



OCCUPATIONAL HEALTH **BEST PRACTICES**

—— Working together to keep people working ——

Mental Health Provider Resource

Purpose

The primary goal of treatment under workers' compensation is to help workers receive the treatment that they need in order to heal and return to work.

This resource will assist you in understanding the laws (RCWs) and rules (WACs) related to mental health treatment. It also outlines the type of information that we need from you that will allow claim managers to make fair and timely decisions.

Mental health providers include psychiatrists, psychiatric advanced practice registered nurses (APRNs), psychologists, licensed independent clinical social workers, licensed marriage and family therapists, and licensed mental health counselors.

The information in this document applies to treatment by mental health providers for workers insured by the Washington State Department of Labor & Industries (L&I) as well as by Self-Insured Employers (SIE).

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For additional resources visit www.Lni.wa.gov/mentalhealth.

1. Coverage of Mental Health Conditions

L&I or the self-insurer may pay for treatment for mental health conditions caused or aggravated by an industrial injury. Treatment for those conditions must be goal-directed, time limited, and focused on functional restoration and return to work ([WAC 296-21-270](#)).

The laws in the Revised Code of Washington (RCWs) and the rules in the Washington Administrative Code (WACs) govern which mental health conditions may be an accepted condition on a workers' compensation claim.

1(a) Conditions due to exposure to a single traumatic event (industrial injury)

Claims based on mental health conditions or disabilities caused by exposure to a single traumatic event are adjudicated as an industrial injury ([RCW 51.08.100](#)). Examples of single traumatic events include actual or threatened death, physical assault, or sexual assault; or life-threatening traumatic injury ([WAC 296-14-300](#)). These exposures must occur in one of the following ways:

- Directly experiencing the event;
- Witnessing, in person, the event as it occurred to others; or
- Extreme exposure to aversive details of the traumatic event.

1(b) Conditions due to exposure to stress (occupational disease)

Claims based on mental health conditions or disabilities caused by stress **do not** fall within the definition of an occupational disease ([RCW 51.08.142](#)).

- Examples include, but are not limited to, change of employment duties, conflicts with a supervisor, job dissatisfaction, and workload pressures ([WAC 296-14-300](#)).

1(c) Certain exceptions for posttraumatic stress disorder (occupational disease)

Workers covered

Posttraumatic stress disorder (PTSD) may be considered as an occupational disease **only** for the following ([RCW 51.08.142](#)):

- Full-time, fully compensated firefighters and their supervisors (including emergency medical technicians), and law enforcement officers,
- Direct care registered nurses, and
- Public safety telecommunicators (e.g., 911 dispatchers).

PTSD Presumptions

PTSD is "presumed" to be a work-related occupational disease for the following:

- Full-time, fully compensated firefighters and their supervisors (including emergency medical technicians), and law enforcement officers ([RCW 51.32.185](#)), and
- Direct care registered nurses ([RCW 51.32.395](#)).

No presumption: For public safety telecommunicators (e.g., 911 dispatchers), PTSD may be considered an occupational disease but without the presumption.

Diagnostic criteria and PTSD presumptions

Note: These RCWs do not alter the diagnostic requirements for PTSD. For the presumption to apply, the worker must first have been diagnosed with PTSD per the criteria in the DSM-5.

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

Conditions that are not related to a work-related injury or occupational exposure, and that are not accepted on that claim, **are not** the responsibility of the workers' compensation insurer.

However, L&I or the self-insurer may pay for temporary treatment of a pre-existing or unrelated mental health condition when it is delaying or preventing recovery of an industrial injury or occupational disease (e.g., physical condition) and **only with prior authorization** ([WAC 296-20-055](#)). Treatment may be authorized in increments of up to 30 days or as otherwise determined on an individual claim basis.

The department or self-insurer will stop payment for temporary treatment of unrelated mental health conditions when:

- Temporary treatment does not result in improvement of the unrelated mental health condition, or
- The temporary treatment of the unrelated mental health condition does not result in improvement in physical function of the accepted industrial injury or occupational disease, or
- Improvement of the accepted condition on the claim is no longer delayed by the unrelated mental health condition(s), or
- The accepted condition on the claim reaches maximum medical improvement.

