Creating a Pre-Authorization

A step-by-step guide to help you create a pre-authorization.

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INTRODUCTION

This document has been designed for registered providers to use as a desk aid or cheat sheet when creating a pre-authorization. For just the required steps, without screenshots or examples, see our Basic Steps to Creating a Pre-Authorization.

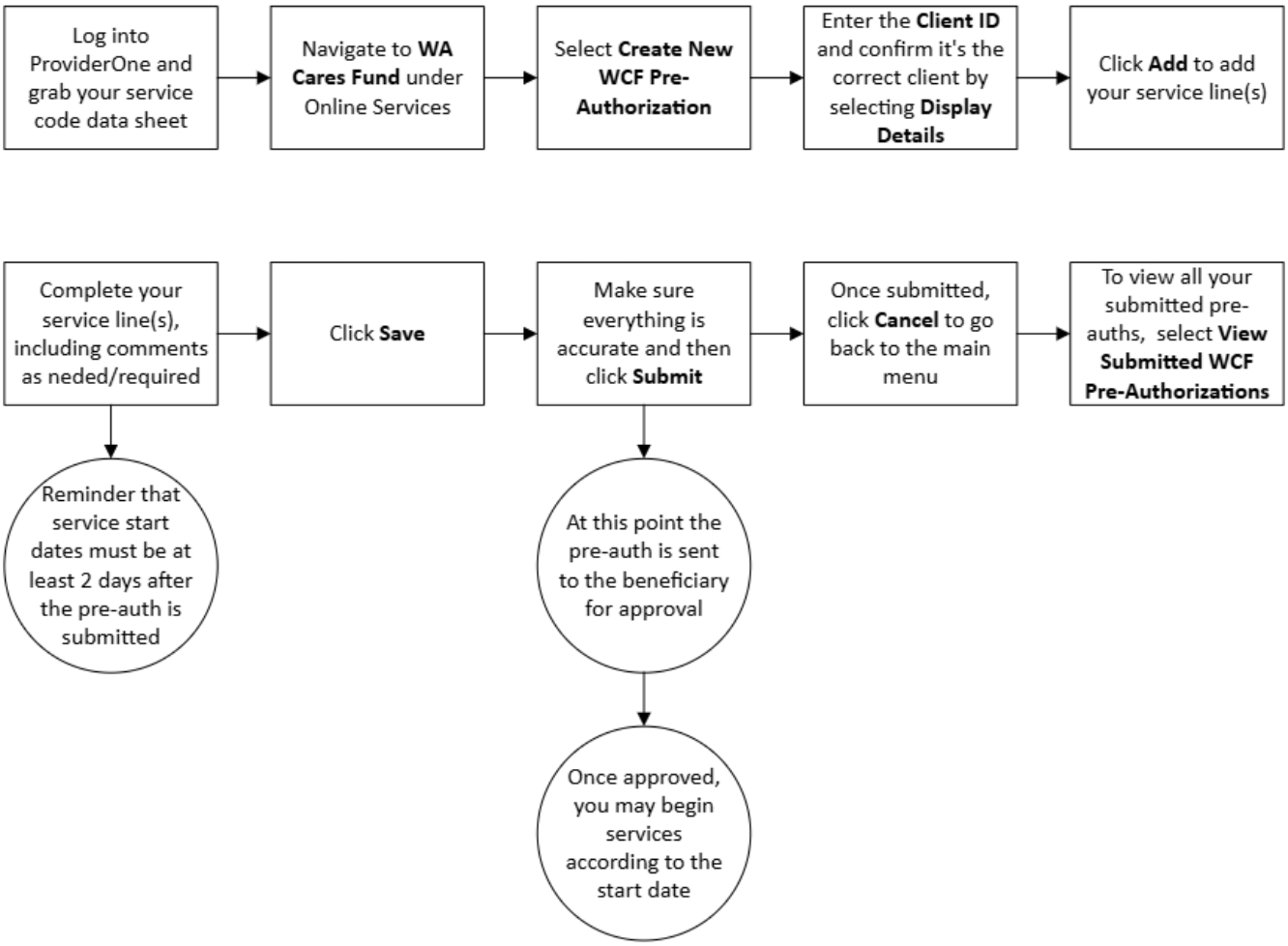
Before starting, make sure you and the beneficiary agree on *services*, *rates* and *dates*. Prior to logging in, update your browser setting to allow pop-ups from ProviderOne if you have not already done so.

Make sure you are logged into ProviderOne and have the applicable service code data sheet found on our provider toolkit, as you will need to reference it throughout the process.

For services that are ongoing in nature, such as in-home personal care, home delivered meals or personal emergency response systems, you will want to make sure you are connecting with the beneficiary to continue services as the pre-authorization nears expiration as they can only be created for three months at a time. Any pre-authorizations entered ahead of time must be approved by the beneficiary within 30 days or pre-authorization submission and at least two days before the intended start date. If last-minute authorizations are needed, a pre-authorization can be entered the day before the service start date, but must be approved by the beneficiary before midnight. **Do not provide services to a beneficiary until they have been approved in ProviderOne.**

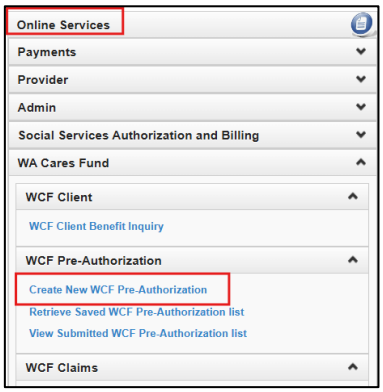
More information about ProviderOne and pre-authorizations can be found in the WA Cares billing guide. There are also training modules and additional resources in our provider toolkit.

