

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/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	99241–99245	\$88.69–\$414.98	\$60.21–\$352.19
	Approved Chiropractic Consultants	99241–99244	\$88.69–\$340.53	\$88.69–\$284.86
Electronic communication	Physician	99444	\$46.97	\$44.50
	Non-physician	98969	\$46.97	\$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 (limited to these provider types)	MD, DO, DPM, DDS. Also DCs, if approved IME examiners	1191M–1192M		\$618.40–\$773.00
Independent Medical Exam (IME), Report review Written report post review	AP, per insurer request	1063M		\$41.09
		1065M		\$30.82
Job descriptions or analysis (first one reviewed), or	AP, per insurer, employer or vocational provider (VRC) request	1038M		\$53.41
Job offer or analysis: each additional review		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)	AP, if received within: 5 business days 6-8 business days 9 or more business days			\$41.09
		1040M		\$31.09
				\$21.09

Note: Add an additional \$10 to your fee when filing online.

OVER 

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.

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

Working with L&I

For Medical Providers: www.Lni.wa.gov/patient-care

- 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 Credits™

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