

Washington State Health Care Authority

Submitting a Sign Language Claim in ProviderOne

HCA Interpreter Services Program Medicaid Programs Division October 2024









Successfully know how to enter and submit a claim in **ProviderOne**









Before logging into ProviderOne:

Make sure you are using one of the following and your **popup blockers are turned** ٠

OFF:	Computer operating systems	Internet browsers	
	Windows 10 8.1 8 7 		Internet Explorer • 11 • 10
	Macintosh OS 10.12 Sierra OS X 10.11 El Capitan OS X 10.10 Yosemite 		Google Chrome • 55.0.2883 • 54.0.2840
IMPORTAN documenta	NT! If submitting backup ation by mail, Internet		Firefox • 50.0.2 • 45.5.1 ESR
Explorer (I time that p correctly.	E) is the only browser at this populates the barcode		Safari • 10.0.1



Getting Started

- Use web address: <u>https://www.waproviderone.</u> <u>org</u>
- Complete the Domain, Username, and Password fields.
- Click on the **Login** button.





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
Provider Qne
Select a profile to use during this session:
EXT Provider Super User 💽 * 🗿 Go



Claim Submission

 From the Provider Portal, select the Online Claims Entry option located under the Claims

heading.

Online Services	0
Claims	~
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	





Claim Submission

• Select the **Submit Professional** option.



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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.





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 I 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	I						
SUBSCRIBER/CLIENT								
× Cli	ent ID:							
+	Additional Subscriber/Client Information							
8	Is this claim for a Baby on Mom's Client ID?	⊖Yes ●No						
•	Is this a Medicare Crossover Claim?	⊖Yes ●No						
+ 0	THER INSURANCE INFORMATION							
		SUBSCRIBER/CLIENT INFORMATION SUBSCRIBER/CLIENT * Client ID: Additional Subscriber/Client Information Is this claim for a Baby on Mom's Client ID? * Is this a Medicare Crossover Claim? • 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**. \bigcirc
 - Additional shown information fields are **not** required for entry.

	SUBSCRIB	ER/CL	IENT IN	NFORMATI	ON
S	JBSCRIBER/CLI	ENT			
*	Client ID:				
Ē	Additional Sub	scribe	er/Client	t Informatio	on
	* Org/Last Name:				First Name:
		mm	dd	ссуу	
	* Date of Birth:				* Gender:
		mm	dd	ссуу	
	Date of Death:				Patient Weight: Ibs
F	atient is pregnant:	OYes	s ⊖No		
					10



Claim Level: Claim Information Section

	CLAIM INFORMATION						*
Go to	Other Claim Info to include the	following claim detail informati	on:				
Specia	alized Line Services, Miscellaneou	is Line Data, Line Level Provid	lers, Miscellaneous Line Date	s, Test Results or Form Identif	ication Information.		
🕂 P	RIOR AUTHORIZATION						
🕂 Ci	LAIM NOTE						
🕂 El	PSDT INFORMATION						
÷ C	ONDITION INFORMATION						
0	Is this claim accident related?	OYes ONo					
CLAI	M DATA						
Pat	tient Account No.:]				
*	Place of Service:	V					
F	Additional Claim Data						
Diag	nosis Codes: * 1:		3:	4:	5:	6:	
	7:	8:	9:	10:	11:	12:	
	· · · · · · · · · · · · · · · · · · ·	J~L]		Тор



Claim Level: Prior Authorization

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

PRIOR AUTHORIZATION

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

PRIOR AUTHORIZATION

1. * Prior Authorization Number:

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





Claim Level: Claim Note

Click on the red (+) expander to open the **Claim Note** 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.







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 or SR # to be included in the Remittance and Status Report (RA)

Patient Account No.:	Not Required
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• The **Place of Service** code is **required**. For sign language billing you will choose either option **11-OFFICE** or **12-HOME**.





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.



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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 Transpo Purchased Services and Line Adjudication.

No From	Тс	•			1 2	3	4	1	2	3	4	Charges		Number
ine Service Dates			Proc. Code		Modifiers			Diag	gnosis Pntrs			Submitted	Units	РА
lick a Line No. below	to view/up	date that I	Line Item Inf	ormation.							Total	Submitted Charg	es: \$	
reviously Entered Line	Item Informat	on												
						O Ad	d Service Li	ne Item	🖌 Update S	ervice Lin	e Item			
lote: Please ensure you l	ave entered a	iy necessary	/ claim informati	on (found in th	e other section	ns on this or a	other page)	before ac	Iding this servi	ice line.				
r Auditional Service	e Line Infor	nation												
Prior Authorizatio	n Line Tefer													
Drug Identificatio	n													
- National Drug Code:														
Medicare Crossov	er Items													
* Units:														
Submitted Charges: \$				Diagnosis F	Pointers: * 1:	✓ 2:	\checkmark	3:	4:	-				
Flocedule Code.					woulders. 1.	<u> </u>		J	•• [
* Drasadura Cadar				9	Madifiana 4.			2.						
Place of Service:			~	1										
* Service Date From:				* Serv	vice Date To:		I.							



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



 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.

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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/Airfare/Taxi/Rides hare	Only U3 modifier. No additional mods.
S9976	Lodging	Only U3 modifier. No additional mods.

