Washington State Department of
Labor & Industries
Workers' Compensation Services

Pharmacy Billing Manual

F245-433-000 (07-2015)

Pharmacy Billing Instructions

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About Billing Instructions

Where can you find help with L&I billing procedures?

Labor & Industries (L&I) provides resources to help you understand and comply with the Industrial Insurance laws in the Revised Code of Washington (RCW) and the Washington Administrative Code (WAC).

L&I publishes the Medical Aid Rules and Fee Schedule (MARFS) which has the payment policies and fees schedule. You can find MARFS online at www.Lni.wa.gov/FeeSchedules.

In additional, L&I publishes a general billing manual and one billing manual for each bill form. Below is a list of the billing manuals L&I provides:

- General Provider Billing Manual.
- CMS 1500 Billing Manual.
- Home and Residential Care Billing Manual.
- Hospital Billing Instructions.
- Miscellaneous Services Billing Instructions.
- Pharmacy Billing Instructions.
- Retraining and Job Modification Billing Instructions.

Each manual includes the following information:

- Information about Industrial Insurance and Crime Victims.
- Electronic and paper billing information.
- How to complete the bill forms.
- Where to send bill forms.
- Billing examples.
- Links to billing forms.

About Labor & Industries (L&I) Industrial Insurance

As administrator of Washington State's workers' compensation system, L&I is similar to a large insurance company that provides claim-related coverage to workers who suffer job-related injuries and illnesses.

Two programs cover Washington's industrially injured/ill workers: the Washington State Fund and the Self Insured Employer Program (SIE). Both programs are governed by the Revised Code of Washington (RCWs) and the Washington Administrative Code (WACs).

State Fund Industrial Insurance

The Washington State Fund is financed by premiums from employers, workers, and income from investments. L&I claim managers oversee State Fund benefits to workers who are injured or become ill on the job. The State Fund covers all employers in the state who are not self-insured or covered by the U.S. Department of Labor.

State Fund claim numbers begin with one letter (B, C, F, G, H, J, K, L, M, N, P, X, Y, or Z) followed by 6 numbers or two letters (AA, AB) followed by 5 numbers. Example state fund claim numbers include: B123456 or AM95370.

Additional information about billing State Fund can be found in this manual or online at www.Lni.wa.gov/ClaimsIns/Providers/Billing or you can call the Provider Hotline at 800-848-0811.

Self-Insured Employer Program

L&I regulates about 400 large, self-insured employers (SIE) who have qualified to provide their own workers' compensation insurance. Every SIE must authorize medical treatment and pay bills in accordance with Title 51 RCW and the Medical Aid Rules and Fee Schedules of the State of Washington per WAC 296-15-330(1).

Self-Insured claim numbers all start with S, T, or W followed by 6 numbers or 2 letters followed by 5 numbers. Example self-insured claim numbers include T123456 or SG12345.

For a list of self-insured employers, please go to www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp.

Additional information about billing for self-insured claims can be directed to the employer or their third party administrator (TPA).

Getting Paid for Services Provided to Washington Workers

Every provider who treats injured workers must have an active provider payment account with L&I to be eligible for payment (WAC 296-20-015). Please visit L&I's website for detailed information about becoming an L&I provider at www.Lni.wa.gov/ClaimsIns/Providers/Becoming/default.asp.

State Fund Electronic Billing

There are 3 ways to bill electronically for state fund claims:

1. Direct Entry using a free online form.
2. Upload billing files using your own software.
3. Submit bills through a Clearinghouse.

L&I offers free electronic billing through Provider Electronic Billing (PEB). PEB saves time and money and allows for greater control over the payment process, eliminates entry time, and allowing to process payments faster than paper billing. PEB reduces keying errors and decreases bill processing costs.

You can find detailed PEB information on our website at www.Lni.wa.gov/ElectronicBilling.

You can also find a Cost Comparison Estimator for electronic billing at www.Lni.wa.gov/ClaimsIns/Files/Providers/EstimatorFinal042009.xls.

