



Washington State Department of  
**Labor & Industries**  
*Crime Victims Compensation Program*

# Submit, Adjust or Void a Direct Entry Bill for the Crime Victims Compensation Program

*Using Provider Express Billing (PEB)*



# **Submit, Adjust or Void a Direct Entry Bill for the Crime Victims Compensation Program**

*Using Provider Express Billing (PEB)*

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## **Crime Victims Compensation Program**

Phone: 1-800-762-3716

Email: [CVEBU@Lni.wa.gov](mailto:CVEBU@Lni.wa.gov)

Crime Victims Compensation Program

Department of Labor & Industries

PO Box 44520

Olympia WA 98504-4520

## **Specific Instructions for Crime Victims Compensation Program bills**

### **Insurance**

The Crime Victims Compensation Program is a payer of last resort. If the claimant has insurance, the insurance must be billed first. The payment or denial from the insurance company must be entered on the Collateral Resource Insurance screen.

Insurance information required to submit the bill:

- Name and address of Insurance Company
- Name and address of Subscriber
- Insured Identifier
- Group policy number **OR** Group policy name
- Relationship to the insured

### **Sexual Assault Claims**

Crime Victims Compensation Program pays for all sexual assault and molestation examinations done for collection of evidence and possible prosecution.

Claims/bills for the initial Sexual Assault examination are submitted without a claim number. The bill will auto-fill with the 'dummy' claim number, VR00000, which allows the Sexual Assault claim to be filed.

The unique, individual claim number for a Sexual Assault claim is assigned after the receipt of the bill.

Required on Sexual Assault bill:

- Sexual Assault Victim's name
- Date of birth
- Gender
- Diagnosis
- County where the assault occurred

### **Mental Health Counseling for Family Members**

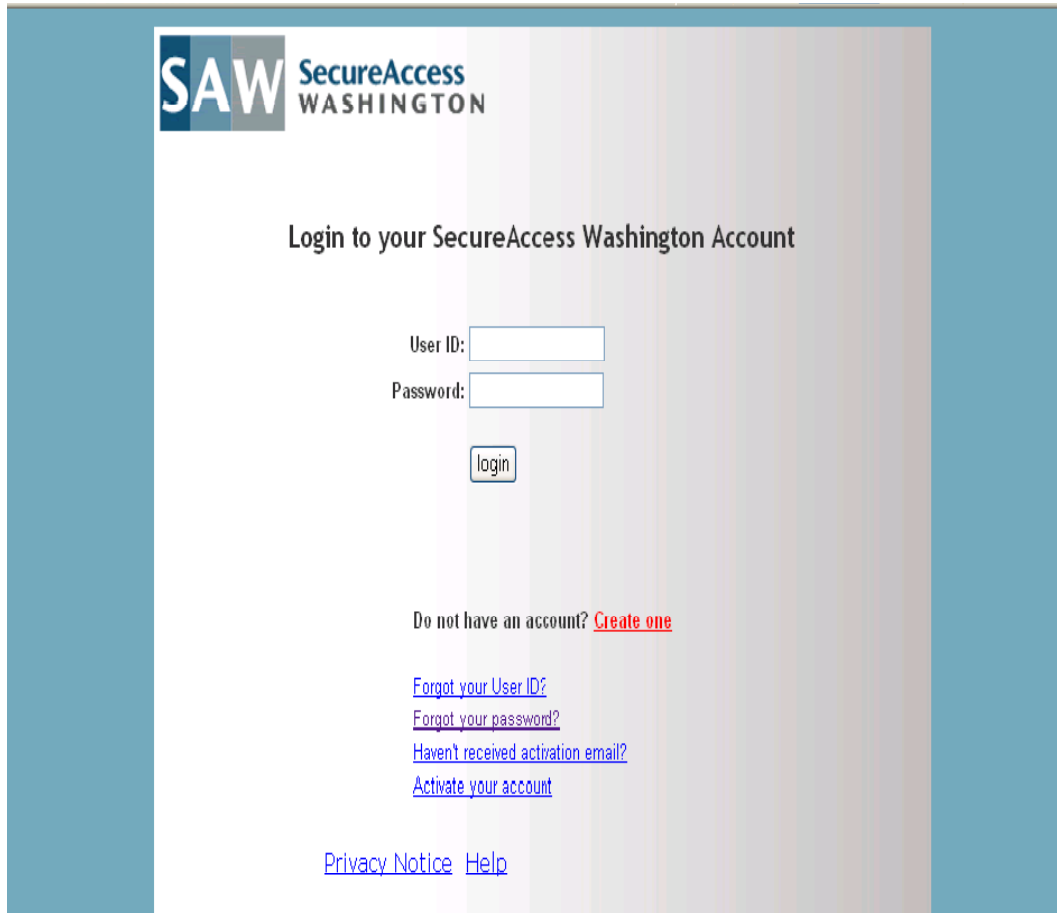
Bills submitted for a family member receiving counseling, must have the family member's name in the Remarks field.

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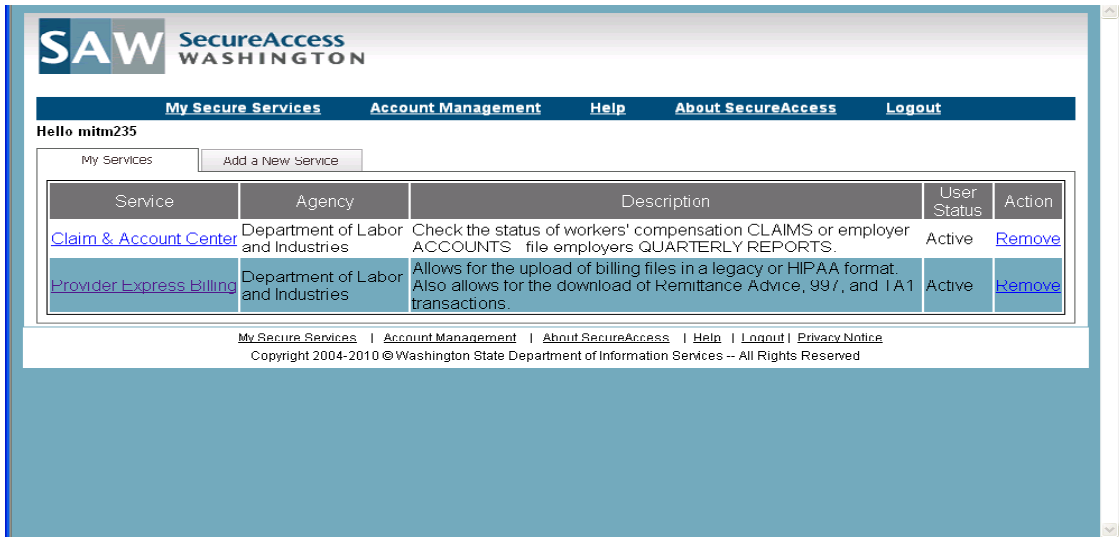
## Submit a Direct Entry bill

1. Log into your Secure Access Washington account at: <https://secureaccess.wa.gov/>
2. Enter your User ID and Password
3. Click on 'Login'

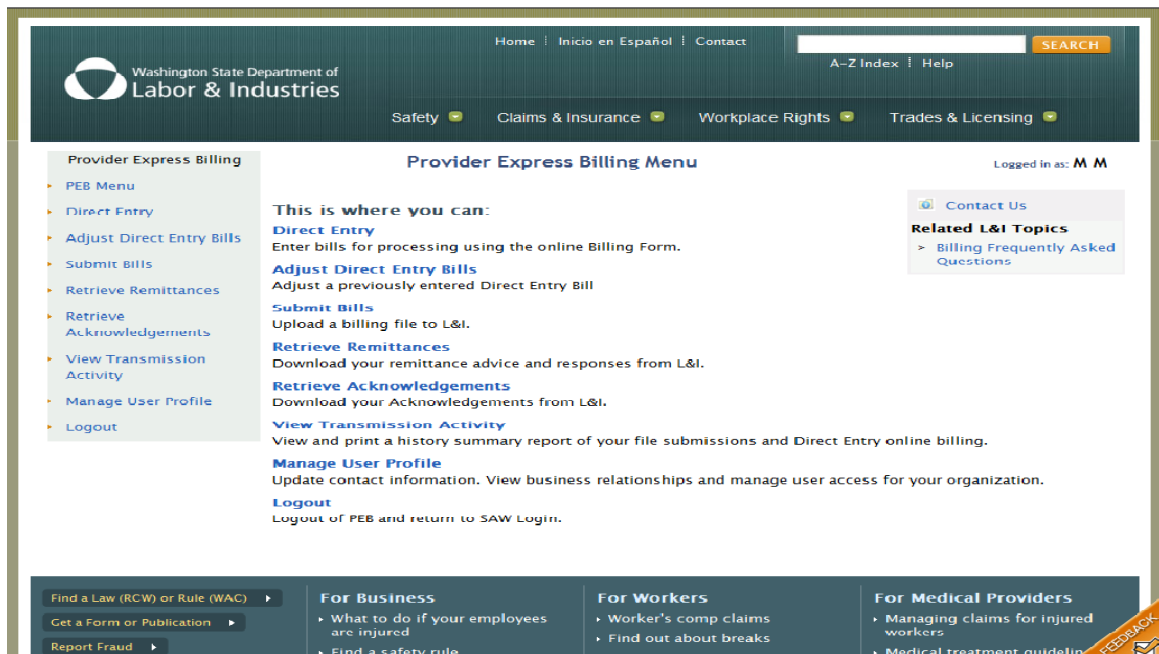


The screenshot shows the login page for Secure Access Washington. At the top left is the logo with 'SAW' in a blue box and 'SecureAccess WASHINGTON' to its right. The main heading is 'Login to your SecureAccess Washington Account'. Below this are two input fields: 'User ID:' and 'Password:'. A 'login' button is positioned below the password field. Further down, there is a link 'Do not have an account? [Create one](#)' in red. Below that are four blue links: '[Forgot your User ID?](#)', '[Forgot your password?](#)', '[Haven't received activation email?](#)', and '[Activate your account](#)'. At the bottom left are two more blue links: '[Privacy Notice](#)' and '[Help](#)'.

- Select and open 'Provider Express Billing' from your list of 'My Services.'



- Select 'Direct Entry' *either* from the:
  - Provider Express Billing Menu
  - The left navigation menu



6. From the 'Submitting Provider' list select the provider or provider group you are submitting a bill for.

**Note:** Depending on your access, you may not have to do this step. If you are not presented with this screen, go to Step 7.

Washington State Department of Labor & Industries

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### Health Insurance Claim Form

Logged in as: M M

**Provider Express Billing**

- PCB Menu
- Direct Entry
- Adjust Direct Entry Bills
- Submit Bills
- Retrieve Remittances
- Retrieve Acknowledgements
- View Transmission Activity
- Manage User Profile
- Logout

This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses.

[Contact Us](#)

**Related L&I Topics**

- [Billing Frequently Asked Questions](#)

Submitting Provider	Provider Id
MIPS	9999996
MIPS Technical Operations	0000006

Select Submitting Provider

**Find a Law (RCW) or Rule (WAC)**

**Get a Form or Publication**

**Report Fraud**

About L&I  
News and Media Center  
Find a Job at L&I  
Office Locator  
Online Self-Service Center

**For Business**

- What to do if your employees are Injured
- Find a safety rule
- File a Quarterly Report
- Find safety training materials
- Electrical permits and inspections
- Help for small business owners

**For Workers**

- Worker's comp claims
- Find out about breaks
- Learn workplace safety requirements
- Understanding overtime pay
- Minimum wage is \$8.67
- How to file a workplace safety complaint

**For Medical Providers**

- Managing claims for injured workers
- Medical treatment guidelines
- Provider billing & payment
- Check what needs pre-authorization

[More For Medical Providers](#)

FEEDBACK

7. If you selected a group provider and there are individual providers who are part of the group, you will be presented with a list of 'Rendering Providers'.
- Select the 'Rendering Provider' you are submitting the bill for.

