorization request you are submitting

- 530-PA- Sign Language

- Click the **Next** button.

*Organization Unit:	—SELECT—
	501 - Dental Services
	502 - Durable Medical Equipment Services
	504 - Home Health Services
	505 - Hospice services
	506 - Inpatient Hospital Services
	508 - Medical services
	509 - Medical Nutrition services
	511 - Outpt Proc / Diag Services
	513 - Physical Medicine & Rehabilitation Services
	514 - ADSA Org Unit
	516 - DSHS- Miscellaneous Service Org
	518 - PA LTAC
	519 - PA Respiratory
	521 - PA Maternity Support and Infant Case Management
	524 - PA Concurrent Care
	525 - PA - ABA Therapy
	526 - PA - CRT
	527 - Chemically-Using Pregnant Women Program
	528 - PA - ERSO - Inpatient MH
	529 - PA - MH Inpatient St Contract
	530 - PA Sign Language

# Initiate authorization request

- 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: **---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

**CLIENT INFO**

**CLIENT**

\* Client ID:

**REQUESTOR**

**REQUESTOR**

\* Requesting Provider:

**SERVICE REQUEST**

\* Code:

\* Product:

# Complete all required fields

- ProviderOne **Client ID** (include WA).
- **Requesting Provider NPI** (can be an individual or facility payable NPI).
- **Billing Provider NPI** (enter same NPI as the Requesting NPI).
- A **Referring Provider NPI** (can be left blank).

Please select Service Type Code

\* Service Type Code:  \*

**CLIENT INFORMATION**

**CLIENT**

\* Client ID:

**REQUESTOR INFORMATION**

**REQUESTOR**

\* Requesting Provider NPI:  \* Billing Provider NPI:  Referring Provider NPI:

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

# Service Request Information

- In the Service Request Line Items section, select the P- HCPCS Proc Code **Code Qualifier**
- The Proc From Date is the date the appointment will take place

- P – HCPCS Proc Code

**SERVICE REQUEST LINE ITEMS - MEDICAL**

\* Code Qualifier: P - HCPCS Procedure Code

\* Proc From Date:

# Units/Days Requested:

# Service Request Information

- Once the Code Qualifier has been selected, enter the **National Code** T1013 and U3 modifier to identify sign language
  - If you are a Mental Health provider, you will need to use U9 as a second modifier
  - If you are a Substance Use Disorder provider, you will need to use U8 as a second modifier

Code Qualifier:	P-HCPCS Procedure Code <input type="text" value="P-HCPCS Procedure Code"/> *	Code:	T1013 *
Modifier 1:	<input type="text" value="U3"/>	Modifier 2:	<input type="text" value="U9"/>
Proc To Date:	<input type="text" value="01/28/2020"/> <input type="button" value="Calendar"/> *	Line Status:	<input type="text" value=""/> *

# Service Request Information

- You must enter the number of units you are requesting:
  - Units (1 unit = 15 minutes) **REQUIRED**

		Requested	Authorized
Quantity And Amount:	Days/Units	<input type="text" value="4"/>	<input type="text"/>
	\$ Amount	<input type="text"/>	<input type="text"/>

# Service Request Information

- Click on the **Add Service Request Line Item** button to add the line to the authorization request.

<b>Servicing Prov ID:</b> <input type="text" value="999999999"/> <input type="button" value="X"/> *	<b>Code Qualifier:</b> <input type="text" value="P-HCPCS Procedure Code"/> <input type="button" value="v"/> *	<b>Code:</b> <input type="text" value="T1013"/> *
<b>Claim Type:</b> <input type="text" value="0-All"/> <input type="button" value="v"/>	<b>Modifier 2:</b> <input type="text"/>	
<b>Modifier 1:</b> <input type="text" value="U3"/>	<b>Proc To Date:</b> <input type="text" value="02/11/2020"/> <input type="button" value="calendar"/> *	<b>Line Status:</b> <input type="text" value="Requested"/> <input type="button" value="v"/> *
<b>Proc From Date:</b> <input type="text" value="02/11/2020"/> <input type="button" value="calendar"/> *		

