**Chapter 296-21 WAC**

**REIMBURSEMENT POLICIES: PSYCHIATRIC SERVICES, BIOFEEDBACK, PHYSICAL MEDICINE**

**WAC**

**SPECIFIC THERAPEUTIC PROCEDURES**

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<td>General information and instructions. [Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16-120(3). WSR 81-24-041 (Order 81-28), § 296-21-010, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), §296-21-010, filed 12/23/80, effective 3/1/81; Order 74-7, §296-21-010, filed 1/30/74; Order 70-12, §296-21-010, filed 12/1, effective 1/1/77; Order 68-7, §296-21-010, filed 11/27/68, effective 1/1/69.] Repealed by WSR 92-24-066, filed 12/2/92, effective 1/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030.</td>
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<td>Footnotes. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-17-038, § 296-21-011, filed 8/16/91, effective 9/30/91; WSR 87-03-005 (Order 86-47), § 296-21-011, filed 1/8/87; WSR 86-06-032 (Order 86-19), § 296-21-011, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-25), § 296-21-011, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-24-041 (Order 81-28), §296-21-011, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), §296-21-011, filed 12/23/80, effective 3/1/81; Order 74-7, §296-21-011, filed 1/30/74.] Repealed by WSR 92-24-066, filed 12/2/92, effective 1/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030.</td>
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<td>296-21-014</td>
<td>Unlisted service or procedure. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-21-014, filed 8/10/89, effective 9/10/89. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-21-014, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-21-014, filed 11/24/76, effective 1/1/77.] Repealed by WSR 92-24-066, filed 12/2/92, effective 1/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030.</td>
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<td>296-21-015</td>
<td>Office visits. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), §296-21-015, filed 3/8/91, effective 5/1/91; WSR 87-16-004 (Order 87-18), § 296-21-015, filed 7/23/87. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-21-015, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-21-015, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-21-015, filed 11/24/76, effective 1/1/77; Order 74-7, § 296-21-015, filed 1/30/74; Order 71-6, § 296-21-015, filed 6/1/71; Order 68-7, § 296-21-015, filed 11/27/68, effective 1/1/69.] Repealed by WSR 94-14-044, filed 6/29/94, effective 7/30/94. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.</td>
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filed 6/24/88; WSR 87-16-004 (Order 87-18), § 296-21-035, filed 7/23/87; Order 74-7, § 296-21-035, filed 1/30/74; Order 68-7, § 296-21-035, filed 11/27/88, effective 1/1/91. Repealed by WSR 92-24-066, filed 12/1/92, effective 1/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-21-037 Examination reports. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-08-001 (Order 89-01), § 296-21-037, filed 3/23/89, effective 9/1/89.] Repealed by WSR 92-24-066, filed 12/1/92, effective 1/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-21-040 Independent medical examinations examiner. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-17-038, § 296-21-040, filed 8/16/91, effective 9/30/91; WSR 89-08-006 (Order 89-01), § 296-21-040, filed 3/23/89, effective 9/1/89; WSR 87-16-004 (Order 87-18), § 296-21-040, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-21-040, filed 2/28/86, effective 4/1/86; Order 75-7, § 296-21-040, filed 11/28/75, effective 1/1/76; Order 74-7, § 296-21-040, filed 1/30/74; Order 68-7, § 296-21-040, filed 11/27/68, effective 1/1/69.] Repealed by WSR 92-24-066, filed 12/1/92, effective 1/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-21-045 Independent medical examinations—Two or more examiners. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-08-001 (Order 89-01), § 296-21-045, filed 3/23/89, effective 9/1/89; WSR 87-16-004 (Order 87-18), § 296-21-045, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-21-045, filed 2/28/86, effective 4/1/86; Order 76-34, § 296-21-045, filed 11/24/76, effective 1/1/77; Order 75-9, § 296-21-045, filed 11/28/75, effective 1/1/76; Order 74-7, § 296-21-045, filed 1/30/74; Order 71-6, § 296-21-045, filed 6/1/71; Order 68-7, § 296-21-045, filed 11/27/68, effective 1/1/69.] Repealed by WSR 92-24-066, filed 12/1/92, effective 1/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-21-046 Immunization injections. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-21-046, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-21-046, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-21-046, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-21-046, filed 8/2/83.] Repealed by WSR 92-24-066, filed 12/1/92, effective 1/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-21-047 Therapeutic injections. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-07-008, § 296-21-047, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-21-047, filed 8/10/89, effective 9/10/89; WSR 83-16-066 (Order 83-23), § 296-21-047, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-21-047, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 81-29), § 296-21-047, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-21-047, filed 1/30/74.] Repealed by WSR 92-24-066, filed 12/1/92, effective 1/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-21-050 Psychiatric services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-07-008, § 296-21-050, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-21-050, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-21-050, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-21-050, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 81-29), § 296-21-050, filed 12/23/80, effective 3/1/81.] Repealed by WSR 92-24-066, filed 12/1/92, effective 1/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

