OCCUPATIONAL HEALTH **BEST PRACTICES**

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Authorization and Reporting Requirements for Mental Health Providers

Purpose

This document was developed for mental health providers to provide guidance on authorization and reporting requirements when treating injured workers with mental health conditions.

Workers' compensation insurance focuses on helping occupationally injured and ill workers heal and return to work. By understanding and following these documentation requirements, you will give claim managers the information they need to make timely and fair decisions. These requirements apply to treatment by mental health providers for workers insured by the Washington State Department of Labor & Industries (L&I) as well as by self-insured employers.

Mental health providers include psychiatrists, psychologists, psychiatric advanced registered nurse practitioners, licensed independent clinical social workers, licensed marriage and family therapists, and licensed mental health counselors.

For links to the resources included in this document, visit www.Lni.wa.gov/mentalhealth.

1. Coverage of Mental Health Conditions

1(a) Conditions caused or aggravated by an industrial injury or occupational disease

L&I or the self-insured employer may pay for treatment for mental health conditions caused or aggravated by an industrial injury. RCW 51.08.100.

1(b) Conditions due to exposure to stress (industrial injury/single traumatic event)

Claims based on mental health conditions or disabilities caused by stress resulting from exposure to a single traumatic event are adjudicated as an industrial injury. WAC 296-14-300. Examples of single traumatic events include actual or threatened death, actual or threatened physical assault, actual or threatened sexual assault, and life-threatening traumatic injury. These exposures must occur in one of the following ways:

- Directly experiencing the event;
- Witnessing, in person, the event as it occurred to others; or
- Extreme exposure to aversive details of the traumatic event.

1(c) Conditions due to exposure to stress (occupational disease)

Claims based on mental health conditions or disabilities caused by stress do not fall within the definition of an occupational disease. RCW 51.08.142. Examples include but are not limited to change of employment duties, conflicts with a supervisor, job dissatisfaction, and workload pressures. WAC 296-14-300.

Exception: For full-time, fully compensated firefighters and their supervisors, emergency medical technicians (EMTs), law enforcement officers, and direct care registered nurses, there is a presumption that posttraumatic stress disorder (PTSD) is an occupational disease. RCW 51.08.142, RCW 51.32.185 and RCW 51.32.395. For public safety telecommunicators, (e.g. 911 dispatchers) PTSD may be considered an occupational disease but without the presumption. RCW 51.08.142.

1(d) Important Laws and rules

RCW 51.08.100	"Industrial injury"
RCW 51.08.140	"Occupational disease"
RCW 51.08.142	"Occupational disease" - Exclusion of mental health conditions caused by stress
RCW 51.32.185	Occupational diseases - Presumption of occupational disease for firefighters and fire investigators - Limitations – Exception
WAC 296-14-310	When does a presumption of occupational disease for certain members of firefighters' and law enforcement officers' retirement systems apply?
RCW 51.32.395	Direct care registered nurses - Presumption of occupational disease for posttraumatic stress disorder
WAC 296-14-300	Mental condition/mental disabilities

1(e) Treatment goals

Treatment of mental health conditions 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. WAC 296-21-270.

1(f) Pre-existing or unrelated conditions delaying recovery

Conditions that are not related to a work-related injury or occupational exposure, and that are not accepted on that claim, are not the responsibility of the workers' compensation insurer.

However, L&I or the self-insured employer may pay for temporary treatment of a pre-existing or unrelated mental health condition when it is delaying or preventing recovery from an industrial injury or occupational disease. WAC 296-20-055. Treatment may be authorized in increments of up to 30 days or as otherwise determined on an individual claim basis.

The department or self-insured employer will stop payment for temporary treatment of unrelated mental health conditions when:

- Temporary treatment does not result in improvement of the unrelated mental health condition, or
- The temporary treatment of the unrelated mental health condition does not result in improvement in physical function of the accepted industrial injury or occupational disease, or
- Improvement of the accepted condition on the claim is no longer delayed by the unrelated mental health condition(s), or
- The accepted condition on the claim reaches maximum medical improvement.

