

WSR 21-11-084  
PERMANENT RULES  
DEPARTMENT OF  
LABOR AND INDUSTRIES

[Filed May 18, 2021, 11:02 a.m., effective July 1, 2021]

Effective Date of Rule: July 1, 2021.

Purpose: This rule updates a conversion factor provided in WAC 296-20-135 and maximum daily fees provided in WAC 296-23-220 and 296-23-230 for certain professional health care services for injured workers. Rule changes are necessary to maintain current overall fees for health care services, which are published annually in the medical aid rules and fee schedules.

These rules decrease the resource based relative value scale (RBRVS) conversion factor, increase the anesthesia conversion factor and increase the maximum daily caps to be consistent with the changes for other professional fees resulting from our RBRVS process and changes in the relative value units published by the Centers for Medicare and Medicaid Services.

Citation of Rules Affected by this Order: Amending WAC 296-20-135, 296-23-220, and 296-23-230.

Statutory Authority for Adoption: RCW 51.04.020(1) and 51.04.030. Adopted under notice filed as WSR 21-06-088 on March 2, 2021.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 3, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 3, Repealed 0.

Date Adopted: May 18, 2021.

Joel Sacks  
Director

**OTS-2930.1**

AMENDATORY SECTION (Amending WSR 20-17-116, filed 8/18/20, effective 10/1/20)

**WAC 296-20-135 Conversion factors.** (1) Conversion factors are used to calculate payment levels for services reimbursed under the Washington resource based relative value scale (RBRVS), and for anesthesia services payable with base and time units.

(2) **Washington RBRVS** services have a conversion factor of ~~((\$64.74))~~ \$57.90. The fee schedules list the reimbursement levels for these services.

(3) **Anesthesia services** that are paid with base and time units have a conversion factor of (~~(\$3.57)~~) \$3.64 per minute, which is equivalent to (~~(\$53.55)~~) \$54.60 per 15 minutes. The base units and payment policies can be found in the fee schedules.

[Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 20-17-116, § 296-20-135, filed 8/18/20, effective 10/1/20; WSR 18-10-082, § 296-20-135, filed 5/1/18, effective 7/1/18; WSR 17-10-060, § 296-20-135, filed 5/2/17, effective 7/1/17; WSR 16-10-084, § 296-20-135, filed 5/3/16, effective 7/1/16; WSR 15-09-120, § 296-20-135, filed 4/21/15, effective 7/1/15; WSR 14-09-094, § 296-20-135, filed 4/22/14, effective 7/1/14; WSR 13-11-020, § 296-20-135, filed 5/7/13, effective 7/1/13; WSR 12-11-107, § 296-20-135, filed 5/22/12, effective 7/1/12; WSR 11-12-019, § 296-20-135, filed 5/24/11, effective 7/1/11; WSR 10-10-107, § 296-20-135, filed 5/4/10, effective 7/1/10; WSR 08-09-121, § 296-20-135, filed 4/22/08, effective 7/1/08; WSR 07-10-082, § 296-20-135, filed 5/1/07, effective 7/1/07; WSR 06-09-071, § 296-20-135, filed 4/18/06, effective 7/1/06; WSR 05-09-062, § 296-20-135, filed 4/19/05, effective 7/1/05; WSR 04-09-100, § 296-20-135, filed 4/20/04, effective 7/1/04; WSR 03-14-043, § 296-20-135, filed 6/24/03, effective 8/1/03; WSR 02-10-129, § 296-20-135, filed 5/1/02, effective 7/1/02; WSR 01-10-026, § 296-20-135, filed 4/24/01, effective 7/1/01; WSR 00-09-077, § 296-20-135, filed 4/18/00, effective 7/1/00. Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 99-10-043, § 296-20-135, filed 4/30/99, effective 7/1/99; WSR 98-09-125, § 296-20-135, filed 4/22/98, effective 7/1/98; WSR 97-10-017, § 296-20-135, filed 4/28/97, effective 7/1/97. Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 96-19-060, § 296-20-135, filed 9/16/96, effective 10/17/96; WSR 96-10-086, § 296-20-135, filed 5/1/96, effective 7/1/96; WSR 95-17-001 § 296-20-135, filed 8/2/95, effective 10/1/95; WSR 95-05-072, § 296-20-135, filed 2/15/95, effective 3/18/95. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 94-02-045 and 94-03-008, § 296-20-135, filed 12/30/93 and 1/6/94, effective 3/1/94; WSR 93-16-072, § 296-20-135, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-02-063, § 296-20-135, filed 12/28/90, effective 1/28/91; WSR 88-24-011 (Order 88-28), § 296-20-135, filed 12/1/88, effective 1/1/89; WSR 87-03-004 (Order 86-45), § 296-20-135, filed 1/8/87; WSR 83-24-016 (Order 83-35), § 296-20-135, filed 11/30/83, effective 1/1/84; WSR 82-24-050 (Order 82-39), § 296-20-135, filed 11/29/82, effective 7/1/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-20-135, filed 11/30/81, effective 1/1/82; WSR 80-18-033 (Order 80-24), § 296-20-135, filed 12/1/80, effective 1/1/81. Statutory Authority: RCW 51.04.030 and 51.16.035. WSR 79-12-086 (Order 79-18), § 296-20-135, filed 11/30/79, effective 1/1/80; Order 77-27, § 296-20-135, filed 11/30/77, effective 1/1/78; Order 76-34, § 296-20-135, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-20-135, filed 11/28/75, effective 1/1/76; Order 74-7, § 296-20-135, filed 1/30/74; Order 71-6, § 296-20-135, filed 6/1/71; Order 68-7, § 296-20-135, filed 11/27/68, effective 1/1/69.]

