

Report of Industrial Injury or Occupational Disease (State Fund) and Provider's Initial Report (Self-insurance)

Payment policy effective July 1, 2011

General information: Notifying the insurer of a work related condition or injury

When the worker has reason to believe his/her injury or condition is work related, the worker is responsible for notifying the attending provider. If the attending provider believes a condition or injury is work related, the attending provider must notify the worker and assist the worker in filling the claim.

Once it is determined that a condition or injury is work related, the provider must complete either:

- For each State Fund claim, a *Report of Industrial Injury or Occupational Disease* (also known as the "Report of Accident" or "ROA") and submit it to the department, *or*
- For each self-insured claim, a *Provider's Initial Report* (PIR) and submit it to the employer.

Who qualifies for payment for the ROA/PIR

An attending provider may be paid for completing a ROA/PIR if he or she has a valid L&I account number and is licensed as one of the following:

- MD,
- DO,
- DC,
- ND,
- DPM,
- DDS,
- ARNP,
- PA-C,
- OD.

Requirements for billing

- Use local code **1040M** to bill for the ROA/PIR.
- The ROA/PIR should be submitted to the insurer immediately following the first treatment date (see "Payment limits," below).
- To complete the ROA, see instructions on form F-242-130-000 (English) or F242-130-999 (Spanish), either of which can be ordered at www.lni.wa.gov/ClaimsIns/Providers/ROA/OrderROA.asp.
- To complete the PIR, see the instructions on the back of form F207-028-000, which can be ordered at: www.lni.wa.gov/FormPub/Detail.asp?DocID=2467.
- If additional space is needed on the PIR:
 - Attach the information to the application, *and*
 - Include the claim number at the top of the page.

Payment limits

- Only one ROA/PIR per provider per claim is payable.
- Research shows that when work related conditions or injuries are reported promptly, worker outcomes improve. To encourage prompt reporting, the insurer will pay for the ROA/PIR (**1040M**) on a graduated scale based on when the insurer receives the **1040M** following the first treatment date. If **1040M** is received:
 - Within 5 business days after the first treatment date, the maximum fee is **\$37.84** (no payment reduction);
 - 6-8 business days after the first treatment date, the maximum fee is **\$27.84**;
 - 9 or more business days after the first treatment date, the maximum fee is **\$17.84**.

Note: For State Fund claims, the department's automated billing system will automatically adjust payment for the **1040M** based on the treatment date versus the date submitted. Additional payment adjustments are made for providers participating in the Centers of Occupational Health and Education (COHE) and Early Claims Solutions pilots, as specified in separate communications from L&I.

Further information on the ROA/PIR

Further information on the ROA/PIR is available in [WAC 296-20-06101](#), [WAC 296-20-025](#), and [RCW 51.28](#).