Washington State Department of Labor & Industries
Workers' Compensation Services

Payment Policies for Healthcare Services
Provided to Injured Workers and Crime Victims

Chapter 30: Vocational Services

Effective July 1, 2019

Link: Look for **updates and corrections** to these payment policies at:

www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2019/

Note: Vocational services providers must use the codes listed in this chapter to bill for services. Maximum fees apply equally to both State Fund and self-insured vocational services.

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Definitions

- **By report (BR):** A code listed in the fee schedule as BR doesn't have an established fee because the service is too unusual, variable, or new. When billing for the code, the provider must provide a report that defines or describes the services or procedures. The insurer will determine an appropriate fee based on the report.

Link: For the legal definition of By report, see WAC 296-20-01002.

Payment policy: Billing by referral type

Link: For more detailed information on billing, consult the **Miscellaneous Services Billing Instructions** (F245-072-000).

Prior authorization

All vocational services require prior authorization.

Vocational services are authorized by referral type. The State Fund uses six referral types:

- Early intervention,
- Assessment,
- Plan development,
- Plan implementation,
- Forensic, *and*
- Stand-alone job analysis.

Each referral is a separate authorization for services.

Note: Option 2 vocational counseling and job placement services are authorized when the department accepts a worker's Option 2 election. For more information on Option 2 services, see Option 2 Vocational Services.

How insurers will pay

Insurers will pay:

- Interns at 85% of the Vocational Rehabilitation Counselor (VRC) professional rate, *and*
- Forensic evaluators at 120% of the VRC professional rate.

Note: All referral types except forensic are subject to a fee cap (per referral) in addition to the maximum fee per unit. For more information, see the payment policy for Fee caps later in this chapter.

Services that can be billed

The following several tables show billing codes by referral type.

Early intervention

Code	Description (1 unit = 6 minutes for all codes)	Max fee per unit
0800V	Early intervention services (VRC)	$9.42
0801V	Early intervention services (intern)	$8.03
0802V	Early intervention services extension (VRC)	$9.42
0803V	Early intervention services extension (intern)	$8.03

Assessment

Code	Description (1 unit = 6 minutes for all codes)	Max fee per unit
0810V	Assessment services (VRC)	$9.42
0811V	Assessment services (Intern)	$8.03

Vocational evaluation, pre-job and job modification consultation

Code	Description (1 unit = 6 minutes for all codes)	Max fee per unit
0821V	Vocational evaluation (VRC)	$9.42
0823V	Pre-job or job modification consultation (VRC)	$9.42
0824V	Pre-job or job modification consultation (Intern)	$8.03

Plan development

Code	Description (1 unit = 6 minutes for all codes)	Max fee per unit
0830V	Plan development services (VRC)	$9.42
0831V	Plan development services (Intern)	$8.03

Plan implementation

Code	Description (1 unit = 6 minutes for all codes)	Max fee per unit
0840V	Plan implementation services (VRC)	$9.42
0841V	Plan implementation services (Intern)	$8.03

Forensic services

The VRC assigned to a forensic referral must directly perform **all the services needed** to resolve the vocational issues and make a supportable recommendation.

Note: Exception: Vocational evaluation services may be billed by a third party, if authorized by the insurer.

Code	Description (1 unit = 6 minutes for all codes)	Max fee per unit
0881V	Forensic services (Forensic VRC)	$11.27

Stand-alone job analysis

The codes in the following table are used for **stand-alone and provisional job analyses**. (Also see Payment limits, below.)

Code	Description (1 unit = 6 minutes for all codes)	Max fee per unit
0808V	Stand-alone job analysis (VRC)	$9.42
0809V	Stand-alone job analysis (intern)	$8.03
0378R	Stand-alone job analysis (non-VRC)	$9.33

Payment limits

Stand-alone job analysis

For State Fund claims, this referral type is limited to 15 days from the date the referral was electronically created by the claim manager.

Bills for dates of service beyond the 15th day won't be paid.

Travel, wait time, and mileage

L&I supports in-person meetings to encourage effective engagement, collaborative problem solving, and delivery of quality vocational services.

The vocational provider may bill, round trip, from their primary branch office to their destination for that referral. The primary branch office is designated by the vocational provider on their Vocational Provider Application (F252-088-000),

When submitting bills, the vocational provider should:

- Round to the nearest number if necessary.
- Bill all services for the same worker, for the same date of service, on one bill form.

For example:

VRC travels from primary branch office to attending provider's (AP) office to meet with the worker and the AP. VRC will bill the round trip time and miles from their primary branch office to the AP's office.

