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Introduction
Thank you for treating Washington’s injured workers. We hope this general billing guide will be helpful to all providers and their billing staff.

For provider specific information, go to www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched and select the appropriate year, select the Billing & Payment Policies tab, and select your provider type.

Find out what’s happening at L&I
Join the L&I listserv for up-to-date information about changes to payment policies and fee schedules. Join at: www.Lni.wa.gov/Main/Listservs/Provider.asp.

Know who you are billing

L&I also has a Crime Victims Compensation Program which is a secondary insurance program that provides financial, medical, and mental health benefits to victims of crime.

Medical record copy fees
Photocopy service fees may not be billed for documentation submitted to support billing for services provided.

The insurer will pay according to the fee schedule for copies of medical records requested by the department or self-insurer for information relevant to the adjudication of a specific claim.

The cost of copying medical records must be billed by the provider who performed the service(s). Bills submitted by the service companies will be denied.

Timely billing
Bills must be received within 1 year of the date of service OR 1 year from the date of claim allowance.
State Fund
The State Fund covers all employers in the state who are not self-insured or covered by the U.S. Department of Labor.

State Fund claim numbers begin with 1 letter (A, B, C, E, F, G, H, J, K, L, M, N, P, X, Y, or Z) followed by 6 numbers or 2 letters followed by 5 numbers (for example B123456 or AM95370).

State Fund contact information

Provider Hotline
800-848-0811

Report of Industrial Injury or Occupational Disease
Fax: 800-941-2976
Fax: 360-902-6690

Mail to:
Department of Labor & Industries
PO Box 44299
Olympia WA 98504-4299

Correspondence and reports to:
Fax: 360-902-4567

Bill forms to:
Do not fax bills.

Mail to:
Department Labor & Industries
PO Box 44291
Olympia WA 98504-4291

Payment cycle for State Fund bills
Adjudicated bills are processed every other Friday, and payments are mailed the following week. For billing cutoff dates and warrant payment dates, go to:
www.Lni.wa.gov/ClaimsIns/Providers/Billing/PayStatus/default.asp.
Self-Insured Employer
Self-insured employers (SIE) must authorize medical treatment and pay bills in accordance with Title 51 RCW and the Medical Aid Rules & Fee Schedules of the state of Washington.

Self-insured claim numbers start with either an S, T, or W followed by 6 numbers, or two letters followed by 5 numbers (for example T123456 or SG12345).

Direct self-insurance billing questions to the employer or its third party administrator (TPA). For a list of SIE/TPAs and their contact information, go to: www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp
Crime Victims Compensation Program

Crime Victims Compensation Program is a secondary insurance program that provides financial, medical, and mental health benefits to victims of crime.

Providers can use the same L&I provider number to bill for State Fund and Crime Victims. New providers can sign up for both programs at the same time using one provider application.

Crime Victims claim numbers begin with V followed by six digits, or double alpha letters (i.e. VA) followed by 5 digits (for example V123456 or VA12345).

Because Crime Victims compensation is a secondary insurance, your billings must include any explanation of benefits (EOBs) from another insurance resource prior to billing.

For dates of service on or after July 1, 2011 for Crime Victims Compensation Program will be 37% of L&I’s fees. Prior to July 1, 2011 CVC used the DSHS/MAA payment schedule. The Crime Victims Program is administered under RCW 7.68 and follows the agency Medical Aid Rules and Fee Schedule, in addition there are some specific CVC rules.

The Crime Victims Program laws and rules can be found at
http://apps.leg.wa.gov/RCW/default.aspx?cite=7.68

For the Crime Victims Compensation reimbursement rates, go to:
www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources.

Find Crime Victims forms and information online at:

or

Contact the Crime Victims Compensation Program at 360-902-5355 or 800-762-3716.

Send bills for Crime Victims claims to:

Crime Victims Compensation Program
Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520
L&I Provider Account Number

To bill, you need an active individual L&I provider number. If you don’t have a provider number, complete the appropriate forms from the list below.

<table>
<thead>
<tr>
<th>Out of state providers:</th>
<th>In state providers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete and submit the Non-network Provider Application (F248-011-000)</td>
<td>Physicians (Some hospital-based physicians don't need to enroll)</td>
</tr>
<tr>
<td></td>
<td>Chiropractors</td>
</tr>
<tr>
<td></td>
<td>Naturopathic Physicians</td>
</tr>
<tr>
<td></td>
<td>Podiatric Physicians &amp; Surgeons</td>
</tr>
<tr>
<td></td>
<td>Advanced Registered Nurse Practitioners</td>
</tr>
<tr>
<td></td>
<td>Physician Assistants</td>
</tr>
<tr>
<td></td>
<td>Dentists</td>
</tr>
<tr>
<td></td>
<td>Optometrists</td>
</tr>
<tr>
<td>Complete and submit the following:</td>
<td>Complete and submit the following:</td>
</tr>
<tr>
<td></td>
<td>Washington Provider Application (WPA)</td>
</tr>
<tr>
<td></td>
<td>Provider Network Agreement</td>
</tr>
<tr>
<td></td>
<td>Statewide Payee Registration and W-9</td>
</tr>
</tbody>
</table>

Interpreters:

Complete and submit the Non-network Provider Application (F248-011-000) and the Submission of Provider Credentials for Interpretive Services (F245-055-000)

In state providers:

If your provider type is not listed above, complete and submit the Non-network Provider Application (F248-011-000)

If you have questions about becoming a provider or about your account, contact Provider Credentialing at 360-902-5140.

If your address, phone number and/or business status changes, notify us in writing using the Provider Credentialing Change Form (F245-365-000).

Provider Network

Beginning January 1, 2013, all current and new providers in Washington State of the following types must be in our network to provide care for injured workers beyond the initial office or emergency-room visit:

- Physicians (Some hospital-based physicians don't need to enroll)
- Chiropractors
- Naturopathic Physicians
- Podiatric Physicians & Surgeons
- Advanced Registered Nurse Practitioners
- Physician Assistants
- Dentists
- Optometrists

For more information, visit: www.Lni.wa.gov/ClaimsIns/Providers/Becoming/Network
Electronic billing

State Fund
There are three ways to bill electronically. They are: Direct Entry, uploading billing files using your own software, or using a clearinghouse.

Use the remarks field only to indicate multiple claims, to list multiple modifiers, or to describe unlisted codes or drugs. Any other data will delay the processing of your bill.

Chart notes and reports are submitted separately from bills.

Find additional information about electronic billing online at www.electronicbilling.Lni.wa.gov.

Self-Insured
Check with the individual SIE/TPA.

Crime Victims Compensation Program
You can bill Crime Victims electronically using Direct Entry. For additional information about Direct Entry go to: www.electronicbilling.Lni.wa.gov.

Paper billing
The type of service you provide determines which billing form to use. Fill out of the appropriate form completely. Be sure to include the claim number on all bill forms and correspondence. The following pages list provider types and the associated billing form.

Billing forms
Most billing forms are available for download from the L&I website. (Click here for Crime Victims forms)

Click on the form name for instructions and sample bill form. Click on the form number to go a fillable form online.

CMS 1500 (F245-127-000)
Provider’s Request for Adjustment (F245-183-000)
Statement for Compound Prescription (F245-010-000)
Statement for Home Nursing Services (F248-160-000)
Statement for Miscellaneous Services (F245-072-000)
Statement for Pharmacy Services (F245-100-000)
Statement for Retraining and Job Modification Services (F245-030-000)
UB04 HCFA 1450 (F245-367-000)
CMS 1500
For provider specific information, go to www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched and select the appropriate year, select the Billing & Payment Policies tab, and select your provider type.

Click here for the CMS 1500 form.

Used by:
- Ambulatory surgery centers
- Chiropractors
- Hospital ER/professional services
- Laboratories
- Naturopaths
- Osteopathic Physicians
- Panel Examiners
- Physical Therapists
- Physicians
- Podiatrists
- Psychologists
- Radiologists

Hospitals:
Hospitals are responsible for establishing criteria to define inpatient and outpatient services. However, bills for patients admitted and discharged on the same day may be submitted as outpatient bills and may be paid via POAC rate.

Hospitals are reimbursed only for the technical component for outpatient radiology, pathology, and laboratory service.

Specific individual hospital rates are announced via letter sent to hospital administrators.

For outpatient bills only, the following documents are required:
- Emergency room reports.
- Operative reports.
- Other documents as requested by the insurer.

For State Fund claims, Critical Access Hospitals are paid for swing bed services utilizing a hospital-specific POAC rate.
The following field on the CMS 1500 must be completed for your bill to be processed:

<table>
<thead>
<tr>
<th>Field number on CMS 1500:</th>
<th>Field title on CMS 1500:</th>
<th>Information L&amp;I needs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>Insured ID Number</td>
<td>Worker’s social security number.</td>
</tr>
<tr>
<td>2</td>
<td>Patient’s Name</td>
<td>Worker’s legal name in the last, first, middle initial format.</td>
</tr>
<tr>
<td>3</td>
<td>Patient’s Birth Date</td>
<td>Worker’s date of birth.</td>
</tr>
<tr>
<td>5</td>
<td>Patient’s Address</td>
<td>Worker’s current address.</td>
</tr>
<tr>
<td>11</td>
<td>Insured’s ID Number</td>
<td>L&amp;I claim(s) number.</td>
</tr>
<tr>
<td>14</td>
<td>Date of Injury/Illness</td>
<td>Date of injury.</td>
</tr>
<tr>
<td>17</td>
<td>Name of Referring Physician</td>
<td>Referring provider, if applicable.</td>
</tr>
<tr>
<td>17A</td>
<td>ID Number of Referring Physician or Other Source</td>
<td>L&amp;I provider number of referring provider if applicable.</td>
</tr>
<tr>
<td>17B</td>
<td>National Provider Identifier (NPI)</td>
<td>NPI of referring provider.</td>
</tr>
<tr>
<td>21</td>
<td>Diagnosis or Nature of Injury or Illness</td>
<td>Diagnosis code (ICD-9 or ICD-10 code).</td>
</tr>
<tr>
<td>23</td>
<td>Prior Authorization Number</td>
<td>L&amp;I prior authorization number</td>
</tr>
<tr>
<td>24 A</td>
<td>Date(s) of Service</td>
<td>Date(s) of service.</td>
</tr>
<tr>
<td>24B</td>
<td>Place of Service</td>
<td>Enter an L&amp;I place of service. <a href="#">See the L&amp;I place of service list below.</a></td>
</tr>
<tr>
<td>24D</td>
<td>Procedure, Service, or Supply</td>
<td>Procedure performed (ICD code, HCPCS, or Local Code).</td>
</tr>
<tr>
<td>24E</td>
<td>Diagnosis Pointer</td>
<td>Diagnosis code (ICD-9 or ICD-10 code).</td>
</tr>
<tr>
<td>24F</td>
<td>Charges</td>
<td>Your usual &amp; customary fee.</td>
</tr>
<tr>
<td>24G</td>
<td>Days or Units</td>
<td>Total number of units, minutes, or days.</td>
</tr>
<tr>
<td>24J</td>
<td>Rendering Provider ID #</td>
<td>L&amp;I provider number or L&amp;I registered NPI.</td>
</tr>
<tr>
<td>25</td>
<td>Federal Tax ID Number</td>
<td>Federal Tax ID Number.</td>
</tr>
<tr>
<td>26</td>
<td>Patient Account Number</td>
<td>The number you use to identify the patient account.</td>
</tr>
<tr>
<td>31</td>
<td>Signature of Physician or Supplier</td>
<td>Signature of rendering provider.</td>
</tr>
<tr>
<td>32</td>
<td>Service Facility</td>
<td>Facility where treatment was provided.</td>
</tr>
<tr>
<td>33A</td>
<td>NPI</td>
<td>Rendering provider NPI.</td>
</tr>
<tr>
<td>33B</td>
<td>Group Provider Number</td>
<td>Rendering provider L&amp;I provider number.</td>
</tr>
</tbody>
</table>
Provider’s Request for Adjustment

