

# Submit Social Services Medical Or Shared Services Claim

This lesson provides instructions for creating and submitting a Social Service Medical claim in ProviderOne.

**Note:** The Social Services Medical/Shared Services claims do not use all the data elements that are required for standard professional medical claims submission. **The answers to questions in the following Instructional pages pertain to Social Services Medical related claims ONLY.**

**Before logging into ProviderOne make sure your:**

- Pop-up Blocker is turned off .....35
- Security is set to Medium.....39
- Browser History/Cache is deleted.....41

**Before starting the claim process, you should have the following information at hand:**

- Your NPI
- Taxonomy (pg. 25)
- Client ID (Authorization)
- Client Birthdate (pg. 26)
- Authorization # (Authorization)
- Diagnosis Code (pg. 29)
- Service (Procedure) Code (Authorization & pg. 45-55)
- Modifier (Authorization & pg. 45-55)
- Unit Rate (Authorization)
- Unit Type (Authorization)

## Submit Social Service Medical Claim

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- Finding Diagnosis Code ..... 29
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### Special Instructions for Service Codes:

- Billing Guides ..... 45
- SA875, SA876, SA877, SA878, SA879, SA880, SA881, SA882, SA883, SA884, SA885, SA886, & SA887 ..... 6, 14, & 47
- SA888 & SA889, ..... 6, 14, & 51
- SA890 ..... 6, 14, & 53
- T1000 & 99600 ..... 14, 15, & 54
- H2014, S5102, S5110, S5115, T1020, T2025 ..... 55

To submit a Social Service Medical claim, use the EXT Social Service Medical Profile.

1. From the [Profile Page](#)
2. **Click on**  pull down menu
3. **Select** EXT Provider Social Service Medical
4. **Click on** Go

**Before logging into ProviderOne make sure your:**

- Pop-up Blocker is turned off .....35
- Security is set to Medium.....39
- Browser History/Cache is deleted .....41

## 1 Profile Page



2 Click on

3 Select

4 Click on

5. Social Service Medical Portal Page **appears**
6. **Click on** On-line Claims Entry

## 5 Social Service Medical Portal Page

The screenshot shows the ProviderOne interface for Katherine Jones. The 'On-line Services' menu is open, listing various options. The 'On-line Claims Entry' option is highlighted with a red box and a red arrow pointing to it, with the text '6 Click on' next to it. Other options in the menu include 'Claim Inquiry', 'Claim Adjustment/Void', 'On-line Batch Claims Submission (837)', 'Resubmit Denied/Voided Claim', 'Retrieve Saved Claims', 'Manage Templates', and 'Create Claims from Saved Templates'.

**Before starting the claim process,** you should have the following information at hand:

- Your NPI
- Taxonomy (pg. 25)
- Client ID (Authorization)
- Client Birthdate (pg. 26)
- Authorization # (Authorization)
- Diagnosis Code (pg. 29)
- Service (Procedure) Code (Authorization & pg. 45-55)
- Modifier (Authorization & pg. 45-55)
- Unit Rate (Authorization)
- Unit Type (Authorization)

**Note:** If your authorization Service Code is: **H2014, S5102, S5115, T1020, or T2025** see page 55 before you begin billing.

7. Options page appears
8. **Click on** Submit Professional
9. Professional Claims page appears

## 7 Options Page

8 Click on →

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

## 9 Professional Claims

## Provider Information Section:

1. Enter NPI
2. Enter Taxonomy Code

To find your Taxonomy Code see page 25.

“\*” denotes required fields.

3. Select Yes for Rendering Provider
4. Select No for Referral

## Provider Information

**Note:** If your authorization Service Code is: SA875, SA876, SA877, SA878, SA879, SA880, SA881, SA882, SA883, SA884, SA885, SA886, SA887, SA888, SA889, & SA890 you must enter a Referring Provider NPI.

- a. Select Yes for Referral
- b. Window appears
- c. Enter referring Provider NPI

The Rendering Provider must be a medical professional who can prescribe the durable medical equipment, supplies, or services being claimed.

## Subscriber/Client Information Section:

1. Enter Client ID from authorization

*Client ID is taken from the Authorization.*

## Subscriber/Client Information

Professional Claim: [Redacted]

Note: asterisks (\*) denote required fields.

Basic Claim Info | Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID: 101707800

PROVIDER INFORMATION

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

\* Provider NPI: [ ] \* Taxonomy Code: [ ]

\* Is the Billing Provider also the Rendering Provider?  Yes  No

\* Is this service the result of a referral?  Yes  No

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

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

\* Client ID: [ ] ← 1 Enter

+ 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

## Authorization List

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier
10000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services	
10000002587	2	1	200907004WA	WATERS, BILL	201102008	55136	Adult companioncare per diem	

## Subscriber/Client Information Section (Cont.):

### 2. Additional Client information:

- a. Click on
- b. Pop-up section opens
- c. Enter required data

See pg. 26 to find clients Date of Birth.

## Subscriber/Client Information

## Subscriber/Client Information Section (Cont.):

3. **Select** for Baby on Mom's Client ID
4. **Select** No Medical Crossover Claim
5. Other Insurance Information **Not applicable**

## Subscriber/Client Information

**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**

\* Client ID:

**Additional Subscriber/Client Information**

\* Org/Last Name:  First Name:

\* Date of Birth:  mm  dd  ccyy \* Gender:

Date of Death:  mm  dd  ccyy Patient Weight:  lbs

Patient is pregnant:  Yes  No

**3 Select**

Yes  No

**4 Select**

**OTHER INSURANCE INFORMATION** ← **5 N/A**

## Claim Information Section:

### 1. Prior Authorization:

- a. Click on
- b. Pop-up section opens
- c. Enter the authorization number from your Authorization

## Claim Information

1a Click on

1b Pop-up

1c Enter

3 Select

### 2. Not applicable

- Claim Note
- EPSDT Information
- Conditional Information

### 3. Select No for Accident Related

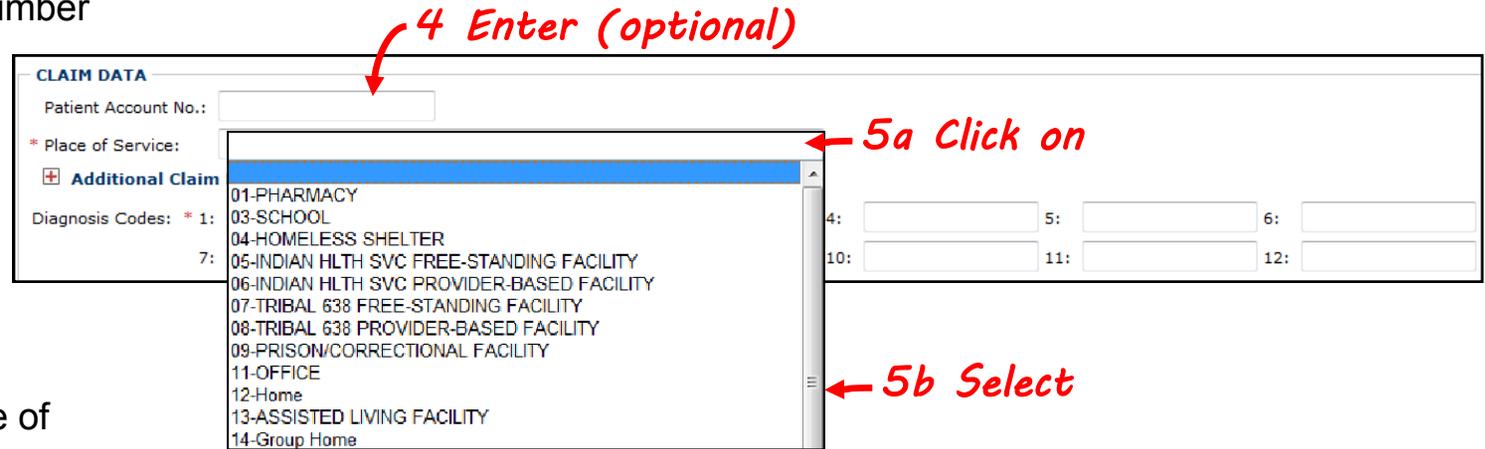
## Authorization List

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier
10000000251	1	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services	
10000002587	2	1	200907004WA	WATERS, BILL	201102008	S5136	Adult companioncare per diem	

Authorization Number is taken from the Authorization Service Line. You **MUST** enter authorization number.

## Claim Information Section (Cont.):

4. **Enter** (optional) your business's Patient Account Number



The screenshot shows a web form titled "CLAIM DATA". It includes a text input field for "Patient Account No.", a dropdown menu for "\* Place of Service:", and a section for "Additional Claim" with "Diagnosis Codes" (1: and 7:). To the right are six more text input fields labeled 4: through 12:. Red arrows and text provide instructions: "4 Enter (optional)" points to the Patient Account No. field; "5a Click on" points to the Place of Service dropdown; and "5b Select" points to the list of service locations.

**CLAIM DATA**

Patient Account No.:

\* Place of Service:

+ Additional Claim

Diagnosis Codes: \* 1:  4:  5:  6:

7:  10:  11:  12:

- 01-PHARMACY
- 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

5. Place of Service

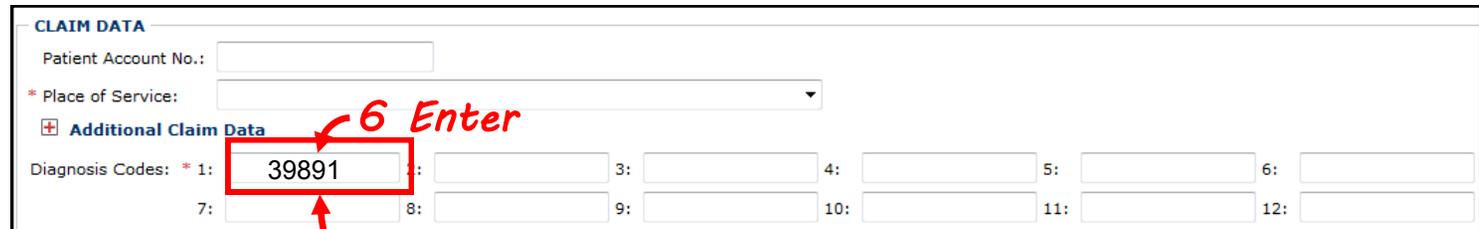
- a. **Click on**  Place of Service pull-down menu
- b. **Select** location the service was provided, such as in their home (12-Home) or your office (11-Office). If the location is a group home type setting that is not specifically listed, choose 12-Home.

Claim Information Section (Cont.):

6. **Enter** Diagnosis Code, you can enter up to 12 codes

**Diagnostic Code is required.**

- A **minimum** of one Diagnosis Code is required.
- You can enter up to 12 diagnosis Codes.
- **Do not enter decimal points.** (enter all digits, typically 4 to 5 digits).
- The ProviderOne help line **cannot** provide or recommend diagnosis codes.