**Note:** Depending on your access, you may not have to do this step. If you are not presented with a list, go to Step 8.

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### Health Insurance Claim Form

Logged in as: M M

**Provider Express Billing**

- PEB Menu
- Direct Entry
- Adjust Direct Entry Bills
- Submit Bills
- Retrieve Remittances
- Retrieve Acknowledgements
- View Transmission Activity
- Manage User Profile
- Logout

This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses.

Contact Us

**Related L&I Topics**

- > Billing Frequently Asked Questions

Submitting Provider	Provider Id
MIPS	9999996
MIPS Technical Operations	0000006

Select Submitting Provider

Rendering Provider	Provider Id
DEPT OF LABOR & INDUSTRIES	0000006

Enter Worker's ID Number (L&I Claim number)

Enter the number of Service Lines from 1 to 50 (default is 6)

CONTINUE CANCEL

Find a Law (RCW) or Rule (WAC) Get a Form or Publication Report Fraud

**For Business**

- What to do if your employees are injured
- Find a safety rule
- File a Quarterly Report

**For Workers**

- Worker's comp claims
- Find out about breaks
- Learn workplace safety requirements

**Medical Providers**

- Managing claims for injured workers
- Medical treatment guidelines
- Provider billing & payment

FEEDBACK

In this example, the submitting provider is not a group, so there is no choice of rendering providers. Go to Step 8.



8. Enter the worker's ID number (Crime Victims Claim Number).

Enter the number of service (billing) lines.

- If you do not enter the number of service lines the form will default to 6. You can enter up to 50 lines.

Click on 'Continue'.

- If you click on 'Cancel' you will be returned to the previous screen.

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### Health Insurance Claim Form

Logged in as: M M

This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses.

**Submitter Provider**

Submitting Provider	Provider id
MIPS	999999G
MIPS Technical Operations	0000006

Select Submitting Provider

**Rendering Provider**

Rendering Provider	DEPT OF LABOR & INDUSTRIES	0000006
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Enter Worker's ID Number (L&I Claim number)

Enter the number of Service Lines from 1 to 50 (default is 6)

**CONTINUE** **CANCEL**

**Provider Express Billing**

- PEB Menu
- Direct Entry
- Adjust Direct Entry Bills
- Submit Bills
- Retrieve Remittances
- Retrieve Acknowledgements
- View Transmission Activity
- Manage User Profile
- Logout

**Related L&I Topics**

- Billing Frequently Asked Questions

**For Business**

- What to do if your employees are injured
- Find a safety rule
- File a Quarterly Report

**For Workers**

- Worker's comp claims
- Find out about breaks
- Learn workplace safety requirements

**For Medical Providers**

- Managing claims for injured workers
- Medical treatment guidelines
- Provider billing & payment

FEEDBACK

9. If you entered a claim number that is **not** on file, this screen will come up. You are given two choices:

- Click on ‘Use This Claim Number’ (Directs you to the Crime Victims Health Insurance Claim Form).
- Click on ‘Enter Different Claim Number’ (Returns you to previous screen).

The screenshot displays the Washington State Department of Labor & Industries website. At the top, there is a navigation bar with links for Home, Inicio en Español, and Contact, along with a search bar and a dropdown menu for A-Z Index and Help. Below the navigation bar, there are four main categories: Safety, Claims & Insurance, Workplace Rights, and Trades & Licensing. The main content area is titled 'Health Insurance Claim Form' and includes a 'Logged in as: M M' indicator. On the left, there is a sidebar for 'Provider Express Billing' with various options like PEB Menu, Direct Entry, and Adjust Direct Entry Bills. The main text area contains the following information:

This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses.

The claim you entered is not currently found at Labor and Industries. If this is a new claim it may not yet be entered into the system. If you wish to use this claim number click the **Use this Claim Number** button below.

Below the text are two prominent orange buttons: 'USE THIS CLAIM NUMBER' and 'ENTER DIFFERENT CLAIM NUMBER'. To the right, there is a 'Contact Us' button and a 'Related L&I Topics' section with a link to 'Billing Frequently Asked Questions'.

The footer of the page is divided into four columns: 'Find a Law (RCW) or Rule (WAC)', 'Get a Form or Publication', 'Report Fraud', and 'About L&I'. The 'For Business' column lists items like 'What to do if your employees are injured' and 'Find a safety rule'. The 'For Workers' column lists 'Worker's comp claims' and 'Find out about breaks'. The 'For Medical Providers' column lists 'Managing claims for injured workers' and 'Medical treatment guidelines'. There are also links for 'More For Business', 'More For Workers', and 'More For Medical Providers'. A 'FEEDBACK' button is located in the bottom right corner.



- Box 1a. Insured's SSN:** Pre-filled with the Claimant's SSN.
- Box 2. Patients Name:** Pre-filled with the claimant's Last name, First name, Middle initial.
- Box 11. Insured's ID Number:**  
Pre-filled with the Insured's ID number (Crime Victims Claim Number).
- Box 11d. Is There another Health Benefits Plan?:**  
If the box is checked 'Yes' our records indicate the claimant has insurance. If neither box is checked you must check 'Yes' or 'No'.
- Box 17a. (LNI):** If applicable, enter the Referring Physician Provider Number.
- Box 17b. (NPI):** If applicable, enter the Referring Physician NPI Number.
- Box 21. Diagnosis:** Enter up to four diagnosis codes (if applicable).
- Box 23. Prior Authorization Number or VOC Referral ID:**  
Not used by the Crime Victims Compensation Program.
- First date of service:** Enter the date the service was provided using MMDDYY or MM/DD/YY date formats.
- Last date of service:** Enter the last date of service using MMDDYY or MM/DD/YY date formats. If the last date of service is the same as the first date of service, this field will auto-fill with the date entered for first date of service when the bill is validated.
- Place of service:** Enter the two digit place of service code.
- Proc. Code:** Enter the procedure code (CPT/HCPCS/Local Code).
- Mod 1, 2, 3 or 4:** If applicable, enter the modifier.
- Diag. Ptr:** If a diagnosis was entered in box 21, enter a diagnosis pointer of 1, 2, 3 or 4 relating the date of service and procedure to the appropriate diagnosis.
- Charges:** Enter your usual and customary fee for the procedure billed.
- Units:** Enter the total number of units, minutes or days.
- Rendering Provider:** Pre-filled with the provider number selected during Step 7.
- Box 25. Federal Tax I.D. Number:**  
Pre-filled with the Federal Tax ID listed in our records for the billing provider in box 33.
- Box 26. Patient's Account No.:**  
Enter your patient account number.
- Box 28. Total Charge:** Auto-filled when the bill is validated.

**Box 31. Date Bill Submitted:**

Pre-filled with the date the bill is created.

**Box 33. Billing Provider Info & PH#:**

Pre-filled with the current information listed in our records for the submitting provider.

**Bill Remarks:**

Bill remarks must be entered in the following instances:

- Name of the family member who is receiving counseling.

11. After you have completed the 'Crime Victims Health Insurance Claim' form you have four options:
- Click on 'Validate Data On Form' – Validates data to ensure all applicable fields are completed.
  - Click on 'Add Line Item' – An additional line will be added.
  - Click on 'Clear Form' – All data will be removed from form except the pre-filled fields.
  - Click on 'Cancel' – Returns you to the 'Select Submitting Provider' screen.

**Note:** If 'Validate Data On Form' is selected and the bill is missing information or has incorrect information, you will need to make corrections. After correcting, click on 'Validate Data On Form'. You may need to repeat this step until you validate and verify the data is correct.

Washington State Department of Labor & Industries

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Crime Victims Health Insurance Claim Form

Logged in as: Judi test

1a. Insured's SSN: 756123834

2. Patients Name (Last, First, Middle Initial): CLL6123834

11. Insured's ID Number (L&I Claim Number): VZ01010

11d. Is There another Health Benefit Plan?  Yes  No

17. Referring Physician Provider Number: 010101

17a. (LNI) 010101 OR 17b. (NPI)

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line)

1. 823.4 2. 3. 4.

23. Prior Authorization Number or VOC Referral Id

No.	First Date of Service	Last Date of Service	Place of Service	Proc. Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag. Ptr.	Charges	Units	Rendering Provider
1	010101		13	1099M					1	100.00	4	LNI 8988888 NPI
2												LNI 8988888 NPI
3												LNI 8988888 NPI
4												LNI 8988888 NPI
5												LNI 8988888 NPI

25. Federal Tax I.D. Number: 916001069

26. Patient's Account No.: 123

28. Total Charge:

31. Date Bill Submitted: 12/5/2011

33. Billing Provider Info & PH#

CRIME VICTIMS COMPENSATION PRG PHONE 360-902-5377  
MIPC TECHNICAL OPERATIONS  
PO BOX 44520  
OLYMPIA WA 98504-4520  
A. (NPI) B. (LNI) 8988888

Bill Remarks (Max 80 characters)

VALIDATE DATA ON FORM ADD LINE ITEM CLEAR FORM CANCEL

12. When you have verified your data is correct, you will receive one of the following messages:

If box 11d. is checked 'Yes':

'Bill Data has been validated, Please click on the "Enter Collateral" button below to enter your collateral information'.

- If the 'Yes' box was automatically checked – go to page 17
- If you checked the 'Yes' box go to the next page

If box 11d. is checked 'No':

'Bill Data has been validated, Please Verify your Data and then click on the Submit button to submit this Bill to Labor and Industries'

- Edit Form – Returns you to the form to make changes.
- Submit – Will submit the bill. Once you click this button no further changes can be made. Then go to page 24 for further instructions.

Note: in the sample below, box 11d. was automatically checked 'Yes'.

Crime Victims Health Insurance Claim Form

Logged In as: Judi test

Bill Data has been validated. Please click on the "Enter Collateral" button below to enter your collateral information

1a. Insured's SSN: 756123834

2. Patients Name (Last, First, Middle Initial): CLL6123834

11. Insured's ID Number (L&I Claim Number): V201010

11d. Is There another Health Benefit Plan?  Yes  No

17. Referring Physician Provider Number

17a. (LNI) 0010101 OR 17b. (NPI) 0

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line)

No.	First Date of Service	Last Date of Service	Place of Service	Proc. Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag. Ptr.	Charges	Units	Rendering Provider
1	01/01/01	01/01/01	13	1099M					1	100.00	4	LNI 898888 NPI
2												LNI 898888 NPI
3												LNI 898888 NPI
4												LNI 898888 NPI
												LNI 898888 NPI

25. Federal Tax I.D. Number: 916001069

26. Patient's Account No.: 123

28. Total Charge: 100.00

31. Date Bill Submitted: 12/5/2011

33. Billing Provider info & PH#

CRIME VICTIMS COMPENSATION PRG  
MIPC TECHNICAL OPERATIONS  
PO BOX 44520  
OLYMPIA WA 98504-4520  
A. (NPI) 0 B. (LNI) 898888

Bill Remarks (Max 80 characters)

EDIT FORM ENTER COLLATERAL

Find a Law (RCW) or Rule (WAC)  
Get a Form or Publication  
Report Fraud

For Business  
What to do if employees are injured  
Find a safe workplace  
File a Safety Report  
Find out about training

For Workers  
Worker's comp claims  
Find out about breaks  
Learn workplace safety requirements  
Understanding overtime pay

For Medical Providers  
Managing claims for injured workers  
Medical treatment guidelines  
Provider billing & payment

13. If the 'No' box is checked in 11d, this screen will come up. If the 'Yes' box is checked in 11d, this will be 'SUBMIT' instead of 'ENTER COLLATERAL' and you will go to the 'New Resource'.

