

Skill Enhancement Training (SET)
Billing Guide for L&I Training Providers



Note: This job aid is intended for use by L&I-approved training providers.

To skip to the section you want, place your curser over the content name and press Ctrl+Click.

Contents

Introduction..... 2
What are L&I training benefits? ..... 2
Is this the right guide for me? ..... 2
Things to be aware of:..... 2
SET Application Form..... 3
Sample Application..... 3
How to bill L&I ..... 4
What information do I need before I can bill? ..... 4
What date(s) should I use for the “start/end dates of service? ..... 4
When can I bill? ..... 4
How much can I bill? ..... 4
Billing Codes ..... 4
How do I submit a bill? ..... 4
Online ..... 4
Paper ..... 5
How do I get paid?..... 5
Direct Deposit..... 5
Paper Check (Warrant) ..... 6
When do bills process?..... 6
What’s the status of my bill? ..... 6
How do I re-submit a bill? ..... 6
What if I need to reimburse L&I? ..... 6
What if I have billing questions? ..... 7
Glossary ..... 7



## Introduction

This guide contains step-by-step instructions to bill for Skill Enhancement Training (SET) services for a state fund claim.

The Washington State Department of Labor & Industries (L&I) administers worker's compensation benefits to workers injured while on the job. Some workers qualify for training to help them return to work.

Vocational rehabilitation counselors (VRCs) partner with workers to determine if SET is right for them.

## Is this the right guide for me?

Use this guide if:

- You have an active L&I provider number as a school or training provider.
- You receive an approved **SET application** that outlines costs and start/end dates authorized by L&I. If you do not have an approved SET application form, contact the VRC.

This is **not** the guide for you if:

- You do not have an L&I provider number. Go to **Become a Training Provider** to apply.
- You receive an approved Option 1 retraining plan or Option 2 authorization letter. See the **billing guides for Option 1 or Option 2 plans**, or contact the VRC.
- This is a self-insured claim. Contact the self-insured employer for their billing and payment process. If you are unsure if the claim is self-insured, contact the VRC.

## Things to be aware of:


- **Do not** bill the student or the VRC for tuition. L&I cannot reimburse them.
- **Do not** bill more than you would any other student for the same program.
- Refer to the **School Billing Policy** for specific requirements.

Contact **SchoolOversightProgram@Lni.wa.gov** for questions.

# SET Application Form

L&I uses a **SET Application Form** to decide whether to authorize or deny SET classes.

## Sample Application:



Washington State Department of  
Labor & Industries

Skill Enhancement Training Application

Mail or fax completed form to:  
PO Box 44291  
Olympia WA 98504-4291  
Fax: 360-902-4567

Worker Name	Claim Number
-------------	--------------

Submit this application if **all** of the following criteria are met:

- ☐ Request is within the available maximum benefit
- ☐ Requested items, technology, or software are required to complete the course or training
- ☐ Courses must start within 90 days of the request date and L&I approval received
- ☐ Applications must not exceed 90 days or one term
- ☐ Training provider and vendor have an active L&I provider number

VRC Required Attachments:

- ☐ Narrative Report signed by the vocational counselor and worker
- ☐ Copy of the worker's most recent [Activity Prescription Form \(F242-385-000\)](#).
- ☐ For self-insured claims, attach a [Self-Insurance Vocational Reporting Form \(F207-190-000\)](#)
- ☐ Complete training information (section below) with itemized course information, equipment (include delivery costs, if applicable), start and end dates, vendor name, vendor bids, L&I provider number, and totals of costs

**Note: Funds are paid directly to training providers and vendors. Workers cannot be reimbursed.**

Course Title and/or Equipment	Start Date	End Date	Vendor Name	L&I Provider Number	Cost

**Vendor bill submission:** Use procedure code **1307W**. Include the vendor invoice, a copy of the approved SET Application, and a [Statement for Miscellaneous Services form \(F245-072-000\)](#). For a self-insured claim, billing is submitted to the self-insured employer or third party administrator.