Splitting travel when there is more than one claim

If traveling for more than one claim (per worker or for multiple workers), the vocational provider can bill a round trip from their primary branch to include their destinations for the multiple referrals.

- Split charges equally between all claims, rounding to the nearest number if necessary.
- For two claims, bill half to each claim.
- For three or more claims split the charges accordingly (three claims = by thirds, four claims = by fourths)

For example:

VRC travels from their primary branch office to a meeting with worker on Referral A, then to onsite job analysis meeting on Referral B, then to a meeting at AP's office on Referral

C, and then back to their primary branch office. VRC will bill a third of the total time and mileage under each referral.

Note: For **out of state** cases, VRC may only bill from the branch office nearest the worker.

Code	Description	Maximum fee
0891V	Travel/wait time (VRC or forensic VRC) 1 unit = 6 minutes	**$4.72**
0892V	Travel/wait time (intern) 1 unit = 6 minutes	**$4.72**
0893V	Professional mileage (VRC) 1 unit = 1 mile	**State rate**
0894V	Professional mileage (intern) 1 unit = 1 mile	**State rate**
0895V	Air travel (VRC, Intern, or forensic VRC)	**By report**
0896V	Ferry charges (VRC, intern or forensic VRC)	**By report**
0897V	Hotel charges (VRC, intern or forensic VRC) out-of-state only	**By report**

Note: See definition of **By report** in Definitions at the beginning of this chapter.

Vocational evaluation and related codes for non-vocational providers

Certain non-vocational providers may deliver the above services with the following codes:

Code	Description	Maximum fee
0380R	Job modification	**By report**
0385R	Pre-job modification	**By report**
0389R	Pre-job or job modification consultation, 1 unit = 6 minutes	**$11.35**
0390R	Vocational evaluation, 1 unit = 6 minutes	**$9.33**
0391R	Travel/wait (non-VRC), 1 unit = 6 minutes	**$5.14**
0392R	Mileage (non-VRC), one unit = 1 mile	**State rate**
0393R	Ferry charges (non-VRC) (See Note below this table.)	**State rate**

Note: Code **0393R** requires documentation with a receipt in the case file.

When a worker has two or more open claims requiring time-loss compensation and vocational services, the insurer may make a separate but concurrent vocational referral for each claim. In such cases, vocational evaluators are expected to split the billing equally amongst the referrals. When providing vocational evaluation on multiple referrals and/or claims, follow these instructions:

- If the total of all work done during the billing period isn't an even number of units, round to the nearest even whole number of units, then divide by the number of claims.
- If there are three (or more) claims, the vocational evaluation bills are to be split accordingly (three claims = by thirds, four claims = by fourths), based on the number of concurrent referrals received.

Payment policy: Fee caps for vocational services

Fee cap policy for referrals

Vocational services are subject to fee caps.

The following fee caps are by referral.

Note: Travel, wait time, and mileage charges aren't included in the fee cap for any referral type.

If the **description** of the fee cap referral is…	Then the **applicable codes** are:	And the **maximum fee** is:
Early intervention referral cap, per referral	**0800V, 0801V**	**$1,935.44**
Assessment referral cap, per referral	**0810V, 0811V**	**$6,760.00**
Plan development referral cap, per referral	**0830V, 0831V**	**$6,463.60**
Plan implementation referral cap, per referral	**0840V, 0841V**	**$7,327.84**
Stand-alone job analysis referral cap, per referral	**0808V, 0809V, 0378R**	**$492.96**

NOTE: There is a $50 cap per 30-day progress report.

Fee cap policy for vocational evaluation services

The fee cap for vocational evaluation services applies to multiple referral types and is allowed once per claim.

For example, if **$698.00** of vocational evaluation services is paid as part of an ability to work assessment (AWA) referral, only the balance of the maximum fee is available for payment under another referral type.

If the **description** of the service is…	Then the **applicable codes** are:	And the **maximum fee** per claim is:
Vocational evaluation services	**0821V, 0390R**	**$1,414.40**

Fee cap exceptions for Early Intervention, AWA, and Plan Implementation referrals

Exception codes must be used to authorize an extra number of billable hours.

Any use of these exception codes requires prior authorization by the VSS for State Fund claims, or by the SIE/TPA for self-insured claims.

Early Intervention referrals

For Early Intervention referrals, 2 exception codes are available with an additional fee cap of **$1886.56**

Code	Description	Maximum fee
0802V	Early Intervention services exception (VRC)	**$9.42** per 6 minutes
0803V	Early Intervention services exception (intern)	**$8.03** per 6 minutes

AWA referrals

For AWA referrals, 2 exception codes are available with an additional fee cap of **$942.24**.