- If there is no insurance click on “Submit”. Then go to page 24 of this manual for further instructions.

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### Direct Entry Other Insurance - Line Item

Logged in as: Judi test

**i** There are no Collateral Resources, if this is correct Click the Submit button, otherwise enter a New Resource.

Collateral Resource Information  
0 of 0

New Resource EDIT RESOURCE REMOVE SUBMIT

Collateral Bill Line item Information

CANCEL AND RETURN TO CLAIM FORM START OVER PREVIOUS RESOURCE NEXT RESOURCE

Find a Law (RCW) or Rule (WAC) ▶  
Get a Form or Publication ▶  
Report Fraud ▶

About L&I  
News and Media Center  
Find a Job at L&I  
Office Locator  
Online Self-Service Center  
Site Feedback

#### For Business

- ▶ What to do if your employees are injured
- ▶ Find a safety rule
- ▶ File a Quarterly Report
- ▶ Find safety training materials
- ▶ Electrical permits and inspections
- ▶ Help for small business owners

More For Business

#### For Workers

- ▶ Worker's comp claims
- ▶ Find out about breaks
- ▶ Learn workplace safety requirements
- ▶ Understanding overtime pay
- ▶ Minimum wage is \$9.04
- ▶ How to file a workplace safety complaint

More For Workers

#### For Medical Providers

- ▶ Managing claims for injured workers
- ▶ Medical treatment guidelines
- ▶ Provider billing & payment
- ▶ Check what needs pre-authorization

More For Medical Providers



14. Information must be entered in the following fields:

Other payer information

- Other Insurance name (name of insurance company)
- Address, City, State and Zip (address of insurance company)

Other Subscriber information

- Last Name, First Name (name of subscriber)
- Address, City, State and Zip (address of subscriber)
- Insured Identifier (subscriber insured identifier)
- Group Policy Number (policy number of insurance) **OR**
- Group Policy Name (name of policy)
- Relation to insured (select relationship from drop-down box)

Click on ‘Save and Return’ after the insurance information is entered, then go to page 20 for instructions on how to enter the insurance payment information.

*• Payer City name must be present*  
*• Payer State code must be Selected*  
*• Payer Zip code must be present*  
*• Subscriber Last Name must be present*  
*• Subscriber First Name must be present*  
*• Subscriber Address line must be present*  
*• Subscriber City Name must be present*  
*• Subscriber State code must be Selected*  
*• Subscriber Zip code must be present*  
*• Subscriber Insured Identifier must be present*  
*• Relationship must be selected*

Other Payer Information		Other Subscriber Information	
Other Insurance Name	Regence	Last Name	Smith
National Insurance ID		First Name	John
Address	111	Address Line	123 North East
	East North		
City	Olympia	City	Olympia
State	West Virginia	State	Washington
Zip	98504	Zip	98504
		Insured Identifier	12345
		Group Policy Number	A111222
		Group Policy Name	
		Relation to Insured	Other Relationship

**SAVE AND RETURN**      **CANCEL**

## 15. Entering Collateral Insurance Resource

- Select (or de-select) the appropriate Collateral Insurance Resource(s) and click on ‘Continue’.
- If you click on ‘Cancel’ you will return to the bill form and all the data will be removed from the form, except the pre-filled fields.

The screenshot shows the Washington State Department of Labor & Industries website. The header includes the department logo, navigation links (Home, Inicio en Español, Contact), a search bar, and a user login status (Logged in as: Judi test). The main content area is titled 'Select all appropriate Collateral Insurance Resources' and contains a table with the following data:

Select	Insurance Name	National Insurance ID	Group Policy Number	Group Policy Name
<input checked="" type="checkbox"/>	AA INS CENTER INC		AADSFFJ12345	
<input checked="" type="checkbox"/>	AARP			
<input checked="" type="checkbox"/>	AETNA			
<input checked="" type="checkbox"/>	AETNA			

Below the table are two buttons: 'CONTINUE' and 'CANCEL'. The bottom section of the page features a dark blue sidebar with navigation links and a main content area with four columns of links: 'For Business', 'For Workers', and 'For Medical Providers'. The footer contains copyright information and the 'Access Washington' logo.

## 16. Editing Collateral Insurance Resource

If there is information missing on our Collateral Resource Insurance record you will go to this screen. The message ‘Invalid Collateral Resource, Please Edit and fix it, or Remove It’ is at the top of the screen.

- Click on ‘ Edit Resource’ or ‘Remove’
  - ‘Edit Resource’ will take you to the screen to enter the missing information (see example on page 19).
  - ‘Remove’ will take you to either:
    - The next Resource **OR**
    - If there are no more Resources you will go to the submit screen (see example on next page).

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### Direct Entry Other Insurance - Line Item

Logged in as: **Judi test**

**Invalid Collateral Resource, Please Edit and fix it, or Remove It**

Collateral Resource Information  
1 of 4

Other Payer Information		Other Subscriber Information	
Other Insurance Name	AA ING CENTER INC	Last Name	
National Insurance ID		First Name	
Address	123123	Address Line	ADSLFKJASD;FL
City	AZEROX	City	OLYMPIA
State	WA	State	WA
Zip	98123	Zip	98512
		Insured Identifier	
		Group Policy Number	AADSFFJ12345
		Group Policy Name	
		Relation to Insured	Invalid Value

[EDIT RESOURCE](#) [REMOVE](#)

Find a Law (RCW) or Rule (WAC) | Get a Form or Publication | Report Fraud

About L&I | News and Media Center | Find a Job at L&I | Office Locator | Online Self-Service Center | Site Feedback

**For Business**

- What to do if your employees are injured
- Find a safety rule
- File a Quarterly Report
- Find safety training materials
- Electrical permits and inspections
- Help for small business owners

[More For Business](#)

**For Workers**

- Worker's comp claims
- Find out about breaks
- Learn workplace safety requirements
- Understanding overtime pay
- Minimum wage is \$8.67
- How to file a workplace safety complaint

[More For Workers](#)

**For Medical Providers**

- Managing claims for injured workers
- Medical treatment guidelines
- Provider billing & payment
- Check what needs pre-authorization

[More For Medical Providers](#)

17. Entering the missing information on the Collateral Insurance Resource

- Enter the missing requested information, click on ‘Save And Return’ or press ‘Enter’.
- If you click on ‘Cancel’, you will return to the previous screen.

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Subscriber Last Name must be present  
Subscriber First Name must be present  
Subscriber Insured Identifier must be present  
Relationship must be selected

Other Payer Information		Other Subscriber Information	
Other Insurance Name	AA INS CENTER INC	Last Name	
National Insurance ID		First Name	
Address	123123	Address Line	ADSFLKJASD;FL
City	AZEROX	City	OLYMPIA
State	Washington	State	Washington
Zip	98123	Zip	98512
		Insured Identifier	
		Group Policy Number	AADSFFF12345
		Group Policy Name	
		Relation to Insured	Select Relationship

SAVE AND RETURN CANCEL

Find a Law (RCW) or Rule (WAC) | Get a Form or Publication | Report Fraud

About L&I | News and Media Center | Find a Job at L&I | Office Locator | Online Self-Service Center | Site Feedback

For Business

- What to do if your employees are injured
- Find a safety rule
- File a Quarterly Report
- Find safety training materials
- Electrical permits and inspections
- Help for small business owners

For Workers

- Worker's comp claims
- Find out about breaks
- Learn workplace safety requirements
- Understanding overtime pay
- Minimum wage is \$8.67
- How to file a workplace safety complaint

For Medical Providers

- Managing claims for injured workers
- Medical treatment guidelines
- Provider billing & payment
- Check what needs pre-authorization

More For Medical Providers

18. Direct Entry of Other Insurance – Line Item

If box 11d, on the bill form, is checked ‘Yes’, the first ARC (Adjustment Reason Code) field will be filled with the code ‘45’ (charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement).

If you checked ‘Yes’ in box 11d, the first ARC will be blank.

Clicking on the question mark under ARC will get a drop-down list of the codes to enter in the ARC field (Claim Adjustment Reason Codes). These codes can be printed out.

The Paid Amount plus any Adjustment Amount(s) must equal the Allowed Amount

When there are no more Collateral Resources to enter you will get the message: ‘This is the last Collateral Resources to enter. Please enter the information, and then click on the Validate button’.

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### Direct Entry Other Insurance - Line Item

Logged In as: Judi test

**This is the last Collateral Resources to enter. Please enter the information, then click the Validate button.**

**Collateral Resource Information**  
1 of 1

Other Payer Information				Other Subscriber Information			
Other Insurance Name	AA INS CENTER INC	Last Name	test				
National Insurance ID		First Name	test				
Address	123123	Address Line	ADSLFKJASD;FL				
City	AZERCO	City	OLYMPIA				
State	WA	State	WA				
Zip	98123	Zip	98512				
		Insured Identifier	12345				
		Group Policy Number	AAD5FFJ12345				
		Group Policy Name					
		Relation to Insured	Invalid Value				

EDIT RESOURCE REMOVE

**Collateral Bill Line item Information**

LINE ITEM	FIRST DATE OF SERVICE	LAST DATE OF SERVICE	PROC CODE	CHARGE	ARC	ALLOWED AMOUNT	DATE PAID	PAID AMOUNT	ARC	ADJUSTMENT AMOUNT (1)	ARC	ADJUSTMENT AMOUNT (2)	ARC	ADJUSTMENT AMOUNT (3)
1	01/01/01	01/01/01	1099M	100.00	45	50.00	4/1/2010	15.00	1	20.00	3	15.00		8.00

CANCEL AND RETURN TO CLAIM FORM START OVER PREVIOUS RESOURCE NEXT RESOURCE VALIDATE

**LINE ITEM:** Pre-filled with the line number from the bill.

**FIRST DATE OF SERVICE:**

Pre-filled with the first date of service from the bill.

**LAST DATE OF SERVICE:**

Pre-filled with the last date of service from the bill.

**PROC CODE:** Pre-filled with the procedure code from the bill.

**CHARGE:** Pre-filled with the charge amount from the bill.

**ARC (first ARC field):**

If box 11d, on the bill form, was auto-filled with a check in 'Yes', the first ARC (Adjustment Reason Code) field will be filled with the code '45' (charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement).

If you checked the 'Yes' in the 11d box the ARC field will be blank.

If the 45 code is incorrect, or if the field is blank click on the question mark to get a drop-down list of codes to enter in the ARC field.

**Note:** If the insurance allowed zero and paid zero, the reason code in this field **must** be a code other than 45.

**ALLOWED AMOUNT:**

Enter the amount allowed by the insurance company.

**DATE PAID:** Enter the date the insurance company paid.

**PAID AMOUNT:** Enter the amount paid by the insurance company.

**Note:** If the PAID AMOUNT is less than the ALLOWED AMOUNT you must make an entry or entries in the other ARC and ADJUSTMENT AMOUNT fields

**ARC (second ARC field):**

Enter the code that explains why the paid amount is less than the allowed amount. (Click on the questions mark for drop-down list of codes).

**ADJUSTMENT AMOUNT:**

Enter the dollar amount that corresponds to the second ARC code.

If there is more than one reason the PAID AMOUNT is less than the ALLOWED AMOUNT complete the third and if necessary fourth ARC and ADJUSTMENT AMOUNT sections following the instructions above.

