

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

Chapter 20: Nurse Case Management

Effective July 1, 2021



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

<https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/policy-2021>



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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 supply 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 (BR)**, see [WAC 296-20-01002](#).

- ▶ **Nurse case management (NCM):** A collaborative process used to meet a worker’s healthcare and rehabilitation needs. The nurse case manager:
 - Works with the attending provider, worker, allied health personnel, and insurer’s staff to assist in locating a provider (primarily for out-of-state claims) and/or with coordination of the prescribed treatment plan, *and*
 - Organizes and facilitates timely receipt of medical and healthcare resources and identifies potential barriers to medical and/or functional recovery of the worker, *and*
 - Communicates this information to the attending provider, claim manager, *and* ONC to develop a plan for resolving or addressing the barriers.



Payment policy: Case management records and reports

► Requirements for reports

Nurse case management reports must be completed **monthly**.

Optional reporting templates available are **Nurse Case Management Initial Care Management Plan** ([F245-442-000](#)) and **Nurse Case Management Progress Report** ([F245-439-000](#)).

Initial assessment, monthly, progress, and closure reports must include **all** of the following information:

- Type of report (initial, progress, or closing), *and*
- Worker name and claim number, *and*
- Report date and reporting period, *and*
- Worker date of birth and date of injury, *and*
- Contact information, *and*
- Diagnoses, *and*
- Reason for referral, *and*
- Current medical status, *and*
- Recommendations for future actions, *and*
- Actions taken and dates, *and*
- Ability to positively impact a claim, *and*
- Health care provider(s) name(s) and contact information, *and*
- Psychosocial/economic issues, *and*
- Vocational profile, *and*
- Hours incurred to date on the referral, *and*
- Amount of time spent completing the report.



Link: For optional reporting templates, see **Nurse Case Management Initial Care Management Plan** ([F245-442-000](#)) and **Nurse Case Management Progress Report** ([F245-439-000](#)).

▶ Requirements for records

Case management records must:

- Be created and maintained on each claim, *and*
- Present a chronological history of the worker's progress in NCM services, *and*
- Be submitted within 30 days of the date of service.
- Include **index to: NCM** in the lower right footer of the report.

▶ Requirements for case notes and reports

Case management notes and reports must be created when a service is rendered and must specify:

- When the service was provided, *and*
- What type of service was provided using local billing codes, *and*
- Description of the service provided including subjective and objective data, *and*
- How much time was spent providing each service.

▶ Payment limits

Payment is restricted to:

- Up to 2 hours (20 units) for **initial reports**, *and*
- Up to 1 hour (10 units) for **progress and closure reports**.



Payment policy: Nurse case management (NCM)

(See definition of **nurse case management** in Definitions at the beginning of this chapter.)

► Prior authorization

NCM services

Prior authorization by the worker's claim manager and L&I's ONC is required for NCM services. Contact the insurer to make a referral for NCM services.

Workers must meet one or more of these criteria to be selected to receive NCM services:

- Catastrophic work-related injuries not managed under the Catastrophic Project, *and/or*
- Moved out of state and need assistance locating a provider, *and/or*
- Medically complex conditions, *and/or*
- Barriers to successful claim resolution.

Expenses

The claim manager must give prior authorization to reimburse for expenses for:

- Parking,
- Ferry,
- Toll fees,
- Cab,
- Lodging, *and/or*
- Airfare



Note: These expenses correspond to local billing code **1225M** and have a payment limit of **\$725.00** (see Requirements for billing and Payment limits, below).

▶ Who must perform these services to qualify for payment

To qualify for payment, NCM services must be performed by a registered nurse:

- With case management certification, *and*
- Who is aware of resources in the worker's location.

Examples of case management certification include but are not limited to:

- Certification of Disability Management Specialists (CDMS)
- Commission for Case Manager Certification (CCMC or CMC)
- Certified Rehabilitation Registered Nurse (CRRN)
- Certified Occupational Health Nurse (COHN)
- Certified Occupational Health Nurse-Specialist (COHN-S)

▶ Services that aren't covered

Expenses that aren't covered include:

- Nurse case manager training,
- Supervisory visits,
- Postage, printing and photocopying (except medical records requested by L&I),
- Telephone/fax equipment,
- Clerical activity (for example, faxing documents, preparing documents to be mailed, organizing documents, email, etc.),
- Travel time to post office or fax machine,
- Wait time exceeding 16 hours per referral,
- Email communications with department staff,
- Fees related to legal work, such as deposition and testimony (see Note, below), *and*
- Any other administrative costs not specifically mentioned above.



Note: Legal fees may be charged to the requesting party, but not the claim.

► Requirements for billing

Local billing codes

Nurse case managers must use the following local billing codes to bill for NCM services, including nursing assessments:

- **1220M** (Phone calls, per 6 minute unit),
- **1221M** (Visits, per 6 minute unit),
- **1222M** (Case planning, per 6 minute unit),
- **1223M** (Travel/Wait, per 6 minute unit – 16 hour limit per referral.)
- **1224M** (Mileage, per mile – greater than 600 miles requires prior authorization from the claim manager), which pays at the **state rate**, *and*
- **1225M** (Expenses – parking, ferry, toll fees, cab, lodging, and airfare – at cost or state per diem rate – meals and lodging. Requires prior authorization from the claim manager – \$725 limit), which pays **By report**.
- **9918M** (Online communications) view [MARFS Chapter 10](#) for details about using this code.



Note: Also see Prior authorization, above, and Payment limits, below.

For a definition of **By report**, see Definitions at the beginning of this chapter.

Billing units

When billing the local codes for NCM services (listed above), units are whole numbers only (don't use tenths of units), and 1 unit of service equals:

- Each traveled mile, *or*
- Each 6 minutes of phone calls, visits, case planning, or travel/wait time (see table below), *or*
- Each related travel expense (see **1225M**).

If the time is...	Then bill :
6 minutes-11 minutes	1 unit
12 minutes-17 minutes	2 units
18 minutes-23 minutes	3 units
24 minutes-29 minutes	4 units
30 minutes-35 minutes	5 units
36 minutes-41 minutes	6 units
42 minutes-47 minutes	7 units
48 minutes-53 minutes	8 units
54 minutes-59 minutes	9 units
60 minutes	10 units

► Payment limits

NCM services

NCM services are capped at **75 hours** of service per referral, including professional and travel/wait time.



Note: Pre-authorization is required for continued NCM work beyond the initial authorization. An additional 25-hour extension may be granted after staffing with the insurer. For State Fund claims, please contact the ONC. Further extensions may be granted in exceptional cases, contingent upon review by the insurer, and will also require prior authorization.

Expenses

Local billing code **1225M** has a payment limit of **\$725.00**. (Also see Prior authorization and Requirements for billing, above.)



Links: Related topics

If you're looking for more information about...	Then go here:
Becoming an L&I provider	L&I's website: https://www.lni.wa.gov/patient-care/provider-accounts/become-a-provider/
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare services	L&I's website: https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/
General Provider Billing Manual (publication F245-432-000)	L&I's website: https://lni.wa.gov/forms-publications/f245-432-000.pdf
Nurse Case Management Initial Care Management Plan (F245-442-000)	https://lni.wa.gov/forms-publications/f245-442-000.docx
Nurse Case Management Progress Report (F245-439-000).	https://lni.wa.gov/forms-publications/f245-439-000.docx

- **Need more help?** Call L&I's Provider Hotline at **1-800-848-0811** or email PHL@lni.wa.gov.