



OCCUPATIONAL HEALTH **BEST PRACTICES**

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Authorization and Reporting Requirements for Mental Health Specialists

Purpose

This document will help mental health specialists (i.e., psychiatrists, psychiatric Advanced Registered Nurse Practitioners and doctoral level psychologists) understand the authorization and reporting requirements when treating injured workers with mental health conditions.

Workers' compensation insurance is focused on helping occupationally injured and ill workers heal and return to work. By understanding and following these documentation requirements, you will give claim managers the information they need to make timely and fair decisions. These requirements apply to treatment by mental health specialists for workers insured by the Washington Department of Labor & Industries (L&I) as well as by self-insured employers.

This document provides guidance for mental health specialists on the following:

1. [Coverage of Mental Health Conditions](#)
 - a. Conditions caused or aggravated by an industrial injury or occupational disease
 - b. Pre-existing or unrelated conditions delaying recovery
 - c. Services that mental health specialists provide
2. [Authorization Requirements](#)
 - a. Initial evaluation and treatment
 - b. Ongoing treatment
3. [Reporting Requirements](#)
 - a. Diagnosis of a mental health condition
 - b. Return to work considerations
 - c. Identification of barriers to recovery from an industrial injury
 - d. Documenting a treatment plan with special emphasis on functional recovery
 - e. Assessment of functional status during treatment
4. [Billing Codes](#)

For links to the resources included in this document, visit www.Lni.wa.gov/mentalhealth.

1. Coverage of Mental Health Conditions

1(a) Conditions caused or aggravated by an industrial injury or occupational disease

Treatment is covered for mental health conditions caused or aggravated by an industrial injury or occupational disease for workers insured by L&I or by a self-insured employer. See [WAC 296-21-270](#). Please note that the definition of occupational disease excludes claims based on mental conditions or mental disabilities caused by stress. [See RCW 51.08.142](#).

Treatment must result in clinically meaningful improvement as consistent with the department’s definition of rehabilitative and curative care in [WAC 296-20-01002](#). Curative and rehabilitative care produces long-term changes. As a result, L&I or the self-insured employer does not pay for palliative treatment. Nor does the insurer pay for treatment once a condition reaches maximum medical improvement — when no fundamental or marked change can be expected, with or without treatment.

1(b) Pre-existing or unrelated conditions delaying recovery

L&I or the self-insured employer may also pay for some level of treatment of a pre-existing or unrelated mental health condition that may be delaying or preventing recovery from an industrial injury or occupational disease. See [WAC 296-20-055](#). To help a worker recover from an industrial injury or occupational disease treatment may be authorized on a temporary basis.

It is important to note that the unrelated conditions are not the responsibility of the insurer. The department or self-insured employer will stop payment for temporary treatment of unrelated mental health conditions when:

- The allowed industrial condition reaches maximum medical improvement, or
- The allowed industrial condition is no longer delayed from recovery by the unrelated mental health condition(s), or
- The temporary treatment doesn’t result in improvement of the unrelated mental health condition, or
- The temporary treatment doesn’t result in improvement in physical function of the industrial injury or occupational disease.

1(c) Services that mental health specialists provide

	Psychiatrist (MD/DO)	Psychiatric ARNP	Psychologist (PsyD or PhD)
Report of Accident	Yes	Yes	No
Attending Provider (and Certifying Timeloss)	Yes	Yes	No
Counseling	Yes	Yes	Yes
Prescribe Medication*	Yes	Yes	No
IME	Yes	No	No
Impairment Rating	Yes	No	No

*A psychiatrist or psychiatric ARNP may prescribe medication either as the attending provider or when providing concurrent care. See [WAC 296-20-071](#) and [WAC 296-21-70](#).

2. Authorization Requirements for Mental Health Specialists

Initial mental health evaluation and ongoing treatment of a mental health condition both require prior approval from the department or self-insured employer when provided by mental health specialists. See [WAC 296-21-270](#).

For claims covered by L&I, the most effective way to obtain prior authorization is to complete the downloadable [preauthorization form](#). For an initial mental health evaluation, if the diagnosis has not yet been established, you can leave the form's *Diagnosis Description* and *Causal Relationship* fields blank. Completing this form gives claim managers information they need to act on your request and creates a high priority work item for State Fund claims. For claims covered by self-insured employers, contact the [self-insured employer or their third-party representative](#) for prior authorization.

