

### **Quick Reference Fee Card**

Effective July 1, 2023 through June 30, 2024

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           | \$58.93                       | \$58.93                       |
| Chiropractic care (Level 1–3)   | One per day   | 2050A-2052A     | \$49.35-\$77.03               | \$49.35-\$77.03               |
| Consultation including report   | MD, DO, ARNP<br>Approved Chiropractic Consultants                                 | 99242–99245     | \$138.73-\$384.03             | \$101.22-\$325.09             |
| Electronic communication  | Physician<br>Non-physician  | 9918M           | \$51.82                       | \$49.10                       |
| Final Report by AP  | AP  | 1026M           | \$29.96                       | \$29.96                       |
| Functional Capacity Evaluation Report (review)  | AP, per insurer request   | 1097M           | \$58.93                       | \$58.93                       |
| Impairment Rating by AP (limited to these provider types)   | MD, DO, DPM, DDS.<br>Also DCs, if approved IME examiners                          | 1191M-1192M     | \$712.11-\$890.13             | \$712.11-\$890.13             |
| Independent Medical Exam (IME), Report review Written report post review  | AP, per insurer request   | 1063M<br>1065M  | \$45.34<br>\$34.00            | \$45.34<br>\$34.00            |
| Job descriptions or analysis (first one reviewed), or   | AP, per insurer, employer or vocational provider (VRC) request                    | 1038M           | \$58.93                       | \$58.93                       |
| Job offer or analysis: each additional review   | AP, per insurer, employer or vocational provider (VRC) request                    | 1028M           | \$44.21                       | \$44.21                       |
| Loss of Earning Power   | AP, per insurer request   | 1027M           | \$22.67                       | \$22.67                       |
| Occupational Disease History Report, Review of worker information and preparation of report                                     | AP, per insurer request   | 1055M           | \$219.92                      | \$219.92                      |
| Opioids: Chronic opioid request form  | AP / Prescriber   | 1078M           | \$36.27                       | \$36.27                       |
| Opioids: Subacute opioid request form with documentation  | AP / Prescriber   | 1077M           | \$68.01                       | \$68.01                       |
| Opioids: Subacute opioid request form without documentation   | AP / Prescriber   | 1076M           | \$36.27                       | \$36.27                       |
| Physical medicine procedures by non-physical medicine AP  | 6 units per claim   | 1044M           | \$51.55                       | \$51.55                       |
| Reopening Application   | AP  | 1041M           | \$58.93                       | \$58.93                       |
| Report of Accident (ROA) or the Provider's Initial Report (PIR)<br>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           | \$45.33<br>\$35.33<br>\$25.33 | \$45.33<br>\$35.33<br>\$25.33 |

| 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                      | \$36.27                              | \$36.27                             |
| 60 day report (must be in SOAPER format)   | AP, one per 60 days                                    | 99080                      | \$52.13                              | \$52.13                             |
| Special Report   | AP, per insurer, employer or VRC request – one per day | 99080                      | \$52.13                              | \$52.13                             |
| Team conference, patient present   | Physician only<br>Non-physician                        | Approp. E&M<br>99366       | Varies by code<br>\$73.83            | Varies by code<br>\$72.04           |
| Team conference, patient not present   | Physician only<br>Non-physician                        | 99367<br>99368             | \$97.05<br>\$63.11                   | \$97.05<br>\$63.11                  |
| Telephone calls with employer, claim manager, other providers, or $\ensuremath{VRC}$ | Physician only<br>Non-physician                        | 99441–99443<br>98966–98968 | \$103.00-\$232.21<br>\$23.82-\$60.14 | \$62.52–\$173.86<br>\$20.24–\$55.97 |

#### \*Limits

**AP – Attending provider:** A person licensed to practice as: MD, DO, ND, DC, DM, PAC or ARNP. (PACs 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/patient-care

- Authorizations and referrals
- Billing L&I (fee schedules and payment policies)
- Coverage of conditions and treatments
- Become a provider (partnerships and best practices)
- Workshops and training (free CMEs)

#### Billing Self-Insured Employers: www.Lni.wa.gov/SelfInsuredBilling

- Find the 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<sup>™</sup>

#### My L&I for Providers: www.Lni.wa.gov/MyL&I

- Find and use claim-related data (e.g. claim status, file 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 711. L&I is an equal opportunity employer.*