2. Services from Mental Health Providers on Washington Workers' Compensation Claims

	Psychiatrist (MD/DO)	Psychiatric ARNP	Psychologist (PsyD or PhD)	Social workers and other Master's Level Therapists (MLTs)
Complete and file the initial accident report*	Yes	Yes	No	No
Be the attending provider*	Yes	Yes	No	No
Certify temporary disability/time loss compensation**	Yes	Yes	No	No
Prescribe medication***	Yes	Yes	No	No
Perform mental health evaluation/psychiatric diagnostic interview	Yes	Yes	Yes	No
Provide mental health counseling	Yes	Yes	Yes	Yes
Rate permanent partial disability	Yes	No	No	No
Participate in an Independent Medical Examination (IME)	Yes	No	No	No

* Effective July 1, 2025, psychologists can file the initial accident report and/or be the attending

provider on claims solely for mental health conditions.
** Psychologists, psychiatrists and psychiatric ARNPs can certify time loss compensation if they are the attending provider.
*** A Psychiatrist or Psychiatric ARNP may prescribe medication either as the attending provider or when providing concurrent care. WAC 296-20-071 "Concurrent treatment" and WAC 296- 21-270 "Mental Health Services."

Note: Within Washington's workers' compensation program, Master's Level Therapists are not authorized to diagnose mental health conditions, perform evaluations, or do consultations.

3. Authorization Requirements

3(a) Prior approval

Initial mental health evaluations require prior approval from the department or self-insured employer. Prior authorization is not required if the evaluation is performed to initiate a claim filed solely for mental health conditions.

For claims covered by L&I, the most effective way to obtain prior authorization is to complete the downloadable preauthorization form. For an initial mental health evaluation, if the diagnosis has not yet been established, you can leave the form's *Diagnosis Description* and *Causal Relationship* fields blank. Completing this form gives the claim manager information they need to act on your request.

For claims covered by self-insured employers, contact the self-insured employer or their third party administrator for prior authorization.

3(b) Initial evaluation

The initial evaluation report must include at a minimum the following elements:

- DSM-5 diagnosis
- Statement on causation
- Treatment plan

Diagnosis:
Diagnosis is an essential first step to determine causation and to develop a treatment plan. For this reason, it is important that the mental health provider clearly indicates the diagnosis and the basis for it using the diagnostic criteria in the American Psychiatric Association's *Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).*

Causation:
Specific inquiry should be made into the worker's pre-injury and current medical, psychosocial, and mental health status. Whenever possible, review prior medical records to screen for the presence of diagnostically important information, and for information that may be useful in creating a treatment plan.

- Document any pertinent positive or negative historical information.
- Explain how the mental health condition may, or may not, be caused by an on the job injury or occupational disease.
- Clarify whether a pre-injury mental health condition has worsened since the injury,

and whether it is related to the injury.

- Consider if the differences in function before and after the industrial condition (on a more probable than not basis) were:
  - The result of the industrial condition and its outcomes (i.e., functional impairment would not have occurred otherwise)
  - Significantly more than an expected response to the stress of the industrial condition or its outcomes.

Treatment plan

The mental health provider must also include a goal-directed treatment plan that focuses on improved function and return to work. Authorization for the initial treatment may be granted for up to 90 days. Mental health services within this period must be provided in an "intensive" manner, which the department defines as at least 10–12 treatment sessions in a 90-day authorization period. The actual number of sessions may depend upon diagnosis, treatment approach, and response to treatment.

3(c) Ongoing treatment

Subsequent authorization for mental health treatment is contingent upon documented measurable improvement in targeted specific symptoms and functional status. Authorization may be granted in increments of up to 90 days.

4. Reporting Requirements

4(a) Timeline

Mental health providers are required to submit documentation to the department or self-insured employer and to the attending provider on the following schedule:

- Every visit – Chart notes must contain all required information in order for the insurer to make appropriate decisions regarding coverage and payment.
- Every 30 days – This report is needed only upon request from the insurer when treating an unrelated mental health condition that is impacting recovery for an accepted condition. This report is not required if this information is submitted within every visit chart notes.
- Every 60 days – This report is required upon request from the insurer when treating an accepted mental health condition and chart notes do not contain enough information to provide a clear picture of progress. This report is not required if this information is submitted within every chart note when treating an accepted mental health condition.
- Providers are required to keep all records related to the workers' compensation claims for a minimum of five years.

