



Appendix C: Documentation requirements

► Special reports and documentation for industrial insurance claims

In addition to the documentation requirements published by the American Medical Association in the Physicians’ Current Procedural Terminology book, L&I or the self-insurer has additional reporting and documentation requirements to adequately manage industrial insurance claims.

L&I or the self-insurer may request the reports listed in the following table. No additional amount is payable for these reports as they are required to support billing. L&I’s **Report of Accident** or the self-insurer’s **Physician’s Initial Report** are payable separately.



Notes:

- “Narrative report” (as used in the following table) merely signifies the absence of a specific form.
- Level of service is based on the documentation of services and the medical/clinical complexity as defined in the CPT® Evaluation & Management (E/M) coding requirements.
- Office/chart notes are expected to be legible and in the SOAP-ER format.



Links: For more information about the SOAP-ER format, see the “General information: Charting format” of [Chapter 2: Information for All Providers](#).

For any additional information on documentation requirements, see [WAC 296-20-06101](#).

If the service is...	And the relevant billing code(s) is...	Then the requirements are:
Case management, Telephone calls, <i>and</i> Online communications	CPT® 99366-99368 CPT® 99441-99444 CPT® 98966-98969	Documentation in the medical record should include: <ul style="list-style-type: none"> • The date, • The participants and their titles, • The length of the call or visit, • The nature of the call or visit, <i>and</i> • Any decisions made during the call.

If the service is...	And the relevant billing code(s) is...	Then the requirements are:
Chiropractic care visit	Local 2050A & 2051A	Office/chart notes.
	Local 2052A	Narrative report or office/chart notes showing the increased clinical complexity.
Consultation	CPT® 99241-99255	Narrative consultation report (for more information, see WAC 296-20-051). Due to the insurer within 15 days of consult.
Critical Care	CPT® 99291 & 99292	Narrative report or daily chart notes.
Emergency Room	CPT® 99281 & 99282	Report of Accident and ER report/notes in the hospital medical record.
	CPT® 99283-99285	Report of Accident and ER report.
Hospital	CPT® 99221-99223	Report of Accident and H&P.
	CPT® 99231-99238	Narrative report or an interval progress note.
Naturopathic Care Visit	Local 2130A, 2131A, & 2132A	Narrative reports and Report of Accident .
	Local 2133A	Chart notes.
	Local 2134A	Narrative report.
Nursing Facility	CPT® 99301-99303	Narrative report or facility notes and orders.
	CPT® 99311	Narrative or an interval progress note.
	CPT® 99312 & 99313	Narrative report or facility notes and orders.
Office Visit	CPT® 99201 & 99202	Report of Accident and office/chart notes due to the insurer in 5 days.
	CPT® 99203-99205	Report of Accident and office/chart notes. Due to the insurer in 5 days.
	CPT® 99211 & 99212	Office/chart notes.
	CPT® 99213-99215	Narrative report or office/chart notes showing the increased level of complexity.

If the service is...	And the relevant billing code(s) is...	Then the requirements are:
Prolonged Services	CPT® 99354-99359	Narrative or office/chart notes showing dates and times.
Psychiatric Services	CPT® 90785-90853	Narrative report.
Standby	CPT® 99360	Narrative or office/chart notes showing dates and times.
Miscellaneous	CPT® 99288 & 99499	Narrative report or emergency transport notes.