HIGH-LEVEL OVERVIEW OF THE PROCESS



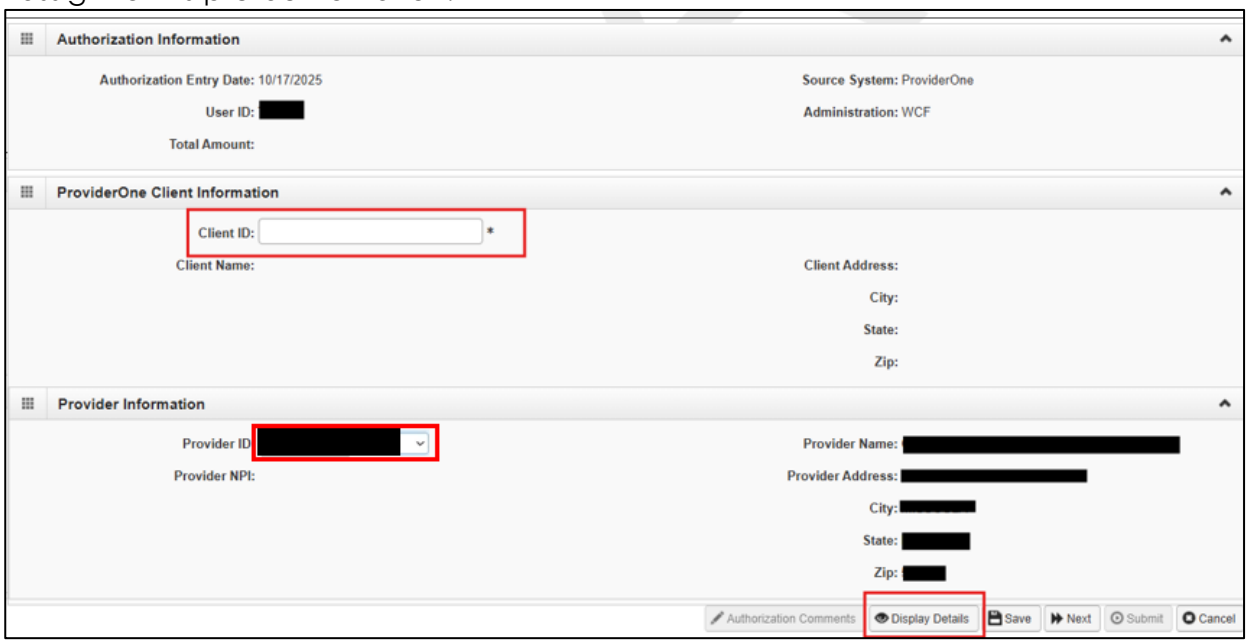
STEPS TO CREATING A PRE-AUTHORIZATION

1. Navigate to the **WA Cares Fund** section located at the very bottom of the online services list on the left.
2. Select **Create New WCF Pre-Authorization**

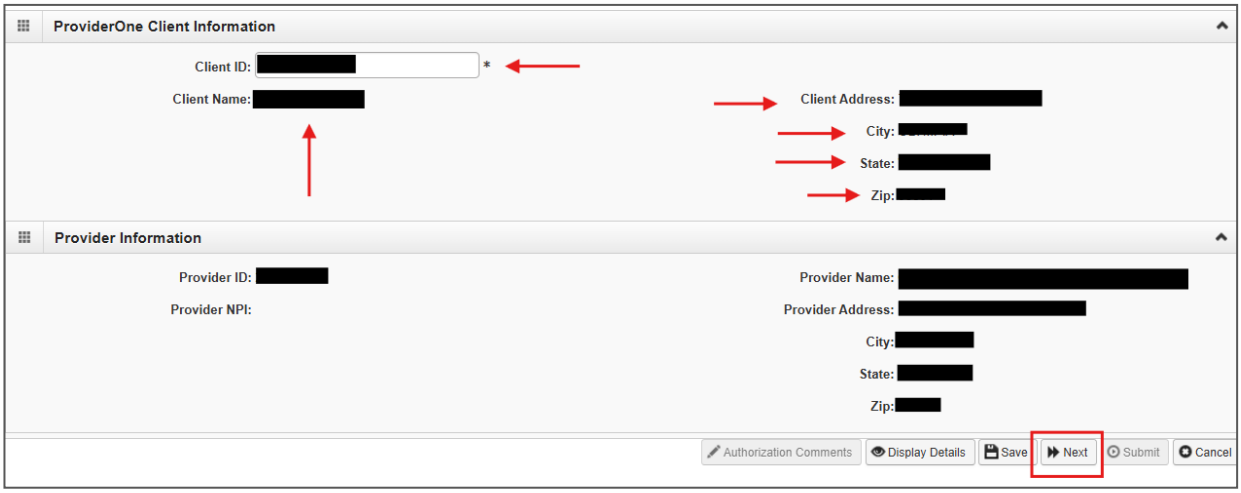


3. Enter a valid ProviderOne Client ID in the "Client ID" field and click **Display Details**.

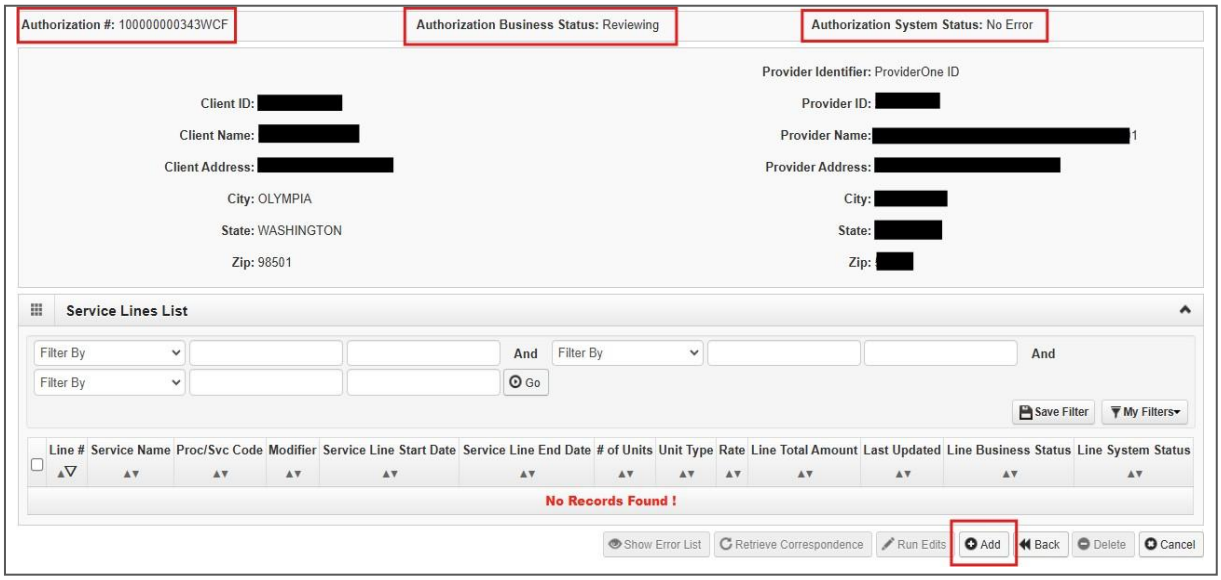
   NOTE: If your organization has multiple contracts for different business locations, select the Provider ID from the dropdown menu that corresponds to the location you'd like to assign to this pre-authorization.



4. The system will auto-populate the client's name, address, city, state and zip code when a valid Client ID has been entered. *If the beneficiary information is correct*, click on the **Next** button. If it is incorrect, see Client ID troubleshooting.