**OTS-2931.1**

AMENDATORY SECTION (Amending WSR 20-17-116, filed 8/18/20, effective 10/1/20)

**WAC 296-23-220 Physical therapy rules.** Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of workers.

Refer to WAC 296-20-132 and 296-20-135 regarding the use of conversion factors.

All supplies and materials must be billed using HCPCS Level II codes. Refer to chapter 296-21 WAC for additional information. HCPCS codes are listed in the fee schedules.

Refer to chapter 296-20 WAC (WAC 296-20-125) and to the department's billing instructions for additional information.

Physical therapy treatment will be reimbursed only when ordered by the worker's attending doctor and rendered by a licensed physical therapist, a physical therapist assistant serving under the direction of a licensed physical therapist as required in RCW 18.74.180 (3)(a), or a licensed athletic trainer serving under the direction of a licensed physical therapist as required in RCW 18.250.010 (4)(a)(v). In addition, physician assistants may order physical therapy under these rules for the attending doctor. Doctors rendering physical therapy should refer to WAC 296-21-290.

The department or self-insurer will review the quality and medical necessity of physical therapy services provided to workers. Practitioners should refer to WAC 296-20-01002 for the department's rules regarding medical necessity and to WAC 296-20-024 for the department's rules regarding utilization review and quality assurance.

The department or self-insurer will pay for a maximum of one physical therapy visit per day. When multiple treatments (different billing codes) are performed on one day, the department or self-insurer will pay either the sum of the individual fee maximums, the provider's usual and customary charge, or (~~(\$131.48)~~) \$136.74 whichever is less. These limits will not apply to physical therapy that is rendered as part of a physical capacities evaluation, work hardening program, or pain management program, provided a qualified representative of the department or self-insurer has authorized the service.

The department will publish specific billing instructions, utilization review guidelines, and reporting requirements for physical therapists who render care to workers.

Use of diapulse or similar machines on workers is not authorized. See WAC 296-20-03002 for further information.

