

# **Appendix A: Definitions**

**Payment Policies for Healthcare Services  
Provided to Injured Workers and Crime Victims**

**Effective July 1, 2025**



## How to navigate this document

Use the keyboard command **CTRL+F** on Windows (**Command+F** on Mac) to search for specific topics. If you can't find what you're looking for, try different keywords or combinations of words.

The Table of Contents lists each policy. To jump to a policy, click on the page number.



## Links to appendices

For explanations of modifiers referenced throughout the payment policies, see [Appendix B: Modifiers](#).

For information about place of service codes, see [Appendix C: Place of Service \(POS\) Codes](#).

## Updates and corrections

An annual update of the entire payment policies and fee schedules (MARFS) is published routinely to coincide with the beginning of each state fiscal year (July 1).

Throughout the year, updates and corrections may be needed to modify existing policies and fees or create new ones. Updated and corrected information supersedes the policies in MARFS. Look for possible [updates and corrections](#) to these payment policies and fee schedules on L&I's website.



## Table of Contents

## Page

General information .....	A-6
A .....	A-6
Acquisition cost.....	A-6
Attending Provider .....	A-6
B .....	A-7
Bundled codes .....	A-7
By Report.....	A-7
C .....	A-7
Complementary and preparatory services .....	A-7
Consultant.....	A-7
Consultation.....	A-8
D .....	A-8
Distant site .....	A-8
Durable medical equipment (DME).....	A-8
E .....	A-9
Established patient .....	A-9
F .....	A-9
G.....	A-9
H.....	A-9
I .....	A-9
Independent medical examination (IME) .....	A-9
Initial visit .....	A-10
J.....	A-10
Job analysis (JA) .....	A-10
Job description.....	A-10
Job offer .....	A-10
K.....	A-10
L .....	A-10

M .....	A-11
Meals .....	A-11
Medical records .....	A-11
N .....	A-11
New patient .....	A-11
O .....	A-11
Originating site .....	A-11
P .....	A-12
Personal care .....	A-12
Pneumatic compression devices .....	A-12
Preferred drug .....	A-12
Preferred drug list (PDL) .....	A-12
Q .....	A-12
R .....	A-12
Remote .....	A-12
Resource based relative value scale (RBRVS) .....	A-13
S .....	A-13
SIMP (Structured Intensive Multidisciplinary Program) .....	A-13
State Rate .....	A-13
Student .....	A-13
T .....	A-13
Telehealth .....	A-13
Type of Service .....	A-14
U .....	A-14
V .....	A-14
W .....	A-14
Wait time .....	A-14
X .....	A-14
Y .....	A-14
Z .....	A-15

Need more help? ..... A-16



## General information

The following terms are used throughout the payment policy chapters. Terms are listed in **blue text** to make it clear that they have a special definition. The definition applies anywhere the term appears in MARFS.

Definitions are listed alphabetically. Some letters don't have any terms that start with that letter, but are listed regardless to make it clear that no terms were accidentally omitted.

## A

### Acquisition cost

Acquisition cost equals:

- Wholesale cost of the item, and
- Shipping and handling if applicable, and
- Sales tax.

### Attending Provider

A person licensed to practice one or more of the following professions: Medicine and surgery (MD); osteopathic medicine and surgery (DO); chiropractic (DC); naturopathic physician (ND); podiatry (DPM); dentistry (DDS, DMD); optometry (OD); clinical psychologist (PhD, PsyD); physician assistant (PA, PA-C); and advanced registered nurse practitioner (ARNP).

Attending Providers refer to the type of providers listed above, which are eligible to be the AP on a claim. Typically, this is the provider who directs the worker's treatment, much like a primary care provider. The worker may elect to change their attending provider and select another attending provider of their choosing at any time during their treatment. All other providers treating the worker are considered concurrent care providers, even if they are an attending provider type. References throughout MARFS, unless otherwise noted, apply to Attending Provider types and not solely the AP on the claim.



**Link:** For the legal definition of AP, see [WAC 296-20-01002](#). For information on transferring care between APs, see [WAC 296-20-065](#). Additional resources for **APs** are available in the [Attending Provider Resource Center](#) on L&I's website.

## B

### Bundled codes

Procedure codes that are not separately payable because they are accounted for and included in the payment of other procedure codes and services.

Pharmacy and DME providers can bill HCPCS codes listed as Bundled on the fee schedules because, for these provider types, there isn't an office visit or a procedure into which supplies and/or equipment can be bundled.



**Link:** For the legal definition of Bundled codes, see [WAC 296-20-01002](#).

### By Report

A code listed in the fee schedule as “By Report” doesn't have an established fee because the service is too unusual, variable, or new. When billing for the code, the provider must provide a report that defines or describes the services or procedures. The insurer will determine an appropriate fee based on the report.



**Link:** For the legal definition of By Report, see [WAC 296-20-01002](#).

## C

### Complementary and preparatory services

Interventions used to prepare for treatment and/or evaluation. For example, the application of heat or cold is considered a complementary and preparatory service.

### Consultant

A consultant is a provider who has not agreed to accept transfer of care, whether as an **AP** or concurrent care provider, before an initial evaluation. The only attending providers who are eligible to be consultants are a(n) MD, DO, DPM, DDS, DMD, OD, ARNP, PhD, PsyD, or DCs enrolled in the [Chiropractic Consultant Program](#). PAs and NDs can't be consultants.