Self-Insurance Electronic Billing

Please contact the employer or their TPA for billing information.

State Fund Paper Billing

The type of service you provide determines which billing form you need to use. See a list of a bill requirements for each provider type in the General Provider Billing Manual – page 7.

You must submit your bills on L&I approved bill forms. Please ***don't fax*** your bills. Mail your bills to the address below:

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

Self-Insurance Paper Billing

You must submit your bills on L&I or self-insured approved forms (WAC 296-20-125(1)).

Mail your bills directly to the SIE or TPA. For a list of SIE/TPAs and their contact information, please visit: www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp.

Crime Victims Compensation Program

The Crime Victims Compensation Program is a secondary insurance program that provides financial, medical, and mental health benefits to victims of crimes.

Crime Victims claim number begin the letter V followed by 6 digits or a 2 letters, such as VA, followed by 5 digits.

Additional information about the Crime Victims Compensation Program can be found online at www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources or by calling the Crime Victims Compensation Program at 360-902-5377 or 800-762-3716.

Getting Paid for Services Provided to Crime Victims

You can find Crime Victims billing forms online at:
www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources.

Please ***don't fax*** your bills to Crime Victims Compensation Program. Mail your bills to:

Department of Labor & Industries
Crime Victims Compensation Program
PO Box 44520
Olympia WA 98504-4520

Pharmacy Billing Instructions

You can use the following billing forms to bill for pharmacy services:

- Statement for Pharmacy Service Form (F245-100-000).
- Statement for Compound Prescription Form (F245-010-000).
- Point of Service (POS) electronic billing system.

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 co-payments 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 296-20-170 through WAC 296-20-17004; and WAC 296-20-03010 through WAC 296-20-03024.

Drug Coverage Policy

The pharmacy service fee schedule applies to pharmacy providers only. It doesn't apply to medical providers administering drugs in the office. Please see the Medical Aid Rules and Fee Schedules, Billing and Payment Policies, Medication Administration and Injections Chapter.

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

Pricing

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.

Payment for drugs and medications including all oral over the counter drugs will be priced on the pricing methodology described below. Refer to WAC 296-20-01002 for definition of Average Wholesale Price (AWP).

If the drug type is:	Then the payment method is:
Generic	AWP less 50% + $4.50 professional fee
Single or multisource brand	AWP less 10% + $4.50 professional fee
Brand with generic equivalent (Dispensed 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 and will price at a 40% margin. Prescription drugs and oral or topical over-the-counter medications are nontaxable (RCW 80.08.0281).

What medication will L&I and self-insurers cover?

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).

Outpatient Drug Formulary

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

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

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).

What drug classes are included in the Washington State PDL?

L&I uses a subset of the Washington State PDL and a wrap-around formulary for the remaining drug classes. Drugs or therapeutic classes listed on the formulary do not guarantee coverage and may be subject to specific L&I policy and determination of appropriateness for the accepted conditions.

Endorsing Practitioners

How can a provider become an endorsing practitioner?

Providers can endorse the PDL by:

- Registering online at www.Rx.wa.gov/TIP.html *or*
- Filing out and returning a registration form available at www.Rx.wa.gov/TIP.html

Does a provider have to be an endorsing practitioner?

No. However, if a provider is 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, immunosuppressive drug or immunomodulator/antiviral treatment for hepatitis C as exempted by law. See WAC 296-20-01002 for definitions relating to the Therapeutic Interchange Program.

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.

Note: Transdermal fentanyl (Duragesic) and buprenorphine (Butrans) **won't** be routinely covered. For exception criteria see 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 Prescription ID field?

L&I's POS system accepts the following in the prescription ID field using the NCPDP 5.1 and D.0 format:

A prescriber's:

- Washington State license number, *or*
- DEA number, *or*
- 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.

Authorizations

How can providers obtain authorization from the State Fund?

Please use this form to request authorizations for prescription from the Preferred Drug Line (PDL).

http://www.lni.wa.gov/FormPub/Detail.asp?DocID=2746

- PDL or First Fills Requests:
  - 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 am to 5:00 pm.