2. Authorization Requirements

2(a) Prior approval

Initial mental health evaluations require prior authorization from L&I or the self-insurer. Prior authorization is not required if the evaluation is performed to initiate a claim filed solely for mental health conditions.

Note: Only the following provider types are authorized to perform these initial evaluations or consultations for Washington workers' compensation claims:

- Psychiatrists
- Psychiatric APRNs
- Psychologists

Evaluations/consultations are **not covered** if provided by:

- Licensed Clinical Social Workers (LICSWs)
- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Mental Health Counselors (LMHCs).

[See the table below for additional details](#) regarding "Services from Mental Health Providers on Washington Workers' Compensation Claims."

For claims covered by L&I, prior authorization can be obtained by contacting the claim manager or by using the downloadable [pre-authorization 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 the claim manager information they need to act on your request.

For claims covered by self-insured employers, contact the [self-insured employer or their third party administrator](#) for prior authorization.

2(b) Initial evaluation

The initial evaluation report must include at a minimum the following elements:

- DSM-5 diagnosis and explanation of how all criteria are met,
- Statement on causation, and
- Treatment plan.

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.

Note: You don't need to comment on causation for claims that have a work-related presumption for PTSD. See details on presumptions above in ["Coverage of Mental Health Conditions."](#)

Diagnosis and Baseline:

Each person has a pattern of adjustment to life. The pattern of adjustment before the industrial injury or occupational disease serves as a baseline for all assessments. After conducting a clinical interview with the worker with regard to mental health pre- and post-industrial injury or occupational disease, you must characterize the pre-injury or occupational disease baseline that you established.

When making diagnoses, follow the format of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* fifth edition (DSM-5).

List the accepted condition(s), followed by any newly contended diagnoses, noting whether the diagnoses are related to the industrial injury or occupational disease.

Questions to answer:

- 1) What are the current psychiatric diagnoses? What objective medical evidence, in the form of documentation and clinical findings, supports these diagnoses?
- 2) Are there preexisting diagnoses or psychiatric impairments (based on history and medical record review)?
- 3) Provide the DSM-5 criteria for the proposed diagnoses.

Please remember, your report must:

- 4) State the DSM-5 criteria, which support each diagnosis, **including consideration of other diagnoses and other explanations of the presentation.**
- 5) Discuss all mental health conditions present, including any personality disorders.

Causation:

If asked by the Claim Manager, answer questions about causation. If you are diagnosing a newly contended condition, include information on causation. Specific inquiry should be made into the worker's pre-injury and current medical, psychosocial, and mental health status to determine if the diagnosis is related to the exposure or injury described.

- 1) Explain whether the industrial injury/occupational disease was or was not a proximate cause of the mental health condition(s) you diagnosed:
 - a) The cause must be proximate in the sense that there existed no intervening independent

- and sufficient cause for the disease, so that the disease would not have been contracted but for the condition existing in the extra hazardous employment.
- b) Consider principles of causation relevant to mental health, such as what is known about the etiology of mental health condition(s);
 - c) Is the mental health condition directly caused or aggravated by an occupational exposure?
 - d) Consider whether the mental health condition was caused by stress. See section (1) above [“Coverage of Mental Health Conditions.”](#)
- 2) Document differences in adjustment patterns before and after the industrial injury or occupational disease. The report must contain your opinion as to whether any differences:
- a) Are the result of the industrial injury or occupational disease and its sequelae, in the sense they would not have occurred had there not been the industrial injury or occupational disease;
 - b) Are directly caused or aggravated by an occupational exposure;
 - c) Are permanent or temporary;
 - d) Are more than the normal, self-correcting and expectable response to the stress of the industrial injury or occupational disease; and
 - e) Are susceptible to treatment, and, if so, what kind.