Click here for the Provider’s Request for Adjustment form.

For provider specific information, go to www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched and select the appropriate year, select the Billing & Payment Policies tab, and select your provider type.

Used by:
- All provider types for State Fund claims.

This form should be used for a total overpayment, a partial overpayment, and an underpayment. Don’t use this form if your bill denied in full. Please rebill with the corrected information.

For more information about adjustments, go to www.Lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/PayAdjust/default.asp.
## Provider's Request for Adjustment

**Instructions appear on reverse side.**

**Please type or print in dark ink.**

### Line Item
1. **Name:** Doe John
2. **ICN Number:** AB1234
3. **NPI:** 1234567
4. **Date:** 01/03/12
5. **Provider Name:** Dr. Smith
6. **ICN:** 0111111111111111
7. **NPI:** 1111111111111111
8. **Description:** Billed 1 unit and should have billed 4 units. Please change the units.

<table>
<thead>
<tr>
<th>Item</th>
<th>From/To Date of Service or Covered Dates</th>
<th>Procedure Code/Reimbursement Code/NDC</th>
<th>Diagnosis/Side of Body</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01/03/12</td>
<td>97124</td>
<td>847.1</td>
<td>60.00 4</td>
</tr>
</tbody>
</table>

**Reason for Adjustment:** Write the reason for your request. Example: 2 units were billed in error; should have billed 6 units. Attach required reports and/or other documentation necessary to support your request. A copy of the original bill is also helpful.

Billed 1 unit and should have billed 4 units. Please change the units.

**Date:** 05/01/12

**Phone Number:** 360-555-5555

**Signature:**

---

L&I Provider Billing Manual
Effective July 1, 2012
Department bill forms are furnished at no charge to the vendor, and may be obtained at: http://www.lni.wa.gov/FormPub/results.asp?Keyword=provider+billing&Submit=Search or by calling the local department office.

**ADJUSTMENT REQUEST FORM**

IF YOUR ORIGINAL BILL WAS DENIED IN FULL, DO NOT USE THIS FORM. PLEASE SUBMIT A NEW BILL. THE ADJUSTMENT REQUEST FORM MAY BE USED IN THE FOLLOWING INSTANCES:

TOTAL OVERPAYMENT ----- Entire bill was paid in error. You may either submit an Adjustment Request Form and we will process a credit to recover the money from your future payment(s); OR you may issue a refund check directly to the Department. If a refund is submitted, you must attach a copy of the remittance advice indicating the Internal Control Number (ICN) overpaid. Submit refunds to:

Cashiers Office  
Department of Labor and Industries (L&I)  
PO Box 44835  
Olympia WA 98504-4835

PARTIAL OVERPAYMENT ----- A portion of the bill was overpaid. Complete Adjustment Request Form with correct information for the procedures/items paid incorrectly.

UNDERPAYMENT ----------- A portion of the bill was underpaid. Complete adjustment request form with correct information for the procedures/items paid incorrectly. Corrections or justification and/or reports must be included.

**INSTRUCTIONS FOR COMPLETING ADJUSTMENT REQUEST**

1. **WORKER'S NAME:** Clearly print injured worker's full name.

2. **CLAIM NUMBER ON REMITTANCE ADVICE:** Enter the 7-digit number found in the Claim Number column on the remittance advice.

3. **PROVIDER NAME:** Enter the name of the provider who performed these services.

4. **ICN NUMBER:** Enter the 17-digit number found in the ICN column on the remittance advice, to identify the ICN needing correction.

5. **L&I PROVIDER NUMBER / NPI:** Enter the L&I provider account number or NPI.

6. **SERVICE ITEMIZATION:** Enter the line item number(s) that corresponds to the line item number on your original bill. Enter ONLY the information you want to correct, as it should have appeared on your original bill.

   a. **From/to Date of Service or Covered Dates:** Date of service, from and to date if date span previously billed.

   b. **Place of Service:** (POM) Two digit code identifying the place service was performed.

   c. **Type of Service:** (TOS) One digit code identifying the type of service performed.

   d. **Procedure Code/Revenue Code/NDC:** Identify correct procedure, hospital service or national drug code.

   e. **Code Mod:** Modifier used to identify special circumstances for a service or procedure.

   f. **ICD-9-CM Diagnosis/Side of Body:** ICD-9-CM diagnosis code for condition treated. Designate left or right side of body where applicable.

   g. **Tooth Number:** For dental services only. Enter the two digit identification number of the specific tooth number treated (e.g., 08).

   h. **Charge:** Total of charges for services provided this line.

   i. **Days/Units/Quantity:** Total days stay for hospital accommodation codes, unit of service for procedure (time units, hours, miles, etc.), number of items (tablets, milliliters, etc.).

   j. **Days Supply:** Total number of days a prescription is intended to cover.

   k. **Description:** Describe procedure or service.

If you have questions completing this form, please call Provider Hotline at 1-800-848-0811.

F245-183-000 backer 4-2010
Statement for Compound Prescriptions

Click here for the Statement for Compound Prescriptions form.

For provider specific information, go to www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched and select the appropriate year, select the Billing & Payment Policies tab, and select your provider type.

Used by:
• Pharmacies.
• Workers.

All compound drug products require prior authorization. Compounded drug products include, but aren't limited to, antibiotics for home intravenous therapy, pain cocktails for opioid weaning, topical preparations containing multiple active ingredients or any non-commercially available preparations.

Pharmacies must submit paper bills for compound drugs after authorization has been obtained. Third party pharmacy billers can't bill for compound drugs.
Department bill forms are furnished at no charge to the vendor, and may be obtained at: http://www.lni.wa.gov/FormPub/results.asp?Keyword=provider+billing&Submit=Search or by calling the local department service location.

Instructions for completing "Statement for Compound Prescription" form

Do not complete this form for reimbursement of a private insurance co-payment. Call L&I at 1-800-848-0811 for instructions

Types of Insurance

**STATE FUND INDUSTRIAL INSURANCE**
Claim numbers are six digits, beginning with a “B, C, F, G, H, I, K, L, M, N, P, X, Y or double alpha followed by 5 digits.”
Send bills for Industrial Insurance claims to:

Department of Labor and Industries  
PO Box 44269  
Olympia WA 98504-4429

**CRIME VICTIMS**
Claim numbers are six digits beginning with a “V”, or five digits proceeded by a “VA, VB, VC, VH, VI, VK, VL or VS.”
Send bills for Crime Victims claims to:

Department of Labor and Industries  
PO Box 44520  
Olympia WA 98504-4520

**SELF-INSURANCE**
Claim numbers are six digits beginning with an “S, T, W”, or double alpha (SA-SZ, TA-TZ, WA-WZ). Department of Energy claims are now Self-Insured. Claim numbers are seven digits beginning with “7, 8 or 9.” Send bills to the employer or their service company.

Pharmacy address changes

**PHARMACY NAME AND ADDRESS:**
If any of this information changes, call 1-800-848-0811 immediately.
(Simply indicating a new address on the bill will not change L&I’s record of address for the provider.)

For further information, find us at:
www.Lni.wa.gov/claimsinsurance/providerpay/billing/provider

Prescription Information

<table>
<thead>
<tr>
<th>L&amp;I PROVIDER NUMBER / NPI: The specific Provider number or NPI issued to the pharmacy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCSPD NO: The 7-digit number assigned by National Council for Prescription Drug Programs.</td>
</tr>
<tr>
<td>REIMBURSE INJURED WORKER: Place &quot;X&quot; in applicable box.</td>
</tr>
<tr>
<td>S/B (SIDE OF BODY): Designate 'L' (left), &quot;R&quot; (right) side of body or 'B' (bilateral), to indicate location of injury.</td>
</tr>
<tr>
<td>DATE OF INJURY: This is important and must be included. One worker may have several claims, so it is vital the proper claim be identified and charged for services provided.</td>
</tr>
<tr>
<td>PRESCRIBING PROVIDER NUMBER (L&amp;I, LICENSE#, DEA# OR NPI): Provider number issued to the prescribing physician by L&amp;I, a WA state license #, a DEA# or NPI.</td>
</tr>
<tr>
<td>DRUG COST: Total charge for the filled prescription.</td>
</tr>
<tr>
<td>REFILL NUMBER: Enter the refill number (0-99), if prescription is a refill otherwise &quot;0&quot; to identify the original prescription.</td>
</tr>
<tr>
<td>QUANTITY: The total units of medication prescribed. Use the (NCSPD) billing unit standard format, e.g., &quot;each&quot;, &quot;ml&quot; or &quot;gm&quot;.</td>
</tr>
<tr>
<td>DISPENSING FEE: The fee for services provided by the pharmacist.</td>
</tr>
</tbody>
</table>

TOTAL NUMBER OF INGREDIENTS: The number of NDC/UPC ingredients used in the prescription.

