



Washington State Department of
Labor & Industries
Workers' Compensation Services

Direct Entry Billing Manual

Submit, Adjust, or Void a Direct Entry Bill

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Signing in to your account to Access the Provider Express Billing Menu

Log into your account using either address to access the Provider Express Billing:

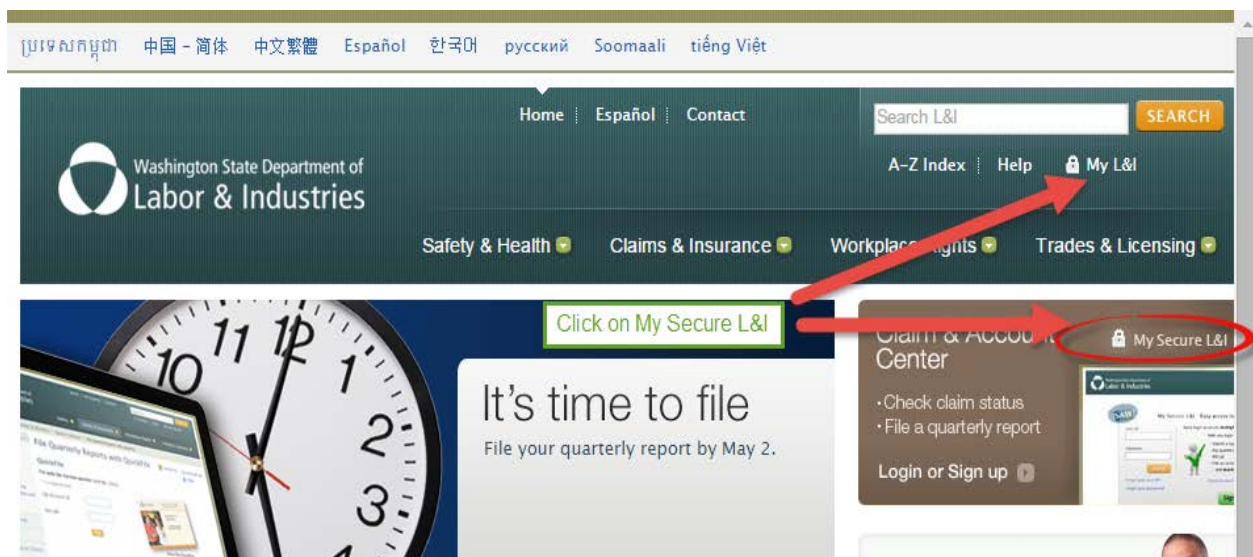
Option 1: <http://secureaccess.wa.gov>.

Option 2: www.Lni.wa.gov

Option 1: (provided as visual only)



Option 2: (provided as visual only)



STEP 1 — Log in with your User ID and Password

Examples are from Option 2 login from the L&I website www.Lni.wa.gov.

The screenshot shows the 'My L&I' login interface. At the top left is the Washington State Department of Labor & Industries logo. At the top right, it says 'My L&I' with a lock icon and 'powered by SecureAccess WASHINGTON'. The main heading is 'My L&I'. Below it, the 'New users' section includes a 'Sign up' button and a link to check for an existing user ID. The 'Returning users' section contains input fields for 'User ID' and 'Password', with links for 'Get User ID' and 'Reset my password', and a 'Log in' button. A help line is provided below the login form. The footer contains social media icons, a 'Contact us' link, and a 'FEEDBACK' button.

Washington State Department of Labor & Industries

My L&I

powered by SecureAccess WASHINGTON

My L&I

New users

Get secure access to your information at L&I and take advantage of our secure online services. Then use your new login to access secure services from other state agencies with [Secure Access Washington \(SAW\)](#)

[Sign up](#) [Check to see if you already have a user ID.](#)

Returning users

User ID: [Get User ID](#)

Password: [Reset my password](#)

[Log in](#)

Need help? Call 360-902-5999 weekdays between 8 a.m.-5 p.m. (Pacific). [Email Web Customer Support](#)

[f](#) [t](#) [B](#) [You Tube](#)




[L&I home page](#)
[SecureAccess Washington](#)

[Contact us](#)
[Contact Labor & Industries](#)

[FEEDBACK](#)

STEP 2 — Click 'Continue' and the 2-Step Verification Page





Washington State Department of Labor & Industries

Mail  My L&I   Log out

2-Step Verification

Verification successful!


[Update Security Profile](#) **Continue**


   

[L&I home page](#)
[SecureAccess Washington](#)

Contact us
[Contact Labor & Industries](#)

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[Access Agreement](#) | [Privacy & Security Statement](#) | [Intended Use/External Content Policy](#) | [Staff Only](#)


Official State Government Website

FEEDBACK 

STEP 3 — Click on My Tasks

The screenshot shows the 'My Profile' page with several sections. On the left, there are three boxes: 'Claimant Reimb Voc' (Medical and Vocational Providers, Federal Tax Number: 0916001069, Claims, Request more access), 'MIPS Technical Operations' (PEB Provider, Provider ID: 0000006, Administrator, Manage access), and 'MIPS' (PEB Provider, Provider ID: 9999996, Administrator, Manage access). On the right, there is a 'My personal information' section (User Id: grohsm5457, First name: Michele, Last name: Grohs, Email: peb4lnihto@usa.net, Phone number: (360) 902-6511, Update) and a 'Secure Access Washington (SAW)' section (My L&I is powered by SAW. With SAW, you can use your user ID and password to access online services from multiple state government offices. Access my services from other government offices, Report suspected misuse of my SAW account, Cancel my SAW account). At the bottom of the profile area, there is a red callout box pointing to a 'My tasks' button, with the text 'Click on My Tasks' next to it. Below this is a green '+ Get more access' button. At the bottom of the page, there are social media icons (Facebook, Twitter, Email, YouTube), a 'Contact us' link, and a 'FEEDBACK' button.

