Professional Services Fee Schedule
Local Code Fees

Effective for Dates of Service on or After

July 1, 2011

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LOCAL CODES FEE SCHEDULE
FIELD KEY:

Column Title	Column Description	Column Values	Value Definitions
LOCAL CODE	2008 Local Code.		A code assigned by the department to represent a specific service that is unique to injured workers.
Description	Local Code Description		Description of the unique service.
Dollar Value Nonfacility Setting	This column indicates the: Maximum dollar amount for covered services provided in a non-facility setting, or Pricing method for the procedure code	Dollar Value	Maximum dollar amount payable for covered services.
		By Report	No fee or RVUs available, code paid By Report
		Contracted	Contracted service. Payable only to department's contracted vendor for State Fund claims. Payable to providers treating Self-Insured injured workers.
		Program Only	Reserved for a special program
		State Rate	Service paid at state rate for travel or lodging.
Dollar Value Facility Setting	This column indicates the: Maximum dollar amount for covered services provided in a facility setting, or Pricing method for the procedure code	Dollar Value	Maximum dollar amount payable for covered services.
		By Report	No fee or RVUs available, code paid By Report
		Contracted	Contracted service. Payable only to department's contracted vendor for State Fund claims. Payable to providers treating Self-Insured injured workers.
		Program Only	Reserved for a special program
		State Rate	Service paid at state rate for travel or lodging.

Field Key: Local Codes (continued)

Column Title	Column Description	Column Values	Value Definitions
Payment Policy Reference	The reason for the code or a reference to a page in another document where the reason for the code can be found	To reimburse claimant's costs	Reference to payment policies related to the local code.
		Professional Services	There is a reference to the code within the Professional Services section.
		Facility Services	There is a reference to the code within the Facility Services section.
		Special Pilot	The code is reserved for a special pilot only

Local Code Fees

Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
0401A	Claimant - private transportation, per mile	State Rate	State Rate	To reimburse claimant costs
0402A	Claimant - parking	By Report	By Report	To reimburse claimant costs
0403A	Claimant - bridge ferry tolls	By Report	By Report	To reimburse claimant costs
0405A	Claimant - commercial fare (airlines, railroad)	By Report	By Report	To reimburse claimant costs
0406A	Claimant - lodging (hotel/motel)	State Rate	State Rate	To reimburse claimant costs
0407A	Claimant - breakfast	State Rate	State Rate	To reimburse claimant costs
0408A	Claimant - lunch	State Rate	State Rate	To reimburse claimant costs
0409A	Claimant - dinner	State Rate	State Rate	To reimburse claimant costs
0411A	Claimant - time lost from work to attend department or self-insurer requested ime	By Report	By Report	To reimburse claimant costs
0412A	Claimant - travel related to a department or self-insurer requested exam	State Rate	State Rate	To reimburse claimant costs
0413A	Claimant - miscellaneous travel (must specify)	State Rate	State Rate	To reimburse claimant costs
0414A	Claimant - taxi one way, or mileage	By Report	By Report	To reimburse claimant costs
0415A	Claimant - replacement of clothing	By Report	By Report	To reimburse claimant costs
0420A	Lumbar seat support	By Report	By Report	To reimburse claimant costs
0426A	Silicone elastomer/scar conformer	By Report	By Report	To reimburse claimant costs
0440A	Wt loss prog,joining fee,worker reimburs	$ 154.77	$ 154.77	To reimburse claimant costs
0441A	Wt loss prog,weekly fee,worker reimburse	$ 30.96	$ 30.96	To reimburse claimant costs
2050A	Level 1: chiropractic care	$ 41.20	$ 41.20	Professional Services
2051A	Level 2: chiropractic care visit	$ 52.76	$ 52.76	Professional Services
2052A	Level 3: chiropractic care visit	$ 64.29	$ 64.29	Professional Services
2130A	Naturopathic initial visit, routine	$51.50	$ 51.50	Professional Services
2131A	Naturopathic initial visit, extended	$77.26	$ 77.26	Professional Services
2132A	Naturopathic initial visit, comprehensive	$103.03	$ 103.03	Professional Services
2133A	Naturopathic follow up visit, routine incl eval & treatment	$ 41.22	$ 41.22	Professional Services
2134A	Naturopathic follow up visit, extended incl eval & treatment	$77.26	$ 77.26	Professional Services
4570A	Claimant - misc. Medical supplies (must specify)	By Report	By Report	To reimburse claimant costs
0010E	Ankle weight purchase	By Report	By Report	To reimburse claimant costs
0012E	Wrist weight purchase	By Report	By Report	To reimburse claimant costs
8880H	Nursing facility rehab - ultra high (per	$ 646.57	$ 646.57	Facility Services
8881H	Nursing facility rehab - very high (per	$ 484.37	$ 484.37	Facility Services

