



Washington State Department of
Labor & Industries
Workers' Compensation Services

Home Health Services Billing Manual

Home Health Services Billing Instructions

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About Billing Instructions

Where can you find help with L&I billing procedures?

Labor & Industries (L&I) provides resources to help you understand and comply with the Industrial Insurance laws in the Revised Code of Washington (RCW) and the Washington Administrative Code (WAC).

L&I publishes the Medical Aid Rules and Fee Schedule (MARFS) which has the payment policies and fees schedule. You can find MARFS online at www.Lni.wa.gov/apps/FeeSchedule.

In addition, L&I publishes a general billing manual and one billing manual for each bill form. Below is a list of the billing manuals L&I provides:

- General Provider Billing Manual.
- CMS 1500 Billing Manual.
- Home and Residential Care Billing Manual.
- Hospital Billing Instructions.
- Miscellaneous Services Billing Instructions.
- Pharmacy Billing Instructions.
- Retraining and Job Modification Billing Instructions.

Each manual includes the following information:

- Information about Industrial Insurance and Crime Victims.
- Electronic and paper billing information.
- How to complete the bill forms.
- Where to send bill forms.
- Billing examples.
- Links to billing forms.

About Labor & Industries (L&I) Industrial Insurance

As administrator of Washington State's workers' compensation system, L&I is similar to a large insurance company that provides claim-related coverage to workers who suffer job-related injuries and illnesses.

Two programs cover Washington's industrially injured/ill workers: the Washington State Fund and the Self Insured Employer Program (SIE). Both programs are governed by the Revised Code of Washington (RCWs) and the Washington Administrative Code (WACs).

State Fund Industrial Insurance

The Washington State Fund is financed by premiums from employers, workers, and income from investments. L&I claim managers oversee State Fund benefits to workers who are injured or become ill on the job. 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 one letter (B, C, F, G, H, J, K, L, M, N, P, X, Y, or Z) followed by 6 numbers or two letters (AA, AB) followed by 5 numbers. Example state fund claim numbers include: B123456 or AM95370.

Additional information about billing State Fund can be found in this manual or online at www.Lni.wa.gov/ClaimsIns/Providers/Billing or you can call the Provider Hotline at 800-848-0811.

Self-Insured Employer Program

L&I regulates about 400 large, self-insured employers (SIE) who have qualified to provide their own workers' compensation insurance. Every SIE must authorize medical treatment and pay bills in accordance with Title 51 RCW and the Medical Aid Rules and Fee Schedules of the State of Washington per WAC 296-15-330(1).

Self-Insured claim numbers all start with S, T, or W followed by 6 numbers or 2 letters followed by 5 numbers. Example self-insured claim numbers include T123456 or SG12345.

For a list of self-insured employers, please go to www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp.

Additional information about billing for self-insured claims can be directed to the employer or their third party administrator (TPA).

Getting Paid for Services Provided to Washington Workers

Every provider who treats injured workers must have an active provider payment account with L&I to be eligible for payment (WAC 296-20-015). Please visit L&I's website for detailed information about becoming an L&I provider at www.Lni.wa.gov/ClaimsIns/Providers/Becoming/default.asp.

State Fund Electronic Billing

There are 3 ways to bill electronically for state fund claims:

1. Direct Entry using a free online form.
2. Upload billing files using your own software.
3. Submit bills through a Clearinghouse.

L&I offers free electronic billing through Provider Electronic Billing (PEB). PEB saves time and money and allows for greater control over the payment process, eliminates entry time, and allowing to process payments faster than paper billing. PEB reduces keying errors and decreases bill processing costs.

You can find detailed PEB information on our website at www.Lni.wa.gov/ElectronicBilling.

You can also find a Cost Comparison Estimator for electronic billing at www.Lni.wa.gov/ClaimsIns/Files/Providers/EstimatorFinal042009.xls.

Self-Insurance Electronic Billing

Please contact the employer or their TPA for billing information.

State Fund Paper Billing

The type of service you provide determines which billing form you need to use. See a list of a bill requirements for each provider type in the General Provider Billing Manual – page 7.

You must submit your bills on L&I approved bill forms. Please **don't fax** your bills. Mail your bills to the address below:

**Department of Labor & Industries
PO Box 44269
Olympia WA 98504-4269**

Self-Insurance Paper Billing

You must submit your bills on L&I or self-insured approved forms (WAC 296-20-125(1)).

Mail your bills directly to the SIE or TPA. For a list of SIE/TPAs and their contact information, please visit: www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsurance/EmpList.

Crime Victims Compensation Program

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

Crime Victims claim number begin the letter V followed by 6 digits or a 2 letters, such as VA, followed by 5 digits.

Additional information about the Crime Victims Compensation Program can be found online at www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources or by calling the Crime Victims Compensation Program at 360-902-5377 or 800-762-3716.

Getting Paid for Services Provided to Crime Victims

You can find Crime Victims billing forms online at:
www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources.