Code	Description	Maximum fee
0812V	Assessment services exception (VRC)	**$9.42** per 6 minutes
0813V	Assessment services exception (intern)	**$8.03** per 6 minutes

Plan Implementation referrals

For Plan Implementation referrals, 2 exception codes are available with an additional fee cap of **$2,177.76**.

Code	Description	Maximum fee
0842V	Plan implementation services exception (VRC)	**$9.42** per 6 minutes
0843V	Plan implementation services exception (intern)	**$8.03** per 6 minutes

Fee cap considerations

If at or near the fee cap, the vocational provider may request a fee cap exception. Once approved, they may bill the exception code(s) up to the additional cap.

If both the original fee cap and the fee cap exception are spent, the vocational provider must notify the vocational services specialist (VSS) or self-insured employer (SIE)/third party administrator (TPA), if applicable, of the situation. The vocational provider must submit a closing report.

The vocational provider may request a new referral when they are at or near the fee cap exception.

L&I may close the original referral using the outcome code ADMX and create a new referral. This decision will be made on a case-by-case basis. If a new referral isn'tcreated, the vocational provider must submit a closing report.

- Providers must comply with all requirements in WAC 296-19A when a referral is being closed by L&I, including submitting a closing report.
- Providers won't be able to enter a fee cap reached closure outcome with their closing report. Only L&I can enter this closure code.

Link: For more information, see WAC 296-19A.

Payment policy: Job Modification and Pre-Job Accommodation

Prior authorization

Prior authorization is required for services provided by an occupational therapist (OT), physical therapist (PT) and ergonomic specialist.

- The need for a job modification or pre-job accommodation must be identified and documented by L&I, the attending health-care provider, treating occupational or physical therapist, employer, worker, or assigned vocational rehabilitation counselor.
- Consultations for a specific job modification or pre-job accommodation must be preauthorized after the need has been identified.

Who must perform these services to qualify for payment

Consultations

The provider of a job modification or pre-job accommodation consultation must be a:

- Licensed occupational therapist or physical therapist, *or*
- Vocational rehabilitation provider, vocational rehabilitation provider intern, *or*
- Ergonomic specialist.

Services that can be billed

In some cases, the department may reimburse for consultation services.

Code	Description	Activities	Maximum fee
0823V	**Pre-job or job modification consultation** Vocational Rehabilitation Provider	• Discussing/consulting about modifications to a job. This may include: • Exploring ways a job may be modified within the individual's abilities and the needs of the employer. This may include modifying time, duties, environment, and/or use of alternative equipment. • Discussing available L&I benefits to include stay at work, preferred worker, and job modification with the employer, worker, and/or attending provider. • Communication with others about modifying a job to include the worker, employer, health-care providers, vocational provider, insurer, and/or vendor. • Documenting findings and recommendations, • Instruction in work practices (such as body mechanics, ergonomic principles), • Obtaining bids, and • Completing and submitting the Job Modification/Pre-job Assistance Application and any associated follow up.	**$9.42** per 6 minutes
0824V	**Pre-job or job modification consultation** Vocational Rehabilitation Provider Intern	• Same as above	**$8.03** per 6 minutes

Code	Description	Activities	Maximum fee
0389R	**Pre-job or job modification consultation**, **analysis of physical demands** OT, PT, Ergonomic Specialist	• Same as above • Analyzing job physical demands to assist a VRC in completing a job analysis (qualified PT or OT only).	**$11.35** per 6 minutes
0391R	**Travel/wait time** (non-VRC)	Traveling to work/training site or and equipment vendor to meet with the worker as part of direct consultation services.	**$5.14** per 6 minutes
0392R	**Mileage** (non-VRC), per mile.	Mileage to work/training site or to an equipment vendor to meet with the worker as part of direct consultation services.	**State rate**
0393R	**Ferry charges** (non-VRC).	Ferry travel if required to travel to work/training site as part of direct consultation services.	**State rate**

Authorized equipment vendors

The following codes can be billed by equipment vendors:

Billing code	Description	Activities	Maximum fee
0380R	**Job modification**	Equipment/tools: • Installation, • Set up, • Basic training in use, • Delivery (includes mileage), • Tax, • Custom modification/ fabrication. Work area modification or reconfiguration.	Maximum allowable for **0380R** is **$5,000.00** per job or job site.
0385R	**Pre-job accommodation**	Equipment/tools: • Installation, • Set up, • Basic training in use, • Delivery (includes mileage), • Tax, • Custom modification/ fabrication. Work/training area modification or reconfiguration.	Maximum allowable for **0385R** is **$5,000.00** per claim. Combined costs of **0380R** and **0385R** for the same return to work goal can't exceed **$5,000.00**.

