

Washington State Department of Labor & Industries
Professional Services Fee Schedule

Local Codes by Specialty
Effective July 1, 2007

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
AU		Audiology (AU)			
AU	5091V	Hearing aid restocking fee	By Report	By Report	Professional Services, Page 125 & 127
AU	5092V	Hearing aid cleaning visit	\$22.96	\$22.96	Professional Services, Page 127
AU	5093V	Hearing aid repair (manf invoice required)	By Report	By Report	Professional Services, Page 127

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
BI		Brain Injury (BI)			
BI	8950H	Comprehensive brain injury evaluation	\$5,091.14	\$5,091.14	Facility Services, Page 171
BI	8951H	Brain injury rehab program- full day	\$909.00	\$909.00	Facility Services, Page 171
BI	8952H	Brain injury rehab program- half day	\$545.35	\$545.35	Facility Services, Page 171

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
CM Case Management (CM)					
CM	1220M	Nurse case management phone calls, per 6 minutes	\$9.29	\$9.29	Professional Services, Page 142
CM	1221M	Nurse case management visit, per 6 minutes	\$9.29	\$9.29	Professional Services, Page 142
CM	1222M	Nurse case management case planning, per 6 minutes	\$9.29	\$9.29	Professional Services, Page 142
CM	1223M	Nurse case management travel/wait time, per 6 minutes	\$4.57	\$4.57	Professional Services, Page 142
CM	1224M	Nurse case management mileage, per mile	State Rate	State Rate	Professional Services, Page 142
CM	1225M	airfare)	By Report	By Report	Professional Services, Page 142

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
CH		Chiropractic Care (CH)			
CH	2050A	Level 1: Chiropractic care visit (straightforward complexity)	\$39.72	\$39.72	Professional Services, Page 74
CH	2051A	Level 2: Chiropractic care visit (low complexity)	\$50.87	\$50.87	Professional Services, Page 74
CH	2052A	Level 3: Chiropractic care visit (moderate complexity)	\$61.98	\$61.98	Professional Services, Page 74

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Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
Claimant Only (CL)					
CL	0010E	Ankle weight purchase	By Report	By Report	To reimburse claimant costs
CL	0012E	Wrist weight purchase	By Report	By Report	To reimburse claimant costs
CL	0401A	Claimant - Private transportation, per mile	State Rate	State Rate	To reimburse claimant costs
CL	0402A	Claimant - Parking	By Report	By Report	To reimburse claimant costs
CL	0403A	Claimant - Bridge ferry tolls	By Report	By Report	To reimburse claimant costs
CL	0405A	Claimant - Commercial fare (airlines, railroad)	By Report	By Report	To reimburse claimant costs
CL	0406A	Claimant - Lodging (hotel/motel)	State Rate	State Rate	To reimburse claimant costs
CL	0407A	Claimant - Breakfast	State Rate	State Rate	To reimburse claimant costs
CL	0408A	Claimant - Lunch	State Rate	State Rate	To reimburse claimant costs
CL	0409A	Claimant - Dinner	State Rate	State Rate	To reimburse claimant costs
CL	0411A	IME	By Report	By Report	To reimburse claimant costs
CL	0412A	Claimant - Travel related to a department or self-insurer requested exam	State Rate	State Rate	To reimburse claimant costs
CL	0413A	Claimant - Miscellaneous travel (must specify)	State Rate	State Rate	To reimburse claimant costs
CL	0414A	Claimant - Taxi one way, or mileage	By Report	By Report	To reimburse claimant costs
CL	0415A	Claimant - Replacement of clothing	By Report	By Report	To reimburse claimant costs
CL	0420A	Lumbar seat support	By Report	By Report	To reimburse claimant costs
CL	0426A	Silicone elastomer/scar conformer	By Report	By Report	To reimburse claimant costs
CL	0440A	Weight loss program, joining fee, worker reimbursement	\$149.22	\$149.22	To reimburse claimant costs
CL	0441A	Weight loss program, weekly fee, worker reimbursement	\$29.85	\$29.85	To reimburse claimant costs
CL	1061M	Claimant - per diem lodging/meals	By Report	By Report	
CL	4570A	Claimant - Misc. medical supplies (must specify)	By Report	By Report	To reimburse claimant costs
CL	R0310	Retraining tuition fees incl parking	By Report	By Report	To reimburse claimant costs
CL	R0312	Retraining supplies	By Report	By Report	To reimburse claimant costs
CL	R0315	Retraining equipment	By Report	By Report	To reimburse claimant costs
CL	R0320	Retraining examination and license fees	By Report	By Report	To reimburse claimant costs
CL	R0330	Retraining transportation mileage	State Rate	State Rate	To reimburse claimant costs
CL	R0332	Retraining parking	By Report	By Report	To reimburse claimant costs
CL	R0334	Retraining bridge ferry tolls	By Report	By Report	To reimburse claimant costs

