



Washington State Department of
Labor & Industries

Workers' Compensation Services

Pharmacy Prescription

Billing Instructions

BILLING INSTRUCTIONS

PHARMACY PRESCRIPTIONS

The Washington State Department of Labor and Industries (L&I) and self-insured employers (SIEs) are responsible for the cost of medically necessary services associated with an accepted industrial injury or occupational disease. No copayments or deductibles are required from injured workers.

Rules for reimbursement and billing of pharmacy prescriptions are explained in L&I's [Medical Aid Rules and Fee Schedules, WAC chapter 296-20-170](#).

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COVERAGE POLICY

Bills must be received by the insurer within 1 year of the date a prescription was filled. ([WAC 296-20-17002](#)).

Prescription medications are priced according to the quantity dispensed. L & I's bill payment system and SIEs use the National Council for Prescription Drug Program (NCPDP) units of measurement:

- Caplets, tablets, and capsules are priced per each
- Liquids are priced per gram or milliliter
- Ointments and creams are priced per gram
- Injectables that come in powder form are priced per vial or ampule

L&I's [Outpatient Drug Formulary](#) can be found at:
www.Lni.wa.gov/ClaimsIns/Files/Providers/DrugFormulary.pdf

Payment for drugs and medications including all oral non-legend drugs will be based on the pricing methodology described below. Refer to [WAC 296-20-01002](#) for definitions of Average Wholesale Price (AWP).

Drug Type	Payment Method
Generic	AWP less 50% (+) \$ 4.50 professional fee
Single source brand	AWP less 10% (+) \$ 4.50 professional fee
Brand with generic equivalent (Dispense as Written only)	AWP less 10% (+) \$ 4.50 professional fee
Compounded prescriptions	Allowed cost of ingredients (+) \$4.50 professional fee (+) \$4.00 compounding time fee (per 15 minutes)

Orders for over-the-counter non oral drugs or nondrug items must be written on standard prescription forms. Price these on a 40% margin.

Prescription drugs and oral or topical over-the-counter medications are nontaxable ([RCW 82.08.0281](#)).

What medications will L&I and self-insurers pay for?

L&I and self-insurers pay for medications that are necessary to treat the accepted industrial injury or occupational disease on an allowed claim ([WAC 296-20-03010](#)). L&I or self-insurers may also temporarily pay for drugs to treat unrelated conditions that are retarding recovery ([WAC 296-20-03011](#)). Temporary treatment of an unrelated condition may be allowed, upon prior approval by L&I or the self-insurer ([WAC 296-20-055](#)).

How are drugs in the outpatient formulary classified?

Drugs are listed in the following categories:

- Allowed – Used to treat industrial injuries or occupational diseases, including those on the Preferred Drug List (PDL).
- Prior authorization required – Sometimes used to treat industrial injuries and occupational diseases or unrelated conditions retarding recovery. This also applies to non-preferred drugs prescribed by non-endorsing practitioners or non-formulary drugs.
- Denied – Rarely or never used to treat industrial injuries or occupational diseases or drugs not normally dispensed by outpatient pharmacies.

About the formulary:

- This is an outpatient formulary. Many of the drugs not included on the formulary may be covered when billed appropriately for use in other settings such as:
 - Inpatient
 - Outpatient surgery
 - Emergency room
 - Clinics or offices.
- Drugs listed on the formulary do not guarantee coverage and may be subject to L&I's policy and appropriateness for the accepted conditions.
- Drugs that are included in the Washington State's evidence-based PDL may be subject to the provisions of the Therapeutic Interchange Program (TIP).

Please refer to L&I's outpatient formulary at www.Lni.wa.gov/ClaimsIns/Files/Providers/DrugFormulary.pdf (Medical Aid Rules and Fee Schedules Appendix F) to determine a drug's coverage status.

What drug classes are included in the Washington State PDL?

L&I uses a subset of the Washington State PDL that has been selected as “preferred” for workers' comp benefits. [This list](#) is based on the results of an evidence based review process.

How can a provider become an endorsing practitioner?

Providers can endorse the PDL by:

Registering online at <http://www.rx.wa.gov/tip.html> or

Filling out and returning a registration form available at <http://www.rx.wa.gov/tip.html>

Does a provider have to be an endorsing practitioner?

No. However, if a provider is a non-endorsing practitioner and prescribes a non-preferred drug, the non-preferred drug will require prior authorization. If a provider is an endorsing practitioner and prescribes a non-preferred drug and:

- Substitution is permitted, a preferred drug will be dispensed or
- Dispense as written is noted, the non-preferred drug will be dispensed.

How does ‘Endorsing Practitioner’ and ‘Therapeutic Interchange Program (TIP)’ work?

Drugs subject to provisions of TIP are those that have been evaluated by the Washington State Pharmacy & Therapeutics Committee as part of an evidence-based review process and placed on the PDL.

Endorsing practitioners may indicate dispense as written (DAW) on a prescription for a non-preferred drug on the PDL and the prescription will be filled as written. Alternatively, if an endorsing practitioner indicates substitution permitted on a prescription for a non-preferred drug on the PDL, the pharmacist will interchange a preferred drug for the non-preferred drug and a notification will be sent to the prescriber.

Therapeutic interchange **won’t** occur when the prescription is a refill of an antipsychotic, antidepressant, chemotherapy, antiretroviral, or immunosuppressive drug as exempted by law. See [WAC 296-20-01002](#) for definitions relating to the Therapeutic Interchange Program:

- Endorsing practitioner
- Refill
- Therapeutic alternative
- Therapeutic interchange

Due to federal regulations, therapeutic interchange will not take place when the prescription is for a schedule II non-preferred drug. Pharmacists will need a new prescription for the preferred drug. However, the insurer will honor the prescription if an endorsing practitioner indicates DAW for a schedule II non-preferred drug.

Exception: Fentanyl patch (Duragesic) **won’t** be routinely covered. For exception criteria see <http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/Presc/Policy/SpecCovDec/Fentanyl.asp>

How will a pharmacist know when to therapeutically interchange a prescription?

During bill transmission, L&I’s Point of Sale (POS) system will use the Prescriber ID and Qualifier fields to identify a provider’s endorsement status. When the POS system identifies a non-preferred drug written by an “endorsing practitioner” and substitution is permitted, the pharmacy will receive:

- A NCPDP reject code **70** (product not covered) and
- Secondary message, “**TIP Preferred:**” will notify the pharmacist that a therapeutic interchange is needed.

However, if the non-preferred drug is written by a “non-endorsing practitioner”, the pharmacy will receive:

- A NCPDP reject code **70** (product not covered) and
- Secondary message, “**Alternatives:**” will notify the pharmacist that a new prescription for the preferred drug is needed.

A list of preferred drug(s) will be included with either message.

What billing transactions are associated with TIP?

When an endorsing practitioner indicates DAW on the prescription for a non-preferred drug, the pharmacist must enter a value of one (1) in the DAW field.

What number should be in the Prescriber ID field?

L&I's POS system accepts the following in the prescriber ID field using the NCPDP 5.1 format:

A prescriber's

- Washington State license number
- DEA number
- L&I provider account number or
- National Provider Identifier (NPI)

Pharmacies must enter the Prescriber ID Qualifier associated with the Prescriber ID number used (see NCPDP 5.1 format for valid values). L&I will validate the Prescriber ID field for providers with prescriptive authority.

For a prescriber without a L&I provider account number, the pharmacy must enter the prescriber's Washington State license number in the Prescriber ID field and **08** in the Prescriber ID Qualifier field in order for L&I to identify his or her PDL endorsement status.

How can providers obtain authorization from the State Fund?

- PDL or First Fills Requests:
 - Call the PDL Hotline at 1-888-443-6798 or (360) 902-4321 Monday through Friday from 8:00 a.m. to 5:00 p.m.
 - If a pharmacy receives a prescription for a non-preferred drug after normal business hours, during weekends, or Washington State holidays when authorization cannot be obtained, pharmacist may:
 - Dispense an emergency supply of the drug by entering a value of six (6) in the DAW field and request authorization the next business day. **Note:** an emergency supply is typically 72 hours for most drugs or up to 10 days for most antibiotics, depending on the pharmacist's judgment.
 - Dispense the drug under the worker's primary insurance or straight cash transaction and request authorization the next business day.
- Other Requests:
 - Call the Provider Hotline (PHL) at 1-800-848-0811 Monday through Friday from 8:00 a.m. to 5:00 p.m.

How can providers obtain authorization from SIEs?

Contact the SIE or their Third Party Administrator (TPA), directly. For a list of SIE/TPAs go to: <http://www.lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp>

What information should a pharmacist have before calling for authorization?

- Injured worker's claim number
- Pharmacy's L&I provider account number or prescriber's L&I provider account number or license #
- Drug name and National Drug Code (NDC)
- Condition the drug will be used to treat

Will L&I pay for initial prescription drugs on a new State Fund workers' compensation claim or "first fills"?

Yes, L&I **will** pay pharmacies or reimburse workers for prescription drugs prescribed during the initial visit for State Fund claims regardless of claim acceptance ([WAC 296-20-17004](#)). Refer to [WAC 296-20-01002](#) for definitions of initial prescription drug and initial visit.

Payment for "first fills" shall be based on L&I's fee schedule including but not limited to screening for drug utilization review (DUR) criteria, preferred drug list (PDL) provisions, 30-day supply limit and formulary status. Your bill must be received by L&I within 1 year of the date of service. For additional information and billing instructions, go to:

<http://www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/Presc/Billing/default.asp#3>

L&I **will not** pay:

- For refills of the initial prescription before the claim is accepted,
- For new prescriptions written after the initial visit but before the claim is accepted or
- If it is a federal or self-insured claim.
 - Pharmacies should bill the appropriate federal or self-insured employer.

NOTE: If a payment is made by L&I on a claim that has been mistakenly filed as a SF claim, payment will be recovered. Pharmacies should bill the appropriate federal or self-insured employer.

