



Offender Healthcare Providers Billing Instructions

For Offsite Professional Providers, Facilities and Hospitals

[www.http://www.doc.wa.gov/business/healthcareproviders/default.asp](http://www.doc.wa.gov/business/healthcareproviders/default.asp)

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Disclaimer

A contract, known as the Core Provider Agreement, governs the relationship between the Agency and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state law, the Agency rules and regulations, and the Agency program policies, numbered memoranda, and billing instructions, including this Guide. Providers must submit a claim in accordance with the Agency rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service.

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I. General Rules

A. General Information:

Effective with dates of service September 1, 2012 and after, the Department of Corrections (DOC) will begin using the Health Care Authority (HCA) ProviderOne system to process payment for all claims submitted for medical services provided to DOC offenders that are reimbursed using a fee for service payment methodology.

Refer to the ProviderOne Billing and Resource Guide for all questions regarding enrolling as a new provider in the Provider One system, how to submit Fee-for-Service claims and for any information required to understand your remittance advice or obtain electronic claim status.

How to submit Fee-for-service claims:

http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide/Submit_FFS_Claims.pdf

Understanding your HCA/DOC remittance advice:

http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide/HCA_RA.pdf

B. DOC Offender Health Plan

1. DOC is not a health plan but provides medically necessary health and mental health care to offenders incarcerated in our facilities.
2. Medical necessity is determined by the DOC Offender Health Plan (OHP) and WAC 137-91-010 and is necessary for the health and safety of the incarcerated community for public health reasons.
3. Please see the OHP for more information

<http://www.doc.wa.gov/family/offenderlife/docs/OffenderHealthPlan.pdf>

C. DOC Offender Eligibility

Offenders eligible for coverage under the OHP must be incarcerated in a State of Washington Prison facility at the time of service. This includes both major and minimum facilities, but does not include Work Releases except for Rap House/Lincoln Park. Click on the link to view DOC facilities and contact information.

<http://www.doc.wa.gov/business/healthcareproviders/contacts.asp>

D. Provider Enrollment

DOC requires all providers to have signed a DOC Participating Provider Agreement and be enrolled in ProviderOne prior to rendering services to DOC offenders. Please use the link below to request a Participating Provider Agreement.

<http://www.doc.wa.gov/business/healthcareproviders/contractsmgtc.asp>

Please use the link below to view the requirements to become enrolled in ProviderOne.

<http://hrsa.dshs.wa.gov/provider/newprovider.shtml#provider>

E. Claim Submission

1. Date of Service Prior to September 1, 2012

Claims with date of service prior to September 1, 2012 must be submitted to DOC utilizing properly completed paper health insurance claims form.

Professional providers must use the 8/05 revision of the CMS-1500 claim form. Hospitals and most facilities bill with the UB-04 form.

Mail paper claims to:

**Department of Corrections
Medical Disbursement Unit
PO Box 41107
Olympia, WA 98504-1107**

Claims billed through the Provider One system, will be denied. Please view the billing instructions in effect through August 31, 2012.

2. Dates of Service after September 1, 2012

Claims with dates of service on and after September 1, 2012 must be submitted through the ProviderOne system, with the exception of the claim types listed below. Please check back on a regular basis for updates to these types of claim submissions.

a) Fee-for-Service – Onsite in Prison

Professional services provided inside a prison facility and reimbursed using a fee-for-service payment methodology must be billed on a properly completed CMS-1500 claim or DOC authorized billing invoice.

(1) Mail to:

**Department of Corrections
Medical Disbursement Unit**

**PO Box 41107
Olympia, WA 98504-1107**

- (2) DOC will deny services submitted with invalid procedure, diagnosis, or place of service codes. Any incorrect invoices will be denied.
- (3) When billing on CMS-1500 form, box 24B must be marked with 09 – Prison Correctional Facility.

b) Hourly Contractors – Onsite in Prison

Professional services provided inside a prison facility and reimbursed using an hourly payment methodology must be billed on a properly completed invoice. Contractor must submit all invoices in excel file format and submit both detailed and summary invoice pages.

- (1) Summary invoice page will contain: Total hours billed, types of service provided, date of service, Federal Tax Identification Number, and NPI number.
- (2) Detailed invoice will contain the dates of service, offender name, DOC number or Date of Birth (DOC number preferred), service provided to include correct diagnosis and procedure code, and time spent per offender.
- (3) Mail properly completed invoice to:

**Department of Corrections
Medical Disbursement Unit
PO Box 41107
Olympia, WA 98504-1107**

F. Timely Submission of Claims

Providers and hospitals shall submit claims for covered services within 60 days of the date of service or discharge, but not more than 365 days. DOC will not process claims submitted more than 365 days after the date of service or discharge.

G. Remittance Advice

Providers will receive a Remittance Advice (RA) from the ProviderOne system. The RA identifies the line detail of the payment for the batch in which it was processed.

http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide/HC_A_RA.pdf

H. Audit and Right of Recovery

DOC has the right to audit, inspect, and duplicate records maintained on offenders by contracted healthcare providers.