CL **Claimant Only (CL) continued**

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Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
CL	R0336	Retraining commerical transportation	By Report	By Report	To reimburse claimant costs
CL	R0340	Retraining books	By Report	By Report	To reimburse claimant costs
CL	R0350	Retraining other	By Report	By Report	To reimburse claimant costs
CL	R0360	Retraining board	By Report	By Report	To reimburse claimant costs
CL	R0370	Retraining room	By Report	By Report	To reimburse claimant costs
CL	R0390	Retraining child care licensd 6 hr/less	By Report	By Report	To reimburse claimant costs
CL	R0392	Retraining child care licensd 7-9 hrs ea	By Report	By Report	To reimburse claimant costs
CL	V0028	Travel, vocational services, claimant	State Rate	State Rate	To reimburse claimant costs

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
DM Durable Medical Equipment (DM)					
DM	0010E	Ankle weight purchase	By Report	By Report	To reimburse claimant costs
DM	0012E	Wrist weight purchase	By Report	By Report	To reimburse claimant costs
DM	0415A	Claimant - Replacement of clothing	By Report	By Report	To reimburse claimant costs
DM	0420A	Lumbar seat support	By Report	By Report	To reimburse claimant costs
DM	0426A	Silicone elastomer/scar conformer	By Report	By Report	To reimburse claimant costs
DM	4570A	Claimant - Misc. medical supplies (must specify)	By Report	By Report	To reimburse claimant costs

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
HM Home Modification (HM)					
HM	8914H	Home modification, construction and design	By Report	By Report	Professional Services, Page 147
HM	8916H	Home modification evaluation and consultation	By Report	By Report	Professional Services, Page 147
HM	8917H	Home/vehicle modification mileage, lodging, airfare, car rental	State Rate	State Rate	Professional Services, Page 147

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
HC Home & Attendant Care (HC)					
HC	8901H	Attendant services by department approved spouse provider (per hour)	\$12.32	\$12.32	Professional Services, Page 114
HC	8907H	Home health agency visit, RN (per day)	\$143.96	\$143.96	Professional Services, Page 114
HC	8912H	Home health agency visit, RN, each additional visit (per day)	\$60.54	\$60.54	Professional Services, Page 114

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
Independent Medical Exam (IM)					
IM	1063M	IME - Attending doctor review of independent medical exam (IME)	\$36.48	\$36.48	Professional Services, Page 145
IM	1100M	IME - Microfiche processing	\$56.71	\$56.71	Professional Services, Page 93
IM	1101M	IME - Microfiche additional fee	\$5.68	\$5.68	Professional Services, Page 93
IM	1104M	IME - Addendum report	\$109.33	\$109.33	Professional Services, Page 93
IM	1108M	IME - Standard, single	\$475.86	\$475.86	Professional Services, Page 94
IM	1109M	IME - Complex, single	\$594.80	\$594.80	Professional Services, Page 94
IM	1111M	IME - No show fee, single examiner, standard or complex	\$202.50	\$202.50	Professional Services, Page 95
IM	1112M	IME - Additional examiner	\$423.74	\$423.74	Professional Services, Page 95
IM	1118M	IME - by psychiatrist	\$861.12	\$861.12	Professional Services, Page 95
IM	1120M	IME - No show fee, psych	\$313.88	\$313.88	Professional Services, Page 95
IM	1122M	IME - Pain management impairment rating	\$475.86	\$475.86	Professional Services, Page 95
IM	1123M	IME - Communication issues	\$191.36	\$191.36	Professional Services, Page 95
IM	1124M	IME - Other	By Report	By Report	Professional Services, Page 95
IM	1125M	IME - Physician travel per mile; allowed when round trip exceeds 14 mi.	\$4.67	\$4.67	Professional Services, Page 95
IM	1128M	IME - Occupational disease history	\$176.98	\$176.98	Professional Services, Page 96
IM	1129M	IME - Extensive file review, > 10 pages of fiche, per page	\$53.58	\$53.58	Professional Services, Page 96
IM	1130M	IME - Terminated examination	\$338.98	\$338.98	Professional Services, Page 96
IM	1131M	IME - Out-of-state examination	By Report	By Report	Professional Services, Page 96
IM	1132M	Ime document handling fee, per page	\$0.07	\$0.07	
IM	1133M	Ime, cac document processing fee	\$56.71	\$56.71	
IM	9996M	requested IME	\$49.10	\$49.10	Professional Services, Page 133

