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.

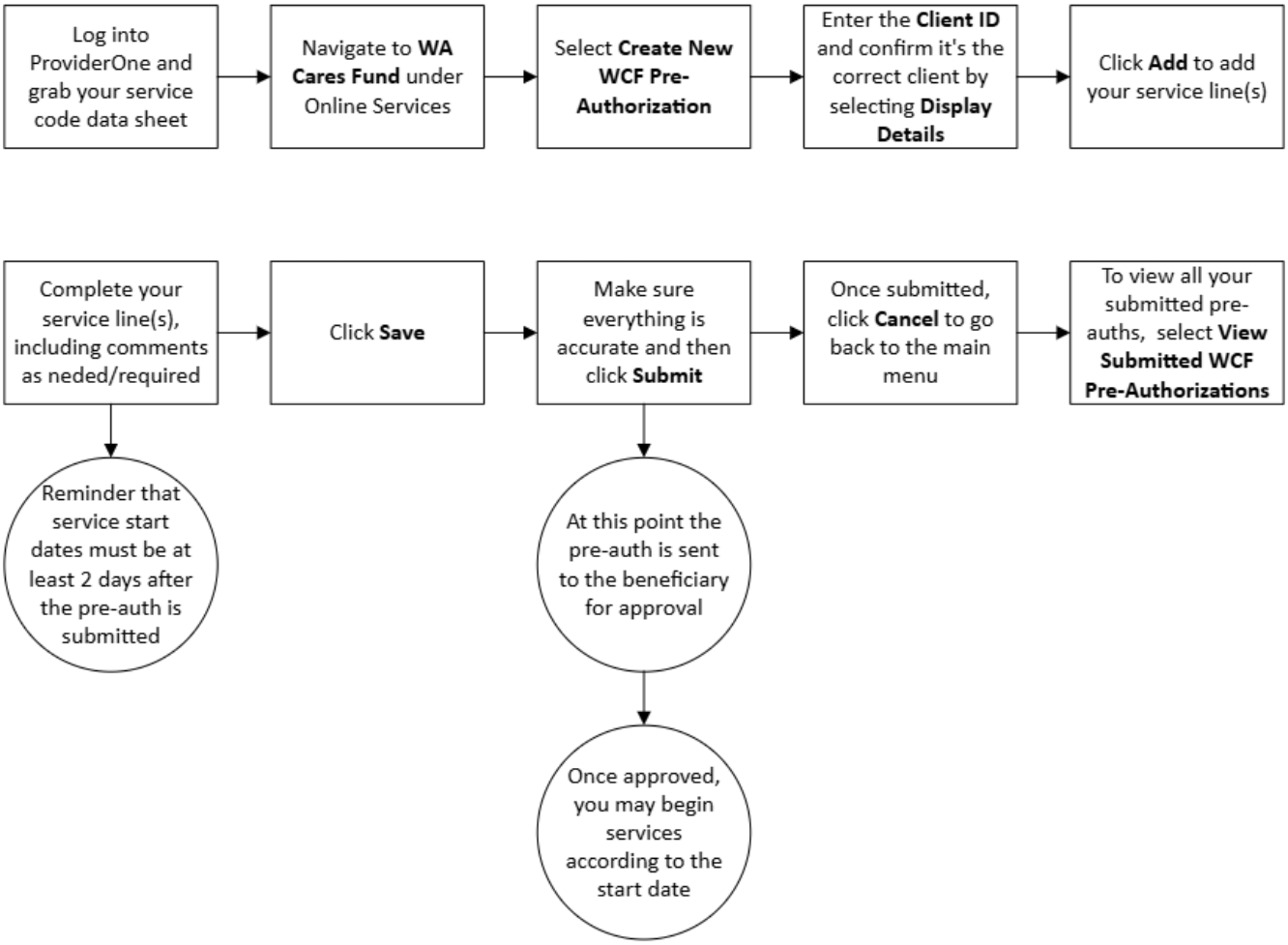
Before starting, make sure you and the beneficiary agree on *services*, *rates* and *dates*. Prior to logging in, update your browser setting to allow pop-ups from ProviderOne if you have not already done so.

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. The beneficiary must approve the pre-authorization at least two days before the intended start date or up to thirty days from the date the pre-authorization was submitted, whichever comes first.