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296-21-075 Allergy and clinical immunology. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-07-008, § 296-21-075, filed 3/8/91, effective 5/1/91. WSR 89-17-039 (Order 89-09), § 296-21-080, filed 8/10/89, effective 10/10/89. WSR 86-06-032 (Order 86-19), § 296-21-085, filed 2/28/86, effective 4/1/86.]

296-21-080 Neurology and neuromuscular. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-21-080, filed 8/10/89, effective 10/10/89. WSR 86-06-032 (Order 86-19), § 296-21-085, filed 2/28/86, effective 4/1/86.]

296-21-085 Specific therapeutic procedures—Miscellaneous. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-21-085, filed 8/10/89, effective 10/10/89. WSR 86-06-032 (Order 86-19), § 296-21-085, filed 2/28/86, effective 4/1/86.]

296-21-086 Chemotherapy injections. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-07-008, § 296-21-086, filed 3/8/91, effective 5/1/91. WSR 89-17-039 (Order 89-09), § 296-21-085, filed 8/10/89, effective 10/10/89. WSR 86-06-032 (Order 86-19), § 296-21-085, filed 2/28/86, effective 4/1/86.]

296-21-090 Special dermatological procedures. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-21-090, filed 8/10/89, effective 10/10/89. WSR 86-06-032 (Order 86-19), § 296-21-090, filed 2/28/86, effective 4/1/86.]

296-21-095 Physical medicine. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-17-038, § 296-21-095, filed 8/1/91, effective 9/30/91. WSR 86-06-032 (Order 86-19), § 296-21-095, filed 2/28/86, effective 4/1/86.]

296-21-125 Anesthesia. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-21-125, filed 2/28/86, effective 4/1/86.]

296-21-128 Special services and billing procedures—Anesthesia. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 88-04-052 (Order 87-29), § 296-21-128, filed 1/29/88, WSR 86-06-032 (Order 86-19), § 296-21-128, filed 2/28/86, effective 4/1/86.]

296-21-140 Guidelines. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-21-140, filed 12/1/92, effective 1/1/93.]

296-21-150 Office or other outpatient services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-21-150, filed 12/1/92, effective 1/1/93.]

296-21-160 Hospital inpatient services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-21-160, filed 12/1/92, effective 1/1/93.]

296-21-170 Emergency dental services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-21-170, filed 12/1/92, effective 1/1/93.]

296-21-180 Nursing facility services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-21-180, filed 12/1/92, effective 1/1/93.]

296-21-190 Miscellaneous. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-21-190, filed 12/1/92, effective 1/1/93.]

296-21-200 Critical care services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-21-200, filed 12/1/92, effective 1/1/93.]

296-21-210 Case management services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-21-210, filed 12/1/92, effective 1/1/93.]

296-21-220 General instructions. [Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-21-220, filed 8/1/93, effective 9/1/93.]