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
IR		Impairment Rating (IR)			
IR	1190M	Impairment rating exam and report by attending doctor, limited	\$423.74	\$423.74	Professional Services, Page 90
IR	1191M	Impairment rating exam and report by attending doctor, standard	\$475.86	\$475.86	Professional Services, Page 91
IR	1192M	Impairment rating exam and report by attending doctor, complex	\$594.80	\$594.80	Professional Services, Page 91
IR	1194M	Impairment rating exam and report by consultant, standard	\$475.86	\$475.86	Professional Services, Page 91
IR	1195M	Impairment rating exam and report by consultant, complex	\$594.80	\$594.80	Professional Services, Page 91
IR	1198M	Impairment rating, addendum report	\$109.33	\$109.33	Professional Services, Page 92

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
IN		Interpretive Services (IN)			
IN	9986M	Interpreter mileage, per mile	State Rate	State Rate	Professional Services, Page 133
IN	9988M	provided directly between the health care or vocational provider and the	\$0.85	\$0.85	Professional Services, Page 133
IN	9989M	provided directly between the health care or vocational provider and the	\$0.85	\$0.85	Professional Services, Page 133
IN	9996M	requested IME	\$50.85	\$50.85	Professional Services, Page 133
IN	9997M	Document translation at insurer request	By Report	By Report	Professional Services, Page 134

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JM Job Modification (JM)					
JM	0378R	Stand Alone Job Analysis, non-VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 150
JM	0380R	Job modification	By Report	By Report	Professional Services, Page 148
JM	0385R	Pre-job accommodation	By Report	By Report	Professional Services, Page 148
JM	0389R	Pre-job or job modification consultation, non-VRC, per 6 minutes	\$10.28	\$10.28	Professional Services, Page 148 & 151
JM	0808V	Stand Alone Job Analysis, VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 150
JM	0809V	Stand Alone Job Analysis, intern, per 6 minutes	\$7.20	\$7.20	Professional Services, Page 150
JM	0823V	Pre-job or job modification consultation, VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 149
JM	0824V	Pre-job or job modification consultation, intern, per 6 minutes	\$7.20	\$7.20	Professional Services, Page 149
JM	1028M	Review of job descriptions or job analysis, each additional review	\$35.57	\$35.57	Professional Services, Page 97
JM	1038M	Review of job descriptions or job analysis	\$47.42	\$47.42	Professional Services, Page 97

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
MS		Miscellaneous & Special Services (MS)			
MS	1071M	Quality indicator incentive payment	\$94.72	\$94.72	
MS	1151M	Omd requested consultation	By Report	By Report	
MS	1152M	Coord of hlth svcs, pt present, initial	\$120.65	\$120.65	
MS	1153M	Coord of hlth svcs, pt present, maint	\$72.17	\$72.17	

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
PA		Pain Treatment (PA)			
PA	2010M	Pain clinic evaluation	\$1,066.94	\$1,066.94	Facility Services, Page 180
PA	2011M	Pain clinic treatment, per day	\$683.40	\$683.40	Facility Services, Page 180
PA	2012M	Pain clinic treatment extension, per day	\$683.40	\$683.40	Facility Services, Page 180
PA	2013M	Pain clinic follow up, per day	\$293.76	\$293.76	Facility Services, Page 180

