

Quick Reference Fee Card

Effective July 1, 2024 through June 30, 2025

This handout is based on Washington State Dept. of Labor & Industries' Medical Aid Rules and Fee Schedules. For complete billing rules and payment policies, see **Lni.wa.gov/FeeSchedules**.

Procedure Description	Limits*	Procedure Codes	Non-Facility Fee	Facility Fee
Activity Prescription (APF) Form	Attending Physician (AP), per insurer request or self-generate (see limits*)	1073M	\$59.81	\$59.81
Chiropractic care (Level 1–3)	One per day	2050A-2052A	\$50.09-\$78.19	\$50.09-\$78.19
Consultation including report	MD, DO, ARNP Approved Chiropractic Consultants	99242–99245	\$139.75-\$387.47	\$101.97-\$328.09
Electronic communication	Physician Non-physician	9918M	\$52.60	\$49.84
Final Report by AP	AP	1026M	\$30.40	\$30.40
Functional Capacity Evaluation Report (review)	AP, per insurer request	1097M	\$59.81	\$59.81
Impairment Rating by AP (limited to these provider types)	MD, DO, DPM, DDS. Also DCs, if approved IME examiners	1191M-1192M	\$728.06-\$910.07	\$728.06-\$910.07
Independent Medical Exam (IME), Report review Written report post review	AP, per insurer request	1063M 1065M	\$46.02 \$34.51	\$46.02 \$34.51
Job descriptions or analysis (first one reviewed), or	AP, per insurer, employer or vocational provider (VRC) request	1038M	\$59.81	\$59.81
Job offer or analysis: each additional review	AP, per insurer, employer or vocational provider (VRC) request	1028M	\$44.87	\$44.87
Loss of Earning Power	AP, per insurer request	1027M	\$23.01	\$23.01
Occupational Disease History Report, Review of worker information and preparation of report	AP, per insurer request	1055M	\$223.21	\$223.21
Opioids: Chronic opioid request form	AP / Prescriber	1078M	\$36.81	\$36.81
Opioids: Subacute opioid request form with documentation	AP / Prescriber	1077M	\$69.03	\$69.03
Opioids: Subacute opioid request form without documentation	AP / Prescriber	1076M	\$36.81	\$36.81
Physical medicine procedures by non-physical medicine AP	6 units per claim	1044M	\$52.32	\$52.32
Reopening Application	AP	1041M	\$59.81	\$59.81
Report of Accident (ROA) or the Provider's Initial Report (PIR) Note: Add an additional \$10 to your fee when filing online.	AP, if received within: 5 business days 6–8 business days 9 or more business days	1040M	\$46.01 \$36.01 \$26.01	\$46.01 \$36.01 \$26.01

Procedure Description	Limits*	Procedure Codes	Non-Facility Fee	Facility Fee
Return to Work request, written response to	AP, per insurer, employer or VRC request – one per day	1074M	\$36.81	\$36.81
60 day report (must be in SOAPER format)	AP, one per 60 days	99080	\$52.91	\$52.91
Special Report	AP, per insurer, employer or VRC request – one per day	99080	\$52.91	\$52.91
Team conference, patient present	Physician only Non-physician	Approp. E&M 99366	Varies by code \$74.98	Varies by code \$74.98
Team conference, patient not present	Physician only Non-physician	99367 99368	\$97.77 \$63.58	\$97.77 \$63.58
Telephone calls with employer, claim manager, other providers, or \ensuremath{VRC}	Physician only Non-physician	99441–99443 98966–98968	\$105.56-\$238.72 \$23.99-\$60.58	\$63.58-\$176.94 \$20.99-\$56.38

*Limits

AP – Attending provider: A person licensed to practice as: MD, DO, ND, DC, DM, PAC or ARNP. (PACs are paid at a maximum of 90% of the allowed fee.)

Non-physician: ARNP, PAC, PhD, PT, and OT must bill using non-physician codes.

APF Limits: A network provider may submit up to 6 APFs per worker within the first 60 days of the initial visit date and then up to 4 times per 60 days thereafter.

Note: Beyond the initial visit to file the Report of Accident, only network providers can treat injured workers. Learn more at **Lni.wa.gov/ProviderNetwork**.

Working with L&I

For Medical Providers: Lni.wa.gov/patient-care

- Authorizations and referrals
- Billing L&I (fee schedules and payment policies)
- Coverage of conditions and treatments
- Become a provider (partnerships and best practices)
- Workshops and training (free CMEs)

Billing Self-Insured Employers: Lni.wa.gov/SelfInsuredBilling

- Find the list of self-insured employers, including contact information
- Get help resolving billing disputes
- Note: Self-insurers must follow the same rules and fee schedules as L&I.

Attending Provider Resource Center: Lni.wa.gov/APResourceCenter

- What attending providers need to know
- Online CME activity for a maximum of 3 AMA PRA Category 1 Credits[™]

My L&I for Providers: Lni.wa.gov/MyL&I

- Find and use claim-related data (e.g. claim status, file notes, and medical reports)
- Send a secure message to the claim manager
- Use Provider Express Billing and retrieve copies of Remittance Advice
- Submit a Report of Accident online

Upon request, language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 711. L&I is an equal opportunity employer.