Providers will notify DOC of any overpayments or underpayments promptly. DOC has the right to seek prompt refund for any duplicate, excess, or otherwise erroneous payments, or to deduct the amount overpaid from future payments and take other actions.

Under chapter 74.09 RCW, payment by Medicaid is considered payment in full. If payment has been received from DOC for any Medicaid covered services, in accordance with Medicaid billing policy, DOC must be reimbursed for its payment. Providers shall not seek or accept payment from offenders for any amount in excess of the DOC payment amount.

I. Offender's Rights to Confidentiality

Providers will keep audit, billing, payment, medical, and other offender-related information for DOC offenders confidential, except as required by law. All providers must be compliant with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Information about compliance requirements may be found at <http://www.hipaa.org/>.

II. Reimbursement

A. General Information

The 2012 Legislative Session for the State of Washington made changes to how the DOC will reimburse hospitals and providers of professional services in a hospital setting to offenders. These changes are a result of the enactment of Chapter 237, Laws of 2012 by the 62nd Legislature of the State of Washington.

Starting September 1, 2012, providers of hospital services must bill and be paid through the Health Care Authority's (HCA) Provider One system under the rates and methodologies in use by the state Medicaid program.

Benefit service plans and coverage determinations will still be made according to the DOC Offender Health Plan and in accordance the DOC Billing Instructions and Payment Policies (BIPPS).

Providers must follow the general billing requirements in the ProviderOne Billing and Resource Guide and guidelines.

http://hrsa.dshs.wa.gov/download/ProviderOne_billing_and_resource_guide.html

B. Facility Services

1. Medicaid Eligible Offenders

While an offender is inpatient in the hospital and meets eligibility requirements for medical assistance programs as authorized under

Section 1905 of Title XIX of the Social Security Act and Chapter 74.09 RCW, Medicaid becomes the primary payer. All services provided must be in accordance with Medicaid Prior Authorization requirements and coverage tables. The HCA reimbursement is considered payment in full for service provided to these offenders.

2. Ambulatory Surgery Centers (ASC)

Services provided in an ASC will be reimbursed according the DOC Fee Schedule and Payment Policy in effect on the date of service. Please download and view this document at

<http://www.doc.wa.gov/business/healthcareproviders/AmbulatorySurgeryCenters.asp>

C. Professional Services

For services provided outside of a hospital setting, reimbursement will be made using the DOC fee schedules. Visit the DOC website to view and download the following:

- a) Physician Related Services and Healthcare Professional services (includes Laboratory and Radiology Services)
- b) Anesthesia
- c) Drugs and Biologicals
- d) Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
- e) Dental
- f) Ambulance and Transportation

<http://www.doc.wa.gov/business/healthcareproviders/OffsiteNonHospital.asp>

D. Payment Policies

The Department is in the process of adding payment policies for different programs that are offered for offenders. Please check back regularly to view new information.

III. Process for Resubmission or Adjustment of Claims

Changing procedure or diagnostic codes or modifying records for the sole purpose of gaining additional payment from DOC, and not to correct an error, is inappropriate and may trigger an investigation.

A. Date of Service Prior to September 1, 2012

If it is believed that DOC processed a claim incorrectly, please submit your request in writing within 30 days of the payment to the Medical Disbursement Unit. Send the request and supporting documentation to:

**Department of Corrections
Medical Disbursement Unit
PO Box 41107
Olympia, WA 98504-1107**

If it is determined the discrepancy is valid, payment will be adjusted. Otherwise, a written denial will be provided.

B. Dates of Service after September 1, 2012

Corrected claims billed through ProviderOne must be submitted through ProviderOne and will be processed in accordance with the ProviderOne Billing and Resource Guide.

C. Fee-for-Service – Onsite in Prison and Hourly Contractors

If it is believed that DOC processed a claim incorrectly, please submit your request in writing within 30 days of the payment to the Medical Disbursement Unit. Send the request and supporting documentation to:

**Department of Corrections
Medical Disbursement Unit
PO Box 41107
Olympia, WA 98504-1107**

If it is determined the discrepancy is valid, payment will be adjusted. Otherwise, a written denial will be provided.

IV. QUICK LINKS

- A. ProviderOne Billing and Resource Guide - http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html
- B. ProviderOne Enrollment - <http://hrsa.dshs.wa.gov/ProviderEnroll/enroll.shtml>
- C. DOC Healthcare Provider Website - <http://www.doc.wa.gov/business/healthcareproviders/default.asp>
- D. DOC Offender Health Plan - <http://www.doc.wa.gov/family/offenderlife/docs/OffenderHealthPlan.pdf>
- E. DOC Fee Schedules, Billing Instructions and Payment Policies - <http://www.doc.wa.gov/business/healthcareproviders/BillingInstructions.asp>

- F.** DOC Fee Schedules -
<http://www.doc.wa.gov/business/healthcareproviders/claimsbilling.asp>
- G.** Centers for Medicare and Medicaid Services (CMS)
<https://www.cms.gov>