Note: Consultants may supply the equipment/tools only if:

- Custom design and fabrication of unique equipment or tool modification is required, *and*
- Prior authorization is obtained, *and*
- Proper justification and cost estimates are provided.

Link: Additional information is available at:
www.Lni.wa.gov/ClaimsIns/Providers/Vocational/Tools/PreJob/ .

Services that aren't covered

- Performing services as described in: WAC 296-19A-340.
- Services prior to any communication with those directly involved in claim.

Payment limits

The combined costs of both codes **0380R** and **0385R** for same return to work goal can't exceed **$5,000.00**.

For self-insured claims, pre-job accommodations can't be approved.

Note: Self-insured employers may pay any pre-job accommodation expenses for injured workers who no longer work for them.

Payment policy: Option 2 vocational services

The insurer may pay for authorized Option 2 vocational counseling and/or job placement services if the worker's training plan was approved on or after July 31, 2015.

Option 2 vocational counseling services include, but aren't limited to:

- Help in accessing available community services to assist the worker with reentering the workforce
- Assistance in developing a training plan
- Coaching and guidance as requested by the worker
- Interests and skills assessment, if the worker requests or agrees such is needed to reach the worker's training or employment goals
- Other services directly related to vocational counseling, such as job readiness and interview practice

Option 2 job placement services may include, but aren't limited to:

- Help in developing an action plan for return to work
- Job development, including contacting potential employers on the worker's behalf
- Job search assistance
- Job application assistance
- Help in obtaining employment as a preferred worker, if certified, up to and including educating the employer on preferred worker incentives
- Other services directly related to job placement, such as targeted resume development and referral to community resources such as WorkSource

Limits

- Interns can't provide Option 2 vocational services
- Option 2 vocational services must be provided within five years following the date of the department's order confirming the worker's Option 2 election
- Total of all payments for all Option 2 vocational services for a worker won't exceed 10 percent of the worker's maximum Option 2 training fund, nor will the total exceed the remaining balance of the worker's Option 2 training fund at the time payment is made

- Option 2 travel and wait time aren't payable; other services that aren't payable are listed in WAC 296-19A-340.

Reports

To receive payment for Option 2 vocational services, the VRC must provide the insurer with a copy of a summary of services, signed by the worker and VRC, with each billing.

Links:

- State Fund Option 2 Vocational Services Summary (F280-063-000)
- Self-Insurance Option 2 Vocational Services Summary (F280-064-000)

Billing

The VRC can't bill the worker directly for Option 2 vocational services.

For State Fund billing, use referral number **9999999** and the billing codes below:

Code	Description (1 unit = 6 minutes for all codes)	Max fee per unit
R0399	Option 2 vocational counseling (VRC)	**$9.42**
R0398	Option 2 job placement services (VRC)	**$9.42**

For self-insured claims, contact the self-insured employer or its representative for billing instructions.

Note: The VRC can't bill the insurer for completing the Option 2 vocational services summary form.

Link: For more information on Option 2 vocational services, see L&I's website at http://www.lni.wa.gov/ClaimsIns/Voc/Option2/Services.asp

Payment policy: Special services, non-vocational providers

Prior authorization

Code **0388R** (for special services provided during Assessment, Plan Development, and Implementation) requires prior authorization.

For State Fund claims, VRCs must contact the vocational services specialist (VSS) or claim manager (CM) to arrange for prior authorization. For self-insured claims, contact the SIE/TPA for prior authorization.

Who must perform these services to qualify for payment

A non-vocational provider can use the **R** codes. A vocational provider delivering services for a referral assigned to a different payee provider may also use the **R** codes.

Services that can be billed

L&I established procedure local billing code **0388R** to be used for special services provided during Assessment Plan Development and Plan Implementation, such as:

- Commercial driver's license (CDL),
- Pre-employment physical examinations,
- Background checks,
- Driving abstracts,
- Fingerprinting.

Code **0388R** has a description of "Plan, providers," and pays **By report**.

Note: See definition of **By report** in Definitions at the beginning of this chapter.

Requirements for billing

Code **0388R** must be billed by a medical or a miscellaneous non-physician provider on a **Statement for Miscellaneous Services** billing form (F245-072-000). The referral ID and referring vocational provider account number must be included on the bill.

As a reminder to vocational providers who deliver ancillary services on vocational referrals assigned to other providers, if the provider resides in a different firm (that is, has a different payee provider account number than you):

- You can't bill as a vocational provider (provider type **68**), *and*
    - You must either use another provider account number that is authorized to bill the ancillary services codes (type **34**, **52**, or **55**), *or*
    - Obtain a miscellaneous services provider account number (type **97**) and bill the appropriate codes for those services.

