Washington State Department of Labor & Industries

Payment Policies for Healthcare Services

Provided to Injured Workers and Crime Victims

Chapter 20: Nurse Case Management

Effective July 1, 2023

Link: Look for possible **updates and corrections** to these payment policies on L&I's website.

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Definitions

The following terms are utilized in this chapter and are defined as follows:

By Report: A code listed in the fee schedule as By Report doesn't have an established fee because the service is too unusual, variable, or new. When billing for the code, the provider must supply a report that defines or describes the services or procedures. The insurer will determine an appropriate fee based on the report.

Link: For the legal definition of **By Report**, see WAC 296-20-01002.

Nurse case management: A collaborative process used to meet a worker's healthcare and rehabilitation needs. When in the course of a nurse case management referral, the nurse case manager (NCM):

- Works with the attending provider, worker, allied health personnel, and insurer's staff to assist in locating a provider (primarily for out-of-state claims) and/or with coordination of the prescribed treatment plan, *and*
- Organizes and facilitates timely receipt of medical and healthcare resources and identifies potential barriers to medical and/or functional recovery of the worker, *and*
- Communicates this information to the attending provider, claim manager, worker, and ONC or self-insured employer's designee to develop a plan for resolving or addressing the barriers.

State Rate: The reimbursement rate for privately owned vehicle mileage set by the Office of Financial Management (OFM) within the State of Washington.

Link: For the current State Rate, see the per diem tables on the OFM website.

Payment policy: Case management records and reports

Requirements for reports

Nurse case management reports must be completed **monthly**. Time spent writing reports is billed using the case planning code (**1222M**). See the payment policy below for additional details.

Case management records must:

- Be created and maintained on each claim, *and*
- Be created when a service is rendered, *and*
- Be submitted prior to billing or within 30 days of the date of service, whichever comes first, *and*
- Present a chronological history of the worker's progress in **nurse case management** services, *and*
- Describe the service provided (including subjective and objective data) and codes billed, *and*
- Document how much time was spent providing each service.

Link: Optional reporting templates include **Nurse Case Management Initial Care Management Plan** (F245-442-000) and **Nurse Case Management Progress Report** (F245-439-000).

Report elements

Initial assessment, progress, and closure reports must include all of the following information:

- Type of report (initial, progress, or closure),
- Worker name and claim number,
- Report date and reporting period,
- Worker date of birth and date of injury,
- Contact information,
- Diagnoses,
- Reason for referral,
- Current medical status,

- Recommendations for future actions,
- Actions taken and dates,
- Ability to positively impact a claim,
- Health care provider(s) name(s) and contact information,
- Psychosocial/economic issues,
- Vocational profile,
- Hours incurred to date on the referral, *and*
- Amount of time spent completing the report.

Please include the phrase **"index: NCM"** in the bottom corner of each page to ensure your report is properly entered into L&I's systems.

Payment policy: Mileage and travel expenses

General information

The mileage and travel expense codes exist to reimburse nurse case managers (NCMs) for costs associated with driving, attending visits with providers and workers, and performing other necessary travel duties while completing a **nurse case management** referral.

Prior authorization

Mileage

Prior authorization is not required.

Travel expenses

For State Fund, prior authorization from an occupational nurse consultant (ONC) is required.

For Self-Insurance, prior authorization from the insurer is required.

Failure to obtain prior authorization may result in denial of bills or recoupment of payment.

Services that can be billed

Code	Description and notes	Maximum fee
1224M	**Mileage, per mile**. 1 unit = 1 mile Mileage is paid on a portal-to-portal basis (from your office to the next address related to the referral) and does not include side trips.	**State Rate**
1225M	**Travel expenses.** Prior authorization is required. NCMs may bill for case-related travel costs resulting from parking, ferries, tolls, cabs, lodging, and airfare. An itemized receipt is required.	**By Report**

Mileage and travel expenses must be incurred while in the course of performing a **nurse case management visit** (**1221M**) or billing **travel/wait time** (**1223M**) related to an active referral.

Documentation requirements

Mileage

For each trip, submit an invoice to the claim file that includes:

- Claimant's name,
- Claim number,
- Travel date and time,
- Starting address,
- Ending address,
- Number of miles, *and*
- Reason for the trip (such as "attend appointment with worker" or "one-on-one visit with provider").

For multiple trips made on the same date of service for the same worker, you may combine all trips into a single invoice and bill, but you must clearly note each trip separately on your invoice.

Separate documentation is required for each date of service. Do not use reports or case notes as documentation for mileage billing.

Please include the phrase **"index: NCM"** in the bottom corner of each page to ensure your documents are properly entered into L&I's systems.

Travel expenses

Submit an itemized receipt to the claim file when billing.

Please include the phrase **"index: NCM"** in the bottom corner of each page to ensure your documents are properly entered into L&I's systems.

Payment policy: Nurse case management services

General information

Nurse case management referrals are intended to help injured workers navigate the sometimes challenging and complex world of medical treatment and workers' compensation claim processes. The intent of this policy is to allow nurse case managers (NCMs) flexibility as they complete goals set collaboratively with occupational nurse consultants (ONCs).

Prior authorization

Prior authorization by the worker's claim manager and L&I's ONC or self-insured employer's designee is required for all **nurse case management** services.