STEP 4 — Click on Bill L&I

The screenshot shows the 'My Profile' page with a grid of service tiles. The top row includes 'Claimant Reimb Voc Claims Access' (FEIN: 0916001069, View/request access), 'MIPS Technical Operations Billing Access' (L&I Provider ID or NPI: 0000006, Manage access), and 'MIPS Billing Access' (L&I Provider ID or NPI: 9999996, Manage access). Below this are several other tiles: 'Claims' (Look up current claim status, Learn what's covered under a claim, View imaged documents for a claim, Send information to L&I), 'Medical Examiner Handbook Certification' (Take the Medical Examiners' handbook certification test and receive continuing education credits), 'Transfer patient care' (Request the transfer of an injured worker to your care), and 'Medical Provider Report of Accident' (Complete and submit the provider and patient portion of the Report of Accident (ROA) form). On the right side, there are two more tiles: 'Correspondence from L&I' (View your secure messages online, View your claims correspondence online) and 'Bill L&I' (Bill L&I for care given to injured workers, View billing history). A red callout box points to the 'Bill L&I' tile with the text 'Click here to bill L&I'. Below these is a 'Related tasks' section with a yellow background, listing: Find a doctor, Pay balances owed to L&I, More for medical providers, and My Services from other government offices. At the bottom right, there is a 'FEEDBACK' button.

Submit a Direct Entry Bill

STEP 1 — Select 'Direct Entry' either from the:

- **Provider Express Billing Menu**
- OR
- **The left navigation menu**

Home | Español | Contact

Search L&I SEARCH

Washington State Department of Labor & Industries

A-Z Index | Help | My L&I

Safety & Health | Claims & Insurance | Workplace Rights | Trades & Licensing

Provider Express Billing

PEB Menu

Direct Entry

Adjust Direct Entry Bills

Submit Bills

Retrieve Remittances

Retrieve Acknowledgements

View Transmission Activity

Manage User Profile

Logout

Provider Express Billing Menu

This is where you can:

Direct Entry Enter bills for processing using the online Billing Form.

Adjust Direct Entry Bills Adjust a previously entered Direct Entry Bill

Submit Bills Upload a billing file to L&I.

Retrieve Remittances Download your remittance advice and responses from L&I.

Retrieve Acknowledgements Download your Acknowledgements from L&I.

View Transmission Activity View and print a history summary report of your file submissions and Direct Entry online billing.

Manage User Profile Update contact information. View business relationships and manage user access for your organization.

Logout Logout of PEB and return to SAW Login.

Logged in as: Michele Grohs

Contact Us

Related L&I Topics

- > Billing Frequently Asked Questions
- > Online correspondence for attending and vocational providers

Find a Law (RCW) or Rule (WAC) | Get a Form or Publication | Report Fraud

About L&I | News & Data Center | Find a Job at L&I | Language Services | Office Locator

For Business

- > What to do if your employees are injured
- > Find a safety rule
- > File a Quarterly Report
- > Find safety training materials
- > Permits and inspections
- > Check L&I business requirements

For Workers

- > Worker's comp claims
- > Find out about breaks
- > Learn workplace safety requirements
- > Understanding overtime pay
- > Minimum wage
- > How to file a workplace safety complaint

For Medical Providers

- > Fee schedules
- > Get authorization
- > Treating patients
- > Check claim status
- > Provider billing & payment
- > Medical treatment guidelines
- More For Medical Providers

FEEDBACK

STEP 2 — Select the provider group from the ‘Submitting Provider’ list.

Note: Depending on your access, you may or may not have to do this step. If you are not presented with this screen, skip to the next step.

The screenshot displays the 'Health Insurance Claim Form' page. At the top, there is a navigation bar with 'Home | Español | Contact', a search box for 'L&I', and links for 'A-Z Index', 'Help', and 'My L&I'. Below this is a secondary navigation bar with categories: 'Safety & Health', 'Claims & Insurance', 'Workplace Rights', and 'Trades & Licensing'. The main content area is titled 'Health Insurance Claim Form' and includes a 'Logged in as: Michele Grohs' indicator. A left sidebar contains a 'Provider Express Billing' menu with options like 'PEB Menu', 'Direct Entry', 'Adjust Direct Entry Bills', 'Submit Bills', 'Retrieve Remittances', 'Retrieve Acknowledgements', 'View Transmission Activity', 'Manage User Profile', and 'Logout'. The main text explains that the page allows for entering bills for processing using the online Billing Form, available to all providers authorized for Direct Entry except clearinghouses. A red asterisk highlights 'Important Information about ICD-10-CM and Direct Entry Billing' with a link to 'See additional information.' A 'Contact Us' button and 'Related L&I Topics' (including 'Billing Frequently Asked Questions') are also present. A table titled 'Select Submitting Provider' is shown with the following data:

| Submitting Provider | Provider Id |
|---------------------------|-------------|
| MIPS | 9999996 |
| MIPS Technical Operations | 0000006 |

A red callout box points to the table with the text: 'Select the group number from submitting provider.'

The footer contains several sections: 'Find a Law (RCW) or Rule (WAC)', 'Get a Form or Publication', 'Report Fraud', 'About L&I' (with links for News & Data Center, Find a Job at L&I, Language Services, Office Locator, Online Self-Service Center, and Site Feedback), 'For Business' (with links for employee injury, safety rules, quarterly reports, training materials, permits, business requirements, and small business help), 'For Workers' (with links for comp claims, breaks, safety requirements, overtime pay, minimum wage, workplace safety complaints, and finding a doctor), and 'For Medical Providers' (with links for fee schedules, authorization, patient treatment, claim status, billing & payment, and treatment guidelines). A 'FEEDBACK' button is located in the bottom right corner.

If you are a group and have individuals attached, you will be presented with a list of Rendering Providers.

STEP 3 — Click on the rendering provider name from the list.

Note: Depending on your access, you may or may not have to do this step. If you are not presented with a list, skip to Step 8.

Washington State Department of Labor & Industries

Home | Español | Contact

Search L&I SEARCH

A-Z Index | Help | My L&I

Safety & Health | Claims & Insurance | Workplace Rights | Trades & Licensing

Provider Express Billing

- PEB Menu
- Direct Entry
- Adjust Direct Entry Bills
- Submit Bills
- Retrieve Remittances
- Retrieve Acknowledgements
- View Transmission Activity
- Manage User Profile
- Logout

Health Insurance Claim Form

Logged in as: [redacted]

Contact Us

Related L&I Topics

- Billing Frequently Asked Questions

This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses.