What is the process for billing "first fills"?

For new claims filed online:

The pharmacists must see a copy of the *Report of Industrial Injury or Occupational Disease* (Report of Accident or ROA) to obtain a valid SF claim number for billing and validation. The worker can also inform the pharmacist of the new claim number but the pharmacist *must* validate the claim through the department's claim information line (IVR) at 800-831-5227.

For new claims filed on paper:

The pharmacists *must* see a copy of the *Report of Industrial Injury or Occupational Disease* or claim ID card (see Appendix B Example of the ROA and claim ID card) to obtain a valid SF claim number for billing.

When pharmacies bill L&I and the prescription meets criteria for guaranteed payment, the POS system will send reject code **52** or **67** with the following information:

- Maximum allowable amount: \$\$.\$\$
- Prescription qualifies for first fill; submit prior authorization number 46484254557 after verifying claim number from report of accident or claim ID card.

NOTE: Pharmacies must make sure to submit a valid prior authorization qualifier, **08**, along with the authorization number.

All pharmacy bills will be screened for DUR criteria, preferred drug list (PDL) provisions, 30-day supply limit and formulary status. Rejections associated with these screenings must be addressed by the pharmacist before bill will be payable (see *Will pharmacists be able to override DUR edits?* and *what drug classes are included in the Washington State PDL?* and *How does the Therapeutic Interchange Program work?*).

Refill(s) and/or additional prescriptions dispensed for original injury before claim acceptance:

- You may charge the injured worker for the prescription and submit the bill with the amount paid in the patient paid amount or copay field. L&I will capture the bill and reimburse the injured worker if and when the claim is allowed.
- You may submit a paper bill. L&I will suspend the bill and reimburse you when the claim is allowed.
- You may wait until the claim is allowed and then submit it through the POS system.

What drug utilization review (DUR) and other administrative edits does L&I screen for?

L&I is currently using the clinical modules from First Data-Bank to screen for the following on all pharmacy bills:

- Potential high dose
- Therapeutic duplication
- Level 1 drug-to-drug interactions.

When DUR conditions exist, pharmacy bills will be denied with rejection code 88. Also, L&I concurrently screens pharmacy bills for early refills to deter over utilization or excess of any particular drug and will deny bills meeting this criteria with rejection code 79.

Will pharmacists be able to override DUR edits?

Yes. After the dispensing pharmacist has conducted a professional review, the appropriate NCPDP DUR conflict, intervention, and outcome codes may be used to override the denials if it is medically appropriate. By overriding a DUR denial, the pharmacist is certifying that the indicated DUR override code is true and documentation is on file.

To override a DUR rejection code, the pharmacist should enter one appropriate DUR code from each category in the following order:

1. Two byte alpha DUR Conflict Code
2. Two byte alphanumeric DUR Intervention Code, and
3. Two byte alphanumeric DUR Outcome Code.

An example of a valid override is **DDM01G** (Drug-drug interaction/MD interface/Filled after prescriber approval). See Appendix A for the complete list of DUR codes.

If a pharmacist identifies a DUR condition before submitting a bill and an override is warranted, then he/she may enter the appropriate DUR codes with initial billing without waiting for a DUR denial from L&I. Additionally, when a bill is denied for multiple DUR conditions, the pharmacist may override the denials using any one of the DUR conditions for the conflict code. Pharmacies submitting paper bills may enter the DUR codes in the DUR Codes field.

Pharmacies must retain file documentation of the reasons for the overrides. If you have questions regarding DUR codes, contact the Provider Hotline (PHL) at 1-800-848-0811.

Will pharmacists be able to override a refill-too-soon edit?

The POS system will deny pharmacy bills that have less than 70% of days supply used at time of refill with rejection code 79. After professional review, if the pharmacist determines it is medically appropriate, he/she may override the denial.

To override a refill-too-soon rejection code, a pharmacist may enter an appropriate code from the following:

- 03 (ZERO, 3) Vacation supply
- 04 (ZERO, 4) Lost prescription
- 05 (ZERO, 5) Therapy change
- 06 (ZERO, 6) Starter dose
- 07 (ZERO, 7) Medically necessary

Pharmacies submitting paper bills may enter a valid code in the Remarks field.

NOTE: When a pharmacy bill is denied for both refill-too-soon and DUR conditions and an override is warranted, the pharmacist will need to use appropriate codes in overriding the denials for both conditions.

Will L&I pay third party billers for pharmacy services?

Pharmacy services billed through a third party pharmacy biller **will be paid** using the pharmacy fee schedule **only when:**

- A valid L&I claim exists; and
- The dispensing pharmacy has a signed Third Party Pharmacy Supplemental Provider Agreement on file at L&I; and
- All POS edits have been resolved during the dispensing episode by the dispensing pharmacist, and
- The bill is submitted through the L&I POS system.

NOTE: Third party pharmacy billers cannot resolve POS edits.

L&I pharmacy providers that bill through a third party pharmacy billing service must:

- Sign a Third Party Pharmacy Supplemental Provider Agreement
- Allow third party pharmacy billers to route bills on their behalf,
- Agree to follow L&I rules, regulations and policies and
- Ensure that third party pharmacy billers use L&I's online POS system and
- Review and resolve all online POS system edits using a **licensed pharmacist** during the dispensing episode.

Third Party Pharmacy Supplemental Agreements can be obtained either through the third party pharmacy biller or by contacting Provider Accounts at 360-902-5140. The third party pharmacy biller and the pharmacy complete the agreement together and return it to L&I. For more information refer to the Pharmacy Services website at: <http://www.Lni.wa.gov/ClaimsIns/Providers/Treatment/Presc/default.asp>.

Where can I find additional information on L&I's rules for prescription drugs?

- [WAC 296-20-030](#) Treatment not requiring authorization for accepted conditions.
- [WAC 296-20-170](#) Pharmacy—Acceptance of rules and fees
- [WAC 296-20-17001](#) Allowance and payment for medication
- [WAC 296-20-17002](#) Billing
- [WAC 296-20-17004](#) Billing and payment for initial prescription drugs
- [WAC 296-20-125](#) Billing procedures

(for a complete listing of WAC's, see the current L&I fee schedule)

POINT OF SERVICE SYSTEM-STATE FUND BILLS

This section describes the department's online Point of Service (POS) system. It contains:

- Technical specifications for the system and
- Information on how pharmacies can receive electronic remittance advices

For more information refer to the Pharmacy Services section of the website at [Billing L&I for Pharmacy Services](#)

What are the specific billing requirements for the NCPDP 5.1 format?

The NCPDP 5.1 format is only available until January 1, 2012. The department will then migrate to NCPDP D.0. Please access the current payer sheet at

<http://www.lni.wa.gov/ClaimsIns/Files/Providers/PayerSheet.pdf>

Do pharmacies have to use the online POS system?

No. Pharmacies may submit their bills through hard copy billing. However, pharmacies are encouraged to bill L&I using the POS system for all prescriptions, including those prescribed during the initial visit.

ALL BILLS WILL BE PROCESSED AND EDITED THROUGH THE POS SYSTEM regardless of how they are submitted.

Do pharmacies need a separate agreement with L&I to use POS system?

No. A separate agreement with L&I is not required to use POS but pharmacies do need to have a current

- L&I provider account number and
- NCPDP number (formerly NABP number).

How do pharmacies begin using POS with L&I?

Contact your software or switch vendor to establish a connection. L&I has contracted with Emdeon to provide switching services for the system. Current payer sheet with billing requirements is available at

<http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/Presc/Billing/default.asp#1>

What are the hours of operation for the POS system?

Monday - Saturday 6:00 a.m. to 12:00 a.m. (Pacific Time)

Sunday 6:00 a.m. to 10:00 p.m. (Pacific Time).

How long do I have to submit a bill?

Within one year of the date of service for it to be considered for payment.

Will pharmacies be able to receive electronic remittance advices for State Fund bills?

Yes. Pharmacies using the NCPDP 5.1 format may also choose to receive their remittance advices in the HIPAA compliant ASC X12N 835 format. These transactions are available on the Provider Express Billing (PEB) website. For information regarding the use of PEB and receiving these transactions, see:

- PEB Electronic Billing page, <http://www.Lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/Electronic/default.asp>

Or Contact

- Electronic Billing Unit at (360) 902-6511 or
- Email: ebulniatlmi.wa.gov

The Companion Guide for the 835 Pharmacy Remittance Advice is available at <http://www.Lni.wa.gov/ClaimsIns/Files/ProviderPay/PharmacyCompanionGuide.pdf>

Which bills can pharmacies submit through L&I's POS system?

Pharmacies may submit bills for prescriptions for all open and allowed SF claims (including claims for bankrupt self-insured employers) and first fills for SF claims. POS will finalize these bills as either paid or denied. Pharmacies can also submit bills for injured workers who pay for their prescriptions when their claims have not yet been initiated or allowed. The department will capture these bills and reimburse the injured workers if and when the claims are allowed and the drugs are authorized.

Are there bills that cannot be submitted through L&I's POS system?

Yes, pharmacies may not bill the following through POS:

- Bills for the Crime Victims Compensation Program
- Bills for self-insurers' claims
- Compound drugs
- Medical supplies and durable medical equipment

Note: Pharmacies must submit paper bills for compound drugs. Third party pharmacy billers cannot bill for compound drugs.

Who do I call if I have technical problems?

Call your software or switch vendor first before contacting L&I's Provider Hotline (PHL) at 1-800-848-0811.

MANUAL BILLING INSTRUCTIONS

PROVIDER ACCOUNT NUMBER REQUIRED - If you do not have an L&I provider account number, please call Provider Accounts at 360-902-5140 to request a provider application form. You can also obtain a provider application online <http://www.lni.wa.gov/Forms/pdf/F248-011-000.pdf>

You will have the option to provide your NPI information on the application. Your NPI will be cross-referenced to your L&I provider account number so you will be able to bill the State Fund using your NPI. Submit your bill after you receive your L&I provider account number or attach your State Fund bill to your completed application.