A physical therapy progress report must be submitted to the attending doctor and the department or the self-insurer following twelve treatment visits or one month, whichever occurs first. Physical therapy treatment beyond initial twelve treatments will be authorized only upon substantiation of improvement in the worker's condition. An outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Physical therapy services rendered in the home and/or places other than the practitioner's usual and customary office, clinic, or business facilities will be allowed only upon prior authorization by the department or self-insurer.

No inpatient physical therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

The department may discount maximum fees for treatment performed on a group basis in cases where the treatment provided consists of a

nonindividualized course of therapy (e.g., pool therapy; group aerobics; and back classes).

Biofeedback treatment may be rendered on doctor's orders only. The extent of biofeedback treatment is limited to those procedures allowed within the scope of practice of a licensed physical therapist. See chapter 296-21 WAC for rules pertaining to conditions authorized and report requirements.

Billing codes and reimbursement levels are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 20-17-116, § 296-23-220, filed 8/18/20, effective 10/1/20; WSR 18-10-082, § 296-23-220, filed 5/1/18, effective 7/1/18; WSR 17-10-060, § 296-23-220, filed 5/2/17, effective 7/1/17; WSR 16-10-084, § 296-23-220, filed 5/3/16, effective 7/1/16; WSR 15-09-120, § 296-23-220, filed 4/21/15, effective 7/1/15. Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 14-23-064, § 296-23-220, filed 11/18/14, effective 1/1/15. Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 14-09-094, § 296-23-220, filed 4/22/14, effective 7/1/14; WSR 13-11-020, § 296-23-220, filed 5/7/13, effective 7/1/13; WSR 12-11-107, § 296-23-220, filed 5/22/12, effective 7/1/12; WSR 08-09-121, § 296-23-220, filed 4/22/08, effective 7/1/08; WSR 07-10-082, § 296-23-220, filed 5/1/07, effective 7/1/07; WSR 06-09-071, § 296-23-220, filed 4/18/06, effective 7/1/06. Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 05-18-030, § 296-23-220, filed 8/30/05, effective 10/1/05. Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 05-09-062, § 296-23-220, filed 4/19/05, effective 7/1/05; WSR 04-09-100, § 296-23-220, filed 4/20/04, effective 7/1/04; WSR 03-14-043, § 296-23-220, filed 6/24/03, effective 8/1/03; WSR 02-10-129, § 296-23-220, filed 5/1/02, effective 7/1/02; WSR 01-10-026, § 296-23-220, filed 4/24/01, effective 7/1/01; WSR 00-09-077, § 296-23-220, filed 4/18/00, effective 7/1/00. Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 99-10-043, § 296-23-220, filed 4/30/99, effective 7/1/99; WSR 98-09-125, § 296-23-220, filed 4/22/98, effective 7/1/98; WSR 97-10-017, § 296-23-220, filed 4/28/97, effective 7/1/97; WSR 96-10-086, § 296-23-220, filed 5/1/96, effective 7/1/96; WSR 95-05-072, § 296-23-220, filed 2/15/95, effective 3/18/95. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 94-02-045, § 296-23-220, filed 12/30/93, effective 3/1/94; WSR 93-16-072, § 296-23-220, filed 8/1/93, effective 9/1/93.]

AMENDATORY SECTION (Amending WSR 20-17-116, filed 8/18/20, effective 10/1/20)

**WAC 296-23-230 Occupational therapy rules.** Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of workers.

Refer to WAC 296-20-132 and 296-20-135 for information regarding the conversion factors.

All supplies and materials must be billed using HCPCS Level II codes, refer to the department's billing instructions for additional information.

Occupational therapy treatment will be reimbursed only when ordered by the worker's attending doctor and rendered by a licensed oc-

cupational therapist or an occupational therapist assistant serving under the direction of a licensed occupational therapist. In addition, physician assistants may order occupational therapy under these rules for the attending doctor. Vocational counselors assigned to injured workers by the department or self-insurer may request an occupational therapy evaluation. However, occupational therapy treatment must be ordered by the worker's attending doctor or by the physician assistant.