DISPENSE AS WRITTEN PRODUCT SELECTION CODE:
Code indicating whether or not the prescriber’s instructions regarding generic substitution were followed.
Valid values are:
0 = No product selection mandated;
1 = Substitution not allowed by prescriber;
6 = Override for emergency supply - This value is used only by in-state pharmacies when dispensing an emergency supply of a non-preferred drug prescribed by a non-endorsing practitioner.

COMPOUNDING TIME: Time required to combine the ingredients in the prescription.

PROFESSIONAL FEE: Fee for compounding time.

PRESCRIPTION FILLED FOR: Place an "X" in the applicable box.

TOTAL PRESCRIPTION COSTS: Total charge for the filled prescription. (Drug cost + professional fee + applicable tax).

COMPOUND ITEMIZATION: Detail of the ingredients used in the prescription.

REIMBURSE THE INJURED WORKER: Signature of pharmacist who supplied the prescription is required.
Statement for Home Nursing Services

Click here for the Statement for Home Nursing Services form.

For provider specific information, go to www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched and select the appropriate year, select the Billing & Payment Policies tab, and select your provider type.

Used by:
- Attendant care.
- Home health agency services.
- Home nursing care.

Home Health Services include attendant care, home health, home care, infusion therapy, and hospice. All of these services require prior authorization.

Attendant care services provide assistance in the home for personal care and activities of daily living. Attendant care services must be provided by an agency that is licensed, certified, or registered to provide home health or home care services.

In-home aide, RN, physical therapy, occupational therapy, and speech therapy services provided by a licensed home health agency may be covered when services become proper and necessary to treat a worker's accepted condition.
# Statement for Home Nursing Services

**Worker's Full Name:** Last John

**Address:** 12345 Main Street

**City:** Anytown

**State:** WA

**ZIP:** 98512

**SSN (ID only):** 123-45-6789

**Claim Number:** AB12345

**Employer's Name:** Jones' Business

**Date of Injury:** 01/01/12

**Name of Referring Physician or Other Source:** Dr. Smith

**Referring Physician Provider Number/NPI:** 0123456

**Diagnosis or Nature of Illness or Injury:**

1. ...

**Give Hospitalization Date for Inpatient Services:**

- Admitted
- Discharged

**Total Charges:** $10000.00

**Provider or Supplier Name:** Nancy Nursing

**Provider Number:** 0123456

**Address:** 9876 Main Street

**City:** Anytown

**State:** WA

**ZIP:** 98130

**Taxonomy:** Total Charge $10000.00

**Remarks:**

*Place of Service (POS) code to be used*

---

**F148-160-000 statement for home nursing services 04-2010**
INSTRUCTIONS FOR COMPLETING HOME NURSING SERVICES STATEMENT

1. INJURED WORKER’S NAME: Enter the injured worker’s full name, first name first.

2. INJURED WORKER’S SOCIAL SECURITY NUMBER: Enter the injured worker’s social security number. This is helpful when the claim number is wrong and the worker’s name is common.

3. CLAIM NUMBER: Enter the claim number for the injured worker receiving services.

Types of Insurance

STATE FUND INDUSTRIAL INSURANCE

Claim numbers are six digits, beginning with a “B, C, F,

Send bills for Industrial Insurance claims to:
Department of Labor and Industries
PO Box 44269
Olympia WA 98504-4426

SELF-INSURANCE

Claim numbers are six digits, beginning with an “S, T, W,” or double alpha (SA-SZ, TA-TZ, WA-WZ).

Department of Energy claims are now Self-Insured. Claim numbers are seven digits beginning with “7, 8 or 9.”

Send bills to the employer or their service company.

4. ADDRESS: Enter the injured worker’s most current address.

5. EMPLOYER’S NAME: Enter the injured worker’s employer’s name. If the claim number is in error, this helps identify the proper claim.

6. REIMBURSE CLAIMANT: Place an “X” in the applicable box if payment should be made to the claimant, indicates the amount paid.

7. DATE OF INJURY: This is important and must be included. One worker may have several claims so it is vital the proper claim is identified and charged for services provided. The date of injury positively identifies each claim.

8. NAME OF REFERRING PHYSICIAN: The name of the physician who has referred the claimant to you, the provider, for services.

9. REFERRING PHYSICIAN PROVIDER NUMBER / NPI: The Department of Labor and Industries provider account number or NPI of the referring physician.

The number may be obtained from the referring physician.

10. DIAGNOSIS: Not applicable.

11. FOR GLASSES: Not applicable.

12. SERVICES RELATED TO HOSPITALIZATION: If claimant was hospitalized, record the date admitted and the date discharged.

13. REFUND CERTIFICATION FOR CLAIMANT REIMBURSEMENT: Signature of the claimant who received the care.

14. ITEMIZATION OF SERVICES AND CHARGES:

A. DATE(S) OF SERVICE: Record the date for each service provided. For consecutive dates of service, (i.e., home nursing care, attendant care) record both beginning (from-date-of-service column) and ending (to-date-of-service column) dates.

B. PLACE OF SERVICE: A complete list of Place of Service (POS) codes are printed below. Place the appropriate code in the space provided.

C. PROCEDURE CODE: Identifies the procedures used. Procedure codes can be found in the Medical Aid Rules and Maximum Fee Schedule distributed by the Department of Labor and Industries. Enter the appropriate code and describe the procedure. Enter only one code per line.

D. CODE MODIFIER: Not applicable.

E. DENTAL: Not applicable.

F. HOME NURSING: Number of Hours or Days: Enter number of hours per day or number of days per month.

G. CHARGES: Total line item charge.

I. UNIT: The total hours or an hourly rate was entered in the home nursing column (item “F”) or total of days if a daily rate was entered in the home nursing column (item “F”).

15. PROVIDER’S OR SUPPLIER’S NAME, ADDRESS, ZIP CODE AND TELEPHONE NUMBER: The provider’s or supplier’s name and current address.

If any of the information changes, notify Provider Accounts immediately. (Indicating a new address on the bill will not change the department’s record of address for the provider.)

16. PROVIDER NUMBER: Enter the L&I provider account.

17. NPI: Enter the national provider identifier.

18. TAXONOMY: Enter the two-digit taxonomy code.

19. TOTAL CHARGES: Total of all charges for services provided.

20. YOUR PATIENT’S ACCOUNT NUMBER: The number used to identify your patient’s account.

21. BILL DATE: The date our billing was prepared.

22. TAX IDENTIFICATION NUMBER: The provider taxpayer identification number for IRS (Internal Revenue Service) reports.

23. REMARKS: Any further information necessary to explain your charge.

ATTACH the corresponding claim number listed in the upper right corner of the attachment. DUE TO THE FACT THAT THE DEPARTMENT RECORDS ARE KEPT ON MICROFILM, BILLS AND ATTACHMENTS MUST BE LEGIBLE AND CLEAR.

The following attachment is not acceptable: Office Visit Slips.

24. PLACE OF SERVICE (POS):

03. School
04. Homeless Shelter
05. Indian Health Service
06. Indian Health Service
07. Tribal 638 Free-Standing Facility
08. Tribal 638 Provider-based Facility
09. Correctional Facility
11. Office
12. Patient’s Home
13. Assisted Living Facility
14. Group Home
15. Mobile Unit
16. Temporary Lodging
17. Walk-in Retail Health Center
18. Urgent Care Facility
19. Inpatient Hospital
20. Outpatient Hospital
21. Emergency Room - Hospital
22. Ambulatory Surgical Center
23. Psychiatric Residential Tmt Ctr
24. Psychiatric Facility Partial Hospitalization
25. Community Mental Health Ctr
26. Intermediate Care Facility/Mentally Retarded
27. Residential Substance Abuse Tmt Center
28. Psychiatric Residential Tmt Ctr
29. Custodial Care Facility
30. Ambulance - Land
31. Skilled Nursing Facility
32. Psychiatric Residential Tmt Ctr
33. Custodial Care Facility
34. Hospital
35. 60 - non-residential Substance Abuse Tmt Center
36. Mass Immunization Ctr
37. Comprehensive Inpatient Rehabilitation Facility
38. Comprehensive Outpatient Rehabilitation Facility
39. End Stage Renal Disease Tmt Facility
40. Comprehensive Outpatient Rehabilitation Facility
41. Ambulance - Air or Water
42. Independent Clinic
43. Federally Qualified Hth Ctr
44. Independent Clinic
45. Federally Qualified Hth Ctr
46. Home Health Agency
47. Skilled Nursing Facility
48. Psychiatric Residential Tmt Ctr
49. Psychiatric Facility Partial Hospitalization
50. Psychiatric Residential Tmt Ctr
51. Psychiatric Facility Partial Hospitalization
52. Psychiatric Residential Tmt Ctr
53. Psychiatric Residential Tmt Ctr
54. Psychiatric Facility Partial Hospitalization
55. Psychiatric Residential Tmt Ctr
56. Psychiatric Residential Tmt Ctr
57. Psychiatric Residential Tmt Ctr
58. Psychiatric Residential Tmt Ctr
59. Psychiatric Residential Tmt Ctr
60. Psychiatric Residential Tmt Ctr
61. Psychiatric Residential Tmt Ctr
62. Psychiatric Residential Tmt Ctr
63. Psychiatric Residential Tmt Ctr
64. Psychiatric Residential Tmt Ctr
65. Psychiatric Residential Tmt Ctr
66. Psychiatric Residential Tmt Ctr
67. Psychiatric Residential Tmt Ctr
68. Psychiatric Residential Tmt Ctr
69. Psychiatric Residential Tmt Ctr
70. Psychiatric Residential Tmt Ctr
71. Psychiatric Residential Tmt Ctr
72. Psychiatric Residential Tmt Ctr
73. Psychiatric Residential Tmt Ctr
74. Psychiatric Residential Tmt Ctr
75. Psychiatric Residential Tmt Ctr
76. Psychiatric Residential Tmt Ctr
77. Psychiatric Residential Tmt Ctr
78. Psychiatric Residential Tmt Ctr
79. Psychiatric Residential Tmt Ctr
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82. Psychiatric Residential Tmt Ctr
83. Psychiatric Residential Tmt Ctr
84. Psychiatric Residential Tmt Ctr
85. Psychiatric Residential Tmt Ctr
86. Psychiatric Residential Tmt Ctr
87. Psychiatric Residential Tmt Ctr
88. Psychiatric Residential Tmt Ctr
89. Psychiatric Residential Tmt Ctr
90. Psychiatric Residential Tmt Ctr
91. Psychiatric Residential Tmt Ctr
92. Psychiatric Residential Tmt Ctr
93. Psychiatric Residential Tmt Ctr
94. Psychiatric Residential Tmt Ctr
95. Psychiatric Residential Tmt Ctr
96. Psychiatric Residential Tmt Ctr
97. Psychiatric Residential Tmt Ctr
98. Psychiatric Residential Tmt Ctr
99. Psychiatric Residential Tmt Ctr
100. Psychiatric Residential Tmt Ctr

F248-160-000 backer 4-2010

Department bill forms are furnished at no charge to the vendor, and may be obtained at:
http://www.lni.wa.gov/FormPub/results.asp?Keyword=provider+billing&Submit=Search or by calling the local department service location.