*** Important Information about ICD-10-CM and Direct Entry Billing ***

See additional information.

Select Submitting Provider

| Submitting Provider | Provider Id |
|----------------------------|-------------|
| Adventure Physical Therapy | [redacted] |
| ambulance 51 | [redacted] |
| APEX EDI | [redacted] |

Select Rendering Provider

| Rendering Provider | Provider LNI Id | Provider NPI Id | Inactive Date |
|--------------------|-----------------|-----------------|---------------|
| DAVIS ELLIOTT T PT | [redacted] | [redacted] | [redacted] |
| DAVIS STACEY M PT | [redacted] | [redacted] | [redacted] |
| ELGEN BRYCE C PT | [redacted] | [redacted] | [redacted] |

Find a Law (RCW) or Rule (WAC) | Get a Form or Publication | Report Fraud

For Business

- What to do if your employees are injured
- Find a safety rule

For Workers

- Worker's comp claims
- Find out about breaks
- Learn workplace safety

For Medical Providers

- Fee schedules
- Get authorization
- Treating patients

FEEDBACK

STEP 4 — Enter the worker’s ID number (L&I claim number) and the number service (billing) lines and then click ‘Continue’.

- If you do not enter the number of service line the form will default to 6 lines. You can enter up to 50 lines.

The screenshot shows the 'Health Insurance Claim Form' interface. At the top, there is a navigation bar with 'Home | Español | Contact', a search bar, and 'A-Z Index | Help | My L&I'. Below this is a menu with 'Safety & Health', 'Claims & Insurance', 'Workplace Rights', and 'Trades & Licensing'. The main content area has a left sidebar for 'Provider Express Billing' with options like 'PEB Menu', 'Direct Entry', 'Adjust Direct Entry Bills', 'Submit Bills', 'Retrieve Remittances', 'Retrieve Acknowledgements', 'View Transmission Activity', 'Manage User Profile', and 'Logout'. The main heading is 'Health Insurance Claim Form' with a 'Logged in as:' field. Below the heading is a description: 'This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses.' There is a red asterisk warning: '* Important Information about ICD-10-CM and Direct Entry Billing *' with a link to 'See additional information.' A table for 'Select Submitting Provider' lists 'MIPS' (Provider Id: 9999996) and 'MIPS Technical Operations' (Provider Id: 0000006). Below this is a 'Rendering Provider' section with 'DEPT OF LABOR & INDUSTRIES' and '0000006'. The 'Enter Worker's ID Number (L&I Claim number)' field contains 'H010101'. The 'Enter the number of Service Lines from 1 to 50 (default is 6)' field is empty. At the bottom of the form are 'CONTINUE' and 'CANCEL' buttons. Red annotations include a box around the 'CONTINUE' button, a box around the 'H010101' field with an arrow pointing to it labeled 'Enter Worker's L&I Claim Number', and a box around the service lines field with an arrow pointing to it labeled 'Enter # of Service Lines'. A bottom navigation bar contains sections for 'Find a Law (RCW) or Rule (WAC)', 'Get a Form or Publication', 'Report Fraud', 'About L&I', 'For Business', 'For Workers', and 'For Medical Providers', along with a 'FEEDBACK' button.

If you entered an L&I claim number that is not on-file, you are given two choices:

- Click ‘Use this Claim Number’ (directs you to the Health Insurance Claim Form)
- OR
- Click ‘Enter different Claim Number’ (returns you to the previous screen).

If the claim number is valid, you will skip to Step 8.

The screenshot shows the Washington State Department of Labor & Industries website. At the top, there is a navigation bar with links for Home, Español, and Contact, along with a search bar and a 'SEARCH' button. Below the navigation bar, there are menu items for Safety & Health, Claims & Insurance, Workplace Rights, and Trades & Licensing. The main content area is titled 'Health Insurance Claim Form'. It includes a sidebar on the left with 'Provider Express Billing' options such as PEB Menu, Direct Entry, Adjust Direct Entry Bills, Submit Bills, Retrieve Remittances, Retrieve Acknowledgements, View Transmission Activity, Manage User Profile, and Logout. The main content area contains the following text: 'This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses. * Important Information about ICD-10-CM and Direct Entry Billing * See additional information.' Below this text, there are two buttons: 'USE THIS CLAIM NUMBER' and 'ENTER DIFFERENT CLAIM NUMBER'. A green box highlights these buttons with the text 'If presented with this screen choose an option'. To the right of the main content area, there is a 'Contact Us' button and a 'Related L&I Topics' section with a link to 'Billing Frequently Asked Questions'. The footer of the page is divided into three columns: 'For Business' (including links like 'What to do if your employees are injured', 'Find a safety rule', 'File a Quarterly Report', 'Find safety training materials', 'Permits and inspections', 'Check L&I business requirements', and 'Help for small business owners'), 'For Workers' (including links like 'Worker's comp claims', 'Find out about breaks', 'Learn workplace safety requirements', 'Understanding overtime pay', 'Minimum wage', 'How to file a workplace safety complaint', and 'Find a Doctor'), and 'For Medical Providers' (including links like 'Fee schedules', 'Get authorization', 'Treating patients', 'Check claim status', 'Provider billing & payment', and 'Medical treatment guidelines'). There is also a 'Feedback' button in the bottom right corner.

STEP 5 — Complete the ‘Health Insurance Claim Form’

See instructions on the next page.

Health Insurance Claim Form

Logged in as: [blurred]

This Bill is a TEST Bill

1a. Worker's SSN: ?

2. Patients Name (Last, First, Middle Initial):

11. Insured's ID Number (L&I Claim Number):

17. Referring Physician Provider Number

17a. (LNI) OR 17b. (NPI) ?

21. Diagnosis or Nature of Illness or Injury ? (Relate A-L to Diag. Ptr. by Line)

ICD Ind. ICD 9 ICD 10 ?

