Washington State Department of
Labor & Industries
Crime Victims Compensation Program

Mental Health Fee Schedule and Billing Guidelines

A Manual for Providers Billing the Crime Victims Compensation Program

Copyright Information

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The Crime Victims Compensation Program (CVCP) is the "payer of last resort." A set fee schedule is used to determine the medical reimbursement amount. This amount is reduced by any public or private insurance payments. Examples of public or private insurance are:

- Private medical insurance.
- Public health care such as medical coupons or VA.
- Auto, life, or homeowner's insurance policies.

All rules of the primary insurance must be followed. Claimants are required to use providers covered by their primary insurance.

All co-payments, deductibles or out-of-pocket expenses not covered by the primary insurance must be included in your bills to CVCP. Insurance explanation of benefits (EOBs) must be attached to the bill when the claimant has other insurance**,** even when the other insurer does not pay.

Procedure codes and fees for mental health services are found at:
Crime Victim and Provider Resources (wa.gov)

If you have questions on a CVCP claim, please call 1-800-762-3716 or 360-902-5355.

PROVIDER ACCOUNT NUMBERS

Health care providers who treat both injured workers and crime victims can bill CVCP using their workers' compensation provider number.

Mental Health Counselors must apply for a provider account number with CVCP because they are not eligible to become workers' compensation providers.

To apply for a provider account number:
https://lni.wa.gov/claims/crime-victim-claims/crime-victim-and-provider-resources

REPORTS AND DOCUMENTATION

Mental health sessions beyond the first six sessions require prior authorization.

Mental Health Reporting Forms must be submitted timely and contain the required information. The claim manager will review the report before authorizing additional sessions. The claim manager will respond to the request for additional sessions within five working days of receipt of the report.

The claim manager may request an independent review or evaluation of claimants who require long-term treatment, i.e. adults needing more than 30 sessions or children more than 40.

MENTAL HEALTH REPORTING FORMS

SIX SESSIONS OR LESS

Form I – Initial Response and Assessment:
https://lni.wa.gov/forms-publications/F800-080-000.pdf

This form must be completed.

MORE THAN SIX SESSIONS

Form II - Initial Response and Assessment:
https://lni.wa.gov/forms-publications/F800-081-000.pdf

This form must be submitted no later than the sixth session. It is not necessary to complete Form I.

Form II must be completed if the claimant was seen for more than six sessions prior to filing the CVCP application for benefits.

SEVEN SESSIONS AND BEYOND

Form III - Treatment Progress Note: https://lni.wa.gov/forms-publications/F800-082-000.pdf

This form is a progress report.

Form IV – Treatment Report: https://lni.wa.gov/forms-publications/F800-083-000.pdf

Submit this form halfway through the additional authorized sessions. Authorization for more sessions is subject to the detail in the report.

This form is used if more than 30 sessions are anticipated for adults or more than 40 sessions for children.

Form V – Treatment Report: https://lni.wa.gov/forms-publications/F800-084-000.pdf

Submit this form halfway through the additional authorized sessions. Authorization for more sessions is subject to the detail in the report.

This form is used if more than 50 sessions are anticipated for adults or more than 60 for children.

TERMINATION REPORT

Form VI - Termination Report: https://lni.wa.gov/forms-publications/F800-085-000.pdf

Submit this form on all claimants when treatment has ended for any reason. Submit this report within 60 days of the claimant's last session.

SUBMITTING BILLS TO CRIME VICTIMS COMPENSATION PROGRAM

When billing for services provided to a crime victim, include their claim number and your provider account number in the correct boxes on the bill form.

Charges must be submitted on CVCP approved billing forms. We can accept photocopies or facsimiles.

Crime Victims Compensation Program claim numbers are either six digits preceded by a "V" or five digits preceded by a "VA thru VZ." Send all bills for CVCP claims to:

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

Billing Tips

- To ensure prompt payment, include the crime victim's claim number and your provider account number on all bills and correspondence.
- Attach primary insurance EOBs to the bill.
- Make sure all forms are filled out completely.
- Bill forms must be typed or printed and legible.
- If the bill form is not completed correctly, payment may be delayed, denied or the bill may be returned. If the bill is returned, it must be corrected and sent back as a new bill.
- Any requests for reconsideration of partially paid bills must be submitted on the Provider Request for Adjustment form, along with supporting documentation.

Paper bills forms

Bill forms are available through our website or by contacting CVCP at 1-800-762-3716 or the Labor and Industries office nearest you.