296-21-230 Bundled services and supplies. [Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-21-230, filed 8/1/93, effective 9/1/93.]


296-21-250 Calculation of total anesthesia values. [Order 74-7, § 296-21-250, filed 1/30/74; Order 70-12, § 296-21-250, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-21-250, filed 1/30/74; Order 68-7, § 296-21-250, filed 11/27/68, effective 1/1/69.]


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296-21-320


SPECIFIC THERAPEUTIC PROCEDURES

WAC 296-21-270 Mental health services. (1) The following rule supplements information contained in the fee schedules regarding coverage and reimbursement for mental health services.

(2) Treatment of mental conditions to workers is to be goal directed, time limited, intensive, targeted on specific symptoms and functional status and limited to conditions caused or aggravated by the industrial condition. Specific functional goals of treatment must be identified and treatment must have an emphasis on functional, measurable improvement towards the specific goals.

(3) Mental health services to workers are limited to those provided by psychiatrists, doctoral level psychologists and psychiatric advanced registered nurse practitioners and according to department policy. Psychiatrists and psychiatric advanced registered nurse practitioners may prescribe medications while providing concurrent care. For purposes of this rule, the term "mental health services" refers to treatment by psychologists, psychiatric advanced registered nurse practitioners, and psychiatrists.

(4) Initial evaluation, and subsequent treatment must be authorized by department staff or the self-insurer, as outlined by department policy. The report of initial evaluation, including test results, and treatment plan is to be sent to the worker's attending provider, as well as to the department or self-insurer. A copy of the sixty-day narrative reports are to be sent to the department or self-insurer and to the attending provider.

(5)(a) All providers are bound by the medical aid rules in chapter 296-20 WAC. Reporting requirements are defined in chapter 296-20 WAC. In addition, the following are required: Testing results with scores, scales, and profiles; report of raw data sufficient to allow reassessment by a panel or independent medical examiner. Explanation of the numerical scales is required.

(b) Providers must use the edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association designated by the department in the initial evaluation, follow-up evaluations and sixty-day narrative reports.

(c) A report to the department or self-insurer will contain, at least, the following elements:

(i) Subjective complaints;

(ii) Objective observations;

(iii) Identification and measurement of target symptoms and functional status;

(iv) Assessment of the worker's condition and goals accomplished in relation to the target symptoms and functional status; and

(v) Plan of care.

(6) The codes, reimbursement levels, and other policies for mental health services are listed in the fee schedules.

(7) When providing mental health services, providers must track and document the worker's functional status using validated instruments such as the World Health Organization Disability Assessment Schedule (WHODAS) or other substantially equivalent validated instruments recommended by the department. A copy of the completed functional assessment instrument must be sent to the attending provider and the department or self-insurer, as required by department policy or treatment guideline.


WAC 296-21-280 Biofeedback rules. Procedures listed in the fee schedules are for use by medical doctors, osteopathic physicians, licensed psychologists and other qualified providers as determined by department policy. All providers of biofeedback are bound by the medical aid rules and fee schedule for biofeedback services.

Administration of biofeedback treatment is limited to those practitioners who are certified by the Biofeedback Certification Institute of America or who meet the minimum education, experience, and training qualifications to be so certified. Those practitioners wishing to administer biofeedback treatment to workers, must submit a copy of their biofeedback certification or supply evidence of their qualifications to the department or self-insurer.

(1) The department will authorize biofeedback treatment for the following conditions when accepted under the industrial insurance claim:

(a) Idiopathic Raynaud's disease;

(b) Temporomandibular joint dysfunction;

(c) Myofascial pain dysfunction syndrome (MPD);

(d) Tension headaches;

(e) Migraine headaches;

(f) Tinnitus;

(g) Torticollis;

(h) Neuromuscular reeducation as result of neurological damage in CVA or spinal cord injury;

(i) Inflammatory and/or musculoskeletal disorders causally related to the accepted condition.

