

Quick Reference Fee Schedule

By Type of Activity (July 2013)

Description	Codes	Limits*	Non-Facility Fee
Workers' Compensation Forms and Reports			
Activity Prescription Form per insurer/VRC request	1073M	AP only (with ROA**) or per insurer/VRC request ** if restricted work or not released to work	\$49.97
Report of Accident (ROA) or the Provider's Initial Report (PIR) - If the report is received by insurer (following the date of first treatment) (Submit State Fund ROA's electronically via FileFast and you may bill an additional \$10.00 for completing it online. Visit: www.filefast.Lni.wa.gov/)	1040M	AP only - within 5 business days AP only - 6-8 business days AP only - 9 or more business days	\$38.45 \$28.45 \$18.45
Reopening Application	1041M	AP only	\$49.97
Loss of Earning Power, per insurer request	1027M	AP only	\$19.23
60 day report	99080	AP / psych service provider – 1 per 60 days	\$44.21
Review of Occupational Disease History Report per insurer request	1055M	AP / Prescriber only	\$185.03
Opioids: Subacute opioid request form without documentation	1076M	AP / Prescriber only	\$30.75
Opioids: Subacute opioid request form with documentation	1077M	AP / Prescriber only	\$57.68
Opioids: Chronic Opioid Request form	1078M	AP only	\$30.75
AP response to VRC/Employer request re: RTW	1074M	AP / psych service provider – one per day	\$30.75
Review of Job Descriptions or Analysis: first one reviewed	1038M	AP / psych service provider – on request	\$49.97
Review of Job Descriptions or Analysis: each additional review	1028M	AP / psych service provider – per review	\$37.49
Care, Evaluation, and Management			
Team conference, patient present	Approp. Level E&M	Physician only	Varies by code
Team conference, patient not present	99367	Physician only	\$149.97
Team conference, patient present	99366	Non-physician	\$69.18
Team conference, patient not present	99368	Non-physician	\$59.21
Telephone calls with employer, claim manager, other providers, or VRC	99441 - 99443	Physician only	\$22.69 - \$64.75
Telephone calls with employer, claim manager, other providers, or VRC	98966 - 98968	Non-physician	\$22.69 - \$64.75
Electronic communication (Physician)	99444	Physician only	\$43.17
Electronic communication (Non-physician)	98969	Non-physician	\$43.17
Consultation including report	99241 – 99245	MD, DO, DC, ARNP	\$77.48 - \$358.05
Chiropractic care	2050A – 2052A	One per day	\$41.86 - \$65.32
Physical medicine procedures by non physical medicine AP	1044M	6 units per claim	\$43.75
Independent Medical Exam (IME) Reviews and Impairment Rating by Attending Doctor			
AP review of IME report written by another doctor per insurer request	1063M	AP only	\$38.45
AP written report after reviewing an IME written by another doctor	1065M	AP only, per request	\$28.83
Impairment Rating by AP per insurer request	1190M – 1192M	AP only	\$446.56 - \$626.84
Impairment Rating Addendum Report per insurer request	1198M	AP only	\$115.22

*** Limits**

AP Only: Attending provider types - person licensed to independently practice one or more of the following professions: Medicine and surgery; osteopathic medicine and surgery; chiropractic; naturopathic physician; podiatry; dentistry; optometry; PA-C and ARNP's. (ARNP and PA-C providers are paid at a maximum of 90% of the allowed fee.)

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

Note: Only Network Providers can treat worker's beyond the initial visit to file the Report of Accident form. For more info, visit:

www.Lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/ProvNetwork/

Source: State of Washington Dept. of Labor & Industries Medical Aid Rules and Fee Schedules

For complete rules and policies regarding the billing of these codes see: www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/

Quick Reference Authorization Guide 2013

Description	Prior Authorization Required	Notes
Provider Hotline (PHL)		
Phone Number: 800-848-0811		
Braces, crutches, and standard DME	Not usually	Use the Quick Fee Lookup tool on our website to ensure if prior auth is needed. For the Lookup tool visit: www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/
Hearing aids/masking devices	Yes	Complete and fax the <i>Hearing Aid Purchase and repair Authorization Request</i> form (F245-384-000). Form to 360-902-6490: www.Lni.wa.gov/Forms/pdf/F245-384-000.pdf
Massage Therapy – 1 st 6 visits on a claim • Over 6 visits on a claim	No Yes	After first 6 visits, complete and fax the following form to 360-902-6490: www.Lni.wa.gov/forms/pdf/F248-357-000.pdf
Physical Therapy or Occupational Therapy • 1 st 12 visits on a claim • Visits 13–24, including work conditioning • Over 24 visits, including work conditioning • Work hardening (Approved providers only)	No Yes Yes Yes	For more information visit: www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/RTW/Therapy/ After 12 visits, complete and fax the following form to 360-902-6490: www.Lni.wa.gov/Forms/pdf/F248-055-000.pdf After 24 visits, Contact Qualis Health (<i>See Qualis Health below for contact info</i>)
Surgical appliances	In some cases	Use the Quick Fee Lookup tool on our website to ensure if prior auth is needed. For the Lookup tool visit: www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/
Claim Manager (CM)		
CM's direct phone line if known. Otherwise, contact the Claim Information line (IVR) at 800-831-5227 to obtain the CM's name and phone number.		
Chemical dependency treatment	Yes	
Consultations with specialists	No, unless	An Independent Medical Exam (IME) pending or for all Mental Health treatment.
Home care, skilled nursing facility or discharge planning	Yes	Prior authorization is required by an L&I Occupational Nurse Consultant (ONC). Contact the claim manager for the ONC assigned to the claim.
Home or vehicle modifications	Yes	
IV antibiotics	Yes	Prior authorization is required by an L&I Occupational Nurse Consultant (ONC). Contact the claim manager for the ONC assigned to the claim.
Mental health treatment	Yes	Only psychiatrists, psychologists and psychiatric ARNP's can treat.
Multidisciplinary Chronic Pain Management	Yes	Also known as Structured Intensive Multidisciplinary Program (SIMP). For more info visit: www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2012/
Office visits, including chiropractic care	No, except	Authorization required office visits in excess of 20 visits or occur more than 60 days after the first date you treat the worker.
Opioids for chronic, noncancer pain (covered with proper documentation)	Yes	www.Lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/FINALOpioidGuideline010713.pdf
Outpatient surgery	Yes	Use the Quick Fee Schedule Lookup tool on our website. If the Prior Auth. box indicates "Yes - UR", providers must request a review through Qualis Health. Otherwise they should contact the claims manager for prior authorization. For the Lookup tool visit: www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/
Qualis Health		
Phone Number: 800-541-2894		
Inpatient hospital admission	Yes	
Outpatient surgery	Yes, if	Use the Quick Fee Schedule Lookup tool on our website and a "Yes - UR" is in Prior Authorization box, providers must request a review through Qualis. For the Fee Schedule Lookup tool visit: www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/
MRIs, CAT scans (Advanced Imaging) Standing MRI is not covered.	In most cases	All Advanced Imaging Utilization Review program users must register first through Qualis at: www.qualishealth.org/healthcare-professionals/washington-labor-industries
Prescription Drug Line		
Phone Number: 888-443-6798		
Medications	In some cases	Formulary: www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/Presc/OutpatientDrug.asp

Source: State of Washington Dept. of Labor & Industries Medical Aid Rules and Fee Schedules

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