Your NCPDP number is required. Please include your NCPDP number on your bill. If you do not have a NCPDP number, please contact NCPDP at 602- 957-9105. You can also obtain information from their web page at <http://ncdp.org/>

In order to process your bills promptly and accurately, they must be completed as described in the following pages. Improperly completed bills will be denied or returned for completion/correction and resubmission. Bills must be submitted on ORIGINAL forms, printed or typed and clearly legible. For State Fund Bills, photocopies and faxes are NOT acceptable.

BILL FORMS

<u>Service provided</u>	<u>Use Form</u>
Single drug prescriptions with NDCs	<i>Statement for Pharmacy Services</i> F245-100-000 (single sheet) F245-100-111 (continuous pinfeed)
Compounded, parenteral and reconstituted prescriptions	<i>Statement for Compound Prescription</i> F245-010-000 (single sheet)
Equipment, medical supplies, non-NDC labeled medications, orthotics & prosthetics	<i>Statement for Miscellaneous Services</i> F245-072-000 (single sheet) F245-072-111 (continuous pinfeed)

BILLING FORMS - WHERE AND HOW TO GET THEM

Providers can get forms free of charge by contacting the L&I office nearest you. For a list of all of our service locations, go to <http://www.Lni.wa.gov/Main/ContactInfo/OfficeLocations/default.asp>.

Provide your:

- Full name and address
- L&I provider account number
- Form number
- Quantity needed for six months

Bill forms are also available on L&I's website at <http://www.Lni.wa.gov/FormPub/default.asp>.

Non-Washington providers can also get forms by contacting:

Idaho providers:	Call the Spokane office at (509) 324-2600.
Oregon providers:	Call the Kennewick office at (509) 735-0100, or the Vancouver office at (360) 896-2300.
Other states:	Call the Provider Hotline at 1-800-848-0811.

For billing questions, call the Provider Hotline at 1-800-848-0811.

STATEMENT FOR PHARMACY SERVICES

Instructions for completing form on the reverse side.

DO NOT
 WRITE IN
 SPACE

Use for:
 Single Drug Prescription w/NDC's

Pharmacy name & address	L&I Provider no./NPI
	NCPCP No.

Worker's soc. Sec. No. (for i.d. only)	Claim No.
Worker's name (last, first, middle) print or type	
Worker's mailing address	
City	State ZIP
Pharmacy billing date	Employer

Is this a request to reimburse the injured worker? YES NO

Is this a private insurance copayment? YES NO

We do not reimburse for a private insurance copayment. Call L&I at 1-800-848-0811 for instructions.

Prescription (RX) Information Print Or Type All Information

DX Code (ICD-9)	S/B	Date of injury	Date Rx written	Prescribing Physician's name		Prescribing Provider Number (L&I#, License#, DEA# or NPI)	
Prescription #	Date Rx filled	Refill number (0-99)	Days supply	Quantity (units)	Dispense as written product selection code (DAW) (0,1, or 6)		
National Drug Code	Drug name				DUR codes CNFLT: INTRV: OUTCM:		
Remarks					Prescription clarification code (Refill-too-soon)	Total prescription cost	

DX Code (ICD-9)	S/B	Date of injury	Date Rx written	Prescribing Physician's name		Prescribing Provider Number (L&I#, License#, DEA# or NPI)	
Prescription #	Date Rx filled	Refill number (0-99)	Days supply	Quantity (units)	Dispense as written product selection code (DAW) (0,1 or 6)		
National Drug Code	Drug name				DUR codes CNFLT: INTRV: OUTCM:		
Remarks					Prescription clarification code (Refill-too-soon)	Total prescription cost	

DX Code (ICD-9)	S/B	Date of injury	Date Rx written	Prescribing Physician's name		Prescribing Provider Number (L&I#, License#, DEA# or NPI)	
Prescription #	Date Rx filled	Refill number (0-99)	Days supply	Quantity (units)	Dispense as written product selection code (DAW) (0,1 or 6)		
National Drug Code	Drug name				DUR codes CNFLT: INTRV: OUTCM:		
Remarks					Prescription clarification code (Refill-too-soon)	Total prescription cost	

Reimburse the injured worker: Pharmacist must sign and attach prescription receipts for payment.

<input type="checkbox"/> The injured worker has paid for the above services and prescription(s).	
Pharmacist's Signature X	Print Name X

When you submit this bill, you are certifying that the prescription information is correct.

L&I must receive this statement within 12 months of the date of service or claim allowance.

Department bill forms are furnished at no charge to the vendor, and may be obtained at:
<http://www.lni.wa.gov/FormPub/results.asp?Keyword=provider+billing&Submit=Search> or by calling the local department service location.

Instructions for completing "Statement for Pharmacy Services" form

Do not complete this form for reimbursement of a private insurance copayment. Call L&I at 1-800-848-0811 for instructions

Types of Insurance

STATE FUND INDUSTRIAL INSURANCE

Claim numbers are six digits, beginning with a "B, C, F, G, H, J, K, L, M, N, P, X, Y or double alpha followed by 5 digits."
 Send bills for Industrial Insurance claims to:

Department of Labor and Industries
 PO Box 44269
 Olympia WA 98504-4269

CRIME VICTIMS

Claim numbers are six digits beginning with a "V", or five digits preceded by a "VA, VB, VC, VH, VJ, VK, VL or VS."
 Send bills for Crime Victims claims to:

Department of Labor and Industries
 PO Box 44520
 Olympia WA 98504-4520

SELF-INSURANCE

Claim numbers are six digits beginning with an "S, T, W", or double alpha (SA-SZ, TA-TZ, WA-WZ).
 Department of Energy claims are now Self-Insured. Claim numbers are seven digits beginning with "7, 8 or 9."
 Send bills to the employer or their service company.

Pharmacy address changes

PHARMACY NAME AND ADDRESS:

If any of this information changes, call 1-800-848-0811 immediately.
 (Simply indicating a new address on the bill will not change L&I's record of address for the provider.)

For further information, find us at:

www.lni.wa.gov/claimsinsurance/providerpay/billing/provider

Prescription Information

<p>L&I PROVIDER NUMBER / NPI: The specific Provider number / NPI issued to the pharmacy.</p> <p>NCPDP NO: The 7-digit number assigned by National Council for Prescription Drug Programs.</p> <p>REIMBURSE INJURED WORKER: Place "X" in applicable box.</p> <p>S/B (SIDE OF BODY): Designate "L" (left), "R" (right) side of body or "B" (bilateral), to indicate location of injury.</p> <p>DATE OF INJURY: This is important and must be included. One worker may have several claims, so it is vital the proper claim be identified and charged for services provided.</p> <p>PRESCRIBING PROVIDER NUMBER (L&I#, LICENSE#, DEA# OR NPI): Provider number issued to the prescribing physician by L&I, a WA state license#, a DEA# or NPI. (not pharmacy's provider#).</p> <p>REFILL NUMBER: Enter the refill number (0-99), if prescription is a refill otherwise "0" to identify the original prescription.</p> <p>DAYS SUPPLY: Using quantity dispensed and directions for use (sig) on the prescription, calculate the number of days supply. If the directions say as needed or have a dose range, estimate days supply using the maximum dosage per day.</p> <p>QUANTITY: The total units of medication prescribed. Use the (NCPDP) billing unit standard format, e.g., "each", "ml" or "gm".</p>	<p>DISPENSED AS WRITTEN PRODUCT SELECTION CODE: Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. Valid values are: 0 = No product selection mandated; 1 = Substitution not allowed by prescriber; 6 = Override for emergency supply - This value is used only by in-state pharmacies when dispensing an emergency supply of a non-preferred drug prescribed by a non-endorsing practitioner.</p> <p>NATIONAL DRUG CODE: National drug identification code. This code must be entered in a 5-4-2 format: e.g., if the NDC format listed in your pricing book is 0005-3250-23, enter 00005 3250 23. If the NDC format is 50419 127 12 enter 50419 0127 12</p> <p>DUR CODES: Enter the appropriate conflict, intervention and outcome code.</p> <p>PRESCRIPTION CLARIFICATION CODE: Enter the appropriate value for a refill-too-soon.</p> <p>TOTAL PRESCRIPTION COSTS: Total charge for the filled prescription. (Drug cost + professional fee + applicable tax).</p> <p>REIMBURSE THE INJURED WORKER: Signature of pharmacist who supplied the prescription is required.</p>
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COMPLETING THE “STATEMENT FOR PHARMACY SERVICES” FORM

1. **SOCIAL SECURITY NUMBER:** Enter injured worker’s social security number. This information helps identify the proper claim when the claim number has been entered incorrectly or the injured worker’s name is common.
2. **CLAIM NUMBER:** Enter injured worker’s claim number. Claim numbers are alpha-numeric, consisting of seven characters. The letter identifies the funding source.

STATE FUND INDUSTRIAL INSURANCE

Claim numbers are six digits, preceded by one of the following letters: “B, C, F, G, H, J, K, L, M, N, P, X, Y or double alpha (AA)followed by 5 digits.”

Send bills for SF claims to:

Department of Labor and Industries
PO Box 44269
Olympia WA 98504-4269

CRIME VICTIMS

Claim numbers are six digits preceded by a “V” or five digits preceded by a “VA, VB, VC, VH, VJ, VK or VL” etc.

Send bills for Crime Victim claims to:

Crime Victims Section
Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520

SELF INSURANCE

Claim numbers are six digits, preceded by an “S, T or W”, or double alpha followed by 5 digits. Department of Energy (DOE) claims are self-insured. Active DOE claims have a self insurance claim number assigned. Inactive DOE claims have seven digit claim numbers that begin with “7, 8 or 9.”

