



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

**Local CSO address**

**Date**

**Mail to:**

RE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Client ID: \_\_\_\_\_

ProviderOne ID: \_\_\_\_\_

Dear Provider,

This letter is in response to a claim you submitted for costs associated with a Physical Functional Evaluation or Diagnostic Services for date of service: \_\_\_\_\_. **You must submit claims for reimbursement through the ProviderOne billing system.**

For information about ProviderOne enrollment please visit: <http://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/enroll-billing-provider>. You can also contact ProviderOne directly at 1-800-562-3022 Ext. 16137 with any questions.

For assistance submitting a claim, please contact ProviderOne at 1-800-562-3022 (Monday to Friday: 7:30am-4:30pm) or online at: <https://fortress.wa.gov/hca/p1contactus/>.

**Please see the following Medical Evidence Reimbursement Fee Schedule for additional information:**

**NOTE:** Reimbursements are limited to non-invasive diagnostic services and exams necessary to establish a diagnosis or severity of an impairment that limits work activity. Payments for these services and exams are based on our published fee schedule and established Medicaid rates. **Services not included on this fee schedule are subject to Medicaid rates and coverage limitations,** and you may need to submit a separate claim with ProviderOne using established CPT codes.

SERVICE TYPE *	REIMBURSEMENT FEE **	PROVIDERONE SERVICE CODE
General Physical Evaluation **	\$ 150.00	99455
Comprehensive Physical Evaluation **	\$ 170.00	99456
Report from Records **	\$ 31.00	99080
Missed Appointment	\$ 30.00	99199
Non-Invasive Diagnostic Testing	Established Medicaid rates	Established CPT Codes
*** Medical Records (Clerical Fee)	\$ 20.00	N/A
*** Medical Records (Copy Fee)	\$.30 per page (maximum of 150 pages)	N/A

\* This section details Aged, Blind or Disabled (ABD) program medical evidence reimbursement rates. For detailed service descriptions visit:

<https://www.dshs.wa.gov/esa/social-services-manual/medical-evidence-requirements-and-reimbursements>

\*\* The maximum payment for all evaluation and report services includes the cost of providing chart notes and medical records.

\*\*\* Please continue to submit claims for medical records to the requesting DSHS Community Service Office for processing at this time. Additional information can be found at: <https://www.dshs.wa.gov/esa/medical-evidence-reimbursements/medical-records>.