Please ***don't fax*** your bills to Crime Victims Compensation Program. Mail your bills to:

**Department of Labor & Industries
Crime Victims Compensation Program
PO Box 44520
Olympia WA 98504-4520**

Home Health Care

See Chapter 11 of the Medical Aid Rules and Fee Schedule

Home Health Services are for intermittent or short-term treatment of therapy for a medical condition, and 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, registered nurse, 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 Care Billing Codes

See L&I's Medical Aid Rules and Fee Schedules www.Lni.wa.gov/FeeSchedules for additional codes.

S9122	Attendant care in the home provided by a home health aide or certified nurse assistant per hour.	\$27.42
S9123	Attendant care in the home provided by a registered nurse per hour.	\$59.63
S9124	Attendant care in the home provided by licensed practical nurse per hour.	\$43.51
G0151	Services of physical therapist in the home, 15 minute unit. Maximum of 4 units per day.	\$39.33
G0152	Services of occupational therapist in the home, 15 minute unit. Maximum 4 units per day.	\$40.78
G0153	Services of speech and Language Pathologist in the home, 15 minute unit. Maximum 4 units per day.	\$40.78
G0154	Services of skilled nurse RN/LPN in the home, 15 minute unit.	\$40.78
G0156	Services of home health aide in the home, 15 minute unit. Maximum of 96 units per day.	\$6.84
G0162	Services of skilled nurse (RN) evaluation and management of the plan care, 15 minute unit.	\$40.78
Q5001	Hospice care in the home, per day.	By Report
8901H	Department approved spouse attendant in the home per hour.	\$13.46

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.

Infusion therapy drugs, including injectable drugs, are payable only to pharmacies. Drugs must be authorized and billed with National Drug Code (NDC) codes or Universal Product Code (UPC) codes if no NDC codes are available. Compound drugs must be billing on the [Statement for Compound Prescription form \(F245-010-000\)](#).

Only pharmacies and durable medical equipment suppliers, including IV infusion companies, may be paid for infusion therapy supplies. Supplies (including infusion pumps) require authorization, and must be billed with HCPCS codes. See [WAC 296-20-1102](#) for information on the rental or purchase of infusion pumps.

Home Infusion Codes

See L&I Medical Aid Rules and Fee Schedules for additional codes.

99601	Skilled RN visit for infusion therapy in the home. First two (2) hours per visit. Payable to Home Health Agency.
99602	Skilled RN visit for each additional hour per visit. Payable to Home Health Agency.
G0154	Services of skilled nurse RN/LPN in the home, 15 minute unit.

Residential Care Facilities

Adult Family Homes, Boarding Homes, Nursing Homes, Skilled Nursing Facilities, Transitional Care Units

Providers treating injured workers under negotiated arrangements made prior to January 1, 2005 may continue their negotiated arrangements until the injured worker's need for those services ends or until the worker is admitted to a new facility. Continue using code 8902H for the remainder of the time the worker is treated.

Providers beginning treatment on or after January 1, 2005 must use the fee schedule or new daily rates appropriate for the type of facility providing treatment, and must meet other requirements outlined in L&I's Medical Aid Rules and Fee Schedules Chapter 36.

For State Fund claims, you must fax RUG assessments to the department's occupational nurse consultant (ONC) to get codes authorized.

For self-insured claims, contact the self-insured employer (SIE) or their third party administrator (TPA) directly. Find contact information for SIE/TPAs online at www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/.

What Bill Form to Submit for Residential Services

Bill State Fund residential care services on the [Statement for Miscellaneous Services \(F245-072-000\)](#).

Residential Care Codes – see L&I's Medical Aid Rules and Fee Schedules for additional codes.

8880H	Nursing facility rehab – Ultra High (per day)	\$667.51
8881H	Nursing facility rehab – Very High (per day)	\$500.06
8882H	Nursing facility rehab – High (per day)	\$466.09
8883H	Nursing facility rehab – Medium (per day)	\$430.88
8884H	Nursing facility rehab – Low (per day)	\$336.01
8885H	Extensive services (per day)	\$417.04
8886H	Special care – High (per day)	\$310.66
8887H	Special care – Low (per day)	\$308.94
8888H	Clinically complex (per day)	\$227.90
8889H	Behavioral symptoms and cognitive performance (per day)	\$226.22
8890H	Reduced physical function (per day)	\$238.34
8893H	L&I RF Low (per day)	\$166.85
8894H	L&I RF Medium (per day)	\$202.59
8895H	L&I RF High (per day)	\$238.34
8902H	Nursing Home or Residential Care (group or boarding home)	By Report

Hospice Care Codes

Q5003	Nursing long term care facility	By Report
Q5004	Skilled nursing facility	By Report
Q5005	Inpatient hospital	By Report
Q5006	Inpatient hospice facility	By Report
Q5007	Long term care facility	By Report
Q5008	Inpatient psychiatric facility	By Report
Q5009	Place "NOS"	By Report
Q5003	Nursing long term care facility	By Report

Instruction for completing the Statement for Home Health Services

Complete the following fields as instructed below on L&I Statement for Miscellaneous Services. Detailed instructions for each field can be found on the second page of L&I Statement for Miscellaneous Services.