Send self-insured bills directly to the self-insured employer (SIE) or their third party administrator (TPA). For a list of SIE/TPAs go to:

<http://www.lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp>

3. **WORKER’S NAME:** *Enter worker’s last name, first name, and middle initial.*
4. **PHARMACY NAME & ADDRESS:** Enter the name and address of the pharmacy filling the prescription. **If the tax ID, name, address or business status changes, complete a provider change form <http://www.lni.wa.gov/FormPub/Detail.asp?DocID=1650> and send it to the address on the form. Simply indicating a new address on the bill will not change L&I’s account.**

5. **L&I PROVIDER NUMBER/NPI:** Enter the provider account number issued to you by L&I or National Provider Identifier (NPI) issued to the pharmacy.

If you do not have an L&I provider account number, call Provider Accounts at (360) 902-5140 to request a provider application form. You may also obtain a Provider Account application form on line at <http://www.lni.wa.gov/Forms/pdf/F248-011-000.pdf> You may include your NPI information on your application.

Submit your bill after you receive your L&I provider account number, or attach your State Fund bill to your completed application **(only this first time)**.

6. **NCPDP NUMBER (formerly known as the NABP number):** Enter the 7-digit number assigned by NCPDP.
7. **ADDRESS:** Enter the injured worker's current address.
8. **PHARMACY BILLING DATE:** The date the pharmacy completes the bill.
9. **EMPLOYER:** Enter injured worker's employer name at the time of injury. This information helps identify the proper claim if the claim number has been entered incorrectly.
10. **REIMBURSE INJURED WORKER:** Place an "X" in the applicable box. If the payment of this prescription should be made to the injured worker, the pharmacist signature is required.
11. **PRIVATE INSURANCE COPAYMENT:** The insurer does not reimburse for a private insurance copayment. See [WAC 296-20-020](#) or call L & I's Provider Hotline at 1-800-848-0811 for instructions.
12. **DIAGNOSIS CODE (ICD-9):** Enter the ICD-9 code for the condition for which the drug was prescribed.
13. **S/B (SIDE OF BODY):** Side of body injured (if applicable); designate "L" (left), "R" (right) or "B" (bilateral).
14. **DATE OF INJURY:** Enter the date of injury. This date positively identifies each claim. It is important and must be included. An injured worker may have several claims; therefore, it is vital the proper claim be identified and charged for services provided.
15. **DATE Rx WRITTEN:** Date the prescribing provider wrote the prescription.
16. **PRESCRIBING PROVIDER'S NAME:** Name of the prescribing provider.
17. **PRESCRIBING PROVIDER NUMBER (L&I #, LICENSE #, DEA # or NPI):** Enter the prescribing provider's L&I provider account number, Washington State license number, DEA number or NPI.
18. **PRESCRIPTION #:** Prescription identification number (Rx No.)
19. **DATE Rx FILLED:** Date the prescription was filled.

20. **REFILL NUMBER:** Enter the refill number (0-99), if prescription is a refill otherwise “0” to identify the original prescription.
21. **DAYS SUPPLY:** Using the quantity dispensed on the prescription and the directions for use (Sig), calculate the total number of days that the quantity should cover at the larger dose and smaller dosing intervals, if more than one are given. For example, if the directions says “take 1-2 tablets every 3-4 hours as needed for pain” and the quantity is 30, the estimated days supply would be based on 2 tablets taken every 3 hours, or 16 tablets per day maximum. In this example, the estimated days supply would therefore be 2 days.
22. **QUANTITY:** Use NCPDP billing standard format, for example “each”, “ml” or “gm”. Enter entire number including fractional units for example 12.123.
23. **DISPENSED AS WRITTEN (DAW):** Enter code indicating whether or not the prescriber’s instructions regarding generic substitution were followed.
 - 0 = No product selection mandated;
 - 1 = Substitution not allowed by prescriber;
 - 6 = Override for emergency supply – This value is used only by in-state pharmacies when dispensing an emergency supply of a non-preferred drug prescribed by a non-endorsing practitioner.
24. **NATIONAL DRUG CODE:** NDC identification number. This code must be entered in a 5-4-2 format: for example, if the NDC format listed in your pricing book is 0005-3250-23, enter 00005 3250 23. If the NDC format is 50419-127-12, enter 50419 0127 12.
25. **DRUG NAME:** Enter the name of the drug or medication dispensed.
26. **DUR CODES:** Enter the appropriate conflict, intervention or outcome code.
27. **REMARKS:** Any information the doctor or pharmacist feels is necessary for further explanation. Any information in the remark field will suspend your State Fund bill for manual processing.
28. **PRESCRIPTION CLARIFICATION CODE:** When overriding a refill-too-soon rejected bill, enter the appropriate value (03 – Vacation supply, 04 – Lost prescription, 05 – Therapy change, 06 – Starter dose, or 07 – Medically necessary).
29. **TOTAL PRESCRIPTION COST:** Total charge for the filled prescription. (Drug cost plus professional fee).
30. **REIMBURSE INJURED WORKER:** Pharmacist signature is **required**.

Sample

Dept of Labor and Industries
PO Box 44269
Olympia WA 98504-4269

STATEMENT FOR PHARMACY SERVICES

Instructions for completing form on the reverse side,

Pharmacy Name & Address TheraMed Pharmacy 0000000000 909 Pill Hill Drive Olympia WA 98504		L&I Provider no. / NPI 0000000 /	Worker's soc. sec. no. (for i.d. only) XXX-XX-XXXX	Claim no. ZA 00000
NCPCP No.		Worker's mailing address 100 First Street	Worker's name (last, first, middle) print or type Injured Worker's name	
		City Olympia	State WA	ZIP 98504
		Pharmacy billing date MMDDYY	Employer XYZ Company	

Is this a request to reimburse the injured worker? YES NO

Is this a private insurance copayment? YES NO

We do not reimburse for a private insurance copayment. Call L&I at 1-800-848-0811 for instructions.

Prescription (RX) Information		Print Or Type All Information				
DX Code (ICD-9) XXX.XX	S/B X	Date of injury MMDDYY	Date Rx written MMDDYY	Prescribing Physician's name Dr. Cureall	Prescribing Provider Number (L&I#, License#, DEA# or NPI) 0000000000	
Prescription # XXXXXXXX	Date Rx filled MMDDYY	Refill number (0-99) 0	Days supply 10	Quantity (units) 45	Dispense as written product selection code (DAW) (0,1 or 6)	
National Drug Code XXXXX-XXXX-XX		Drug name Doxepin			DUR Codes CNFLT: XX INTRV: XX OUTCM: XX	
Remarks				Prescription clarification code (Refill-too-soon)	Total prescription cost	\$ X.XX

DX Code (ICD-9) XXX.XX	S/B X	Date of injury MMDDYY	Date Rx written MMDDYY	Prescribing Physician's name Dr. Cureall	Prescribing Provider Number (L&I#, License#, DEA# or NPI) 0000000000	
Prescription # XXXXXXXX	Date Rx filled MMDDYY	Refill number (0-99) 0	Days supply 10	Quantity (units) 45	Dispensed as written product selection code (DAW) (0,1 or 6)	
National Drug Code XXXXX-XXXX-XX		Drug name Doxepin			DUR Codes CNFLT: XX INTRV: XX OUTCM: XX	
Remarks				Prescription clarification code (Refill-too-soon)	Total prescription cost	\$ X.XX

DX Code (ICD-9) XXX.XX	S/B X	Date of injury MMDDYY	Date Rx Written MMDDYY	Prescribing Physician's name Dr. Cureall	Prescribing Provider Number (L&I#, License#, DEA# or NPI) 0000000000	
Prescription # XXXXXXXX	Date Rx filled MMDDYY	Refill number (0-99) 0	Days supply 20	Quantity (units) 40	Dispensed as written product selection code (DAW) (0,1 or 6)	
National Drug Code XXXXX-XXXX-XX		Drug name Ranitidine			DUR Codes CNFLT: XX INTRV: XX OUTCM: XX	
Remarks				Prescription clarification code (Refill-too-soon)	Total prescription cost	\$ X.XX

Reimburse the injured worker: Pharmacist must sign and attach prescription receipts for payment.

<input type="checkbox"/> The injured worker has paid for the above services and prescription(s).	
Pharmacist's Signature X	Print Name X

STATEMENT FOR COMPOUND PRESCRIPTION



**DO NOT
WRITE IN
SPACE**



Soc.Sec.No.(For I.D. Only) Claim No.

Worker's name (last, first, middle)

Pharmacy Name & Address	L&I provider No. / NPI	Address
	NCPCP NO.	City State ZIP
		Bill date Employer

Is this a request to reimburse the injured worker? YES NO

Is this a private insurance copayment? YES NO

We do not reimburse for a private insurance copayment. Call L&I at 1-800-848-0811 for instructions.

PRESCRIPTION DETAIL

DX Code (ICD-9)	S/B	Date of injury	Date Rx Written	Prescribing provider's name	Prescribing prov. no. (L&I#, license #, DEA # or NPI)	Drug Cost	\$
Prescription no.	Date Rx filled	Refill number (0-99)	Quantity			Dispensing Fee	\$
Compound drug code 00990000000		Total No. of ingredients	Dispense as written product Selection code (DAW) (0, 1 or 6)	Doses:	Grams:	Milliliters:	Professional Fee
Prescription filled for:		<input type="checkbox"/> Antibiotic IV therapy <input type="checkbox"/> Pain cocktail <input type="checkbox"/> Topical preparation <input type="checkbox"/> Total parental nutrition <input type="checkbox"/> Other therapy				Prescription total	\$

COMPOUND ITEMIZATION

NDC/UPC	Name	Strength	Quantity	(X)	Drug cost/unit	(=)	Drug cost
1.					/		\$
2.					/		\$
3.					/		\$
4.					/		\$
5.					/		\$
6.					/		\$
7.					/		\$
8.					/		\$
9.	ATTACH ADDITIONAL ITEMIZATION OF OTHER INGREDIENTS IF MORE THAN 10 WERE USED				/		\$
10.					/		\$

The injured worker has paid for the above services and prescription(s).