	Requested	Authorized
<b>Quantity And Amount:</b> Days/Units	<input type="text" value="4"/>	<input type="text"/>
\$ Amount	<input type="text"/>	<input type="text"/>

**Note:** units is required. Proc From and To Date will show at top of screen

# Service Request Information

- This will move the information you 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:

mm dd ccy

\* 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	11/09/2017	02/09/2018	P - HCPCS Procedure Code	T1013			2	<a href="#">Delete</a>

# Service Request Information

- The line number is a blue hyperlink that when selected will re-populate the information in the Service Request Line Item.
  - You can make any needed changes and click the **Update Service Request Line Item** button to update the line.
- You can also delete an entire line by selecting the **Delete** hyperlink in blue next to the Service Request Line Item.

**SERVICE REQUEST LINE ITEMS - MEDICAL**

\* Code Qualifier:

\* National Code:

Modifiers: 1:

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			
<a href="#">1</a>	11/09/2017	02/09/2018	P - HCPCS Procedure Code	J0897			2		<a href="#">Delete</a>

# Service Request Information

- Enter **Place of Service** from the drop down box. (Diagnosis Code is not required)
  - 11- Office or 12 – Home

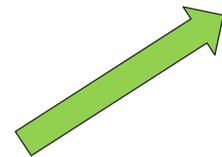
**MEDICAL INFORMATION**

Diagnosis Code:

Comments:

Place of Service: --SELECT--

- 01 - PHARMACY
  - 02 - Telehealth
  - 03 - SCHOOL
  - 04 - HOMELESS SHELTER
  - 05 - INDIAN HLTH SVC FREE-STANDING FACILITY
  - 06 - INDIAN HLTH SVC PROVIDER-BASED FACILITY
  - 07 - TRIBAL 638 FREE-STANDING FACILITY
  - 08 - TRIBAL 638 PROVIDER-BASED FACILITY
  - 09 - PRISON/CORRECTIONAL FACILITY
  - 11 - OFFICE
  - 12 - Home
  - 13 - ASSISTED LIVING FACILITY
  - 14 - Group Home
  - 15 - MOBILE UNIT
  - 16 - TEMPORARY LODGING
  - 17 - WALK-IN RETAIL HEALTH CLINIC
  - 18 - PLACE OF EMPLOYMENT - WORKSITE
  - 19 - Off Campus-Outpatient Hospital
  - 20 - URGENT CARE FACILITY
  - 21 - INPATIENT HOSPITAL
  - 22 - On Campus-Outpatient Hospital
  - 23 - EMERGENCY ROOM - HOSPITAL
  - 24 - AMBULATORY SURGICAL CENTER
  - 25 - BIRTHING CENTER
  - 26 - MILITARY TREATMENT FACILITY
  - 31 - SKILLED NURSING FACILITY (SNF)
  - 32 - NURSING FACILITY
  - 33 - CUSTODIAL CARE FACILITY
  - 34 - Hospice
  - 41 - AMBULANCE - LAND



# Submitting your request

- Once the information is complete, click the **Submit PA Request Info** button at the top of the PA Request screen:

The screenshot displays a web application interface for submitting a 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 links for 'Service Type Code Selection', 'Client Info', 'Requestor Info', 'Service Request Info', and 'Medical Info'. The 'SERVICE TYPE CODE SELECTION' section is expanded, showing a prompt to 'Please select Service Type Code' and a dropdown menu with 'INPER - In Person' selected.

# Submitting your request

- If you receive any red warnings 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.