CLAIM DATA

Patient Account No.:

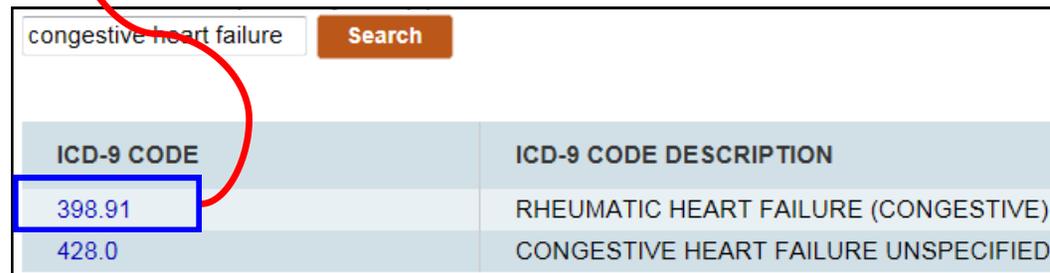
\* Place of Service:

+ Additional Claim Data

Diagnosis Codes: \* 1:  2:  3:  4:  5:  6:   
 7:  8:  9:  10:  11:  12:

*CMS Web Page*

- **Most codes are 4 or 5 digits.**
- **Do not enter the decimal point.** .



ICD-9 CODE	ICD-9 CODE DESCRIPTION
398.91	RHEUMATIC HEART FAILURE (CONGESTIVE)
428.0	CONGESTIVE HEART FAILURE UNSPECIFIED

See page 29 for more details. Use this CMS website to find and verify diagnosis codes.

<http://www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-lookup.aspx>

## Basic Service Line Items Section:

1. **Enter** Service Date From
  2. **Enter** Service Date To
- Claim is for a single day.  
From and To Dates are the same.
3. **Enter** (optional) Place of Service

**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, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From: mm dd cyy ← 1 Enter

Place of Service: [Dropdown] ← 3 Enter (optional)

\* Service Date To: mm dd cyy ← 2 Enter

\* Procedure Code: [Text]

\* Submitted Charges: \$ [Text]

\* Units: [Text]

Modifiers: 1: [Text] 2: [Text] 3: [Text] 4: [Text]

Diagnosis Pointers: \*1: [Dropdown] 2: [Dropdown] 3: [Dropdown] 4: [Dropdown]

**Medicare Crossover Items**

National Drug Code: [Text]

**Drug Identification**

**Prior Authorization**

**Additional Service Line Information**

**Note:** Please ensure you have entered any necessary

Previously Entered Line Item Information

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

Line No	Service Dates	Proc. Code
	From	To

### A date range, or span, can only be used when:

- Unit Type = daily or monthly
- Days were worked consecutively (in a row with no breaks)
- The date range is within the same calendar month.
- # of units match the # of days (daily units)
- 1 monthly unit per range (max. date range is one calendar month, less than month date ranges will be prorated by ProviderOne).

## Basic Service Line Items Section (Cont.):

4. **Enter** Service Code from authorization
5. **Enter** Modifier from authorization. Note: A Service Code may not have a modifier.

**If your service code is listed below, Special Instructions starting on page 47.**

SA875, SA876, SA877, SA878, SA879, SA880, SA881, SA882, SA883, SA884, SA885, SA886, SA887, SA888, SA889, & SA890.

**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, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

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**BASIC SERVICE LINE ITEMS**

\* Service Date From:  mm  dd  ccy

\* Service Date To:  mm  dd  ccy

Place of Service:

\* Procedure Code:  4 Enter

\* Submitted Charges: \$

\* Units:

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.

Total Submitted Charges: \$

Previously Entered Line Item Information

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

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services							
10000002587	2	1	200907004WA	WATERS, BILL	201102008	S5136	Adult companioncare per diem							

### Authorization List

Authorization #	Line #	Suffix	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier
1000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services	
10000002587	2	1	200907004WA	WATERS, BILL	201102008	S5136	Adult companioncare per diem	

**Service Code T1000 & 99600 see page 54 for instructions on RN, LPN, and Vacation modifiers needed for billing.**

## Basic Service Line Items Section (Cont.):

6. **Enter** total charges for this claim
7. **Enter** number of units for this claim

The rate per unit is from the authorization. **Service Code T1000 & 99600 see page 54** for unit rates for RN, LPN, and Vacation modifiers.

*The provider must do the math:*

Unit  
X Rate  
 Submitted Charge

**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, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

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**BASIC SERVICE LINE ITEMS**

\* Service Date From:

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$  ← **6 Enter**

\* Units:  ← **7 Enter**

Medicare Crossover Items

National Drug Code:

Drug Identification

Prior Authorization

Additional Service Line Information

\* Service Date To:

Modifiers: 1:  2:  3:  4:

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

**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 No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			

## Basic Service Line Items Section (Cont.):

### 8. Diagnosis Pointers

- a. Click on  Diagnosis Pointers pull-down menu
- b. Select the number next to the Diagnosis Code in the Claim Data Section. You can select up to four Diagnosis Codes per claim.

**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:

**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, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From:  mm  dd  ccyy

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

**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.

Add Service Line Item    Update Service Line Item

Previously Entered Line Item Information

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

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1														
10														
11														
12														
2														
3														
4														
5														
6														
7														
8														
9														

*8a Click on*

*8b Select*

Basic Service Line Items Section (Cont.):

9. **Not applicable**
  - Medicate Crossover Items
  - Drug Identification
  - Prior Authorization
  - Additional Service Line Information
10. **Click on** Add Service Line Item
11. Service Line Data **appears** with the information you entered for the claim
12. Basic Service Line Items **clears**

**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, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

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**BASIC SERVICE LINE ITEMS**

Service Date From:         \* Service Date To:

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

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.

Line No.	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	09/09/2014	09/09/2014	T1002					1				100	1	

[Delete or Other Service Info](#)

## Basic Service Line Items Section (Cont.):

13. Additional service lines must be for the **same authorization**. To add another Service Line for this authorization there are two options:

- You can add up to 50 service lines per claim.
- All service lines within a claim must be for the same Authorization.
- You can include different Service Codes, so long as they have the same Authorization number.

### Option #1:

- a. Enter basic service line items
- b. Click on Add Service
- c. Service line appears
- d. Basic Service Line Items clears

Additional service lines must be for the **same authorization**.

*a Enter*

*b Click on*

*d*

*c*

**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, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From:  mm  dd  cyy      \* Service Date To:  mm  dd  cyy

Place of Service:

\* Procedure Code:       Modifiers: 1:  2:  3:  4:

\* Submitted Charges: \$       Diagnosis Pointers: \*1:  2:  3:  4:

\* Units:

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 No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	09/09/2014	09/09/2014	T1002					1				100	1	<a href="#">Delete or Other Service Info</a>
2	09/10/2014	09/10/2014	T1002					1				100	1	<a href="#">Delete or Other Service Info</a>

## Basic Service Line Items Section (Cont.):

### Option #2:

- a. Click on Service Line Number
- b. Basic Line Information appears
- c. Enter new data: IE change day of service
- d. Click on Add Service Line

**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 Amount, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From: mm dd cyy

\* Service Date To: mm dd cyy

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

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 No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	09/09/2014	09/09/2014	T1002					1				100	1	

[Delete or Other Service Info](#)

**a Click on** → **b** → **c Enter** → **d Click on** →

## Basic Service Line Items Section (Cont.):

### Option #2 (cont.)

e. New Service Line appear below previous line

d. Basic Service Line Items Clears

You can add up to 50 claim service lines per bill.

d →

**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, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From:  mm  dd  cyy      \* Service Date To:  mm  dd  cyy

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

Medicare Crossover Items

National Drug Code:

Drug Identification

Prior Authorization

Additional Service Line Information

Modifiers: 1:  2:  3:  4:

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

**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

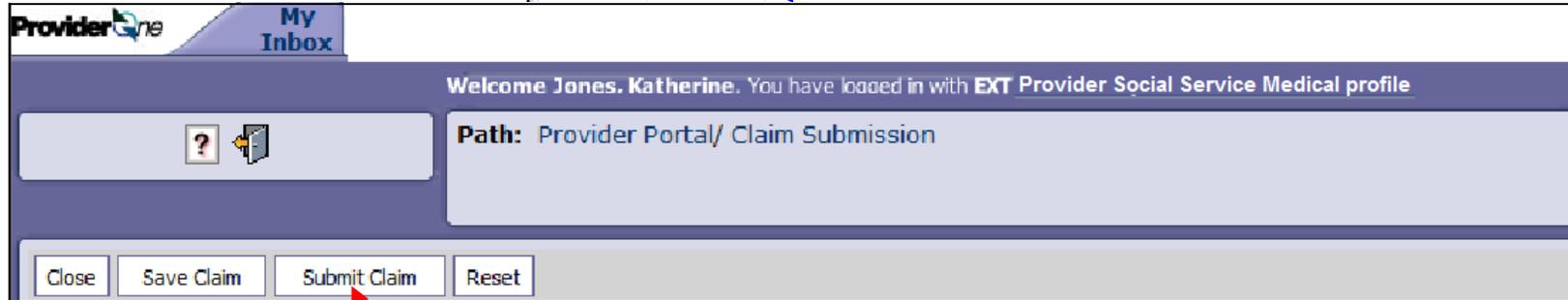
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	09/09/2014	09/09/2014	T1002					1				100	1		Delete or Other Service Info
2	09/10/2014	09/10/2014	T1002					1				100	1		Delete or Other Service Info

e →

To submit the claim:

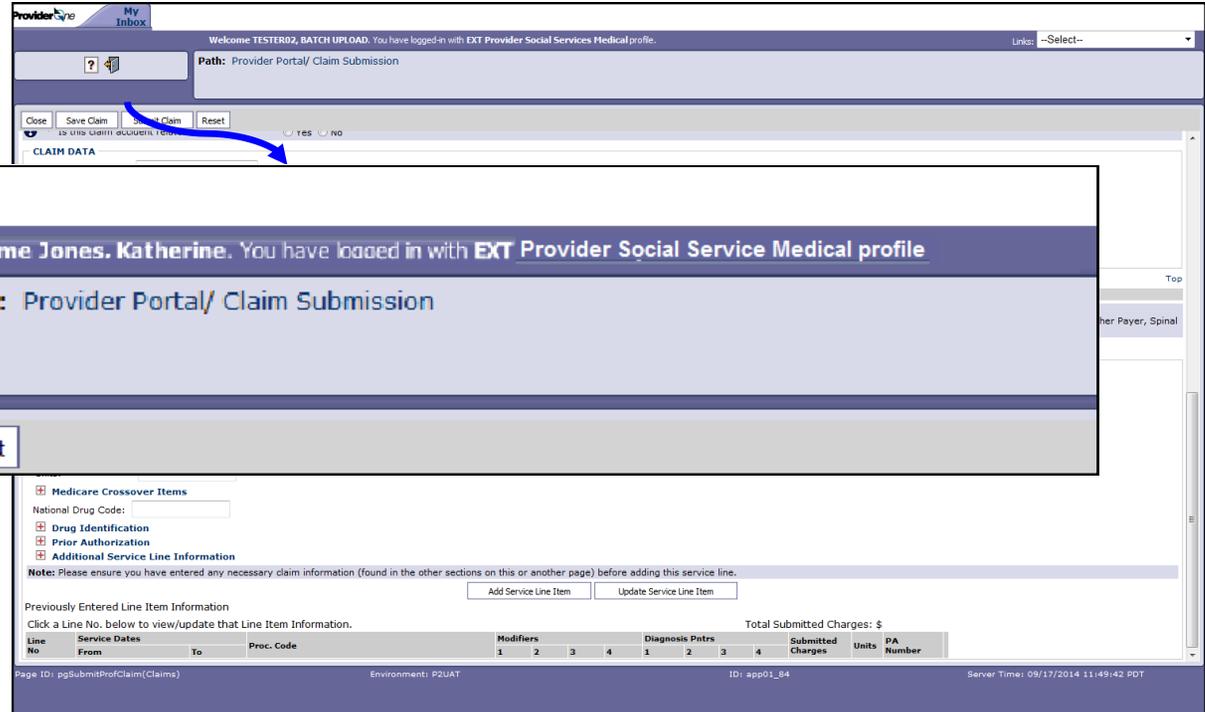
1. **Click on** Submit Claim



2. Backup Document Pop-up appears

- a. **Click on** Cancel (Social Service Medical claims do not require documentation.)