L&I Provider Billing Manual
Effective July 1, 2012
Statement for Miscellaneous Services

Click here for the Statement for Miscellaneous Services form.

For provider specific information, go to www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/ and select the appropriate year, select the Billing & Payment Policies tab, and select your provider type.

Used by:
- Adult family homes
- Ambulance companies
- ARNPs
- Assisted living facilities
- Audiology
- Boarding homes
- CRNAs
- Dental services
- Dietitians
- Durable medical equipment and supplies
- Home health care
- Interpreters
- Massage therapy
- Nurse case management
- Nursing homes
- Occupational therapist
- Opticians
- Optometrists
- Prescribed drugs that do not have National Drug Codes
- Prosthetics/Orthotics
- Replacement glasses
- RNs
- Transportation such as cabulance or taxi
- Vocational rehabilitation services

Interpreters
Interpreters must hold credentials in good standing from our selected list that can be found in the Billing and Payment Policy at www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched.

Interpreters must submit an Interpretative Service Appointment Record (F245-056-000) and mileage verification.

The combined total of both individual and group services is limited 480 minutes (8 hours) per day per interpreter.

For billing purposes, 1 minute = 1 unit.

Document translation services are paid only when requested by the insurer. Services will be authorized before the request packet is sent to the translator.

DME
DME may require prior authorization from the insurer.
Home Care

Home Health Services include attendant care, home health, home care, infusion therapy, and hospice. All of these services require prior authorization.

Attendant care services provide assistance in the home for personal care and activities of daily living. Attendant care services must be provided by an agency that is licensed, certified, or registered to provide home health or home care services.

In-home aide, RN, physical therapy, occupational therapy, and speech therapy services provided by a licensed home health agency may be covered when services become proper and necessary to treat a worker’s accepted condition.

Please note the correct billing units for your provider type (15 minutes, hours, or days).

Home Infusion services

Prior authorization is required for home infusion nurse services, drugs, and any supplies, regardless of who is providing services. Home infusion services can be authorized independently or in conjunction with home health services.

Drugs for outpatient use, including infusion therapy drugs, must be billed by pharmacy providers either electronically through the point-of-service system, or on appropriate pharmacy forms with national drug codes (NDC or UPC if no NDC is available):

Statement for Pharmacy Services
Statement for compound Prescription or
Statement for Miscellaneous Services

Note: Total parenteral and enteral nutrition products may be billed by home health providers using the appropriate HCPCS codes.
### Statement for Miscellaneous Services

<table>
<thead>
<tr>
<th>Description</th>
<th>Charged</th>
<th>Unit</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Interpretation</td>
<td>56.00</td>
<td>30</td>
<td>02/01/12</td>
</tr>
<tr>
<td>Mileage</td>
<td>40.00</td>
<td>80</td>
<td>02/01/12</td>
</tr>
<tr>
<td>Individual Interpretation - 2nd office visit</td>
<td>56.00</td>
<td>30</td>
<td>02/01/12</td>
</tr>
<tr>
<td>Mileage</td>
<td>38.00</td>
<td>16</td>
<td>02/01/12</td>
</tr>
</tbody>
</table>

**Refund Certification:**
I hereby certify under penalty of perjury that this is a true and correct claim for the necessary expenses incurred by me, that the claim is just and due and that no payment has been received by me on account thereof. CLAIMANT'S SIGNATURE.

**Diagnosis or Nature of Illness or Injury:**

1. 
2. 
3. 
4. 

**Referrer Information:**

- Provider Name: John Doe
- Employer: ABC Employer
- Address: 123 Main Street SW
- City: Anytown, WA
- ZIP: 12345
- Claim Number: AB12345

**Employee Information:**

- Name: John Doe
- SSN (Only): 123-45-6789
- Employer: ABC Employer
- Address: 123 Main Street SW
- City: Anytown, WA
- ZIP: 12345

**Referrer Information:**

- Name of Referring Physician or Other Source: Dr. Smith
- Date of Injury: 01/01/12
- Referring Physician Provider number / NPI: 0123456
INSTRUCTIONS FOR COMPLETING MISCELLANEOUS SERVICES FORM

1. Place an "X" in the box next to the type of service for which you are billing.
2. CLAIM NUMBER: For the injured worker receiving services.
3. INSURANCE STATE FUND Claim numbers are nine digits, preceded by a "B, C, F, G, H, J, K, L, M, N, P, X, Y or double alpha followed by 5 digits". Send bills for insurance claims to: Department of Labor and Industries, PO Box 44269, Olympia WA 98504-4269
4. CRIME VICTIM Claim numbers are six digits preceded by a "V" or five digits preceded by a "VA, VB, VC, VH, VJ, VK or VL". Send bills for Crime Victim claims to: Department of Labor and Industries, PO Box 44269 Olympia WA 98504-4269
5. BEDSIDE INSURANCE Claim numbers are eight digits preceded by an "8T or 9T". Send bills to the employer or their service company.
6. Department of Energy claims are seven digits beginning with "7, 8 or 9".
7. INJURED WORKER’S NAME: Injured worker’s full name, last name first.
8. SOCIAL SECURITY NUMBER: Record claimant’s social security number. It is helpful when the claim number is wrong and the worker’s name is common.
9. ADDRESS: The injured worker’s most current address.
10. EMPLOYER’S NAME: The injured worker’s employer’s name. If the claim number is in error, this helps identify the proper claim.
11. DATE OF INJURY: This is important and must be included. One worker may have several claims so it is vital the proper claim be identified and charged for services provided. The date of injury positively identifies each claim.
12. NAME OF REFERRING PHYSICIAN: The name of the physician who has referred the claimant to you, the provider, for services. (Not applicable for Vocational Services billing.)
13. REFERRING PHYSICIAN PROVIDER NUMBER / NPI: The Department of Labor and Industries provider account number or NPI of the referring physician. The number may be obtained from the referring physician. (Not applicable for Vocational Services billing.)
14. DIAGNOSIS: Indicate both the ICD9-CM number and the narrative diagnosis for all conditions treated. Designate left or right side of body, when applicable. The diagnosis presented must be specific. (Not applicable for Vocational Services, personal transportation, etc. See Miscellaneous Billing Instructions F245-055-000 for entire list.)
15. FOR GLASSES: Indicate by placing an “X” in the appropriate box.
16. SERVICES RELATED TO HOSPITALIZATION: If claim was hospitalized, record the date admitted and the date discharged.
17. ITEMIZATION OF SERVICES AND CHARGES:
   A. DATE(S) OF SERVICE: Record the date for each service provided. For consecutive dates of service, (e.g., home care, attendant care, equipment rental, etc.) record both beginning (from-date-of-service column) and ending (to-date-of-service column) dates.
   B. PLACE OF SERVICE: Place of Service (POS) codes are printed below. Please refer to that list and place the appropriate code in the space provided.
   C. PROCEDURE CODE: Identifies the procedures used. Procedure codes can be found in the Medical Aid Rules and Maximum Fee Schedule distributed by the Department of Labor and Industries.
   D. CODE MODIFIER: A modifier provides the means by which the reporting physician can indicate that a performed service or procedure has been altered by some specific circumstance, but has not changed in its definition or code. When applicable, the modifying circumstance should be identified by the addition of the appropriate “modifier code number” (including the hyphen) after the usual procedure number.
   E. DESCRIPTION OF PROCEDURE: Enter description of the procedure being performed.
   F. DENTAL: To be used for dental services only. Tooth Number: Identify dental services provided by placing the specific tooth number in the appropriate box.
   G. HOME NURSING: To be used for home care only. Number of Hours or Days: Identify the number of hours or the number of days that the home care services were provided. Hourly or Daily Rate: Record the rate charged (by the hour or day) for the home care services provided.
   H. GLASSES: To be used for glasses repair or replacement only. Old Rx (OD and OS): If the old prescription is available, specify for both the left and right eyes. New Rx (OD and OS): Specify the new prescription for both the left and right eyes.
   I. CHARGES: Charges for services provided.
18. UNIT: The sum total services provided for days, units, or miles, etc.
19. PROVIDER’S OR SUPPLIER’S NAME, ADDRESS, ZIP CODE AND TELEPHONE NUMBER: The provider’s or supplier’s name and current address. If any of the information changes, notify Provider Accounts Immediately. (Indicating a new address on the bill will not change the department’s record of address for the provider.
20. PROVIDER NUMBER: Enter the L&I provider account number.
21. NPI: Enter the national provider identifier.
22. TAXONOMY: Enter the ten-digit taxonomy code.
23. TOTAL CHARGE: Total of all charges for services provided.
24. YOUR PATIENT’S ACCOUNT NUMBER: The number used to identify your patient’s account.
25. REFERRAL ID: Enter the referral ID.
26. REMARKS: Any information necessary that the provider or supplier feels is necessary for further explanation.

ATTACHMENTS: The following attachments must be submitted with billings for appropriate services.

1. Office notes
2. Lab reports
3. Progress notes
4. Operative reports
5. Diagnostic study reports
6. Consultation reports
7. Cost invoice of supplies furnished

Each attachment must have the corresponding claim number listed in the upper right corner of the attachment.

DUE TO THE FACT THAT THE DEPARTMENT RECORDS ARE KEPT ON MICRofilm, BILLS AND ATTACHMENTS MUST BE LEGIBLE AND CLEAR. The following attachment is not acceptable: Office Visit Slips

REBILLS: If you do not receive payment or notification from the department within ninety (90) days, services may be rebilled. Rebills should be identical to the original bill: same charges, codes and billing dates. Please indicate “Rebill” on the bill. Any inquiries regarding adjustment of charges must be submitted within ninety (90) days from the date of payment to be considered.