Requested By	Company Name
Phone Number      Extension	Fax Number
Date	Requestor's Signature

**L&I Use Only**  
☐ Approved   ☐ Disapproved

Total Amount Approved \$	Date	Signature Authority
-----------------------------	------	---------------------

F280-086-000 Skill Enhancement Training Application 11-2024      **RESET**      Index: **SET**

## Using the information on an approved SET Application:

- **Worker name:** Name must match the student you are billing for.
- **Claim number:** Use this specific identifier on all forms. A worker may have more than one claim number.
- **Course title and/or equipment:** This describes the name of the course or equipment.
- **Dates of service (start and end):** Bills submitted to L&I must be within these dates and must not exceed the total dollar amount listed. The dates should match the time period the worker will be attending your training.
- **Vendor name:** You will see your business name and your L&I provider account number. You may also see other entities authorized to bill L&I, such as another school.
- **Cost:** The total amount approved.

## How to bill L&I

### What information do I need before I can bill?

1. L&I provider name and account number.
2. The authorized L&I SET Approval Form.

### What date(s) should I use for the “start/end” dates of service?

- Rely on the application form. Date(s) **must** be within the dates listed on the Application form in order to prevent denials, adjustments, and delays.
- You can enter the first date of the course for **both** the “start date of service” and the “to end of service” box. You do **not** need to enter different dates for these boxes (“date span”) on the billing form.

### When can I bill?

Training providers are encouraged to submit billing immediately after the course’s initial start date.

### How much can I bill?

- Bill up to the approved amount. You can’t charge L&I more than you would any other student for the same program.
- Billing must match the application form.
- If the student’s training ends early, refer to the refund requirements in the **billing policy**.

### Billing Codes

The designated SET billing code is 1307W. To help you bill correctly, you should rely on information in the Application form.

*Note:* The terms procedure code, training code, retraining code, and billing code are used interchangeably among billing forms.

### How do I submit a bill?

You can submit your bill electronically or use a paper form.

#### Electronic

We encourage you to use L&I’s **Provider Express Billing (PEB) system** to securely submit bills and receive remittance advice through your My L&I account. Submitting bills electronically is faster and more accurate.

We encourage providers to submit, adjust, and/or void bills electronically using the Provider Express Billing (PEB) direct entry process. This is a secure system used to submit bills electronically and receive Remittance Advices through a MyL&I account. Providers can submit, adjust, and/or void bills online. Submitting bills electronically is easier, more accurate and you will get paid sooner.

Here are some websites that can help you:

- [Provider Express Billing](#)
- **Direct Entry Billing Manual**
- **Login or Sign Up as a new user**

## Paper

Use the **Statement for Miscellaneous Services** to mail in a bill.


Instructions are on the second page and identifies required and optional fields.

- Verify your bill matches the SET application form.
- Include a copy of the SET Application Form.
- Include supporting documentation or itemized invoices, if needed.

## Example for Paper Billing

The Statement example contains the minimum required information needed to process a bill.

**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		Claim No. YZ12345
Home address (not PO Box) _____ Apt # _____		Date of injury _____
City _____ State _____ ZIP _____	Social Security No. (for ID only) _____	
Phone no. _____		

**Provider Information (Please print)**

Provider name College Name		LAI provider number/NPI 54321
Address _____		Your Patient Account Number _____
City _____ State _____ ZIP _____	Federal Tax ID/Employer ID Number 12-3456789	
Phone no. _____		
Name of referring physician or other source _____	Referring provider number/NPI _____	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 type="checkbox"/> No	
For inpatient services: Date admitted: _____ Date discharged: _____			

	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 No. of hrs/day	Hourly/Day rate	Charges	Units
1	1/01/25	2/15/25	03	1307W				Tuition				500.00	1
2													
3													
4													
5													
6													
7													
8													
9													
10													
												Total Charge	\$ 500.00

**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.

**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.

Signature (Required for worker reimbursement) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

F245-072-000 Statement for Miscellaneous Services 01-2014

**RESET**

## How do I get paid?

### Direct Deposit

If you select direct deposit or Electronic Funds Transfer (EFT) in ProviderOne, you will receive payments electronically. This is the fastest way to receive payment.