## 2 Backup Document Pop-up



**If the pop-up does not appear**, it means that your “Pop-up Blocker” has not been turned off and you need to close this billing page.

See page 35 for the quick instructions on how to turn off your computer’s pop-up blocker. Then return to the billing page to submit a claim.

To submit the claim: (Cont.)

3. Submitted Professional Claim Details appears
  - a. Transaction Control Number (TCN) is used for tracking the claim
  - b. Click on Ok

*You **must click on Ok** to transmit the claim to ProviderOne.*

### 3 Submitted Professional Claim Details

*You **MUST click on "Ok"** to complete the claims submission process.*

*3b Click on*

### 4 Billing Page

4. After submitting a blank billing page will appear

To View, Edit, or Delete a Service Line prior to submitting the claim:

1. To view or edit a claims Service Line:

*This section covers how to edit a claim you are working on prior to submission.*

- a. **Click on** Claim Service Line blue hyperlink

- b. Basic Service Line Items appears

7b

**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, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

---

**BASIC SERVICE LINE ITEMS**

\* Service Date From:  mm  dd  cyy

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

Medicare Crossover Items

National Drug Code:

Drug Identification

Prior Authorization

Additional Service Line Information

\* Service Date To:  mm  dd  cyy

Modifiers: 1:  2:  3:  4:

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

**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.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	09/09/2014	09/09/2014	T1002					1				100	1	

[Delete or Other Service Info](#)

**1a Click on**

Previously Entered Line Item Information

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

Line No	Service Dates	Proc. Code
	From	To
1	09/09/2014	09/09/2014 T1002

To View, Edit , or Delete a Service Line (Cont.):

2. To edit, **change** data.
3. **Click on** Update Service Line
4. Updated Service Line **appears**

**2 Change**

**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, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From:  mm  dd  cyy

\* Service Date To:  mm  dd  cyy

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

Medicare Crossover Items

National Drug Code:

Drug Identification

Prior Authorization

Additional Service Line Information

**3 Click on**

Add Service Line Item    Update Service Line Item

Previously Entered Line Item Information

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

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	09/09/2014	09/09/2014	T1002					1				100	1		<a href="#">Delete or Other Service Info</a>

5. To delete a service line **click on** delete at the end of the desired service line

**5 Click on**

Previously Entered Line Item Information

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

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	09/09/2014	09/09/2014	T1002					1				100	1		<a href="#">Delete or Other Service Info</a>

- Inside the Provider Portal - Click Manage Provider Information
- Select Step 3: Specializations
- You should now be at the screen labeled "Specialty/Subspecialty List" (which is your taxonomy code list)

Close Add Update

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List:

Filter By: [dropdown] And [dropdown]

<input type="checkbox"/>	Contract Number ▲▼	Provider Type ▲▼	Specialty/Subspecialty ▲▼	Administration ▲▼	Location Code ▲▼
<input type="checkbox"/>		16-Nursing Service Providers	3W-Registered Nurse/00000-Registered Nurse	HRSA	00
<input type="checkbox"/>		16-Nursing Service Providers	3W-Registered Nurse/00000-Registered Nurse	ADSA-H	00

## The Taxonomy Code Is Broken Into Separate Segments

- Select a row that has the '00' NPI base location code for the Administration 'HRSA' and the correct Specialty/Subspecialty description (*in this example the provider will be billing for nursing services*).
- The second column describes the Provider type: **16**.
- The third column describes the specialty and subspecialty for the provider type: **3W** followed by **00000**.
- ProviderOne does not display the "X" character at the end of the taxonomy, but it is reserved for future use.
- All of the characters together make of the taxonomy for this provider type listed below:

**163W00000X**

To find a client's Date of Birth:

1. From the Social Service Medical Portal Page
2. Click on Benefits Inquiry

## 1 Social Service Medical Portal Page

The screenshot shows the ProviderOne Social Service Medical Portal. The navigation menu on the left includes sections like Online Services, Client, Payments, Managed Care, Prior Authorization, Provider, HIPAA, Admin, and Social Service Authorizations and Billing. The 'Client' section is expanded, showing links for Client Limit Inquiry, Benefit Inquiry, and Client. The main content area on the right displays a welcome message and a 'Claims' section with a list of links: Claims Inquiry, Claim Adjustment/Void, On-line Claims Entry, On-line Batch Claims Submission (837), Resubmit Denied/Void Claim, Retrieve Saved Claims, Manage Templates, Create Claims from Saved Templates, and Manage Batch Claim Submission. A blue arrow points from the 'Benefit Inquiry' link in the navigation menu to the 'Benefit Inquiry' link in the 'Client' section of the main content area.

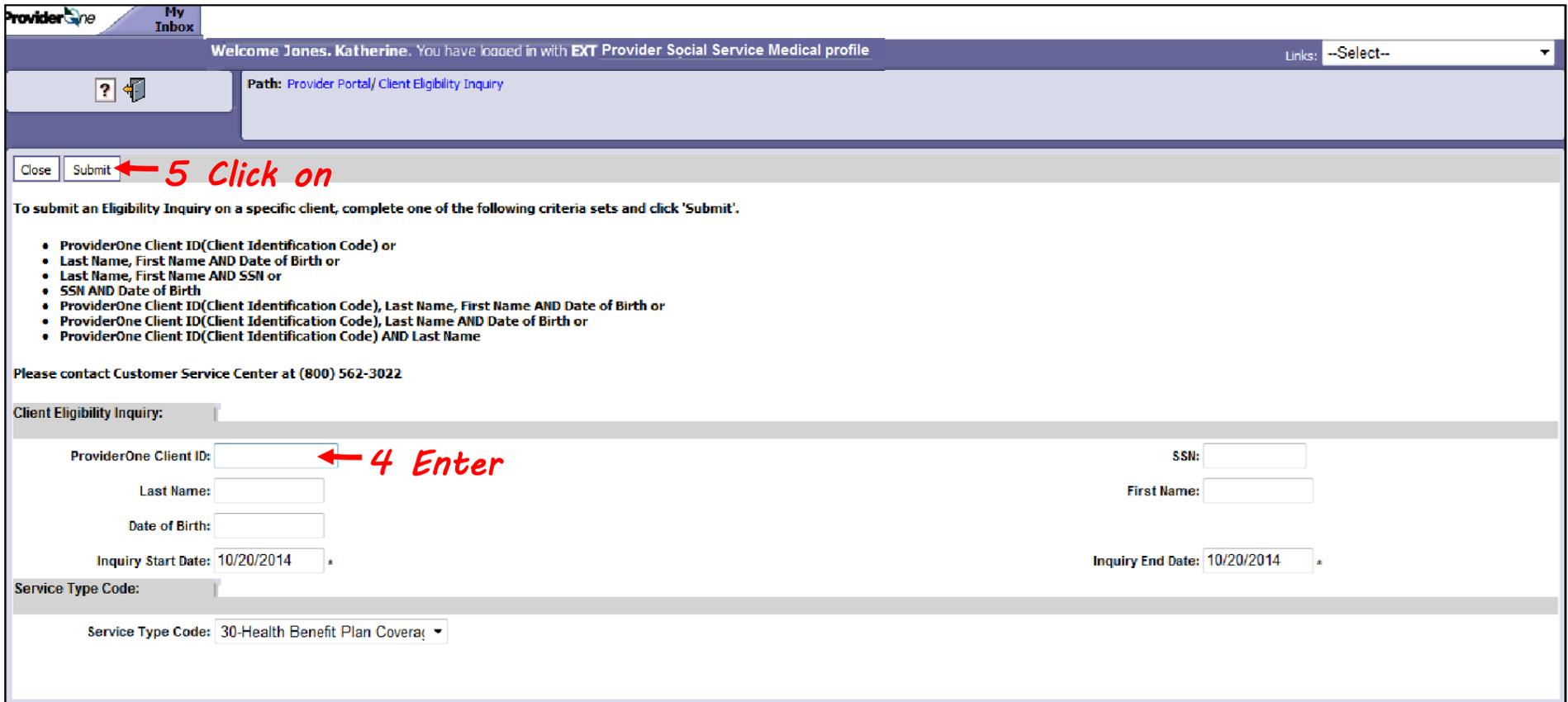
This is a close-up view of the 'Claims' section in the portal. It lists several links: Claims Inquiry, Claim Adjustment/Void, On-line Claims Entry, On-line Batch Claims Submission (837), Resubmit Denied/Void Claim, Retrieve Saved Claims, Manage Templates, Create Claims from Saved Templates, and Manage Batch Claim Submission. Below these links is a 'Client' section containing 'Client Limit Inquiry' and 'Benefit Inquiry'. The 'Client Limit Inquiry' and 'Benefit Inquiry' links are highlighted with a red box, and a red arrow points to them from the text '2 Click on'.

2 Click on

To find a clients Date of Birth (Cont.):

3. The Benefits Inquiry page **appears**
4. **Enter** Client ID from Authorization
5. **Click on** Submit

## 3 Benefits Inquiry



The screenshot shows the ProviderOne Client Eligibility Inquiry form. At the top, there is a navigation bar with 'My Inbox' and a welcome message for Katherine Jones. Below this is a breadcrumb trail: 'Path: Provider Portal/ Client Eligibility Inquiry'. The main content area has a 'Close' and 'Submit' button at the top left. A red arrow points to the 'Submit' button with the text '5 Click on'. Below the buttons, there is a list of criteria sets for submitting an inquiry. A red arrow points to the 'ProviderOne Client ID' input field with the text '4 Enter'. The form includes fields for Last Name, Date of Birth, SSN, First Name, Inquiry Start Date, and Inquiry End Date. At the bottom, there is a 'Service Type Code' dropdown menu set to '30-Health Benefit Plan Covera'.