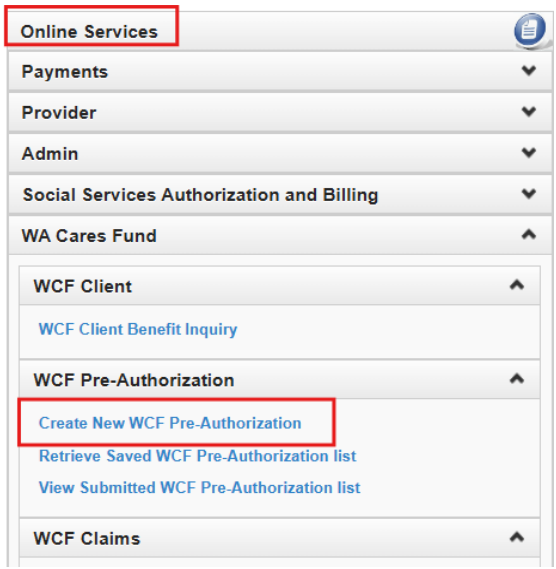
More information about ProviderOne and pre-authorizations can be found in the WA Cares billing guide. There are also training modules and additional resources in our provider toolkit.

HIGH-LEVEL OVERVIEW OF THE PROCESS



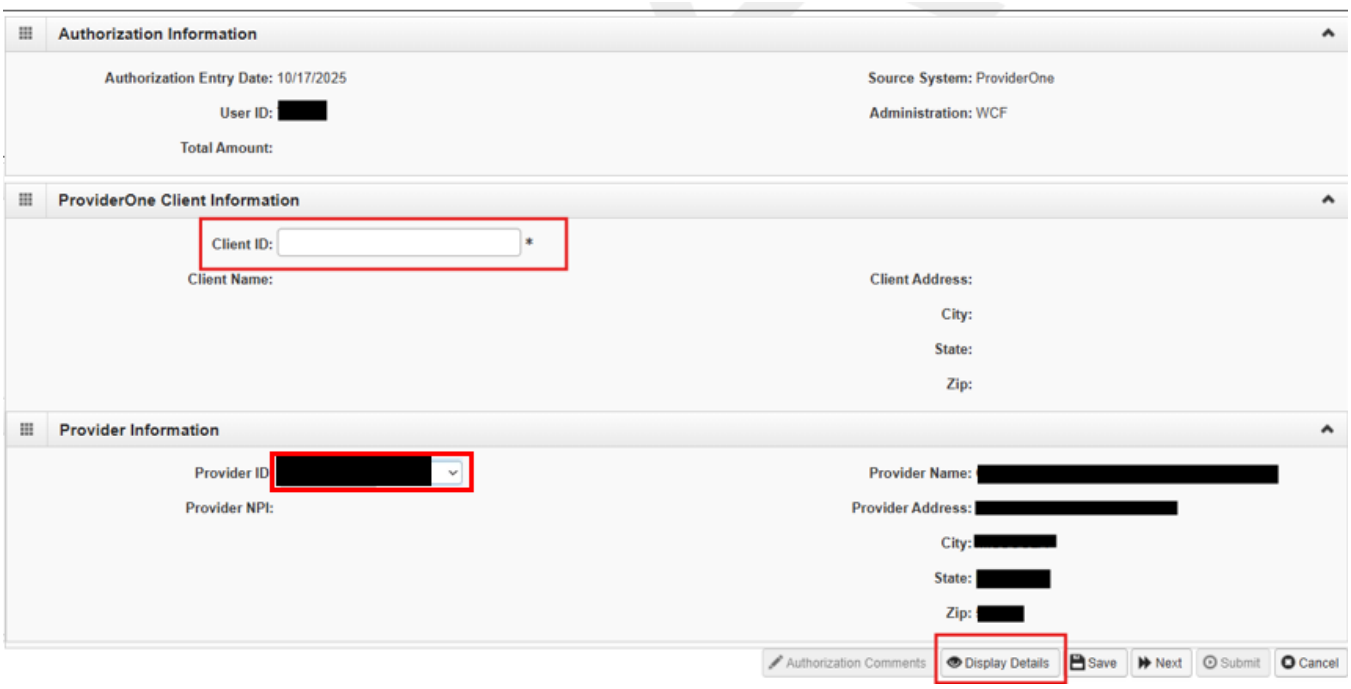
STEPS TO CREATING A PRE-AUTHORIZATION

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**

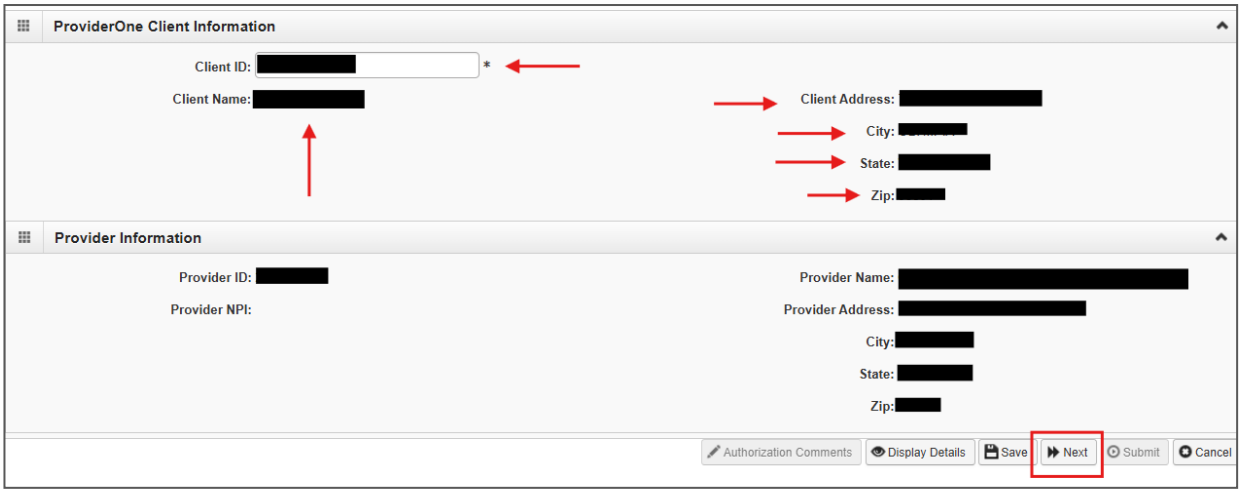