Treatment plan:

The mental health provider must include a goal-directed, time limited, treatment plan that focuses on functional restoration and return to work. Authorization for the initial treatment may be granted for up to 90 days with sessions occurring approximately weekly. The actual number and frequency of sessions may depend upon the diagnosis, treatment approach, and response to treatment.

2(c) Ongoing treatment

Subsequent authorization for mental health treatment is contingent upon documented measurable improvement in targeted specific symptoms and functional status. Authorization may be granted in increments of up to 90 days.

3. Services from Mental Health Providers on Washington Workers' Compensation Claims

	Psychiatrist (MD/DO)	Psychiatric APRN	Psychologist (PsyD or PhD)	Social workers and other Master's Level Therapists (MLTs)
Complete and file the initial accident report*	Yes	Yes	Yes, mental health only claims	No
Be the attending provider*	Yes	Yes	Yes, mental health only claims	No
Certify temporary disability/time-loss compensation**	Yes	Yes	Yes, mental health only claims	No

	Psychiatrist (MD/DO)	Psychiatric APRN	Psychologist (PsyD or PhD)	Social workers and other Master's Level Therapists (MLTs)
Perform psychiatric diagnostic evaluation (mental health evaluation)	Yes	Yes	Yes	No
Provide psychotherapy	Yes	Yes	Yes	Yes
Prescribe medication***	Yes	Yes	No	No
Perform psychological evaluation and testing	Yes	No	Yes	No
Perform neuropsychological evaluation and testing	No	No	Yes	No
Rate permanent partial disability	Yes	No	No	No
Perform Independent Medical Examinations (IMEs)	Yes	No	No	No

PLEASE NOTE:

* **Effective July 1, 2025, psychologists** can file the initial accident report and/or be the attending provider in the case of claims solely for mental health conditions. Those are claims that have not had a contended or accepted physical condition at any time in the life of the claim. They are also referred to as “mental health only claims.”

* **Psychiatrists and psychiatric advanced practice registered nurses (APRNs)** have already been able to file the initial accident report and/or be the attending provider in the case of claims solely for mental health conditions. They can also be the attending provider on claims that have both accepted mental health conditions and accepted physical conditions once the physical condition does not require any further treatment.

** Psychiatrists, psychiatric APRNs, and psychologists can certify time-loss compensation when they are the attending provider.

*** Psychiatrists and psychiatric APRNs may prescribe medication either as the attending provider or when providing concurrent care. [WAC 296-20-071 “Concurrent treatment”](#) and [WAC 296-21-270 “Mental Health Services.”](#)

Master’s Level Therapists are not authorized to be the attending provider, diagnose mental health conditions, perform evaluations, or do consultations.

4. Reporting Requirements

4(a) Timeline

Mental health providers are required to submit documentation to the department or self-insurer and to the attending provider on the following schedule:

- Initial visit – Accident report* must be submitted within five days of the first visit.
 - *State Fund (SF): Report of Accident (ROA)
 - *Self-Insurance (SI): Provider’s Initial Report (PIR)

- Every visit – Chart notes must contain all required information in order for the insurer to make appropriate decisions regarding coverage and payment.
- Every 30 days – This special/follow up narrative report is required only upon request from the insurer when treating an unrelated mental health condition that is impacting recovery for an accepted condition on the claim ([WAC 296-20-055](#)). This report is not required if this information is included in every chart note ([WAC 296-20-06101](#)).
 - **Note:** Prior authorization from L&I or the self-insurer is required for temporary treatment of an unrelated mental health condition and only when it is delaying or preventing recovery of an industrial injury or occupational disease (e.g., physical condition).
- Every 60 days – This narrative report is required only upon request from the insurer when treating an accepted mental health condition and chart notes do not contain enough information to provide a clear picture of progress. This report is not required if this information is included in every chart note ([WAC 296-20-06101](#)).
- Providers are required to keep all records related to the workers' compensation claims for a minimum of five years.