PLACE OF SERVICE (POS)

03. School
04. Homeless Shelter
05. Indian Health Service
06. Indian Health Service
07. 636 Freestanding facility
08. Tribal 636 Provider-based Facility
09. Correctional Facility
11. Office
12. Patient’s Home
13. Assisted Living Facility
14. Group Home
15. Mobile Unit
16. Temporary Lodging
17. Walk-in Retail Health Center
20. Urgent Care Facility
21. Inpatient Hospital
22. Old Claim number
23. Emergency Room - Hospital
24. Ambulatory Surgical Ctr
25. Birthing Ctr
26. Military Trmt Ctr
31. Skilled Nursing Facility
32. Nursing Facility
33. Custodial Care Facility
34. Hospice
35. Ambulance - Land
42. Ambulance - Air or Water
49. Independent Clinic
50. Federally Qualified Hth Ctr
51. Inpatient Psychiatric Facility
52. Psychiatric Facility Partial Hospitalization
53. Community Mental Health Ctr
54. Intermediate Care Facility/Mentally Retarded
55. Residential Substance Abuse Trmt Center
56. Psychiatric Residential Trmt Ctr
57. Non-Residential Substance Abuse Trmt Center
60. Mass Immunization Ctr
61. Comprehensive Inpatient Rehabilitation Facility
62. Comprehensive Outpatient Rehabilitation Facility
67. End Stage Renal Disease Trmt Facility
71. State or Local Public Health Clinic
72. Rural Hth Clinic
81. Independent Laboratory
89. Other Unlisted Facility

F245-072-000 backer 04-2010

L&I Provider Billing Manual
Effective July 1, 2012
24
Statement for Pharmacy Services

Click here for the Statement for Pharmacy Services form.

For provider specific information, go to www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched and select the appropriate year, select the Billing & Payment Policies tab, and select your provider type.

Used by:
- Pharmacies.
- Workers.

Pharmacies or workers can be reimbursed for prescription drugs prescribed during the initial visit for State Fund claims regardless of claim acceptance. Payment is made per L&I's fee schedule.

Pharmacies:
When pharmacies bill L&I and the prescription meets criteria for guaranteed payment, the Point of Sale (POS) system will send reject code 52 or 67 with the following information:
- Maximum allowable amount: $XX.XX
- Prescription qualifies for first fill; submit prior authorization number 464884254557 after verifying claim number from report of accident of claim ID card.
- Use prior authorization qualifier code 08.

Workers:
For reimbursement workers must submit the following:
- Receipts for their prescriptions.
- A pharmacist signature

Please note: Private insurance copayments aren’t eligible for reimbursement because L&I is solely responsible for all related medical costs for an accepted claim. In both scenarios below, the pharmacy must reimburse the worker in full when:
- The worker has already paid a copayment amount,
- The worker has already been reimbursed by L&I.

If workers have questions about the pharmacy reimbursement process, please call the Preferred Drug Line for help at 888-443-6798.
Instructions for completing "Statement for Pharmacy Services" form

Do not complete this form for reimbursement of a private insurance co-payment. Call L&I at 1-800-848-0811 for instructions.

Types of Insurance

**STATE FUND INDUSTRIAL INSURANCE**
Claim numbers are six digits, beginning with a “B, C, F, G, H, J, K, L, M, N, P, X, Y or double alpha followed by 5 digits.” Send bills for Industrial Insurance claims to:
Department of Labor and Industries
PO Box 44269
Olympia WA 98504-4269

**CRIME VICTIMS**
Claim numbers are six digits beginning with a “V”, or five digits proceeded by a “VA, VB, VC, VH, VJ, VK, VL or VS.” Send bills for Crime Victims claims to:
Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520

**SELF-INSURANCE**
Claim numbers are six digits beginning with an “S, T, W”, or double alpha (SA-SZ, TA-TZ, WA-WZ). Department of Energy claims are now Self-Insured. Claim numbers are seven digits beginning with “7, 8 or 9.” Send bills to the employer or their service company.

Pharmacy address changes

**PHARMACY NAME AND ADDRESS:**
If any of this information changes, call 1-800-848-0811 immediately. (Simply indicating a new address on the bill will not change L&I’s record of address for the provider.)

For further information, find us at:
www.Lni.wa.gov/claimsinsurance/providerpay/billing/provider

**Prescription Information**

**L&I PROVIDER NUMBER / NPI:** The specific Provider number / NPI issued to the pharmacy.

**NCPDP NO:** The 7-digit number assigned by National Council for Prescription Drug Programs.

**REIMBURSE INJURED WORKER:** Place “X” in applicable box.

**S/B (SIDE OF BODY):** Designate “L” (left), “R” (right) side of body or “B” (bilateral), to indicate location of injury.

**DATE OF INJURY:** This is important and must be included. One worker may have several claims, so it is vital the proper claim be identified and charged for services provided.

**PRESCRIBING PROVIDER NUMBER (L&I#, LICENSE#, DEA# OR NPI):** Provider number issued to the prescribing physician by L&I, a WA state license#, a DEA# or NPI. (not pharmacy’s provider#).

**REFILL NUMBER:** Enter the refill number (0-99), if prescription is a refill otherwise “0” to identify the original prescription.

**DAYS SUPPLY:** Using quantity dispensed and directions for use (sig) on the prescription, calculate the number of days supply. If the directions say as needed or have a dose range, estimate days supply using the maximum dosage per day.

**QUANTITY:** The total units of medication prescribed. Use the (NCPDP) billing unit standard format, e.g., “each”, “unit” or “gm”.

**DISPENSED AS WRITTEN PRODUCT SELECTION CODE:** Code indicating whether or not the prescriber’s instructions regarding generic substitution were followed.

Valid values are:
- 0 = No product selection mandated;
- 1 = Substitution not allowed by prescriber;
- 6 = Override for emergency supply - This value is used only by in-state pharmacies when dispensing an emergency supply of a non-preferred drug prescribed by a non-endorsing practitioner.

**NATIONAL DRUG CODE:** National drug identification code. This code must be entered in a 5-4-2 format. e.g., if the NDC format listed in your pricing book is 0005-3250-23, enter 0005 3250 23. If the NDC format is 50419 127 12 enter 50419 0127 12

**DUR CODES:** Enter the appropriate conflict, intervention and outcome code.

**PRESCRIPTION CLARIFICATION CODE:** Enter the appropriate value for a refill-too-soon.

**TOTAL PRESCRIPTION COSTS:** Total charge for the filled prescription. (Drug cost + professional fee + applicable tax).

**REIMBURSE THE INJURED WORKER:** Signature of pharmacist who supplied the prescription is required.

F245-100-000 backer 4-2010
Statement for Retraining and Job Modification Services

Click here for the Statement for Retraining and Job Modification Services form.

For provider specific information, go to www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched and select the appropriate year, select the Billing & Payment Policies tab, and select your provider type.

Used by:
- Vocational counselors.
- Pre-job accommodations.
- Job modifications.
- Retraining expenses.
- Workers.

Job Modifications and Pre-job Accommodation Assistance

A completed Job Modification Assistance application and Pre-job Accommodation Assistance application must accompany billings for job and pre-job modifications. For billing questions or assistance in completing the Statement for Retraining and Job Modification Services form please call 800-848-0811 or 360-902-6500.
**STATEMENT FOR RETRAINING AND JOB MODIFICATION SERVICES**

**Worker’s Name:**
- **LAST:** Doe
- **FIRST:** John
- **M:** J

**Worker’s Home Address:**
- **(not PO Box):** 13245 Main Street

**City:** Anytown
- **State:** WA
- **ZIP + 4:** 12345

**Social Security No. (for ID only):** 123-45-6789

**Claim No.:** AB12345

**Date of Injury:** 01/01/12

**Referral ID:** 0123456

**Referral ID:** 9999

**Injured Worker’s Signature:** X

---

**Itemization of Service and Charges**

<table>
<thead>
<tr>
<th>FROM DATE OF SERVICE</th>
<th>PROCEDURE CODE</th>
<th>DESCRIBE SERVICES, OR SUPPLIES FURNISHED</th>
<th>CHARGES</th>
<th>UNIT</th>
<th>TO DATE OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/12</td>
<td>R0301</td>
<td>Tuition</td>
<td>1500.00</td>
<td>1</td>
<td>04/30/12</td>
</tr>
</tbody>
</table>

**Submission of this bill certifies the material furnished, service provided, expense incurred, or other items of indebtedness as charged in the foregoing bill is a true and correct charge against the state of Washington; that the claim is just and due, that no part of the same has been paid.**

**Provider’s Name:** Education R Us
- **Provider number:** 0123456
- **Total Charges:** 1500.00
- **Address:** 999 South Main Street
- **City:** Anytown
- **State:** WA
- **ZIP + 4:** 12345
- **Phone Number:** 360-555-5555
- **Client’s Account Number:** 9-99999999

**Signature:** X

**Signature Date:** / / 

**Place of Service (POS), Type of Service (TOS) and Procedure codes on back**
Department bill forms are furnished at no charge to the vendor, and may be obtained at:
http://www.lni.wa.gov/FormPubresults.asp?Keyword=provider+billing&Submit=Search or by calling the local department service location.

INSTRUCTIONS FOR COMPLETING RETRAINING AND JOB MODIFICATION SERVICES FORM (Retraining & Job mods only)

IMPORTANT: Retraining mileage must be billed on a Travel Expense Voucher form for injured worker reimbursement. Please call the provider hotline at 1-800-848-0811 for the correct reimbursement form, F245-145-000.

CLAIM NUMBER: For the injured worker receiving services.

STATE FUND INDUSTRIAL INSURANCE
Claim numbers are six digits, beginning with a “B, C, F, G, H, I, K, L, M, N, P, X, Y or double alpha followed by 5 digits.”
Send bills for Industrial Insurance claims to:
Department of Labor and Industries
PO Box 44269
Olympia WA 98504-4269

CRIME VICTIMS
Claim numbers are six digits beginning with a “V”, or five digits proceeded by a “VA, VB, VC, VH, VI, VK, VL or VS.”
Send bills for Crime Victims claims to:
Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520

SELF-INSURANCE
Claim numbers are six digits beginning with an “S, T, W”, or double alpha (SA-SZ, TA-TZ, WA-WZ). Department of Energy claims are now Self-Insured. Claim numbers are seven digits beginning with “7, 8 or 9.” Send bills to the employer or their service company.

INJURED WORKER’S NAME: Injured worker’s full name, last name first.