It is important to note that pre-authorization is also required for treatment on pension claims ([RCW 51.36.010\(4\)](#)). If a worker on a pension does not already have pre-authorization for mental health treatment, the worker and provider can request that a treatment order be added to the claim. Prior to providing treatment, the health care provider must submit a written request to L&I or the self-insured employer and obtain written approval from the Supervisor of Industrial Insurance. The department or self-insurer will deny payment for treatment rendered prior to receiving the Supervisor's written approval.

2(a) Initial evaluation and treatment

If you request authorization for mental health services following an initial mental health evaluation, the department or self-insured employer will make a determination as to the relationship between the industrial injury and the mental health condition based on the information you provided.

For this reason, it is very important for the mental health specialist to clearly indicate his or her opinion and the basis for the opinion using the American Psychiatric Association's *Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* diagnostic criteria, as to whether the worker's mental health condition:

- Was caused by the industrial injury;
- Is a pre-existing condition that was aggravated by the industrial injury;
- Was not caused or aggravated by the industrial injury, but it creates a barrier to recovery from a condition for which the department has accepted liability; or
- Was neither caused nor aggravated by the industrial injury, nor is it creating a barrier to recovery from a condition for which the insurer has accepted liability.

In documenting these clinical opinions, the mental health specialist should answer the following questions potentially related to causality:

- Was there any evidence of pre-injury mental health symptoms or conditions?
- By what mechanism did the industrial injury contribute to the mental health condition?
- What other factors might have contributed to the onset of mental health symptoms, including general lifetime risk?

The mental health specialist must also include a goal-directed treatment plan. Authorization for the initial treatment may be granted for up to 90 days. Mental health services within this period must be provided in an “intensive” manner, which the department defines as at least 10–12 treatments in a 90-day authorization period.

2(b) Ongoing treatment

Subsequent authorization for mental health treatment is contingent on documented measurable improvement in targeted specific symptoms and functional status. For information on tracking functional status, see the sections on “Documenting a treatment plan with special emphasis on functional recovery” and “Assessment of functional status during treatment by mental health specialists.” Authorization may be granted in increments of up to 90 days.

3. Reporting Requirements for Mental Health Specialists

All reports must be legible, preferably electronic, and in a style that can be understood by non-medical personnel. Each report must contain at least:

1. Diagnosis, explicitly using DSM-5 criteria and the appropriate specifier (e.g., severe vs. mild, partial remission vs. in remission),
2. Relationship of the diagnosis, if any, to the industrial injury or occupational disease,
3. Summary of subjective complaints,
4. Objective findings,
5. Time limited, intensive treatment plan focusing on functional improvement,
6. Medications prescribed,
7. Assessment of functional status using WHODAS 2.0 (at baseline and every 30 days)
8. Assessment of targeted symptoms using standardized instruments to measure symptom severity, when indicated (e.g., PHQ-9 or BDI for depression , GAD-7 or BAI for anxiety),
9. Worker’s ability to work as it relates to the mental health condition, including specific targeted symptoms that are barriers to work. Include the treatment plan related to those barriers. Recommend work modifications when appropriate.

For detail and examples, see [WAC 296-21-270](#) and subsequent sections of this document.

All subsequent reports must contain these required elements, updated so that progress can be measured and assessed. For example, the mental health specialist must update the diagnosis using the appropriate specifier with each report or chart note.

Mental health specialists must submit reports to the department or self-insured employer and to the attending provider on the following schedule:

- Every visit – Chart notes are required so that the department or self-insured employer can pay for services billed. If you include all required elements in your chart notes, then 30-day or 60-day reports are not required.
- Every 30 days when treating an unrelated mental health condition that is retarding recovery of an accepted condition. ([WAC 296-20-055](#))
- Every 60 days when treating an accepted mental health condition. ([WAC 296-21-270](#))

3(a) Diagnosis of a mental health condition

Diagnosis is an essential first step to the development of a plan for treatment of mental health conditions. Diagnoses should be specific using the diagnostic criteria identified in the *DSM-5*. Diagnoses should be based on all relevant historical information. Specific inquiry should be made into the worker's pre-injury and current medical, psychosocial, and mental health status. Whenever possible, review prior medical records to screen for the presence of diagnostically important information, and for information that may be useful in creating a treatment plan. Carefully document any pertinent positive or negative historical information.