Pharmacist's Signature

Print Name

X

X

Department bill forms are furnished at no charge to the vendor, and may be obtained at:
<http://www.lni.wa.gov/FormPub/results.asp?Keyword=provider+billing&Submit=Search> or by calling the local department service location.

Instructions for completing "Statement for Compound Prescription" form

Do not complete this form for reimbursement of a private insurance copayment. Call L&I at 1-800-848-0811 for instructions

Types of Insurance

STATE FUND INDUSTRIAL INSURANCE

Claim numbers are six digits, beginning with a "B, C, F, G, H, J, K, L, M, N, P, X, Y or double alpha followed by 5 digits."

Send bills for Industrial Insurance claims to:

Department of Labor and Industries
 PO Box 44269
 Olympia WA 98504-4269

CRIME VICTIMS

Claim numbers are six digits beginning with a "V", or five digits preceded by a "VA, VB, VC, VH, VJ, VK, VL or VS."

Send bills for Crime Victims claims to:

Department of Labor and Industries
 PO Box 44520
 Olympia WA 98504-4520

SELF-INSURANCE

Claim numbers are six digits beginning with an "S, T, W", or double alpha (SA-SZ, TA-TZ, WA-WZ).

Department of Energy claims are now Self-Insured. Claim numbers are seven digits beginning with "7, 8 or 9."

Send bills to the employer or their service company.

Pharmacy address changes

PHARMACY NAME AND ADDRESS:

If any of this information changes, call 1-800-848-0811 immediately.

(Simply indicating a new address on the bill will not change

L&I's record of address for the provider.)

For further information, find us at:

<http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/Presc/Billing/default.asp#1>

<p>Prescription Information L&I PROVIDER NUMBER / NPI: The specific Provider number or NPI issued to the pharmacy.</p> <p>NCPDP NO: The 7-digit number assigned by National Council for Prescription Drug Programs.</p> <p>REIMBURSE INJURED WORKER: Place "X" in applicable box.</p> <p>S/B (SIDE OF BODY): Designate "L" (left), "R" (right) side of body or "B" (bilateral), to indicate location of injury.</p> <p>DATE OF INJURY: This is important and must be included. One worker may have several claims, so it is vital the proper claim be identified and charged for services provided.</p> <p>PRESCRIBING PROVIDER NUMBER (L&I#, LICENSE#, DEA# OR NPI): Provider number issued to the prescribing physician by L&I, a WA state license#, a DEA# or NPI. (not pharmacy's provider#).</p> <p>DRUG COST: Total charge for the filled prescription.</p> <p>REFILL NUMBER: Enter the refill number (0-99), if prescription is a refill other wise "0" to identify the original prescription.</p> <p>QUANTITY: The total units of medication prescribed. Use the (NCPDP) billing unit standard format, e.g., "each", "ml" or "gm".</p> <p>DISPENSING FEE: The fee for services provided by the</p>	<p>TOTAL NUMBER OF INGREDIENTS: The number of NDC/UPC ingredients used in the prescription.</p> <p>DISPENSED AS WRITTEN PRODUCT SELECTION CODE: Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. Valid values are: 0 = No product selection mandated; 1 = Substitution not allowed by prescriber; 6 = Override for emergency supply - This value is used only by in-state pharmacies when dispensing an emergency supply of a non-preferred drug prescribed by a non-endorsing practitioner.</p> <p>COMPOUNDING TIME: Time required to combine the ingredients in the prescription.</p> <p>PROFESSIONAL FEE: Fee for compounding time.</p> <p>PRESCRIPTION FILLED FOR: Place an "X" in the applicable box</p> <p>TOTAL PRESCRIPTION COSTS: Total charge for the filled prescription. (Drug cost + professional fee + applicable tax).</p> <p>COMPOUND ITEMIZATION: Detail of the ingredients used in the prescription.</p> <p>REIMBURSE THE INJURED WORKER: Signature of pharmacist who supplied the prescription is required.</p>
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COMPLETING THE “STATEMENT FOR COMPOUND PRESCRIPTION” FORM

All bills for compound prescriptions will be reviewed prior to payment.

1. **SOCIAL SECURITY NUMBER:** Enter injured worker’s social security number. This information helps identify the proper claim when the claim number has been entered incorrectly or the injured worker’s name is common.
2. **CLAIM NUMBER:** Enter injured worker’s claim number. Claim numbers are alpha-numeric, consisting of seven characters. The letter identifies the funding source.

STATE FUND INDUSTRIAL INSURANCE

Claim numbers are six digits, preceded by one of the following letters: “B, C, F, G, H, J, K, L, M, N, P, X, Y or double alpha followed by 5 digits.”

Send bills for SF claims to:
Department of Labor and Industries
PO Box 44268
Olympia WA 98504-4268

CRIME VICTIMS

Claim numbers are six digits preceded by a “V”, or five digits preceded by a “VA, VB, VC, VH, VJ, VK or VL”.

Send bills for Crime Victim claims to:
Crime Victims Section
Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520

SELF-INSURANCE

Claim numbers are six digits, preceded by an “S, T or W”, or double alpha followed by 5 digits. Department of Energy (DOE) claims are self-insured. Active DOE claims have a self insurance claim number assigned. Inactive DOE claims have seven digit claim numbers that begin with “7, 8 or 9.”

Send self-insured bills directly to the self-insured employer (SIE) or their third party administrator (TPA). For a list of SIE/TPAs go to:

<http://www.lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp>

3. **WORKER’S NAME:** Enter injured worker’s last name, first name, and middle initial.
4. **PHARMACY NAME & ADDRESS:** Enter the name and address of the pharmacy filling the prescription. **If the tax ID, name, address or business status changes, complete a provider change form <http://www.lni.wa.gov/FormPub/Detail.asp?DocID=1650> and send it to the address on the form. Simply indicating a new address on the bill will not change L&I’s account.**

5. **L&I PROVIDER NUMBER/NPI:** Enter the provider account number issued to you by the Department of Labor & Industries or National Provider Identifier (NPI) issued to the pharmacy. If you do not have an L&I provider account number, call Provider Accounts at (360) 902-5140 to request a provider application form. You may also obtain a Provider Account application form on line at <http://www.lni.wa.gov/FormPub/Detail.asp?DocID=1652> You may include your NPI information on your application.

Submit your bill after you receive your L&I provider account number, or attach your State Fund bill to your completed application **(only this first time)**.
6. **NCPDP NUMBER (formerly known as the NABP number):** Enter the 7-digit number assigned by NCPDP.
7. **ADDRESS:** Enter the injured worker's current address.
8. **PHARMACY BILLING DATE:** The date the pharmacy completes the bill.
9. **EMPLOYER:** Enter injured worker's employer name at the time of injury. This information helps identify the proper claim if the claim number has been entered incorrectly.
10. **REIMBURSE INJURED WORKER:** Place an "X" in the applicable box. If the payment of this prescription should be made to the injured worker, the pharmacist signature is required.
11. **PRIVATE INSURANCE COPAYMENT:** The insurer does not reimburse for a private insurance copayment. Call L&I's Provider Hotline at 1-800-848-0811 for instructions. See WAC [296-20-020](#)
12. **DIAGNOSIS CODE (ICD-9):** Enter the ICD-9 code for the condition for which the drug was prescribed.
13. **S/B (SIDE OF BODY):** Side of body injured (if applicable); designate "L" (left), "R" (right) or "B" (bilateral).
14. **DATE OF INJURY:** Enter the date of injury. This date positively identifies each claim. It is important and must be included. An injured worker may have several claims; therefore, it is vital the proper claim be identified and charged for services provided.
15. **DATE Rx WRITTEN:** Date the prescribing provider wrote the prescription.
16. **PRESCRIBING PROVIDER'S NAME:** Name of the prescribing provider.
17. **PRESCRIBING PROVIDER NUMBER (L&I #, LICENSE #, DEA # or NPI):** Enter the prescribing provider's L&I provider account number, Washington State license number, DEA number or NPI.
18. **DRUG COST:** Cost of the drug. (Cost before professional fees added)
19. **PRESCRIPTION #:** Prescription identification number (Rx No.)
20. **DATE Rx FILLED:** Date the prescription was filled.
21. **REFILL NUMBER:** Enter the refill number (0-99), if prescription is a refill otherwise "0" to identify the original prescription.

22. **QUANTITY:** The final volume of medication dispensed. For medications not dispensed in unit doses, enter the number of grams or milliliters including fractional units.
23. **DISPENSING FEE:** Fee for services provided by the pharmacist.
24. **PROFESSIONAL FEE:** Fee for compounding time.
25. **TOTAL NUMBER OF INGREDIENTS:** The number of ingredients used in the prescription (indicate each ingredient's NDC or UPC number in the standard 5-4-2 format).
26. **DISPENSE AS WRITTEN (DAW):** Place an "X" in the applicable box, indicating if the prescribing doctor allowed a generic preparation. If left blank, department assumes "No" for substitution not allowed. In all cases a prescribing doctor's L&I provider account number, license number, DEA number or NPI is required.
27. **COMPOUNDING TIME:** Time required to combine the ingredients in the prescription.
28. **PROFESSIONAL FEE:** Fee for compounding time. The maximum allowable fee is \$16.00/per hour; or \$4.00/per 15 minutes increments.
29. **PRESCRIPTION FILLED FOR ANTIBIOTIC IV THERAPY, PAIN COCKTAIL, TOPICAL PREPARATION, TOTAL PARENTERAL NUTRITION OR OTHER THERAPY:** Place an "X" in the applicable box.
30. **PRESCRIPTION TOTAL:** Total charge for the filled prescription (Drug cost plus professional fee).
31. **COMPOUND ITEMIZATION:** Detail of the ingredients used in the prescription.
- NDC/UPC:** National drug code or uniform product code of each ingredient. If an ingredient has both codes, enter the NDC.
- NAME:** Enter the name of each ingredient.
- STRENGTH:** Strength of each ingredient.
- QUANTITY:** Number of units of each ingredient used. Use the NCPDP billing unit standard format, (for example "each", "ml", or "gm" including fractional units).
- DRUG COST/UNIT:** Cost of 1 unit of each ingredient, (for example "each", "ml", or "gm").
- DRUG COST:** Total cost for all units of each ingredient. Multiply QUANTITY times COST PER UNIT.
32. **REIMBURSE PROVIDER:** Pharmacist signature is required.

