

# Professional Services Fee Schedule

## Local Code Fees by Specialty

Effective for Dates of Service on or After

**July 1, 2008**

[To Skip The Keys](#)  
&  
[Go To The Fees](#)  
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## LOCAL CODES by SPECIALTY

### FIELD KEY:

Column Title	Column Description	Column Values	Value Definitions
<b>Specialty Code</b>	Code assigned to the specialty	AU	Audiology
		CM	Case Management
		CH	Chiropractic Care
		CL	Claimant Only
		DM	Durable Medical Equipment & Supplies
		HM	Home Modification
		HC	Home & Attendant Care
		HO	Hospice Care
		IM	Independent Medical Exam
		IR	Impairment Rating
		IN	Interpretive Services
		JM	Job Modification
		MS	Miscellaneous & Special Services
		PA	Pain Treatment
		RS	Residential Services
		RT	Retraining
		SR	Special Reports
		TL	Travel, Lodging & Meals
		UR	Utilization Review Services
		VM	Vehicle Modification
VR	Vocational & Related Services		
WL	Weight Loss Services		
WH	Work Hardening		
<b>Specialty Title</b>			Title of the area or specialty to which the local code pertains

**Field Key: Local Codes by Specialty (continued)**

Column Title	Column Description	Column Values	Value Definitions
<b>LOCAL CODE</b>	2008 Local Code.		A code assigned by the department to represent a specific service that is unique to injured workers.
<b>Description</b>	Local Code Description		Description of the unique service.
<b>Dollar Value Nonfacility Setting</b>	This column indicates the:  Maximum dollar amount for covered services provided in a non-facility setting, or  Pricing method for the procedure code	Dollar Value	Maximum dollar amount payable for covered services.
		By Report	No fee or RVUs available, code paid By Report
		Contracted	Contracted service.
			Payable only to department's contracted vendor for State Fund claims.
			Payable to providers treating Self-Insured injured workers.
		Program Only	Reserved for a special program only
State Rate	Service paid at state rate for travel or lodging.		
<b>Dollar Value Facility Setting</b>	This column indicates the:  Maximum dollar amount for covered services provided in a facility setting, or  Pricing method for the procedure code	Dollar Value	Maximum dollar amount payable for covered services.
		By Report	No fee or RVUs available, code paid By Report
		Contracted	Contracted service.
			Payable only to department's contracted vendor for State Fund claims.
			Payable to providers treating Self-Insured injured workers.
		Program Only	Reserved for a special program only
State Rate	Service paid at state rate for travel or lodging.		

**Field Key: Local Codes by Specialty (continued)**

Column Title	Column Description	Column Values	Value Definitions
<b>Payment Policy Reference</b>	The reason for the code or a reference to a page in another document where the reason for the code can be found	To reimburse claimant's costs	Reference to payment policies related to the local code.
		Professional Services	There is a reference to the code within the Professional Services section.
		Facility Services	There is a reference to the code within the Facility Services section.
		Special Pilot	Reserved for a special pilot program



**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
<b>AU                                      Audiology (AU)</b>					
AU	5091V	Hearing aid restocking fee	By Report	By Report	Professional Services
AU	5092V	Hearing aid cleaning visit	\$23.81	\$23.81	Professional Services
AU	5093V	Hearing aid repair (manf invoice required)	By Report	By Report	Professional Services
<b>BI                                      Brain Injury (BI)</b>					
BI	8950H	Comprehensive brain injury evaluation	\$4,156.22	\$4,156.22	Facility Services
BI	8951H	Post-acute brain injury rehab-full day	\$942.81	\$942.81	Facility Services
BI	8952H	Post-acute brain injury rehab-half day	\$565.64	\$565.64	Facility Services
<b>CM                                      Case Management (CM)</b>					
CM	1216M	Out of state nurse care mgt. Care coord.	\$9.64	\$9.64	
CM	1217M	Out of state nurse care mgt. Travel/wait time	\$4.74	\$4.74	
CM	1218M	Out of state nurse case mgt. Mileage per mile	State Rate	State Rate	
CM	1219M	Out of state nurse case mgt. Travel costs	\$726.04	\$726.04	
CM	1220M	Nurse case mgmt phone call per unit	\$9.64	\$9.64	Professional Services
CM	1221M	Nurse case mgmt visits per unit	\$9.64	\$9.64	Professional Services
CM	1222M	Nurse case mgmt case planning per unit	\$9.64	\$9.64	Professional Services
CM	1223M	Nurse case mgmt travel/wait per unit	\$4.74	\$4.74	Professional Services
CM	1224M	Nurse case management mileage, per mile	State Rate	State Rate	Professional Services
CM	1225M	Nurse case management travel expenses (parking, ferry and bridge tolls, lodging, airfare)	By Report	By Report	Professional Services
<b>CH                                      Chiropractic Care (CH)</b>					
CH	2050A	Level 1: Chiropractic care visit (straightforward complexity)	\$41.20	\$41.20	Professional Services
CH	2051A	Level 2: Chiropractic care visit (low complexity)	\$52.76	\$52.76	Professional Services
CH	2052A	Level 3: Chiropractic care visit (moderate complexity)	\$64.29	\$64.29	Professional Services