How can providers obtain authorization from SIEs?

Contact the SIE or their Third Party Administrator (TPA) directly. For a list of SIE/TPAs and their contact information, go to: 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 number.
- Drug name and National Drug Code (NDC).
- Condition the drug will be used to treat.

First Fills

Will L&I pay 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 prescriber 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 drugs and initial visit.

Initial visit: The first visit to a healthcare provider during which the Report of Industrial Injury or Occupational Disease is completed for a claim for workers' compensation.

Payment for "first fills" shall be based on L&I's fee schedule. Your bill must be received by L&I within 1 year of the date of service. For additional information and billing instructions, go to: 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.
- New prescriptions written after the initial visit but before the claim is accepted.
- Federal or self-insured claims.
    - 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 state fund 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 pharmacy must see a copy of the *Report of Industrial Injury or Occupational Disease* (Report of Accident or ROA) to obtain a valid state fund 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 number through the department's claim information line (IVR) at 800-831-5227.

For new claims filed on paper:
The pharmacist *must* see a copy of the *Report of Industrial Injury or Occupation Disease* (Report of Accident or ROA) or claim ID card (see Appendix B Example of the ROA and claim ID card) to obtain a valid state fund 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 payment (see *Will Pharmacists be Able to Override DUR* or *What Drug Classes are Included in the Washington State PDL?* and *How Does the Therapeutic Interchange Program Worker?*).

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 co-pay field. L&I will capture the bill and reimburse the injured work 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.

Drug Utilization Review (DUR)

What 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 pharmacies 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's medically appropriate.

By overriding a DUR denial, the pharmacist is certifying that the indicated DUR override 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.
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 800-848-0811.

Will pharmacies 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.

Third Party Billers

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 signed a 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 can’t be 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,
- Ensure that third party pharmacy billers use L&I's online POS system.
- 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 Credentialing and Compliance 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 www.Lni.wa.gov/ClaimsIns/Providers/Treatment/Presc/default.asp.

Related WACs

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 a WACs, see the current L&I Fee Schedule.

Effective July 1, 2013, L&I has a new home delivery pharmacy option. For more information, see our website: www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/Presc/MailOrderPharm.asp.

Point of Service System for State Fund Bills

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

- Technical specification 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. www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/Presc/Billing/default.asp#1.

What are the specific billing requirements for the NCPDP format?

L&I accepts pharmacy bills in the NCPDP.0 format. You can access the current payer sheet at: 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.

Note: 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 the 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 availing at: 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 Standard Time)
Sunday	6:00 a.m. to 10:00 p.m. (Pacific Standard 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 may also choose to receive their remittance advices in the HIPPS 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 the PEB Electronic Billing page at: www.Lni.wa.gov/ClaimsIns/Providers/Billing/BillLni/Electronic/default.asp.

Or contact the Electronic Billing Unit at:

- Phone: 360-902-6511
- Email: EbuLni@Lni.wa.gov.

The Companion Guide for the 835 Pharmacy Remittance Advice is available at 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 State Fund claims (including claims for bankrupt self-insured employers) and first fills for State Fund 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 these bills that can't be submitted through L&I's POS system?

Pharmacies may **not** bill the following through POS:

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

Note: Pharmacies must submit paper bills for compound drugs. Third party pharmacy bills can't bill for compound drugs.

Who do I call if I have technical problems?

Call you software or switch vendor first before contacting L&I's Electronic Billing line at 360-902-6511.

Manual Billing Instructions

Provider account number required. Every provider who provides services to injured workers must have an account with L&I to be eligible for payment. Provider account requires are changing for healthcare providers. Please see Becoming an L&I Provider (www.Lni.wa.gov/ClaimsIns/Providers/Becoming/default.asp) for forms and details or call Provider Credentialing at 360-902-5140.

Your NCPDP number is required. Please include your NCPDP number on your bill. If you do not have an NCPDP number, please contact NCPDP at 602-957-9105. You can also obtain information from website at www.ncpdp.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 denier or returned for completion/corrections and need to be resubmitted. Bills must be clearly legible.