STATEMENT FOR COMPOUND PRESCRIPTION

DO NOT
WRITE IN
SPACE >

SAMPLE TOPICAL PREPARATION

Soc.Sec.No. (For ID Only)
XXX-XX-XXXX

Claim No.
ZA 00000

Worker's name (last, first, middle)
Injured Worker's name

Address
100 First Street

City State ZIP
Olympia WA 98504

Bill date Employer
MMDDYY XYZ Company

Pharmacy name & address L&I provider No. / NPI
TheraMed Pharmacy 0000000 / 0000000000
909 Pill Hill Drive
Olympia WA 98504
NCPNP NO.
0000000

Is this a request to reimburse the injured worker? YES NO

Is this a private insurance copayment? YES NO

We do not reimburse for a private insurance copayment. Call L&I at 1-800-848-0811 for instructions.



PRESCRIPTION DETAIL

DX Code (ICD-9) XXX.XX	S/B X	Date of injury MMDDYY	Date Rx written MMDDYY	Prescribing provider's name Dr. Cureall	Prescribing prov. no. (L&I#, license #, DEA # or NPI)	Drug cost \$XX.XX
Prescription no. XXXXXXXX	Date Rx Filled MMDDYY	Refill number (0-99)	Quantity Doses: Grams: 60 Milliliters:	Dispensing Fee \$ X.XX		
Compound drug code 00990000000	Total No. of ingredients 4	Dispense as written product Selection code (DAW) (0, 1 or 6)	Compounding time 2 hours	Professional fee \$XX.XX		
Prescription Filled for:	<input type="checkbox"/> Antibiotic IV therapy	<input type="checkbox"/> Pain cocktail	<input checked="" type="checkbox"/> Topical preparation	Prescription total \$XX.XX		
	<input type="checkbox"/> Total parental nutrition	<input type="checkbox"/> Other therapy				

COMPOUND ITEMIZATION

NDC/UPC	Name	Strength	Quantity	(X)	Drug cost/unit	(=)	Drug cost
1. XXXXX-XXXX-XX	Ketoprofen	20 %	12 gm		20.00 / 25 g		XX.XX
2. XXXXX-XXXX-XX	Piroxicam	1 %	600 mg		72.00 / 25 g		XXX.XX
3. XXXXX-XXXX-XX	Cyclobenzaprine	1 %	600 mg		50.00 / 5 g		XX.XX
4. XXXXX-XXXX-XX	Pluronic Gel	20 %	12 ml		19.75/500 ml		XX.XX
5.					/		
6.					/		
7.					/		
8.	ATTACH ADDITIONAL ITEMIZATION OF OTHER INGREDIENTS IF MORE THAN 10 WERE USED				/		
9.					/		
10.					/		

The injured worker has paid for the above services and prescription(s).

Pharmacist's Signature

Print Name

X

X

When you submit this bill, you are certifying that the prescription information is correct.
L&I must receive this statement within 12 months of the date of service or claim allowance.



Dept of Labor and Industries
 PO Box 44269
 Olympia WA 98504-4269

STATEMENT FOR MISCELLANEOUS SERVICES

- Dental Services
- Medical Equipment/ Prosthetics-Orthotics
- Transportation
- Glasses
- Vocational/ Retraining
- Other
- Home Health/ Nursing Home Services

DO NOT WRITE IN SPACE >

Worker's full name Last	First	Middle	SSN (ID only)	Claim Number
Mailing address			Employer's Name	
City		State		ZIP
Date of Injury			Reimburse Injured Worker <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid \$
Name of referring physician or other source			Referring physician provider number / NPI	

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (use ICD-9-CM) Designate left or right when applicable. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	For glasses, advise if old Rx was available? <input type="checkbox"/> Yes <input type="checkbox"/> No Give hospitalization dates for inpatient Services Admitted ____/____/____ Discharged ____/____/____	REFUND CERTIFICATION I hereby certify under penalty of perjury that this is a true and correct claim for the necessary expenses incurred by me, that the claim is just and due and that no payment has been received by me on account thereof. CLAIMANT'S SIGNATURE: _____
--	---	--

FROM DATE OF SERVICE	* POS	PROC CODE	MOD CODE	Describe procedures, medical services, or supplies furnished. Attach lab reports, X-ray findings and any special services.	Dental tooth #	Home Nursing		Glasses		Charges \$	Unit	TO DATE OF SERVICE
						No of hrs/day	Hourly Day rate	OLD RX OD OS	NEW RX OD OS			

Signature: _____ Remarks: _____	Bill date: ____/____/____ Federal tax ID number <input type="checkbox"/> EIN <input type="checkbox"/> SSN	Provider or Supplier name _____ Address _____ City _____ State _____ ZIP + 4 _____ Provider number _____ NPI _____ Taxonomy _____ Total Charge _____ Phone Number _____ Your Patient's Account Number _____
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Referral ID

INSTRUCTIONS FOR COMPLETING MISCELLANEOUS SERVICES FORM

1. Place an "X" in the box next to the type of service for which you are billing.
2. **CLAIM NUMBER:** For the injured worker receiving services.

INDUSTRIAL INSURANCE State Fund claim numbers are six digits, preceded by a "B, C, F, G, H, J, K, L, M, N, P, X, Y or double alpha followed by 5 digits. Send bills for Industrial Insurance claims to: Department of Labor and Industries PO Box 44269 Olympia WA 98504-4269	CRIME VICTIM Crime victim claim numbers are six digits preceded by a "V" or 5 digits preceded by a "VA, VB, VC, VH, VJ, VK or VL". Send bills for Crime Victims claims to: Department of Labor and Industries PO Box 44520 Olympia WA 98504-4520
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3. **SELF INSURANCE** Claim numbers are six digits preceded by one of the following letters: "S, T or W" or double alpha followed by 5 digits. Department of Energy claims are now Self-Insured. Active DOE claims have a self insurance claim number assigned. Inactive DOE claim numbers are seven digits beginning with "7, 8 or 9." Send the bills to the employer or their service company."
4. **INJURED WORKER'S NAME:** Injured worker's full name, last name first.
5. **SOCIAL SECURITY NUMBER:** Record claimant's social security number. It helpful when the claim number is wrong and the worker's name is common.
6. **ADDRESS:** The injured worker's most current address.
7. **EMPLOYER'S NAME:** The injured worker's employer's name. If the claim number is in error, this helps identify the proper claim.
8. **DATE OF INJURY:** This is important and must be included. One worker may have several claims so it is vital the proper claim be identified and charged for services provided. The date of injury positively identifies each claim.
9. **NAME OF REFERRING PHYSICIAN:** The name of the physician who has referred the claimant to you, the provider, for services. (Not applicable for Vocational Services billing.)
10. **REFERRING PHYSICIAN PROVIDER NUMBER/NPI:** The Department of Labor and Industries provider account number or NPI of the referring physician. The number may be obtained from the referring physician. (Not applicable for Vocational Services billing.)
11. **DIAGNOSIS:** Indicate both the ICD9-CM number and the narrative diagnosis for all conditions treated. Designate left or right side of body, when applicable. The Diagnosis presented must be specific. (Not applicable for Vocational Services billing.)
12. **FOR GLASSES:** Indicate by placing an "X" in the appropriate box.
13. **SERVICES RELATED TO HOSPITALIZATION:** If claimant was hospitalized, record the date admitted and the date discharged.
14. **ITEMIZATION OF SERVICES AND CHARGES:**
 - A. **DATE(s) OF SERVICE:** Record the date for each service provided. For consecutive dates of service (for example home care, attendant care, equipment rental, etc.) record both beginning (from-date-of-service column) and ending (to-date-of-service column) dates.
 - B. **PLACE OF SERVICE:** Place of Service (POS) codes are printed below. Please refer to that list and place the appropriate code in the space provided.
 - C. **PROCEDURE CODE:** Identifies the procedure used. Procedure codes can be found in the **Medical Aid Rules and Maximum Fee Schedule** distributed by the Department of Labor and Industries.
 - D. **CODE MODIFIER:** A modifier provides the means by which the reporting physician can indicate that a performed service or procedure has been altered by some specific circumstance, but has not changed in its definition or code. When applicable, the modifying circumstance should be identified by the addition of the appropriate "modifier code number" (including the hyphen) after the usual procedure number.
 - E. **DESCRIPTION:** Enter the description of the procedure.
 - F. **DENTAL:** To be used for dental services only.
 - Tooth Number:** Identify dental services provided by placing the specific tooth number in the appropriate box.
 - G. **HOME NURSING:** To be used for home care only.
 - Number of Hours or Day:** Identify the number of hours or the number of days that the home care services were provided.
 - Hourly or Daily Rate:** Record the rate charged (by the hour or day) for the home care services provided.
 - H. **GLASSES:** To be used for glasses repair or replacement only.
 - Old Rx (OD and OS): If the old prescription is available, specify for both the left and right eyes.
 - New Rx (OD and OS): Specify the new prescription for both the left and right eyes.
 - I. **CHARGES:** Charges for services provided.
 - J. **UNIT:** The sum total services provided for days, units, or miles, etc.
15. **PROVIDER OR SUPPLIER'S NAME, ADDRESS, ZIP CODE AND TELEPHONE NUMBER:** The provider's or supplier's name and current address. If any of the information changes, notify Provider Accounts immediately. (Indicating a new address on the bill **will not** change the department's record of address for the provider.)
16. **PROVIDER NUMBER:** Identification number designated by the Department of Labor and Industries for the provider.
17. **NPI:** Enter the National Provider Identifier.
18. **TAXONOMY:** Enter the ten-digit taxonomy code.
19. **TOTAL CHARGE:** Total of all charges for services provided.
20. **YOUR PATIENT'S ACCOUNT NUMBER:** The number used to identify your patient's explanation.
21. **REFERRAL ID:** Enter the referral ID.
22. **REMARKS:** Any information necessary that the provider or supplier feels is necessary for further explanation.