3. Enter a valid ProviderOne Client ID in the "Client ID" field and click **Display Details**.

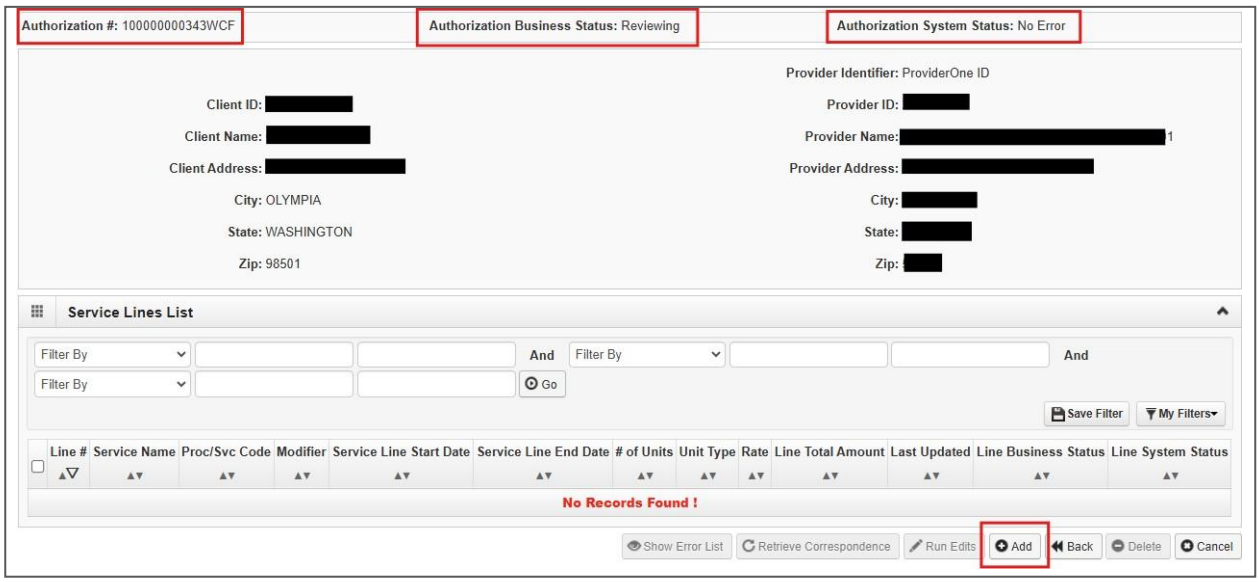
   NOTE: If your organization has multiple contracts for different business locations, select the Provider ID from the dropdown menu that corresponds to the location you'd like to assign to this pre-authorization.



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.