These providers use the **Statement for Miscellaneous Services** billing form but must include the following specific information to be paid directly for services:

- The vocational referral ID that can be obtained from the assigned vocational provider, *and*
- The service provider ID for the assigned vocational provider in the Name of physician or other referring source box at the top of the form, *and*
- The non-vocational provider's own provider account numbers at the bottom of the form.

Link: The **Statement for Miscellaneous Services** billing form is available at: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1627.

Payment limits

Code **0388R** can't be used to bill for services that are part of a retraining plan (registration fees or supplies) that might be purchased prior to the plan.

For code **0388R**, there is a limit of 1 unit per day, per claim.

Payment policy: Additional requirements for all vocational services providers

Inappropriate referral: ADMA billing

Vocational providers may use ADMA outcome *VRC declines referral* for up to 14 days after the referral assignment. This outcome is to be used when the VRC determines that the referral isn't appropriate. Examples include:

- Conflict of interest, *or*
- Not ready for a referral due to medical or other issues.

Prior to entering an ADMA outcome, the VRC needs to contact the claim manager to discuss the reasons for declining the referral.

A maximum of three professional hours may be billed for reviewing the file and preparing a brief rationale, using the standard VCLOS routing sheet.

Preferred worker certification for workers who choose Option 2

Vocational providers must consider assisting a worker in obtaining preferred worker certification whenever it is appropriate. This includes a worker who has an approved plan, but has decided to choose Option 2.

Vocational providers can bill for assisting workers with obtaining preferred worker certification for up to 14 days after an Option 2 selection has been made.

Insurer Activity Prescription Form (APF), 1073M

For State Fund claims, healthcare providers won't be paid for APFs requested by employers or attorneys. A VRC may request an APF from the provider if clarification or updated physical capacity information is needed or a worker's condition has changed.

Employers can obtain physical capacity information by:

- Using completed APFs available on the department's Claim and Account Center, *or*
- Requesting an APF through the claim manager when updated physical capacity information is needed.

Link: Visit L&I's Claim and Account Center at: www.Lni.wa.gov/ORLI/LoGon.asp.

Other requests for return to work information

Attending providers may respond to requests regarding return to work issues. Examples include:

- Return to work decisions based on a functional capacity evaluation (FCE),
- Request for worker to participate in FCE,
- Job modification or pre-job modification reviews,
- Proposed work hardening program,
- Plan for graduated, transitional, return to work.

Resume Services (State Fund claims only)

A resume isn't only an important job-seeking tool; it's also an opportunity to engage the worker in thinking about return to work. L&I encourages vocational providers to develop a resume with workers who are in an open vocational referral, within the following parameters:

- Participation of the worker is voluntary.
- The VRC assigned to the referral meets in-person with the worker to develop the resume. If that isn't possible, the assigned VRC may provide resume services telephonically or by email. The VRC:
    - Ensures the resume accurately reflects the workers work experience and education and includes volunteer experience, other relevant information, and/or hobbies, if applicable.
    - Gives the worker copies of the resume in format(s) that meet the worker's needs such as paper and/or digital copies.
    - Coordinates a referral to L&I WorkSource partnership staff and encourages the worker to take the resume to WorkSource and register for assistance in finding a job. The VRC may accompany the worker to WorkSource if the worker prefers.
    - Sends the resume to the claim file with the Resume Cover Sheet (F242-418-000) and documents the resume service activities in the next vocational report.
- A cover letter may be developed as part of these services.
- The service is available once per referral.

- For each referral, L&I pays a maximum of $315.00 for VRC and/or intern time.

A cover letter may be developed as part of these services.

Code	Description	Maximum fee
0844V	Resume services (VRC)	**$9.42** per 6 minutes
0845V	Resume services (intern)	**$8.03** per 6 minutes

Services that can't be billed

Billable services don't include performing vocational rehabilitation services as described in WAC 296-19A on claims with open vocational referrals (except for activities noted in WAC 296-19A-340). Activities associated with reports (other than composing or dictating complete draft of the report) not billable include:

- Editing, revising, or typing,
- Filing,
- Distributing or mailing.

Also not billable is time spent on any administrative and clerical activity to include:

- Typing,
- Copying,
- Faxing, mailing, or distributing,
- Filing,
- Payroll,
- Recordkeeping,
- Delivering or picking up mail.

Vocational evaluation

Vocational evaluation can be used during an assessment referral to help determine a worker's ability to benefit from vocational services when a recommendation of eligibility is under consideration.

