

Case Management Telephone Calls Update



This document offers answers to some of the most frequently asked questions (FAQ) regarding changes the Department of Labor & Industries (L&I) has made to our case management telephone call payment policy, **effective July 1, 2025**.

Note: This FAQ isn't intended to be a comprehensive or standalone document. For full policy information, see Chapter 5: Care Coordination in the [Lni.wa.gov/FeeSchedules](https://lni.wa.gov/FeeSchedules).

What's changing?

- L&I will no longer cover CPT® codes **99441–99443** (physicians) or **98966–98968** (non-physicians) for case management telephone calls. Starting July 1, 2025, all providers will bill a single, untimed L&I local code to report these services (**9919M**).
- Voicemails are no longer covered because they are administrative.
- In order to better separate case management from audio-only services, one-on-one phone conversations with a worker are now aligned with current CPT® limitations.
- There is a limit of one call (one unit of **9919M**) per day, per claim, per provider.

For more details, refer to the [Lni.wa.gov/FeeSchedules](https://lni.wa.gov/FeeSchedules), which outlines all parameters, limits, and fees, and details the purpose and use of case management telephone calls. Note that this policy is separate from audio-only services, which include evaluation and/or treatment over the phone.

Who does this impact?

All physician and non-physician providers who use and bill for their participation in case management telephone calls are subject to this change.

Why is the policy changing?

L&I is revising our case management telephone call policy because:

- L&I and CPT® differ greatly in how these services are used.
- National reimbursement changes during the pandemic increased physician code reimbursement, which created payment disparity between physicians and non-physicians. Non-physicians include some of our attending provider types, such as Physician Assistants and Advanced Registered Nurse Practitioners. L&I is creating pay parity with this revision.
- On January 1, 2025, AMA deleted the physician CPT® codes used to report these services and replaced them with new audio-only evaluation and management (E/M) codes. L&I's coverage of audio-only services is limited and doesn't include E/M. L&I doesn't plan to change audio-only coverage, so the new audio-only E/M CPT® codes aren't covered (**98008–98015, 98016**). To continue covering case management telephone calls, L&I created local code **9919M** to reimburse providers for this service.



Washington State Department of
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What's staying the same?

- The case management telephone call policy largely remains the same, including who can participate and what discussion topics are covered.
- Documentation requirements still include the date of the call, participants and their titles, details of the discussion, and all medical, vocational, or return to work decisions made.
- Case management telephone calls can be billed on the same day as an evaluation and management (E/M) service, but only for discussions with covered participants other than the worker.
- L&I currently has no plans to change our limited coverage of audio-only services.
- Case management services such as telephone calls and online communications still can't be billed for transmission or simple reiteration of information already being submitted to the department. This includes communications related to the Activity Prescription Form (APF).
- Calls to the employer are still covered, but only when the clinical discussion extends beyond transmission of the information contained in the APF.

Can I bill a phone call (9919M) and an E/M office visit?

Yes, in the following circumstances:

- If the call is one-on-one with the worker and the call doesn't result in a decision to see the worker within 24 hours or the next available appointment, or is related to a visit within the previous seven days.
- Calls to other participants, with or without the worker, that meet all service and documentation requirements.

Can I bill a phone call (9919M) and an APF (1073M)?

- Case management telephone calls (9919M) and online communications (9918M) to transmit or simply reiterate the information on the APF are **bundled** into 1073M and aren't separately payable.
- When clinical conversation exceeds transmission of the information on the APF or involve other covered topics, both 9919M and 1073M are billable on the same day.

How do I get more information?

- Contact Healthcare Policy & Payment Methods: For questions regarding payment policy & fee schedules, email HPPM@Lni.wa.gov.
- Contact Provider Hotline: For questions regarding billing denials, email PHL@Lni.wa.gov or call **1-800-848-0811** between 8am and 12pm PT Monday through Friday.
- Contact Provider Support & Outreach: For all other billing questions, email ProviderFeedback@Lni.wa.gov.
- L&I Medical Aid Rules and Fee Schedules webpage: You can view the payment policy and fee schedule related to case management telephone calls at Lni.wa.gov/FeeSchedules.