Close
Submit PA Request Info
Reset

**Warning : Error retrieving Client Details / Client ID Not Valid.**

**Warning : Error retrieving Requesting Provider Details / Requesting Provider Not Found.**

☰
**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**

# Submitting your request

- On this screen, you also have the option of printing a copy of this confirmation for your records, using the **Print Details** button.
- To submit the required Master Interpreter Request form for Medical, select **Add Attachment**:

**Note:** Supporting documentation is required and will delay the request if any documentation is not attached. **Ensure all required documentation is attached prior to submitting your request.**

**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.



**Attachment List:**

<input type="checkbox"/>	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
<b>No Records Found !</b>							



# Adding documentation

- Once you have clicked the **Add Attachment** button, the Back Up Documentation screen appears.
- Choose your **Attachment Type 77- Support Data for Verification**

Back Up Documentation - Internet Explorer

Print Help

Please select one of the option from the Required Fields \* and attach file, if the Transmission Code is 'WB-Web'

Attachment Type: **---SELECT---** Transmission Code: **---SELECT---** \*

Please attach PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX

\* OK Cancel

77-Support Data for Verification  
 AS-Admission Summary  
 B2-Prescription  
 B3-Physician Order  
 CT-Certification  
 DA-Dental Models  
 DG-Diagnostic Report  
 DS-Discharge Summary  
 EB-Explanation of Benefits  
 MT-Models  
 NN-Nursing Notes  
 OB-Operative Notes  
 OZ-Support Date for Claim  
 PN-Physical Therapy Notes  
 PO-Prosthetics or Ortho3tic Certification  
 PZ-Physical Therapy Certification  
 RB-Radiology Films  
 RR-Radiology Reports  
 RT-Report of Tests and Analysis Report

# Adding documentation

- Choose the **Transmission Code** by using the dropdown:
  - Select WB for web submission
  - If you are unable to upload a document you may submit via mail or fax

Please select one of the option from the Required Fields \* and attach file, if the Transmission Code is 'WB-Web'

Attachment Type:  \* Transmission Code:  \*

BM-By Mail  
WB-Web

Please attach the File(s). The File Format must be PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX

Filename:  Browse... \*

OK Cancel

# Adding documentation – Web

- Once you have chosen the Attachment Type and Transmission Code of WB, click the **Browse** button to upload the supporting documents.
- Click the **Ok** button.

Back Up Documentation - Internet Explorer

Print Help

Please select one of the option from the Required Fields \* and attach file, if the Transmission Code is 'WB-Web'

Attachment Type: 77-Support Data for Verification \* Transmission Code: WB-Web \*

Please attach the File(s). The File Format must be PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX

Filename:  Browse... \*

OK Cancel

# Adding documentation – Web

- Your supporting information shows in the **Attachment List**.
- Acceptable file formats are PDF, GIF, JPEG, DOC, DOCX, XLS, XLSX, and document sizes no more than 10 MB.

**Submitted PA Request Details:**

PA Request Number: 100617986  
 Provider ID: 1801231717  
 Client ID: 999999998WA  
 Date of Service: 10/25/2017 - 01/25/2018

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
<input type="checkbox"/> backup_info.docx	77	WB		12kb	X	10/25/2017

View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Print Details Print Cover Page Submit

**Note:** Multiple attachments can be added. Be sure to upload all required documentation.

# Adding documentation – By Mail

- Once you have chosen the Attachment Type and Transmission Code of BM for mailing your back up, click the **Ok** button:

Please select one of the option from the Required Fields \* and attach file, if the Transmission Code is 'WB-Web'

Attachment Type: B2-Prescription \* Transmission Code: BM-By Mail \*

Please attach the File(s). The File Format must be PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX

Filename:  Browse... \*



# Adding documentation – By Mail

- A dialogue box will appear and provide the option to **Print Cover Page**.
- Make a note of the **PA Request Number** and click the **Print Cover Page** button.