Bill Forms

What bill form do I use?

Service Provided:	Use Form:
Single drug prescriptions with NDCs	Use the Statement for Pharmacy Services (F245-100-000)
Compounded, parenteral and reconstituted prescriptions	Use the Statement for Compound Prescription (F245-010-000)
Equipment, medical supplies, non-NDC labeled medications, orthotics, and prosthetics	Use the Statement for Miscellaneous Services (F245-072-000)

Where and how do I get the billing forms?

Bill forms are available on the L&I website at www.Lni.wa.gov/FormPub.

You can also contact the L&I office nearest to you. For a list of our service locations, go to: www.Lni.wa.gov/Main/ContactInfo/OfficeLocations/default.asp.

Provide the service location with:

- Your full name and address.
- L&I provider account number.
- Form number(s).
- Quantity needed for a six month supply.

Non-Washington providers can get the forms by contacting:

- Idaho providers — contact the Spokane field office at 509-324-2600.
- Oregon providers — contact the Kennewick office at 509-735-0100 or the Vancouver office at 360-896-2300.
- Other states — contact the Provider Hotline at 800-848-0811.

Mail completed forms to:
Department of Labor and Industries
PO Box 44269
Olympia WA 98504-4269

Statement For Pharmacy Services

- We do not reimburse for private insurance co-payments.
- Read the instructions on the back before you start. Please print clearly.
- When you submit this bill, you are certifying that the prescription information is correct.
- We must receive this statement within 12 months of the date of service or claim allowance.

Injured Worker Reimbursement:
Receipts are required for injured worker reimbursement. Did you attach your receipts? ☐ Yes ☐ No

Worker and Pharmacy Information:

Pharmacy name & physical address	Pharmacy L&I provider number or NPI	DEA number
ABC Pharmacy 100 S. Center St. Anytown WA 12345	1234567/1234567890	910695988

Worker's SSN (for ID only)	Claim number
123-45-6789	AB12345

Worker's name (Last, First, Middle Initial)		
Pill, Ima A		
Worker's mailing address		
123 Main Street		
City	State	Zip Code
Anytown	WA	12345

Pharmacy billing date	Employer name
07/01/15	

Prescription Information:

Date Rx written	Prescribing provider name				Prescribing provider number
07/01/15	Dr. Peabody				7654321
Prescription number	Date filled	Refill number	Days supply	Quantity	Dispense as written selection code (DAW 0,1, or 6)
1234567	07/01/15	0	30	60	
National Drug Code	Drug name				Drug utilization review codes CNFLT: INTRV: OUTCM:
00024542131	Ambien				
Remarks:				Prescription clarification code	Total Prescription Cost:
Sample bill for medication					$100.00

Date Rx written	Prescribing provider name				Prescribing provider number
Prescription number	Date filled	Refill number	Days supply	Quantity	Dispense as written selection code (DAW 0,1, or 6)
National Drug Code	Drug name				Drug utilization review codes CNFLT: INTRV: OUTCM:
Remarks:				Prescription clarification code	Total Prescription Cost:

Date Rx written	Prescribing provider name				Prescribing provider number
Prescription number	Date filled	Refill number	Days supply	Quantity	Dispense as written selection code (DAW 0,1, or 6)
National Drug Code	Drug name				Drug utilization review codes CNFLT: INTRV: OUTCM:
Remarks:				Prescription clarification code	Total Prescription Cost:

Injured Worker Signature:
These expenses are related to my worker's compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false.

Injured Worker name (please print) _____ Injured Worker's signature _____

Complete each section.

Injured Worker Reimbursement:

Did you attach your receipts?	Check the appropriate box for attaching receipt. Receipts are required for injured worker reimbursements. Send copies of the receipts only. Be sure to write your claim number on each receipt.

Worker Information:

Worker's social security number	Worker's social security number. Used to verify claim number.
Claim number	Claim number prescription should be billed to.
Worker's name	Worker's legal name in the last, first, middle initial format.
Worker's mailing address	Worker's mailing address (can be a PO Box).
Employer's name	Worker's employer at the time of injury.