DATE OF INJURY: This is important and must be included. One worker may have several claims, so it is vital the proper claim be identified and charged for services provided.

HOME ADDRESS: The injured worker’s most current address (not PO Box).

SOCIAL SECURITY NUMBER: Record injured worker’s social security number. It is helpful when the claim number is wrong and the worker’s name is common.

REIMBURSE INJURED WORKER: Place an “X” in applicable box.

VRC ID: L&I provider ID of Vocational Rehabilitation Counselor.

REFERRAL ID: VRC’s L&I referral number.

WORKER’S SIGNATURE: Worker’s signature is required for claimant reimbursements. Forms not signed will be returned.

VOCATIONAL REHAB COUNSELOR’S NAME AND TELEPHONE NUMBER

ITEMIZATION OF SERVICES AND CHARGES: Receipts required for worker reimbursement.

FROM DATE(S) OF SERVICE: Record the date for each service provided. (Note: for food only, a separate line is required for each receipt date).

PLACE OF SERVICE (POS): Put code 99 in this box.

TYPE OF SERVICE (TOS): Put type of service code “V” in this box.

PROCEDURE CODE: Please refer to the list of procedure codes below. Choose a code that best describes your service and enter it in the box.

DESCRIPTIONS OF SERVICES OR SUPPLIES Furnished: Description of service(s) provided.

CHARGES: Charges for service provided. Itemized, dated & business stamped RECEIPTS REQUIRED FOR WORKER

REIMBURSEMENT: For food receipts, items purchased must have a description. (Please send receipt copies. Keep your original).

UNIT: Number of days/units for the service billed on each line.

TO DATE(S) OF SERVICE: Record the date for each service provided. (Note: for food only, a separate line is required for each receipt date).

PROVIDER SIGNATURE: Signature required for all provider billings. Forms not signed will be returned.

PROVIDER’S NAME, ADDRESS, ZIP CODE AND TELEPHONE NUMBER: If any of this information changes, call 1-800-848-0811 immediately. (Simply indicating a new address on the bill will not change L&I’s record of address for the provider.) For further information, find us at: www.Lni.wa.gov/claimsinsurance/providerpay/billing/provider

PROVIDER NUMBER: Identification number designated by the Department of Labor and Industries for the provider.

TOTAL CHARGE: Total of all charges for services provided.

YOUR CLIENT’S ACCOUNT NUMBER: The number used for providers to identify their client’s account.

FEDERAL TAX I.D. NUMBER: The provider taxpayer identification number for IRS (Internal Revenue Service) reports.

CODES

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<tr>
<th>CODE</th>
<th>SERVICE DESCRIPTION</th>
<th>RETRAINING PROCEDURE CODES:</th>
<th>RETRAINING TRANSPORTATION CODES:</th>
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<td>Job Modification</td>
<td>R0310 Tuition, Training Fees</td>
<td>0302R Parking</td>
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<td>Pre-Job Accommodation Equipment</td>
<td>R0312 Supplies</td>
<td>0303R Bridge and Ferry Tolls</td>
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<td>R0315 Equipment, Tools</td>
<td>0304R Commercial Transportation</td>
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<td>R0320 Exam, License Fee</td>
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<td>R0340 Books</td>
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<td>R0350 Other</td>
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<td>R0390 Child Care Services</td>
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<td>LODGING &amp; RELOCATION:</td>
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<td>R0360 Board (Food) and Utilities</td>
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<td>R0370 Rent</td>
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<td></td>
<td>0375R One-Time Relocation Fee</td>
<td>(for life-time of claim)</td>
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F245-030-000 backer 8-2010
Hospital Services – Inpatient and Outpatient: UB-04 HCFA 1450 & CMS 1500

Click here for the UB-04 1450 form.
Click here for the CMS 1500 form.

For provider specific information, go to www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched and select the appropriate year, select the Billing & Payment Policies tab, and select your provider type.

Used by:
- Hospitals (in- or outpatient services).

For inpatient bills, the following documents are required:
- Admission history or physical examination.
- Discharge summary for stays over 48 hours.
- Emergency room reports.
- Operative reports.
- Anesthesia records.
- Other documents as required by the department or self-insurer.

For inpatient bills, the following documents are required:
- Admission history or physical examination.
- Discharge summary for stays over 48 hours.
- Emergency room reports.
- Operative reports.
- Anesthesia records.
- Other documents as required by the department or self-insurer.

Professional services for hospitals
Hospitals are responsible for establishing criteria to define inpatient and outpatient services. However, bills for patients admitted and discharged on the same day may be submitted as outpatient bills and may be paid via POAC rate.

Hospitals are reimbursed only for the technical component for outpatient radiology, pathology, and laboratory service.

Specific individual hospital rates are announced via letter sent to hospital administrators.

For outpatient bills only, the following documents are required:
- Emergency room reports.
- Operative reports.
- Other documents as requested by the department or self-insurer.

For State Fund claims, Critical Access Hospitals are paid for swing bed services utilizing a hospital-specific POAC rate.
Submission of this claim constitutes certification that the billing information as shown on the face hereof is true, accurate and complete. That the submitter did not knowingly or recklessly disregard or misrepresent or conceal material facts. The following certifications or verifications apply where pertinent to this Bill:

1. If third party benefits are indicated, the appropriate assignments by the insured/beneficiary and signature of the patient or parent or a legal guardian covering authorization to release information are on file. Determinations as to the release of medical and financial information should be guided by the patient or the patient's legal representative.

2. If patient occupied a private room or required private nursing for medical necessity, any required certifications are on file.

3. Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.

4. For Religious Non-Medical facilities, verifications and if necessary re-certifications of the patient's need for services are on file.

5. Signature of patient or his representative on certifications, authorization to release information, and payment request, as required by Federal Law and Regulations (42 USC 1935f, 42 CFR 424.36, 10 USC 1071 through 1086, 32 CFR 199) and any other applicable contract regulations, is on file.

6. The provider of care submitter acknowledges that the bill is in conformance with the Civil Rights Act of 1964 as amended. Records adequately describing services will be maintained and necessary information will be furnished to such governmental agencies as required by applicable law.

7. For Medicare Purposes: If the patient has indicated that other health insurance or a state medical assistance agency will pay part of his/her medical expenses and he/she wants information about his/her claim released to them upon request, necessary authorization is on file. The patient's signature on the provider's request to bill Medicare medical and non-medical information, including employment status, and whether the person has employer group health insurance which is responsible to pay for the services for which this Medicare claim is made.

8. For Medicaid purposes: The submitter understands that because payment and satisfaction of this claim will be from Federal and State funds, any false statements, documents, or concealment of a material fact are subject to prosecution under applicable Federal or State Laws.

9. For TRICARE Purposes:
   (a) The information on the face of this claim is true, accurate and complete to the best of the submitter's knowledge and belief, and services were medically necessary and appropriate for the health of the patient;
   (b) The patient has represented that by a reported residential address outside a military medical treatment facility catchment area he or she does not live within the catchment area of a U.S. military medical treatment facility, or if the patient resides within a catchment area of such a facility, a copy of Non-Availability Statement (DD Form 1251) is on file, or the physician has certified to a medical emergency in any instance where a copy of a Non-Availability Statement is not on file;
   (c) The patient or the patient's parent or guardian has responded directly to the provider's request to identify all health insurance coverage, and that all such coverage is identified on the face of the claim except that coverage which is exclusively supplemental payments to TRICARE-determined benefits;
   (d) The amount billed to TRICARE has been billed after all such coverage have been billed and paid excluding Medicaid, and the amount billed to TRICARE is that remaining claimed against TRICARE benefits;
   (e) The beneficiary's cost share has not been waived by consent or failure to exercise generally accepted billing and collection efforts; and,
   (f) Any hospital-based physician under contract, the cost of whose services are allocated in the charges included in this bill, is not an employee or member of the Uniformed Services. For purposes of this certification, a hospital-based physician is a physician appointed in civil service (refer to 5 USC 2105), including part-time or intermittent employees, but excluding contract surgeons or other personal service contracts. Similarly, member of the Uniformed Services does not apply to reserve members of the Uniformed Services not on active duty.
   (g) Based on 42 United States Code 1395cc(a)(1)(j) all providers participating in Medicare must also participate in TRICARE for inpatient hospital services provided pursuant to admissions to hospitals occurring on or after January 1, 1987; and
   (h) If TRICARE benefits are to be paid in a participating status, the submitter of this claim agrees to submit this claim to the appropriate TRICARE claims processor. The provider of care submitter also agrees to accept the TRICARE determined reasonable charge as the total charge for the medical services or supplies listed on the claim form. The provider of care will accept the TRICARE-determined reasonable charge even if it is less than the billed amount, and also agrees to accept the amount paid by TRICARE combined with the cost-share amount and deductible amount, if any, paid by or on behalf of the patient as full payment for the listed medical services or supplies. The provider of care submitter will not attempt to collect from the patient (or his or her parent or guardian) amounts over the TRICARE determined reasonable charge. TRICARE will make any benefits payable directly to the provider of care, if the provider of care is a participating provider.