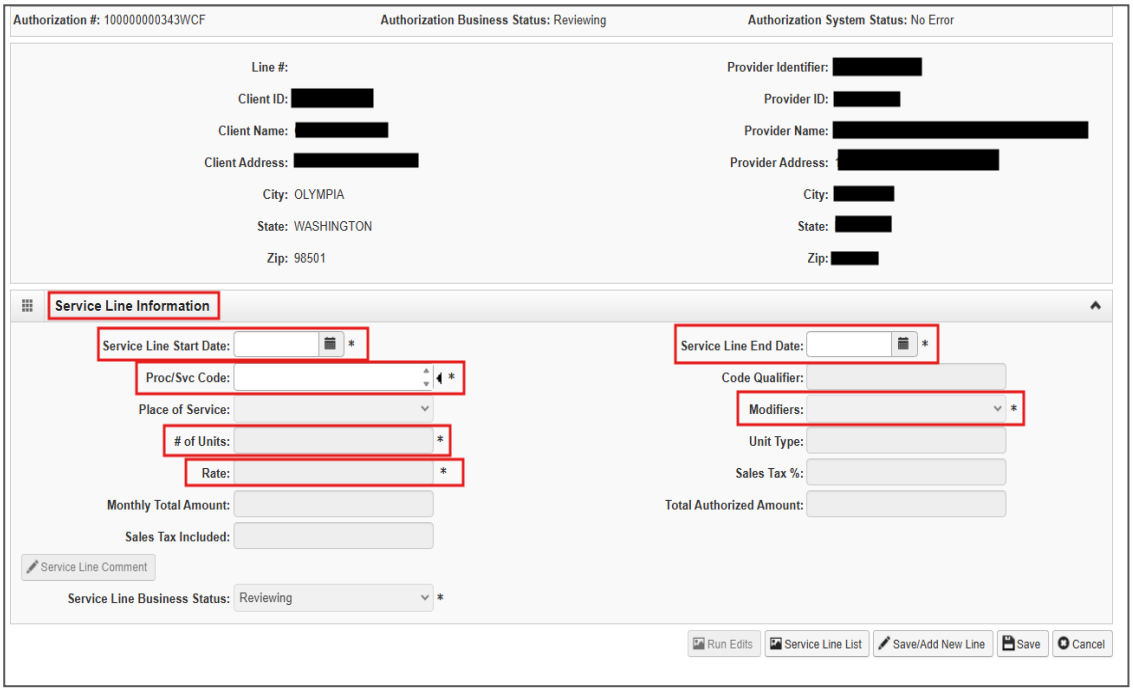
5. Each service or good you provide will be in its own service line. To add a service line, click the **Add** button.



6. In the **Service Line Information** screen, all fields marked with an asterisk (*) are required.

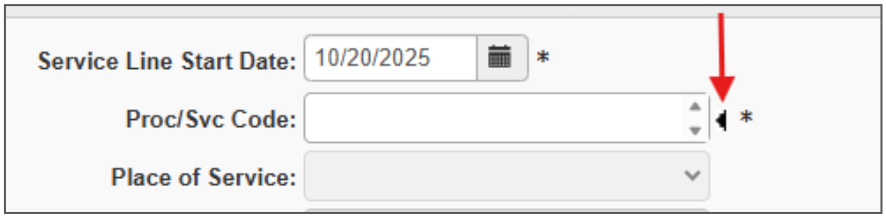
    a. **Service Line Start Date and End Date** fields will indicate when services may be rendered, using MM/DD/YYYY format. Start dates must be at least 48 hours, or two calendar days from the date of pre-authorization submission. For example, if the date of submission is 8/21, the start date must be 8/23 or later.

NOTE: All services can be provided for up to three months (max. 93 days) per pre-authorization, except for Care Transition Coordination, which is up to two months (max. 62 days) and Environmental Modifications, which is up to six months (max. 183 days).



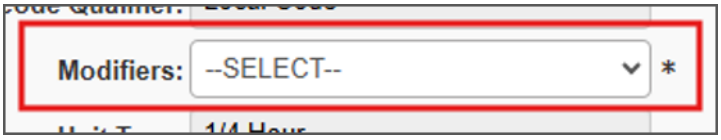
b. **Proc/Svc Code:** Choose the applicable procedure or service code from the dropdown. Click on the arrow, choose from the list, then click **OK.** These codes can be found on the service code data sheet for your contract type.

NOTE: The dropdown list is based on your taxonomy. A taxonomy code indicates provider type, specialty and subspecialty. You must ensure you hold the correct contract or subcode to provide the tasks associated with the service code you select.





c. **Modifiers:** Proc/Svc (procedure/service) codes may require a modifier. If one is not required, the field will populate as "N/A." If a modifier is required, the field will populate your available modifier(s). If there are multiple modifiers available, choose the appropriate one, referencing the service code data sheet as needed.



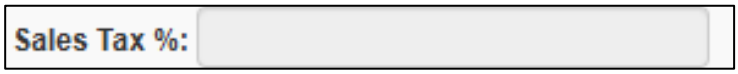
d. **# of Units:** Enter the number of units for the service being rendered during the dates of service. Check your service code data sheet if needed to see the applicable unit type, payment type and the maximum amount that can be authorized at a time.



e. **Rate:** Enter the *rate per unit* for services being rendered. ProviderOne will display the rate range or value available per unit for the procedure code that was entered.



f. **Sales Tax %:** Some service codes require sales tax to be collected, typically for goods. You must manually enter the appropriate sales tax rate based on the delivery location zip code or pick-up location zip code. See sales tax troubleshooting for additional support.



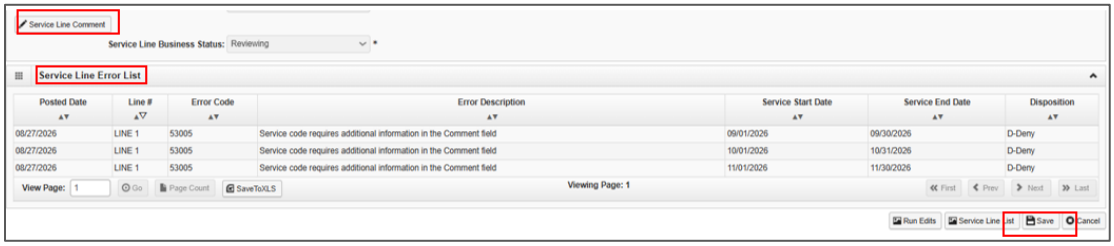
Click **Save** for ProviderOne to calculate your total.



g. **Total Authorized Amount:** The system will multiply the number of units and rate entered to calculate the Total Authorized Amount, including sales tax when applicable.