Vocational evaluation may also be used during a plan development referral to assist a worker in identifying a viable vocational goal. Vocational evaluation may include:

- Psychometric testing,
- Interest testing,
- Work samples,
- Academic achievement testing,
- Situational assessment,
- Specific and general aptitude and skill testing.

A provider (vocational or non-vocational) who administers and/or interprets and reports on vocational evaluation and evaluation results must ensure that he or she is qualified to administer and/or interpret and report on the evaluations in regard to the specific instrument(s) being used.

When a vocational provider obtains a vocational evaluation, the provider must ensure that the test administration, interpretation, and reporting of results are performed in a manner consistent with assessment industry standards.

Note: When billing for testing services on multiple referrals and/or claims, test administration time must be split equally in whole units, charging the same dollar amount on each claim/referral.

For example, if a provider performs 4.5 hours of group testing for three workers, then billing for each worker shouldn't exceed 1.5 hours.

Vocational providers

Vocational providers (provider type **68**) must use procedure code **0821V** to bill for vocational evaluation services. Use code **0821V** for:

- The formal testing itself, *or*
- A meeting that is directly related to explaining the purposes or findings of testing.

Non-vocational providers

Non-vocational providers must use procedure code **0390R**. Bill using the miscellaneous billing form and include the:

- Vocational referral ID obtained from the assigned vocational provider, *and*
- Service provider ID for the assigned vocational provider in the Name of the physician or other referring source box at the top, *and*
- Non-vocational provider's individual provider account number at the bottom of the form.

For example, a school receives a referral from a VRC for basic achievement testing. After administering the testing, the school must:

- Use the miscellaneous billing form,
- Obtain the vocational referral ID number from the VRC and place on the billing form,
- Obtain the VRC's service provider number and place in the Name of the physician or other referring source box at the top, *and*
- Place the school's provider account number at the bottom of the form.

Retraining plans that exceed statutory benefit limit

The VSS will only approve vocational retraining plans that have total costs and time that are within the statutory retraining benefit limit.

The VSS won't approve a plan with costs that exceed the statutory benefit even if the worker has access to other funding sources. Vocational providers may not develop or submit such a plan.

How multiple providers who work on a single referral bill for services

Multiple providers may deliver services on a single referral if they have the same payee provider account number. This situation might occur when interns assist on referrals assigned to VRCs, or where a provider covers the caseload of an ill provider.

When more than one provider works on a referral, each provider must bill separately for services delivered on the referral, and each provider must use:

- His/her individual provider account number, *and*
- The payee provider account number, *and*

- The referral ID.

If several providers work on a single referral, the assigned provider is ultimately responsible for the referral. The performance data associated with that referral accrues to the assigned provider's performance rating.

Split billing across multiple referrals

When a worker has two or more open time loss claims, the insurer may make a separate referral for each claim. In cases where the insurer makes two (or more) concurrent referrals for vocational services, vocational providers are expected to split the billing. When providing vocational services on multiple referrals and/or claims, follow these instructions:

- To accurately capture the work done without overbilling, combine billable hours over a larger interval of work (up to the entire billing period) rather than bill for each single activity.

  Examples:

  - A provider has two open referrals for the same worker and the provider bills once per week. They provided a total of 90 minutes during this billing period. They would bill eight units under each claim.

  - A provider has two open referrals for the same worker and the provider bills daily. They provided a total of 40 minutes during this billing period. They would bill four units under each claim.

- If the total of all work done during the billing period isn't an even number of units, round to the nearest even whole number of units, then divide by the number of claims as directed above.

- If there are three (or more) claims requiring time loss compensation and vocational services, the vocational rehabilitation bills are to be split accordingly (three claims = by thirds, four claims = by fourths), based on the number of concurrent referrals received.

Note: These requirements also apply when billing for testing services.

For example, if provider performs 4.5 hours of testing for a worker with more than one claim and referral, the billing must be split equally among the claims.

Note: Vocational providers must document multiple referrals and split billing for audit purposes.

Referral resolution

A vocational referral initially made to a firm and then assigned to a VRC must close if the same VRC is no longer available to provide services. Referrals made directly to the VRC may be transferred to the VRC's new firm by the VSS supervisor, only if the VRC has already established a relationship with a new firm within the same service location, via the Vocational Provider Account Application process.

Vocational providers must notify the insurer if the VRC assigned to a referral is no longer available to provide services on that referral. Following are guidelines for notifying the insurer:

Guideline 1: Referrals made to the firm and assigned to a VRC

It is the responsibility of the assigned VRC to close the referral on *VocLink Connect* with the outcome, VRC no longer available. This outcome must be entered immediately on the VRC's change in status.