**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
<b>CL Claimant Only (CL)</b>					
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 and 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	department or self-insurer requested ime Claimant - Travel related to a department or self-insurer requested exam	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	\$154.77	\$154.77	To reimburse claimant costs
CL	0441A	Weight loss program, weekly fee, worker reimbursement	\$30.96	\$30.96	To reimburse claimant costs
CL	1061M	Claimant - per diem lodging/meals	By Report	By Report	To reimburse claimant costs
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

**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
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**CL Claimant Only (CL) continued**

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 and ferry tolls	By Report	By Report	To reimburse claimant costs
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

**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

**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
<b>HM Home Modification (HM)</b>					
HM	8914H	Home modification, construction and design	By Report	By Report	Professional Services
HM	8916H	Home modification evaluation and consultation	By Report	By Report	Professional Services
HM	8917H	Home/vehicle modification mileage, lodging, airfare, car rental	State Rate	State Rate	Professional Services
<b>HC Home &amp; Attendant Care (HC)</b>					
HC	8901H	Attendant services by department approved spouse provider (per hour)	\$12.78	\$12.78	Professional Services
<b>IM Independent Medical Exam (IM)</b>					
IM	1063M	IME - Attending doctor review of independent medical exam (IME)	\$37.84	\$37.84	Professional Services
IM	1100M	IME - Microfiche processing	\$58.82	\$58.82	Professional Services
IM	1101M	IME - Microfiche additional fee	\$5.89	\$5.89	Professional Services
IM	1104M	IME - Addendum report	\$113.40	\$113.40	Professional Services
IM	1105M	IME - Physical capacities estimate	\$30.27	\$30.27	Professional Services
IM	1108M	IME - Standard, single	\$493.56	\$493.56	Professional Services
IM	1109M	IME - Complex, single	\$616.93	\$616.93	Professional Services
IM	1111M	IME - No show fee, single examiner, standard or complex	\$210.03	\$210.03	Professional Services
IM	1112M	IME - Additional examiner	\$439.50	\$439.50	Professional Services
IM	1118M	IME - by psychiatrist	\$893.15	\$893.15	Professional Services
IM	1120M	IME - No show fee, psych	\$325.56	\$325.56	Professional Services
IM	1122M	IME - Pain management impairment rating	\$493.56	\$493.56	Professional Services
IM	1123M	IME - Communication issues	\$198.48	\$198.48	Professional Services
IM	1124M	IME - Other	By Report	By Report	Professional Services

**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
<b>IM</b>	<b>Independent Medical Exam (IM) continued</b>				
<b>IM</b>	1125M	IME - Physician travel per mile; allowed when round trip exceeds 14 mi.	\$4.84	\$4.84	Professional Services
<b>IM</b>	1128M	IME - Occupational disease history	\$183.56	\$183.56	Professional Services
<b>IM</b>	1129M	IME - Extensive file review, per page	\$1.00	\$1.00	Professional Services
<b>IM</b>	1130M	IME - Terminated examination	\$351.59	\$351.59	Professional Services
<b>IM</b>	1131M	IME - Out-of-state examination	By Report	By Report	Professional Services
<b>IM</b>	1132M	IME - document handling fee, per page	\$0.07	\$0.07	Professional Services
<b>IM</b>	1133M	IME - cac document processing fee	\$58.82	\$58.82	Professional Services
<b>IM</b>	9996M	IME - Interpreter, ime no show fee	\$52.74	\$52.74	Professional Services
<b>IR</b>	<b>Impairment Rating (IR)</b>				
<b>IR</b>	1190M	Impairment rating exam and report by attending doctor, limited	\$439.50	\$439.50	Professional Services
<b>IR</b>	1191M	Impairment rating exam and report by attending doctor, standard	\$493.56	\$493.56	Professional Services
<b>IR</b>	1192M	Impairment rating exam and report by attending doctor, complex	\$616.93	\$616.93	Professional Services
<b>IR</b>	1194M	Impairment rating exam and report by consultant, standard	\$493.56	\$493.56	Professional Services
<b>IR</b>	1195M	Impairment rating exam and report by consultant, complex	\$616.93	\$616.93	Professional Services
<b>IR</b>	1198M	Impairment rating, addendum report	\$113.40	\$113.40	Professional Services
<b>IN</b>	<b>Interpretive Services (IN)</b>				
<b>IN</b>	9986M	Interpreter mileage, per mile	State Rate	State Rate	Professional Services
<b>IN</b>	9988M	Group interpreter services, per minute	\$0.88	\$0.88	Professional Services
<b>IN</b>	9989M	Individual interpreter services, per minute	\$0.88	\$0.88	Professional Services
<b>IN</b>	9996M	Interpreter, ime no show fee	\$52.74	\$52.74	Professional Services
<b>IN</b>	9997M	Document translation at insurer request	By Report	By Report	Professional Services