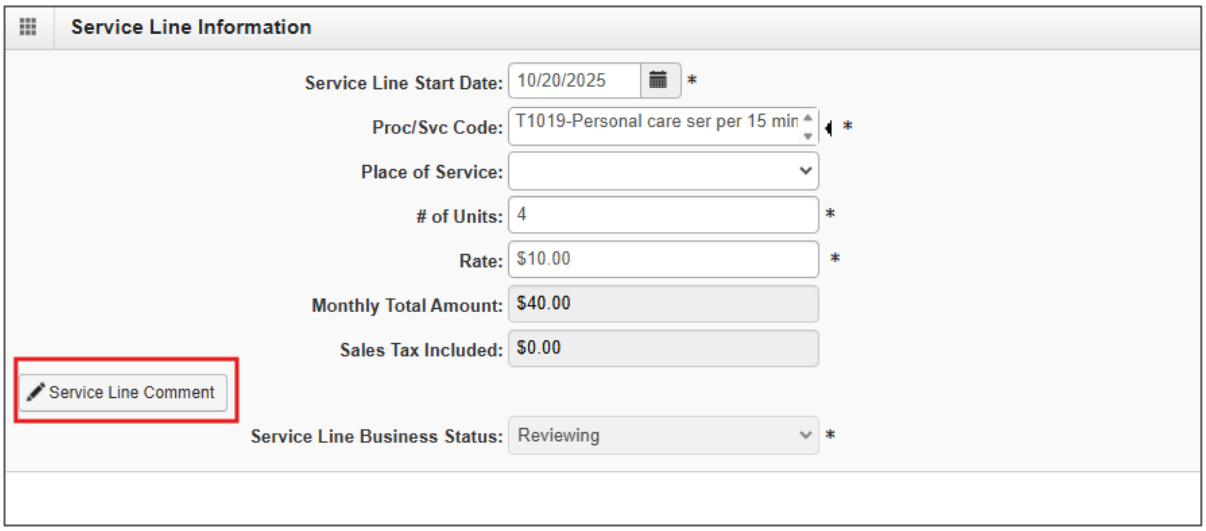


h. **Service Line Comment:** After saving, an error may post if the service code utilized requires a service line comment. You must save first to be able to select the service line comment button.

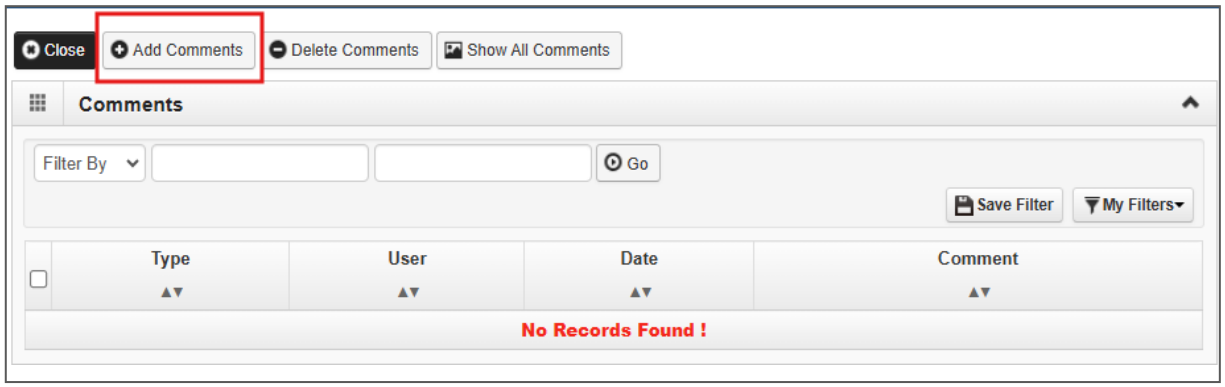


Service line comments are required for some service codes but encouraged for all service codes. Use the comments to itemize goods or services, or to provide additional details for the beneficiary's consideration when approving the pre-authorization.

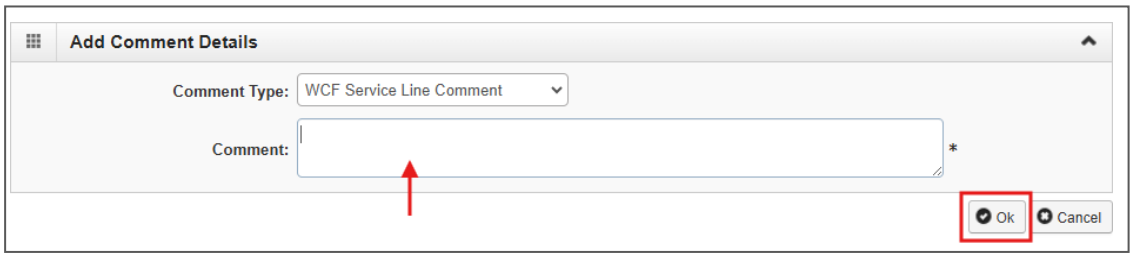
Click on the **Service Line Comment** button to open the Comments window.



From the Comments window, click on the **Add Comments** button.



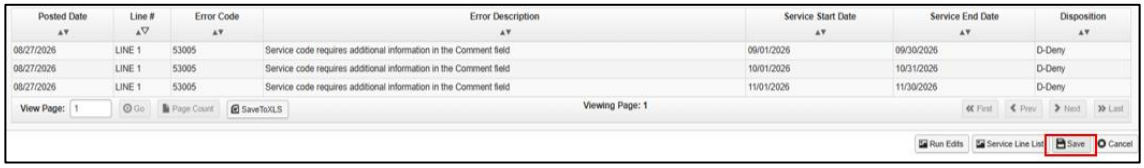
You will be able to enter your comments in the Add Comment Details window. Once you have done that, click on the **Ok** button. The Comments window will reflect the notes you just entered. Reminder that these comments will be visible to the beneficiary.



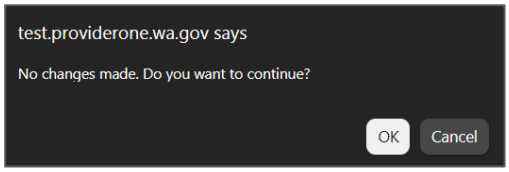
Click on **Close** to go back to the Service Line Information window.



If additional service lines are needed, proceed to (i). If no additional service lines are needed, select **save**.