4(b) Required elements

All chart notes and narrative reports must be legible, preferably electronic, and in a style that non-medical personnel can understand. Each chart note (or report upon request) must contain at least the following:

- Diagnosis, explicitly using DSM-5 criteria and the appropriate specifier (e.g., severe vs. mild, partial remission vs. in remission),
- Relationship of the diagnosis, if any, to the industrial injury or occupational disease,
- Summary of subjective complaints,
- Objective findings (e.g., appearance and behavior, mood and affect, cognitive function),
- Assessment of functional status at baseline and every 30 days,
- Goal-directed, time limited treatment plan focusing on functional restoration and return to work,
- Medications prescribed,
- Response to treatment, and
- Barriers to recovery.

Special emphasis on return to work

- Document positive outcomes when treatment facilitates a return to work.
- If the worker is unable to return to work due to an accepted mental health condition, a provider's estimate of functional status and barriers to work should be included with the report.
- Describe if and how the mental health condition interferes with specific job tasks.
- Summarize which targeted specific symptoms must improve to allow a successful return to work status, including a plan to achieve the goal.
- Determine whether the worker is able to engage in modified work, which may include relevant accommodations.
- Comment on whether the worker is able to return to their regular work status, considering mood, behavioral, and/or cognitive factors.

All chart notes and reports must reflect the treatment rendered at each visit so that progress can be measured and assessed.

5. Return to Work

The primary goal of treatment under workers' compensation is to help workers receive the treatment that they need in order to heal and return to work. If necessary, consider appropriate job modifications. Such modifications may help the worker succeed in a temporary modified duty position or a permanent return to work. Accommodations must be worker-centric and specific to the individual's needs, taking into consideration the job and employment environment. The worker may be able to initiate your recommended job modifications on their own. Other job modifications may need approval from, and implementation by, the employer.

- See the federal [Job Accommodation Network](#) for examples of accommodations for mental health conditions.

6. REPORT EXAMPLES

6(a) Treatment plan with special emphasis on functional recovery

The mental health provider must document a treatment plan addressing each mental health condition accepted on the claim. The treatment plan must:

- Target specific symptoms,
- Recommend duration of treatment, and
- Identify functional goals (See Section 6(d) Functional Status),

The treatment plan, with or without changes, must be included in all chart notes and other reports when requested. When a treatment plan recommends a medication addition or change, the provider must document whether there is any possible drug-to-drug interaction.

Example: Treatment Plan

Diagnosis:

- Posttraumatic Stress Disorder (F43.10)

Treatment Plan:

- Trauma-informed Psychotherapy: The number of sessions may depend upon diagnosis, treatment approach, and response to treatment.
- Ongoing assessment of suicidal thoughts, plan, intent, protective factors; consider using a standardized measure such as the Columbia Suicide Severity Rating Scale (CSSR); provide relevant intervention
- Assess for presence and degree of substance use; provide relevant intervention and/or refer for more comprehensive evaluation and treatment.
- Assess the need for a psychotropic medication evaluation. If psychotropic medication(s) is/are prescribed, then will monitor adherence and effectiveness with respect to function.
- Will encourage engagement in self-care (e.g. physical activity, sleep hygiene, and social connection)

6(b) Response to treatment

Example: Measurements

Response to psychotherapy:

- Goal: Decrease PTSD symptoms.

- Measurement: Improvement in symptom severity using a valid standardized instrument (e.g., PCL-5).
- Interval: Assessed at least at every session, though weekly or every other week administration may also be considered based on structure of the treatment protocol (e.g., the PCL-5 should not be administered at every session if the worker is participating twice weekly).
- Objectives: Maximizing effectiveness (e.g., improving mental health symptoms and improving functional outcomes) while avoiding harms.

Response to Medication (if applicable as adjunct to trauma-informed psychotherapy):

- Goal: Decrease PTSD symptoms within 90 days.
- Measurement: Improvement in symptom severity using a valid standardized instrument (e.g., PCL-5).
- Interval: Assessed monthly.
- Objectives: Maximizing effectiveness (e.g., improving mental health symptoms and improving functional outcomes) while avoiding harms.