- Statement for Crime Victim Mental Health Services form (F800-025-000)
  - https://lni.wa.gov/forms-publications/F800-025-000.pdf
- Statement for Crime Victim Miscellaneous Service form (F800-076-000)
  - https://lni.wa.gov/forms-publications/F800-076-000.pdf
- CMS-1500 Health Insurance Claim form (F245-127-000). The CMS-1500 Health Insurance Claim form is a nationally accepted form.
  - https://lni.wa.gov/forms-publications/F245-127-000.pdf

Electronic billing

Crime Victims Compensation Program can accept Direct Entry electronic bills. To start the process go to: Provider Express Billing (wa.gov)

For detailed instructions on how to submit Direct Entry electronic bills to the Crime Victims Compensation Program go to: https://lni.wa.gov/forms-publications/F800-118-000.pdf

Adjustments

To request changes on a bill already sent to CVCP, wait until your remittance advice shows your bill paid or partially paid. Then submit a Provider's Request for Adjustment Form (F800-064-000). https://lni.wa.gov/forms-publications/F800-064-000.pdf

MENTAL HEALTH PAYMENT POLICIES

To report individual psychotherapy, use the time frames for CPT® codes for each unit of service. When the time frame is exceeded for a specific code, bill the code with next highest time frame.

Procedure codes and fees for mental health services are found at:
Crime Victim and Provider Resources (wa.gov)

All fees listed are the maximum fees allowable.

The values listed for procedures that require a report, include the report fee. Do not bill separately for these reports.

Facility charges are not payable when a provider elects to use a hospital or other outpatient facilities instead of maintaining a private office.

Bill your usual and customary fee for services. If your usual and customary fee for any service is lower to the general public than what is listed in the fee schedules, you must bill CVCP at the lower rate. We will pay the lesser of: the billed charge or the maximum allowable in the fee schedule.

For time frames and treatment limits that apply to procedure codes please refer to the Medical Aid Rules and Fee Schedules:
https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/

UNLISTED SERVICES OR PROCEDURES

A covered service or procedure may not have a reimbursement amount listed in the fee schedule. When reporting such a service, bill the appropriate unlisted procedure code, i.e. 90899. When billing an unlisted procedure code, a report is required to support the billing of the unlisted code. No additional reimbursement is made for the report.

CONSULTATIONS

A consultation is considered to include those services provided by a mental health provider whose opinion or advice is requested by the attending mental health provider or the Crime Victims Compensation Program for the evaluation and/or treatment of a claimant's illness.

Consultations are not payable to the attending (treating) provider.

Case management or case staffing with the same office is not considered to be a consultation. When the consultant assumes the continuing care of the claimant, any subsequent service(s) provided by the consultant will no longer be considered a consultation.

Consultations for mental health evaluation of a claimant may include assessments of the claimant and an exchange of information with the attending provider and other informants such as: nurses or family members. It also includes the preparation of a report. The consultant is responsible for submitting a copy of their report and bill to the department.

NEUROPSYCHOLOGICAL TESTING

Refer to the Medical Aid Rules and Fee Schedules for codes and limits when performing a neuropsychological evaluation.
https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/

PHARMACOLOGICAL EVALUATION AND MANAGEMENT

Pharmacological evaluation is payable only to psychiatrists and advanced registered nurse practitioners with a specialty in psychiatric and mental health nursing and prescriptive authority.

If a pharmacological evaluation is conducted on the same day as individual psychotherapy, bill the appropriate psychotherapy code with an Evaluation and Management component. Do not bill the individual psychotherapy code and a separate Evaluation and Management code.

No payment will be made for psychotherapy and pharmacology management services performed on the same day, by the same practitioner, on the same patient.

COPIES OF MEDICAL RECORDS

If CVCP requests copies of medical records from a health care provider, CVCP will pay for the requested services. This includes a provider currently treating the claimant or has treated the claimant at some time in the past, including prior to the injury.

Only providers who have provided health care to the claimant may bill for copies of medical records requested by CVCP using the HCPCS code S9982.

Payment for S9982 includes all costs, including postage. Payment is per copied page.

S9982 is not payable for services required to support billing.

S9982 is not payable to commercial copy centers or printers who reproduce records for providers.

SITE OF SERVICE PAYMENT DIFFERENTIAL

The site of service differential is based on the Federal Centers for Medicare and Medicaid Services' payment policy and establishes distinct maximum fees for services performed in facility and non-facility settings.

For current fees, please go to our web site at:
Crime Victim and Provider Resources (wa.gov)

SERVICES PAID AT THE RATE FOR FACILITY SETTINGS

When services are performed in a facility setting, the department makes two payments, one to the professional provider and another to the facility. The payment to the facility includes:

- Resource costs such as labor
- Medical supplies
- Medical equipment.

To avoid duplicate payment of resource costs, these costs are excluded from the rates for facility settings.

Professional services will be paid at the rate for facility settings when the department also makes a payment to a facility.

SERVICES PAID AT THE RATE FOR NON-FACILITY SETTINGS

When services are provided in non-facility settings, the professional provider typically bears the costs of labor, medical supplies and medical equipment. These costs are included in the rate for non-facility settings.

Professional services will be paid at the rate for non-facility settings when the department does not make a separate payment to a facility.

BILLING FOR TELEHEALTH

Provider must use place of service -02 to denote the telehealth visit when the crime victim isn't located in their home and will be reimbursed at the facility rate. Provider must use place of service -10 to denote the telehealth visit when the crime victim is located in their home and will be reimbursed at the non-facility rate.