**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
<b>JM Job Modification (JM)</b>					
JM		Stand Alone Job Analysis, non-VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
JM	0378R	Stand Alone Job Analysis, non-VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
JM	0380R	Job modification	By Report	By Report	Professional Services
JM	0385R	Pre-job accommodation	By Report	By Report	Professional Services
JM	0389R	Pre-job or job modification consultation, non-VRC, per 6 minutes	\$10.66	\$10.66	Professional Services
JM	0808V	Stand Alone Job Analysis, VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
JM	0809V	Stand Alone Job Analysis, intern, per 6 minutes	\$7.47	\$7.47	Professional Services
JM	0823V	Pre-job or job modification consultation, VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
JM	0824V	Pre-job or job modification consultation, intern, per 6 minutes	\$7.47	\$7.47	Professional Services
JM	1028M	Review of job descriptions or job analysis, each additional review	\$36.89	\$36.89	Professional Services
JM	1038M	Review of job descriptions or job analysis	\$49.18	\$49.18	Professional Services
<b>MS Miscellaneous &amp; Special Services (MS)</b>					
MS	1044M	Pt in remote areas	\$43.06	\$43.06	Professional Services
MS	1045M	Physical capacities exam (PCE)	\$680.47	\$680.47	Professional Services
MS	1067M	Assess imped to rtn to wrk, mentor	Program Only	Program Only	
MS	1068M	Assess impediments to rtn to wrk, app	Program Only	Program Only	
MS	1070M	Refer for assessment of impediments	Program Only	Program Only	
MS	1071M	Quality indicator incentive payment	Program Only	Program Only	
MS	1072M	Emergency department work status form	Program Only	Program Only	
MS	1151M	Omd requested consultation	By Report	By Report	
MS	1152M	Coord of hlth svcs, pt present, initial	Program Only	Program Only	
MS	1153M	Coord of hlth svcs, pt present, maint	Program Only	Program Only	

**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
<b>PA Pain Treatment (PA)</b>					
PA	2010M	Pain clinic evaluation	\$1,106.63	\$1,106.63	Facility Services
PA	2011M	Pain clinic treatment, per day	\$708.82	\$708.82	Facility Services
PA	2012M	Pain clinic treatment extension, per day	\$708.82	\$708.82	Facility Services
PA	2013M	Pain clinic follow up, per day	\$304.69	\$304.69	Facility Services
<b>RS Residential Services (RS)</b>					
RS	8880H	Nursing home, rehab - ultra high (per day)	\$629.54	\$629.54	Facility Services
RS	8881H	Nursing home, rehab - very high (per day)	\$471.98	\$471.98	Facility Services
RS	8882H	Nursing home, rehab - high (per day)	\$445.07	\$445.07	Facility Services
RS	8883H	Nursing home, rehab - medium (per day)	\$410.02	\$410.02	Facility Services
RS	8884H	Nursing home, rehab - low (per day)	\$320.06	\$320.06	Facility Services
RS	8885H	Nursing home, extensive services (per day)	\$398.70	\$398.70	Facility Services
RS	8886H	Nursing home, special care (per day)	\$296.99	\$296.99	Facility Services
RS	8887H	Nursing home, clinically complex (per day)	\$295.37	\$295.37	Facility Services
RS	8888H	Nursing home, impaired cognition (per day)	\$217.88	\$217.88	Facility Services
	8889H	Nursing home, behavior only (per day)	\$216.26	\$216.26	Facility Services
		Nursing home, reduced physical function (per day)			
RS	8890H		\$228.04	\$228.04	Facility Services
RS	8891H	Adult family hm res. Care for inj. Work (per day)	\$228.04	\$228.04	Facility Services
RS	8892H	Boarding hm res. Care for inj. Worker (per day)	\$125.22	\$125.22	Facility Services
RS	8902H	Nursing home or residential care (group home, boarding home)	By Report	By Report	Facility Services