ProviderOne Client ID:  **4 Enter**

Last Name:

Date of Birth:

SSN:

First Name:

Inquiry Start Date: 10/20/2014 \*

Inquiry End Date: 10/20/2014 \*

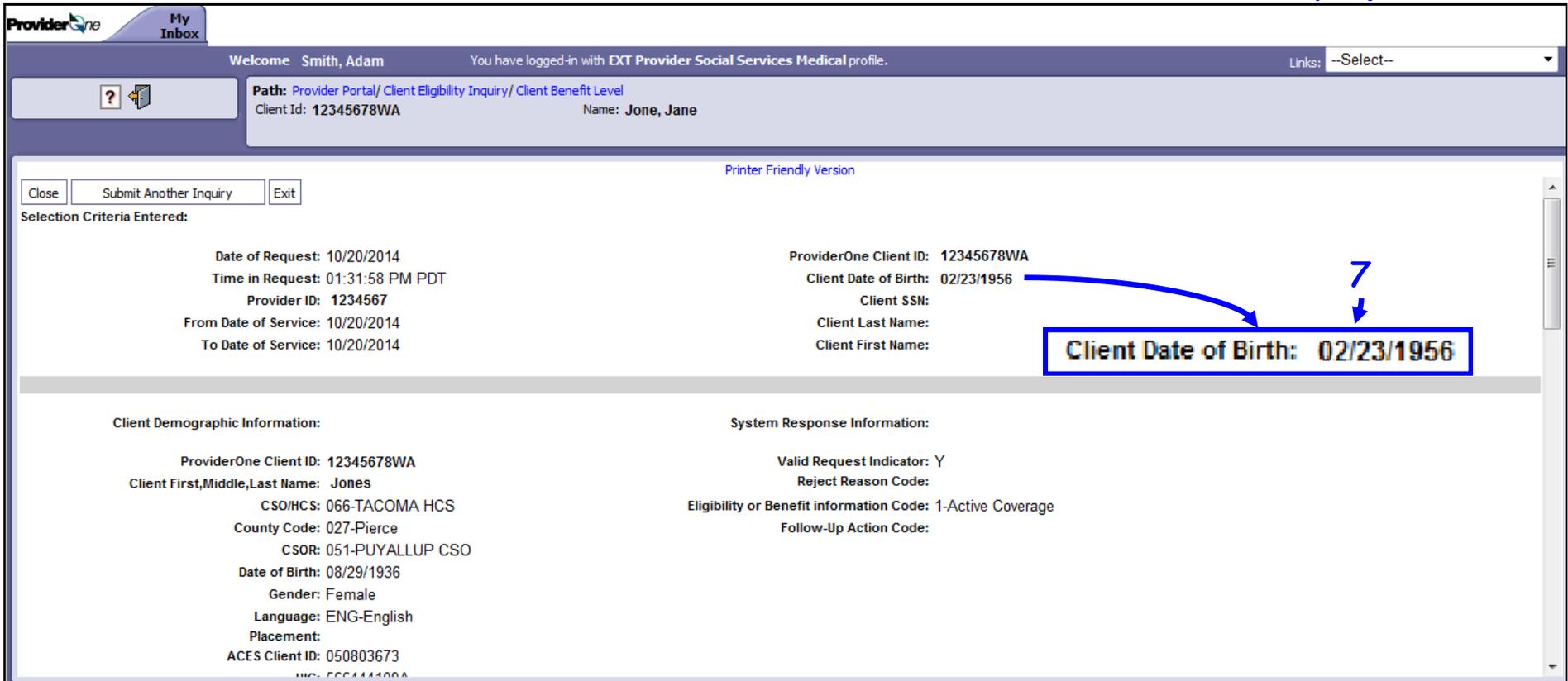
Service Type Code: 30-Health Benefit Plan Covera

To find a clients Date of Birth (Cont.):

6. The Inquiry Results page [appears](#)

7. [Date of Birth](#)

*6 Inquiry Results*



ProviderOne My Inbox

Welcome Smith, Adam You have logged-in with EXT Provider Social Services Medical profile. Links: --Select--

Path: Provider Portal/ Client Eligibility Inquiry/ Client Benefit Level  
Client Id: 12345678WA Name: Jone, Jane

Printer Friendly Version

Close Submit Another Inquiry Exit

Selection Criteria Entered:

Date of Request: 10/20/2014	ProviderOne Client ID: 12345678WA
Time in Request: 01:31:58 PM PDT	Client Date of Birth: 02/23/1956
Provider ID: 1234567	Client SSN:
From Date of Service: 10/20/2014	Client Last Name:
To Date of Service: 10/20/2014	Client First Name:

**Client Date of Birth: 02/23/1956**

---

<b>Client Demographic Information:</b>	<b>System Response Information:</b>
ProviderOne Client ID: 12345678WA	Valid Request Indicator: Y
Client First,Middle,Last Name: Jones	Reject Reason Code:
CSO/HCS: 066-TACOMA HCS	Eligibility or Benefit information Code: 1-Active Coverage
County Code: 027-Pierce	Follow-Up Action Code:
CSOR: 051-PUYALLUP CSO	
Date of Birth: 08/29/1936	
Gender: Female	
Language: ENG-English	
Placement:	
ACES Client ID: 050803673	
WIC: 566444400A	

The number of digits in the diagnosis code required by ProviderOne is determined by the ICD-9 Codes. The section shows you how to look up diagnosis codes and to know how many digits are required for ProviderOne.

1. Click on active hyperlink

*1 Click on active hyperlink*

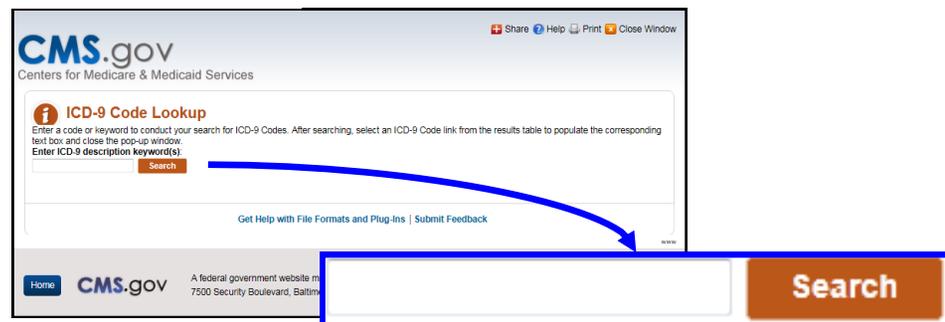


<http://www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-lookup.aspx>

2. CMS.gov page appears

*2 CMS.gov*

3. Search by entering an ICD-9 Code or Illness



*3 Enter*

Remember that when you search using an illness, it is the illness that is being treated, not the treatment. Examples:

- Diabetes
- Congestive Heart Failure
- Obesity

4. Results appear

5. **Select** diagnosis for client

6. **Enter** diagnosis code into the billing page

## 4 Search Results

**i ICD-9 Code Lookup**  
 Enter a code or keyword to conduct your search for ICD-9 Codes. After searching, select an ICD-9 Code link from the results table to populate the corresponding text box and close the pop-up window.  
 Enter ICD-9 description keyword(s):  
 diabetes

ICD-9 CODE	ICD-9 CODE DESCRIPTION
249.00	SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.01	SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, UNCONTROLLED
249.10	SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.11	SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, UNCONTROLLED
249.20	SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.21	SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, UNCONTROLLED
249.30	SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED

*5 Select*

*6 Enter*

*Billing Page*

- Most codes are 4 or 5 digits.
- Do not enter the decimal point.

**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:

congestive heart failure

ICD-9 CODE	ICD-9 CODE DESCRIPTION
398.91	RHEUMATIC HEART FAILURE (CONGESTIVE)
428.0	CONGESTIVE HEART FAILURE UNSPECIFIED

# Pay Periods

With ProviderOne, you choose when you get paid.

- ProviderOne pays on **Fridays**.
- If you have EFT (Electronic Fund Transfer/Direct Deposit) your payment will be in your account on Friday.
- If you are paid by paper check, it will be mailed on Friday.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	<b>2</b>	3
4	5	6	7	8	<b>9</b>	10
11	12	13	14	15	<b>16</b>	17
18	19	20	21	22	<b>23</b>	24
25	26	27	28	29	<b>30</b>	31

*Possible Pay Days* ↗

All claims submitted between Wednesday and Tuesday will be paid on **Friday**.

*Claims Submitted* →

Sun	Mon	Tue	Wed	Thu	Fri	Sat
18	19	20	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>
<b>25</b>	<b>26</b>	<b>27</b>	28	29	<b>30</b>	31

*Paid* ↗

# Pay Periods

To be paid **weekly**, submit claims by Tuesday of each week.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

*Submitted by* ↑ *Pay Days* ↑

To be paid **bi-weekly**:

- Choose your Friday **paydays**.
- Submit your claims within the **7 day period** ending in Tuesday of

*Claims Submitted* →

*Claims Submitted* →

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

*Pay Days* ↑

To be paid **monthly**:

- Choose your Friday **payday**.
- Submit your claims within the **7 day period** ending in Tuesday of

*Claims Submitted* →

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

*Paid* ↑

All claims are based on date of service (the day the service was provided).

**Unit Types:** 1/4 hour, 1/2 hour, hour, each, per visit, mile, daily, monthly

1. Each **service line** is a single day. You must add a service line for each day you worked. (See date range if you have daily & monthly unit types)
2. The number of **Units** provided on each day of service can be more than 1 (except daily)

**BASIC SERVICE LINE ITEMS**

\* Service Date From:  mm  dd  ccyy

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

\* Service Date To:  mm  dd  ccyy

Modifiers: 1:  2:  3:  4:

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

**January**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$70.00

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	01/20/2014	01/20/2014	T1019					4	Delete
2	01/21/2014	01/21/2014	T1019					6	Delete
3	01/22/2014	01/22/2014	T1019					4	Delete

1. Date range from and to dates must be consecutive (in a row, with no breaks), within the same calendar month, and daily or monthly units.
2. The number of **Units** must equals the number of days in the range for daily unit types, or 1 unit for the month within the range for monthly
3. When you Add Service Line, the date range will be a single service line. A note will appear on you billing page telling you that the date range will be broken down into individual daily service line when the

A date range, or span, can only be used when:

- Unit Type = daily or monthly
- Days were worked consecutively (in a row with no breaks)
- The date range is within the same calendar month.
- # of units match the # of days (daily units)
- 1 monthly unit per range (max. date range is one calendar month, less than month date ranges will be pro-rated by ProviderOne).

You can not claim a daily unit type on the same day of service.

**BASIC LINE INFORMATION**

**BASIC SERVICE LINE ITEMS**

\* Service Date From:    \* Service Date To:

\* Service Code:  Modifiers: 1:  2:  3:  4:  \* Unit:

**January**

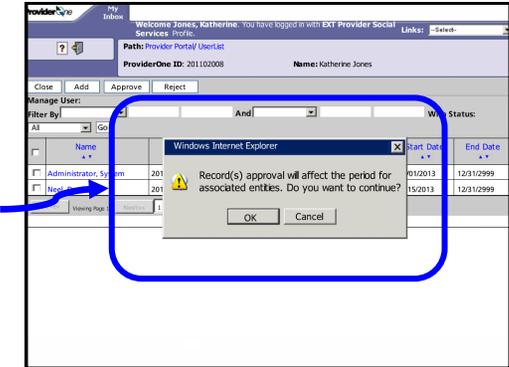
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Add Service Line Item      Update Service Line Item

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$333.90

Line No	Service Dates		Service Code	Modifiers				Units	Delete
	From	To		1	2	3	4		
1	01/20/2014	01/24/2014	T1020	U1				5	

