

Hints and Tips

Provider Type: Social Service Medical

Category: Billing

When billing for Social Service Medical, the **Service Code and Modifier from the authorization** are used for the Procedure Code and Modifier in the Basic Line Item.

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd yyyy

Place of Service: [dropdown]

* Procedure Code: [input]

* Service Date To: mm dd cc

Modifiers: [input]

There are exceptions to the rule based on the Service Code used:

- **SA875, SA876, SA877, SA878, SA879, SA880, SA881, SA882, SA883, SA884, SA885, SA886, and SA887.**

These Service Codes are “blanket codes” which covers a broad range of services. For billing, the provider must **look up a distinct Procedure Code and Modifier** based on what service was provided from the [Current Social Services Blanket Code HCPCS Code Billing Table](#). See page 39 in the [Medical Billing How-To Guide](#).

- **SA888 and SA889**

These Service Codes are “blanket codes” which cover a broad range of services. For billing, the provider must **look up a distinct Procedure Code** based on what service was provided. See page 43 in the [Medical Billing How-To Guide](#).

- **SA890**

This Service Code is a “blanket code” which covers a range of services. For billing, the provider must **look up a distinct Procedure Code** based on what service was provided. See page 44 in the [Medical Billing How To](#).

- **T1000 and 99600**

These service codes require an additional modifier(s) based on the classification of the provider.

- **TD** for Registered Nurse (RN)
- **TE** for Licensed Practical Nurse (LPN)
- **TV** for Holiday (#2 modifier)

For complete step-by-step instructions, visit the ProviderOne website located at <https://fortress.wa.gov/dshs/adsaapps/providerone/Default.htm> to view the corresponding How-To Guide. Please insert a similar reference here to the HCPCS look up.