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
Residential Services (RS)					
RS	8880H	Nursing home, rehab - ultra high (per day)	\$609.24	\$609.24	Facility Services, Page 175
RS	8881H	Nursing home, rehab - very high (per day)	\$456.76	\$456.76	Facility Services, Page 175
RS	8882H	Nursing home, rehab - high (per day)	\$430.72	\$430.72	Facility Services, Page 175
RS	8883H	Nursing home, rehab - medium (per day)	\$396.80	\$396.80	Facility Services, Page 175
RS	8884H	Nursing home, rehab - low (per day)	\$309.74	\$309.74	Facility Services, Page 175
RS	8885H	Nursing home, extensive services (per day)	\$385.85	\$385.85	Facility Services, Page 175
RS	8886H	Nursing home, special care (per day)	\$287.42	\$287.42	Facility Services, Page 175
RS	8887H	Nursing home, clinically complex (per day)	\$285.86	\$285.86	Facility Services, Page 175
RS	8888H	Nursing home, impaired cognition (per day)	\$210.86	\$210.86	Facility Services, Page 175
RS	8889H	Nursing home, behavior only (per day)	\$209.30	\$209.30	Facility Services, Page 175
RS	8890H	Nursing home, reduced physical function (per day)	\$228.04	\$228.04	Facility Services, Page 175
RS	8891H	Adult family hm res. Care for inj. Work (per day)	\$228.04	\$228.04	Facility Services, Page 174
RS	8892H	Boarding hm res. Care for inj. Worker (per day)	\$125.22	\$125.22	Facility Services, Page 174
RS	8902H	Nursing home or residential care (group home, boarding home)	By Report	By Report	Facility Services, Page 174

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RT		Retraining (RT)			
RT	0301R	Retraining, plan travel, mileage	State Rate	State Rate	
RT	0302R	Retraining, plan travel, parking	By Report	By Report	
RT	0303R	Retraining, plan travel, bridge/ferry toll	By Report	By Report	
RT	0304R	Retraining, plan travel, commercial transportation	By Report	By Report	
RT	0375R	Retraining, relocation costs	By Report	By Report	
RT	R0310	Retraining tuition fees incl parking	By Report	By Report	To reimburse claimant costs
RT	R0312	Retraining supplies	By Report	By Report	To reimburse claimant costs
RT	R0315	Retraining equipment	By Report	By Report	To reimburse claimant costs
RT	R0320	Retraining examination and license fees	By Report	By Report	To reimburse claimant costs
RT	R0330	Retraining transportation mileage	State Rate	State Rate	To reimburse claimant costs
RT	R0332	Retraining parking	By Report	By Report	To reimburse claimant costs
RT	R0334	Retraining bridge ferry tolls	By Report	By Report	To reimburse claimant costs
RT	R0336	Retraining commercial transportation	By Report	By Report	To reimburse claimant costs
RT	R0340	Retraining books	By Report	By Report	To reimburse claimant costs
RT	R0350	Retraining other	By Report	By Report	To reimburse claimant costs
RT	R0360	Retraining board	By Report	By Report	To reimburse claimant costs
RT	R0370	Retraining room	By Report	By Report	To reimburse claimant costs
RT	R0390	Retraining child care licensd 6 hr/less	By Report	By Report	To reimburse claimant costs
RT	R0392	Retraining child care licensd 7-9 hrs ea	By Report	By Report	To reimburse claimant costs