Contact your System Administrator (the person who manages your ProviderOne account) or **SchoolOversightProgram@lni.wa.gov** to update your payment preference to direct deposit.

### **Paper Check (Warrant)**

Payments will be mailed to the provider address on record.

Contact your System Administrator (the person who manages your ProviderOne account) or **SchoolOversightProgram@lni.wa.gov** to update your billing address.

### **When do bills process?**

Bills process every two weeks on Friday, payments go out the following week: See the **Payment Schedule**.

### **What's the status of my bill?**

L&I provides a remittance advice, that lists what L&I has paid, what is pending, what was denied, and reasons for denial.

Access the remittance advice online in your **Provider Express Billing account**. Remittance advice is also sent out at the same time as the paper check (warrant) and Payment Order.

These statements mail to the provider account address on file and can't be sent to a third party.

If your bill is not listed on the remittance advice within 60 days, contact **PHL@lni.wa.gov**.

A list of approval or denial codes or reasons is available at **Explanation of Benefits Lookup (wa.gov)**

### **How do I re-submit a bill?**

- **Electronic** – Log in to your Provider Express Billing account and follow the [guide](#).
- **Paper** – Complete and mail a **Provider's Request for Adjustment form**.
- **Clearinghouse** – Submit an adjustment transaction through your clearinghouse or software program. If you need additional assistance, please contact your clearinghouse or software vendor.

### **What if I need to reimburse L&I?**

If you have been paid for a training period but the program ended early, you may need to reimburse L&I according to the agency **refund policy**.

If a refund is needed:

- Complete the **F245-043-000 Refund Notification** form.
- Mail the completed form with your refund check to the address on the form.
- Submit your refunds within 30 calendar days of a student's official withdrawal or termination date.

## What if I have billing questions?

- Contact our Provider Hotline **PHL@Lni.wa.gov** or **800-848-0811**.
- **Provider Express billing:** Contact **ebulni@LNI.WA.GOV** for help navigating My L&I.
- **Bill status:** Check your Provider Express Billing account or contact **PHL@Lni.wa.gov** or **800-848-0811**.

For all other questions, contact **SchoolOversightProgram@lni.wa.gov**.

## Glossary

- **Application Form:** The form submitted by the VRC requesting skill enhancement training funds.
- **Billing Code:** The terms billing code and procedure code are used interchangeably.
- **Explanation of Benefits (EOB):** Also known as the remittance advice. This is a statement of what L&I paid, what is pending, and what was denied with the reason for denial.
- [Labor & Industries \(L&I\), Washington State](#): L&I administers worker's compensation benefits for covered workers injured on the job.
- **Procedure Code:** The terms billing code, procedure code, training code, and retraining code are used interchangeably, depending on the on L&I form.
- **Provider Express Billing (PEB):** A secure system used to submit bills electronically and receive remittances through a My L&I account. Providers can submit, adjust, and/or void bills online. Submitting bills electronically is easier, more accurate, and you will get paid sooner.
- **Provider Hotline (PHL) / PHL@LNI.wa.gov.** This part of L&I answers billing questions.
- **ProviderOne:** An online account system hosted by the Health Care Authority. Providers use this online account system to manage their L&I provider account.
- **Remittance Advice:** Also known as the Explanation of Benefits (EOB). This is a statement of what L&I paid, what is pending, and what was denied with the reason for denial.
- **School Oversight Program:** This L&I program seeks to ensure the quality and value of vocational training to improve outcomes for workers. It reviews applications to become an L&I training provider and responds to school-specific questions and concerns.
- **Self-Insured (SI):** Employers who provide their own workers' compensation coverage.
- **State Fund (SF):** Workers compensation coverage is administered by L&I.
- **Student:** Same as worker.
- **Vocational Rehabilitation Counselor (VRC):** This is a private sector professional who assists an injured worker by assessing the worker's abilities, developing a plan to return to work and supporting the worker during retraining.
- **Vocational Services Specialist (VSS):** An L&I vocational professional who reviews and approves requests from a VRC.
- **Warrant:** A check L&I issues for payment.
- **Worker:** Same as student.