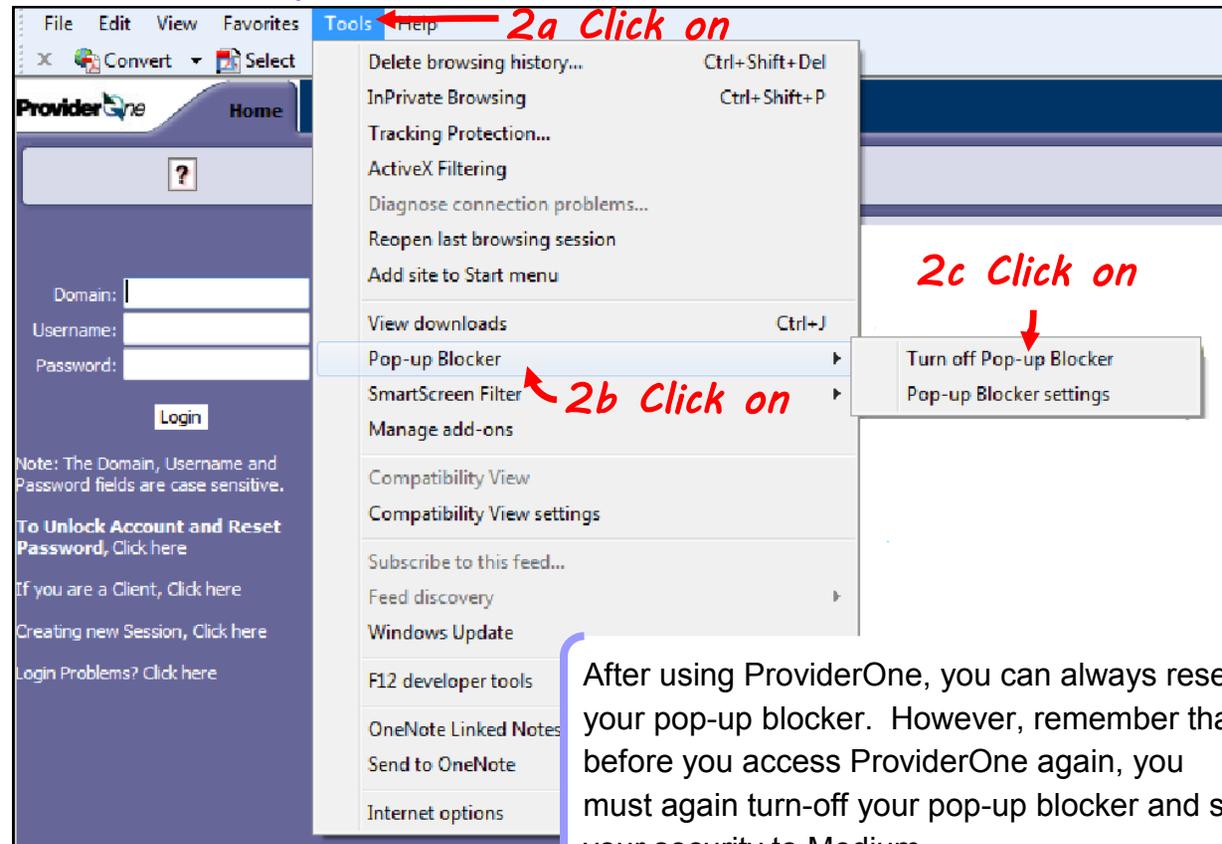
ProviderOne uses “Pop-up Windows” (small screens or windows that appear in front of the window you are viewing). For ProviderOne to work, your computer must be set to allow pop-up windows. Different computers have different method to turn off the pop-up blocker, here are two common approaches.



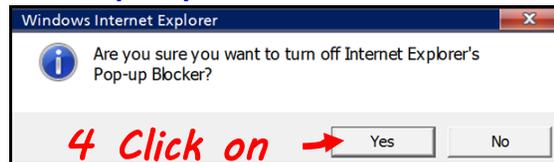
## Option 1:

1. From an internet page
2. Turn off pop-up blocker
  - a. Click on Tools
  - b. Click on Pop-up Blocker
  - c. Click on Turn Off Pop-up Blocker
3. Pop-up window appears
4. Click on Yes

### 1 Internet Page



### 3 Pop-up Window



After using ProviderOne, you can always reset your pop-up blocker. However, remember that before you access ProviderOne again, you must again turn-off your pop-up blocker and set your security to Medium.