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Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
SR		Special Reports (SR)			
SR	1026M	Attending physician final report (PFR)	\$41.95	\$41.95	Professional Services, Page 144
SR	1027M	Loss of earning power form (LEP)	\$18.25	\$18.25	Professional Services, Page 144
SR	1028M	Review of job descriptions or job analysis, each additional review	\$35.57	\$35.57	Professional Services, Page 97
SR	1037M	Physical capacities evaluation (PCE) or restrictions	\$29.18	\$29.18	Professional Services, Page 144
SR	1038M	Review of job descriptions or job analysis	\$47.42	\$47.42	Professional Services, Page 97
SR	1039M	Time loss notification	\$18.25	\$18.25	Professional Services, Page 144
SR	1040M	Report of industrial injury or occupational disease/ report of accident (ROA)	\$36.48	\$36.48	Professional Services, Page 144
SR	1041M	Application to reopen claim	\$47.42	\$47.42	Professional Services, Page 144
SR	1044M	board qualified/certified in PM&R	\$41.52	\$41.52	Professional Services, Page 58
SR	1045M	of capacities.	\$680.47	\$680.47	Professional Services, Page 60
SR	1048M	Doctor's estimate of physical capacities	\$29.18	\$29.18	Professional Services, Page 145
SR	1055M	Occupational disease history form	\$176.98	\$176.98	Professional Services, Page 145
SR	1056M	Supplemental medical report (SMR)	\$23.71	\$23.71	Professional Services, Page 145
SR	1057M	Opioid progress report supplement	\$29.18	\$29.18	Professional Services, Page 145
SR	1063M	Attending doctor review of independent medical exam (IME)	\$36.48	\$36.48	Professional Services, Page 145
SR	1064M	Initial report documenting need for opioid treatment	\$54.73	\$54.73	Professional Services, Page 145
SR	1065M	Attending doctor IME review written report	\$27.35	\$27.35	Professional Services, Page 145
SR	1066M	Review of video materials with report	By Report	By Report	Professional Services, Page 145
SR	1067M	Assess impeded to rtn to wrk, mentor	\$285.85	\$234.54	
SR	1068M	Assess impediments to rtn to wrk, app	\$118.96	\$87.39	
SR	1069M	Activity prescription form	\$47.42	\$47.42	

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TL		Travel, Lodging & Meals (TL)			
TL	0375R	Retraining, relocation costs	By Report	By Report	
TL	0395R	Dept of Personnel rtn to wrk svcs	By Report	By Report	
TL	0401A	Claimant - Private transportation, per mile	State Rate	State Rate	To reimburse claimant costs
TL	0402A	Claimant - Parking	By Report	By Report	To reimburse claimant costs
TL	0403A	Claimant - Bridge ferry tolls	By Report	By Report	To reimburse claimant costs
TL	0405A	Claimant - Commercial fare (airlines, railroad)	By Report	By Report	To reimburse claimant costs
TL	0406A	Claimant - Lodging (hotel/motel)	State Rate	State Rate	To reimburse claimant costs
TL	0407A	Claimant - Breakfast	State Rate	State Rate	To reimburse claimant costs
TL	0408A	Claimant - Lunch	State Rate	State Rate	To reimburse claimant costs
TL	0409A	Claimant - Dinner	State Rate	State Rate	To reimburse claimant costs
TL	0411A	IME	By Report	By Report	To reimburse claimant costs
TL	0412A	Claimant - Travel related to a department or self-insurer requested exam	State Rate	State Rate	To reimburse claimant costs
TL	0413A	Claimant - Miscellaneous travel (must specify)	State Rate	State Rate	To reimburse claimant costs
TL	0414A	Claimant - Taxi one way, or mileage	By Report	By Report	To reimburse claimant costs
TL	0896V	Ferry charges (Voc)	By Report	By Report	Professional Services, Page 150
TL	0897V	Hotel charges (Voc) [Out-of-state only]	By Report	By Report	Professional Services, Page 150
TL	1046M	Provider mileage, per mile, when round trip exceeds 14 miles.	\$4.69	\$4.69	Professional Services, Page 146
TL	1061M	Claimant - per diem lodging/meals	By Report	By Report	
TL	8917H	Home/vehicle modification mileage, lodging, airfare, car rental	State Rate	State Rate	Professional Services, Page 147
TL	9986M	Interpreter mileage, per mile	State Rate	State Rate	Professional Services, Page 133
TL	0301R	Retraining, plan travel, mileage	State Rate	State Rate	
TL	0302R	Retraining, plan travel, parking	By Report	By Report	
TL	0303R	Retraining, plan travel, bridge/ferry toll	By Report	By Report	
TL	0304R	Retraining, plan travel, commercial transportation	By Report	By Report	
TL	0391R	Travel/wait time, non-VRC, per 6 minutes	\$4.66	\$4.66	Professional Services, Page 148 & 151
TL	0392R	Mileage, non-VRC, per mile	State Rate	State Rate	Professional Services, Page 148 & 151
TL	0393R	Ferry charges, non-vocational	State Rate	State Rate	Professional Services, Page 148 & 151
TL	0891V	Travel/wait time, VRC or forensic VRC, per 6 minutes	\$4.22	\$4.22	Professional Services, Page 150