Workers must meet one or more of the following criteria to be eligible for a referral:

- Work-related injuries not managed under the Catastrophic Project,
- Medically complex condition(s),
- Significant care coordination issues, *or*
- Barriers to successful claim resolution.

Who must perform these services to qualify for payment

Only registered nurses with case management certification can be paid for **nurse case management** referrals.

Examples of case management certification include but are not limited to:

- Certification of Disability Management Specialists (CDMS)
- Commission for Case Manager Certification (CCMC or CMC)
- Certified Rehabilitation Registered Nurse (CRRN)
- Certified Occupational Health Nurse (COHN)
- Certified Occupational Health Nurse-Specialist (COHN-S)

Note: If you're unsure whether your certification is sufficient to qualify, email the provider credentialing unit at pacmail@lni.wa.gov.

NPIs for NCMs

Effective January 1, 2022, NCMs are required to submit a National Provider Identifier (NPI) through the ProviderOne portal. NPIs are unique 10-digit numbers used for identifying specific providers. NPIs are used by medical providers nationwide.

If you do not have an NPI number, go to the National Provider Identifier Standard section of the Centers for Medicare and Medicaid Services (CMS) website. Registering for an NPI number is free. Assistance with submitting the NPI is available on L&I's ProviderOne website.

Services that can be billed

Nurse case managers must use the following local codes to bill for services, including nursing assessments:

Code	Description and notes	Maximum fee
1220M	**Phone calls.** 1 unit = 6 minutes, 10 units = 1 hour Includes calls related to scheduling appointments on behalf of a worker, performing care coordination, attempting to secure a provider, participating in a team conference over the phone, or communicating with claim parties (except for a worker's attorney) regarding the worker's case. Phone calls less than 6 minutes in duration are not billable.	**$12.83**
1221M	**Visits.** 1 unit = 6 minutes, 10 units = 1 hour Includes time spent in appointments with providers, participating in face-to-face team conferences, or when visiting a worker for case-related reasons. Visits less than 6 minutes in duration are not billable.	**$12.83**

Code	Description and notes	Maximum fee
1222M	**Case planning.** 1 unit = 6 minutes, 10 units = 1 hour Includes time spent reviewing claim files, writing reports, completing insurer-requested forms, performing services related to finding providers not covered by 1220M, engaging in care coordination, or researching a worker's condition or claim. Case planning activities less than 6 minutes in duration are not billable.	**$12.83**
1223M	**Travel/wait time.** 1 unit = 6 minutes, 10 units = 1 hour Includes time spent driving, waiting for appointments, or other similar circumstances. Limited to **16 hours (160 units) per referral**. Travel/wait time less than 6 minutes in duration is not billable.	**$6.42**
9918M	**Online communications.** See Chapter 10: Evaluation and Management (E/M) Services for details.	

Billing units

When billing the local codes for **nurse case management** services, use whole numbers only (don't use tenths of units) rounded to the nearest whole number.

If the billable time is…	Then bill…
6 minutes - 11 minutes	1 unit
12 minutes - 17 minutes	2 units
18 minutes - 23 minutes	3 units
24 minutes - 29 minutes	4 units
30 minutes - 35 minutes	5 units
36 minutes - 41 minutes	6 units

If the billable time is…	Then bill…
42 minutes - 47 minutes	7 units
48 minutes - 53 minutes	8 units
54 minutes - 59 minutes	9 units
60 minutes	10 units

Payment limits

Total hours per referral

Nurse case management referrals are limited to **75 total hours (750 units) of services** for any combination of the following codes:

- Phone calls (**1220M**),
- Visits (**1221M**),
- Case planning (**1222M**), *and*
- Travel/wait time (**1223M**).

The 75-hour limit includes a maximum of **16 hours (160 units) of travel/wait time** (**1223M**).

Mileage and travel expense exception

Mileage (**1224M**) and travel expenses (**1225M**) are not included in the 75-hour limit as they are not billed in time-based units.

Report creation limits

Billable time for the creation of nurse case management reports (billed using **1222M**) is restricted to:

- Up to 2 hours (20 units) per report for initial reports, *and*
- Up to 1 hour (10 units) per report for progress and closure reports.

Services that aren't covered

Non-billable services and expenses include:

- Nurse case manager training,
- Nurse case manager certification upkeep activities and/or fees,
- Supervisory visits,
- Postage, printing, and photocopying except of medical records requested by insurer and not required to support billing,
- Telephone or fax equipment,
- Clerical activity (such as faxing, mailing, or organizing documents),
- Travel time not covered and billed under **1223M** (such as travel time to post office or fax machine),
- Email communications except those covered and billed under **9918M**,
- Services less than 6 minutes in duration,
- Fees related to legal work, such as deposition and testimony, *and*
- Any other administrative costs not specifically mentioned above.

Note: Legal fees may be charged to the requesting party, but not the claim.

Links to related topics

If you're looking for more information about…	Then see…
Becoming an L&I provider	Become A Provider on L&I's website
Billing instructions and forms	Chapter 2: Information for All Providers
Care Assessment Tool	F245-377-000
Fee schedules for all healthcare services	Fee schedules on L&I's website
General Provider Billing Manual	F245-432-000
Nurse Case Management Initial Care Management Plan	F245-442-000
Nurse Case Management Progress Report	F245-439-000
Reporting rules for ancillary providers	WAC 296-20-06101

Need more help?

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