**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
SR	<b>Special Reports (SR)</b>				
SR	1027M	Loss of earning power form (LEP)	\$18.93	\$18.93	Professional Services
SR	1028M	Review of job descriptions or job analysis, each additional review	\$36.89	\$36.89	Professional Services
SR	1038M	Review of job descriptions or job analysis	\$49.18	\$49.18	Professional Services
SR	1040M	Report of industrial injury or occupational disease/ report of accident (ROA)	\$37.84	\$37.84	Professional Services
SR	1041M	Application to reopen claim	\$49.18	\$49.18	Professional Services
SR	1055M	Occupational disease history form	\$183.56	\$183.56	Professional Services
SR	1057M	Opioid progress report supplement	\$30.27	\$30.27	Professional Services
SR	1063M	Attending doctor review of independent medical exam (IME)	\$37.84	\$37.84	Professional Services
SR	1064M	Initial report documenting need for opioid treatment	\$56.77	\$56.77	Professional Services
SR	1065M	Attending doctor IME review written report	\$28.37	\$28.37	Professional Services
SR	1066M	Review of video materials with report	By Report	By Report	Professional Services
SR	1069M	Activity prescription form	\$49.18	\$49.18	Special pilot
SR	1073M	Activity prescription form, insurer requested	\$49.18	\$49.18	Professional Services
SR	1074M	AP response to vrc/employer request re: RTW	\$30.27	\$30.27	Professional Services
TL	<b>Travel, Lodging &amp; Meals (TL)</b>				
TL	0375R	Retraining, relocation costs	By Report	By Report	
TL	0395R	Dept of Personnel rtn to wrk srvc	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 and 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

**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
TL	<b>Travel, Lodging &amp; Meals (TL) continued</b>				
TL	0409A	Claimant - Dinner	State Rate	State Rate	To reimburse claimant costs
TL	0411A	Claimant - time lost from work to attend department or self-insurer requested 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 and bridge tolls (Voc)	By Report	By Report	Professional Services
TL	0897V	Hotel charges (Voc) [Out-of-state only]	By Report	By Report	Professional Services
TL	1046M	Provider mileage, per mile, when round trip exceeds 14 miles.	\$4.86	\$4.86	Professional Services
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
TL	9986M	Interpreter mileage, per mile	State Rate	State Rate	Professional Services
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 and ferry tolls	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	\$4.83	\$4.83	Professional Services
TL	0392R	Mileage, non-VRC, per mile	State Rate	State Rate	Professional Services
TL	0393R	Ferry and bridge tolls, non-vocational	State Rate	State Rate	Professional Services
TL	0891V	Travel/wait time, VRC or forensic VRC, per 6 minutes	\$4.38	\$4.38	Professional Services
TL	0892V	Travel/wait time, intern, per 6 minutes	\$4.38	\$4.38	Professional Services
TL	0893V	Professional mileage, VRC, per mile	State Rate	State Rate	Professional Services
TL	0894V	Professional mileage, intern, per mile	State Rate	State Rate	Professional Services
TL	0895V	Air travel, VRC, intern, or forensic VRC	By Report	By Report	Professional Services

**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
TL		<b>Travel, Lodging &amp; Meals (TL) continued</b>			
TL	1046M	Provider mileage, per mile, when round trip exceeds 14 miles.	\$4.86	\$4.86	Professional Services
TL	1125M	IME - Physician travel per mile; allowed when round trip exceeds 14 mi.	\$4.86	\$4.86	Professional Services
TL	1223M	Nurse case management travel/wait time, per 6 minutes	\$4.74	\$4.74	Professional Services
TL	1224M	Nurse case management mileage, per mile	State Rate	State Rate	Professional Services
TL	1225M	Nurse case management travel expenses (parking, ferry and bridge tolls, lodging, airfare)	State Rate	State Rate	Professional Services
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 and 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
UR		<b>Utilization Review (UR)</b>			
UR	1207M	UR contracted - outpatient r/w 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	
VM		<b>Vehicle Modification (VM)</b>			
VM	8915H	Vehicle modification	By Report	By Report	Professional Services
VM	8917H	Home/vehicle modification mileage, lodging, airfare, car rental	State Rate	State Rate	Professional Services
VM	8918H	Vehicle modification initial evaluation or consultation	By Report	By Report	Professional Services