TL **Travel, Lodging & Meals (TL) continued**

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TL	0892V	Travel/wait time, intern, per 6 minutes	\$4.22	\$4.22	Professional Services, Page 150
TL	0893V	Professional mileage, VRC, per mile	State Rate	State Rate	Professional Services, Page 150
TL	0894V	Professional mileage, intern, per mile	State Rate	State Rate	Professional Services, Page 150
TL	0895V	Air travel, VRC, intern, or forensic VRC	By Report	By Report	Professional Services, Page 150
TL	1046M	Provider mileage, per mile, when round trip exceeds 14 miles.	\$4.69	\$4.69	Professional Services, Page 146
TL	1125M	IME - Physician travel per mile; allowed when round trip exceeds 14 mi.	\$4.69	\$4.69	Professional Services, Page 95
TL	1223M	Nurse case management travel/wait time, per 6 minutes	\$4.57	\$4.57	Professional Services, Page 142
TL	1224M	Nurse case management mileage, per mile	State Rate	State Rate	Professional Services, Page 142
TL	1225M	airfare)	State Rate	State Rate	Professional Services, Page 142
TL	R0330	Retraining transportation mileage	State Rate	State Rate	To reimburse claimant costs
TL	R0332	Retraining parking	By Report	By Report	To reimburse claimant costs
TL	R0334	Retraining bridge ferry tolls	By Report	By Report	To reimburse claimant costs
TL	R0336	Retraining commercial transportation	By Report	By Report	To reimburse claimant costs
TL	V0028	Travel, vocational services, claimant	State Rate	State Rate	To reimburse claimant costs

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UR		Utilization Review (UR)			
UR	1207M	UR contracted - outpatient rvw data coll	Contracted	Contracted	
UR	1215M	UR contracted - retrospective audit/review	Contracted	Contracted	
UR	1226M	UR Contract: Prospective review - inpatient	Contracted	Contracted	
UR	1227M	UR Contract: Prospective review - outpatient	Contracted	Contracted	
UR	1230M	UR Contract: Retrospective outpatient review	Contracted	Contracted	
UR	1243M	UR Contract: Retrospective inpatient review without bill audit	Contracted	Contracted	

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VM		Vehicle Modification (VM)			
VM	8915H	Vehicle modification	By Report	By Report	Professional Services, Page 147
VM	8917H	Home/vehicle modification mileage, lodging, airfare, car rental	State Rate	State Rate	Professional Services, Page 147
VM	8918H	Vehicle modification initial evaluation or consultation	By Report	By Report	Professional Services, Page 147
VM	8920H	Vehicle modification follow up consultation	By Report	By Report	Professional Services, Page 147

