

Return to Work is Good Medicine

Vocational rehabilitation counselors (VRC) can help.

Claim managers assign a VRC when the worker is at risk of not returning to work.

When?

- *But, I'm afraid I will get hurt again.*
- *But, I need a couple more days off.*
- *This is hopeless, I'll never be able to work again.*
- *My boss doesn't want me back.*

If no VRC is assigned, you can request that the Claim Manager assign a VRC.

How?

- Call 1-800-547-8367 to obtain the name and phone number of the claim manager.
- Send a secure message to the claim manager.

VRC Role in Return to Work

VRCs provide more individualized services due to significantly smaller case loads compared to L&I claim managers.

- Vocational Recovery Planning.
- Connecting worker with community resources.
- Working with employer to bring worker back.
- Addressing psychosocial barriers.
- Clarify claims processes.

- Identifying possible accommodations for Return to Work.
- Help with follow through on referrals, services, and next steps.

Preventing Disability

- Don't keep your patient off work unless it's medically necessary.
- Always consider requesting a modified return to work plan from the vocational rehabilitation counselor (VRC).

Fee Schedule Quick Reference

Procedure Description	Limits*	Procedure Codes	Non-Facility Fee	Facility Fee
Job descriptions or analysis (first one reviewed), or	AP, per insurer, employer or vocational provider (VRC) request	1038M	\$58.93	\$58.93
Job offer or analysis: each additional review	AP, per insurer, employer or vocational provider (VRC) request	1028M	\$44.21	\$44.21
Return to Work request, written response to	AP, per insurer, employer or VRC request – one per day	1074M	\$36.27	\$36.27
60 day report (must be in SOAPER format)	AP, one per 60 days	99080	\$52.13	\$52.13
Special Report	AP, per insurer, employer or VRC request – one per day	99080	\$52.13	\$52.13
Team conference, patient present	Physician only Non-physician	Approp. E&M 99366	Varies by code \$73.83	Varies by code \$72.04
Team conference, patient not present	Physician only Non-physician	99367 99368	\$97.05 \$63.11	\$97.05 \$63.11
Telephone calls with employer, claim manager, other providers, or VRC	Physician only Non-physician	99441–99443 98966–98968	\$103.00–\$232.21 \$23.82–\$60.14	\$62.52–\$173.86 \$20.24–\$55.97

* Limits

AP – Attending provider: A person licensed to practice as: MD, DO, ND, DC, DM, PAC or ARNP. PACs are paid at a maximum of 90% of the allowed fee.

Non-physician: ARNP, PAC, PhD, PT, and OT must bill using non-physician codes.

APF Limits: A network provider may submit up to 6 APFs per worker within the first 60 days of the initial visit date and then up to 4 times per 60 days thereafter.

Note: Beyond the initial visit to file the Report of Accident, only network providers can treat injured workers. Learn more at www.Lni.wa.gov/ProviderNetwork.

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