## Option 2:

1. From an internet page

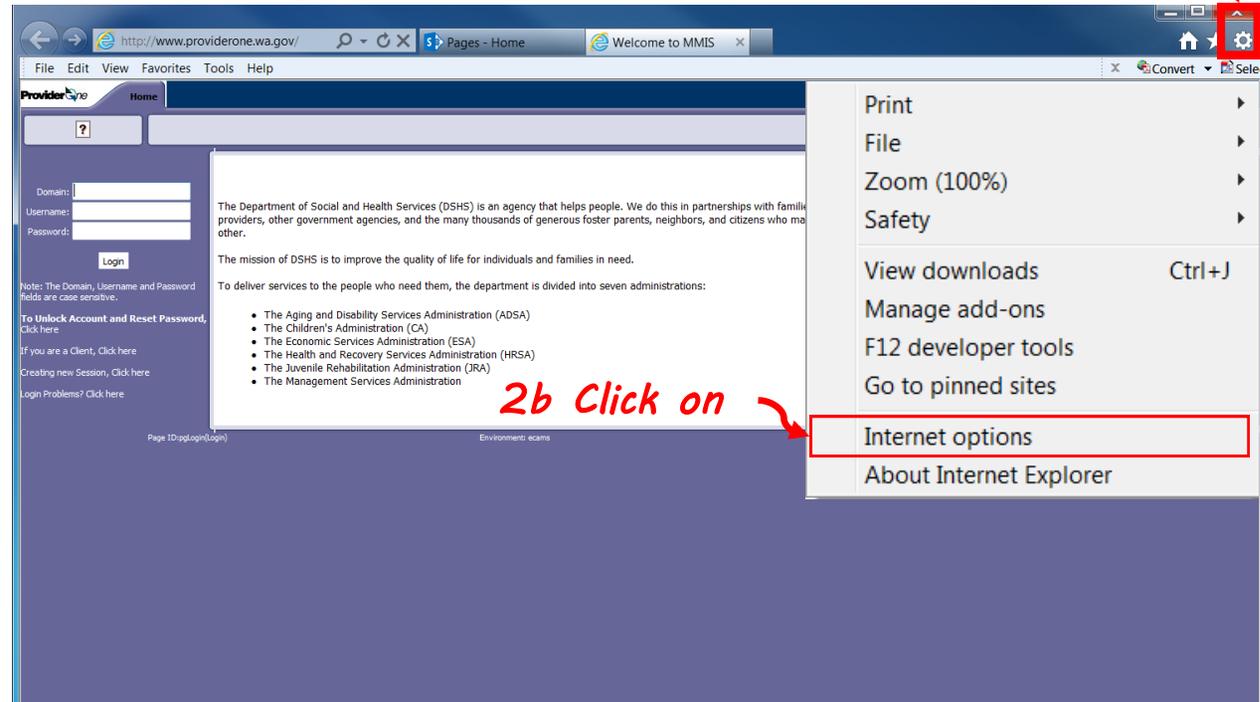
2. Turn off pop-up blocker

a. Click on 

b. Click on Internet Options

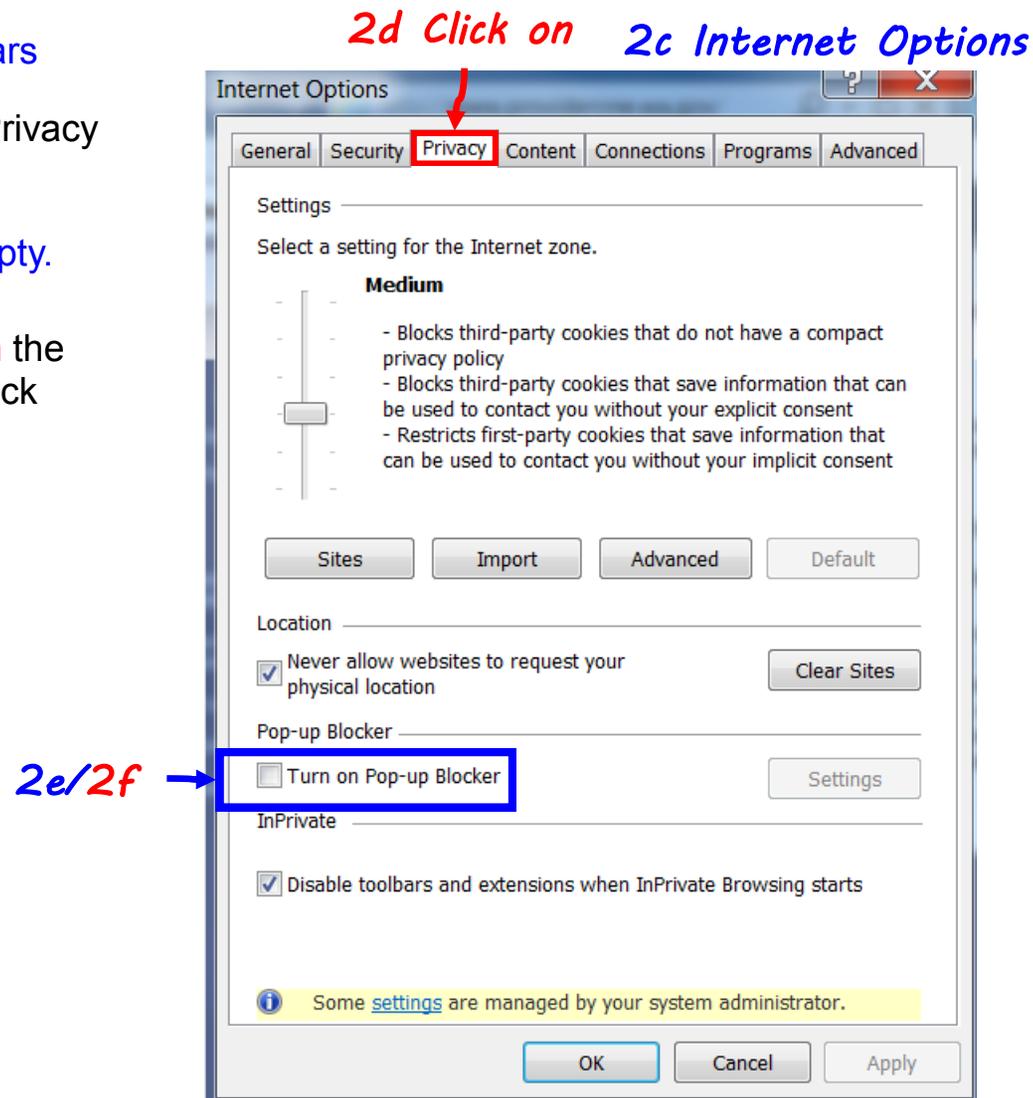
*1 Internet Page*

*2a Click on* 



## Option 2 (cont.):

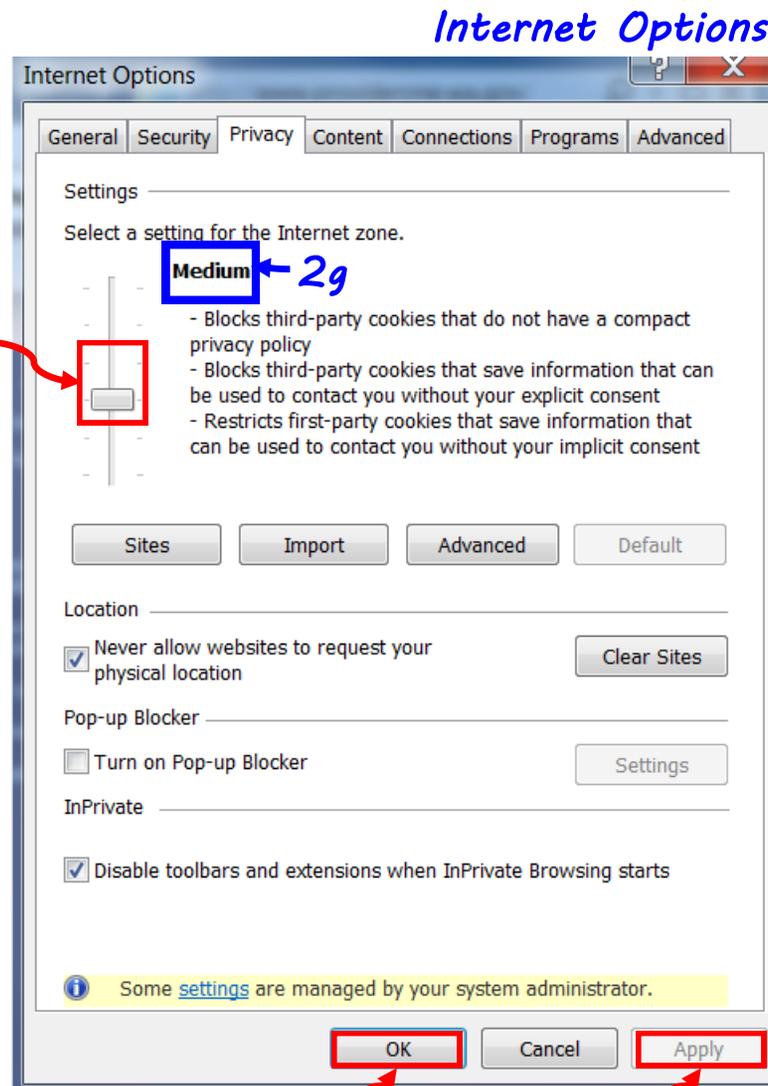
- c. Internet Options appears
- d. Click on Privacy and Privacy page appears
- e. The  should be empty.
- f. If the  is  click on the box to remove the check



## Option 2 (cont.):

- g. Check on security setting.  
The setting should be **Medium**
- h. **Slide** toggle up or down to set security
- i. **Click on** Apply if you made changes
- j. **Click on** OK to close the window

After using ProviderOne, you can always reset your pop-up blocker and security levels. However, remember that before you access ProviderOne again, you must again turn-off your pop-up blocker and set your security to Medium.



*2j Click on*      *2i Click on*

1. From an internet page

2. Security setting:

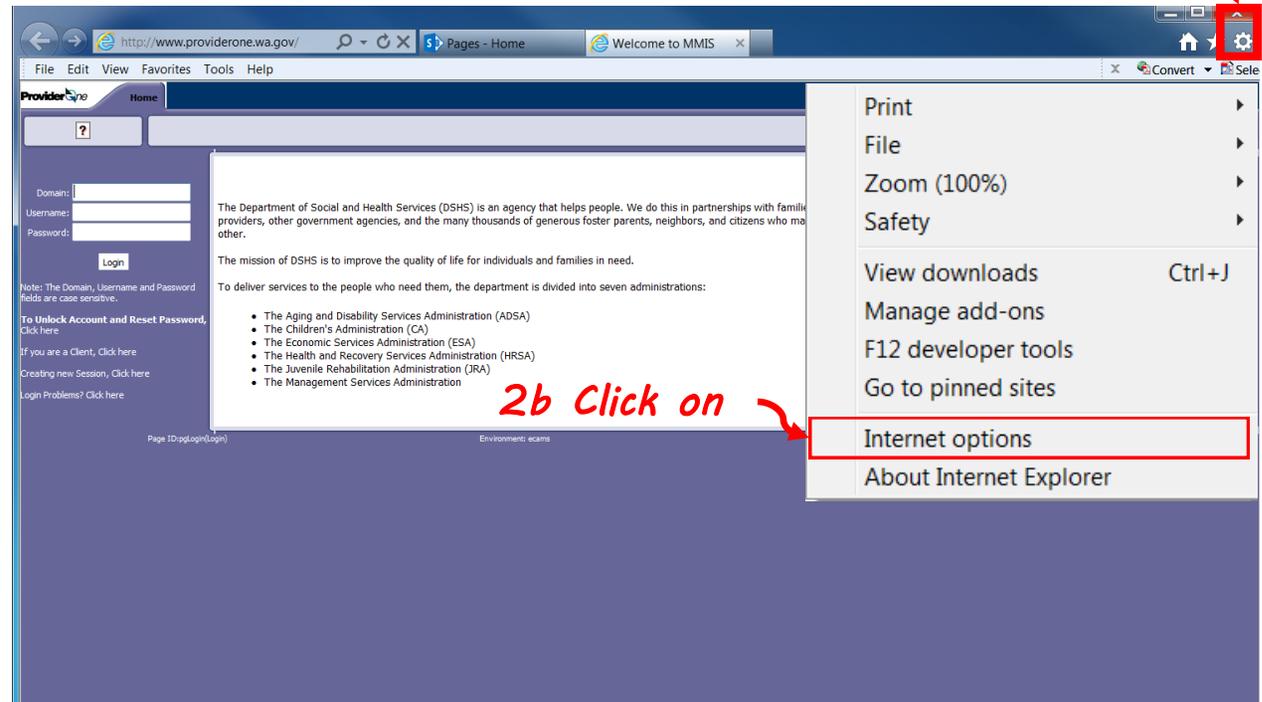
a. Click on 

b. Click on Internet Options

Clearing your browser history (cache) can help access to and performance of ProviderOne.

## 1 Internet Page

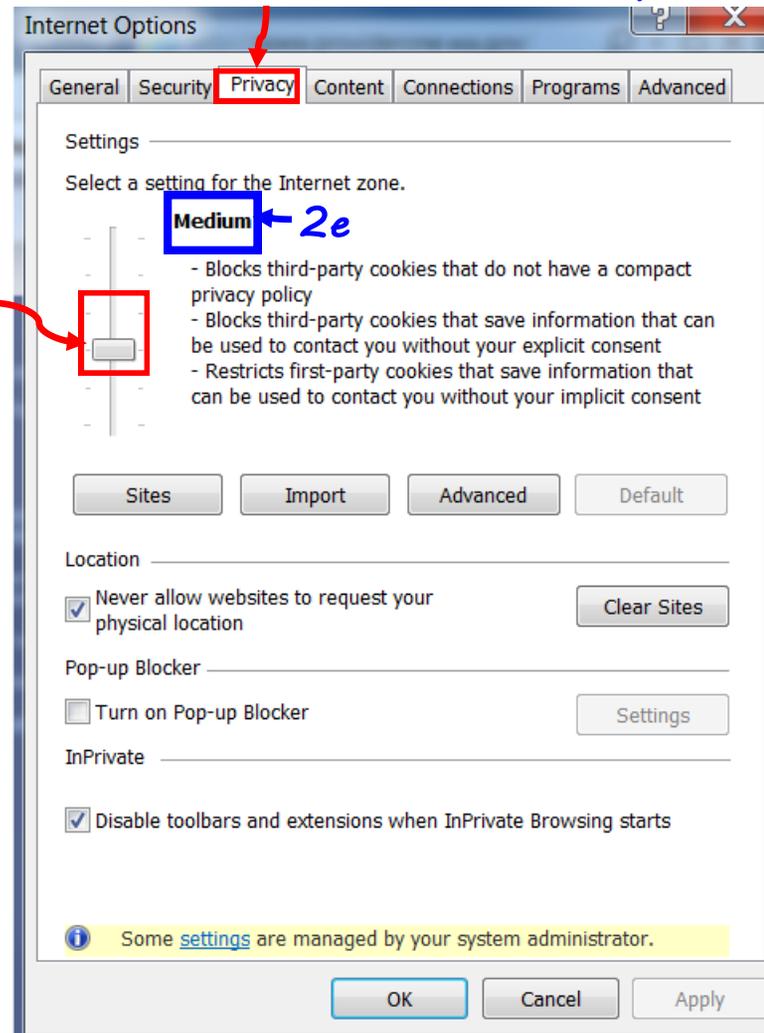
2a Click on 



- c. Internet Options appears
- d. Click on Privacy and Privacy page appears
- e. Check on security setting. The setting should be Medium
- f. Slide toggle up or down to set security