23. Prior Authorization Number or VOC Referral Id: ?

A. B. C. D.
 E. F. G. H.
 I. J. K. L.

| No. | First Date of Service ? | Last Date of Service ? | Place of Service ? | Proc. Code ? | Mod 1 ? | Mod 2 ? | Mod 3 ? | Mod 4 ? | Diag. Ptr. ? | Charges ? | Units ? | Rendering Provider |
|-----|-------------------------|------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | LNI 6 NPI |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | LNI 6 NPI |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | LNI 6 NPI |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | LNI 6 NPI |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | LNI 6 |

25. Federal Tax I.D. Number: ?

26. Patient's Account No.: ?

28. Total Charge:

31. Date Bill Submitted:

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586

MIPS TECHNICAL OPERATIONS

PO BOX 44263 WA 98504-4263

OLYMPIA

A. (NPI) B. (LNI) 6 ?

Bill Remarks (Max 80 characters): ?

[VALIDATE DATA ON FORM](#) | [ADD LINE ITEM](#) | [CLEAR FORM](#) | [CANCEL](#)

Note If the claim ID entered is on-file, some of these fields may or may not be prefilled.

| | |
|----------|---|
| Box 1a: | Enter the worker's Social Security Number, if known. |
| Box 2: | Enter the patient's name in the last name, first name, middle initial format. |
| Box 11: | Insured's ID number (L&I claim number) is prefilled. |
| Box 17a: | If applicable, enter Referring Physician Provider Number OR |
| Box 17b: | If applicable, enter Referring Physician NPI Number |
| Box 21: | If applicable, enter up to 4 diagnosis codes. |
| Box 23: | If applicable, enter Prior Authorization Number of VOC Referral ID. |

Enter Service Line Detail

| No. | First Date of Service | Last Date of Service | Place of Service | Proc. Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Diag. Ptr. | Charges | Units | Rendering Provider |
|-----|-----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | LNI 6 NPI |

| | |
|--|---|
| First Date of Service: | Enter the date the service was provided using MMDDYY or MM/DD/YY formats. |
| Last Date of Service | If you have consecutive dates of service, enter last date of service using MMDDYY or MM/DD/YY date formats. |
| <i>Note: If the last date of service is the same as the first date of service, you can skip this field and it will auto-fill with the date you entered for "First Date of Service" when the bill is validated.</i> | |
| Place of Service: | Enter 2-digit place of service code. |
| Mod 1, 2, 3, or 4: | Enter the procedure code (CPT/HCPCS/Local Codes). |
| Diag. Ptr.: | If you entered a diagnosis code(s) in Box 21, enter a diagnosis pointer of a, b, c, or d relating the date of service and procedure performed to the appropriate diagnosis. |
| Charges: | Enter your usual and customary fee for the procedure billed. |
| Units: | Enter the total number of units, minutes or days. |
| Rendering Provider: | This will be prefilled. |

| | |
|---------|---|
| Box 25: | Prefilled with Federal Tax ID listed in our records for the billing provider. |
| Box 26: | Enter the patient's account number. |
| Box 28: | Auto-filled when bill is validated. |
| Box 31: | Prefilled with the date bill was created. |
| Box 33: | Prefilled with the current information listed in our records. |

Use Bill Remarks to enter information when applicable. Improper use may cause delays in processing and payment of your bill(s).

STEP 6 — Click on one of the four options.

After you have completed the 'Health Insurance Claim' form, you have 4 options:

- Click 'Validate Data on Form' — validates data to ensure all applicable fields are completed;

OR
- Click 'Add Line Item' — an additional line will be added;

OR
- Click 'Clear Form' — all data will be removed from form except the prefilled fields;

OR
- Click 'Cancel' — returns you to the 'Select Submitting Provider' screen.

Health Insurance Claim Form

Logged in as: [Redacted]

This Bill is a TEST Bill

1a. Worker's SSN: ?

2. Patients Name (Last, First, Middle Initial):

11. Insured's ID Number (L&I Claim Number):

17. Referring Physician Provider Number
 17a. (LNI) OR 17b. (NPI) ?

21. Diagnosis or Nature of Illness or Injury ? (Relate A-L to Diag. Ptr. by Line)
 ICD Ind. ICD 9 ICD 10 ?

23. Prior Authorization Number or VOC Referral Id: ?

A. B. C. D.
 E. F. G. H.
 I. J. K. L.

| No. | First Date of Service ? | Last Date of Service ? | Place of Service ? | Proc. Code ? | Mod 1 ? | Mod 2 ? | Mod 3 ? | Mod 4 ? | Diag. Ptr. ? | Charges ? | Units ? | Rendering Provider |
|-----|-------------------------|------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | LNI 6 NPI |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | LNI 6 NPI |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | LNI 6 NPI |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | LNI 6 NPI |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | LNI 6 |

25. Federal Tax I.D. Number: ?

26. Patient's Account No.: ?

28. Total Charge:

31. Date Bill Submitted:

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586
 MIPS TECHNICAL OPERATIONS
 PO BOX 44263
 OLYMPIA WA 98504-4263
 A. (NPI) B. (LNI) 6 ?

Bill Remarks (Max 80 characters): ?

◀ VALIDATE DATA ON FORM | ADD LINE ITEM | CLEAR FORM | CANCEL ▶

If "Validate Data on Form" is selected and the bill has missing or incorrect information, you will need to make corrections or add the missing information, and then once again click "Validate Data on Form". You may need to repeat until you validate and verify data is correct.

You will receive a message when your bill has been validated, continue to the next step.

STEP 7 — See sample message on Page 16.

Health Insurance Claim Form

⚠ Please correct the following errors or omissions:

* Invalid Diagnosis Pointer or missing diagnosis code.

If you selected Vailidate Data on Form and the bill has missing or incorrect information, you will get an error message to correct bill, make correction and select validate data again.

This Bill is a TEST Bill

1a. Worker's SSN: 111111111 ?

2. Patients Name (Last, First, Middle Initial): CACTEST DUDE

11. Insured's ID Number (L&I Claim Number): H010101

17. Referring Physician Provider Number: 17a. (LNI) OR 17b. (NPI) ?

21. Diagnosis or Nature of Illness or Injury (Relate A-L to Diag. Ptr. by Line):
 ICD Ind. ICD 9 ICD 10 ?
 A. B. C. D. E. F. G. H. I. J. K. L.