Return to Work

- Goal: Once symptoms are better managed, worker will gradually return to modified work duty. Within 90 days, or toward the end of treatment, worker will return to work.
- Measurement: Worker completes gradual return to work plan.
- Interval: Worker's progress will be assessed monthly.
- Objectives: By the end of the fourth month of treatment, worker will return to work full time.

6(c) Barriers to recovery

- If treatment is for an accepted mental health condition, the provider must identify and assess any barriers to recovery.
- If treatment is for an unrelated mental health condition, that is directly impacting recovery of the physical industrial injury or occupational disease that has been accepted on the claim, the department or self-insurer may approve treatment on a temporary basis. In that case, the report should link the mental health condition to any observable, measurable limitations that interfere with recovery from the accepted industrial injury or occupational disease. The treatment plan must address those limitations.

Example: Barriers to recovery

Diagnosis:

- Posttraumatic Stress Disorder (F43.10)

Barriers created by condition:

- Work-related fear and avoidance currently affecting return to work. Gradual exposure to work is indicated once symptoms are better managed.
- Difficulty concentrating, focusing, and engaging in the present.
- Difficulty sleeping which impacts daytime function.
- Angry outbursts as well as self-blame resulting in decreased positive social interaction.
- Reduced engagement in previously enjoyed activities and social pursuits.

6(d) Functional status

Providers must track and document the worker's functional status using validated instruments such as the World Health Organization Disability Assessment Schedule (WHODAS) version 2.0 or other substantially equivalent validated instruments recommended by the department ([WAC 296-21-270](#)).

Functional status must be measured at baseline and every 30 days. Due to scoring differentials, the same instrument must be used each time for that worker. The purpose is to determine the degree of change in the process of rehabilitation and function. An improvement indicates that the treatment is effective and the worker may be ready to begin to transition back to work. A lack of improvement suggests that treatment goals have not yet been met or that treatment is not effective and another treatment modality may be needed.

The approved assessment instruments are:

- World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), 36 or 12 item version
 - Health and disability
- Patient-Reported Outcomes Measurement Information System (PROMIS) Global-10 or CAT method, and Short-Form Survey 36- or 12-item (SF-36 or SF-12)
 - Health-related quality of life.

Example: Functional assessment and quality of life
WHODAS-2.0

- Baseline score:
- After 30 days:

PROMIS 10

- Baseline score:
- After 30 days:

Consideration should also be given to the use of standardized instruments to measure symptom severity for mental health conditions such as depression, anxiety, or PTSD. Such measurements provide support for a diagnosis and benchmarks against which progress in treatment can be measured.

6(e) Final assessment

Example:

Since the last visit, the worker has returned to work with accommodations including a modified work schedule (4 hours a day, 3 days per week) and modified duty. They endorse sleep improvement including decreased frequency and intensity of trauma-related dreams, reporting that they now feel rested after 8 hours of sleep. The worker is now exercising 30 minutes a few times a week, and is participating in household activities such as grocery shopping. The worker reports that on weekends they walk their dog for about one hour each day. The worker has met the physical activity and vocational rehabilitation goals for this period. They have participated actively in treatment with good results; this provider anticipates treatment termination will occur after four additional sessions.

7. Related Laws (RCWs) and Rules (WACs)

WAC 296-21-270	Mental health services
WAC 296-14-300	Mental condition/mental disabilities
RCW 51.08.100	“Injury”
RCW 51.08.140	“Occupational disease”
RCW 51.08.142	“Occupational disease” - Exclusion of mental conditions caused by stress; Exceptions for full-time, fully compensated firefighters and their supervisors, emergency medical technicians (EMTs), law enforcement officers, direct care registered nurses, and safety telecommunicators (e.g., 911 dispatchers).
RCW 51.32.185	Presumption of posttraumatic stress disorder as an occupational disease for full-time, fully compensated firefighters and their supervisors, EMTs, and law enforcement officers
RCW 51.32.395	Presumption of posttraumatic stress disorder as an occupational disease for direct care registered nurses

8. 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](#).