Local Code Fees

Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
8882H	Nursing facility rehab - high (per day)	$ 451.47	$ 451.47	Facility Services
8883H	Nursing facility rehab - medium (per day	$ 417.36	$ 417.36	Facility Services
8884H	Nursing facility rehab - low (per day)	$ 325.47	$ 325.47	Facility Services
8885H	Nursing facility extensive services (per	$ 403.96	$ 403.96	Facility Services
8886H	Nursing facility special care (per day)	$ 300.90	$ 300.90	Facility Services
8887H	Nursing facility clinically complex (per	$ 299.26	$ 299.26	Facility Services
8888H	Nursing facility impaired cognition (per	$ 220.75	$ 220.75	Facility Services
8889H	Nursing facility behavior only (per day)	$ 219.12	$ 219.12	Facility Services
8890H	Nursing facility physical functn reduced	$ 230.86	$ 230.86	Facility Services
8901H	Attendant svcs by department approved sp	$ 12.78	$ 12.78	Professional Services
8902H	Nursing home or residential care (group home, boarding home)	By Report	By Report	Facility Services
8914H	Home modification, construction and design	By Report	By Report	Professional Services
8915H	Vehicle modification	By Report	By Report	Professional Services
8916H	Home modification evaluation and consultation	By Report	By Report	Professional Services
8917H	Home/vehicle modification mileage, lodging, airfare, car rental	State Rate	State Rate	Professional Services
8918H	Vehicle modification initial evaluation or consultation	By Report	By Report	Professional Services
8950H	Comprehensive brain injury evaluation	$ 4297.53	$ 4297.53	Facility Services
8951H	Post-acute brain injury rehab-full day	$ 974.87	$ 974.87	Facility Services
8952H	Post-acute brain injury rehab-half day	$ 678.97	$ 678.97	Facility Services
1001M	Work hardening eval, per hour	$ 117.02	$ 117.02	Professional Services
1026M	AP final report at request of insurer	$ 25.00	$ 25.00	Professional Services
1027M	Lep form by a/p at insurer's request	$ 18.93	$ 18.93	Professional Services
1028M	Review of job offer/analysis by a/p, review of job	$ 36.89	$ 36.89	Professional Services
1038M	Revw job offer/analysis for empl,per job	$ 49.18	$ 49.18	Professional Services
1040M	Accident report, completion	$ 37.84	$ 37.84	Professional Services
1041M	Reopening application	$ 49.18	$ 49.18	Professional Services
1044M	Pt in remote areas	$ 43.06	$ 43.06	Professional Services
1045M	Physical capacities exam (pce)	$ 705.78	$ 705.78	Professional Services
1046M	Provider travel per mile, round trip exc	$ 4.86	$ 4.86	Professional Services
1055M	Occupational disease hx, detailed, non-i, occupati	$ 183.56	$ 183.56	Professional Services
1057M	Opioid progress report supplement	$ 30.27	$ 30.27	Professional Services
1061M	Claimant - per diem lodging/meals	By Report	By Report	To reimburse claimant costs