23. Prior Authorization Number or VOC Referral Id: ?

| No. | First Date of Service | Last Date of Service | Place of Service | Proc. Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Diag. Ptr. | Charges | Units | Rendering Provider |
|-----|-----------------------|----------------------|------------------|------------|-------|-------|-------|-------|------------|---------|-------|--------------------|
| 1 | 01/01/16 | 01/01/16 | 11 | 97124 | | | | | A | 100.00 | 4 | LNI 6 NPI |
| 2 | | | | | | | | | | | | LNI 6 NPI |
| 3 | | | | | | | | | | | | LNI 6 NPI |
| 4 | | | | | | | | | | | | LNI 6 NPI |
| e | | | | | | | | | | | | LNI 6 |

25. Federal Tax I.D. Number: 916001069 ?

26. Patient's Account No.: SAMPLE BILL ?

28. Total Charge: 100.00

31. Date Bill Submitted: 4/22/2016

33. Billing Provider Info & PH#
 DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586
 MIPS TECHNICAL OPERATIONS
 PO BOX 44263 V/A 98504-4263
 OLYMPIA
 A. (NPI) B. (LNI) 6 ?

Bill Remarks (Max 80 characters): ?

VALIDATE DATA ON FORM ADD LINE ITEM CLEAR FORM CANCEL

Message: "Your bill has been validated."

Bill Data has been validated, Please Verify your Data and then click the Submit button to submit this Bill to Labor and Industries.

You will receive this message when the bill has been validated

This Bill is a TEST Bill

1a. Worker's SSN

111111111

2. Patients Name (Last, First, Middle Initial)

CACTEST DUDE

11. Insured's ID Number (L&I Claim Number)

H010101

17. Referring Physician Provider Number

17a. (LNI) 0 OR 17b. (NPI) 0

21. Diagnosis or Nature of Illness or Injury (Relate A-L to Diag. Ptr. by Line)

23. Prior Authorization Number or VOC Referral Id

ICD Ind. ICD 9 ICD 10

A. S33.XXA B. C. D. E. F. G. H. I. J. K. L.

| No. | First Date of Service | Last Date of Service | Place of Service | Proc. Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Diag. Ptr. | Charges | Units | Rendering Provider |
|-----|-----------------------|----------------------|------------------|------------|-------|-------|-------|-------|------------|---------|-------|--------------------|
| 1 | 01/01/16 | 01/01/16 | 11 | 97124 | | | | | A | 100.00 | 4 | LNI 6 NPI |
| 2 | | | | | | | | | | | | LNI 6 NPI |
| 3 | | | | | | | | | | | | LNI 6 NPI |
| 4 | | | | | | | | | | | | LNI 6 NPI |
| 5 | | | | | | | | | | | | LNI 6 |

25. Federal Tax I.D. Number

916001069

26. Patient's Account No.

042616 MICHELE

28. Total Charge

100.00

31. Date Bill Submitted

4/26/2016

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586
MIPS TECHNICAL OPERATIONS
PO BOX 44263
OLYMPIA WA 98504-4263
A. (NPI) 0 B. (LNI) 6

Bill Remarks (Max 80 characters)

EDIT FORM SUBMIT

STEP 8 — Click “Submit”

Once you click this button, no further changes can be made to the submitted bill until after the bill is paid or denied.

- Changes to a partially paid bill, submit an adjustment.
- Denied bills, submit a new direct entry bill.

i Bill Data has been validated, Please Verify your Data and then click the Submit button to submit this Bill to Labor and Industries.

This Bill is a TEST Bill

1a. Worker's SSN: 111111111
 2. Patients Name (Last, First, Middle Initial): CACTEST DUDE

11. Insured's ID Number (L&I Claim Number): H010101

17. Referring Physician Provider Number
 17a. (LNI) 0 OR 17b. (NPI) 0

21. Diagnosis or Nature of Illness or Injury (Relate A-L to Diag. Ptr. by Line)
 ICD Ind. ICD 9 ICD 10
 A. 533.XXA B. C. D. E. F. G. H. I. J. K. L.

23. Prior Authorization Number or VOC Referral Id

| No. | First Date of Service | Last Date of Service | Place of Service | Proc. Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Diag. Ptr. | Charges | Units | Rendering Provider |
|-----|-----------------------|----------------------|------------------|------------|-------|-------|-------|-------|------------|---------|-------|--------------------|
| 1 | 01/01/16 | 01/01/16 | 11 | 97124 | | | | | A | 100.00 | 4 | LNI 6 NPI |
| 2 | | | | | | | | | | | | LNI 6 NPI |
| 3 | | | | | | | | | | | | LNI 6 NPI |
| 4 | | | | | | | | | | | | LNI 6 NPI |
| e | | | | | | | | | | | | LNI 6 |

25. Federal Tax I.D. Number: 916001069
 26. Patient's Account No.: 042616 MICHELE
 28. Total Charge: 100.00
 31. Date Bill Submitted: 4/26/2016

33. Billing Provider Info & PH#
 DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586
 MIPS TECHNICAL OPERATIONS
 PO BOX 44263 W/A 98504-4263
 OLYMPIA
 A. (NPI) 0 B. (LNI) 6

Bill Remarks (Max 80 characters)

EDIT FORM SUBMIT

Find a Law (RCW) or Rule (WAC) For Business For Workers For Medical Provider **FEEDBACK**

When your bill has been submitted, you will be returned to the “Select Submitting Provider” screen and you will receive the message:

“The bill was successfully submitted”

The bill was successfully submitted.

Provider Express Billing

- ▶ PEB Menu
- ▶ Direct Entry
- ▶ Adjust Direct Entry Bills
- ▶ Submit Bills
- ▶ Retrieve Remittances
- ▶ Retrieve Acknowledgements
- ▶ View Transmission Activity
- ▶ Manage User Profile
- ▶ Logout

Health Insurance Claim Form

Logged in as

This page allows you to enter bills for processing using the online Billing Form. This service is available to all providers authorized for Direct Entry except clearinghouses.

*** Important Information about ICD-10-CM and Direct Entry Billing ***

[See additional information.](#)

The Bill was successfully submitted.