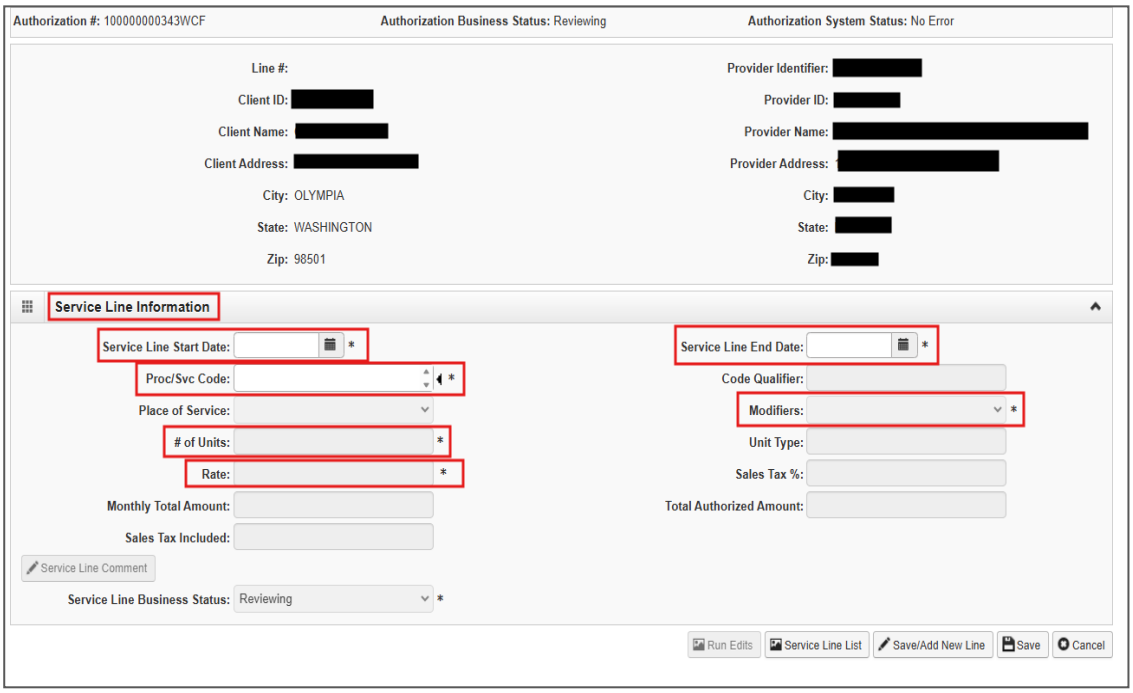
5. Each service or good you provide will be in its own service line. To add a service line, click the **Add** button.



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

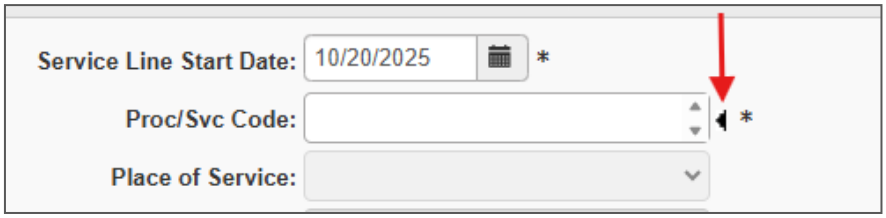
   a. **Service Line Start Date and End Date** fields will indicate when services may be rendered, using MM/DD/YYYY format. Start dates must be at least 48 hours, or two calendar days from the date of pre-authorization submission. For example, if the date of submission is 8/21, the start date must be 8/23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

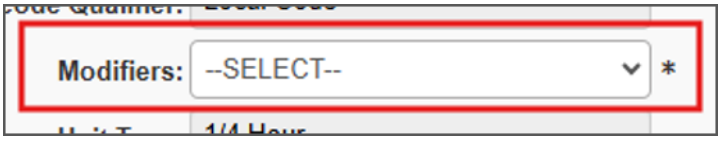


b. **Proc/Svc Code:** Choose the applicable procedure or service code from the dropdown. Click on the arrow, choose from the list, then click **OK.** These codes can be found on the service code data sheet for your contract type.

   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.



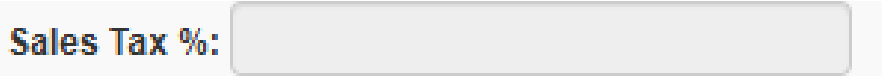
c. **Modifiers:** Proc/Svc (procedure/service) codes may require a modifier. If one is not required, the field will populate as "N/A." If a modifier is required, the field will populate your available modifier(s). If there are multiple modifiers available, choose the appropriate one, referencing the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



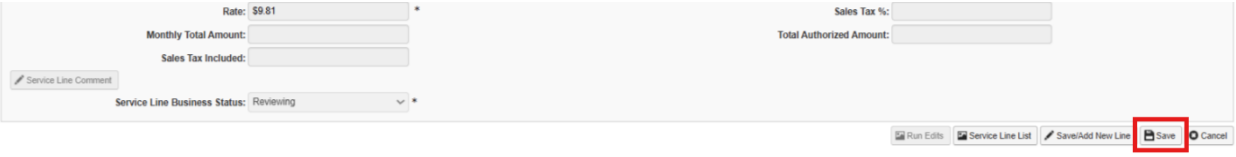
d. **# of Units:** Enter the number of units for the service being rendered during the dates of service. Check your service code data sheet if needed to see the applicable unit type, payment type and the maximum amount that can be authorized at a time.

