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| **State_Seal3**  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, diagnostic services, or reimbursement for medical records for date of service:  . **You must submit claims for reimbursement through the ProviderOne billing system.**  **ProviderOne Enrollment**  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 Enrollment directly at 1-800-562-3022 Ext. 16137 with questions.  If you are a **Medical Records Company** and need to enroll in ProviderOne for billing purposes, please complete the simplified payment agreement from here <https://www.hca.wa.gov/assets/billers-and-providers/18-0011-payment-agreement-for-medical-records-companies.pdf>  **ProviderOne Claims**  For assistance submitting a claim, please contact ProviderOne at 1-800-562-3022 (Monday to Friday: 8:00 am-3:30 pm) or online at: <https://fortress.wa.gov/hca/p1contactus/>.  Medical Record Companies can find billing guidance on how to submit a claim here <https://www.hca.wa.gov/assets/billers-and-providers/webinar-MRCproviders101.pdf>.  **Medical Evidence Reimbursement Fee Schedules**  Please visit the following links for reimbursement rates:  **Medical Evaluations and Diagnostic Procedures:** <https://www.dshs.wa.gov/esa/medical-evidence-requirements-and-reimbursements/medical-evaluations-and-diagnostic-procedures>  **Medical Records- Medical Evidence Fee Schedule:** <https://www.dshs.wa.gov/esa/medical-evidence-requirements-and-reimbursements/medical-records-medical-evidence-fee-schedule>  Reimbursements are limited to non-invasive diagnostic services and exams necessary to establish a diagnosis or severity of an impairment that limits work activity. **Services not included in these fee schedules are subject to Medicaid rates and coverage limitations**, and you may need to submit a separate claim with ProviderOne using established CPT codes. | |