GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

Andrew Reese, Director
One Independence Square
250 E Street, SW, Washington, DC 20024
202.730.1700 | www.dds.dc.gov

IDD Waiver - Billing and Technical Assistance Report (BTAR) Instructions

Section 1. Name of the Individual:

Enter the name of the person that your agency is authorized to provide service(s).

Section 2. Medicaid Number or ID:

Enter the person's Medicaid ID number
It is an eight (8) digit number that begins with a "7" Can be found on the person's Medicaid insurance card or on the Service Authorization Form (SA) from DDS

Section 3. Name of Service:

Select a service from the drop-down selections

Section 4. Provider:

Select the name of your provider agency from the drop-down selections.
If your agency is not listed, select "OTHER" and write in the name

Section 5. Provider ID:

Enter your agency's Medicaid provider ID number. This is the number that all enrolled providers are issues when they first enroll and is used on all claims. This number can also be found on the SA notice from DDS or the PA notice from Conduent.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

Andrew Reese, Director
One Independence Square
250 E Street, SW, Washington, DC 20024
202.730.1700 | www.dds.dc.gov

Section 6. Procedure Code/Modifier:

Select the service procedure code/modifier that pertains to the inquiry being submitted. If the code/modifier is not listed, select "OTHER" and write in the procedure code/modifier. **DO NOT** enter the descriptive name of the service. It must be the procedure code and modifier.

Section 7. Date Range of the Service Authorization – FROM Date:

Enter the **START** date of the service as reflected on the SA Form
If unknown, enter the start date of the ISP period that the service or procedure code/modifier effects.
Note: This is __not__ the date your claims denied

Section 8. Date Range of the Service Authorization – TO Date:
Enter the **LAST or END** date of the service as reflected on the SA Form

If unknown, enter the end date of the ISP period that the service or procedure code/modifier effects.
__Note:__ This is __not__ the date your claims denied.

Section 9. Action Date (Date that service was authorized by Waiver Unit):

Enter the date that the SA was approved by the Waiver Unit staff
__Note:__ This is not the effective service period that the service was authorized. In some cases, a service may be approved the entire length of the ISP year. This is the date from the SA Form where the Medicaid staff signed their approval.

Section 10. Prior Authorization (PA) Number:

Enter the PA number for the service

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

Andrew Reese, Director
One Independence Square
250 E Street, SW, Washington, DC 20024
202.730.1700 | www.dds.dc.gov

Note: Please double check your number to ensure it is complete. *This is an 11-digit reference number.*

Section 11. TCN # (only applies if you have already billed for the service):

Enter your Transaction Control Number aka TCN number. ***(You will only have this if you submitted a claim)***
The TCN is an 17 numeric character reference that is found on every claim. It can be found along the top of the claim inquiry screen on the Medicaid Portal or on your RA. It will be **labeled "TCN".** TCNs are assigned to all original and adjustment claim submissions.

Section 12. Comments:

Enter any additional information that is relevant to your inquiry.
==Note:== *This field is not a replacement or alternative to entering the required information from the previous fields. It is only intended to inform of additional information that supplements or supports what was entered in Sections 1-11.*

Section 13. Email Address:

Enter a valid email address
==Note:== This should be the email for the person handling the entered inquiry. Multiple email addresses can be entered, just separate each address with a semi-colon **(;)**