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.

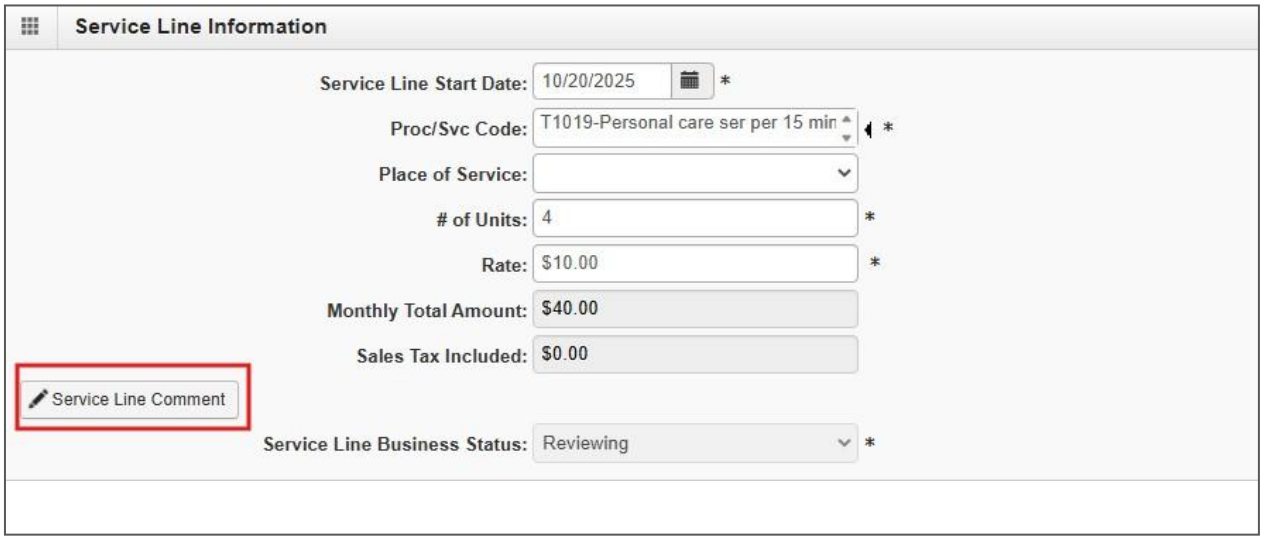


g. Click **Save** for ProviderOne to calculate your total.



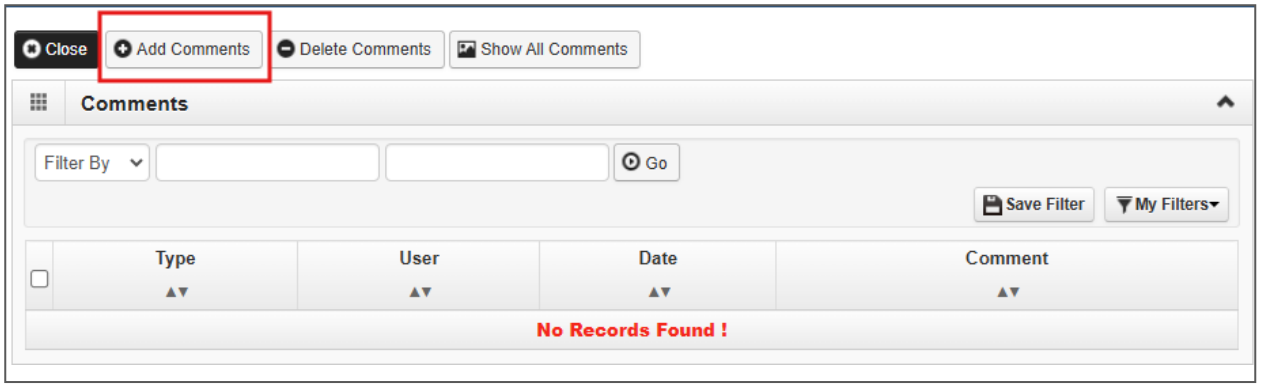
h. **Total Authorized Amount:** The system will multiply the number of units and rate entered to calculate the Total Authorized Amount, including sales tax when applicable.

i. **Service Line Comment:** You can enter comments for the service line if additional information is required or if helpful for the beneficiary to review. If you are combining costs of several items into one pre-authorization, such as multiple assistive technology goods, you will be required to list each item and their cost in the comment section for the beneficiary to review.