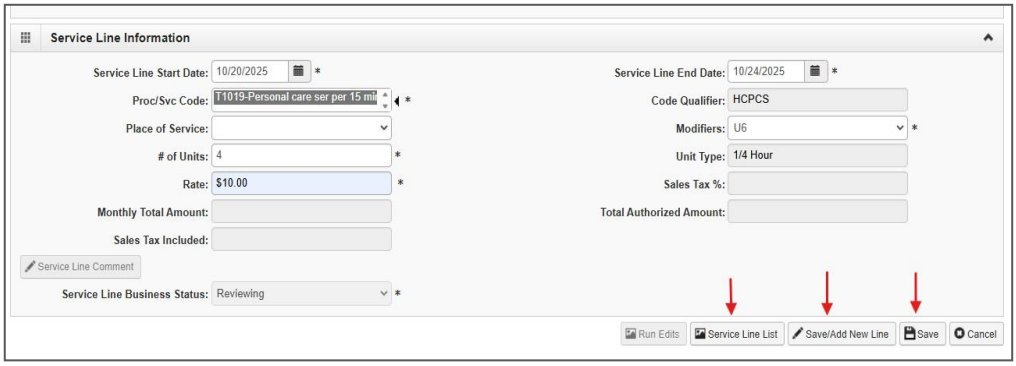
You will receive a message asking if you wish to continue, choose **OK**.



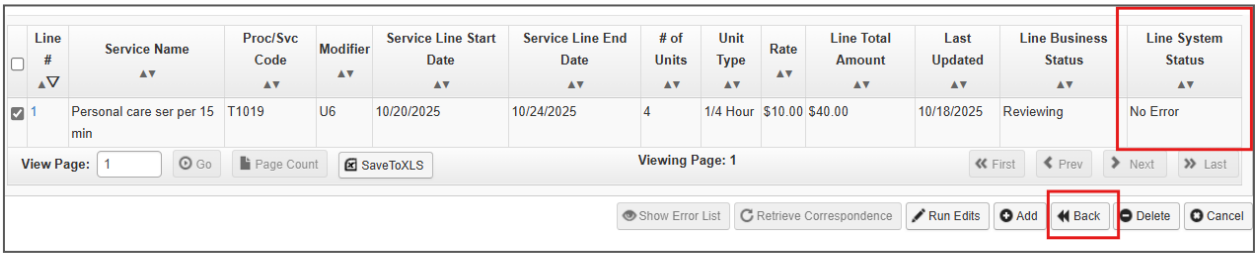
The error list will disappear, and the authorization system status will show No Error.

i. **Additional Service Lines:** If you are submitting multiple lines, you can click on the **Save/Add New Line** button. You may need to do this if you are offering two separate services to the beneficiary or itemizing goods you are procuring for them.

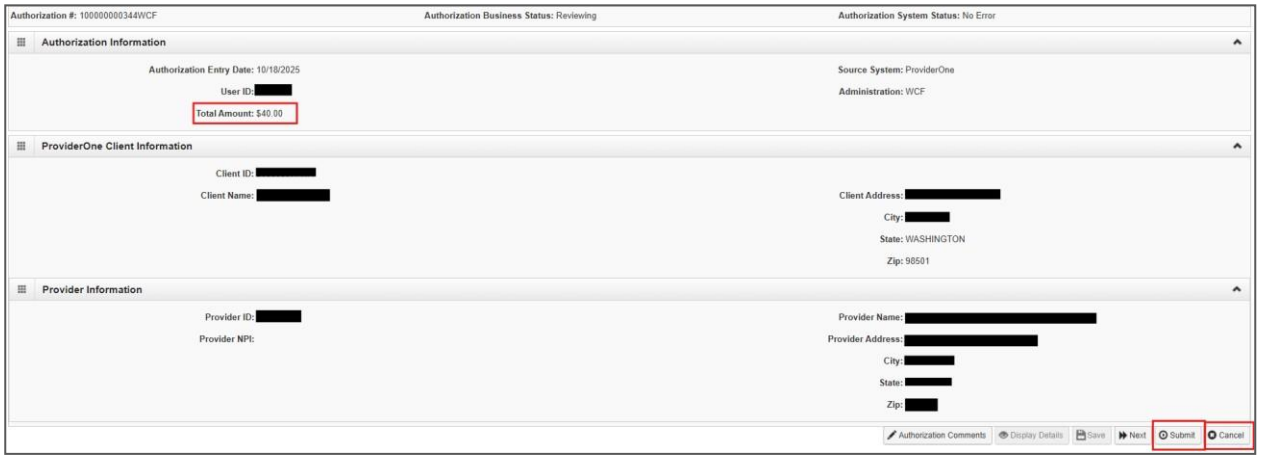
7. **Save:** Once all service lines are entered, click on the **Save** button. Once saved, click on the **Service Line List** button to go back to the Service Line List screen. This screen should reflect the service lines you entered and saved.



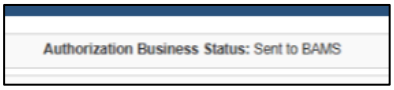
If no changes are needed and all the lines have a Line System Status of "No Error", click on the **Back** button to go back to the WCF Pre-Authorization Header page.



8. You are now ready to submit the pre-authorization for beneficiary review. The WCF Pre-Authorization Header page will reflect the total amount of the pre-authorization. Click the **Submit** button to complete the request.



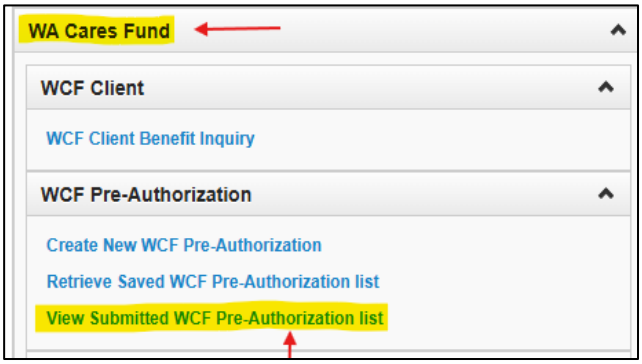
9. Your Authorization Business Status will update to "Sent to BAMS", which is the beneficiary's WA Cares account, where they manage their benefits and pre-authorizations.



Once submitted, you can click on the **Cancel** button to go back to the Online Services menu.

YOU HAVE SUCCESSFULLY CREATED A PRE-AUTHORIZATION!

You can then select **View Submitted WCF Pre-Authorization list** to see your pre-authorizations for each beneficiary.



NOTE: You can download the pre-authorization list to Excel by clicking the **Save To XLS** button at the bottom of the results table. This might help with filtering, searching or tracking your pre-authorizations outside of ProviderOne. Please make sure this information is stored in a secure location when exported to protect confidentiality.

