

Quick Reference Card

Effective July 1, 2018 through June 30, 2019

This handout is based on Washington State Dept. of Labor & Industries' Medical Aid Rules and Fee Schedules. For complete billing rules and payment policies, see www.Lni.wa.gov/apps/FeeSchedules/.

Procedure Description	Limits*	Procedure Codes	Non-Facility Fee**	Facility Fee
Activity Prescription (APF) Form	Attending Physician (AP), per insurer request or self-generate (see limits*)	1073M	\$53.41	
Chiropractic care (Level 1 – 3)	One per day	2050A-2052A	\$44.73 – \$69.82	
Consultation including report	MD, DO, ARNP Approved Chiropractic Consultants	99241-99245 99241-99244	\$88.69 - \$414.98 \$88.69 - \$340.53	\$60.21 - \$352.19 \$88.69 - \$284.86
Electronic communication	Physician Non-physician	99444 98969	\$46.97 \$46.97	\$44.50 \$44.50
Final Report by AP	AP	1026M	\$27.15	
Functional Capacity Evaluation Report (review)	AP, per insurer request	1097M	\$53.41	
Impairment Rating by AP	AP, per insurer request	1191M-1192M	\$618.40 - \$773.00	
Independent Medical Exam (IME), Report review Written report post review	AP, per insurer request	1063M 1065M	\$41.09 \$30.82	
Job descriptions or analysis (first one reviewed), or	AP, per insurer, employer or vocational	1038M	\$53.41	
Job offer or analysis: each additional review	provider (VRC) request	1028M	\$40.07	
Loss of Earning Power	AP, per insurer request	1027M	\$20.55	
Occupational Disease History Report, Review of worker information and preparation of report	AP, per insurer request	1055M	\$199.32	
Opioids: Chronic opioid request form	AP / Prescriber	1078M	\$32.87	
Opioids: Subacute opioid request form with documentation	AP / Prescriber	1077M	\$61.64	
Opioids: Subacute opioid request form without documentation	AP / Prescriber	1076M	\$32.87	
Physical medicine procedures by non-physical medicine AP	6 units per claim	1044M	\$46.72	
Reopening Application	AP	1041M	\$53.41	
Report of Accident (ROA) or the Provider's Initial Report (PIR) Note: Add an additional \$10 to your fee when filing online.	AP, if received within: 5 business days 6-8 business days 9 or more business days	1040M	\$41.09 \$31.09 \$21.09	

Procedure Description	Limits*	Procedure Codes	Non-Facility Fee**	Facility Fee
Return to Work request, written response to	AP, per insurer, employer or VRC request – one per day,	1074M	\$32.87	
60 day report (must be in SOAPER format)	AP, one per 60 days	99080	\$47.25	
Special Report	AP, per insurer, employer or VRC request – one per day	99080	\$47.25	
Team conference, patient present	Physician only	Approp. E&M	Varies by code	
	Non-physician	99366	\$79.63	\$78.34
Team conference, patient not present	Physician only	99367	\$159.44	\$113.09
	Non-physician	99368	\$68.62	\$68.62
Telephone calls with employer, claim manager, other providers, or VRC	Physician only	99441 - 99443	\$26.54 - \$73.80	\$23.95 - \$71.21
	Non-physician	98966 – 98968	\$26.54 – \$73.80	\$23.95 – \$71.21

*Limits

AP – Attending providers: A person licensed to practice as: MD, DO, ND, DC, DM, PAC and ARNP's. (PAC are paid at a maximum of 90% of the allowed fee.)

Non-physician: ARNP, PAC, PhD, PT, and OT must bill using non-physician codes. **APF Limits**: A network provider may submit up to 6 APFs per worker within the first 60 days of the initial visit date and then up to 4 times per 60 days thereafter.

Note: Beyond the initial visit to file the Report of Accident, only network providers can treat injured workers. Learn more at **www.Lni.wa.gov/ProviderNetwork**.

Working with L&I

For Medical Providers: www.Lni.wa.gov/Providers

- Billing and Payment
- Authorizations
- Treating Patients
- Improving Occupational Health Care (Healthy Worker 2020)

Billing Self-Insured Employers (under Billing and Payment)

- Find list of self-insured employers, including contact information
- Get help resolving billing disputes
- Note: Self-insurers must follow the same rules and fee schedules as L&I.

Attending Provider Resource Center: www.Lni.wa.gov/APResourceCenter

- What attending providers need to know
- Online CME activity for a maximum of 3 AMA PRA Category 1 CreditsTM

My L&I for Providers

- Find and use claim-related data, for example, claim status, files notes, and medical reports
- Send a secure message to the claim manager
- Use Provider Express Billing and retrieve copies of Remittance Advice
- Submit a Report of Accident online

Upon request, foreign language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 360-902-5797. L&I is an equal opportunity employer.

^{**}When a single fee is listed, it applies to both non-facilities and facilities.