

WAC 296-20-06101 What reports are health care providers required to submit to the insurer? The department or self-insurer requires different kinds of information at various stages of a claim in order to approve treatment, time loss compensation, and treatment bills. The information provided in these reports is needed to adequately manage industrial insurance claims.

<i>Report</i>	<i>Due/Needed by Insurer</i>	<i>What Information Should Be Included In the Report?</i>	<i>Special Notes</i>
Report of Industrial Injury or Occupational Disease (form) Self-Insurance: Provider's Initial Report (form)	Immediately - Within five days of first visit.	See form If additional space is needed, please attach the information to the application. The claim number should be at the top of the page.	Only MD, DO, DC, ND, DPM, DDS, ARNP, PA, and OD may sign and be paid for completion of this form.
Sixty Day (narrative) Purpose: Support and document the need for continued care when conservative (nonsurgical) treatment is to continue beyond sixty days	Every sixty days when only conservative (nonsurgical) care has been provided.	(1) The conditions diagnosed , including the current federally adopted ICD-CM codes and the subjective complaints and objective findings.	Providers may submit legible comprehensive chart notes in lieu of sixty day reports PROVIDED the chart notes include all the information required as noted in the "What Information Should Be Included?" column.
		(2) The relationship of diagnoses , if any, to the industrial injury or exposure.	However , office notes are not acceptable in lieu of requested narrative reports and providers may not bill for the report if chart notes are submitted in place of the report.
		(3) Outline of proposed treatment program , its length, components and expected prognosis including an estimate of when treatment should be concluded and condition(s) stable. An estimated return to work date and the probability , if any, of permanent partial disability resulting from the industrial condition.	
		(4) Current medications , including dosage and amount prescribed. With repeated prescriptions, include the plan and need for continuing medication.	Providers must include their name, address and date on all chart notes submitted.
		(5) If the worker has not returned to work, indicate whether a vocational assessment will be necessary to evaluate the worker's ability to return to work and why.	

<i>Report</i>	<i>Due/Needed by Insurer</i>	<i>What Information Should Be Included In the Report?</i>	<i>Special Notes</i>
		(6) If the worker has not returned to work, a doctor's estimate of physical capacities should be included.	
		(7) Response to any specific questions asked by the insurer or vocational counselor.	
Opioid Authorization Requirement	<p>Opioids in subacute phase - Six weeks from the date of injury or surgery.</p> <p>Opioids in chronic phase - Twelve weeks from the date of injury or surgery.</p> <p>Opioids for ongoing chronic therapy - Every ninety days.</p>	Please see WAC 296-20-03056 through 296-20-03059 for documentation requirements for those workers receiving opioids.	
Special Reports/Follow-up Reports (narrative)	As soon as possible following request by the department/insurer.	Response to any specific questions asked by the insurer or vocational counselor.	"Special reports" are payable only when requested by the insurer.
Consultation Examination Reports (narrative)	At one hundred twenty days if only conservative (nonsurgical) care has been provided.	(1) Detailed history.	If the injured/ill worker had been seen by the consulting doctor within the past three years for the same condition, the consultation will be considered a follow-up office visit, not consultation.
Purpose: Obtain an objective evaluation of the need for ongoing conservative medical management of the worker.		(2) Comparative history between the history provided by the attending or treating provider and injured worker.	
		(3) Detailed physical examination.	
The attending or treating provider may choose the consultant.		(4) Condition(s) diagnosed including the current federally adopted ICD-CM codes, subjective complaints and objective findings.	A copy of the consultation report must be submitted to both the attending or treating provider and the department/insurer.
		(5) Outline of proposed treatment program: Its length, components, expected prognosis including when treatment should be concluded and condition(s) stable.	
		(6) Expected degree of recovery from the industrial condition.	

<i>Report</i>	<i>Due/Needed by Insurer</i>	<i>What Information Should Be Included In the Report?</i>	<i>Special Notes</i>
		(7) Probability of returning to regular work or modified work and an estimated return to work date .	
		(8) Probability , if any, of permanent partial disability resulting from the industrial condition.	
		(9) A doctor's estimate of physical capacities should be included if the worker has not returned to work.	
		(10) Reports of necessary, reasonable X-ray and laboratory studies to establish or confirm diagnosis when indicated.	
Attending Provider Review of IME Report (form) Purpose: Obtain the attending provider's opinion about the accuracy of the diagnoses and information provided based on the IME.	As soon as possible following request by the department/insurer.	Agreement or disagreement with IME findings. If you disagree, provide objective/subjective findings to support your opinion.	Payable only to the attending provider upon request of the department/insurer. PAs can concur with treatment recommendations but not PPD ratings.
Loss of Earning Power (form) Purpose: Certify the loss of earning power is due to the industrial injury/occupational disease.	As soon as possible after receipt of the form.	See form	Payable only to the attending or treating provider.
Application to Reopen Claim Due to Worsening of Condition (form) Purpose: Document worsening of the accepted condition and need to reopen claim for additional treatment.	Immediately following identification of worsening after a claim has been closed for sixty days. Crime Victims: Following identification of worsening after a claim has been closed for ninety days.	See form	Only MD, DO, DC, ND, DPM, DDS, ARNP, PA, and OD may sign and be paid for completion of this form.

What documentation is required for initial and follow up visits?

Legible copies of office or progress notes are required for the initial and all follow-up visits.

What documentation are ancillary providers required to submit to the insurer?

Ancillary providers are required to submit the following documentation to the department or self-insurer:

Provider	Chart Notes	Reports
Audiology	X	X
Biofeedback	X	X
Dietician		X
Drug & Alcohol Treatment	X	X

Provider	Chart Notes	Reports
Free Standing Surgery	X	X
Free Standing Emergency Room	X	X
Head Injury Program	X	X
Home Health Care		X
Infusion Treatment, Professional Services		X
Hospitals	X	X
Laboratories		X
Licensed Massage Therapy	X	X
Medical Transportation		X
Nurse Case Managers		X
Nursing Home	X	X
Occupational Therapist	X	X
Optometrist	X	X
Pain Clinics	X	X
Panel Examinations		X
Physical Therapist	X	X
Prosthetist/Orthotist	X	X
Radiology		X
Skilled Nursing Facility	X	X
Speech Therapist	X	X

[Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 15-17-104, § 296-20-06101, filed 8/18/15, effective 10/1/15; WSR 13-12-024, § 296-20-06101, filed 5/28/13, effective 7/1/13. Statutory Authority: 2007 c 263, RCW 51.04.020 and 51.04.030. WSR 08-04-095, § 296-20-06101, filed 2/5/08, effective 2/22/08. Statutory Authority: 2004 c 65 and 2004 c 163. WSR 04-22-085, § 296-20-06101, filed 11/2/04, effective 12/15/04. Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.060. WSR 00-01-190, § 296-20-06101, filed 12/22/99, effective 1/24/00. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-20-06101, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-20-06101, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-20-06101, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-20-06101, filed 12/23/80, effective 3/1/81; Order 74-39, § 296-20-06101, filed 11/22/74, effective 1/1/75.]