**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
VR	<b>Vocational &amp; Related Services (VR)</b>				
VR	0378R	Stand Alone Job Analysis, non-VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
VR	0380R	Job modification	By Report	By Report	Professional Services
VR	0385R	Pre-job accommodation	By Report	By Report	Professional Services
VR	0388R	Plan development services, non-voc	By Report	By Report	Professional Services
VR	0389R	Pre-job or job modification consultation, non-VRC, per 6 minutes	\$10.66	\$10.66	Professional Services
VR	0390R	Work evaluation, non-VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
VR	0391R	Travel/wait time, non-VRC, per 6 minutes	\$4.83	\$4.83	Professional Services
VR	0392R	Mileage, non-VRC, per mile	State Rate	State Rate	Professional Services
VR	0393R	Ferry and bridge tolls, non-vocational	State Rate	State Rate	Professional Services
VR	0395R	Dept of Personnel rtnn to wrk srvcs	By Report	By Report	
VR	0800V	Early intervention services, VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
VR	0801V	Early intervention services, intern, per 6 minutes	\$7.47	\$7.47	Professional Services
VR	0802V	Early Intervention Services Extension, VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
VR	0803V	Early Intervention Services Extension intern, per 6 minutes	\$7.47	\$7.47	Professional Services
VR	0808V	Stand Alone Job Analysis, VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
VR	0809V	Stand Alone Job Analysis, intern, per 6 minutes	\$7.47	\$7.47	Professional Services
VR	0810V	Assessment services, VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
VR	0811V	Assessment services, intern, per 6 minutes	\$7.47	\$7.47	Professional Services
VR	0821V	Work evaluation, VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
VR	0823V	Pre-job or job modification consultation, VRC, per 6 minutes	\$8.77	\$8.77	Professional Services

**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
VR	<b>Vocational &amp; Related Services (VR) continued</b>				
VR	0824V	Pre-job or job modification consultation, intern, per 6 minutes	\$7.47	\$7.47	Professional Services
VR	0830V	Plan development services, VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
	0831V	Plan development services, intern, per 6 minutes	\$7.47	\$7.47	Professional Services
VR	0840V	Plan implementation services, VRC, per 6 minutes	\$8.77	\$8.77	Professional Services
VR	0841V	Plan implementation services, intern, per 6 minutes	\$7.47	\$7.47	Professional Services
VR	0881V	Forensic services, forensic VRC, per 6 minutes	\$10.50	\$10.50	Professional Services
VR	0882V	Testimony on VRC's own work, VRC, per 6 minutes	\$8.77	\$8.77	
VR	0883V	Testimony on Intern's own work, intern, per 6 minutes	\$7.47	\$7.47	
VR	0884V	AGO witness testimony, VRC, per 6 minutes	\$8.77	\$8.77	
VR	0891V	Travel/wait time, VRC or forensic VRC, per 6 minutes	\$4.38	\$4.38	Professional Services
VR	0892V	Travel/wait time, intern, per 6 minutes	\$4.38	\$4.38	Professional Services
VR	0893V	Professional mileage, VRC, per mile	State Rate	State Rate	Professional Services
VR	0894V	Professional mileage, intern, per mile	State Rate	State Rate	Professional Services
VR	0895V	Air travel, VRC, intern, or forensic VRC	By Report	By Report	Professional Services
VR	0896V	Ferry and bridge tolls (Voc)	By Report	By Report	Professional Services
VR	0897V	Hotel charges (Voc) [Out-of-state only]	By Report	By Report	Professional Services
VR	1067M	Assess impeded to rtn to wrk, mentor	Program Only	Program Only	
VR	1068M	Assess impediments to rtn to wrk, app	Program Only	Program Only	
VR	V0028	Travel, vocational services, claimant	State Rate	State Rate	To reimburse claimant costs

**Local Code Fees by Specialty**

Specialty Code	Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
<b>WL Weight Loss (WL)</b>					
WL	0440A	Weight loss program, joining fee, worker reimbursement	\$154.77	\$154.77	To reimburse claimant costs
WL	0441A	Weight loss program, weekly fee, worker reimbursement	\$30.96	\$30.96	To reimburse claimant costs
<b>WH Work Hardening (WH)</b>					
WH	1001M	Work hardening - Evaluation, per hour (max 6 hours)	\$117.02	\$117.02	Professional Services