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VR		Vocational & Related Services (VR)			
VR	0378R	Stand Alone Job Analysis, non-VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 150
VR	0380R	Job modification	By Report	By Report	Professional Services, Page 148
VR	0385R	Pre-job accommodation	By Report	By Report	Professional Services, Page 148
VR	0388R	Plan development services, non-voc	By Report	By Report	Professional Services, Page 150
VR	0389R	Pre-job or job modification consultation, non-VRC, per 6 minutes	\$10.28	\$10.28	Professional Services, Page 148 & 151
VR	0390R	Work evaluation, non-VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 148 & 151
VR	0391R	Travel/wait time, non-VRC, per 6 minutes	\$4.50	\$4.50	Professional Services, Page 148 & 151
VR	0392R	Mileage, non-VRC, per mile	State Rate	State Rate	Professional Services, Page 148 & 151
VR	0393R	Ferry charges, non-vocational	State Rate	State Rate	Professional Services, Page 148 & 151
VR	0395R	Dept of Personnel rtn to wrk svcs	By Report	By Report	
VR	0800V	Early intervention services, VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 149
VR	0801V	Early intervention services, intern, per 6 minutes	\$7.20	\$7.20	Professional Services, Page 149
VR	0802V	Early Intervention Services Extension, VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 149
VR	0803V	Early Intervention Services Extension intern, per 6 minutes	\$7.20	\$7.20	Professional Services, Page 149
VR	0808V	Stand Alone Job Analysis, VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 150
VR	0809V	Stand Alone Job Analysis, intern, per 6 minutes	\$7.20	\$7.20	Professional Services, Page 150
VR	0810V	Assessment services, VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 149
VR	0811V	Assessment services, intern, per 6 minutes	\$7.20	\$7.20	Professional Services, Page 149
VR	0821V	Work evaluation, VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 149
VR	0823V	Pre-job or job modification consultation, VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 149
VR	0824V	Pre-job or job modification consultation, intern, per 6 minutes	\$7.20	\$7.20	Professional Services, Page 149
VR	0830V	Plan development services, VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 149
VR	0831V	Plan development services, intern, per 6 minutes	\$7.20	\$7.20	Professional Services, Page 149
VR	0840V	Plan implementation services, VRC, per 6 minutes	\$8.46	\$8.46	Professional Services, Page 149
VR	0841V	Plan implementation services, intern, per 6 minutes	\$7.20	\$7.20	Professional Services, Page 149
VR	0881V	Forensic services, forensic VRC, per 6 minutes	\$10.12	\$10.12	Professional Services, Page 150
VR	0882V	Testimony on VRC's own work, VRC, per 6 minutes	\$8.46	\$8.46	

VR **Vocational & Related Services (VR) continued**

VR	0883V	Testimony on Intern's own work, intern, per 6 minutes	\$7.20	\$7.20	
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Washington State Department of Labor & Industries
Professional Services Fee Schedule

Local Codes by Specialty
Effective July 1, 2007

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
VR	0884V	AGO witness testimony, VRC, per 6 minutes	\$8.46	\$8.46	
VR	0891V	Travel/wait time, VRC or forensic VRC, per 6 minutes	\$4.22	\$4.22	Professional Services, Page 150
VR	0892V	Travel/wait time, intern, per 6 minutes	\$4.22	\$4.22	Professional Services, Page 150
VR	0893V	Professional mileage, VRC, per mile	State Rate	State Rate	Professional Services, Page 150
VR	0894V	Professional mileage, intern, per mile	State Rate	State Rate	Professional Services, Page 150
VR	0895V	Air travel, VRC, intern, or forensic VRC	By Report	By Report	Professional Services, Page 150
VR	0896V	Ferry charges (Voc)	By Report	By Report	Professional Services, Page 150
VR	0897V	Hotel charges (Voc) [Out-of-state only]	By Report	By Report	Professional Services, Page 150
VR	1067M	Assess imped to rtn to wrk, mentor	\$285.85	\$234.54	
VR	1068M	Assess impediments to rtn to wrk, app	\$118.96	\$87.39	
VR	1070M	Refer for assessment of impediments	By Report	By Report	
VR	V0028	Travel, vocational services, claimant	State Rate	State Rate	To reimburse claimant costs

Washington State Department of Labor & Industries
Professional Services Fee Schedule

Local Codes by Specialty
Effective July 1, 2007

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
WL		Weight Loss (WL)			
WL	0440A	Weight loss program, joining fee, worker reimbursement	\$149.22	\$149.22	To reimburse claimant costs
WL	0441A	Weight loss program, weekly fee, worker reimbursement	\$29.85	\$29.85	To reimburse claimant costs

Washington State Department of Labor & Industries
Professional Services Fee Schedule

Local Codes by Specialty
Effective July 1, 2007

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
WH		Work Hardening (WH)			
WH	1001M	Work hardening - Evaluation, per hour (max 6 hours)	\$112.82	\$112.82	Professional Services, Page 64