TROUBLESHOOTING

Adaptive Equipment and Technology Coding

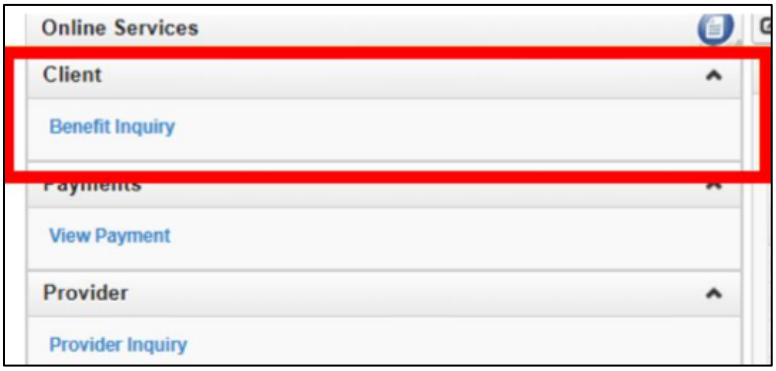
Providers who are contracted for adaptive equipment and technology can utilize the Provider's Guide to Adaptive Equipment and Technology.

Here you will find:

- A list of examples of items that can be purchased under this service and the corresponding service codes.
- Information regarding goods that fall under both assistive technology goods and care equipment and supplies as well as things to consider when deciding how to code the overlapping item(s).
- A list of items **not** covered by this service.

Client ID

The **Client ID** is an 11-character alphanumeric identifier used in ProviderOne. This ID will always end in "WA"**.** If a client's ID is not known, the provider can search for this in ProviderOne by selecting **Benefit Inquiry** in the online services menu.

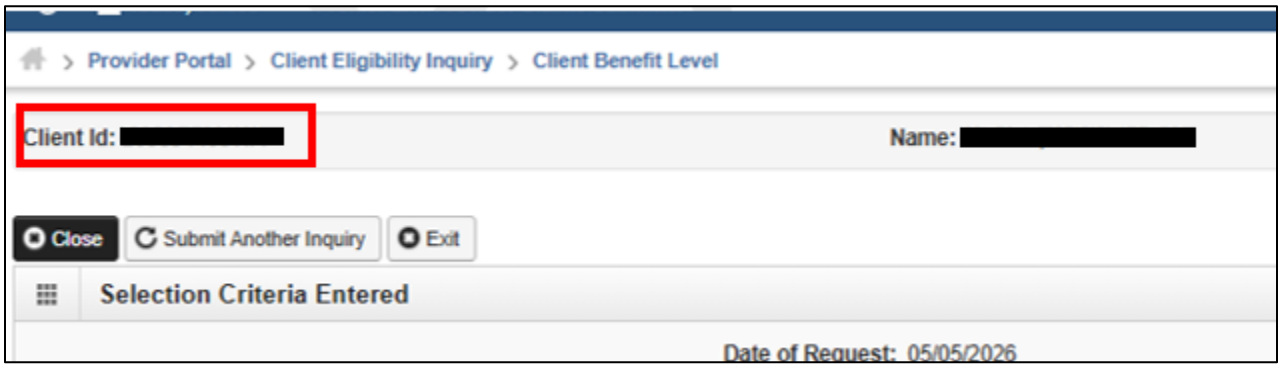


You will then be taken to the Search window. If you do not know the Client ID, you have the option to search for the beneficiary by:

- Last Name, First Name AND Date of Birth;
- Last Name, First Name AND SSN (Social Security number); or
- SSN (Social Security number) AND Date of Birth



Once all required fields are filled out, click on **Submit** at the top left of the screen. If a match is found, the Client Benefit Level page will open. The Client ID will be displayed at the top left of the screen.



Sales tax

Some items, typically goods, will require sales tax to be added to the final cost. To calculate sales tax, multiply the purchase price by the combined state and local rate for the address where they will be delivered. More information regarding sales tax can be found on the Washington State Department of Revenue's website.

Timeliness

Approval: Once the pre-authorization is submitted, the beneficiary will have up to 30 days to review and approve or deny the pre-authorization, or until midnight two calendar days before the start date. Pre-authorizations entered for a next day start must be approved the same day, before midnight of the service start date. If the beneficiary does not approve or deny the pre-authorization, it will expire and be "Denied for Timeliness" and you will need to resubmit.

Claiming: Billing claims must be submitted, without errors, no more than 60 days from the end date of the pre-authorization. This means providers must clear any claim edits that post and complete any adjustments or modifications to the claim within that 60-day window. If a claim is submitted after 60 days, it will be denied.

Modifying/correcting a pre-authorization

Only an active pre-authorization's end date may be modified once it has been approved, and this must be done by WA Cares staff at the request of the beneficiary. If the end-date of the pre-authorization is in the past, the pre-authorization cannot be modified. Pre-authorizations that have not yet been approved by the beneficiary can either be denied by the beneficiary or cancelled by the provider and a new pre-authorization can be submitted for approval.

If a pre-authorization was entered incorrectly, such as wrong dates or rate, but still approved by the beneficiary, do not work off that pre-authorization. You will need to inform the beneficiary who will then need to contact WA Cares to request that the incorrect pre-authorization is cancelled or end-dated. In the meantime, you can create a new, correct pre-authorization for the beneficiary's review and approval for future dates of service. If services are completed on an incorrect service authorization that has been approved, you will only be able to claim what has been approved.

Requesting additional units

Pre-authorization

The number of units cannot be modified on approved pre-authorizations. If the beneficiary decides they would like to authorize additional units, you will need to submit an additional pre-authorization. Pre-authorizations cannot be backdated, so additional units can only be approved for future dates. Pre-authorizations entered ahead of time must be approved by the beneficiary at least two days before the service start date. If a last-minute pre-authorization is entered for next day start, the beneficiary must approve this by midnight before starting services. Any additional pre-authorizations created will add to the total approved units for the timeframe authorized (including the units approved on the original pre-authorization).

Example: If a beneficiary has an approved pre-authorization for 30 units per month from 9/1/26 -11/30/26 but the beneficiary determines they need an additional 10 units for November, the provider will create another pre-authorization for the additional 10 units for 11/1/26-11/30/26. Once they have approved this, the beneficiary will have a total of 40 units available in November.

Claim

When claiming, typically all units provided on the same date of service must be claimed together or the system will view it as a duplicate claim and deny. However, in this case if the units span multiple pre-authorizations for the same date, you can claim for this date on two claims but must identify the pre-authorization number you are pulling from in each claim so the system does not treat it as a duplicate.