4(b) Required elements

All chart notes and reports must be legible, preferably electronic, and in a style that can be understood by non-medical personnel. Each chart note (or report upon request) must contain at least:

- Diagnosis, explicitly using DSM-5 criteria and the appropriate specifier (e.g., severe vs. mild, partial remission vs. in remission),
- Relationship of the diagnosis, if any, to the industrial injury or occupational disease,
- Summary of subjective complaints,
- Objective findings,

- Time limited, intensive treatment plan focusing on functional improvement,
- Medications prescribed,
- Assessment of functional status at baseline and every 30 days,
- The worker's ability to work as it relates to the mental health condition,
- If the worker is unable to return to work due to an accepted mental health condition, include an estimate of functional status and barriers to work,
- Specific targeted symptoms that are barriers to work, and
- The treatment plan related to those barriers.
- Recommended work modifications should be included when appropriate.
- It is also important to document positive outcomes when treatment facilitates a return to work.

All chart notes and reports (upon request) must be updated so that progress can be measured and assessed.

4(c) Treatment plan with special emphasis on functional recovery

The mental health provider must document a treatment plan addressing each mental health condition accepted on the claim. The treatment plan must:

- Target specific symptoms,
- Recommend duration of treatment, and
- Identify functional goals (See Section 4(e) Functional Status),

The treatment plan, with or without changes, must be included in all chart notes and other reports when requested. When a treatment plan recommends a medication addition or change, the provider must document whether there is any possible drug-to-drug interaction.

Example **Treatment Plan**

Diagnosis:

- Posttraumatic Stress Disorder, 309.81 [F43.10]

Treatment Plan:

- Trauma-informed Psychotherapy: 6-20 sessions. The actual number of sessions may depend upon diagnosis, treatment approach, and response to treatment.
- Ongoing assessment of suicidal thoughts, plan, intent, protective factors; consider using a standardized measure such as the Columbia Suicide Severity Rating Scale (CSSR); provide relevant intervention
- Assess for presence and degree of substance use; provide relevant intervention and/or refer for more comprehensive evaluation and treatment.
- Assess the need for a psychotropic medication evaluation. If psychotropic medication(s) is/are prescribed, then will monitor adherence and effectiveness with respect to function.
- Will encourage engagement in self-care (e.g. physical activity, sleep hygiene, and social connection)

4(d) Barriers to recovery

- If treatment is for an accepted mental health condition, the provider must identify and assess any barriers to recovery.
- If treatment is for an accepted mental health condition and a physical industrial injury or occupational disease, the provider must identify and assess barriers to recovery for

both.

- If treatment is for an unrelated mental health condition, that is directly impacting recovery of the physical industrial injury or occupational disease that has been accepted on the claim, the department or self-insured employer may approve treatment on a temporary basis. In that case, the report should link the mental health condition to any observable, measurable limitations that interfere with recovery from the accepted industrial injury or occupational disease. The treatment plan must address those limitations.

Example **Barriers to recovery**

Diagnosis:
- Posttraumatic Stress Disorder, (309.81) [F43.10]

Barriers created by condition:
- Work-related fear and avoidance currently affecting return to work. Gradual exposure to work is indicated once symptoms are better managed.
- Difficulty concentrating, focusing, and engaging in the present.
- Difficulty sleeping which impacts daytime function.
- Angry outbursts as well as self-blame resulting in decreased positive social interaction.
- Reduced engagement in previously enjoyed activities and social pursuits.

4(e) Functional status

Providers must track and document the worker's functional status using validated instruments such as the World Health Organization Disability Assessment Schedule (WHODAS) version 2.0 or other substantially equivalent validated instruments recommended by the department. WAC 296-21-270.