Bill using the -GT modifier to indicate telehealth.

SERVICES REQUIRING PRIOR AUTHORIZATION

The following services require preauthorization:

Inpatient hospitalization
Concurrent treatment
Special programs
Independent evaluation
Referrals for services or treatment not in the CVCP fee schedule
Sessions beyond 30 and 50 for adult claimants
Sessions beyond 40 and 60 for child claimants
Day treatment for seriously ill person less than eighteen years of age, Code 0114C
Case Aid, Code 0117C

Requests for authorization must be in writing and include a statement of:

- The condition(s) diagnosed.
- The diagnosis code(s).
- The relationship of the condition(s) diagnosed to the victimization.
- An outline of the proposed treatment program, its length and components, procedure codes and expected prognosis.

LOCAL CODES AND DESCRIPTION

LOCAL CODES	DESCRIPTION
Administrative codes	
0101C	Telephone conference with or about claimant for therapeutic or diagnostic purposes. Requires written justification, identification of parties involved, report of conference and department authorization (excludes other reporting required by law, i.e., child protective services).
1039M	Wage Loss Notification Form
1040M	Completion of application for benefits form.
1041M	Completion of reopening application form. Diagnostic studies associated with the reopening exam will be allowed in addition to this fee.
1046M	Provider mileage, per mile, when round trip exceeds 14 miles
1063M	Attending provider review of IME/IMHE report.
Consultation codes	
0128C	Limited Consultation - A limited consultation is conducted without the claimant present. Service is limited to the review of records and consultation with the treating therapist for the purpose of evaluation of a diagnostic or therapeutic challenge, and treatment recommendations. A report is required from the consulting therapist.
0129C	Extensive Consultation - An extensive consultation includes a review of records and the examination of the claimant for the purpose of evaluation of a diagnostic or therapeutic challenge, and treatment recommendations. A report is required from the consulting therapist.
Reporting codes	
0116C	Treatment report, monitoring treatment only - *payable only when treatment costs are not being paid by CVCP.*
0122C	Initial Response and Assessment: Form I
0123C	Initial Response and Assessment: Form II
0124C	Progress Note: Form III
0125C	Treatment Report: Form IV

PROVIDER PROTESTS

Protest

A protest is a timely request to the Crime Victims Compensation Program to reconsider any order, decision or remittance advice. A protest is considered less formal than an appeal and the reconsideration is done at the Program level.

How do I protest?

Send a letter to the CVCP, PO Box 44520 Olympia, WA 98504-4520, with the following information;

- The decision you disagree with and why.
- The claim number, your name, the victim's name, remittance advice number and date.
- The more clearly you explain why you think our decision is wrong, and the more documentation you provide to substantiate your position, the better.
- All protests must be in writing and received by CVCP within the appropriate timeframe.

What is the timeframe for filing a protest?

- 90 days for initial payments/increased adjustments.
- 20 days for adjustments resulting in a decreased payment.
- The 90/20 days start from the date you receive the order, decision or remittance advice.

What happens after I protest?

We will:

- Determine if the protest is timely, within the 90/20 days.
- Review the protest.
- Gather any other applicable information.
- Issue a further remittance advice or order, which will either change or affirm the decision.

What if my protest is not timely?

We will issue an order informing you the decision is final and no adjustments can be made. (You can appeal this order to the Board of Industrial Insurance Appeals.)

What if I still don't like your decision?

You can file a timely, written, appeal with the Board of Industrial Insurance Appeals.

FREQUENTLY ASKED QUESTIONS

Will bills get paid by Crime Victims Compensation Program before an authorization form is submitted by the practitioner?

No. The quickest way to get paid for mental health services is to keep up with the forms I-VI.

Can we collect any co-pays or fees from the patient at the time of service?

No. Per state law, a crime victim with an allowed claim should have no out-of-pocket expenses.

What if we, the practitioner, know the primary insurance won't pay, do we still have to bill them?

Yes. Each bill must have the appropriate primary insurance EOB attached when you bill Crime Victims Compensation Program.

We are a group of mental health providers. Does each individual provider need a provider account number, or can we all just bill under our group number?

Each individual provider must have their own provider number.

How long does it take Crime Victims Compensation Program to process a bill? When can I expect to receive a written payment/denial?

Within sixty days after we receive your bill, if the bill is submitted properly.

I have a provider account with Labor and Industries. Do I need a separate one for Crime Victims Compensation Program?

Mental Health Counselors must apply for a provider account number with the Crime Victims Compensation Program. Other providers can bill using their Labor and Industries provider account number.

Is the patient's other insurance always primary to Crime Victims Compensation Program? What about DSHS and Medicare?

Yes, including all state and federal programs.

How many sessions do I have with the patient before I need to request authorization for more?

The initial six sessions with Crime Victims Compensation Program claimants require no prior authorization. Before the seventh session, refer to page three "Mental Health Reporting Forms."

Other formats for persons with disabilities are available on request.
Call 360-902-5355. TDD users, call 360-902-5797.
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MANUAL F800-105-000 [06-2024]