> 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.

Modif	ier	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.
	Modifie	rs: 1: U3 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.



• For the sign language billing, always choose the number 1 from the **Diagnosis Pointer** dropdown box 1.







Line Level: Units

• Each line item will require you enter **Units**.

Procedure	Unit	Note
Code	Description	
T1013	15 minutes	This is appointment and pre-approved travel
Interpreter	= 1 unit	time.
time		
T2024	1 unit = 1	If there is more than one interpreter do not put
Finder's	interpreter	multiple units. Add multiple lines of 12024/03
Fee		with r unit.
S0215 –	1 unit = 1	This will be the total mileage
Mileage	mile	
A0170 -	1 unit = 1	For units it will be one. In the submitted charges
Parking	fee	multiple lines of A0170/U3 with 1 unit for
Fee/Tolls etc.		multiple expenses.
S9976 -	1 unit = 1	For units it will be one. In the submitted charges
Lodging	fee	field, you will enter the exact approved lodging 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





Line Level: Service Details

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

) Add	Service	e Line It	em	/ Update Servi	ce Line I	tem	
Prev	iously Entered	Line Item Infor	mation												
Clic	k a Line No. ł	below to view	/update that Line 1	Item Inform	natior	n.				To	otal Su	Ibmitted Charge	s: \$ 30.(00	
Line	Service Date	s	Droc Codo	Modif	iers			Diag	gnosis	Pntrs		Submitted	Unite	PA	
No	From	То	Proc. code	1	2	3	4	1	2	3	4	Charges	Units	Number	
1	01/23/2020	01/23/2020	T1013	U3				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.





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.

Note: Finders fees vary based on the negotiated rate by referral agencies.

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

Line Service Dates			Dress Code	Modifiers	5				osis Pntr	5		Submitted	Unite
No	From	То	Proc. Code	1	2	3	4	1	2	3	4	Charges	Units
1	09/01/2021	09/01/2021	T1013	U3	U9 🔶 İn Se	terpre ervice	eter #1 line	1				210	6
2	09/01/2021	09/01/2021	T1013	U3		terpre rvice	ter # 2 line	2				220	6
3	09/01/2021	09/01/2021	T2024	U3 🔶	Interprete Finders Fe	er #1		1				35	1
4	09/01/2021	09/01/2021	T2024	из 🔶	interprete Finders Fe	er #2		1				35	1
				7	27								



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.

							O Add	Servic	e Line l	tem	/ Update Serv	ice Line li	tem	
Previously Entere	d Line Item Infor	mation												
Click a Line No.	below to view	/update that Line	Item Infor	matio	n.				T	otal Su	Ibmitted Charge	es: \$ 30.0)0	
Line Service Date	25	Duos Codo	Modif	fiers			Dia	gnosis	Pntrs		Submitted	Unite	PA	
No From	To	Proc. Code	1	2	3	4	1	2	3	4	Charges	Units	Number	
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.

Clo	ose Save Claim	Submit Claim
	Professional Cla	aim
Note:	asterisks (*) denote re	equired fields.
В	asic Claim Info	Other Claim Info
Billing	Provider Subscribe	r Claim Service

• The following pop-up window is displayed.



Select Cancel if you do not need to upload any documentation.





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.



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Submitting Claim for Processing

***	Submit	tted Professi	ional Claim Details:					
			TCN:	202003800000015000				
			Provider NPI:	510000004				
			Client ID:	999999998WA				
			Date of Service:	01/01/2020-01/01/2020				
			Total Claim Charge:	\$ 10.00				
Plea	ase click "A	Add Attachmer	nt" button, to attach the	e documents.			(O Add Attachment
			ā).				(
11	Attach	ment List						
	Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
	Line No ▲ ▼	File Name ▲ ▼	Attachment Type ▲ ▼	Transmission Code △▼	Attachment Control # ▲ ▼	File Size ▲ ▼	Delete ▲ ▼	Uploaded On ▲ ▼
	Line No ▲▼ 0	File Name	Attachment Type	Transmission Code △▼ EL	Attachment Control # ▲ ▼	File Size	Delete	Uploaded On ▲ ▼ 02/07/2020
Vi	Line No V 0 ew Page:	File Name	Attachment Type	Transmission Code △▼ EL SaveToXLS Viewing	Attachment Control # ▲▼ Page: 1	File Size	Delete	Uploaded On Volume Vol
U Vi	Line No V 0 ew Page:	File Name	Attachment Type ▲▼ 77 O Go + Page Count	Transmission Code △▼ EL SaveToXLS Viewing	Attachment Control #	File Size	Delete	Uploaded On
Vi	Line No	File Name	Attachment Type	Transmission Code △▼ EL SaveToXLS Viewing	Attachment Control #	File Size	Delete	Uploaded On



Contact and Support

- Contact Interpreter Services at:
 - interpretersvcs@hca.wa.gov
- Interpreter Services Website:
 - o <a>www.hca.wa.gov/isproviders
- HCA Provider Enrollment
 - o providerenrollment@hca.wa.gov
 - 1-800-562-3022 ext 16137
- ODHH
 - o <u>https://www.dshs.wa.gov/altsa/odhh</u>
 - o **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.