Functional status must be measured at baseline and every 30 days. Due to scoring differentials, the same instrument must be used each time for that worker. The purpose is to determine the degree of change in the process of rehabilitation. An improvement indicates that the treatment is effective and the worker may be ready to begin to transition back to work. A lack of improvement suggests that treatment goals have not yet been met or that treatment is not effective and another treatment modality may be needed.

The approved assessment instruments are:

- World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), 36 or 12 item version
  - Health and disability
- Patient-Reported Outcomes Measurement Information System (PROMIS) Global-10 or CAT method, and Short-Form Survey 36- or 12-item (SF-36 or SF-12)
  - Health-related quality of life.

Example **Functional assessment and quality of life**

WHODAS-2.0
- Baseline score:
- After 30 days:

PROMIS 10

- Baseline score:
- After 30 days:

Consideration should also be given to the use of standardized instruments to measure symptom severity for mental health conditions such as depression, anxiety, or PTSD. Such measurements provide support for a diagnosis and benchmarks against which progress in treatment can be measured.

4(f) Response to treatment

Example **Measurements**

Response to psychotherapy:

- Goal: Decrease PTSD symptoms within 12 sessions
- Measurement: Improvement in symptom severity using a valid standardized instrument (e.g., PCL-5)
- Interval: Assessed monthly
- Objectives: Maximizing effectiveness (e.g., improving mental health symptoms and improving functional outcomes) while avoiding harms.

Response to Medication (if applicable as adjunct to trauma-informed psychotherapy):

- Goal: Decrease PTSD symptoms within 60 days
- Measurement: Improvement in symptom severity using a valid standardized instrument (e.g., PCL-5)
- Interval: Assessed monthly
- Objectives: Maximizing effectiveness (e.g., improving mental health symptoms and improving functional outcomes) while avoiding harms.

Return to Work

- Goal: Once symptoms are better managed, worker will gradually return to modified work duty. Within 90 days, or toward the end of treatment, worker will return to work. .
- Measurement: Worker completes gradual return to work plan.
- Interval: Worker's progress will be assessed monthly.
- Objectives: Month 2: By the end of the second month of treatment, worker will have returned to work part time 4 hours a day with restricted duties. Month 3: By the end of the third month of treatment, worker will have returned to work part time 6 hours a day and assumed normal duties. Month 4: By the end of the fourth month of treatment, worker will return to work full time.

4(g) Final assessment

Example

Since the last visit, the worker has returned to work with accommodations including a modified work schedule (4 hours a day, 3 days per week) and modified duty. They endorse sleep improvement including decreased frequency and intensity of trauma-related dreams, reporting that they now feel rested after 8 hours of sleep. The worker is now exercising 30 minutes a few times a week, and is participating in household activities such as grocery shopping. The worker reports that on weekends they walk their dog for about one hour each day. The worker has met the physical activity and vocational rehabilitation goals for this period. They have participated actively in treatment with good results; this provider anticipates treatment termination will occur

after four additional sessions.

5. Return to Work Options

The mental health provider must comment on the worker's ability to work as it relates to the mental health condition being treated. The use of specific examples of a worker's mood, behavior, cognitive function, energy levels, and daily activities, are helpful to communicate the effects of a mental health condition or the effects of treatment for such a condition. The provider should document positive outcomes when treatment facilitates a return to work, as well as work restrictions that may be needed. For example, the provider must:

- Describe if and how the mental health condition interferes with specific job tasks, and
- Summarize which specific targeted symptoms must improve to allow a successful return to work status, including a plan to achieve the goal.

To ensure the best mental health care in a workers' compensation environment, the provider is encouraged to consider appropriate job modifications specific to limitations, if needed. Such modifications may help the worker succeed in a temporary modified duty position or a permanent return to work. Workers may be able to initiate some on their own. Other job modifications may need approval from, and implementation by, the employer. The A to Z section on the Job Accommodation Network (askjan.org) includes many possible modifications.

6. Billing Codes and Payment Policies

You can find complete information on billing codes and payment policies, including documentation requirements for reimbursement, in the Medical Aid Rules and Fee Schedules at www.Lni.wa.gov/feeschedules. For additional billing tips, go to www.Lni.wa.gov/mentalhealth.