Pharmacy Information:

Pharmacy name & address	Pharmacy name and physical location.
Pharmacy L&I provider number or NPI	Pharmacy's L&I provider number or L&I registered NPI.
NCPDC number	National Council for Prescription Drug Programs number.
Pharmacy billing date	Date prescription was filled.

Prescription Information:

Date Rx written	Date prescription was written.
Prescribing provider name	Prescribing provider's name.
Prescribing provider number	Give one of the following numbers for the prescription provider: L&I provider number; NPI; Washington state license number; or DEA number.
Prescription number	Prescription number.
Date filled	Date prescription filled.
Refill number	If the prescription is a refill, enter refill number (0-99). If original prescription, enter "0".
Days supply	Number of days supply. If the directions say "as needed" or has a dose range, estimate days supply using maximum dosage per day.
Quantity	Total units of medication prescribed. Use the NCPDP billing unit standard format such as "each", "ml", or "gm".
Dispense as written selection code	0 = no product selection mandated 1 = substitution not allowed by prescriber 6 = override for emergency supply. For instate pharmacies only when dispensing emergency supply of a non-preferred drug prescribed by a non-endorsing provider.
National Drug Code	National drug identification code. The code must be entered in a 5-4-2 format. For example, NDC code 0005-3250-23 should be entered 00005 3250 23. NDC code 50419 127 12 should be entered 501419 0127 12.
Drug name	Drug name.
Drug utilization review codes	Enter the appropriate conflict, intervention, and outcome codes.
Remarks	Pertinent information related to prescription.
Prescription clarification code	Enter appropriate value for a refill-too-soon.
Total prescription cost	Total cost of prescription.

Injured Worker Signature:

Injured worker signature	Injured worker signature is only required if the worker is requesting reimbursement.

Need more help or more information?

Go to www.Lni.wa.gov and click on Medical Providers or call the Preferred Drug Line at 888-443-6798.

Need more forms? Go to www.Lni.wa.gov and click on Get a Form or Publication.

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

Statement for Compound Prescription

- We do not reimburse for private insurance co-payments. Call 800-848-0811 for instructions.
- Read the instructions on the back before you start.
- When you submit this bill, you are certifying that the prescription information is correct.
- We must receive this statement within 12 months of the date of service or claim allowance.

☐ Request to reimburse the worker (Pharmacist signature required below)

		Worker's SSN (for ID only): 123-45-6789	Claim number: AB12345
Pharmacy name & physical address: Compounding Pharmacy, 100 Main Street, Anytown WA 12345		Worker's name (Last, First, Middle Initial): Pill, Ima A.	
		Worker's mailing address: 1234 Main Street	
		City: Anytown	State: WA / Zip Code: 12345
Pharmacy L&I provider number or NPI: 1234567	DEA number: 123456789	Pharmacy billing date: 07/01/15	Employer name:

Prescription Detail

Date Rx written: 07/01/15	Prescribing provider name: Dr. Peabody			Prescribing provider number or NPI: 7654321	
Prescription number: 123456	Date filled: 07/01/15	Refill number: 0	Days supply: 10	Quantity Doses:	Grams: 42 / Milliliters: 20
Compound drug code: 00990000000	Total no. of ingredients: 2	Dispense as written selection code (DAW 0,1, or 6): 0		Compounding time: 15 minutes	
Rx filled for: ☐ Antibiotic IV therapy ☐ Pain cocktail ☐ Topical preparation ☐ Total parental nutrition ☒ Other therapy					
Drug cost: $ 127.50	Dispensing fee: $ 4.50	Professional fee: $ 4.00	Total Rx cost: $ 136.00		

Compound Itemization

If more than 10 drugs were used, attach additional itemization.

NDC	Name	Strength	Quantity	Drug cost/unit	Drug cost
1. 00781-3452-95	Cefazolin	10 gm	4.00	$30.00	$ 120.00
2. 00781-3452-96	Cefazolin	1 gm	2.00	$3.75	$ 7.50
3.					$
4.					$
5.					$
6.					$
7.					$
8.					$
9.					$
10.					$

The injured worker has paid for the above services and prescriptions.

