

AMENDATORY SECTION (Amending WSR 08-04-094, filed 2/5/08, effective 2/22/08)

WAC 296-23-241 Can advanced registered nurse practitioners independently perform the functions of an attending provider? (1)

Advanced registered nurse practitioners (ARNPs) may independently perform the functions of an attending provider under the Industrial Insurance Act, with the exception of rating permanent impairment. These functions are referenced in the medical aid rules as those of an attending or treating provider, and include, but are not limited to:

- Completing and signing the report of accident or provider's initial report, where applicable;
- Certifying time-loss compensation;
- Completing and submitting all required or requested reports;
- Referring workers for consultations;
- Performing consultations;
- Facilitating early return to work offered by and performed for the employer(s) of record;
- Doing all that is possible to expedite the vocational process, including making an estimate of the worker's physical or mental capacities that affect the worker's employability.

(2) Psychiatric advanced registered nurse practitioners can provide psychiatric services as defined in WAC 296-21-270.

(3) ARNPs can state whether a worker has permanent impairment, such as on the department's activity prescription form (APF). ARNPs cannot rate permanent impairment or perform independent medical examinations (IMEs).

- ~~((2) Advanced registered nurse practitioners cannot:~~
- ~~● Rate permanent impairment; or~~
 - ~~● Perform independent medical examinations (IMEs).)~~

AMENDATORY SECTION (Amending WSR 93-16-072, filed 8/1/93, effective 9/1/93)

WAC 296-21-270 Psychiatric services. The following rule(~~(s)~~) supplements information contained in the fee schedules regarding coverage and reimbursement for psychiatric services.

Treatment of mental conditions to workers is to be goal directed, time limited, intensive, and limited to conditions caused or aggravated by the industrial condition. Psychiatric services to workers are limited to those provided by psychiatrists (~~and licensed~~), psychologists, and psychiatric advanced registered nurse practitioners and according to department policy. Psychiatrists and psychiatric advanced registered nurse practitioners may prescribe medications while providing concurrent care. For purposes of this rule, the term "psychiatric" refers to treatment by psychologists (~~as well as~~), psychiatric advanced registered nurse practitioners, and psychiatrists.

Initial evaluation, and subsequent treatment must be authorized by department staff, as outlined by department policy. The report of initial evaluation, including test results, and treatment plan are to be sent to the worker's attending provider, as well as to the department or self-insurer. A copy of sixty-day narrative reports are to be sent to the department (~~is also to be sent~~) or self-insurer and to the attending provider.

All providers are bound by the medical aid rules in chapter 296-20 WAC. Reporting requirements are defined in chapter 296-20 WAC. In addition, the following are required: Testing results with scores, scales, and profiles; report of raw data sufficient to allow reassessment by a panel or independent medical examiner. Use of the current Diagnostic and Statistical Manual of the American Psychiatric Association axis format in the initial evaluation and sixty-day narrative reports, and explanation of the numerical scales are required.

A report to the department will contain, at least, the following elements:

- Subjective complaints;
 - Objective observations;
 - Assessment of the worker's condition and goals accomplished;
- and
- Plan of care.

The codes, reimbursement levels, and other policies for psychiatric services are listed in the fee schedules.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-20-071 Concurrent treatment. In some cases, treatment by more than one practitioner may be allowed. The department or self-insurer will consider concurrent treatment when the accepted conditions resulting from the injury involve more than one system and/or require specialty or multidisciplinary care.

When requesting consideration for concurrent treatment, the attending doctor must provide the department or self-insurer with the following:

The name, address, discipline, and specialty of all other practitioners assisting in the treatment of the injured worker and an outline of their responsibility in the case and an estimate of the length of the period of concurrent care.

When concurrent treatment is allowed, the department or self-insurer will recognize one primary attending (~~doctor~~) provider, who will be responsible for (~~prescribing all medications~~) directing the over-all treatment program(~~er~~), including monitoring or prescribing medications when appropriate, providing copies of all reports and other data received from the involved practitioners and, in time loss cases, providing adequate certification evidence of the worker's inability to work. The concurrent care provider shall provide copies of all required reports to the attending provider as well as to the department or self-insurer.

The department or self-insurer will approve concurrent care on a case-by-case basis. Consideration will be given to all factors in the case including availability of providers in the worker's geographic location.