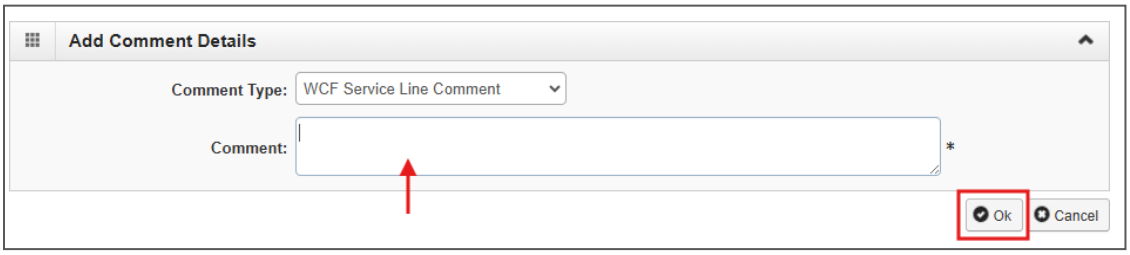


Click on the **Service Line Comment** button to open the Comments window.

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.

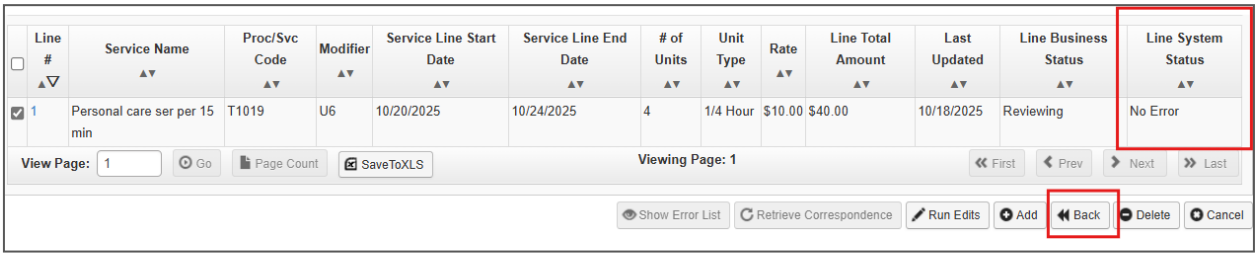


Click on **Close** to go back to the Service Line Information window.

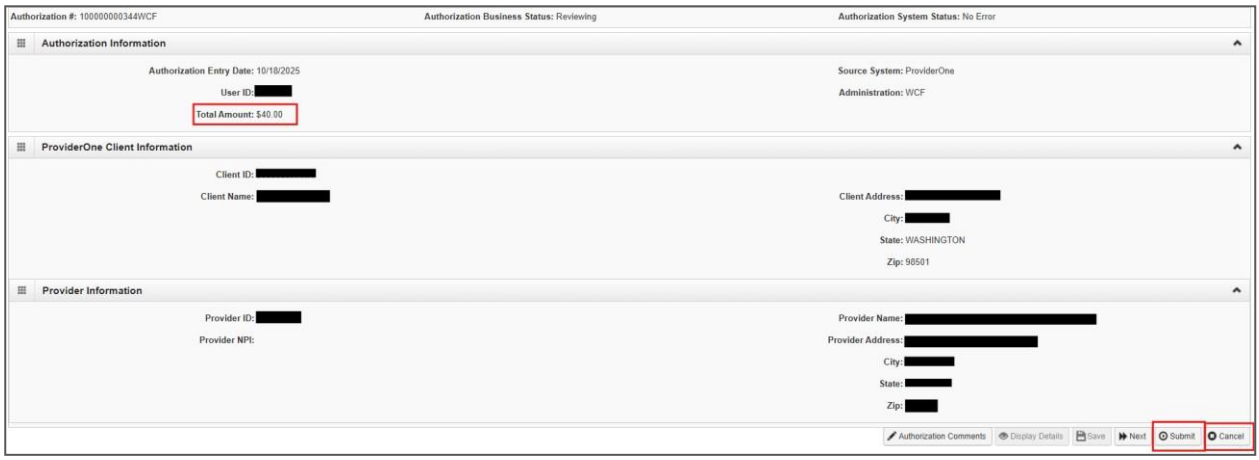
j. **Additional Service Lines:** If you are submitting multiple lines, you can click on the **Save/Add New Line** button. You may need to do this if you are offering two separate services to the beneficiary or itemizing goods you are procuring for them.

k. **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.

