

Psych as AP Provider Q&A Session

Q: How I can continue with current L&I patients without becoming an attending provider.

- A. Psychologists are required to join the MPN to continue treating workers beyond the initial visit (filing the report of accident). However, you do not have to be the attending provider for any workers.

Q: If I submitted the requested MPN information and did not hear anything back does that mean it was approved?

- A. Once your application has been approved, you may get a letter after 7/1. You can email PsychologistAP@Lni.wa.gov to check the status of your application.

Q: If a provider sees a patient for an initial visit but does not wish to be an attending provider, what is their next step?

- A. You will send in the report of accident (ROA), ensure you discuss with the worker that you won't be moving forward with their treatment, and that they will need to find an attending provider.

Q: How can I get more workers as clients?

- A. In workers compensation, the selection a provider is the worker's choice by law (WAC 296-20-065). L&I cannot advertise or promote you specifically. However, when you enroll as a provider you will be listed in our [Find a Doc](#) web application. This provider search engine will allow patients in need to find you and your contact information. We encourage you to build working relationships within your provider community and network with ARNPs, doctors, etc.

Q: How do we bill for additional work, such as communications with claims managers and other providers?

- A. L&I has created L&I-specific local codes to reimburse for the work associated with case management communications, such as telephone calls, online communications, and team conferences. Many of these codes are payable to

both concurrent care providers (treating only) and/or attending providers. In addition there are also codes for many of the forms you need to fill out as an attending provider, such as the Activity Prescription Form (APF) or Report of Accident (ROA). Please see our Medical Aid Rules and Fee Schedules (payment policies). In particular, MARFS [Chapter 5](#), [Chapter 17](#), and [Chapter 21](#). Patient treatment is covered under the relevant treatment CPT® codes.

Q: If a provider sees a worker for an initial visit and establishes that there is NOT a work injury, is that visit still payable?

A. The first date of service and all associated services used by the Claim Manager to make a decision to allow or reject the claim are payable, even if you indicate the condition is not work related. As a reminder, no employer, worker, or provider can exempt themselves from filing an ROA by any contract, rule, or regulation, when a suspected injury or occupational disease has occurred.

Q: If I already have an L&I provider number, do I still need to join the MPN?

A. Yes, having a provider number doesn't mean you are already part of the Medical Provider Network (MPN). Psychologists are required to join the MPN to treat workers beyond the initial visit. If you are unsure about your MPN status, email PsychologistAP@Lni.wa.gov.

Q: If mental health treatment is authorized for an injured worker, is additional authorization still needed every 90 days when the psychologists in an AP?

A. Yes. All attending providers are required to provide substantiating information that continued treatment is required. We are still using the same authorization time frames.

Q: If I have an L&I provider account number as a different type of provider, would I use that L&I number in this MPN situation?

A. You will need to create a new account and get a provider account as a psychologist. Certain types of services are only payable to certain provider types; it is imperative your accounts are accurate for billing and reporting purposes.

Q: Will my decisions as the attending provider impact workers' eligibility for benefits?

A. As the provider, attending or not, part of your role is to substantiate the need for ongoing care and benefits.

Q: Is the initial visit to establish a claim the same as a mental health intake evaluation?

A. To establish a workers compensation claim, a visit evaluating the worker's condition and the causal relationship to employment is required. As part of that initial visit, the Report of Accident (ROA) should be filled out. The provider should bill their usual CPT® code(s) for the evaluation, in addition to billing L&I local code 1040M for completion of the ROA.

Q: How do I enroll in the Medical Provider Network?

A. Please review the enrollment information tab on the [Psychologists as Attending Providers](#) web page.

Q: If I see an L&I patient next week on July 2nd, but my application has not been approved yet, will that payment be denied?

A. No; if your application is submitted by June 30, 2025 your account will be placed in a provisional, payable status until the review is complete.

Q: If not serving as an attending provider but wanting to provide care for a patient, what is our responsibility for getting the patient to find an attending provider?

A. All workers must have an attending provider. If the worker is only receiving services from you and not having their care coordinated by another provider, L&I will see you as the attending provider by default. Encouraging the worker to seek an attending provider other than yourself is necessary if you are not willing or able to coordinate services for the claim. You can help notify the department of the workers new AP by asking the worker complete and send the [Transfer of Care Form](#).

Q: Do you have a cheat sheet for billing codes?

A. The [Mental Health and Behavioral Health Quick Reference Card](#) offers a condensed version of common CPT® codes and the fees associated. Please

see [Medical Aid Rules and Fee Schedules](#) for L&I-specific requirements. See the CPT® code book for complete code descriptions.

Q: How can I request prior authorization?

A. See our [fee schedules](#) to view codes require prior authorization. Some will need the claim manager and some may need an Occupational Nurse Consultant (ONC).

Q. Can employers see all chart notes for therapy treatment? If not, what can they see from psychological treatment/evaluation?

A. Yes - any documents in the claim file may be viewed by the employer or their appointed representatives. If you believe there is information in the claim file of a confidential nature that should not be seen by others you can contact the claim manager to discuss whether or not it can be redacted.

Q. If a provider wants to receive a higher fee than what the fee schedule provides for particular work (such as impairment rating exam or another task), is provider allowed, under any scenario, to receive the fee schedule payment from the Dept. and an additional fee from the injured worker or his attorney, without engaging in prohibited balance billing?

A. No. By agreeing to being an L&I provider - AP or otherwise - you're agreeing to accept our maximum fees as full payment for the service rendered. You may not bill any worker or attorney the difference between your usual and customary charges and what you are reimbursed by L&I for claim related services. This is considered balance billing and is restricted by RCW 51.04.030(2) and WAC 296-20-020.

Q. Can a psychologist be an AP and refer ongoing psychotherapy treatment to an approved & credentialed Master's Level L&I provider to do the actual therapy? If so what role does the AP psychologist take going forward?

A. Yes, treatment can be referred to a credentialed Master's Level Therapist (MLTs) however, you will still be considered the attending provider. You would continue to provide periodic evaluation, opine about the need for ongoing treatment, provide claim coordination, and certify benefits. Remember, MLTs cannot diagnose mental health conditions and are not a valid attending provider type.

Q. Please comment on treating clients who are medically or become medically retired from their profession

A. If the worker has sustained or suspected to have sustained a mental health condition as a result of their work, a claim must be filed. It's important to file claims when you begin treating workers so that their statutory benefits can be adjudicated at that time, even if they are not currently missing work.

Q. What if a patient has only very minor physical injuries (e.g. scratches) from a work injury, and really do not need much medical treatment other than an ED visit. Say one of these conditions gets accepted but they really only need psychological care. Can a psychologist be an AP even if there is an accepted physical condition that never really required follow-up treatment?

A. No. Psychologists can only be the attending provider on claims solely for mental health conditions (where no physical condition is or has been present or contended).

Q. When filing a claim, psychologists may need more than one visit or evaluation to obtain the correct diagnosis. When establishing the claim does an AP psychologist have to seek prior authorization for psych evaluation or neuro psych evaluation?

A. When establishing a new claim, the initial visit does not require prior authorization. This includes the psych evaluation performed at that visit (such as a 90791). If more comprehensive testing is required, such as a psychological evaluation (96130-96131) or a neuro psych evaluation (96132-96133) or any continued evaluation is needed, additional prior authorization would be required.