John Q. Compound
Pharmacist name (please print)

John Q. Compound
Pharmacist signature

Instructions for completing Statement for Compound Prescription

Pharmacy name & physical address	Enter the pharmacy name and physical address
Pharmacy L&I provider number or NPI	Enter the pharmacy's L&I provider or NPI
DEA number	Enter the pharmacy's DEA number
Worker's SNN	Enter the worker's social security number. This is used for ID only.
Claim number	Enter the worker's claim number.
Worker's name	Enter the worker's name.
Worker's mailing address	Enter the worker's mailing address.
Pharmacy billing date	Enter the date the pharmacy is billing the department.
Employer name	Enter the worker's employer's name.

Prescription Detail

Date Rx written	Enter the date the prescription was written.
Prescribing provider name	Enter the name of the prescribing provider's name.
Prescribing provider number	Enter the L&I provider number or NPI of the prescribing provider.
Prescription number	Enter the pharmacy's prescription number.
Date filled	Enter the date the prescription was filled.
Refill number	If the prescription is a refill, enter the refill number (0-99). If original prescription, enter "0".
Days supply	Enter the number of days supply. If the directions say "as needed" or has a dose range, estimate the days supply using maximum dosage per day.
Quantity	Total units of medication prescribed. Use the NCPDP billing unit standard form such as "each", "ml", or "gm".
Total no. of ingredients	The number NDC/UPC ingredients used in the prescription.
Dispense as written selection code	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. Valid values: 0 = no product selection mandated 1 = substitution not allowed by prescriber 6 = override for emergency supply. For instate pharmacies only when dispensing emergency supply of a non-preferred drug prescribed by a non-endorsing provider.
Compounding time	Time required to combine the ingredients in the prescription. List in minutes.
Rx filled for	Check the appropriate box.
Drug cost	Total charge for the filled prescription.
Dispensing fee	The fee for services provided by the pharmacist.
Professional fee	Fee for compounding time.
Total Rx cost	Total charge for filled prescription (drug cost + professional fee + applicable tax).

Compound Itemization

Each column must be completed per line item.

Enter the NDC; name; strength; quantity (number of units supplied); drug cost/unit; and the total drug cost for each drug used.

If more than 10 drugs were used, attach additional itemization.

Mail completed forms to:
Department of Labor and Industries
PO Box 44269
Olympia WA 98504-4269

STATEMENT FOR MISCELLANEOUS SERVICES

Instructions on next page

Type of Service:

☐ Dental Service ☐ Glasses ☐ Home Health / Nursing Home ☒ Medical Equipment/ Prosthetics-Orthotics

☐ Transportation ☐ Vocational/Retraining ☐ Other: _____

Worker Information (Please print)

			Claim No. AB12345
Name (Last, First, Middle Initial) Pill, Ima A.			Date of injury 07/01/15
Home address (not PO Box) 123 Main Street		Apt #	Social Security No. (for ID only) 123-45-6789
City Anytown	State WA	ZIP 12345	Phone no. 360-123-4567

Provider Information (Please print)

			L&I provider number/NPI 1234567
Provider name Anytown's Durable Medical Equipment Supplier			Your Patient Account Number 999999
Address 1234 Center Street			Federal Tax ID/Employer ID Number 123456789
City Anytown	State WA	ZIP 12345	Phone no. 360-987-6543
Name of referring physician or other source	Referring provider number/NPI		Referral ID

Billing Information

Is this bill to reimburse the injured worker?
☐ Yes (Receipt and signature required) ☒ No

For glasses, is the old prescription available?
☐ Yes ☐ No

For inpatient services:
Date admitted:_____ Date discharged: _____

	From Date of Service	To Date of Service	POS	Proc Code	Mod	Mod	Diagnosis	Describe procedures, medical services or supplies furnished.	Dental tooth #	Home Nursing No. of hrs/day	Home Nursing Hourly/ Day rate	Charges	Units
1	07/01/15	07/01/15	12	A44466				Elastic Garment				$16.95	1
2													
3													
4													
5													
6													
7													
8													
9													
10													

Total Charge $ 16.95

Worker Signature:
These expenses are related to my workers' compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false.