*2d Click on c Internet Options*

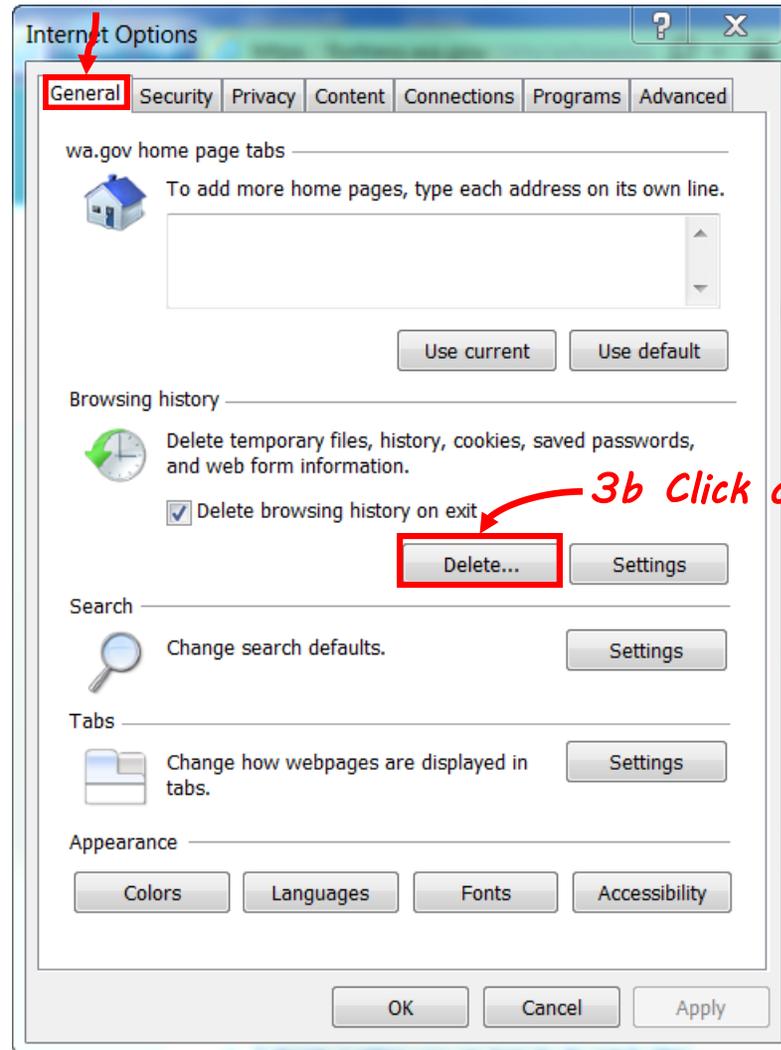
*2f Slide*



### 3. Clearing browser history/ cache

- a. Click on General and General page appears
- b. Click on Delete

*3a Click on*



*3b Click on*

c. Delete Browsing History page appears

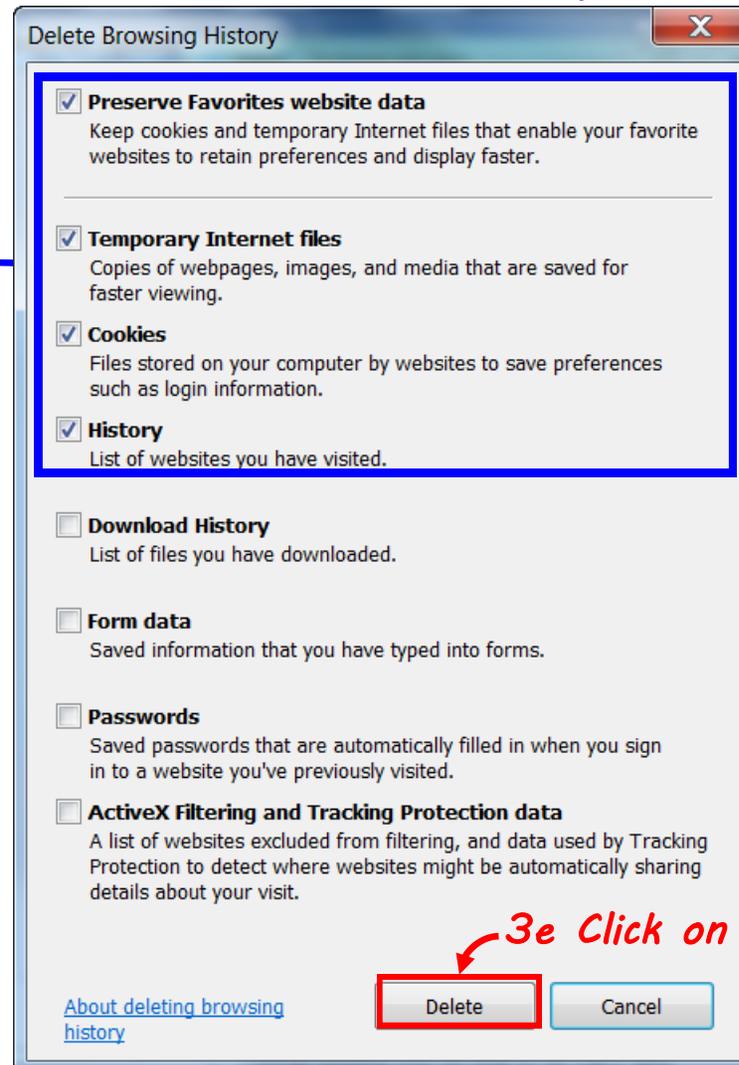
d. All 4 boxes should be checked

e. Click on Delete

Clearing your browser history (Cache) only removed the history of your passed web activity. It will not delete saved favorites, book marks, or saved passwords.

f. On some browsers, a pop-up will appear telling you that your browser history has been deleted. Click on the X to close the pop-up

## 3c Delete Browsing History

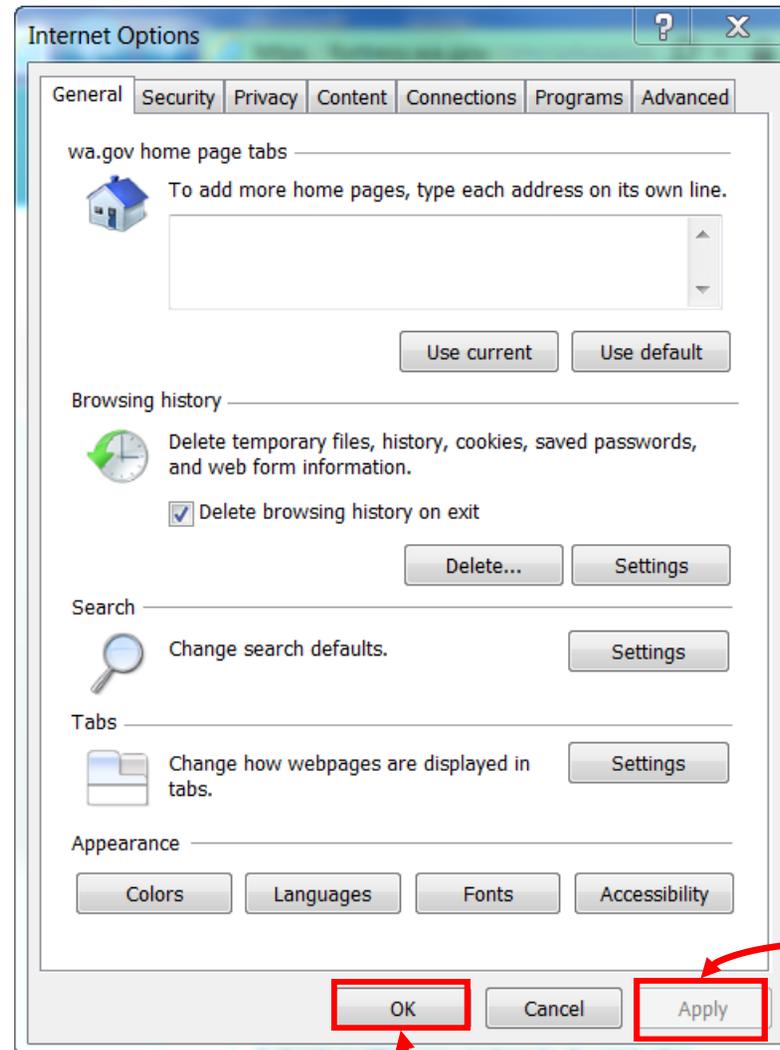


3f Click on

Internet Explorer has finished deleting the selected browsing history.

## 3g General Page

- g. General page appears
- h. Click on Apply
- i. Click on OK



3i Click on

Some Social Service Medical programs have special or unique billing instructions. The following programs have special billing instructions.

The Special Billing Instructions in the following pages are **ONLY** applicable to the identified programs and Service Codes.

## Special Instructions for Service Codes:

- Billing Guides ..... 45
- SA875, SA876, SA877, SA878, SA879,  
SA880, SA881, SA882, SA883, SA884,  
SA885, SA886, & SA887 ..... 14 & 47
- SA888 & SA889, ..... 14 & 51
- SA890 ..... 14 & 53
- T1000 & 99600 ..... 14 & 54
- H2014, S5102, S5110, S5115, T1020,  
T2025 ..... 55

Some Social Service Medical programs have special or unique billing instructions. The following programs have Provider Billing Guides.

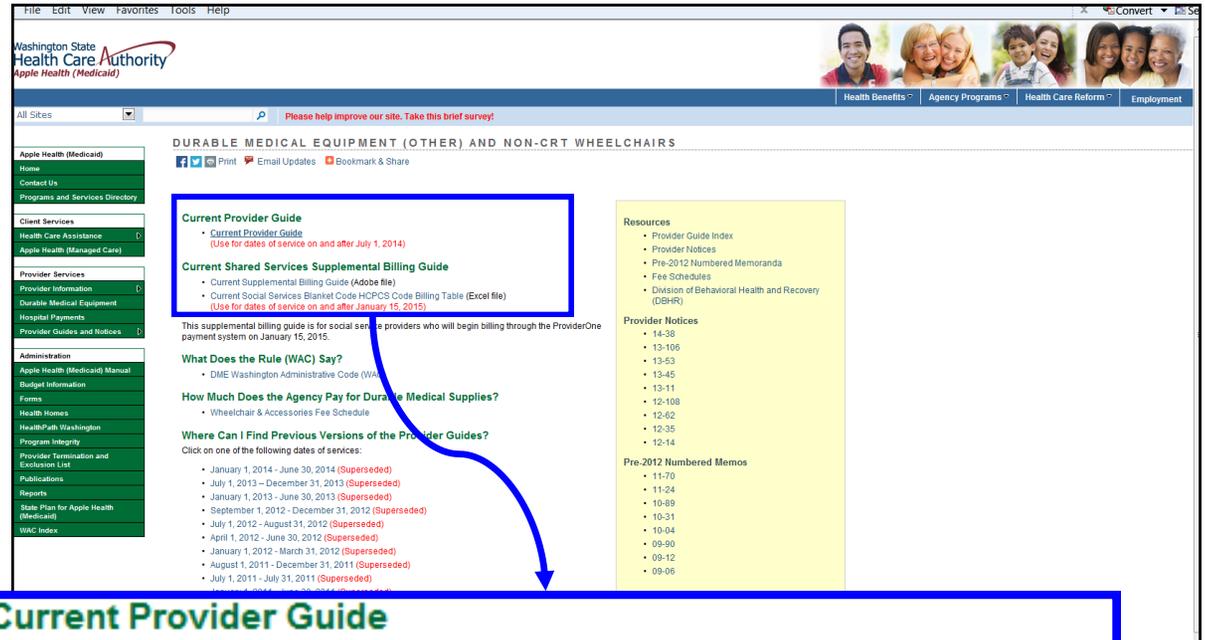
1. **Choose** applicable hyperlink below

- [Complex Rehabilitation Technology](#)
- [Durable Medical Equipment \(Other\) and Non-CRT Wheelchairs](#)
- [Home Health Services \(Acute Care Services\)](#)
- [Medical Nutrition Therapy](#)
- [Mental Health Services](#)
- [Neurodevelopmental Centers](#)
- [Nondurable Medical Supplies & Equipment \(MSE\)](#)
- [Outpatient Rehabilitation](#)
- [Private Duty Nursing For Children](#)
- [Prosthetic & Orthotic Devices](#)
- [Respiratory Care](#)

← 1 Choose applicable active hyperlink

2. Provider Page appears
3. **Click on** to access PDF of Current Provider Guide
4. **Click on** to access Current Social Services Blanket Code HCPCS Code Billing Table (Excel file)

## 2 Program Page



3 Click on

4 Click on

### Current Provider Guide

- **Current Provider Guide**  
(Use for dates of service on and after July 1, 2014)
- **Current Shared Services Supplemental Billing Guide**
- Current Supplemental Billing Guide (Adobe file)
- **Current Social Services Blanket Code HCPCS Code Billing Table (Excel file)**  
(Use for dates of service on and after January 15, 2015)

Instructions for the following Service Codes: SA875, SA876, SA877, SA878, SA879, SA880, SA881, SA882, SA883, SA884, SA885, SA886, & SA887.

These Service Codes are “blanket codes” which cover a large number of services. If your authorization lists one of these Service Codes you must look up a **Procedure Code and Modifier** from the “Current Shared Services Blanket Code HCPCS Code Billing Table” that is specific to the service you are providing and enter it into the Basic Line Information Line.

1. To locate the “Current Shared Services Blanket Code HCPCS Code Billing Table”:

**Option 1:**

- a. From the [Social Service Medical Training](#)
- b. **Click on** desired format option for Current Social Service Billing Guide Blanket Code HCPCS Code Billing Table format: Excel or PDF

1a

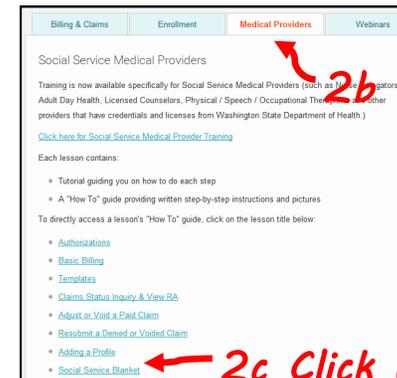


1b Click on

**Option 2:**

- a. From the [ProviderOne Training page](#)
- b. **Click on** Medical Providers
- c. **Click on** Social Service Blanket

2a



2c Click on

### Option 3:

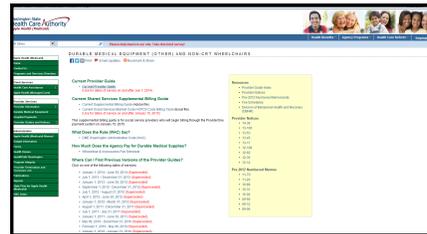
- a. **Click on** active hyperlink to access the Billing Guide for your program.