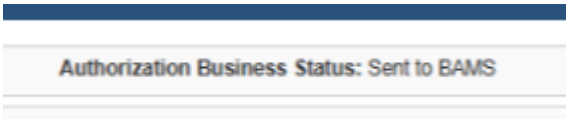
If no changes are needed and all the lines have a Line System Status of "No Error", click on the **Back** button to go back to the WCF Pre-Authorization Header page.



7. 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.



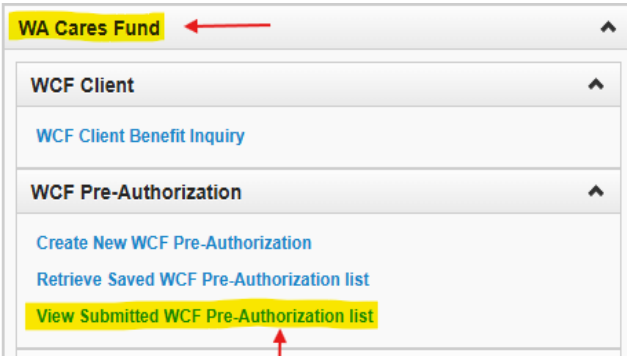
8. Your Authorization Business Status will update to "Sent to BAMS", which is the beneficiary's WA Cares account, where they manage their benefits and pre-authorizations.



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:

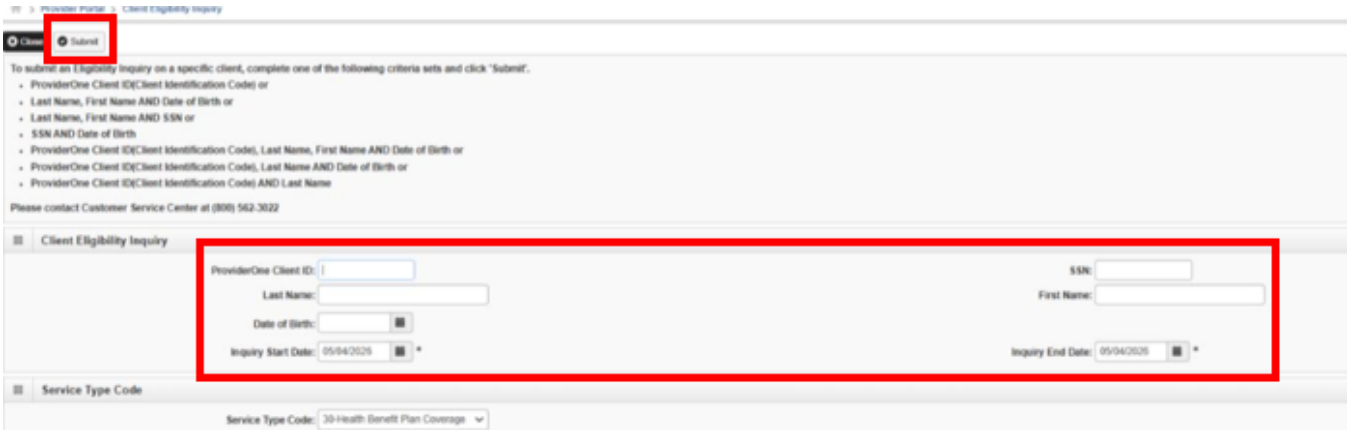
- A list of examples of items that can be purchased under this service and the corresponding service codes.
- Information regarding goods that fall under both assistive technology goods and care equipment and supplies as well as things to consider when deciding how to code the overlapping item(s).
-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