It is the responsibility of the vocational manager of the firm to notify the claim manager(s) of the change in status for that referral. State Fund must be notified by telephone and/or fax within three working days of the change in status. Notification by the vocational manager isn't necessary if the VRC assigned to the referrals successfully closes the referral as noted above.

Note: The VRC assigned to the referral(s) can't contact the claim manager(s) for the purpose of informing them of a change in employment. This would be considered marketing, which is prohibited by department policy. The resolution of the referral (for example, re-referral) is at the sole discretion of the claim manager.

Guideline 2: Referrals made directly to the VRC

The VRC is responsible for notifying the vocational services specialist supervisor of his/her new status, and should be prepared to inform the vocational services specialist supervisor of the:

- Payee provider account number of the new firm, *as well as*
- VRC's new service provider account number associated with that firm.

With the assistance of the vocational services specialist staff, the claim manager, at his/her sole discretion, may transfer the referral(s) to the VRC at the new firm, provided that the VRC is available to work in the same service location in which the original referral was made.

Appropriate timing of outcome recommendations for State Fund claims

State Fund has established clear expectations regarding the submission of closing reports at the conclusion of a vocational referral.

Vocational providers use *VocLink Connect* to enter an outcome recommendation at the conclusion of work on a referral. The VRC must complete the report before a *VocLink Connect* outcome recommendation is made to State Fund. The paper report should be submitted to L&I at the same time that the outcome recommendation is made. The report is considered part of the referral, which isn't complete until the report is done.

There are some circumstances when an outcome recommendation is made, and no report is required. Examples include VRC no longer available and VRC declines referral.

In all other cases, the paper report must be submitted to State Fund at the same time the recommendation is made.

Submitting a vocational assessment or retraining plan for self-insured claims

Links: Answers to the following questions can be found in various WACs (the specific WAC is noted following each question):

- What is the Self-Insurance Vocational Reporting Form? (WAC 296-15-4302)
- What must the self-insurer do when an assessment report is received? (WAC 296-15-4304)
- When must a self-insurer submit a vocational rehabilitation plan to the department? (WAC 296-15-4306)
- What must the vocational rehabilitation plan include? (WAC 296-15-4308)
- What must the self-insurer do when the department denies the vocational rehabilitation plan? (WAC 296-15-4310)
- What must the self-insurer do when the vocational rehabilitation plan is successfully completed? (WAC 296-15-4312)
- What must the self-insurer do if the vocational rehabilitation plan isn't successfully completed? (WAC 296-15-4314)

Change in status: Responsibilities of service providers and firms

Note: Change in status responsibilities apply to both State Fund and Self-Insurance vocational providers.

The insurer must be notified immediately by both the firm and the service provider (VRC or intern) when there is a change in status. Changes in status includes:

- VRC or intern ends their association with a firm, *or*
- VRC assigned to a referral is no longer available to provide services on the referral(s), *or*
- Firm closes.

Notification to L&I requires:

- Resolution of the open referral(s), *and*
- Submission of the Vocational Provider Change Form(s) to:

  Private Sector Rehabilitation Services at L&I
  PO Box 44326
  Olympia WA 98504-4326

Link: These forms may be found at L&I's vocational services website: www.Lni.wa.gov/ClaimsIns/Voc/WorkWithLni/Provider/

Note: A firm or service provider that fails to notify L&I of changes in status may be in violation of WAC and/or L&I policy. This may result in L&I issuing findings and subsequent corrective action(s) as described in WAC 296-19A-260 and WAC 296-19A-270.

Link: For more information, see WAC 296-19A-260 and WAC 296-19A-270.

Approved plan services that occur prior to plan start date

The insurer may cover these are services/fees prior to a plan start date:

- Registration fees billed as retraining tuition (billing code **R0310**), *and*
- Books, supplies, and equipment (billing code **R0312**), *and*
- Rent, food, utilities, and furniture rental. Payment for these items may be made up to 29 days prior to a plan start date to allow a worker to move and get settled before training starts.

These services require **prior authorization** by the insurer.

Bills for services incurred prior to a plan start date won't be paid prior to the date L&I formally approves the plan.

Retraining travel, **0301R**, isn't payable prior to a plan start date. Travel that occurs prior to a plan start date is generally:

- To a jobsite to evaluate whether a particular job goal is reasonable, or
- To a school to pay for registration, books or look over the campus.

These types of trips aren't part of a retraining plan and should be billed by the worker under **V0028**. Travel to appointments with the VRC is also billed under **V0028**.