ATTACHMENTS: The following attachments **must be** submitted with billings for appropriate services:

1. X-ray findings	3. Office notes	5. Emergency Room reports	7. Cost invoice of supplies furnished
2. Lab reports	4. Operative reports	6. Diagnostic Study reports	8. Consultation reports

Each attachment must have the corresponding claim number listed in the upper right corner of the attachment.
DUE TO THE FACT THAT THE DEPARTMENT RECORDS ARE KEPT ON MICROFILM, BILLS AND ATTACHMENTS MUST BE LEGIBLE AND CLEAR.
 The following attachment is not acceptable: Office Visit Slips.

REBILLS
 If you do not receive payment or notification from the department within ninety (90) days, services may be rebilled. Rebills should be identical to the original bill; **same** charges, codes, and billing dates. Please indicate "**Rebill**" on the bill.
 Any inquiries regarding adjustment of charges must be submitted within ninety (90) days from the date of payment to be considered.

- | | | | |
|---|---------------------------------|--|--|
| 03. School | 15. Mobile Unit | 32. Nursing Facility | 55. Residential Substance Abuse Trmt Center |
| 04. Homeless Shelter | 16. Temporary Lodging | 33. Custodial Care Facility | 56. Psychiatric Residential Trmt Ctr |
| 05. Indian Hlth Srvc Free-standing Facility | 17. Walk-in Retail Health Clnic | 34. Hospice | 57. Non-residential Substance Abuse Trmt Center |
| 06. Indian Health Service | 20. Urgent Care Facility | 41. Ambulance – Land | 60. Mass Immunization Ctr |
| 07. Tribal 638 Free-standing facility | 21. Inpatient Hospital | 42. Ambulance – Air or Water | 61. Comprehensive Inpatient Rehabilitation Facility |
| 08. Tribal 638 Provider-based facility | 22. Outpatient Hospital | 49. Independent Clinic | 62. Comprehensive Outpatient Rehabilitation Facility |
| 09. Correctional Facility | 23. Emergency Rm – Hospital | 50. Federally Qualified Hlth Ctr | 65. End Stage Renal Disease Trmt Facility |
| 11. Office | 24. Ambulatory Surgical Ctr | 51. Inpatient Psychiatric Facility | 71. State or Local Public Health Clinic |
| 12. Patient's Home | 25. Birthing Ctr | 52. Psychiatric Facility Partial Hos | 72. Rural Hlth Clinic |
| 13. Assisted Living Facility | 26. Military Trmt Facility | 53. Community Mental Hlth Ctr | 81. Independent Laboratory |
| 14. Group Home | 31. Skilled Nursing Facility | 54. Intermediate Care Facility/Mentally Retarded | 99. Other Unlisted Facility |

COMPLETING THE “STATEMENT FOR MISCELLANEOUS SERVICES” FORM

Complete all boxes on the form other than those marked “not applicable”.

1. Check the box describing the items or services you are billing.

Check “medical equipment/prosthetics - orthotics” for rental or purchase. (See HCPCS book for reference).

Check “other” for medical supplies.

2. **WORKER’S NAME:** Enter injured worker’s last name, first name, and middle initial.
3. **SOCIAL SECURITY NUMBER:** Enter injured worker’s social security number. This information helps identify the proper claim when the claim number has been entered incorrectly or the injured worker’s name is common.
4. **CLAIM NUMBER:** Enter injured worker’s claim number. Claim numbers are alpha-numeric, consisting of seven characters. The letter identifies the funding source.

STATE FUND INDUSTRIAL INSURANCE

Claim numbers are six digits, preceded by one of the following letters: “B, C, F, G, H, J, K, L, M, N, P, X, Y or double alpha letters (example AA) followed by 5 digits.”

Send bills for SF claims to:
Department of Labor and Industries
PO Box 44268
Olympia WA 98504-4268

CRIME VICTIMS

Claim numbers are *six* digits preceded by a “V” or five digits preceded by a “VA, VB, VC, VH, VJ, VK or VL”. Etc.

Send bills for Crime Victim claims to:
Crime Victims Section
Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520

SELF-INSURANCE

Claim numbers are six digits, preceded by an “S, T or W”, or double alpha followed by 5 digits. Department of Energy (DOE) claims are self-insured. Active DOE claims have a self insurance claim number assigned. Inactive DOE claims have seven digit claim numbers that begin with “7, 8 or 9.”

Send self-insured bills directly to the self-insured employer (SIE) or their third party administrator (TPA). For a list of SIE/TPAs go to:

<http://www.lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp>

5. **ADDRESS:** Enter the injured worker’s current address.
6. **EMPLOYER’S NAME:** Enter injured worker’s employer at time of injury.

7. **DATE OF INJURY:** Enter the date of injury. This date positively identifies each claim. It is important and must be included. An injured worker may have several claims; therefore, it is vital the proper claim be identified and charged for services provided.
8. **NAME OF REFERRING PHYSICIAN OR OTHER SOURCE:** Enter name of the prescribing doctor.
9. **REFERRING PHYSICIAN PROVIDER NUMBER / NPI:** Enter L&I provider account number of the prescribing physician or their NPI.
10. **DIAGNOSIC CODE:** Not applicable.
11. **FOR GLASSES:** Not applicable.
12. **GIVE HOSPITALIZATION DATES:** Not applicable.
13. **ITEMIZATION OF SERVICES AND CHARGES:**

DATE OF SERVICE: Enter month, day, and year the service was provided or item (s) furnished (numerically).

Intermittent dates of service: Enter one date of service per line.

Consecutive dates of service: Enter the beginning date of service in the “from-date-of-service” box and the ending date of service in the “to-date-of-service” box.

Do not overlap dates of service between line to line or bill to bill.

POS - PLACE OF SERVICE: Not required, but desirable. See list of codes on the reverse side of the bill form.

PROC CODE - PROCEDURE CODE: Identifies the procedures performed or items provided. Enter the procedure code for the item or service you are billing. Enter only one code per line.
Refer to current fee schedule.

DESCRIPTION: Enter the description of the procedure.

MODE CODE (MODIFIER CODE): If applicable.

DESCRIPTION OF SERVICES: Briefly describe the item or service (for example lumbar support).

DENTAL: Not applicable.

HOME NURSING: Not applicable.

GLASSES: Not applicable.

CHARGES: Enter the total charge for the item or service billed on the line. Total charge includes delivery, tax, shipping, etc.

UNIT: If you are billing for rental of equipment, enter the number of days the charge on this line covers. For other items and services, enter appropriate amount.

14. **PROVIDER'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE, AND TELEPHONE NUMBER:**

If your name, address or business status changes send notification immediately to:

Department of Labor and Industries
Provider Accounts
PO Box 44261
Olympia, WA 98504-4261

15. **PROVIDER NUMBER:** Enter the provider account number issued to you by L&I.

16. **NPI:** Enter the National Provider Identifier.

17. **TAXONOMY:** Enter the ten-digit Taxonomy code.

18. **TOTAL CHARGE:** Add all charges listed and enter the amount.

19. **YOUR PATIENT'S ACCOUNT NUMBER:** Enter the number you use to identify this injured worker's account. We will include this on your State Fund remittance advice. We can accept up to 17 characters.

20. **REFERRAL ID:** Enter the referral ID.

21. **REMARKS:** Enter any further information necessary to explain your charges.
(For injured worker reimbursement): If payment of the bill should be paid to the worker, enter "Reimburse worker" in this space.

22. **SIGNATURE/DATE:** Signature of person completing the bill form and the date completed.

ATTACHMENTS: Attach a copy of the doctor's signed prescription and manufacturer's itemized cost invoices. Receipts are required for all injured worker reimbursements. Enter the injured worker's claim number in the upper right corner of each page.