Example: The initial pre-authorization accounted for 30 units for November 2026. A second pre-authorization was approved to add an additional 10 units for this date range. When the

provider claims for November 2026, they enter the following dates of service and units as provided to the beneficiary:

- 11/04/2026 – 15 units (authorization #1)
- 11/11/2026 – 7 units (authorization #1)
- 11/18/2026 – 9 units (two submissions – 8 units under authorization #1, 1 unit under authorization #2)
- 11/25/2026 – 9 units (authorization #2)

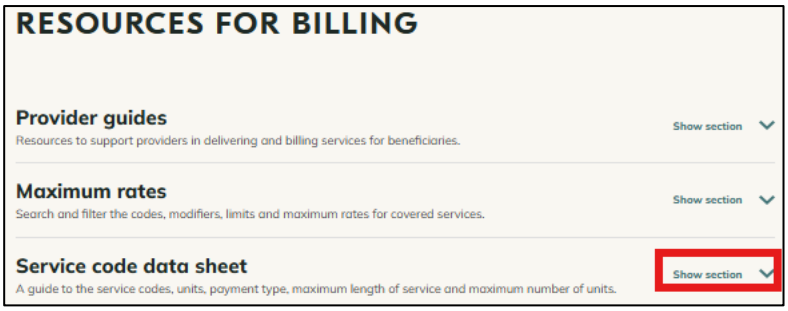
The units entered on 11/18/2026 exceed the original 30 units and pulls one additional unit from the second pre-authorization that was approved. In this case, the provider would submit a claim under the first pre-authorization for 8 units and a second under the second pre-authorization number for the remaining 1 unit.

Unused units

If a beneficiary does not use the entire amount pre-authorized, the remaining balance will be returned to the beneficiary's WA Cares account 60 days after the end-date of the pre-authorization. This aligns with the timely filing deadline as providers must submit a clean, error-free claim no more than 60 days from the end date of the pre-authorization.

SERVICE CODE DATA SHEETS

Service code data sheets are available for each contracted service in our provider toolkit. This resource will give you the information you need to pre-authorize your services such as service codes available under your contract, payment and unit types for each service code and maximum rates or limits, Navigate to the Resources for Billing section and select the "Show section" drop-down to find and select the service code data sheet for your contract type.



Direct links to service code data sheets:

- Adaptive equipment and technology
- Adult day services
- Adult family home
- Assisted living services
- Care transition coordination
- Dementia and behavioral supports
- Education and consultation
- Environmental modifications
- Home care agency
- Home safety evaluation
- Home-delivered meals
- Housework and errands
- Nursing home services
- Personal emergency response system
- Professional nursing services
- Transportation
- Yardwork and snow removal

EXAMPLES OF PRE-AUTHORIZATIONS

Monthly Recurring Payment Type

Example: Care Transition Coordination

A beneficiary contacts a registered WA Cares provider for support after a hospital stay. They agree on a plan that fits the beneficiary's needs for the two months following the beneficiary's discharge on 8/1/2026. The beneficiary and provider agree on a rate of $200 per month for moderate-level assistance. The provider opens the service code data sheet for care transition coordination to determine what information needs to be entered into the pre-authorization.

SERVICE CODE/ MODIFIER	SERVICE CODE DESCRIPTION	UNIT TYPE	PAYMENT TYPE	MAXIMUM LENGTH OF SERVICE PER AUTHORIZATION	MAXIMUM NUMBER OF UNITS/$	MAXIMUM RATE
CARE TRANSITION COORDINATION Payment for comprehensive discharge planning and coordination of health care services for up to two months after a beneficiary has been discharged from a hospital or nursing home with the goal of avoiding preventable poor outcomes as a beneficiary returns to their place of residence.						
99495	Care Transition Coordination (moderate level of decision-making and face-to-face within 14 calendar days of discharge)	US	RB	2 calendar months (up to 62 calendar days from discharge)	1 unit per month	**See current SCDS.**
99496	Care Transition Coordination (high level of decision-making and face-to-face within 7 calendar days of discharge)	US	RB	2 calendar months (up to 62 calendar days from discharge)	1 unit per month	**See current SCDS.**

Per the service code data sheet, the unit type is US (units of service), and the payment type is RB (monthly recurring) with a maximum of one unit per month. This means that one unit must equal the total amount charged for one month and that this amount will repeat the following month authorized as well. The pre-authorization would be entered as follows:

Service Line Start Date: 08/01/2026 (date of discharge)

Service Line End Date: 09/30/2026 (max. of two months)

Procedure/Service Code: 99495

Modifier: N/A (leave blank)

Units: 1

Rate: $200

Sales Tax: N/A (leave blank)

Total Authorized Amount: $400

Service Line Comment: Post-surgery support: review discharge documents, create medication schedule and provide education regarding diagnoses and preventative care.

Example 2: Mid-month start/end or varied rates

Monthly recurring payment types will repeat the number of units and dollar amount for each month in the pre-authorization. If the service starts or ends mid-month or rates will vary for each month, this may require you to pre-authorize using more than one service line. For this example, we'll use the details of example 1 but change the start date to 8/20/2026 and end date to 10/19/2026 (max. of 62 calendar days for this service). Since the authorized dates touch three separate months and the amount of service and cost for each month will vary, the provider breaks down the authorization into three lines as shown below – with the total authorized for the service still totaling $400 at the end of the service. If these dates were authorized on one line as shown in the previous example, the system would read the pre-authorization as $200 authorized for each month between 8/20/26-10/19/26 (August, September, October), incorrectly totaling $600.

Line 1:

Service Line Start Date: 08/20/2026 (date of discharge)
Service Line End Date: 08/31/2026
Procedure/Service Code: 99495
Modifier: N/A (leave blank)
Units: 1
Rate: $85.00 (total rate for August)

Sales Tax: N/A (leave blank)
Total Authorized Amount: $85.00
Service Line Comment: Post-surgery support: review discharge docs, support with follow-up care and provide diagnoses education and medication support.

Line 2:

Service Line Start Date: 09/01/2026
Service Line End Date: 09/30/2026
Procedure/Service Code: 99495
Modifier: N/A (leave blank)
Units: 1
Rate: $200.00 (total rate for September – entire month of service)

Sales Tax: N/A (leave blank)
Total Authorized Amount: $200.00
Service Line Comment: Post-surgery support: review discharge docs, support with follow-up care and provide diagnoses education and medication support.

Line 3:

Service Line Start Date: 10/01/2026
Service Line End Date: 10/19/2026 (max. of 62 calendar days)
Procedure/Service Code: 99495
Modifier: N/A (leave blank)
Units: 1
Rate: $115.00

Sales Tax: N/A (leave blank)
Total Authorized Amount: $115.00
Service Line Comment: Post-surgery support: review discharge docs, support with follow-up care and provide diagnoses education and medication support.

