

**Payment Policies for Healthcare Services
Provided to Injured Workers and Crime Victims**

Chapter 1: Introduction

Effective July 1, 2022



Table of Contents

Page

General information: About MARFS and this manual	1-2
General information: About the layout and design	1-4
General information: Highlights of policy changes since July 1, 2021	1-8
General information: Tips on finding information in the printable version	1-10
Links to related topics	1-11



General information: About MARFS and this manual

What is MARFS?

The Medical Aid Rules and Fee Schedules (MARFS) is a package of information about how workers' compensation insurers in Washington State pay for healthcare and vocational services provided to injured workers and crime victims.

MARFS includes three things:

- **Medical aid rules** published in the Washington Administrative Codes (WACs) for industrial insurance (workers' compensation),
- **Fee schedules** for healthcare and vocational professional provider and facility services, *and*
- This **payment policies manual**.

What is in this manual?

This manual contains 36 chapters of payment policies for healthcare and vocational services provided by individual professional providers or facilities.

A payment policy for a specific service can include information about:

- Prior authorization,
- Who must perform specific services to qualify for payment,
- Services that can be billed or that aren't covered,
- Requirements for billing,
- Payment limits, *and/or*
- Other information, such as payment methods, background information on coverage decisions, unique requirements, and examples to illustrate billing procedures.



Note: Not every payment policy includes all of these elements. When one of the above elements isn't included, it is because the information isn't applicable. When the elements do appear, they are consistently presented in the same order.

Beyond this introductory chapter, in this manual you will find:

- One chapter on **general policies and information** for all providers,
- 29 chapters for **professional services**, which contain payment policies for individual professional healthcare and vocational providers, and interpreters, and
- Five chapters for **facility services**, which contain payment policies for healthcare facilities.



Note: Within each of the services sections, the chapters appear alphabetically.

What part of MARFS isn't in this manual?

This manual doesn't include:

- [Fee schedules](#), which contain the maximum fees (payment amounts) for the authorized billing codes providers use to bill for services,
- The field key, which explains the column headings and abbreviations that appear in the fee schedules,
- Medical aid rules, which are the L&I specific WACs, *and*
- Updates and Corrections, which contains any changes to policies and fees that occur between annual publications of this manual (see more about these changes below under: How do I know if a policy is current?).



Link: Medical Aid Rules are available in [Title 296 WAC](#) on the Washington State Legislature's website.

How do I know if a policy is current?

The policies in this manual are updated and published at the start of each fiscal year (July 1), and are effective for services provided on or after that date (until the next publication of this manual).

Sometimes changes do occur between publications of this manual. Such changes are communicated to providers through L&I's Medical Provider News email listserv and are also documented on an [Updates & Corrections page on L&I's website](#).



Link: For information about how to join the email listserv, see the "General information: All payment policies and fee schedules" section of: [Chapter 2: Information for All Providers](#).



General information: About the layout and design

How is each chapter organized?

Payment policies for general types of services are organized into individual chapters. Each chapter contains:

- A title page with a **Table of Contents** for the chapter,
- Followed by **payment policies** for specific services, or **general information**, and
- At the end of the chapter, a table with links to **related topics**.

Some chapters also include **definitions** of key terms, including descriptions of billing code **modifiers**. When a chapter does contain definitions, they appear immediately following the Table of Contents.

Visual cues

Visual cues and icons appear consistently throughout the payment policies manual. The following is a list of these icons and visual cues, with descriptions of how they are used:

Bulleting

Bullet lists are used to:

- organize complex information, *and*
- break it up into manageable pieces.

Link



Direct links to related information that may be of interest and assistance are provided. These include links to other chapters within the payment policies manual, helpful websites, forms and documents, or specific WACs and RCWs.

Note



Notes appear throughout the manual to draw attention to useful information.

Table of Contents



The same icon always appears next to the Table of Contents.

Definitions, Modifiers, or general policy information



The same icon always appears next to Definitions, Modifiers, or general policies that aren't payment policies.

Payment policy



The same icon always appears next to each payment policy.

Sample pages

Below are illustrations of actual chapter content to show how information appears throughout.

Sample title page

Each state fiscal year (which begins July 1), L&I publishes updated policies.

Sometimes updates or corrections occur between annual publications. The Link on the title page will bring you to the website that lists such changes.

The Payment policies appear in alphabetical order.

To jump to a specific page, click on a page number.

Washington State Department of Labor & Industries

Payment Policies for Healthcare Services
Provided to Injured Workers and Crime Victims

Chapter 5: Audiology and Hearing Services

Effective July 1, 2022

Link: Look for possible [updates and corrections](#) to these payment policies on L&I's website.

Table of Contents

	Page
Definitions	5-2
Payment policy: Audiology services	5-3
Payment policy: Advertising limits	5-10
Payment policy: Dispensing fees	5-11
Payment policy: Documentation and record keeping requirements	5-12
Payment policy: Hearing aids, devices, supplies, parts, and services	5-14
Payment policy: Repairs and replacements	5-19
Payment policy: Replacement of linear nonprogrammable analog hearing aids	5-23
Payment policy: Restocking fees	5-25
Links to related topics	5-26

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Sample payment policy page

On every page, the printable version tells you what chapter you're reading.

To help you track down the specific information you need more quickly, each policy topic stands out in large, bold-faced type.

Each page number includes:

- The chapter number,
- A dash, *and*
- The page number.

Payment Policies
Chapter 26: Radiology Services

Payment policy: Radiology consultation services

Services that aren't covered

CPT® code 76140 isn't covered.

Requirements for billing

For radiology codes where a consultation service is performed, providers who perform the service must bill the specific X-ray code with modifier **-26**.