Did you know that you can fax your chart notes and reports?

Please fax patient chart notes, reports and documentation to support billing for
Workers Compensation at **360-902-4567**
Crime Victims Claims at **360-902-5333**

Contact Us

Related L&I Topics

- ▶ Billing Frequently Asked Questions

Select Submitting Provider

| Submitting Provider | Provider Id |
|---------------------------|-------------|
| MIPS | 9999996 |
| MIPS Technical Operations | 0000006 |

Find a Law (RCW) or Rule (WAC)

Get a Form or Publication

Report Fraud

About L&I
News & Data Center
Find a Job at L&I
Language Services
Office Locator

For Business

- ▶ What to do if your employees are injured
- ▶ Find a safety rule
- ▶ File a Quarterly Report
- ▶ Find safety training materials
- ▶ Permits and inspections
- ▶ Check L&I business requirements

For Workers

- ▶ Worker's comp claims
- ▶ Find out about breaks
- ▶ Learn workplace safety requirements
- ▶ Understanding overtime pay
- ▶ Minimum wage
- ▶ How to file a workplace safety complaint

For Medical Providers

- ▶ Fee schedules
- ▶ Get authorization
- ▶ Treating patients
- ▶ Check claim status
- ▶ Provider billing & payment
- ▶ Medical treatment guidelines



Adjust a Direct Entry Bill

STEP 1 — Select ‘Adjust Direct Entry Bill’ either from the

- **Provider Express Billing Menu**

OR

- **The left navigation menu**

The screenshot shows the Washington State Department of Labor & Industries website. The header includes the department logo, navigation links (Home, Inicio en Español, Contact), a search bar, and a secondary navigation menu (A-Z Index, Help). Below the header, there are four main categories: Safety, Claims & Insurance, Workplace Rights, and Trades & Licensing. The main content area is titled "Provider Express Billing Menu" and features a left-hand navigation menu and a main content area. The left-hand navigation menu lists several options, with "Adjust Direct Entry Bills" circled in red. The main content area lists several options, with "Adjust Direct Entry Bills" also circled in red. A "Related L&I Topics" section is visible on the right side of the page.

Washington State Department of Labor & Industries

Home | Inicio en Español | Contact

A-Z Index | Help

SEARCH

Safety | Claims & Insurance | Workplace Rights | Trades & Licensing

Provider Express Billing

Provider Express Billing Menu

Logged in as: [redacted]

Contact Us

Related L&I Topics

- ▶ Billing Frequently Asked Questions

Provider Express Billing

- ▶ PEB Menu
- ▶ Direct Entry
- ▶ **Adjust Direct Entry Bills**
- ▶ Submit Bills
- ▶ Retrieve Remittances
- ▶ Retrieve Acknowledgements
- ▶ View Transmission Activity

This is where you can:

- Direct Entry**
Enter bills for processing using the online Billing Form.
- ▶ **Adjust Direct Entry Bills**
Adjust a previously entered Direct Entry Bill
- Submit Bills**
Upload a billing file to L&I.
- Retrieve Remittances**
Download your remittance advice and responses from L&I.
- Retrieve Acknowledgements**

STEP 2 — Click Select

From the “Select a Submitter ID Number” drop down box, select the provider group that you are submitting an Adjustment for.

Note: Depending on your access, you may or may not have multiple provider groups to choose from.

The screenshot shows the 'Adjust Direct Entry Bills' page. At the top, there is a navigation bar with 'Home', 'Español', and 'Contact' links, a search bar for 'Search L&I', and 'A-Z Index', 'Help', and 'My L&I' options. Below this is a secondary navigation bar with 'Safety & Health', 'Claims & Insurance', 'Workplace Rights', and 'Trades & Licensing' categories. The main content area is titled 'Adjust Direct Entry Bills' and includes a 'Logged in as:' field. A sidebar on the left contains a 'Provider Express Billing' menu with options like 'PEB Menu', 'Direct Entry', 'Adjust Direct Entry Bills', 'Submit Bills', 'Retrieve Remittances', 'Retrieve Acknowledgements', 'View Transmission Activity', 'Manage User Profile', and 'Logout'. The main text explains that the page allows adjusting or voiding finalized bills and provides a link for 'See additional information.' Below this is a form with a 'Select a Submitterid Number:' label and a dropdown menu showing 'SubmitterID Number: 03227'. A red circle highlights the dropdown arrow, and another red circle highlights a 'SELECT' button below the dropdown. A table of bills is displayed below the form, with columns for ICN, Claim Number, Status, Adjust Bill, Void Bill, From DOS, To DOS, and Paid Date. The table contains two rows of data. At the bottom, there are four columns of links: 'Find a Law (RCW) or Rule (WAC)', 'Get a Form or Publication', 'Report Fraud', and 'About L&I'; 'For Business' (What to do if your employees are injured, Find a safety rule, File a Quarterly Report); 'For Workers' (Worker's comp claims, Find out about breaks, Learn workplace safety requirements); and 'For Medical Providers' (Fee schedules, Get authorization, Treating patients, Check claim status). A 'FEEDBACK' button is located in the bottom right corner.

| ICN | Claim Number | Status | Adjust Bill | Void Bill | From DOS | To DOS | Paid Date |
|-------------------|--------------|------------|-------------|-----------|------------|------------|-----------|
| 51605608000000200 | H010101 | In Process | | | 02/10/2016 | 02/10/2016 | |
| 51605508000000100 | H010101 | In Process | | | 10/24/2014 | 10/24/2014 | |

A list of Direct Entry bills that have been submitted will be displayed. Find the bill that you want to adjust. Only bills with a paid or denied status can be adjusted.

STEP 3 — Click “Adjust” from the Adjust bill column on the same row as the ICN you are adjusting.