NO STAPLES IN
BAR CODE AREA

DO NOT
WRITE IN
SPACE ➤



Dept of Labor and Industries
PO Box 44269
Olympia WA 98504-4269

STATEMENT FOR MISCELLANEOUS SERVICES

- | | |
|---|--|
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Glasses |
| <input checked="" type="checkbox"/> Medical Equipment/
Prosthetics-Orthotics | <input type="checkbox"/> Vocational/
Retraining |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Home Health/
Nursing Home Services | |

WORKER'S NAME IN FULL Last Doe First John Middle A				Social Security Number (for ID only) XXX-XX-XXXX				Claim Number ZA 00000					
Address 114 Foxtail Lane				Employer's Name ABC Employer									
City Olympia		State WA		ZIP 98512		Reimburse Injured Worker <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Paid \$					
Date of Injury XX-XX-XX		Name of referring physician or other source XXXXX XXXXXXXX MD				Referring physician provider number / NPI XXXXXXXX							
DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (use ICD-9-CM) Designate left or right when applicable. 1. XXX.XX 2. 3. 4. 5.					For glasses, advise if old Rx was Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		REFUND CERTIFICATION I hereby certify under penalty of perjury that this is a true and correct claim for the necessary expenses incurred by me, that the claim is just and due and that no payment has been received by me on account thereof. CLAIMANT'S SIGNATURE:						
					Give hospitalization dates for inpatient Services Admitted ____/____/____ Discharged ____/____/____								
FROM DATE OF SERVICE	* POS	PROC CODE	MOD CODE	Describe procedures, medical services, or supplies furnished. Attach lab reports, X-ray findings and any special services.	Dental Tooth Number	Home Nursing No of hrs/day Hourly Day rate		Glasses OLD RX OD OS NEW RX OD OS		Charges \$	Unit	TO DATE OF SERVICE	
02/02/10	XX	E0105	XX	Cane – 3 pronged rental						XX.XX	1	02/02/10	
Signature: Vvvvvvvv					Bill date: MM / DD / YY		Provider or Supplier name XXXXXXXXX DME		Provider number 0000000		NPI 0000000000		Taxonomy
							Address 123 E 5th Ave				Total Charge \$XX.XX		
							City Any City		State ZIP + 4 WA 00000-0000		Phone Number (XXX) XXX-XXXX		
Remarks:					Federal tax ID number XX-XXXXXXX or <input type="checkbox"/> EIN <input type="checkbox"/> SSN XXX-XX-XXXX						Your Patient's Account Number		
											Referral ID		

Department bill forms are furnished at no charge to the vendor, and may be obtained at: <http://www.lni.wa.gov/FormPub/results.asp?Keyword=provider+billing&Submit=Search> or by calling the local department office

ADJUSTMENT REQUEST FORM

IF YOUR ORIGINAL BILL WAS DENIED IN FULL, DO NOT USE THIS FORM. PLEASE SUBMIT A NEW BILL. THE ADJUSTMENT REQUEST FORM MAY BE USED IN THE FOLLOWING INSTANCES:

TOTAL OVERPAYMENT ----- Entire bill was paid in error. You may either submit an Adjustment Request Form and we will process a credit to recover the money from your future payment(s); OR you may issue a refund check directly to the Department. If a refund is submitted, you must attach a copy of the remittance advice indicating the Internal Control Number (ICN) overpaid. Submit refunds to:

Cashiers Office
Department of Labor and Industries (L&I)
PO Box 44835
Olympia WA 98504-4835

PARTIAL OVERPAYMENT ----- A portion of the bill was overpaid. Complete Adjustment Request Form with correct information for the procedures/items paid incorrectly.

UNDERPAYMENT ----- A portion of the bill was underpaid. Complete adjustment request form with correct information for the procedures/items paid incorrectly. Corrections or justification and/or reports must be included.

INSTRUCTIONS FOR COMPLETING ADJUSTMENT REQUEST

1. **WORKER'S NAME:** Clearly print injured worker's full name.
2. **CLAIM NUMBER ON REMITTANCE ADVICE:** Enter the 7-digit number found in the Claim Number column on the remittance advice.
3. **PROVIDER NAME:** Enter the name of the provider who performed these services.
4. **ICN NUMBER:** Enter the 17-digit number found in the ICN column on the remittance advice, to identify the ICN needing correction.
5. **L&I PROVIDER NUMBER / NPI:** Enter the L&I provider account number or NPI.
6. **SERVICE ITEMIZATION:** Enter the line item number(s) that corresponds to the line item number on your original bill. Enter ONLY the information you want to correct, as it should have appeared on your original bill.

Example: 2 units of service billed on line 3 and should have billed 6 units. Enter line item number 3 in column 6 and 6 in column i.

- a. **From/to Date of Service or Covered Dates:** Date of service, from and to date if date span previously billed. Admit and discharge date for hospital bill.
- b. **Place of Service: (POS)** Two digit code identifying the place service was performed.
- c. **Type of Service: (TOS)** One digit code identifying the type of service performed.
- d. **Procedure Code/Revenue Code/NDC:** Identify correct procedure, hospital service or national drug code.
- e. **Code Mod:** Modifier used to identify special circumstances for a service or procedure.
- f. **ICD-9-CM Diagnosis/Side of Body:** ICD-9-CM diagnosis code for condition treated. Designate left or right side of body where applicable.
- g. **Tooth Number:** For dental services only. Enter the two digit identification number of the specific tooth number treated (e.g., 08).
- h. **Charge:** Total of charges for services provided this line.
- i. **Days/Units/Quantity:** Total days stay for hospital accommodation codes, unit of service for procedure (time units, hours, miles, etc.), number of items (tablets, milliliters, etc.).
- j. **Days Supply:** Total number of days a prescription is intended to cover.
- k. **Description:** Describe procedure or service.

If you have questions completing this form, please call Provider Hotline at 1-800-848-0811.

F245-183-000 backer 4-2010



REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

Claim # **AG 38845**

Language Preference (circle one) English Spanish Russian Korean Chinese Vietnamese Laotian Cambodian Other:			Claim # AG 38845		
1. Name (First-Middle-Last)		2. Sex (circle one) Male Female		14. Date of Injury or Last Occupational Exposure / /	
3. Social Security Number		4. Home Phone ()		15. Time of Injury (circle one) AM PM	
5. Birthdate / /		6. Home Address		16. Shift (circle one) Day Swing Night	
7. Height (ft-inch)		8. Weight		17. Have you ever been treated for same or similar condition? (circle one) YES NO	
9. City State ZIP Code		10. Marital Status (circle one) Married Widowed Separated Single Divorced		18. Is this condition due to a specific incident? (circle one) YES NO	
11. Mailing Address (if different from home address) City State ZIP Code		12. Spouse's Name		19. Tell us what body part was injured and how the injury or exposure occurred. (Include tools, machinery, chemicals or fumes that may have been involved)	
13. Name & Address of Children's Legal Guardian		14. Address where injury or exposure occurred? (Business Name if at Business Location)		20. Were you doing YES NO your regular job? YES NO	
15. Dependent Children Include unborn, estimate birthdate. Benefits will be based in part on number of legally dependent children. If you don't have custody, complete item 13.		16. Spouse's Name		21. Where did the injury or exposure occur? (circle one) Employer Premises Jobsite Other:	
17. Name Relationship Legal Custody (circle one) Birthdate		18. Address City State ZIP Code		22. Address where injury or exposure occurred? (Business Name if at Business Location)	
19. Y N / /		23. Was this incident caused by failure of a machine or product OR someone who is not a co-worker? (circle one) YES NO POSSIBLY		24. List any Witnesses	
20. Y N / /		25. When will you return to work? / /		26. When did you last work? / /	
21. Y N / /		27. Did you report the incident to your employer? YES NO		28. Date you reported it / /	
22. Y N / /		29. Was you employer contributing to your and/or family's medical, dental and/or vision insurance on the day you were injured? (circle one) YES NO		30. Business Name of Employer	
31. Name & Address of Children's Legal Guardian		32. Type of Business		33. How long have you worked there? Years Months Weeks Days	
34. Business Name of Employer		35. Your Job Title & Duties		36. Employer's Phone # ()	
36. Employer Address City State ZIP Code		37. Rate of Pay at this Job (write amount, circle one) \$ Hour Day Week Month		38. Hours Per Day 39. Additional earning (circle all that apply) (daily average) Piecework Tips Commission Bonuses	
40. How may paying jobs do you have?		41. Are you? <input type="checkbox"/> Owner <input type="checkbox"/> Does not apply <input type="checkbox"/> Partner <input type="checkbox"/> Corp. Shareholder <input type="checkbox"/> Corp. Officer <input type="checkbox"/> Corp. Director <input type="checkbox"/> Optional Coverage		42. Signature Note: READ LEGAL NOTICES ON LAST PAGE I declare that these statements are true to the best of my knowledge and belief. In signing this form, I permit health care provider, hospitals, or clinics to release medical reports generated by themselves & others to the Dept. of Labor and Industries.	
43. Signature X		Today's Date / /			

WORKERS INFORMATION

Keep your claim moving smoothly:

- Help us accurately calculate time-loss benefits for which you may be eligible: Report your marital status and dependents. Be prepared to show documents to verify your information.
- Let us know if you had more than one paying job at the time of the injury. Select a health care provider. You have the right to choose any health care provider who is qualified to treat your condition and is reasonably convenient for you to visit. Qualified health care providers include medical, osteopathic, chiropractic, naturopathic, and podiatric physicians, dentists, optometrists and ophthalmologists. Advanced registered nurse practitioners and physician assistants also may provide treatment.
- It is best to stay in touch with your employer and health care provider. If your health care provider says you cannot work, let your employer know. He/she may be able to find work you can do safely while you recover.
- Tell us if you move or change health care providers.
- Do not pay related medical bills unless we inform you your claim was denied. If a pharmacy requires you to pay, keep the receipt so we can reimburse you if the claim is allowed.
- Keep your claim number handy. It is printed on all correspondence we send you.

Legal Notices:

- False information: RCW 51.48.020 sub section (2) provides: Any person claiming benefits under this title, who knowingly gives false information required in any claim or application under this title shall be guilty of a Class C felony when such claim or application involves an amount of five hundred dollars (\$500) or more. When such claim or application involves an amount less than \$500, the person giving such information shall be guilty of a gross misdemeanor.
- Medical Release: RCW 51.36.060 provides: All medical information in the possession or control of any person and relevant to the particular injury in the opinion of the department pertaining to any worker whose injury or occupational disease is the basis of a claim under this title shall be made available at any stage of the proceedings to the employer, the claimant's representative and the department upon request, and no person shall incur any legal liability by reason of releasing such information.
- Social Security Number Disclosure: Disclosure of your social security number is not mandatory, it is requested as part of your application for compensation under Chapter 51.28 RCW and will be used to facilitate the handling of your claim under Title 51 RCW.

This is your claim number: **AG 38845**

Keep this card handy when contacting us about your claim or to check if L&I has received your claim.

Name **SAMPLE** Date of injury

Use this card to get medical services for the treatment of your work-related injury or occupational disease.

This card does not mean your claim has been allowed.

✂ Cut this card out. Keep it with you. ✂