Local Code Fees

Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
1063M	Ime-ap review requested by dept.	$ 37.84	$ 37.84	Professional Services
1064M	Init rpt,opioids-chronic non-cancer pain	$ 56.77	$ 56.77	Professional Services
1065M	Attending doctor ime review written repo	$ 28.37	$ 28.37	Professional Services
1066M	Provider review of video materials with report	By Report	By Report	Professional Services
1067M	Assess impeds to rtrn to work, mentor	Not Covered	Not Covered	
1068M	Assess impediments to rtrn to wrk, app	Not Covered	Not Covered	
1069M	Activity prescription form	$ 49.18	$ 49.18	Special pilot
1070M	Refer for assessment of impediments	$ 30.27	$ 30.27	
1071M	Quality indicator incentive payment	$ 103.37	$ 103.37	
1072M	Emergency department work status form	#N/A	#N/A	
1073M	Activity prescription form, insurer requested	$ 49.18	$ 49.18	Professional Services
1074M	AP response to vrc/employer request re: RTW	$ 30.27	$ 30.27	Professional Services
1100M	Ime - microfiche processing-up to 10 pgs	$ 58.82	$ 58.82	Professional Services
1101M	Ime-microfiche additional 10 pgs, ime-microfiche,	$ 5.89	$ 5.89	Professional Services
1104M	Ime-addendum report	$ 113.40	$ 113.40	Professional Services
1105M	Ime-physical capacities estimate	$ 30.27	$ 30.27	Professional Services
1108M	Ime-standard, single	$ 493.56	$ 493.56	Professional Services
1109M	Ime-complex, single	$ 616.93	$ 616.93	Professional Services
1111M	Ime-no show fee, single,standard/compelx, ime-no s	$ 210.03	$ 210.03	Professional Services
1112M	Ime-additional examiner	$ 439.50	$ 439.50	Professional Services
1118M	Ime-by psychiatrist	$ 893.15	$ 893.15	Professional Services
1120M	Ime-no show fee, psych	$ 325.56	$ 325.56	Professional Services
1122M	Ime pain management impairment rating	$ 493.56	$ 493.56	Professional Services
1123M	Ime - communication issues	$ 198.48	$ 198.48	Professional Services
1124M	Ime, other, by report	By Report	By Report	Professional Services
1125M	Ime-phys travel per mile, round trip exc	$ 4.84	$ 4.84	Professional Services
1128M	Ime - occupational disease hx, ime-occupational di	$ 183.56	$ 183.56	Professional Services
1129M	Ime - extensive file review by examiner	$ 1.00	$ 1.00	Professional Services
1130M	Ime - terminated examination	$ 351.59	$ 351.59	Professional Services
1131M	Ime - out-of-state examination	By Report	By Report	Professional Services
1132M	Ime document handling fee, per page	$ 0.07	$ 0.07	Professional Services
1133M	Ime, cac document processing fee	$ 58.82	$ 58.82	Professional Services
1134M	Ime, late cancellation fee, per examiner	$ 210.03	$ 210.03	Professional Services
1135M	Ime, late cancellation fee, psychiatrist	$ 325.56	$ 325.56	Professional Services