Washington State Department of Labor & Industries

Home | Inicio en Español | Contact

A-Z Index | Help

Safety | Claims & Insurance | Workplace Rights | Trades & Licensing

Provider Express Billing

Adjust Direct Entry Bills

Logged In as: [redacted]

This page allows you to adjust or void Direct Entry bills that have been finalized to a Paid or Denied Status.
[See additional information.](#)

Select a SubmitterID Number:

SubmitterID Number: 00054

SELECT

| ICN | Claim Number | Status | Adjust Bill | Void Bill | From DOS | To DOS | Paid Date |
|-------------------|--------------|------------|-------------|-----------|------------|------------|------------|
| 51125008000000400 | H010101 | In Process | | | 09/01/2011 | 09/01/2011 | |
| 51125008000000300 | H010101 | Paid | Adjust | Void | 08/10/2011 | 08/10/2011 | 09/07/2011 |
| 51125008000000200 | H010101 | Paid | Adjust | Void | 08/08/2011 | 08/08/2011 | 09/07/2011 |

Contact Us

Related L&I Topics

> Billing Frequently Asked Questions

STEP 4 — Make changes to your original bill

The original bill will be displayed. You can make changes to any of the following fields or add additional lines:

| | |
|------------------------|--|
| 17a or 17b: | Referring Physician Provider Number. |
| 21: | Diagnosis. |
| 23: | Prior Authorization Number or VOC Referral ID. |
| First Date of Service | |
| Last Date of Service | |
| Place of Service | |
| Procedure Code | |
| Modifier 1, 2, 3, or 4 | |
| Diagnosis Pointer | |
| Charges | |
| Units | |
| 26: | Patient's Account Number |

You can't change the claim number or rendering provider number with a direct entry adjustment.

STEP 5 — Click ‘Validate Data on Form’ when you’re satisfied with your changes.

Health Insurance Claim Form - Adjust a Bill

This Bill is a TEST Bill

1a. Worker's SSN: ?

2. Patients Name (Last, First, Middle Initial):

11. Insured's ID Number (L&I Claim Number):

17. Referring Physician Provider Number: 17a. (LNI) OR 17b. (NPI) ?

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line):
 1. 2. 3. 4. ?

23. Prior Authorization Number or VOC Referral Id: ?

| No. | First Date of Service | Last Date of Service | Place of Service | Proc. Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Diag. Ptr. | Charges | Units | Rendering Provider |
|-----|-------------------------------------|-------------------------------------|---------------------------------|------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------------------|--------------------------------|--------------------|
| 1 | <input type="text" value="080811"/> | <input type="text" value="080811"/> | <input type="text" value="99"/> | <input type="text" value="9989M"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="100.00"/> | <input type="text" value="8"/> | LNI 6 NPI |

25. Federal Tax I.D. Number: ?

26. Patient's Account No.: ?

28. Total Charge:

31. Date Bill Submitted:

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586
 MIPS TECHNICAL OPERATIONS
 PO BOX 44263
 OLYMPIA WA 98504-4263
 A. (NPI) B. (LNI) ?

Bill Remarks (Max 80 characters): ?

If there are no errors, you will receive the message “Bill data has been validated. Please verify your data.”

Health Insurance Claim Form - Adjust a Bill Logged in as: _____

Bill Data has been validated, Please Verify your Data and then click the Submit button to submit this Bill to Labor and Industries.

This Bill is a TEST Bill

1a. Worker's SSN: 111111111 ? 2. Patients Name (Last, First, Middle Initial): CACTEST DUDE

11. Insured's ID Number (L&I Claim Number): H010101

17. Referring Physician Provider Number: 17a. (LNI) OR 17b. (NPI) ?

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line): 1. 2. 3. 4. ?

23. Prior Authorization Number or VOC Referral Id: ?

| No. | First Date of Service | Last Date of Service | Place of Service | Proc. Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Diag. Ptr. | Charges | Units | Rendering Provider |
|-----|-----------------------|----------------------|------------------|------------|-------|-------|-------|-------|------------|---------|-------|--------------------|
| 1 | 080811 | 080811 | 99 | 9989M | | | | | | 100.00 | 8 | LNI 6 NPI |

25. Federal Tax I.D. Number: 916001069 ? 26. Patient's Account No.: 123 ? 28. Total Charge: 31. Date Bill Submitted: 9/8/2011

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586
MIPS TECHNICAL OPERATIONS
PO BOX 44263
OLYMPIA WA 98504-4263
A. (NPI) B. (LNI) 6

Bill Remarks (Max 80 characters): ?

EDIT FORM ADJUST BILL

STEP 6

Click “Adjust Bill” — Once you click this button, no further changes can be made

OR

Click “Edit Form” — If you want to make additional changes.

When the adjustment has been submitted, you will be returned to the “Select Submitting Provider Number” screen and you will receive the message:

“The adjusted bill was successfully submitted.”

Provider Express Billing

- PEB Menu
- Direct Entry
- Adjust Direct Entry Bills
- Submit Bills
- Retrieve Remittances
- Retrieve Acknowledgements
- View Transmission Activity
- Manage User Profile

Adjust Direct Entry Bills



This page allows you to adjust or void Direct Entry bills that have been finalized to a Paid or Denied Status.

[See additional information.](#)

Select a SubmitterID Number:

SubmitterID Number:

SELECT

Logged In as:

Contact Us

Related L&I Topics

- ▶ [Billing Frequently Asked Questions](#)

Void a Direct Entry Bill

STEP 1 — Click Adjust Direct Entry Bill Form

- **Provider Express Billing Menu**

OR

- **The left navigation menu**

The screenshot shows the Washington State Department of Labor & Industries website. The header includes the department logo, navigation links for Home, Inicio en Español, and Contact, a search bar, and a dropdown menu with options for Safety, Claims & Insurance, Workplace Rights, and Trades & Licensing. The main content area is titled "Provider Express Billing Menu" and lists several options: PEB Menu, Direct Entry, Adjust Direct Entry Bills (circled in red), Submit Bills, Retrieve Remittances, Retrieve Acknowledgements, and View Transmission Activity. The "Adjust Direct Entry Bills" option is highlighted with a red circle in the left navigation menu and another red circle in the main content area. The main content area also includes a "This is where you can:" section with sub-sections for Direct Entry, Adjust Direct Entry Bills, Submit Bills, Retrieve Remittances, and Retrieve Acknowledgements. A "Contact Us" button and a "Related L&I Topics" section are also visible.

STEP 2 — Click Select

From the “Select a Submitter ID Number” drop down box, select the provider group that you are submitting an Adjustment for.