- Clicking on ‘Cancel And Return to Claim Form’ returns you to the claim form
- Clicking ‘Start Over’ returns you to edit the collateral resource (see page 17)

If there is more than one Collateral Resource

- Clicking ‘Next Resource’ will bring up the next Collateral Insurance Resource (follow instructions starting at page 17).

Example (explanation of bill on page 20):

Billed Amount:	100.00	Insurance Allowed:	50.00	
Insurance Paid:	15.00	ARC reason code	45	Charge exceeds fee schedule/maximum allowable or contracted legislated fee arrangement
Deductible:	20.00	ARC reason code	1	Deductible Amount
Co-payment:	15.00	ARC reason code	3	Co-payment Amount

The Insurance Paid \$15.00  
 The Deductible is \$20.00  
 The Co-Payment is \$15.00

Total \$50.00 Equals the Insurance Allowed amount of \$50.00

19. After all the Collateral Insurance Resources are entered:

- Click on 'Validate'.

The message 'Data is Validated, click the submit button to submit the bill'.

- Click on 'Submit'.

**Direct Entry Other Insurance - Line Item** Logged In as: **Judi test**

**Data is Validated, click the submit button to submit the bill.**

**Other Payer Information**

Other Insurance Name	AA INS CENTER INC
National Insurance ID	
Address	123123
City	AZEROK
State	WA
Zip	98123

**Collateral Resource Information**  
1 of 1

**Other Subscriber Information**

Last Name	test
First Name	test
Address Line	ADSLFKIASD;FL
City	OLYMPIA
State	WA
Zip	98512
Insured Identifier	12345
Group Policy Number	AAD5FFJ12345
Group Policy Name	
Relation to Insured	Invalid Value

**Collateral Bill Line Item Information**

LINE ITEM	FIRST DATE OF SERVICE	LAST DATE OF SERVICE	PRDC CODE	CHARGE	ARC	ALLOWED AMOUNT	DATE PAID	PAID AMOUNT	ARC	ADJUSTMENT AMOUNT (1)	ARC	ADJUSTMENT AMOUNT (2)	ARC	ADJUSTMENT AMOUNT (3)
1	01/01/01	01/01/01	1099M	100.00	45	50.00	4/1/2010	15.00	1	20.00	3	15.00		0.00

Find a Law (RCW) or Rule (WAC) ▶

Get a Form or Publication ▶

Report Fraud ▶

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Online Self-Service Center

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**For Business**

- What to do if your employees are injured
- Find a safety rule
- File a Quarterly Report
- Find safety training materials
- Electrical permits and inspections
- Help for small business owners

[More For Business](#)

**For Workers**

- Worker's comp claims
- Find out about breaks
- Learn workplace safety requirements
- Understanding overtime pay
- Minimum wage is \$9.04
- How to file a workplace safety complaint

[More For Workers](#)

**For Medical Providers**

- Managing claims for injured workers
- Medical treatment guidelines
- Provider billing & payment
- Check what needs pre-authorization

[More For Medical Providers](#)

✔ True



20. When your bill has been submitted, you will be returned to the ‘Select Submitting Provider’ screen and you will receive the message ‘The Bill was successfully submitted’.
- To submit additional bills, follow instructions starting on page 6.
  - To submit Sexual Assault bills, follow instructions starting on page 25.

Washington State Department of Labor & Industries

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SEARCH

Safety | Claims & Insurance | Workplace Rights | Trades & Licensing

### Health Insurance Claim Form

Logged in as: M M

**Provider Express Billing**

- PEB Menu
- Direct Entry
- Adjust Direct Entry Bills
- Submit Bills
- Retrieve Remittances
- Retrieve Acknowledgements
- View Transmission Activity
- Manage User Profile
- Logout

This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses.

**The Bill was successfully submitted.**

**Did you know that you can fax your chart notes and reports?**

Please fax patient chart notes, reports and documentation to support billing for  
 Workers Compensation at **360-902-4567**  
 Crime Victims Claims at **360-902-5333**

Contact Us

**Related L&I Topics**

- Billing Frequently Asked Questions

Select Submitting Provider

Submitting Provider	Provider Id
MIPS	9999996
MIPS Technical Operations	0000006

Find a Law (RCW) or Rule (WAC) | Get a Form or Publication | Report Fraud

About L&I News and Media Center

**For Business**

- What to do if your employees are injured
- Find a safety rule
- File a Quarterly Report
- Find safety training materials

**For Workers**

- Worker's comp claims
- Find out about breaks
- Learn workplace safety requirements
- Understanding overtime pay

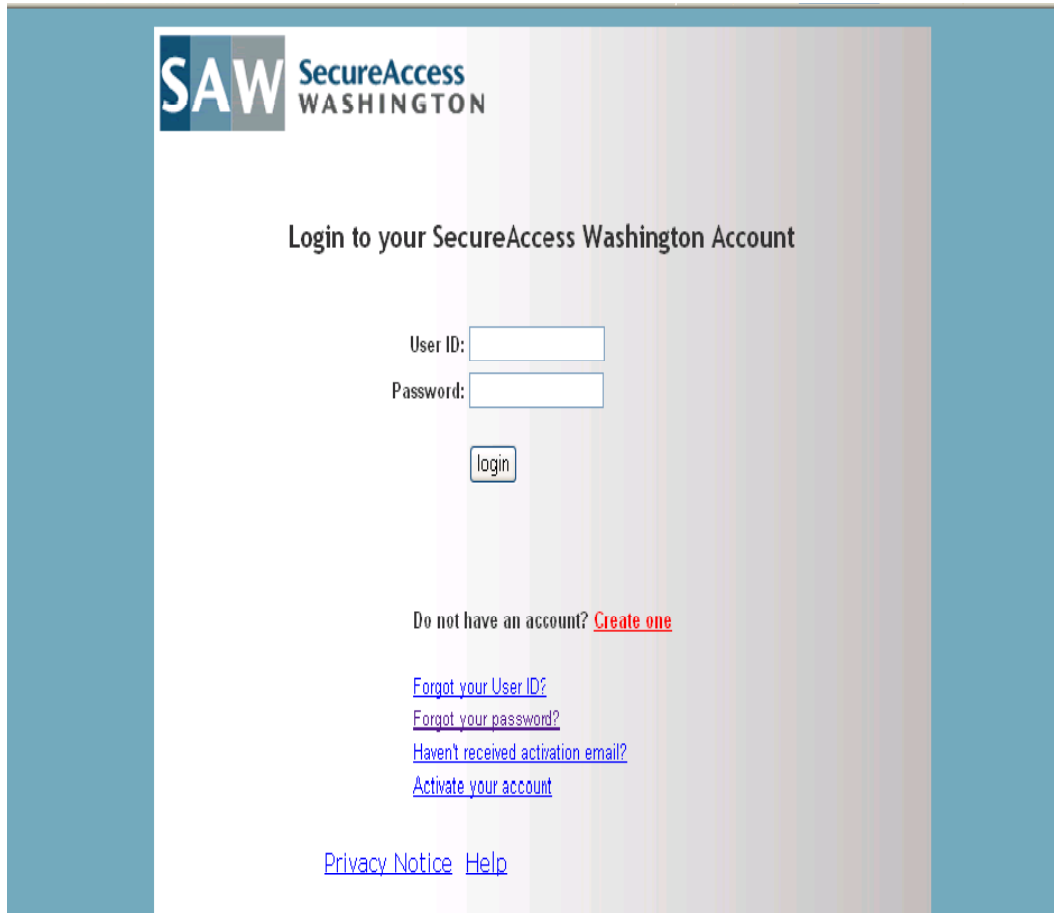
**For Medical Providers**

- Managing claims for injured workers
- Medical treatment guidelines
- Provider billing & payment
- Check what needs pre-authorization

FEEDBACK

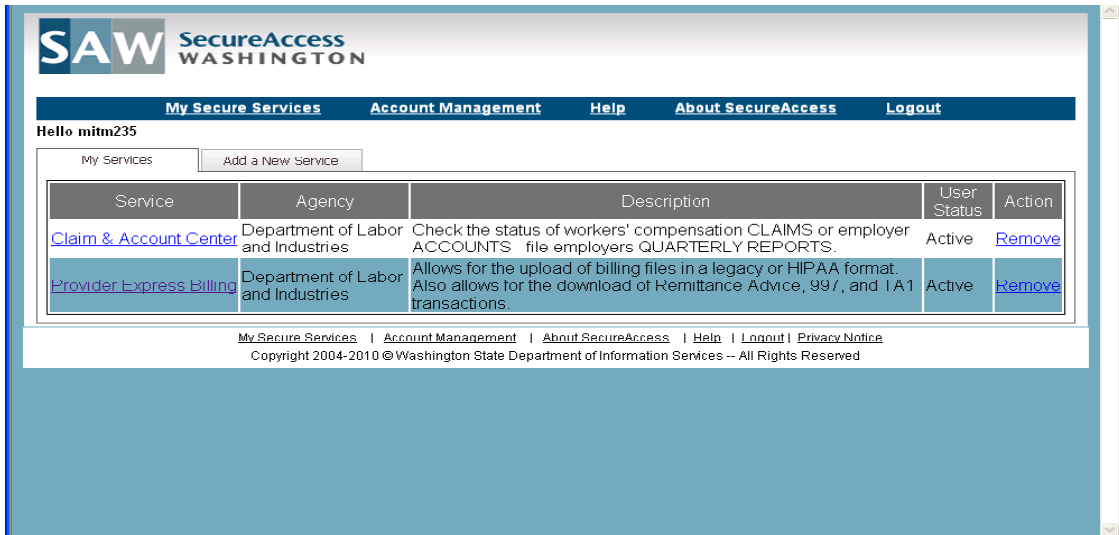
## Submit a Sexual Assault bill

1. Log into your Secure Access Washington account at: <https://secureaccess.wa.gov/>
2. Enter your User ID and Password
3. Click on 'Login'

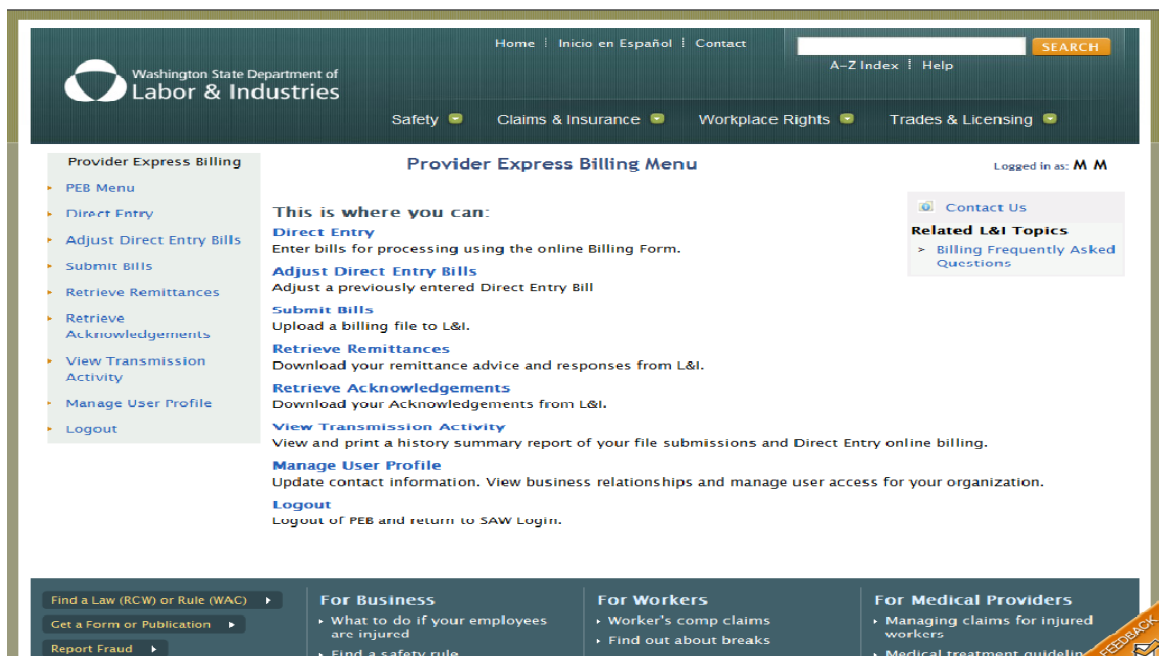


The screenshot shows the login page for Secure Access Washington. At the top left is the logo for SAW (Secure Access WASHINGTON). The main heading is "Login to your SecureAccess Washington Account". Below this are two input fields: "User ID:" and "Password:". A "login" button is positioned below the password field. Further down, there are several links: "Do not have an account? [Create one](#)", "[Forgot your User ID?](#)", "[Forgot your password?](#)", "[Haven't received activation email?](#)", and "[Activate your account](#)". At the bottom left, there are links for "[Privacy Notice](#)" and "[Help](#)".