Selected plan procedure code definitions

L&I has defined the following retraining codes:

- **R0312**, Retraining books, equipment, and supplies are consumable goods such as:
  - Books,
  - Paper,
  - Pens,
  - CDs
  - Disposable gloves.
  - Calculator,
  - Software,
  - Survey equipment,
  - Computers
  - Welding gloves & hood,
  - Bicycle repair kits,
  - Mechanics tools.
- **R0350**, Other, includes professional uniforms, including uniform shoes, required for training, and other items that don't fit the more defined categories. Items purchased using **R0350** must be for vocational rehabilitation retraining.

The insurer doesn't have the authority to purchase:

- Glasses,
- Hearing aids,
- Dental work,
- Clothes for interviews,
- Other items as a way to remove barriers during retraining.

Reimbursement for food

The insurer reimburses for food including grocery and restaurant purchases made while the worker is participating in an approved plan with authorized board and lodging.

Food charges combined in weekly or monthly date spans aren't allowed.

Each food purchase must be listed on a separate bill line for each date food is purchased. Receipts are always required for any item(s) purchased by the worker. Copies of receipts are acceptable.

Note: The provider and/or the worker should also retain a copy of receipts.

The vocational provider must review billed food charges:

- To remove inappropriate items (for example, personal items, alcohol, paper and cleaning products, tobacco, pet food, etc.), *and*
- To ensure each date of purchase is itemized on the bill.

The worker won't be reimbursed over the monthly allowed per diem amount. It is the vocational provider's responsibility to monitor the bills to ensure the worker doesn't exceed their monthly allotment for food.

The vocational provider will:

- Review the receipts, *and*
- Deduct personal and other non-covered items, *and*
- Sign the Statement for Retraining and Job Modification Services form (F245-030-000).

Link: Form F245-030-000.

Once the vocational provider signs the **Statement for Retraining and Job Modification Services** form, the insurer will assume the provider has:

- Reviewed the bill and receipts, *and*
- Removed inappropriate charges, *and*
- Verified the charges are within the workers per diem allotment for that month.

Mileage on transportation cost encumbrance

The insurer reimburses mileage only in whole miles.

Calculate mileage point to point, rounding each planned trip up to the nearest whole mile.

Note: Questions regarding completion of the Transportation Cost Encumbrance form should be referred to the VSS.

Links: Related topics

If you're looking for more information about…	Then go here:
Administrative rules for corrective action for failure to notify about changes in status	Washington Administrative Code (WAC) 296-19A-260: http://apps.leg.wa.gov/WAC/default.aspx?cite=296-19A-260 WAC 296-19A-270: http://apps.leg.wa.gov/WAC/default.aspx?cite=296-19A-270
Administrative rules for fee caps on vocational services	Washington Administrative Code (WAC) 296-19A: http://apps.leg.wa.gov/WAC/default.aspx?cite=296-19A
Becoming an L&I provider	L&I's website: http://www.Lni.wa.gov/ClaimsIns/Voc/WorkWithLni/Provider/
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare and vocational services	L&I's website: https://www.lni.wa.gov/apps/FeeSchedules/
Job modifications and pre-job accommodations policies	L&I's website: www.Lni.wa.gov/ClaimsIns/Providers/Vocational/Tools/PreJob/
L&I's Claim and Account Center	L&I's website: www.Lni.wa.gov/ORLI/LoGon.asp
Miscellaneous Services Billing Form and Instructions	L&I's website: http://www.Lni.wa.gov/FormPub/Detail.asp?DocID=1627

If you're looking for more information about…	Then go here:
Option 2 Vocational Services	Washington Administrative Code (WAC) 296-19A-631, 633, 635, 637 L&I's website: http://www.lni.wa.gov/ClaimsIns/Voc/Option2/Services.asp Self-Insurance Option 2 Vocational Services Summary: http://www.lni.wa.gov/FormPub/Detail.asp?DocID=2865 State Fund Option 2 Vocational Services Summary: http://www.lni.wa.gov/FormPub/Detail.asp?DocID=2864
Services that aren't covered	WAC 296-19A-340: https://app.leg.wa.gov/wac/default.aspx?cite=296-19A-340
Statement for Retraining and Job Modification Services form	L&I's website: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1617
Submission of the Vocational Provider Change Form	L&I's website: http://www.Lni.wa.gov/ClaimsIns/Voc/WorkWithLni/Provider/
Vocational Provider Application Form	L&I's website: https://www.lni.wa.gov/FormPub/Detail.asp?DocID=2529

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▸ **Need more help?** Call L&I's Provider Hotline at **1-800-848-0811**