**Submitted PA Request Details:**

PA Request Number: 100618001

Provider ID: 1801231717  
 Client ID: 999999998WA  
 Date of Service: 10/31/2017 - 01/31/2018

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 ▲▼
□		B2	BM			X	10/31/2017

View Page:  Go + Page Count SaveToXLS Viewing Page: 1 << First < Prev Next > Last >>

Print Details Print Cover Page Submit

# Adding documentation – By Mail

- Enter the authorization number in the **Authorization Reference** box
- Click outside of the Authorization Reference field, or press “enter” after the number, to populate
  - If the barcode is not populated correctly, this will delay your request up to 2-3 business days.
- Click the **Print Cover Sheet** button

**IMPORTANT!** Internet Explorer (IE) is the **only** browser that populates the barcode correctly for authorization submission. If you use another browser, save this document and open it in Adobe Reader before faxing.

The screenshot shows a PDF form titled "PA Pend Forms Submission Cover Sheet" from ProviderOne. The form includes a header with "Please fill out the following form." and a "Highlight Existing Fields" button. The main content area has a "ProviderOne" logo and the title "PA Pend Forms Submission Cover Sheet". Below this, there is a field for "Authorization Reference #" containing the value "100618001". A green box highlights the input field, and a red box highlights the value. Below the field is a large barcode. At the bottom of the form, there are two buttons: "Print Cover Sheet" and "Clear Fields". A green arrow points to the "Print Cover Sheet" button. The PDF viewer's toolbar at the top shows a zoom level of 135% and a page number of 1 / 1.

# Adding documentation – By Mail

- Mail the supporting documentation to:  
Authorization Services Office  
PO Box 45535  
Olympia WA 98504-5535
- Fax the supporting documentation to 1-866-668-1214

# Submitting your request

- Once your documents are attached, click the final submit button.
- **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: ^

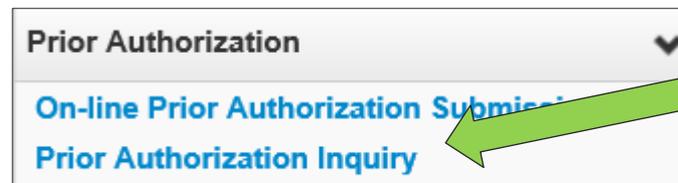
Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !				

Print Details Print Cover Page Submit

**Note:** “No records found!” means there is not yet any backup documentation attached to the claim.

# 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

- Once processed by HCA, the status of your request will show as “Requested”:

Close
Add Attachment

**PA Utilization**

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

**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	J0897					11/09/2017	02/09/2018	0	2	0	0	0	0	Requested

View Page:  Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

# Authorization status

- Below is a list of the different statuses you may see on your PA

Error	Definition
Error	There is an error in ProviderOne that will be cleared once the request is worked. No action needed by the provider.
Requested	The authorization has been requested and received.
In review	The authorization request is currently being reviewed.
Cancelled	The authorization request has been cancelled.
Pended	Additional information has been requested from the provider.
Referred	The authorization request has been forwarded to a second level reviewer.
Approved/hold	The request is approved but additional information is necessary before the authorization can be released for billing.
Approved/denied	The authorization request is partially approved with some services denied.
Rejected	The authorization request was returned as incomplete.
Approved	The authorization has been approved.
Denied	The authorization has been denied.

# Resources

## HCA IS Program

## Additional Resources

### Contact

- [INTERPRETERSVCS@hca.wa.gov](mailto:INTERPRETERSVCS@hca.wa.gov)

### Additional Information

- [www.hca.wa.gov/isproviders](http://www.hca.wa.gov/isproviders)
- [www.hca.wa.gov/sli-transition](http://www.hca.wa.gov/sli-transition)

### Prior Authorization

- [www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing](http://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing)
- 1-800-562-3022

### ProviderOne

- [www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider](http://www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider)
- 1-800-562-3022 Ext 16137

### ODHH

- <https://www.dshs.wa.gov/altsa/odhh/sign-language-interpreter-contracts-and-resources-program-1>
- 1-800-422-3263