4. Select and open 'Provider Express Billing' from your list of 'My Services.'



5. Select 'Direct Entry' *either* from the:
- Provider Express Billing Menu
  - The left navigation menu



6. From the 'Submitting Provider' list select the provider or provider group you are submitting a bill for.

**Note:** Depending on your access, you may not have to do this step. If you are not presented with this screen, go to Step 7.

The screenshot shows the 'Health Insurance Claim Form' page on the Washington State Department of Labor & Industries website. The page is titled 'Health Insurance Claim Form' and is logged in as 'M M'. The main content area explains that this page allows users to enter bills for processing using the online Billing Form, and that this service is available to all providers authorized for Direct Entry except clearinghouses. A table titled 'Submitting Provider' is displayed, with the following data:

Submitting Provider	Provider Id
<a href="#">MIPS</a>	9999996
<a href="#">MIPS Technical Operations</a>	0000006

Below the table, there is a 'Select Submitting Provider' label. The page also features a sidebar with 'Provider Express Billing' options, a 'Contact Us' button, and 'Related L&I Topics' including 'Billing Frequently Asked Questions'. At the bottom, there are sections for 'For Business', 'For Workers', and 'For Medical Providers' with various links and resources.

7. If you selected a group provider and there are individual providers who are part of the group, you will be presented with a list of 'Rendering Providers'.
- Select the 'Rendering Provider' you are submitting the bill for.

**Note:** Depending on your access, you may not have to do this step. If you are not presented with a list, go to Step 8.

Washington State Department of Labor & Industries

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SEARCH

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Safety Claims & Insurance Workplace Rights Trades & Licensing

### Health Insurance Claim Form

Logged in as: M M

**Provider Express Billing**

- PEB Menu
- Direct Entry
- Adjust Direct Entry Bills
- Submit Bills
- Retrieve Remittances
- Retrieve Acknowledgements
- View Transmission Activity
- Manage User Profile
- Logout

This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses.

Contact Us

**Related L&I Topics**

- > Billing Frequently Asked Questions

Submitting Provider	Provider Id
MIPS	9999996
MIPS Technical Operations	0000006

Select Submitting Provider

Rendering Provider	Provider Id
DEPT OF LABOR & INDUSTRIES	0000006

Enter Worker's ID Number (L&I Claim number)

Enter the number of Service Lines from 1 to 50 (default is 6)

CONTINUE CANCEL

Find a Law (RCW) or Rule (WAC) Get a Form or Publication Report Fraud

**For Business**

- What to do if your employees are injured
- Find a safety rule
- File a Quarterly Report

**For Workers**

- Worker's comp claims
- Find out about breaks
- Learn workplace safety requirements

**Medical Providers**

- Managing claims for injured workers
- Medical treatment guidelines
- Provider billing & payment

FEEDBACK

In this example, the submitting provider is not a group, so there is no choice of rendering providers. Go to Step 8.

8. For the initial visit for a Sexual Assault claim, the unique claim number will be assigned after receipt of the bill.
- Leave the claim number blank, click on 'Continue'.

**Note:** If this is not the initial visit and you have a claim number, please enter the claim number.

Washington State Department of Labor & Industries

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SEARCH

Safety | Claims & Insurance | Workplace Rights | Trades & Licensing

### Health Insurance Claim Form

Logged in as: M M

**Provider Express Billing**

- PEB Menu
- Direct Entry
- Adjust Direct Entry Bills
- Submit Bills
- Retrieve Remittances
- Retrieve Acknowledgements
- View Transmission Activity
- Manage User Profile
- Logout

This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses.

Contact Us

**Related L&I Topics**

- > Billing Frequently Asked Questions

Submitting Provider	Provider id
MIPS	9999996
MIPS Technical Operations	0000006

Select Submitting Provider

Rendering Provider	DEPT OF LABOR & INDUSTRIES	0000006
--------------------	----------------------------	---------

Enter Worker's ID Number (L&I Claim number)

Enter the number of Service Lines from 1 to 50 (default is 6)

CONTINUE CANCEL

Find a Law (RCW) or Rule (WAC) | Get a Form or Publication | Report Fraud

**For Business**

- What to do if your employees are injured
- Find a safety rule
- File a Quarterly Report

**For Workers**

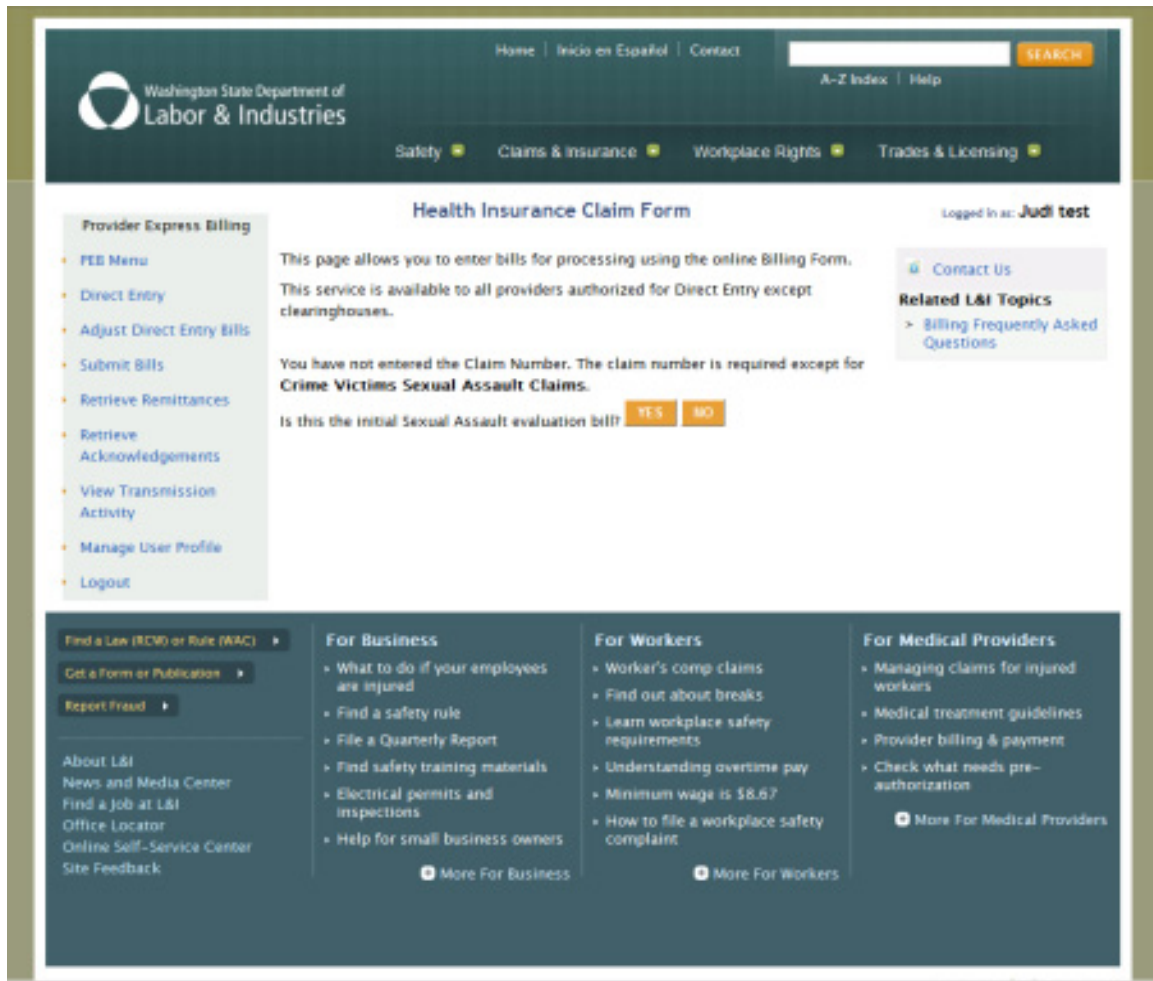
- Worker's comp claims
- Find out about breaks
- Learn workplace safety requirements

**For Medical Providers**

- Managing claims for injured workers
- Medical treatment guidelines
- Provider billing & payment

FEEDBACK

9. This screen asks ‘Is this the initial Sexual Assault evaluation bill?’
- If this is the initial Sexual Assault claim click on ‘Yes’
  - If this is not the initial Sexual Assault claim click on ‘No’. If you click on ‘No’ you will be returned to the ‘Select Submitting Provider’ screen.



10. This screen is the electronic version of the Sexual Assault Exam Report, form F800-098-000.

The acceptance of the agreement is the electronic signature equivalent to the signed and dated form attached to a paper bill.

- Click on 'Accept' or 'Cancel'.
- If you click on 'Cancel' you will be returned to the 'Select Submitting Provider' screen.

The acceptance of the following agreement is the electronic signature equivalent to the signed and dated form attached to a paper bill.

**This provider certifies understanding of RCW 7.68.170 and that the following statements are true:**

- The examination has been performed on an actual or presumed victim of sexual assault and such assault occurred in **Washington** state.
- A sexual assault examination has been performed at a medical facility or an approved Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) clinic.
- The examination has been performed for the purpose of gathering evidence for possible prosecution in accordance with RCW 7.68.170.
- The examination is a physical examination.
- The examination has not been performed solely for the evaluation of treatment needs.
- I (we) understand the elements of each sexual assault exam level and associated local billing codes, and that codes 0131C, 0132C, and 0133C are bundled codes which require history taking and a physical examination. Each of these exam levels may or may not include colposcopy, anoscopy, forensic evidence collection kit, specimen collection, administration of medicines, injections, and medical photography
- The diagnostic tests, pharmacy and supplies billed are **exclusively** for the following: Prophylaxis for sexually transmitted diseases, Hepatitis B vaccine, Tetanus vaccine, emergency contraception, the **first three days' supply of HIV prophylaxis**, urinalyses, pathology and other diagnostics necessary for the collection of evidence for possible prosecution.
- I (we) understand that other charges (except those listed in item g. above) related to treatment of the victim's injuries or other conditions must not be billed with the initial sexual assault examination
- If the examination is a mental status examination ordered by the physician or other health care professional performing the physical examination, the mental status examination was carried out immediately before or after the physical examination
- At the time of the assault, the victim was not confined or incarcerated in any county or city jail, federal jail or prison, or in any other federal institution, or any state correctional institution maintained and operated by the Department of Corrections.
- At the time of the assault, the victim was not living in an institution maintained and operated by the Department of Social and Health Services.
- As a registered health services provider with the Crime Victims Compensation Program, I (we) request from the Department of Labor & Industries payment for providing services to a sexual assault victim. I (we) agree to maintain all records necessary for the Director's authorized auditors to audit the provision of services. As a provider, I (we) shall keep all records necessary to disclose the extent of services provided to the victim of crime. At a minimum, these records must provide and include prompt and specific documentation of the level and type of service for which payment is sought. I (we) shall maintain these records for audit purposes for a minimum of five years.