Note: Depending on your access, you may or may not have multiple provider groups to choose from.

The screenshot shows the 'Adjust Direct Entry Bills' page. At the top, there is a navigation bar with 'Home', 'Español', and 'Contact' links, a search bar for 'Search L&I', and 'A-Z Index', 'Help', and 'My L&I' options. Below this is a secondary navigation bar with 'Safety & Health', 'Claims & Insurance', 'Workplace Rights', and 'Trades & Licensing' categories. The main content area is titled 'Adjust Direct Entry Bills' and includes a 'Logged in as:' field. A sidebar on the left lists various options like 'Provider Express Billing', 'PEB Menu', 'Direct Entry', 'Adjust Direct Entry Bills', 'Submit Bills', 'Retrieve Remittances', 'Retrieve Acknowledgements', 'View Transmission Activity', 'Manage User Profile', and 'Logout'. The main content area contains a description: 'This page allows you to adjust or void Direct Entry bills that have been finalized to a Paid or Denied Status. See additional information.' Below this is a form with a dropdown menu labeled 'Select a Submitter ID Number:' and a text input field containing '03227'. A red circle highlights the dropdown arrow, and another red circle highlights a 'SELECT' button below the form. Below the form is a table with columns: ICN, Claim Number, Status, Adjust Bill, Void Bill, From DOS, To DOS, and Paid Date. The table contains two rows of data. On the right side, there is a 'Contact Us' button and a 'Related L&I Topics' section with a link to 'Billing Frequently Asked Questions'. At the bottom, there is a footer with 'Find a Law (RCW) or Rule (WAC)', 'Get a Form or Publication', 'Report Fraud', and 'About L&I' links, along with sections for 'For Business', 'For Workers', and 'For Medical Providers'. A 'FEEDBACK' button is located in the bottom right corner.

| ICN | Claim Number | Status | Adjust Bill | Void Bill | From DOS | To DOS | Paid Date |
|-------------------|--------------|------------|-------------|-----------|------------|------------|-----------|
| 51605608000000200 | H010101 | In Process | | | 02/10/2016 | 02/10/2016 | |
| 51605508000000100 | H010101 | In Process | | | 10/24/2014 | 10/24/2014 | |

A list of Direct Entry bills that have been submitted will be displayed. Find the bill that you want to void. Only bills with a paid or denied status can be voided.

STEP 3 — Click “Void” in the Void Bill column for the ICN you are voiding.

Washington State Department of Labor & Industries

Home | Inicio en Español | Contact

A-Z Index | Help

Safety | Claims & Insurance | Workplace Rights | Trades & Licensing

Provider Express Billing

Adjust Direct Entry Bills

Logged In as

This page allows you to adjust or void Direct Entry bills that have been finalized to a Paid or Denied Status.
See additional information.

Select a SubmitterID Number:

SubmitterID Number: 0005446

SELECT

| ICN | Claim Number | Status | Adjust Bill | Void Bill | From DOS | To DOS | Paid Date |
|-------------------|--------------|------------|-------------|-----------|------------|------------|------------|
| 51125008000000400 | H010101 | In Process | | | 09/01/2011 | 09/01/2011 | |
| 51125008000000300 | H010101 | Paid | Adjust | Void | 08/10/2011 | 08/10/2011 | 09/07/2011 |
| 51125008000000200 | H010101 | Paid | Adjust | Void | 08/08/2011 | 08/08/2011 | 09/07/2011 |

The original bill will be displayed. Confirm that the selected bill should be voided.

STEP 4

- Click “Void Bill” — Once you click this button, it cannot be reversed.

OR

- Click “Cancel” to exit.

Health Insurance Claim Form - Void a Bill Logged in as: [redacted]

This Bill is a TEST Bill

1a. Worker's SSN: ?

2. Patients Name (Last, First, Middle Initial):

11. Insured's ID Number (L&I Claim Number):

17. Referring Physician Provider Number: 17a. (LNI) OR 17b. (NPI) ?

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line): 1. 2. 3. 4. ?

23. Prior Authorization Number or VOC Referral Id: ?

| No. | First Date of Service ? | Last Date of Service ? | Place of Service ? | Proc. Code ? | Mod 1 ? | Mod 2 ? | Mod 3 ? | Mod 4 ? | Diag. Ptr. ? | Charges ? | Units ? | Rendering Provider |
|-----|-------------------------------------|-------------------------------------|---------------------------------|------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------------------|--------------------------------|--------------------|
| 1 | <input type="text" value="080811"/> | <input type="text" value="080811"/> | <input type="text" value="99"/> | <input type="text" value="9989M"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="100.00"/> | <input type="text" value="8"/> | LNI 6 NPI |

25. Federal Tax I.D. Number: ?

26. Patient's Account No.: ?

28. Total Charge:

31. Date Bill Submitted:

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586

MIPS TECHNICAL OPERATIONS

PO BOX 44263

OLYMPIA WA 98504-4263

A. (NPI) B. (LNI) 6

Bill Remarks (Max 80 characters): ?

VOID BILL CANCEL

When your voided bill has been submitted, you will be returned to the “Selecting Submitting Provider” screen and you will receive the message:

“The Void bill was successfully submitted.”

The screenshot shows the Washington State Department of Labor & Industries website. The header includes the department logo, navigation links (Home, Inicio en Español, Contact), a search bar, and a dropdown menu with options like Safety, Claims & Insurance, Workplace Rights, and Trades & Licensing. The main content area is titled 'Adjust Direct Entry Bills' and features a message: 'The Void Bill was successfully submitted.' Below this is a form with a dropdown menu for 'Select a SubmitterID Number' and a 'SELECT' button. A sidebar on the left lists various billing-related options, and a 'Contact Us' button is visible on the right.

Helpful Hints for Billing

1. If you belong to a group, register your group L&I payee number.
2. If you need assistance contact Electronic Billing at 360-902-6511.
3. You can send emails requesting information to ebulni@Lni.wa.gov.
4. Find answers for frequently asked questions at www.Lni.wa.gov/ClaimsIns/Providers/Billing/BillLni/Electronic/FAQ.asp.