An occupational therapy progress report must be submitted to the attending doctor and the department or self-insurer following twelve treatment visits or one month, whichever occurs first. Occupational therapy treatment beyond the initial twelve treatments will be authorized only upon substantiation of improvement in the worker's condition. An outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

The department or self-insurer will review the quality and medical necessity of occupational therapy services. Practitioners should refer to WAC 296-20-01002 for the department's definition of medically necessary and to WAC 296-20-024 for the department's rules regarding utilization review and quality assurance.

The department will pay for a maximum of one occupational therapy visit per day. When multiple treatments (different billing codes) are performed on one day, the department or self-insurer will pay either the sum of the individual fee maximums, the provider's usual and customary charge, or (~~(\$131.48)~~) \$136.74 whichever is less. These limits will not apply to occupational therapy which is rendered as part of a physical capacities evaluation, work hardening program, or pain management program, provided a qualified representative of the department or self-insurer has authorized the service.

The department will publish specific billing instructions, utilization review guidelines, and reporting requirements for occupational therapists who render care to workers.

Occupational therapy services rendered in the worker's home and/or places other than the practitioner's usual and customary office, clinic, or business facility will be allowed only upon prior authorization by the department or self-insurer.

No inpatient occupational therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

The department may discount maximum fees for treatment performed on a group basis in cases where the treatment provided consists of a nonindividualized course of therapy (e.g., pool therapy; group aerobics; and back classes).

Billing codes, reimbursement levels, and supporting policies for occupational therapy services are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 20-17-116, § 296-23-230, filed 8/18/20, effective 10/1/20; WSR 18-10-082, § 296-23-230, filed 5/1/18, effective 7/1/18; WSR 17-10-060, § 296-23-230, filed 5/2/17, effective 7/1/17; WSR 16-10-084, § 296-23-230, filed 5/3/16, effective 7/1/16; WSR 15-09-120, § 296-23-230, filed 4/21/15, effective 7/1/15; WSR 14-09-094, § 296-23-230, filed 4/22/14, effective 7/1/14; WSR 13-11-020, § 296-23-230, filed 5/7/13, effective 7/1/13; WSR 12-11-107, § 296-23-230, filed 5/22/12, effective 7/1/12; WSR 08-09-121, § 296-23-230, filed 4/22/08, effective 7/1/08; WSR 07-10-082, §

296-23-230, filed 5/1/07, effective 7/1/07; WSR 06-09-071, § 296-23-230, filed 4/18/06, effective 7/1/06. Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 05-18-030, § 296-23-230, filed 8/30/05, effective 10/1/05. Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 05-09-062, § 296-23-230, filed 4/19/05, effective 7/1/05; WSR 04-09-100, § 296-23-230, filed 4/20/04, effective 7/1/04; WSR 03-14-043, § 296-23-230, filed 6/24/03, effective 8/1/03; WSR 02-10-129, § 296-23-230, filed 5/1/02, effective 7/1/02; WSR 01-10-026, § 296-23-230, filed 4/24/01, effective 7/1/01; WSR 00-09-077, § 296-23-230, filed 4/18/00, effective 7/1/00. Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 99-10-043, § 296-23-230, filed 4/30/99, effective 7/1/99; WSR 98-09-125, § 296-23-230, filed 4/22/98, effective 7/1/98; WSR 97-10-017, § 296-23-230, filed 4/28/97, effective 7/1/97; WSR 96-10-086, § 296-23-230, filed 5/1/96, effective 7/1/96; WSR 95-05-072, § 296-23-230, filed 2/15/95, effective 3/18/95. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 94-02-045, § 296-23-230, filed 12/30/93, effective 3/1/94; WSR 93-16-072, § 296-23-230, filed 8/1/93, effective 9/1/93.]