[Contact Us](#)

**Related L&I Topics**

- > [Billing Frequently Asked Questions](#)

**ACCEPT** **CANCEL**



11. Completing Crime Victims Health Insurance Claim Form for initial Sexual Assault claims

**Note:** The Insured’s ID Number on initial Sexual Assault claims will always be pre-filled with VR00000. This is a ‘dummy’ number to enable the initial Sexual Assault claim be filed. The unique claim number for the Sexual Assault claim will be assigned after receipt of the bill.

**Crime Victims Health Insurance Claim Form** Logged in as: **Judi test**

---

1a. Insured's SSN

11. Insured's ID Number (LAI Claim Number)

11a. Birth Date  Gender

17. Referring Physician Provider Number

21. Diagnosis or Nature of Illness or Injury  
(Related items 1, 2, 3 or 4 to Diag. Ptr. by Line)  
1:  2:  3:  4:

2. Patient's Name (Last, First, Middle Initial)

17a. (LNI)  OR 17b. (NPI)

23. Prior Authorization Number or VOC Referral Id

No.	First Date of Service	Last Date of Service	Place of Service	Proc. Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag. Ptr.	Charges	Units	Rendering Provider
1	05/15/11	05/15/11	11	01324					1	200.00	1	LNI 0908888 NPI
2												LNI 0908888 NPI
3												LNI 0908888 NPI
4												LNI 0908888 NPI
												LNI 0908888 NPI

25. Federal Tax ID. Number

26. Patient's Account No.

28. Total Charge

31. Date Bill Submitted

33. Billing Provider Info & PHF

CRIME VICTIMS COMPENSATION PRO phone 360-902-5377

NIPC TECHNICAL OPERATIONS

PO BOX 44520

OLYMPIA WA 98504-4520

A. NPI 0 B. LNI 0908888

Bill Remarks (Max 80 characters)

SEATTLE

VALIDATE DATA ON FORM
ADD LINE ITEM
CLEAR FORM
CANCEL

**Find a Law (RCW) or Rule (WAC)**

**Get a Form or Publication**

**Report Fraud**

About LAI

**For Business**

- What to do if your employees are injured
- Find a safety rule
- File a Quarterly Report
- Find safety training materials

**For Workers**

- worker's comp claims
- Find out about breaks
- Learn workplace safety requirements
- Understanding overtime pay

**For Medical Providers**

- Managing claims for injured workers
- Medical treatment guidelines
- Provider billing & payment
- Check what needs pre-

Trust

- Box 1a. Insured's SSN:** Enter the claimant's SSN, if known
- Box 2. Patients Name:** Enter the claimant's name Last name, First name, Middle Initial - **REQUIRED FIELD**
- Box 11. Insured's ID Number:**  
Pre-filled with claim number VR00000
- Box 11a. Birth Date and Gender:**  
Enter the birth date of claimant – **REQUIRED FIELD**  
Enter the gender of claimant – **REQUIRED FIELD**
- Box 17a. (LNI):** If applicable, enter the Referring Physician Provider Number.
- Box 17b. (NPI):** If applicable, enter the Referring Physician NPI Number.
- Box 21. Diagnosis:** Enter the diagnosis code. For Sexual Assault claims the diagnosis must be V71.5 or 995.53 or 995.83 – **REQUIRED FIELD**
- Box 23. Prior Authorization Number or VOC Referral ID:**  
Not used by the Crime Victims Compensation Program.
- First date of service:** Enter the date the service was provided using MMDDYY or MM/DD/YY date formats.
- Last date of service:** Enter last date of service using MMDDYY or MM/DD/YY date formats. If the last date of service is the same as the first date of service, this field will auto-fill with the date entered for first date of service when the bill is validated.
- Place of service:** Enter two digit place of service code.
- Proc. Code:** Enter the procedure code. (CPT/HCPCS/Local Code)
- Mod 1, 2, 3 or 4:** If applicable, enter the modifier.
- Diag. Ptr:** Enter a diagnosis pointer of 1, 2, 3 or 4 relating the date of service and the procedure to the appropriate diagnosis.
- Charges:** Enter your usual and customary fee for the procedure billed.
- Units:** Enter the total number of units, minutes or days.
- Rendering Provider:** Pre-filled with provider selected during Step 7.
- Box 25. Federal Tax I.D. Number:**  
Pre-filled with Federal Tax ID listed in our records for the billing provider in box 33.
- Box 26. Patient's Account No.:**

Enter your patient account number.

**Box 28. Total Charge:** Auto-filled when the bill is validated.

**Box 31. Date Bill Submitted:**

Pre-filled with the date bill is created.

**Box 33. Billing Provider Info & PH#:**

Pre-filled with the current information listed in our records for the submitting provider.

**Bill Remarks:** Enter the County where the Sexual Assault occurred. – **REQUIRED FIELD**

12. After you have completed the 'Crime Victims Health Insurance Claim' form you have four options:

- Click on 'Validate Data on Form' – Validates data to ensure all applicable fields are completed.
- Click on 'Add Line Item' – An additional line will be added.
- Click on 'Clear Form' – All data will be removed from form except the pre-filled fields.
- Click on 'Cancel' – Returns you to the 'Select Submitting Provider' screen.

Note: If 'Validate Data On Form' is selected and the bill is missing information or has incorrect information, you will need to make corrections. After correcting, click on 'Validate Data On Form'. You may need to repeat this step until you validate and verify the data is correct.

**Crime Victims Health Insurance Claim Form** Logged in as: Judi test

1a. Insured's SSN: 111111111

2. Patient's Name (Last, First, Middle Initial): TEST TEST A

11. Insured's ID Number (L&I Claim Number): VR00000

11a. Birth Date: 1/15/1995 Gender: F

17. Referring Physician Provider Number: 17a. (LNI) 0 OR 17b. (NPI) 0

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line): 1. V71.5 2. 3. 4.

23. Prior Authorization Number or VOC Referral Id: 0

No.	First Date of Service	Last Date of Service	Place of Service	Proc. Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag. Ptr.	Charges	Units	Rendering Provider
1	06/15/11	06/15/11	11	01324					1	200.00	1	LNI 898888 NPI
2												LNI 898888 NPI
3												LNI 898888 NPI
4												LNI 898888 NPI
												LNI 898888 NPI

25. Federal Tax ID Number: 916001009

26. Patient's Account No.: 123

28. Total Charge: 200.00

31. Date Bill Submitted: 11/17/2011

33. Billing Provider info & PPH:  
 CRIME VICTIMS COMPENSATION PRG phone: 360-902-5377  
 MPC TECHNICAL OPERATIONS  
 PO BOX 44520  
 OLYMPIA WA 98504-4520  
 A. NPI: 0 S. LNI: 898888

Bill Remarks (Max 40 characters): SEATTLE

Buttons: VALIDATE DATA ON FORM, ADD LINE ITEM, CLEAR FORM, CANCEL

Footer: Find a Law (RCW) or Rule (WAC), Get a Form or Publication, Report Fraud, About L&I, For Business, For Workers, For Medical Providers, Tru

13. When you have verified your data is correct, you receive the following message: ‘Bill Data has been Validated. Please verify your Data and then click on the Submit button to submit this Bill to Labor and Industries.’

- Click on ‘Submit’ – Once you click on this button, no further changes can be made.
- Click on ‘Edit Form’ – Returns you to the form to make corrections.

**Crime Victims Health Insurance Claim Form** Logged in as: **Judi test**

**Bill Data has been validated, Please Verify your Data and then click the Submit button to submit this Bill to Labor and Industries.**

1a. Insured's SSN: 111111111  
 2. Patients Name (Last, First, Middle Initial): TEST TEST A

11. Insured's ID Number (L&I Claim Number): VR00000  
 11a. Birth Date: 1/15/1995 Gender: F

17. Referring Physician Provider Number: [ ] OR 17b. (NPI) [ ]

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line)  
 1. 71.5 2. [ ] 3. [ ] 4. [ ]

23. Prior Authorization Number or VOC Referral Id: [ ]

No.	First Date of Service	Last Date of Service	Place of Service	Proc. Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag. Ptr.	Charges	Units	Rendering Provider
1	06/15/11	06/15/11	11	0132A					1	200.00	1	LHI 898888 NPI
2												LHI 898888 NPI
3												LHI 898888 NPI
4												LHI 898888 NPI
5												LHI 898888 NPI

25. Federal Tax I.D. Number: 916801069  
 26. Patient's Account No.: 123  
 28. Total Charge: 200.00  
 31. Date Bill Submitted: 11/17/2011

33. Billing Provider info & PH#  
 CRIME VICTIMS COMPENSATION PRG Phone: 360-902-5377  
 MPC TECHNICAL OPERATIONS  
 PO BOX 44528 WA 98504-4520  
 OLYMPIA WA 98504-4520  
 A. Inp: 0 B. LNI: 898888

Bill Remarks (Max 40 characters): SEATTLE

**EDIT FORM** **SUBMIT**

14. When the bill has been submitted you will be returned to the ‘Select Submitting Provider’ screen and you will receive the message ‘The bill was successfully submitted’.
- To submit additional bills Sexual Assault bills, follow instructions starting on page 25.
  - To submit bills other than Sexual Assault, follow instructions starting on page 6.

Washington State Department of Labor & Industries

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Safety | Claims & Insurance | Workplace Rights | Trades & Licensing

### Health Insurance Claim Form

Logged in as: M M

**Provider Express Billing**

- ▶ PEB Menu
- ▶ Direct Entry
- ▶ Adjust Direct Entry Bills
- ▶ Submit Bills
- ▶ Retrieve Remittances
- ▶ Retrieve Acknowledgements
- ▶ View Transmission Activity
- ▶ Manage User Profile
- ▶ Logout

This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses.