Span Multiple Payment Type

Example: Adaptive Equipment and Technology

A beneficiary contacts a registered WA Cares adaptive equipment and technology provider and requests smart lightbulbs, a video doorbell and a keypad door lock due to mobility issues. These items are authorized using service code SA075. They agree on the cost of each item; the provider will then complete the order after the pre-authorization is approved and the expected delivery date is 10/9/2026.

SERVICE CODE/ MODIFIER	SERVICE CODE DESCRIPTION	UNIT TYPE	PAYMENT TYPE	MAXIMUM LENGTH OF SERVICE PER AUTHORIZATION	MAXIMUM NUMBER OF UNITS/$	MAXIMUM RATE
ASSISTIVE TECHNOLOGY: GOODS Payment of adaptive/assistive items, devices, pieces of equipment, or product systems used to increase a beneficiary's independence, improve or maintain a beneficiary's functional ability, or to substitute for human assistance to the beneficiary.						
SA075	Assistive technology	EA	MB	3 calendar months (up to 93 calendar days)	1 unit per item	**See current SCDS.**

Per the service code data sheet, the unit type is EA (each) and the payment type is MB (span multiple). This means that one unit is equal to each item or bundle of items. Since multiple items will be billed using the SA075 code, the provider will enter the order total onto one service line and itemize in the service line comments. Because the payment type for this service code is span multiple, the amount authorized is the total dollars and units for the entire timeframe. Under span multiple, a provider can claim against the pre-authorization multiple times up to the total dollars and units authorized and will make claims for payment on the date of delivery of the item(s). The pre-authorization is submitted as follows:

Service Line Start Date: 09/28/2026 (at least two days from the date the pre-authorization is submitted)

Service Line End Date: 10/31/2026 (adding a buffer is recommended for delivery delays as you will claim on the date of delivery)

Procedure/Service Code: SA075

Modifier: N/A (leave blank)

Units: 1 (must itemize in service line comments if multiple items are authorized)

Rate: $259.97 (total cost of all items)

Sales Tax: N/A (leave blank)

Total Authorized Amount: $259.97

Service Line Comment: Sylvania Smart Lightbulb (4 pack): $29.99, Blink Video doorbell: $89.99, Keypad door lock with handle: $139.99. Total: $259.97

Span Single Payment Type

Example: Environmental Modifications

A beneficiary gets in touch with a registered WA Cares environmental modification provider to install a ramp leading to the front door of their home. They agree on the project details and cost of $3,000 total to complete the ramp installation. The provider schedules this project to be completed by 7/15/2026.

SERVICE CODE/ MODIFIER	SERVICE CODE DESCRIPTION	UNIT TYPE	PAYMENT TYPE	MAXIMUM LENGTH OF SERVICE PER AUTHORIZATION	MAXIMUM NUMBER OF UNITS/$	MAXIMUM RATE
ENVIRONMENTAL MODIFICATIONS Environmental modification services provide needed changes such as ramps, stair lifts, and widened doorways for a wheelchair in the home to increase, improve or maintain a beneficiary's health, welfare, safety, and independence.						
S5165/UA	Home modifications, per service	EA	SB	6 calendar months (up to 183 calendar days)	1 unit per service	Up to the fund's maximum benefit amount

Per the service code data sheet, the unit type is EA (each) and the payment type is SB (span single) with a maximum of one unit. This means that the total cost of the project would be captured on one unit and can be claimed on or after the date of completion, on a single day, and within the authorized timeframe.

Service Line Start Date: 01/15/2026

Service Line End Date: 07/15/2026 (max. of six months)

Procedure/Service Code: S5165

Modifier: UA

Units: 1

Rate: $3,000.00

Sales Tax: N/A (leave blank)

Total Authorized Amount: $3,000.00

Service Line Comment: Ramp installation scheduled to be completed by 7/15/26.

Modular Aluminum Ramp Components: $1,850.00, Fasteners & Hardware: $150.00, Site Preparation & Layout: $200.00, Ramp Assembly & Installation - $800.00. Total: $3,000.00.

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Pre-authorization statuses	
Reviewing	Pre-authorization entered, but not yet submitted
Pending	Status upon submission
Sent to BAMS	Application programming interface submission to BAMS also known as "WA Cares benefits account"
Approved	Approved by beneficiary
Denied	Denied by beneficiary
Denied Timeliness	Expired due to no action by beneficiary
Cancelled Reviewing	Pre-authorization was entered and cancelled, not submitted
Cancelled Approved	Approved status cancelled by beneficiary
Auto Cancelled	Pre-authorization was entered but not submitted within 30 days by provider.

Unit types	
DL	Daily - One unit is equal to one day.
OF	Quarter Hour - One unit is equal to one quarter hour (15 minutes).
EA	Each - One unit is equal to the total cost of each good or service.
US	Units of Service - Units are equal to the quantity of goods or services provided.
MN	Monthly - One unit is equal to one month.
MI	Mile - One unit is equal to one mile.

Payment types	
RB	Monthly recurring - Units/dollars repeat for each month in the date span. If multiple months are pre-authorized, the number of units will be applicable to each calendar month.

MB	Span multiple - Units/dollars are the total for the entire date span and can be claimed from multiple times within the span, not exceeding the total amount pre-authorized.
SB	Span single - Units/dollars are the total for the entire date-span and can only be billed one time (on a single date of service).

Components of a pre-authorization	
Service Line Start Date	The first day the service will be provided to the beneficiary. Must be in MM/DD/YYYY format and two days from submission date.
Service Line End Date	The last day that the service will be provided to the beneficiary. Must be in MM/DD/YYYY format.
Procedure/Service Code	The code that identifies the service being provided and the provider's taxonomy.
Modifier	This code provides further information required for some of the services such as the provider type or type of service provided under the service code.
Units	Identifies the amount of service provided. Unit types vary depending on the type of service rendered and the payment type. See the applicable service code data sheet and unit types.
Rate	Dollar rate per unit. Rates are agreed upon between the provider and the beneficiary and must not exceed WA Cares maximum rates.
Sales Tax	Some service codes (typically goods) will require sales tax to be added to the provider's cost. This must be manually entered based on where the item will be delivered or picked up.
Total Authorized Amount	The ProviderOne system will multiply the number of units by the rate to calculate the total authorized amount. Sales tax would also be added, if applicable.
Service Line Comment	Where providers can itemize goods or services and provide details for the beneficiary to review when approving or

	denying the pre-authorization. Service line comments are required for some service codes and recommended for all.