Local Code Fees

Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
1136M	IME, Two claims included in evaluation	$ 100.00	$ 100.00	Professional Services
1137M	IME, Three claims included in evaluation	$ 200.00	$ 200.00	Professional Services
1138M	IME, Four or more claims included in evaluation	$ 300.00	$ 300.00	Professional Services
1139M	IME, no show fee for missed neuropsychological testing	$ 882.56	$ 882.56	Professional Services
1140M	IME, no show fee for missed PCE	$ 282.31	$ 282.31	Professional Services
1151M	Omd requested consultation	By Report	By Report	Professional Services
1152M	Coord of hlth svcs, pt present, initial	Not Covered	Not Covered	
1153M	Coord of hlth svcs, pt present, maint	Not Covered	Not Covered	
1154M	Cervical motion template studies	$ 61.53	$ 61.53	Professional Services
1157M	OMD contracted consultant claim review	Contracted	Contracted	Professional Services
1190M	Impairment rating by a/p, impairment rating by ap,	$ 439.50	$ 439.50	Professional Services
1191M	Impairment rating by a/p, impairment rating by ap,	$ 493.56	$ 493.56	Professional Services
1192M	Impairment rating by a/p, complex, impairment rati	$ 616.93	$ 616.93	Professional Services
1194M	Impairment rating by consult, standard	$ 493.56	$ 493.56	Professional Services
1195M	Impairment rating by consult, complex	$ 616.93	$ 616.93	Professional Services
1198M	Impairment rating, addendum report	$ 113.40	$ 113.40	Professional Services
1207M	Ur contracted - outpatient rvw data coll	Contracted	Contracted	
1215M	Ur contracted - retrospective audit/review	Contracted	Contracted	
1220M	Nurse case mgmt phone call per unit	$ 9.64	$ 9.64	Professional Services
1221M	Nurse case mgmt visits per unit	$ 9.64	$ 9.64	Professional Services
1222M	Nurse case mgmt case planning per unit	$ 9.64	$ 9.64	Professional Services
1223M	Nurse case mgmt travel/wait per unit	$ 4.74	$ 4.74	Professional Services
1224M	Nurse case management mileage, per mile	State Rate	State Rate	Professional Services
1225M	Nurse case management travel expenses (parking, tolls, ferry, lodging, airfare)	By Report	By Report	Professional Services
1226M	Ur contract: prospective review - inpatient	Contracted	Contracted	
1227M	Ur contract: prospective review - outpatient	Contracted	Contracted	
1230M	Ur contract: retrospective outpatient review	Contracted	Contracted	
1243M	Ur contract: retrospective inpatient review without bill audit	Contracted	Contracted	
1245M	Utilization review physical medicine	Contracted	Contracted	
1246M	UR contracted, PT data collection	Contracted	Contracted	
1247M	UR, advanced imaging, web-based	Contracted	Contracted	

Local Code Fees

Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
1248M	UR, advanced imaging, fax, phone, mail	Contracted	Contracted	
1249M	UR, advanced imaging re-review & alternate criteria review	Contracted	Contracted	
1250M	UR, advanced imaging goldcard providers	Contracted	Contracted	
2010M	Pain clinic - evaluation	$ 1106.63	$ 1106.63	Facility Services
2011M	Pain clinic - treatment, per day	$ 708.82	$ 708.82	Facility Services
2014M	Pain clinic follow-up services: face-to face/hr	$ 88.60	$ 88.60	Facility Services
2015M	Pain clinic follow-up services: not face-to face/hr	$ 70.20	$ 70.20	Facility Services
8893H	L&I Residential facility, low level care	$ 161.60	$ 161.60	Facility Services
8894H	L&I Residential facility, mid level care	$ 196.23	$ 196.23	Facility Services
8895H	L&I Residential facility, high level care	$ 230.86	$ 230.86	Facility Services
9986M	Interpreter mileage, per mile	State Rate	State Rate	Professional Services
9988M	Group interpreter services, per minute	$ 0.79	$ 0.79	Professional Services
9989M	Individual interpreter services, per minute	$ 0.79	$ 0.79	Professional Services
9996M	Interpreter, ime no show fee	$ 52.74	$ 52.74	Professional Services
9997M	Document translation at insurer request	By Report	By Report	Professional Services
0301R	Retraining, plan travel, mileage	State Rate	State Rate	Professional Services
0302R	Retraining, plan travel, parking	By Report	By Report	Professional Services
0303R	Retraining, plan travel, bridge/ferry toll	By Report	By Report	Professional Services
0304R	Retraining, plan travel, commercial transportation	By Report	By Report	Professional Services
0375R	Retraining, relocation costs	By Report	By Report	Professional Services
0378R	Stand alone job analysis, non-voc	$ 8.77	$ 8.77	Professional Services
0380R	Job modification	By Report	By Report	Professional Services
0385R	Pre-job accommodation	By Report	By Report	Professional Services
0388R	Plan development services, non-voc	By Report	By Report	Professional Services
0389R	Job mod/pre-job mod - non voc, job mod/pre-job mod	$ 10.66	$ 10.66	Professional Services
0390R	Work evaluation - non voc, ea 6 minutes, work eval	$ 8.77	$ 8.77	Professional Services
0391R	Travel / wait (non-voc), travel / wait 9non-voc)	$ 4.83	$ 4.83	Professional Services
0392R	Mileage, non-vrc, per mile	State Rate	State Rate	Professional Services
0393R	Ferry and bridge charges, non-vocational	State Rate	State Rate	Professional Services
0395R	Dept of personnel rtrn to wrk srvcs	By Report	By Report	
0800V	Early intervention services	$ 8.77	$ 8.77	Professional Services
0801V	Early intervention services - intern	$ 7.47	$ 7.47	Professional Services
0802V	Early interv, graduated rtw - vrc	$ 8.77	$ 8.77	Professional Services

