



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: <https://www.dshs.wa.gov/esa/medical-evidence-reimbursements/medical-evaluations-and-diagnostic-procedures>. **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-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> .