In addition to the WHODAS 2.0 instrument discussed below, consideration should be given to the use of standardized instruments to measure symptom severity for mental health conditions, (e.g., PHQ-9 or BDI for depression, GAD-7 or BAI for anxiety). Such measurements provide both support for diagnoses and benchmarks against which progress in treatment can be measured.

3(b) Return to work considerations

The mental health specialist must comment on the worker's ability to work as it relates to the mental health condition being treated. The use of specific examples of a worker's mood, behavior, cognitive function, energy levels, daily activities, as well as other limitations, are helpful to communicate the effects of a mental health condition or the effects of treatment for such a condition on work ability or work restrictions. For example, the provider must:

- Describe if and how the mental health condition interferes with specific job tasks, and
- Summarize which targeted specific symptoms must improve to allow a successful return to work status, including a plan to achieve the goal.

To provide the best mental health care in a workers' compensation environment, the provider is strongly encouraged to consider appropriate job modifications related to mental health limitations. Such modifications may help the worker succeed in a temporary light-duty position or a permanent return to work. The following list includes common areas where one could recommend accommodations related to mental health conditions. The worker can initiate some of these modifications on his or her own. Other job modifications may need approval from and implementation by the employer.

Concentration:

- Reduce distractions in the work area.
- Plan for uninterrupted work time.
- Divide large assignments into smaller tasks and goals.
- Increase natural lighting or provide full spectrum lighting

Organization:

- Encourage use of daily, weekly, and monthly task lists.
- Use a calendar with automated reminders to highlight meetings and deadlines.
- Divide large assignments into smaller tasks and goals.

Memory:

- Allow additional time to learn new responsibilities.
- Provide written job instructions or checklists.
- Make daily TO-DO lists.

Attendance:

- Allow time off for counseling or other mental health appointments.
- Allow a modified break schedule and/or flexible work hours.

Fatigue:

- Allow a modified break schedule.
- Implement ergonomic workstation design.

Coworker interaction:

- Encourage the employee to walk away from frustrating situations and confrontations.
- Provide partitions or closed doors to allow for privacy.
- Provide disability awareness training to coworkers and supervisors.

Providers can find recommendations for additional simple accommodations at the U.S. Department of Labor's Job Accommodation Network (JAN) website. JAN documents address [mental illness](#), in general, as well as specific conditions like [depression](#), [anxiety](#), [post-traumatic stress disorder](#), and others.

3(c) Identification of barriers to recovery from an industrial injury

Assess each diagnosed mental health condition to determine whether it is retarding a worker's recovery from an industrial injury or an occupational disease. The mental health specialist should clearly identify any such barriers. The report should link the mental health condition to any observable, measurable limitations that interfere with recovery from an industrial injury. The treatment plan must address these limitations.

Example: Diagnosis: Major Depressive Disorder, Single episode, Severe (296.23) [F32.2]
Barriers created by condition:

1. Insomnia: Worker is only able to sleep 2-3 hours at a time and his sleep is fitful;
2. Fatigue: Worker has no energy, and feels too tired to participate in reconditioning program;
3. Despondency: Worker does not believe he will ever again be able to return to productive employment.

3(d) Documenting a treatment plan with special emphasis on functional recovery

The mental health specialist evaluating a worker with a mental health condition must document a treatment plan addressing each diagnosed mental health condition and any identified barriers to recovery. The treatment plan must be updated in subsequent reports or comprehensive chart notes. The treatment plan must:

- Identify specific functional goals,
- Recommend duration of treatment, and
- Target specific symptoms.

In the initial 90-day authorization period, treatment must be intensive – at least 10–12 treatments.

Treatment must emphasize functional, measurable improvement towards the specific goals.