Local Code Fees

Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
0803V	Early interv, graduated rtw - intern	$ 7.47	$ 7.47	Professional Services
0808V	Stand alone job analysis ref voc	$ 8.77	$ 8.77	Professional Services
0809V	Stand alone job analysis ref intern	$ 7.47	$ 7.47	Professional Services
0810V	Assessment services	$ 8.77	$ 8.77	Professional Services
0811V	Assessment services - intern	$ 7.47	$ 7.47	Professional Services
0812V	Assessment services exception- vrc	$ 8.77	$ 8.77	Professional Services
0813V	Assessment services exception- intern	$ 7.47	$ 7.47	Professional Services
0821V	Work evaluation	$ 8.77	$ 8.77	Professional Services
0823V	Pre-job or job modification consult	$ 8.77	$ 8.77	Professional Services
0824V	Pre-job or job mod consult-intern	$ 7.47	$ 7.47	Professional Services
0830V	Plan development services	$ 8.77	$ 8.77	Professional Services
0831V	Plan development services-intern	$ 7.47	$ 7.47	Professional Services
0840V	Plan implementation services	$ 8.77	$ 8.77	Professional Services
0841V	Plan implementation services-intern	$ 7.47	$ 7.47	Professional Services
0842V	Plan implementation services exception - vrc	$ 8.77	$ 8.77	Professional Services
0843V	Plan implementation services exception - intern	$ 7.47	$ 7.47	Professional Services
0881V	Forensic services	$ 10.50	$ 10.50	Professional Services
0891V	Travel/wait time	$ 4.38	$ 4.38	Professional Services
0892V	Travel/wait time - intern	$ 4.38	$ 4.38	Professional Services
0893V	Professional mileage, vrc, per mile	State Rate	State Rate	Professional Services
0894V	Professional mileage, intern, per mile	State Rate	State Rate	Professional Services
0895V	Air travel, vrc, intern, or forensic vrc	By Report	By Report	Professional Services
0896V	Ferry and bridge charges (voc)	By Report	By Report	Professional Services
0897V	Hotel charges (voc) [out-of-state only]	By Report	By Report	Professional Services
5091V	Hearing aid restocking fee	By Report	By Report	Professional Services
5092V	Heaing aid cleaning visit, hearing aid cleaning vi	$ 23.81	$ 23.81	Professional Services
5093V	Hearing aid repair (manf invoice required)	By Report	By Report	Professional Services
R0310	Retraining tuition fees	By Report	By Report	To reimburse claimant costs
R0312	Retraining supplies	By Report	By Report	To reimburse claimant costs
R0315	Retraining equipment	By Report	By Report	To reimburse claimant costs
R0320	Retraining examination and license fees	By Report	By Report	To reimburse claimant costs
R0340	Retraining books	By Report	By Report	To reimburse claimant costs
R0350	Retraining other	By Report	By Report	To reimburse claimant costs
R0360	Retraining board	By Report	By Report	To reimburse claimant costs

Local Code Fees

Local Code	*Description*	*NON-FACILITY FEE*	*FACILITY FEE*	*Payment Policy Reference*
R0370	Retraining room	By Report	By Report	To reimburse claimant costs
R0390	Retraining child care licensd 6 hr/less	By Report	By Report	To reimburse claimant costs
R0392	Retraining child care licensd 7-9 hrs ea	By Report	By Report	To reimburse claimant costs
V0028	Travel, vocational services, claimant	State Rate	State Rate	To reimburse claimant costs