*3a Click on Active Link* →

- [Complex Rehabilitation Technology](#)
- [Durable Medical Equipment \(Other\) and Non-CRT Wheelchairs](#)
- [Nondurable Medical Supplies & Equipment \(MSE\)](#)
- [Prosthetic & Orthotic Devices](#)
- [Respiratory Care](#)

- b. Program Page appears

*3b*



- c. **Click on** the Current Social Services Blanket Code HCPCS Code Billing Table (Excel file)

*3c Click on* →

### Current Shared Services Supplemental Billing Guide

- [Current Supplemental Billing Guide \(Adobe file\)](#)
- [Current Social Services Blanket Code HCPCS Code Billing Table \(Excel file\)](#)  
(Use for dates of service on and after January 15, 2015)

3. Current Social Service Billing Guide Blanket Code HCPCS Code Billing Table [appears](#)
4. **Search** for Service Code Number from the Authorization
5. **Choose** the appropriate type of service

### 3 Social Service Blanket Code HCPCS Code Billing Table

Social_services_blanket_code_hcpcs_code_billing_table [Read-Only] [Compatibility Mode]								
	A	B	C	D	E	F	G	
1		<b>Social Services Blanket Code*-HCPCS code billing table</b>						
2		* The blanket code number will appear on the authorization letter you get from DSHS.						
3	<b>DSHS "Blanket code" number</b>	<b>DSHS Blanket code name</b>	<b>HCPCS code</b>	<b>Modifier</b>	<b>Code short description</b>	<b>Modifier description</b>	<b>HCA Program Name</b>	
214	SA884	DME: Respiratory equipment and supplies	E1405	-	O2/water vapor enrich w/heat	N/A	<a href="#">Respiratory Care</a>	
215	SA884	DME: Respiratory equipment and supplies	E1406	-	O2/water vapor enrich w/o he	N/A	<a href="#">Respiratory Care</a>	
216	SA884	DME: Respiratory equipment and supplies	K0462	RR	Temporary replacement eqpmnt	Rental	<a href="#">Respiratory Care</a>	
217	SA884	DME: Respiratory equipment and supplies	L8501	NU	Tracheostomy speaking valve	New Equipment	<a href="#">Respiratory Care</a>	
218	SA884	DME: Respiratory equipment and supplies	S8186	-	Swivel adaptor	N/A	<a href="#">Respiratory Care</a>	

4 Search

5 Choose

6. Enter Procedure Code from Social Service Blanket Code Table

7. Enter Modifier if applicable

### Social Service Blanket Code HCPCS Code Billing Table

A	B	C	D	E	F	G
1	<b>Social Services Blanket Code*-HCPCS code billing table</b>					
2	* The blanket code number will appear on the authorization letter you get from DSHS.					
DSHS "Blanket code" number	DSHS Blanket code name	HCPCS code	Modifier	Code short description	Modifier description	HCA Program Name
214	SA884 DME: Respiratory equipment and supplies	E1405	-	O2/water vapor enrich w/heat	N/A	<a href="#">Respiratory Care</a>
215	SA884 DME: Respiratory equipment and supplies	E1406	-	O2/water vapor enrich w/o he	N/A	<a href="#">Respiratory Care</a>
216	SA884 DME: Respiratory equipment and supplies	K0462	RR	Temporary replacement eqpmnt	Rental	<a href="#">Respiratory Care</a>
217	SA884 DME: Respiratory equipment and supplies	L850	NU	Tracheostomy speaking valve	New Equipment	<a href="#">Respiratory Care</a>
218	SA884 DME: Respiratory equipment and supplies	S8136	-	Swivel adaptor	N/A	<a href="#">Respiratory Care</a>

**BASIC SERVICE LINE ITEMS**

\* Service Date From:

Place of Service:

\* Procedure Code:  **6 Enter**

\* Submitted Charges: \$

\* Units:

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.

\* Service Date To:

Modifiers:  **7 Enter**

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

2:  3:  4:

2:  3:  4:

Previously Entered Line Item Information

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

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

Total Submitted Charges: \$

8. Return to page 13 to continue billing

Instructions for the following Service Codes: SA885 & SA886.

These Service Codes are “blanket codes” which cover a large number of services. If your authorization lists one of these Service Codes you must look up a **Procedure Code and Modifier** to use on the Billing Page.

1. Match the Service Code from the authorization with the description of the service.

Group Name	Service Code	Procedure Code	Modifier	Description
Occupational therapy <i>1 Match</i> →	SA888	92526	-	Treatment of swallowing dysfunction and/or oral function for feeding
Physical therapy	SA889	97001	-	Physical therapy evaluation
Physical therapy	SA889	97002	-	Physical therapy re-evaluation
Occupational therapy	SA888	97003	-	Occupational therapy evaluation
Occupational therapy	SA888	97004	-	Occupational therapy re-evaluation
Physical therapy	SA889	97005	-	Athletic training evaluation
Physical therapy	SA889	97006	-	Athletic training re-evaluation
Physical therapy	SA889	97012	-	Application of a modality to 1 or more areas; traction, mechanical
Physical therapy	SA889	97016	-	Application of a modality to 1 or more areas; vasopneumatic devices
Physical therapy	SA889	97022	-	Application of a modality to 1 or more areas; whirlpool
Physical therapy	SA889	97024	-	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Physical therapy	SA889	97026	-	Application of a modality to 1 or more areas; infrared
Physical therapy	SA889	97028	-	Application of a modality to 1 or more areas; ultraviolet
Physical therapy	SA889	97033	-	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Physical therapy	SA889	97035	-	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
Physical therapy	SA889	97036	-	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
Physical therapy	SA889	97039	-	Unlisted modality (specify type and time if constant attendance)
Physical therapy	SA889	97116	-	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
Physical therapy	SA889	97139	-	Unlisted therapeutic procedure (specify)
Physical therapy	SA889	97545	-	Work hardening/conditioning; initial 2 hours
Physical therapy	SA889	97546	-	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)

2. **Enter** Procedure Code from Social Service Blanket Code Table
  
3. **Enter** Modifier if applicable

Group Name	Service Code	Procedure Code	Modifier	Description
Occupational therapy	SA888	92526	-	Treatment of swallowing dysfunction and/or oral function for feeding
Physical therapy	SA889	97001	-	Physical therapy evaluation
Physical therapy	SA889	97002	-	Physical therapy re-evaluation
Occupational therapy	SA888	97003	-	Occupational therapy evaluation

**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, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From: mm dd cyyy

Place of Service:

\* Procedure Code:  **2 Enter**

\* Submitted Charges: \$

\* Units:

Medicare Crossover Items

National Drug Code:

Drug Identification

Prior Authorization

Additional Service Line Information

\* Service Date To: mm dd cyyy

Modifiers:  **3 Enter**

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

**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 No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			

Return to page 14 to continue billing

Instructions for the following Service Codes: SA890.

These Service Codes are “blanket codes” which cover a large number of services. If your authorization lists one of these Service Codes you must look up a **Procedure Code and Modifier** to use on the Billing Page.

1. Match the **Service Code** from the authorization with the **description** of the service.

	Blanket Code	CPT Procedure Code	Short Description
7	SA890	97802	Medical nutrition, indiv. initial
	SA890	97803	Medical nutrition, indiv, subsequent

2. Enter Procedure Code from Table

3. Modifier is not applicable

**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, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From:  mm  dd  cyy

Place of Service:

\* Procedure Code:  2 Enter

\* Submitted Charges: \$

\* Units:

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.

\* Service Date To:  mm  dd  cyy

Modifiers:  2:  3:  4:

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

Previously Entered Line Item Information

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

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

Return to page 14 to continue billing

If you are a Private Duty Nurse (Service Code T1000 & 99601) use the following information:

Taxonomy:                   Independent Contractor RN: 163W00000X  
                                   Independent Contractor LPN 164W00000X  
                                   Agency RN or LPN 163WH0200X

1. **Select** description of the service
2. **Enter** T1000 or 99600 Service Code from authorization
3. **Enter** Modifier 1
4. **Enter** Modifier 2, if applicable

Procedure/ Service Code	Modifier 1	Modifier 2	Description	Rate <sup>7</sup>
T1000 or 99600	TD		RN	\$8.74
T1000 or 99600	TD	TV	RN Holiday	\$11.80
T1000 or 99600	TE		LPN	\$6.74
T1000 or 99600	TE	TV	LPN Holiday	\$9.09

**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, Indicator, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From:  mm  dd  ccyy

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

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.

Total Submitted Charges: \$

Previously Entered Line Item Information

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

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

*2 Enter*

*3 Enter*

*4 Enter*

Submitted Charges = Rate x # of units

Return to page 14 to continue billing

There are 6 Service Codes that may be billed as a Social Service Medical Claim or as a Social Service Claim depending on what modifier is used:

<b>Service Code</b>	<b>Modifier</b>	<b>Service Code Description</b>	<b>Billing Method</b>
H2014	U1	If code H2014 is used w/ mod U1, svc is "Interview Skills Training"	Social Service
H2014	U2	When H2014 is used w/ mod U2, svc is "Training re how to identify and avoid abusive situations"	Social Service
H2014	U5	If code H2014 is used w/ mod U5, svc is "Nurse Delegation"	Social Service Medical
H2014	UC	When code H2014 is used w/ mod UC, svc is medical and only certain medical providers can claim it.	Social Service Medical
H2014	UD	When code H2014 is used w/ mod UD, svc is non-medical and only certain non-medical providers can claim it.	Social Service

<b>Service Code</b>	<b>Modifier</b>	<b>Service Code Description</b>	<b>Billing Method</b>
S5102	CG	When code S5102 is used w/ mod CG, svc is Adult Day Health, Intake	Social Service Medical
S5102	HQ	N/A	Social Service
S5102	TG	When code S5102 is used w/ mod TG, svc is Adult Day Health	Social Service Medical
S5102	U9	When code S5102 is used w/ mod U9, svc is Adult Day Health TRIAL services	Social Service Medical

There are 6 Service Codes that may be billed as a Social Service Medical Claim or as a Social Service Claim depending on what modifier is used:

<b>Service Code</b>	<b>Modifier</b>	<b>Service Code Description</b>	<b>Billing Method</b>
S5110	U6	When code S5110 is used w/ mod U6, svc is medical and only certain medical providers can claim it.	Social Service Medical
S5110	U7	When code S5110 is used w/ mod U7, svc is non-medical and only certain non-medical providers can claim it.	Social Service

<b>Service Code</b>	<b>Modifier</b>	<b>Service Code Description</b>	<b>Billing Method</b>
S5115	U6	When code S5115 is used w/ mod U6, svc is medical and only certain medical providers can claim it.	Social Service Medical
S5115	U7	When code S5115 is used w/ mod U7, svc is non-medical and only certain non-medical providers can claim it.	Social Service

<b>Service Code</b>	<b>Modifier</b>	<b>Service Code Description</b>	<b>Billing Method</b>
T2025	U1	When code T2025 is used w/ mod U1, svc is "Client Training in Chronic Disease Self Management (CDSM)."	Social Service
T2025	U2	When code T2025 is used w/ mod U2, svc is "Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)."	Social Service
T2025	U3	When code T2025 is used w/ mod U3, svc is "ECS Behavioral Support."	Social Service Medical