SEE http://www.nubc.org/ FOR MORE INFORMATION ON UB-04 DATA ELEMENT AND PRINTING SPECIFICATIONS
### Place of Service Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>School</td>
<td>22</td>
<td>Outpatient hospital</td>
</tr>
<tr>
<td>04</td>
<td>Homeless shelter</td>
<td>23</td>
<td>Emergency room - hospital</td>
</tr>
<tr>
<td>05</td>
<td>Indian Health Service free-standing facility</td>
<td>24</td>
<td>Ambulatory surgical center</td>
</tr>
<tr>
<td>06</td>
<td>Indian Health Service provider-based facility</td>
<td>25</td>
<td>Birthing center</td>
</tr>
<tr>
<td>07</td>
<td>Tribal 638 free-standing facility</td>
<td>26</td>
<td>Military treatment facility</td>
</tr>
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<td>08</td>
<td>Tribal 638 provider-based facility</td>
<td>31</td>
<td>Skilled nursing facility</td>
</tr>
<tr>
<td>09</td>
<td>Correctional facility</td>
<td>32</td>
<td>Nursing facility</td>
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<tr>
<td>11</td>
<td>Office</td>
<td>33</td>
<td>Custodial care facility</td>
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<tr>
<td>12</td>
<td>Patient's home</td>
<td>34</td>
<td>Hospice</td>
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<tr>
<td>14</td>
<td>Group home</td>
<td>41</td>
<td>Ambulance - land</td>
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<tr>
<td>15</td>
<td>Mobile unit</td>
<td>42</td>
<td>Ambulance - air or water</td>
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<td>16</td>
<td>Temporary lodging</td>
<td>49</td>
<td>Independent clinic rehabilitation facility</td>
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<tr>
<td>17</td>
<td>Walk-in retail health center</td>
<td>50</td>
<td>Federally qualified hlth ctr</td>
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<tr>
<td>20</td>
<td>Urgent care facility</td>
<td>51</td>
<td>Inpatient psychiatric facility</td>
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<tr>
<td>21</td>
<td>Inpatient hospital</td>
<td>52</td>
<td>Psychiatric facility partial hospitalization</td>
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<td>05</td>
<td>Indian Health Service free-standing facility</td>
<td>53</td>
<td>Community mental health ctr</td>
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<tr>
<td>54</td>
<td>Intermediate care facility/mentally retarded</td>
<td>55</td>
<td>Residential substance abuse trmt center</td>
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<tr>
<td>56</td>
<td>Psychiatric residential trmt ctr</td>
<td>57</td>
<td>Non-residential substance abuse treatment center</td>
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<tr>
<td>60</td>
<td>Mass immunization center</td>
<td>61</td>
<td>Comprehensive inpatient rehabilitation facility</td>
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<tr>
<td>62</td>
<td>Comprehensive outpatient</td>
<td>65</td>
<td>End stage renal disease treatment facility</td>
</tr>
<tr>
<td>71</td>
<td>State or local public health clinic</td>
<td>72</td>
<td>Rural health clinic</td>
</tr>
<tr>
<td>81</td>
<td>Independent laboratory</td>
<td>99</td>
<td>Other unlisted facility</td>
</tr>
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</table>

L&I Provider Billing Manual
Effective July 1, 2012
Reports and documentation
The department or self-insurer requires different kinds of information at various stages of a claim in order to approve treatment, time loss compensation, and treatment bills. The department or self-insurer may request reports at specified points in the claim. The information provided in these reports is needed to adequately manage industrial insurance claims. Failure to provide complete reports can significantly delay bill payment and delivery of benefits to your patient.

<table>
<thead>
<tr>
<th>Report type</th>
<th>Due</th>
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<tbody>
<tr>
<td>Initial report of injury</td>
<td>Within 5 days of first visit</td>
</tr>
<tr>
<td>Office/chart/progress reports</td>
<td>Every 30 - 60 days</td>
</tr>
<tr>
<td>Supplemental/special reports</td>
<td>Upon request</td>
</tr>
<tr>
<td>Activity Prescription Form</td>
<td>Upon request</td>
</tr>
<tr>
<td>Consultation reports</td>
<td>Within 15 days of the consultation</td>
</tr>
<tr>
<td>IME reports</td>
<td>Within 14 days of the IME or receipt of special test or study results</td>
</tr>
<tr>
<td>Extended service reports</td>
<td>When service is billed</td>
</tr>
</tbody>
</table>

Put the worker’s name and claim number on all pages of your reports.

How should providers document services?
Providers must maintain documentation in the worker’s medical or healthcare service records to verify the level, type, and extent of services provided. Documentation must include the amount of time spent for each time-type based service performed when:

- Procedures have a time component in their descriptions, and
- Time is a determining factor in choosing the appropriate code.

For charting progress and ongoing care, use the standard SOAP (subjective, objective, assessment, plan and progress) format.

In workers’ compensation, there is a unique need for work status information. To meet this need, L&I requires that you add ER to the SOAP contents.

Chart notes must document:

E Employment issues
- Has the worker been released or returned to work?
- When is release anticipated?
- Is the patient currently working, and if so, at what job?
- Include a record of the patient’s physical and medical ability to work.
- Include information regarding any rehabilitation that the worker may need to undergo.

R Restrictions to recovery
- Describe the physical limitations (temporary and permanent) that prevent return-to-work.
- What other limitations, including unrelated conditions, are preventing return-to-work?
- Are any unrelated condition(s) impeding recovery?
• Can the worker perform modified work or different duties while recovering including transitional, part-time, or graduated hours?
• Is there a need for return-to-work assistance?

"SOAP-ER" charting format

Office/chart/progress notes and 60-day narrative reports should include the SOAP contents:

S Worker's Subjective complaints
What the worker states, or what the employer, coworker or significant other (family, friend) reports about the illness or injury.

O Objective findings
What is directly observed and noticeable by the medical provider? This includes factual information. For example: physical exam – skin is red and edematous; lab tests – positive for opiates; X-rays – no fracture.

A Assessment
Conclusions the medical provider makes after evaluating all the subjective and objective information. Conclusions may appear as:
• A definite diagnosis
• A "rule/out" diagnosis, or
• Simply as an impression.
The assessment also can include the etiology (ET), defined as the origin of the diagnosis; and/or prognosis, defined as being a prediction of the probable course or a likelihood of recovery from a disease and/or injury.

P Plan and Progress
What the provider recommends as a plan of treatment. This is a goal directed plan based on the assessment. The goal must state what outcome is expected from the prescribed treatment, and the plan must state how long the treatment will be administered.

Clearly state treatment performed and treatment plan separately. You must document the services you perform to verify the level, type, and extent of services provided to claimants.

Add ER to the SOAP contents to document work status information.

You may avoid unnecessary requests for claim information from vocational counselors and others by providing the information above in every chart note. If there has been no change in employment or restrictions since your patient's last visit, state this in your chart notes, since this information may be critical for the vocational counselor to proceed with the vocational assessment and plan.

For more information, go to: www.Lni.wa.gov/ClaimsIns/Providers/Claims/DocReport/default.asp
The 60-day report
If you are treating a worker for an extended period, you must mail or fax a report to the insurer every 60 days. Legible, comprehensive chart notes may be submitted in lieu of 60-day narrative reports PROVIDED the chart notes include all the information required. Be sure to identify the report as the "sixty-day report". In addition to the SOAP-ER information above, it should contain the following information:

1. The condition(s) diagnosed with ICD-9-CM codes.
2. The condition's relationship to the industrial injury/illness, if any.
3. The probability, if any, of permanent partial disability (PPD).
4. If you feel the patient isn’t able to return to work, please explain why he or she is still disabled.

Activity Prescription Form
This form is used by health-care providers to communicate a worker's status, physical capacities, verification of inability to work (time-loss) and treatment plans. Attorneys and State Fund employers may not print or order these forms nor ask doctors to complete them. For more information about the form go to: [www.ActivityRX.Lni.wa.gov](http://www.ActivityRX.Lni.wa.gov)

Worker’s failure to attend scheduled appointment
Workers are expected to attend scheduled appointments.

L&I or self-insurers won’t pay for a missed appointment unless the examination was arranged by L&I or the self-insurer.

For appointments not scheduled by L&I or the self-insurer, you may bill the worker for a missed appointment when:

- You have a missed appointment policy that applies to all patients, and
- You routinely notify all patients of your missed appointment policy.

The department or self-insurer isn’t responsible for implementing or enforcing a provider’s missed appointment policy. Providers are to notify the claim manager immediately when a worker fails to show for an appointment.

When a claim has been accepted by the department or self-insurer, no provider may bill the worker for the difference between the allowable fee and the usual and customary charge. Except for missed appointment fees, the worker can’t be charged a fee or interest for the completion of forms related to services for the industrial injury or condition.
Split bills
If the worker is treated for two separate conditions at the same visit, the charge for the service must be divided equally between the payers.

If evaluation and treatment of the two injuries increases the complexity of the visit:

• A higher level E/M code might be billed, and
• If this is the case, CPT® guidelines must be followed and the documentation must support the level of service billed.

Separate chart notes and reports must be submitted when there are two different claims.

Note: The claims may be from injuries sustained while working for two different employers and the employers only have the right to information about injuries they are responsible for.

For non-vocational services providers, list all workers’ compensation claims treated when submitting paper bills to L&I or in the remarks field on an electronic bills. Charge your usual and customary fee for each service. L&I will divide charges equally to the claims.

For vocational services providers, submit separate bills for claim number to which services were rendered. The units of service and provider fees must be apportioned between the claim numbers.

For more information about split billing, refer to the Medical Rules and Fee Schedules.
State Fund & Crime Victims Remittance Advices
L&I provides a detailed report of all billing activity in two-week intervals. In addition to the paper remittance advice, providers can choose to receive their statements electronically or through their authorized clearinghouses. Through Provider Express Billing (PEB) providers and clearinghouses can retrieve electronic remittance advices. For more information about how to obtain remittance advices electronically go to: www.electronicbilling.lni.wa.gov.

You may also review the explanation associated with your processed bill. The 3 digits explanation of benefits (EOB) on your remittance advice explains how L&I processed your bill and how to make corrections. To see what your EOB means use the EOB lookup utility at: Lni.wa.gov/ClaimsIns/Providers/Billing/EOB/default.asp.
NEWSLETTER UPDATE –
ELECTRONIC PDF VERSION OF PROVIDER’S REMITTANCE ADVICE.


THE PDF VERSION OF THE REMITTANCE ADVICE IS AN EXACT COPY OF THE PAPER RA IN AN ELECTRONIC FORMAT AND IS IN ADDITION TO THE EDI 835 RA AND PROPRIETARY RA FILES AVAILABLE TO PROVIDERS ON REQUEST.

ALL ELECTRONIC VERSIONS OF THE REMITTANCE ADVICE CAN BE ACCESSED USING THE DEPARTMENT’S PROVIDER EXPRESS BILLING (PEB) WEBSITE.

IF YOU ARE NOT A CURRENT USER OF PEB, YOU WILL NEED TO REGISTER WITH PEB TO HAVE ACCESS TO THE PDF VERSION OF THE REMITTANCE ADVICE. TO REGISTER, DO THE FOLLOWING:

GO TO SECUREACCESS WASHINGTON (SAW) HTTP://SECUREACCESS.WA.GOV/ AND REGISTER BY CREATING AN ACCOUNT. ONCE REGISTERED WITH SAW, LOGIN TO YOUR SAW ACCOUNT AND DO THE FOLLOWING: ADD SERVICES. SELECT AGENCY-DEPT OF LABOR AND INDUSTRIES. SELECT APPLY FOR PROVIDER EXPRESS BILLING. SELECT I AM A FIRST TIME VISITOR AND CONTINUE. ENTER YOUR CONTACT INFO AND CONTINUE. READ/ACCEPT ACCESS AGREEMENT AND CONTINUE. SELECT RELATIONSHIP OF PEB PROVIDER. ENTER YOUR PROVIDER ACCOUNT NUMBER FOR REQUEST ACCESS BY PROVIDER ID. READ/ACCEPT ACCESS MANAGER ROLE FOR YOUR ORGANIZATION. AN ACCESS ACTIVATION CODE WILL BE GENERATED. CONTACT THE EBU AT 360-902-6511 OR EBULIN@LNI.WA.GOV FOR YOUR ACTIVATION CODE OR IF YOU NEED ASSISTANCE.