Client ID

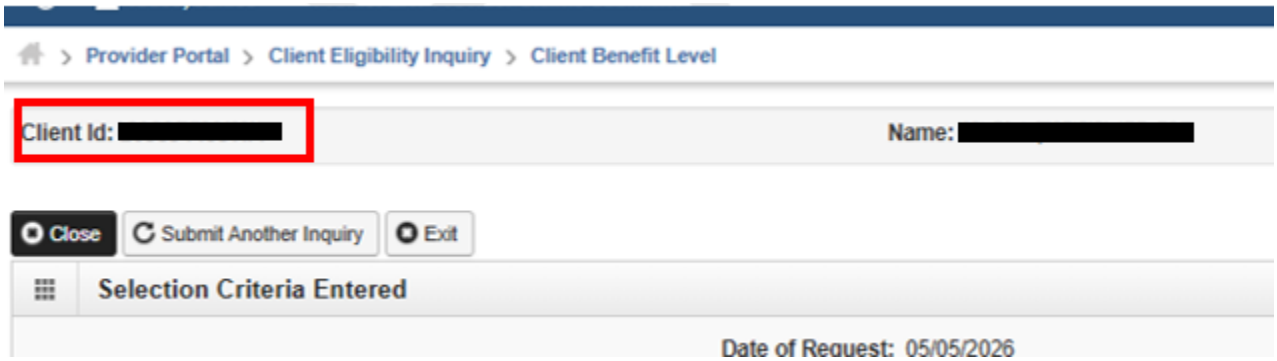
The **Client ID** is an 11-character alphanumeric identifier used in ProviderOne. This ID will always end in "WA". If a client's ID is not known, the provider can search for this in ProviderOne by selecting **Benefit Inquiry** in the online services menu.

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. 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.

Service Code Data Sheets

Service code data sheets are available for each contracted service in our provider toolkit. 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

Care Transition Coordination

A beneficiary reaches out for support after a hospital stay following a surgical procedure. They agree on a plan for what this service will look like 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 the rate of the service (not to exceed the maximum 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[1]	MAXIMUM LENGTH OF SERVICE	MAXIMUM NUMBER OF UNITS
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	1 unit/ month

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 recur the following month 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.

In-Home Personal Care (Home Care Agency)

A beneficiary contacts a home care agency to request in-home personal care services. They agree on a plan for the provider to support the beneficiary for 40 hours per month at the rate of $40 per hour beginning 7/1/2026.

SERVICE CODE/ MODIFIER	SERVICE CODE DESCRIPTION	UNIT TYPE	PAYMENT TYPE[1]	MAXIMUM LENGTH OF SERVICE	MAXIMUM NUMBER OF UNITS
HOME CARE AGENCY Payment to a provider for delivering nonmedical personal care to a beneficiary in their residence. Services may include ADL and IADL support, transportation, other nonmedical services, and appropriately delegated nursing services.					
T1019/U7	In-home personal care	OF	RB	3 calendar months	N/A

Per the service code data sheet, the unit type is OF (15 minutes) and the payment type is RB (monthly recurring). This means that one unit is equal to 15 minutes and the amount authorized will recur the following month as well. The pre-authorization would be submitted as follows:

Service Line Start Date: 07/01/2026 (date of discharge)

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

Procedure/Service Code: T1019

Modifier: U7

Units: 160 (40 hours multiplied by four because units for this service are in quarter-hour, or 15-minute increments)

Rate: $10 ($40 per hour divided by four because units for this service are in quarter-hour increments)

Sales Tax: N/A (leave blank)

Total Authorized Amount: $4,800

Service Line Comment: Personal care at 40 hours per month.

Environmental Modification

A beneficiary gets in touch with an environmental modification provider to install a ramp. They agree on the project details and a rate of $3,000 total to complete the ramp installation. The provider schedules this project to finish by 7/15/2026.

SERVICE CODE/ MODIFIER	SERVICE CODE DESCRIPTION	UNIT TYPE	PAYMENT TYPE[i]	MAXIMUM LENGTH OF SERVICE	MAXIMUM NUMBER OF UNITS
SERVICE DESCRIPTION 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	1

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 any single day within the authorized timeframe.

Service Line Start Date: 07/15/2026

Service Line End Date: 01/15/2026 (max. of six months)*

Procedure/Service Code: S5165

Modifier: UA

Units: 1

Rate: $3,000

Sales Tax: N/A (leave blank)

Total Authorized Amount: $3,000

Service Line Comment: Ramp installation scheduled for 7/15/26.

*Pre-authorization can span up to 6 months. When claiming, only claim for a single date within the 6-month span (same start and end date).

INDEX

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
OF	Per quarter hour (15 minutes)
EA	Each (one unit would equal the total cost)
US	Units of service
MN	Monthly
MI	Per mile (transportation)

Payment types	
RB	Monthly recurring — The unit amount repeats each month in the date span.
MB	Span multiple — the authorized units are the total units that can be claimed within the dates of service, and the provider can claim from the pre-authorization multiple times,

	throughout the dates of service, not exceeding the total amount authorized.
SB	Span single — the authorized units are the total units that can be claimed within the entire dates of service 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 enter comments if additional information is required or helpful for the beneficiary in their review and approval of the pre-authorization. For adaptive equipment and technology, when a beneficiary requests more than one good or service that is pre-authorized and claimed using the same service code, the provider must itemize each good or service in the comment section of the pre-authorization and include the rate for each.