**The Bill was successfully submitted.**

**Did you know that you can fax your chart notes and reports?**

Please fax patient chart notes, reports and documentation to support billing for  
 Workers Compensation at **360-902-4567**  
 Crime Victims Claims at **360-902-5333**

**Contact Us**

**Related L&I Topics**

- ▶ Billing Frequently Asked Questions

Submitting Provider	Provider Id
MIPS	9999996
MIPS Technical Operations	0000006

Select Submitting Provider

Find a Law (RCW) or Rule (WAC) | Get a Form or Publication | Report Fraud

About L&I News and Media Center

**For Business**

- ▶ What to do if your employees are injured
- ▶ Find a safety rule
- ▶ File a Quarterly Report
- ▶ Find safety training materials

**For Workers**

- ▶ Worker's comp claims
- ▶ Find out about breaks
- ▶ Learn workplace safety requirements
- ▶ Understanding overtime pay

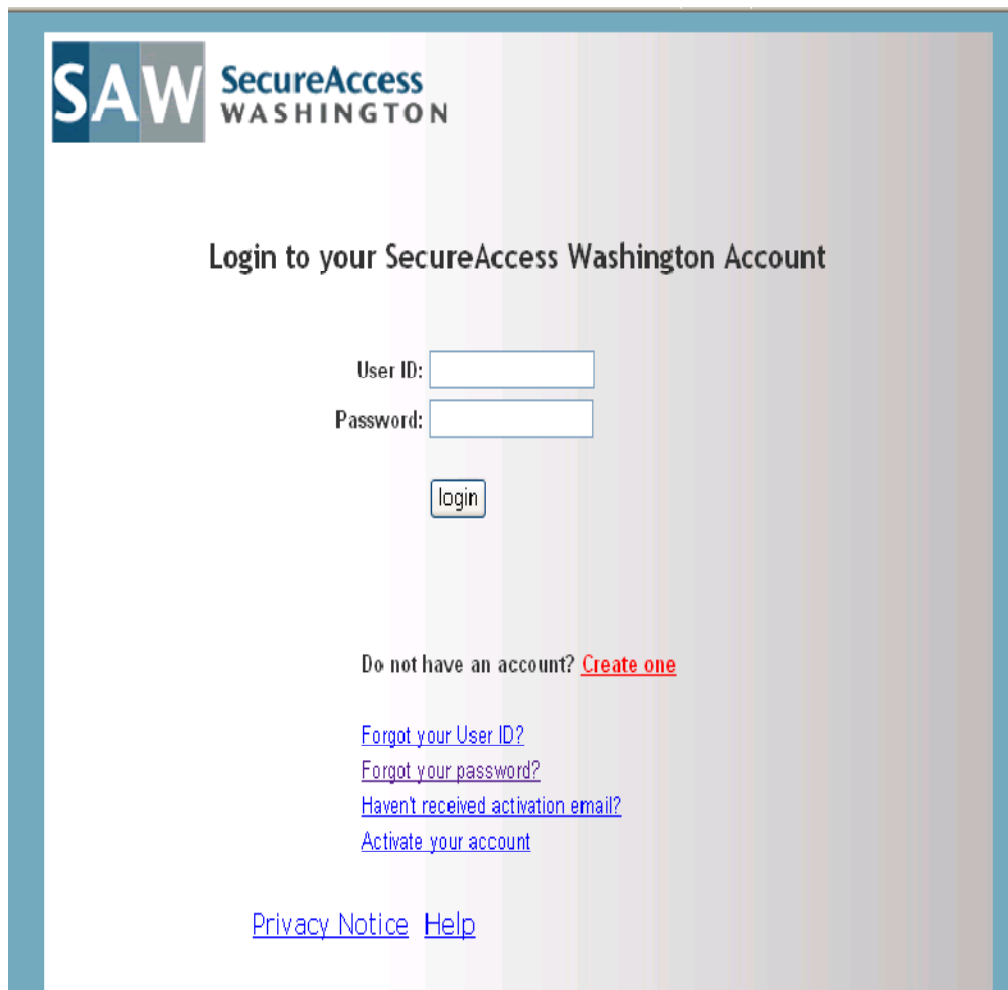
**For Medical Providers**

- ▶ Managing claims for injured workers
- ▶ Medical treatment guidelines
- ▶ Provider billing & payment
- ▶ Check what needs pre-

FEEDBACK

## Adjust a Direct Entry bill

1. Log into your Secure Access Washington account at: <https://secureaccess.wa.gov/>
2. Enter your User ID and Password
3. Click on 'Login'



The screenshot shows the login page for Secure Access Washington. At the top left is the logo with 'SAW' in a blue and grey box and 'SecureAccess WASHINGTON' in blue text. The main heading is 'Login to your SecureAccess Washington Account'. Below this are two input fields: 'User ID:' and 'Password:'. A 'login' button is positioned below the password field. At the bottom, there are several links: 'Do not have an account? [Create one](#)', '[Forgot your User ID?](#)', '[Forgot your password?](#)', '[Haven't received activation email?](#)', '[Activate your account](#)', and at the very bottom, '[Privacy Notice](#) [Help](#)'.

4. Select and open 'Provider Express Billing' from your list of 'My Services'.

SAW SecureAccess WASHINGTON

My Secure Services Account Management Help About SecureAccess Logout

Hello mitm235

My Services Add a New Service

Service	Agency	Description	User Status	Action
<a href="#">Claim &amp; Account Center</a>	Department of Labor and Industries	Check the status of workers' compensation CLAIMS or employer ACCOUNTS - file employers QUARTERLY REPORTS.	Active	<a href="#">Remove</a>
<a href="#">Provider Express Billing</a>	Department of Labor and Industries	Allows for the upload of billing files in a legacy or HIPAA format. Also allows for the download of Remittance Advice, 997, and TA1 transactions.	Active	<a href="#">Remove</a>

[My Secure Services](#) | [Account Management](#) | [About SecureAccess](#) | [Help](#) | [Logout](#) | [Privacy Notice](#)  
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13. Select 'Adjust Direct Entry bills' *either* from the:

- Provider Express Billing Menu
- The left navigation menu

The screenshot shows the 'Provider Express Billing Menu' page. At the top right, it says 'Logged in as: M M'. On the left is a navigation menu with items like 'PEB Menu', 'Direct Entry', 'Adjust Direct Entry Bills', 'Submit Bills', 'Retrieve Remittances', 'Retrieve Acknowledgements', 'View Transmission Activity', 'Manage User Profile', and 'Logout'. The main content area is titled 'Provider Express Billing Menu' and contains a section 'This is where you can:' with links and descriptions for 'Direct Entry', 'Adjust Direct Entry Bills', 'Submit Bills', 'Retrieve Remittances', 'Retrieve Acknowledgements', 'View Transmission Activity', 'Manage User Profile', and 'Logout'. On the right, there is a 'Contact Us' button and a 'Related L&I Topics' section with a link to 'Billing Frequently Asked Questions'. At the bottom, there is a dark blue footer with three columns: 'Find a Law (RCW) or Rule (WAC)', 'Get a Form or Publication', and 'Report Fraud' on the left; 'For Business' with links for 'What to do if your employees are injured' and 'Find a safety rule' in the middle; and 'For Workers' with links for 'Worker's comp claims are injured', 'Find out about breaks', and 'Learn workplace safety' on the right. A 'For Medical Providers' section with links for 'Managing claims for injured workers' and 'Medical treatment guidelines' is partially visible. A 'FEEDBACK' button with a checkmark icon is in the bottom right corner.

14. From the 'Select a Submitter ID Number' drop down box, select the provider group that you want to submit an adjustment for. **Note:** Depending on your access, you may or may not have multiple provider groups to choose from.
  - Click on 'Select'

Washington State Department of Labor & Industries

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Provider Express Billing

- ▶ PEB Menu
- ▶ Direct Entry
- ▶ Adjust Direct Entry Bills
- ▶ Submit Bills
- ▶ Retrieve Remittances
- ▶ Retrieve Acknowledgements
- ▶ View Transmission

### Adjust Direct Entry Bills

Logged in as: Mellisa Mitchell

This page allows you to adjust or void Direct Entry bills that have been finalized to a Paid or Denied Status.  
[See additional information.](#)

Select a SubmitterID Number:

SubmitterID Number:

**SELECT**

Contact Us

**Related L&I Topics**

- > Billing Frequently Asked Questions

15. A list of Direct Entry bills that have been submitted will be displayed. Find the bill that you want to adjust. Only bills with a paid or denied status can be adjusted.
  - Click on 'Adjust'.

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Provider Express Billing

- ▶ PEB Menu
- ▶ Direct Entry
- ▶ Adjust Direct Entry Bills
- ▶ Submit Bills
- ▶ Retrieve Remittances
- ▶ Retrieve Acknowledgements
- ▶ View Transmission Activity
- ▶ Manage User Profile
- ▶ Logout

### Adjust Direct Entry Bills

Logged in as: M M

This page allows you to adjust or void Direct Entry bills that have been finalized to a Paid or Denied Status.  
[See additional information.](#)

Select a SubmitterID Number:

SubmitterID Number:

**SELECT**

Contact Us

**Related L&I Topics**

- > Billing Frequently Asked Questions

ICN	Claim Number	Status	Adjust Bill	Void Bill	From DOS	To DOS	Paid Date
51125008000000400	H010101	In Process			09/01/2011	09/01/2011	
51125008000000300	H010101	Paid	Adjust	Void	08/10/2011	08/10/2011	09/07/2011
51125008000000200	H010101	Paid	Adjust	Void	08/08/2011	08/08/2011	09/07/2011

8. The original bill will be displayed. You can make changes to any of the following fields or add additional lines:

- 17a. or 17b. Referring Physician Provider Number
- 21. Diagnosis
- 23. Prior Authorization Number or VOC Referral ID
- First Date of Service
- Last Date of Service
- Place of Service
- Procedure Code
- Modifier 1, 2, 3 or 4
- Diagnosis Pointer
- Charges
- Units
- 26. Patient's Account Number

When you are satisfied with your changes, click on 'Validate Data On Form'.

**Health Insurance Claim Form - Adjust a Bill** Logged in as: **MM**

**This Bill is a TEST BILL**

1a. Worker's SSN:  ?

2. Patients Name (Last, First, Middle Initial):

11. Insured's ID Number (L&I Claim Number):

17. Referring Physician Provider Number:  17a. (LNI)  OR 17b. (NPI)  ?

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line): 1.  2.  3.  4.  ?

23. Prior Authorization Number or VOC Referral Id:  ?

No.	First Date of Service	Last Date of Service	Place of Service	Proc. Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag. Ptr.	Charges	Units	Rendering Provider
1	<input type="text" value="080811"/>	<input type="text" value="080811"/>	<input type="text" value="99"/>	<input type="text" value="9989M"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="100.00"/>	<input type="text" value="8"/>	LNI 6 NPI

25. Federal Tax I.D. Number:  ?

26. Patient's Account No.:  ?

28. Total Charge:

31. Date Bill Submitted:

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586

MIPS TECHNICAL OPERATIONS

PO BOX 44263

OLYMPIA WA 98504-4263

A. (NPI)  B. (LNI)  ?

Bill Remarks (Max 80 characters):  ?

9. If there are no errors, you will receive the message ‘Bill data has been validated. Please verify your data and then click on the submit button to submit this bill to Labor and Industries’
- Click on ‘Adjust Bill’ – Once you click on this button, no further changes can be made.
  - Click on ‘Edit form’ – If you want to make additional changes

**Health Insurance Claim Form - Adjust a Bill** Logged in as: MM

**1** BILL Data has been validated, Please Verify your Data and then click the Submit button to submit this Bill to Labor and Industries.

**This Bill is a TEST Bill**

1a. Worker's SSN  ?

2. Patients Name (Last, First, Middle Initial)

11. Insured's ID Number (L&I Claim Number)

17. Referring Physician Provider Number  17a. (LNI)  OR 17b. (NPI)  ?

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line)  1.  2.  3.  4.  ?

23. Prior Authorization Number or VOC Referral Id  ?

No.	First Date of Service ?	Last Date of Service ?	Place of Service ?	Proc. Code ?	Mod 1 ?	Mod 2	Mod 3	Mod 4	Diag. Ptr. ?	Charges ?	Units ?	Rendering Provider
1	<input type="text" value="080811"/>	<input type="text" value="080811"/>	<input type="text" value="99"/>	<input type="text" value="9989M"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="100.00"/>	<input type="text" value="8"/>	LNI 6 NPI

25. Federal Tax I.D. Number  ?

26. Patient's Account No.  ?

28. Total Charge

31. Date Bill Submitted

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586

MIPS TECHNICAL OPERATIONS

PO BOX 44263

OLYMPIA WA 98504-4263

A. (NPI)  B. (LNI)

Bill Remarks (Max 80 characters)  ?