Attending health care providers who request second opinion consulting services are responsible for determining the necessity for the second opinion and must briefly document that justification in their chart notes. Examples include:

- Confirm or deny hypermobility at C5/C6,
- Does this T12 compression fracture look old or new?
- Evaluate stability of L5 spondylolisthesis,
- What is soft tissue opacity overlying sacrum? Will it affect case management for this injury?
- Is opacity in lung field anything to be concerned about?, and
- Does this disc protrusion shown on MRI look new or preexisting?

Payment limits

The insurer won't pay separately for review of films taken previously or elsewhere if a face to face service is performed on the same date as the X-ray review.

Review of records and diagnostic studies is bundled into E/M services that follow the 1995/1997 guidelines, chiropractic care visit, or other procedure(s) performed. For more information about E/M services, see [Chapter 10: Evaluation and Management \(E/M\) Services](#).

Payment for a radiological consultation will be made at the established professional component (modifier **-26**) rate for each specific radiology service. A written report of the consultation is required.

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26-6



General information: Highlights of policy changes since July 1, 2021

These highlights are intended for general reference. This isn't a comprehensive list of all the changes in the payment policies or fee schedules.

For complete code descriptions and lists of new, deleted, or revised codes, refer to the 2021 CPT® and HCPCS coding books.

Washington Administrative Code (WAC) and payment changes

The following changes to WACs and payment rates occurred:

- Cost of living adjustments were applied to RBRVS and anesthesia services or to most local codes,
- [WAC 296-20-135](#) increases the anesthesia conversion factor to \$3.75 per minute (\$54.60 per 15 minutes) and the RBRVS conversion factor increases to \$59.46,
- [WAC 296-23-220](#) and [WAC 296-23-230](#) increases the maximum daily cap for physical and occupational therapy services to \$140.84, and
- [WAC 296-23-250](#) set a daily cap for massage therapy of 75% of the daily cap for PT/OT services. The rate for July 1, 2022 is \$105.63.

Policy & fee schedule additions, changes, and clarifications

Professional services chapters

Several of the chapters reflect updated telehealth coverage and guidelines.

[Chapter 2: Information for All Providers](#) clarifies attending providers are required to collaborate with vocational counselors. ProviderOne information has been included for new providers. The insurer isn't using ProviderOne for billing.

[Chapter 9: Durable Medical Equipment \(DME\)](#) clarifies pneumatic compression device use.

[Chapter 10: Evaluation and Management \(E/M\)](#) Case Management Services now includes employers as the list of appropriate attendees for team conferences with providers.

[Chapter 13: Independent Medical Exams](#) has an updated fee schedule.

[Chapter 14: Interpreter Services](#) excludes sign languages. See Chapter 22: Other Services for information on arranging sign language interpreters.

[Chapter 17: Mental Health Services](#) clarifies rTMS coverage. This chapter also includes an update on residential facilities for mental health services.

[Chapter 22: Other Services](#) now includes information for Health Services Coordinators (HSCs).

[Chapter 23: Pathology and Laboratory Services](#) details when the insurer covers COVID-19 vaccinations and tests.

[Chapter 25: Physical Medicine Services](#) clarifies student involvement in the therapy appointment. Massage therapy requires prior authorization after the initial six visits.

Facility services chapters

In the facility services chapters, fees including Hospital APR DRG rates have been updated.

The insurer is continuing to update the outpatient code editor (OCE). Notices of future updates will be posted on the [Updates & Corrections page on L&I's website](#).

Fee schedules

With the exception of the comma delimited files, the Field Keys are integrated into the fee schedules.

The following fee schedules, factors, and rates have been updated:

- Professional fees,
- Durable medical equipment fees,
- Prosthetics and orthotics fees,
- Laboratory fees,
- Pharmacy fees,
- Dental fees,
- Interpreter fees,
- Hospital percent of allowed charge (POAC) factors,
- Hospital rates,
- Hospital ambulatory payment classification (APC) rates,
- Residential fees, and
- Ambulatory surgery center (ASC) fees.



General information: Tips on finding information in the printable version

To navigate through this manual

Table of Contents

In the Table of Contents, the page numbers are links to the page.

“Bookmarks”

The Bookmarks tab (see the far left of this manual in the PDF viewer) is a feature of Adobe Acrobat. You can use the bookmark links to jump around this manual. If the “Bookmarks” tab isn’t open, you can open it by clicking on “Bookmarks”:

- Click on any text in the list to go to the information within this manual,
- Click on the plus (+) sign to open each section’s list for more information, and
- Click on the minus (-) sign to close the section.

Search

The Find box is another feature of Adobe Acrobat. Follow the instructions to search for the item or topic you need.

To search for a word, press Ctrl+F. Follow the instructions to search for the item or topic you need. The search function won’t find an item if it is misspelled, so check your spelling carefully.

Hyperlinks

Use the two kinds of hyperlinks within this manual. Internal jump links are similar to the Bookmark links mentioned above.

To find information on a specific procedure

There are two places to look for information about a specific procedure:

- Review the payment policy (which is inside this manual), or
- Review the [fee schedule](#) (which is outside of this manual).

To print information within this manual

Use the Print icon, which is on the same menu as the Binocular Search icon.



Links to related topics

If you're looking for more information about...	Then see...
Administrative rules for industrial insurance (workers' compensation)	Washington Administrative Code (WAC) Title 296
Becoming an L&I provider	Become A Provider on L&I's website
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare professional services	Fee schedules on L&I's website

Need more help?

Call L&I's Provider Hotline at **1-800-848-0811** or email PHL@lni.wa.gov