Treatment goals should be individualized so each worker's progress or lack of progress will be accurately assessed. Examples of such goals include:

- Increases in the documented level of physical activity;
- Improved participation in physical therapy, occupational therapy, work hardening, or vocational counseling programs;
- Normalization of daily rhythms such as sleep/wake cycles and eating schedules; and
- Changes in medication usage.

Identification of the measured variable should include a description of what will be measured, the intervals and duration during which the variable will be measured, the anticipated endpoint, and the anticipated progress to that endpoint at each interval measurement. The mental health specialist should explain each variable to be measured to the injured worker before beginning treatment. If necessary, instruct the worker in how to complete diaries documenting such variables as pain, activity, or medication use.

When a treatment plan recommends a medication addition or change, the worker's current medication regimen must be reviewed for any possible drug-to-drug interaction.

Example: Diagnosis:	Major Depressive Disorder, Single episode, Severe (296.23) [F32.2]
Plan:	1. Intensive Psychotherapy: Weekly for up to 90 days; 2. Antidepressants: (fluoxetine 40mg), increasing as indicated by response. No anticipated interaction with worker's current regimen of ibuprofen and acetaminophen; 3. Prescribed physical activity.

3(e) Assessment of functional status during treatment

The worker's functional status must be measured by using the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0). The WHODAS 2.0 is a standardized and validated instrument for assessing disability. The degree of improvement documented by the WHODAS 2.0 should be clinically meaningful and consistent with the department's definition of rehabilitative and curative care as defined as "proper and necessary" in [WAC 296-20-01002](#).

For workers on a pension, the WHODAS 2.0 is not required in reports.

The WHODAS 2.0 can be completed as a self-administered scale (such as by a patient in the waiting room). It is easy to score. It is available in many languages. Some of the items deal with physical capacities and many are about social and emotional functioning. The goal of using the WHODAS 2.0 is to determine the degree of change in the process of rehabilitation. A lack of improvement in the measurements suggests a failure to accomplish goals of treatment.

3. Communication
 - a. Goal: Decrease or eliminate communication barriers related to mood or cognitive difficulties related to depression, or its treatment, that impact the worker's ability to return to work.
 - b. Measurement: Worker response to scenarios that currently cause the patient to become poorly communicative.
 - c. Interval: Will be assessed at each counseling session.
 - d. Objectives: By week 4, worker will be able to verbalize triggers and situations that hinder communication skills. By week 8, worker will be able to remain appropriately communicative in all employment situations.
4. Return to Work
 - a. Goal: Within 90 days, worker will return to work full time.
 - b. Measurement: Worker completes gradual return to work plan.
 - c. Interval: Worker's progress will be assessed monthly.
 - d. Objectives: Month 1: By the end of the first month of treatment, worker will have returned to work part time 4 hours a day with restricted duties. Month 2: By the end of the second month of treatment, worker will have returned to work part time 6 hours a day and assumed normal duties. Month 3: By the end of the third month of treatment, worker will return to work full time.

Assessment

Since the last visit, the worker has returned to light duty 4 hours a day. He or she reports an improvement in sleep with the increase in the dose of the anti-depressant; and now feels rested after 8 hours of sleep. The worker is now exercising 1 hour a day, and is participating in household activities such as cutting the lawn with a power mower. The worker reports that on weekends the worker and spouse/partner walk their dog for about 1 hour each day. The worker has met the physical activity and vocational rehabilitation goals for this period.

The assessment must include a copy of the completed and scored WHODAS 2.0 form and a narrative explaining what the numerical results mean. For the initial WHODAS 2.0, the narrative must indicate the domain(s) impacted by the mental health condition and how treatment will be directed to improve these areas. When submitting subsequent WHODAS 2.0 results, the mental health specialist must describe the trend in the scores as they relate to the injured worker's progress in attaining the identified goals. Should expected progress not be made, the assessment should contain a discussion of the postulated reasons for lack of progress. If necessary, the treatment plan should be reassessed and modifications made.

4. Billing Codes and Payment Policies

You can find complete information on billing codes and payment policies, including documentation requirements for reimbursement, in the Medical Aid Rules and Fee Schedules at www.Lni.wa.gov/feeschedules. For additional billing tips, go to www.Lni.wa.gov/mentalhealth.