10. When the adjustment has been submitted, you will be returned to the ‘Select Submitting Provider Number’ screen and you will receive the message ‘The adjusted bill was successfully submitted’.

- To submit additional adjustments repeat Steps 6 through 9.

The screenshot displays a web application interface for adjusting direct entry bills. On the left is a vertical navigation menu with the following items: Provider Express Billing, PEB Menu, Direct Entry, Adjust Direct Entry Bills, Submit Bills, Retrieve Remittances, Retrieve Acknowledgements, View Transmission Activity, and Manage User Profile. The main content area is titled "Adjust Direct Entry Bills" and features a green information icon with the message "The Adjusted Bill was successfully submitted." Below this, a text block explains that the page is for adjusting or voiding bills that are finalized to a Paid or Denied Status, with a link to "See additional information." A form titled "Select a SubmitterID Number:" contains a dropdown menu with "0000852" selected and a "SELECT" button. On the right side, the user is logged in as "M M", and there is a "Contact Us" link and a "Related L&I Topics" section with a link to "Billing Frequently Asked Questions".

## Void a Direct Entry bill

1. Log into your Secure Access Washington account at: <https://secureaccess.wa.gov/>
2. Enter your User ID and Password
3. Click on 'Login'



The screenshot shows the login page for Secure Access Washington. At the top left is the logo for SAW (Secure Access Washington). The main heading is "Login to your SecureAccess Washington Account". Below this, there are two input fields: "User ID:" and "Password:". A "login" button is positioned below the password field. Further down, there is a link for "Do not have an account? Create one" and four other links: "Forgot your User ID?", "Forgot your password?", "Havent received activation email?", and "Activate your account". At the bottom, there are links for "Privacy Notice" and "Help".

- Select and open 'Provider Express Billing' from your list of 'My Services.'

SAW SecureAccess WASHINGTON®

My Secure Services Account Management Help About SecureAccess Logout

Hello mitm235

My Services Add a New Service

Service	Agency	Description	User Status	Action
<a href="#">Claim and Account Center Pre-production</a>	Labor & Industries	Check the status of a workers' compensation CLAIM or employer ACCOUNTS - file employers QUARTERLY REPORTS.	Active	<a href="#">Remove</a>
<a href="#">Provider Express Billing (PreProd)</a>	Labor & Industries	Upload billing files in HIPAA 837 or L&I HCFA format, and Direct Entry bill submission. Download 835 or proprietary RA files, EDI X12 TA1,997,277 & 824 transactions.	Active	<a href="#">Remove</a>

- Select 'Adjust Direct Entry bills' *either* from the:

- Provider Express Billing Menu
- The left navigation menu

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Provider Express Billing

### Provider Express Billing Menu

Logged in as: Mellisa Mitchell

**This is where you can:**

- Direct Entry**  
Enter bills for processing using the online Billing Form.
- Adjust Direct Entry Bills**  
Adjust a previously entered Direct Entry Bill
- Submit Bills**  
Upload a billing file to L&I.
- Retrieve Remittances**  
Download your remittance advice and responses from L&I.
- Retrieve Acknowledgements**

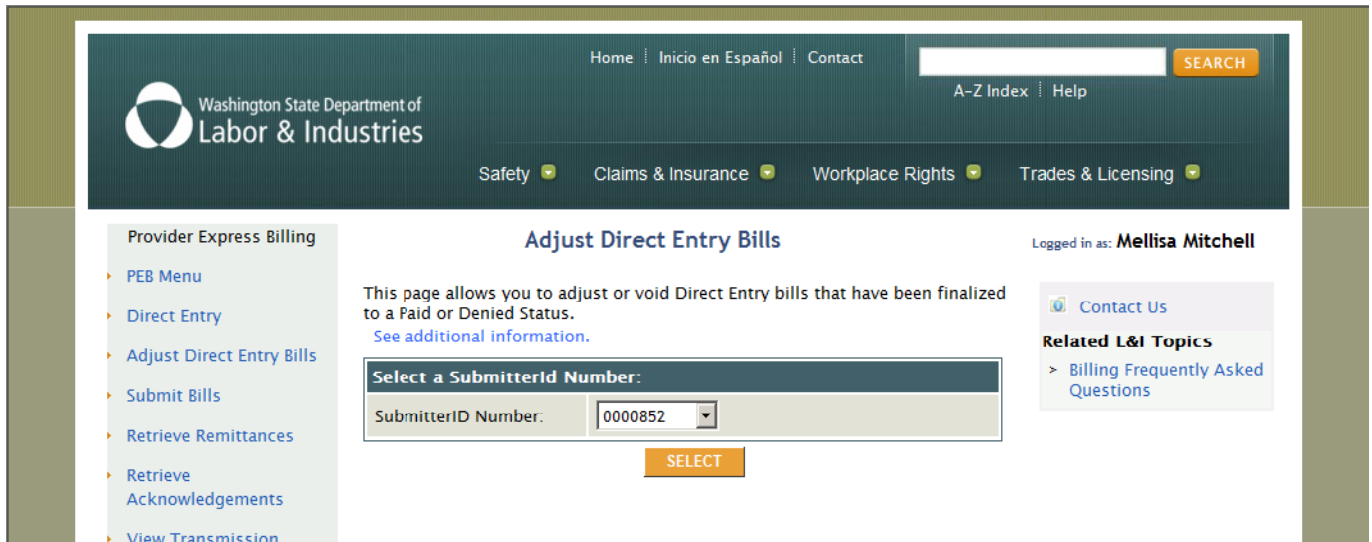
Contact Us

**Related L&I Topics**

- > [Billing Frequently Asked Questions](#)

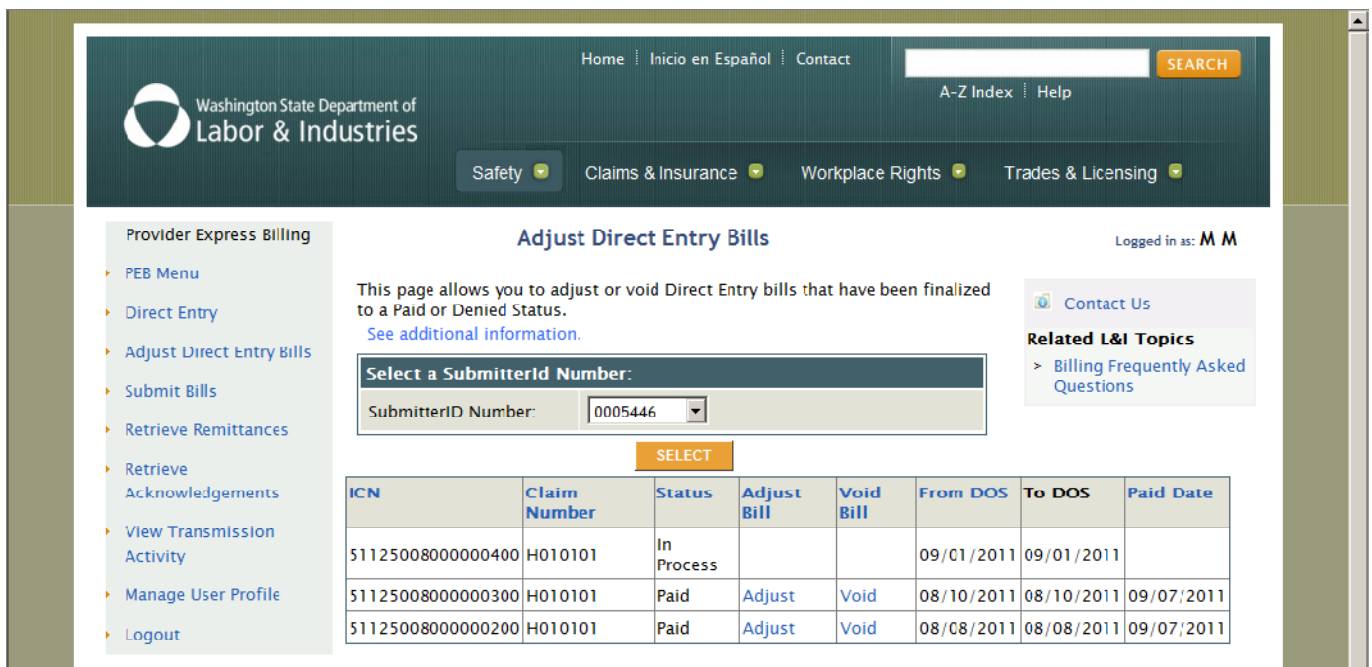
6. From the ‘Select a Submitter ID Number’ drop down box, select the provider group that you want to submit an adjustment for. **Note:** Depending on your access, you may or may not have multiple provider groups to choose from.

- Click on ‘Select’



7. A list of Direct Entry bills that have been submitted will be displayed. Find the bill that you want to void. Only bills with a paid or denied status can be voided.

- Click on ‘Void’



8. The original bill will be displayed. Confirm that the selected bill should be voided.



- Click on 'Void Bill' – Once you click on this button, it cannot be reversed.
- Click on 'Cancel' to exit

### Health Insurance Claim Form - Void a Bill

Logged in as: **MM**

**This BILL is a TEST BILL**

1a. Worker's SSN:  ?

2. Patients Name (Last, First, Middle Initial):

11. Insured's ID Number (L&I Claim Number):

17. Referring Physician Provider Number:  17a. (LNI)  OR 17b. (NPI)  ?

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line): 1.  2.  3.  4.  ?

23. Prior Authorization Number or VOC Referral Id:  ?

No.	First Date of Service ?	Last Date of Service ?	Place of Service ?	Proc. Code ?	Mod 1 ?	Mod 2	Mod 3	Mod 4	Diag. Ptr. ?	Charges ?	Units ?	Rendering Provider
1	<input type="text" value="080811"/>	<input type="text" value="080811"/>	<input type="text" value="99"/>	<input type="text" value="9989M"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="100.00"/>	<input type="text" value="8"/>	LNI 6 NPI

25. Federal Tax I.D. Number:  ?

26. Patient's Account No.:  ?

28. Total Charge:

31. Date Bill Submitted:

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES MIPS TECHNICAL OPERATIONS PO BOX 44263 OLYMPIA A. (NPI)	PHONE 360-902-6586 WA 98504-4263 B. (LNI) 6 ?	Bill Remarks (Max 80 characters) ? <input type="text"/>
--	---	--



9. When your voided bill has been submitted, you will be returned to the ‘Select Submitting Provider’ screen and you will receive the message ‘The Void bill was successfully submitted’.
- To submit additional adjustments repeat Steps 6 through 8.

The screenshot shows the Washington State Department of Labor & Industries website. The header includes the department logo, navigation links (Home, Inicio en Español, Contact), a search bar, and a dropdown menu with options: Safety, Claims & Insurance, Workplace Rights, and Trades & Licensing. The main content area is titled 'Adjust Direct Entry Bills' and shows a success message: 'The Void Bill was successfully submitted.' Below the message is a form to select a SubmitterID Number, with '0000852' selected in the dropdown menu. The page also features a navigation menu on the left, a search bar at the top, and a 'Related L&I Topics' section on the right.

## **Crime Victims Compensation Program**

Phone: 1-800-762-3716

Email: [CVEBU@Lni.wa.gov](mailto:CVEBU@Lni.wa.gov)

Crime Victims Compensation Program

Department of Labor & Industries

PO Box 44520

Olympia WA 98504-4520

*Other formats for persons with disabilities are available on request.  
Call 1-800-547-8367. TDD users, call 360-902-5797.  
L&I is an equal opportunity employer.*