Type of Service:

Check the box for “Home Health/Nursing Home.”

Worker Information:

Complete this entire section.

Provider Information:

You are required to complete the following fields:

- L&I Provider Number/NPI
- Provider Name
- Provider Address
- Federal Tax ID
- Phone Number

The “Your Patient Account Number” field is optional and not used by L&I.

Bill Information:

Check the “No” box for “Is this bill to reimburse the injured worker?”

Complete the following fields for service provided.

- From Date of Service
- To Date of Service
- POS – see the chart on the instruction page of the Statement for Miscellaneous Services and select the appropriate code.
- Proc Code – enter the appropriate procedure code for the service you provided.
- Diagnosis
- Description
- Home Nursing – if you are billing for home nursing services, enter number of hours per day and your hourly or daily rate.
- Charges
- Units

Mail completed forms to:
 Department of Labor and Industries
 PO Box 44269
 Olympia WA 98504-4269



**STATEMENT FOR
 MISCELLANEOUS SERVICES**
 Instructions on next page

Type of Service:

- Dental Service
 Glasses
 Home Health / Nursing Home
 Medical Equipment/
 Prosthetics-Orthotics
 Transportation
 Vocational/Retraining
 Other: _____

Worker Information (Please print)

Name (Last, First, Middle Initial) Doe, John K.			Claim No. AB12345
Home address (not PO Box) 123 Main Street			Date of injury 06/10/14
City Anytown	State WA	ZIP 99999	Social Security No. (for ID only) 123-45-6789
Apt #			Phone no. 555-55-5555

Provider Information (Please print)

Provider name Jane Smith			L&I provider number/NPI 0123456
Address 987 Center Street Suite 100			Your Patient Account Number
City Anytown	State WA	ZIP 99999	Federal Tax ID/Employer ID Number 99-999999999
Name of referring physician or other source		Referring provider number/NPI	Phone no. 444-444-4444
			Referral ID

Billing Information

For glasses, is the old prescription available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this bill to reimburse the injured worker? <input type="checkbox"/> Yes (Receipt and signature required) <input checked="" type="checkbox"/> No For inpatient services: Date admitted: _____ Date discharged: _____
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	From Date of Service	To Date of Service	POS	Proc Code	Mod	Mod	Diagnosis	Describe procedures, medical services or supplies furnished.	Dental tooth #	Home Nursing		Charges	Units
										No. of hrs/day	Hourly/Day rate		
1	12/01/14	12/07/14	12	99999			9999	Home nursing		X	\$XX/hr	XXX	XX
2													
3													
4													
5													
6													
7													
8													
9													
10													

Total Charge
\$ XXX.XX

Worker Signature:

These expenses are related to my workers' compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false.

Signature (Required for worker reimbursement) Date

Provider Signature:

I certify that the information in the bill is true and correct. I have not been reimbursed for any part of this bill.

Jane Smith

Signature

12/12/2014

Date

Instructions for completing the Statement for Miscellaneous Services:

Type of Service:

Check the appropriate box for the type of service for which you are billing. If your type of service is not listed, check the "Other" box and list the type of service you provided.

Worker Information:

Claim number	Give the worker's claim number.
Name	Write the worker's legal name in the last, first, middle initial format.
Date of injury	Date of injury.
Home address	Give the most current physical address of the worker.
Social Security Number	Write the worker's Social Security Number. Used to verify claim number only.
Phone number	Write the worker's phone number.

Provider Information:

L&I provider number/NPI	Give the provider's L&I provider number or provider's NPI.
Provider name	Write the provider's name as registered with L&I.
Provider address	Write the provider's physical address.
Your Patient Account Number	Write the number you use to identify your patient's account. This field is optional and not used by L&I.
Federal Tax ID	Write the Federal Tax ID (EIN) for the billing provider. This must match the EIN on file with the agency.
Phone number	Give the phone number where the agency can call if there any questions about your bill.
Name of referring physician or other source	Write the name of the referring physician or other source for the services provided.
Referring provider number/NPI	Write the L&I provider number or NPI of the referring provider
Referral ID	Write the referral ID number.

Bill Information:

Is this bill to reimburse the injured worker?	Check the appropriate box. If this bill is to reimburse a worker, receipts are required. Send copies of your receipts. Receipts must be itemized and legible. No credit card slips.
For glasses, is the old prescription available?	Check the appropriate box.
For inpatient services	Write date of admission and the date of discharge in the mm/dd/yy format.

Use one line for each service provided. Complete each applicable field.

From date of service	Starting date of service.
To date of service	Ending date of service.
POS	Place of service. See the list below for the appropriate two-digit code.
Proc Code	Procedure code.
Mod	Modifier code if applicable.
Diagnosis	Diagnosis code. Enter the primary diagnosis code for each service.
Description	Give a brief description of services provided.
Dental tooth number	Tooth number dental services were provided for.
Home nursing	Give the number of hours you are billing for. Give your hourly or daily rate for your services.
Charges	Enter the charge for each service provided.
Units	Enter the number of units for service.

Place of Service Codes

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