(2) Twelve biofeedback treatments in a ninety-day period will be authorized for the above conditions when the following is presented:

(a) An evaluation report documenting:

(i) The basis for the claimant's condition;

(ii) The condition's relationship to the industrial injury;
(iii) An evaluation of the claimant's current functional measurable modalities (i.e., range of motion, up time, walking tolerance, medication intake, etc.);

(iv) An outline of the proposed treatment program;

(v) An outline of the expected restoration goals.

(b) No further biofeedback treatments will be authorized or paid for without substantiation of evidence of improvement in measurable, functional modalities (i.e., range of motion, up time, walking tolerance, medication intake, etc.). Only one additional treatment block of twelve treatments per ninety days will be authorized. Requests for biofeedback treatment beyond twenty-four treatments or one hundred eighty days will be granted only after file review by and on the advice of the department's medical consultant.

(c) In addition to treatment, pretreatment and periodic evaluation will be authorized. Follow-up evaluation can be authorized at one, three, six, and twelve months posttreatment.

(d) At the department's option, a concurring opinion may be required regarding relationship of the condition to the industrial injury and/or need for biofeedback treatment.

The codes, reimbursement levels, and other policies for biofeedback services are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-21-280, filed 8/1/93, effective 9/1/93.]

WAC 296-21-290 Physical medicine. (1) Whom does the department authorize and pay for physical medicine or physical therapy services? The department or self-insurer may authorize and pay for physical medicine services from the following providers:

- A medical or osteopathic physician who is "board certified or board qualified" in the field of physical medicine and rehabilitation;
- A licensed physical therapist;
- The injured worker's attending doctor, within the limitations listed below.

The physical medicine services must be personally performed by the:

- Physical medicine and rehabilitation physician; or
- Attending doctor; or
- Licensed physical therapist; or
- Physical therapist assistant employed by and serving under the direction of a licensed physical therapist, physical medicine and rehabilitation physician, or attending doctor as required in RCW 18.74.180 (3)(a); or
- Licensed athletic trainer employed by and serving under the direction of a licensed physical therapist, physical medicine and rehabilitation physician, or attending doctor as required in RCW 18.250.010 (4)(a)(v).

Note: Licensed physical therapy provider rules are contained in chapter 296-23 WAC.

(2) When may the department or self-insurer pay the attending doctor for physical medicine services? The department or self-insurer may pay the attending doctor to provide physical medicine modalities and/or procedures in the following situations:

(a) The attending doctor's scope of practice includes physical medicine modalities and procedures.

(b) Only the physical medicine modalities and procedures allowed under the department's fee schedules and payment policies will be authorized or paid.

(c) No more than six physical medicine visits may be authorized and paid to the attending doctor. If the worker requires treatment beyond six visits, the worker must be referred to a licensed physical therapist or a board certified or qualified physical medicine and rehabilitation physician for such treatment. Payments will be made in accordance with the department's fee schedules and payment policies.

(d) In remote areas, where no physical medicine and rehabilitation specialist, licensed physical therapist or physical therapist assistant is available, physical medicine visits required by the patient's accepted condition(s) may be authorized and paid to the attending doctor. Payments will be made in accordance with the department's fee schedules and payment policies.

(e) The attending doctor may bill for office visits in addition to the physical medicine services only when a separately identifiable office visit service is provided in addition to the physical medicine service.

(3) What codes and fees are payable for physical medicine services?

- The codes, reimbursement levels, and other policies for physical medicine services are listed in the department's Medical Aid Rules and Fee Schedules. Physicians licensed in physical medicine and licensed physical therapists use CPT and/or HCPCS codes, rules and payment policies as listed in the department's Medical Aid Rules and Fee Schedules or provider bulletins.

- Attending doctors must use the local codes, rules and payment policies published in the department's Medical Aid Rules and Fee Schedules or provider bulletins.