Signature (Required for worker reimbursement) Date

Provider Signature:
I certify that the information in the bill is true and correct. I have not been reimbursed for any part of this bill.

Jane Supplier 07/01/15
Signature Date

Instructions for completing the Statement for Miscellaneous Services:

Type of Service:
Check the appropriate box for the type of service for which you are billing. If your type of service is not listed, check the “Other” box and list the type of service you provided.

Worker Information:

Claim number	Give the worker’s claim number.
Name	Write the worker’s legal name in the last, first, middle initial format.
Date of injury	Date of injury.
Home address	Give the most current physical address of the worker.
Social Security Number	Write the worker’s Social Security Number. Used to verify claim number only.
Phone number	Write the worker’s phone number.

Provider Information:

L&I provider number/NPI	Give the provider’s L&I provider number or provider’s NPI.
Provider name	Write the provider’s name as registered with L&I.
Provider address	Write the provider’s physical address.
Your Patient Account Number	Write the number you use to identify your patient’s account. This field is optional and not used by L&I.
Federal Tax ID	Write the Federal Tax ID (EIN) for the billing provider. This must match the EIN on file with the agency.
Phone number	Give the phone number where the agency can call if there any questions about your bill.
Name of referring physician or other source	Write the name of the referring physician or other source for the services provided.
Referring provider number/NPI	Write the L&I provider number or NPI of the referring provider
Referral ID	Write the referral ID number.

Bill Information:

Is this bill to reimburse the injured worker?	Check the appropriate box. If this bill is to reimburse a worker, receipts are required. Send copies of your receipts. Receipts must be itemized and legible. No credit card slips.
For glasses, is the old prescriptionGay available?	Check the appropriate box.
For inpatient services	Write date of admission and the date of discharge in the mm/dd/yy format.

Use one line for each service provided. Complete each applicable field.

From date of service	Starting date of service.
To date of service	Ending date of service.
POS	Place of service. See the list below for the appropriate two-digit code.
Proc Code	Procedure code.
Mod	Modifier code if applicable.
Diagnosis	Diagnosis code. Enter the primary diagnosis code for each service.
Description	Give a brief description of services provided.
Dental tooth number	Tooth number dental services were provided for.
Home nursing	Give the number of hours you are billing for. Give your hourly or daily rate for your services.
Charges	Enter the charge for each service provided.
Units	Enter the number of units for service.

Place of Service Codes

03. School
04. Homeless shelter
05. Indian Health Service free-standing facility
06. Indian Health Service provider-based facility
07. Tribal 638 free-standing facility
08. Tribal 638 provider-based facility
09. Correctional facility
11. Office
12. Patient's home
14. Group home
15. Mobile unit
16. Temporary lodging
17. Walk-in retail health center
20. Urgent care facility
21. Inpatient hospital
22. Outpatient hospital
23. Emergency room - hospital
24. Ambulatory surgical center
25. Birthing center
26. Military treatment facility
31. Skilled nursing facility
32. Nursing facility
33. Custodial care facility
34. Hospice
41. Ambulance - land
42. Ambulance - air or water
49. Independent clinic rehabilitation facility
50. Federally qualified hlth ctr
51. Inpatient psychiatric facility
52. Psychiatric facility partial hospitalization
53. Community mental health ctr
54. Intermediate care facility/mentally retarded
55. Residential substance abuse trmt center
56. Psychiatric residential trmt ctr
57. Non-residential substance abuse treatment center
60. Mass immunization center
61. Comprehensive inpatient rehabilitation facility
62. Comprehensive outpatient
65. End stage renal disease treatment facility
71. State or local public health clinic
72. Rural health clinic
81. Independent laboratory
99. Other unlisted facility