THE PROVIDER’S ADDRESS INFORMATION WILL GO IN THIS AREA OF THE COVER PAGE.
***** REMITTANCE ADVICE LEGAL NOTICE *****

INITIAL PAYMENTS OR ADJUSTMENTS RESULTING IN INCREASED PAYMENTS MADE ON THIS REMITTANCE ADVICE WILL BECOME FINAL SIXTY (60) DAYS AFTER RECEIPT UNLESS:
1) A WRITTEN REQUEST FOR RECONSIDERATION IS FILED WITH THE DEPARTMENT OF LABOR AND INDUSTRIES, OLYMPIA, OR 2) A PROVIDER’S REQUEST FOR ADJUSTMENT FORM IS FILED WITH THE DEPARTMENT OF LABOR AND INDUSTRIES, OLYMPIA, OR 3) AN APPEAL IS FILED WITH THE BOARD OF INDUSTRIAL INSURANCE APPEALS, OLYMPIA, WITHIN THAT TIME.

ADJUSTMENTS MADE TO PREVIOUS PAYMENTS ON THIS REMITTANCE ADVICE RESULTING IN DECREASED PAYMENTS WILL BECOME FINAL TWENTY (20) DAYS AFTER RECEIPT UNLESS:
1) A WRITTEN REQUEST FOR RECONSIDERATION IS FILED WITH THE DEPARTMENT OF LABOR AND INDUSTRIES, OLYMPIA, OR 2) A PROVIDER’S REQUEST FOR ADJUSTMENT FORM IS FILED WITH THE DEPARTMENT OF LABOR AND INDUSTRIES, OLYMPIA, OR 3) AN APPEAL IS FILED WITH THE BOARD OF INDUSTRIAL INSURANCE APPEALS, OLYMPIA, WITHIN THAT TIME.

ADJUSTMENT AND/OR RECONSIDERATION REQUESTS MUST BE SENT TO THE DEPARTMENT OF LABOR AND INDUSTRIES, PO BOX 44291, OLYMPIA, WA 98504-4291

APPEALS MUST BE SENT TO THE BOARD OF INDUSTRIAL INSURANCE APPEALS, PO BOX 42401, OLYMPIA, WA 98504-2401 OR SUBMITTED ON AN ELECTRONIC FORM FOUND AT HTTP://WWW.BIIA.WA.GOV/.
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<th>Claim Number</th>
<th>Service Provider Name</th>
<th>Service Provider Number</th>
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<th>Biller Code</th>
<th>Charges</th>
<th>Allowed</th>
<th>Charges Payable</th>
<th>Payable Codes</th>
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<td>X 00000 000000</td>
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<td>D 000/00</td>
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**Bill Total:**

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**Denied Bills - Outpatient Bills**

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<th>Charges</th>
<th>Allowed</th>
<th>Charges Payable</th>
<th>Payable Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA11111</td>
<td>XXXXXXXXXXXXXXXX</td>
<td>X 00000 000000</td>
<td></td>
<td>D 0000 11111</td>
<td></td>
<td>000.00</td>
<td>0.00</td>
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</tr>
<tr>
<td>PAT Acct/Rx Num</td>
<td>Test SR 2500-209898</td>
<td>I CN- 99999999999999999</td>
<td>*** Bill Total...</td>
<td>000.00 0.00 0.00 0.00 0.00 0.00 H16</td>
<td></td>
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</tr>
</tbody>
</table>

**Total for Service Provider Number XXXXXXXX | NPI XXXXXXXXXX**

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Payments and payment denials received here become final in sixty days, or, provider repayments ordered here become final in twenty days, unless: (1) you file a written request for reconsideration with the Department of Labor and Industries, Olympia, or (2) you file an appeal with the Board of Industrial Insurance Appeals, Olympia within that time.
1: FOR INFORMATION ON BILLS IN PROCESS: CALL 1-800-831-5227  
2: FOR INFORMATION ON FINALIZED BILLS: CALL 1-800-848-0811

<table>
<thead>
<tr>
<th>BILL SUMMARY FOR ALL SERVICE PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PAID BILLS</strong> - XXXXXXXXXXXX</td>
</tr>
<tr>
<td><strong>DENIED BILLS</strong> - 000.00 00.00 00.00</td>
</tr>
<tr>
<td><strong>RETURNED BILLS</strong> - 000.00 00.00 00.00</td>
</tr>
<tr>
<td><strong>PENDING BILLS</strong> - 000.00 00.00 00.00</td>
</tr>
<tr>
<td><strong>TOTAL WARRANT AMOUNT</strong> - 55555.00</td>
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</table>

<table>
<thead>
<tr>
<th><strong>BILLING INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUMBER</strong></td>
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</tbody>
</table>

**SFF PAGE 2 FOR MORE DETAILS**
Request review of L&I policies regarding code edits

**Important:** Providers who have concerns about individual bills or a claim decision need to follow the process outlined in [File a Protest](#).

Providers can request that L&I review its policies by submitting their concerns in writing provided:

a) The policy is related to professional services (as such it applies to all organizations that bill for professional services), and

b) There is a conflict between a provider's Coding Policy and L&I's policy and both policies are based on a nationally recognized industry standard source such as the American Medical Association (AMA), CPT coding guidelines and conventions, local and regional Medicare policies, nationally recognized bundling edits, including CMS’s National Correct Coding Initiative (NCCI), or nationally recognized physician academy and society guidelines. The conflict may result from a difference in the two nationally recognized sources or a difference in interpretation of the same nationally recognized source.

Specific examples of policy questions include but may not be limited to the following:

- Bundled services
- Pre- and post-operative visits in the global period
- Incidental and mutually exclusive
- Modifier validity
- Assistant surgeon necessity

This doesn’t apply to medical policies or benefit determinations. Specific examples include but may not be limited to the following.

- Eligibility, coverage, and benefits limitations
- Medical necessity policy
- No pre-certification
- Fee schedule or reimbursement allowances
- Waiting periods
- Coordination of benefits for workers compensation
- Situations where a governing WAC is in place
  - Per Washington Administrative Code 296-20-010, L&I’s payment policy supersedes HCPCS Level I and II codes
- State or federal requirements
- Non-FDA approved (experimental/investigational service)
- Contractual issues, e.g. patient cost share, referrals

Providers requesting that L&I review its policies need to follow the process below.
Provider will:

1. Submit their concerns in writing to L&I

   Address:  Health Services Analysis
            Program Manager for Healthcare
            Policy and Payment Methods
            PO Box 44322
            Olympia, WA 98504

   The provider’s requests should include the following information:
   a) Description of the issue that gives L&I a clear picture of the provider’s concerns.
   b) Explanation of why the provider doesn’t agree with L&I’s current policy or interpretation,
      include the supporting alternative policy information and the source where it can be found.
   c) Person’s name/number as the point of contact within the provider’s organization.
   d) As appropriate:
      • Relevant codes or code combination examples.
      • Specifics about associated bills that have been denied, e.g. EOB(s).
        o Note: since the request is related to policy review, L&I doesn’t need/require bill
          specific information. Since this is considered patient confidential information,
          they shouldn’t be submitted on an unsecured web site or unencrypted email.

2. Respond, within 15 calendar days, to requests from L&I for additional supporting documentation.

   L&I will review the request to ensure that it falls within scope of this Best Practice Recommendation
   and that all necessary information is provided. If L&I requests additional supporting materials,
   provider organizations should submit them within 15 calendar days. The review can’t be considered
   without this information.

3. Provide significantly different information when submitting subsequent requests for review of the
   same policy.

   Once a request for review of a specific policy has been submitted and a decision has been made by L&I,
   additional requests related to that same policy will no longer be processed by L&I unless supporting
   documentation is submitted that provides significantly different information than was submitted with
   the initial request.

L&I will:

1. Respond within 60 calendar days upon the receipt of the provider’s request, unless additional
   supporting documentation is required from the provider organization.

2. The request will be carried out with a spirit of collaboration with the provider.

3. The outcome will be formally communicated to the organization requesting the review.
Contacts

Cashier’s office
Cashier’s Office
PO Box 44835
Olympia WA 98504-4835

Crime Victims Compensation Program
800-762-3716

Electronic Billing Unit
360-902-6511

Federal claims
206-398-8100

Call for questions about claims with the US Department of Labor.

Interactive Voice Response
800-831-5227

Call for claim numbers, status information, diagnosis codes, procedure codes, drug restrictions, injured workers, provider information, and employer information.

L&I EOB Lookup Tool
www.Lni.wa.gov/ClaimsIns/Providers/Billing/EOB/default.asp

L&I Medical Aid Rules and Fee Schedule (MARFS)
Select the appropriate year. Select the appropriate tab for either the Fee Schedules or the Billing and Payment Policies.
www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/

L&I Quick Fee Lookup Tool
The tool is below year selection for MARFS. Enter the billing code ID and select the appropriate year.
www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/

L&I Warehouse
You can request copies of the L&I Provider Toolkit which includes the Medical Aid Rules and Fee Schedules (MARFS) and all billing forms from the warehouse.

Fax: 360-902-4525
Email: whsemail@Lni.wa.gov

NPI
Register for your NPI at:
nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart
Office of Information and Assistance
Call for worker questions about their claim.
800-LISTENS (547-8367)

Preferred Drug List
Call for authorization for prescription medication for a non-preferred drug and to verify diagnosis. Become a Preferred Drug List endorser. Register online at www.rx.wa.gov/tip.html.

888-443-6798

Provider Credentialing
360-902-5140
Fax: 360-902-4484

Provider Hotline
Call for billing or remittance advice problems, authorizations other than inpatient, to verify diagnosis or procedure codes.

800-848-0811

Self-Insurance Section
360-902-6901

Third Party
360-902-5100

Utilization review (Qualis)
800-541-2894
Fax: 877-665-0383

For more information, visit our website: www.Lni.wa.gov