**Note:** This definition of consultant doesn't include Occupational Nurse Consultants (ONCs), who are employees of L&I.

## Consultation

A type of evaluation and management service provided at the request of an attending provider, the department, self-insurer, or authorized department representative to recommend care for a specific condition or problem. See [WAC 296-20-045](#).

L&I doesn't use the CPT® definitions for consultation services with respect to who can request a consultation service, when a consultation can be requested, and requirements for when to bill a consultation vs. established or new patient codes. See the consultations policy in [Chapter 3: Attending Providers](#) for more information.

## D

### Distant site

The location of the provider who performs telehealth services. This provider isn't at the originating site with the worker.

### Durable medical equipment (DME)

Equipment that:

- Can withstand repeated use, *and*
- Is primarily and customarily used to serve a medical purpose, *and*
- Generally isn't useful to a person in the absence of illness or injury, *and*
- Is appropriate for use in the worker's place of residence.

Supplies used during or immediately after surgery and not sent home with the worker don't meet the definition of DME and won't be reimbursed as DME.



## E

### Established patient

A patient who has received professional services from the provider, or another provider of the same specialty who belongs to the same group practice, within the past 3 years.

When advance registered nurse practitioners (ARNP) are working with physicians they are considered as working in the exact same specialty and exact same subspecialties as the physician. Physician assistants (PA) are considered as working in the same exact same specialty and exact same subspecialties as their supervising or collaborating physician.

L&I uses the CPT® definition for established patients. Refer to a CPT® book for complete code descriptions, definitions, and guidelines.

## F

## G

## H

## I

### Independent medical examination (IME)

An objective medical legal examination requested by the department or self-insurer to establish medical facts about a worker's physical condition. Only department-approved examiners may conduct these exams.



**Link:** For more information, see [WAC 296-23-302](#).

## Initial visit

The first visit to a healthcare provider during which the Report of Accident (Workplace Injury, Accident or Occupational Disease) is completed and the worker files a claim for workers' compensation. L&I's definition differs from the CPT® definition of an initial visit, and doesn't require billing a new patient code.

## J

### Job analysis (JA)

A detailed evaluation of a specific job or type of job. A JA is used to help determine the types of jobs a worker could reasonably perform considering the worker's skills, work experience and physical limitations or to determine the worker's ability to perform a specific job. The job evaluated in the JA may or may not be offered to the worker and it may or may not be linked to a specific employer.

### Job description

An employer's brief evaluation of a specific job or type of job that the employer intends to offer a worker.

### Job offer

Based on an employer's desire to offer a specific job to a worker. The job offer may be based on a job description or a job analysis.



**Link:** For more information about Job offers, see [RCW 51.32.090\(4\)](#).

## K

## L

# M

## Meals

Breakfast, lunch and dinner. Meals may include non-alcoholic beverages only.

## Medical records

All documentation to support services billed, including but not limited to: chart notes, office notes, reports, forms, and flow sheets.



**Link:** For more information, see [WAC 296-20-01002](#), [WAC 296-20-015](#), [WAC 296-20-025](#), [WAC 296-20-12401](#), and [WAC 296 -20-065](#).

# N

## New patient

One who hasn't received any professional services from the provider, or another provider of the same specialty who belongs to the same group practice, within the past three years.

When advance registered nurse practitioners (ARNP) are working with physicians they are considered as working in the exact same specialty and exact same subspecialties as the physician. Physician assistants (PA) are considered as working in the same exact same specialty and exact same subspecialties as their supervising or collaborating physician.

L&I uses the CPT® definitions for new patients. Refer to a CPT® book for complete code descriptions, definitions, and guidelines.

# O

## Originating site

The place where the worker is located when receiving telehealth. The worker's home is an eligible originating site.

## P

### Personal care

Activities related to the care of a worker. These may include, but aren't limited to: administration of medication, bathing, personal hygiene and skin care, bowel and bladder incontinence, ostomy care, feeding assistance, mobility assistance, turning and positioning, range of motion exercises, transfers or walking, and supervision due to cognitive impairment, behavior, or blindness.

### Pneumatic compression devices

Pneumatic compression devices, specifically vasopneumatic devices, are comprised of inflatable garments for the arms or legs and an electrical pneumatic pump that fills the garments with compressed air. The garments intermittently inflate and deflate with cycle times and pressures that vary. The Food and Drug Administration (FDA) classifies these devices as Cardiovascular Therapeutic Devices, Compressible limb sleeve.

### Preferred drug

A drug selected by the appointing authority for inclusion in the Washington preferred drug list and designated for coverage by applicable state agencies or a drug selected for coverage by applicable state agencies.

### Preferred drug list (PDL)

The list of drugs selected by the appointing authority to be used by applicable state agencies as the basis for the purchase of drugs in state-purchased healthcare programs.

## Q

## R

### Remote

Vocational services provided by a qualified vocational rehabilitation counselor via audio only or face-to-face through a real-time, two-way, audio video connection. This definition doesn't include remote monitoring services. For the definition of those services, refer to the CPT® book.

## Resource based relative value scale (RBRVS)

RBRVS is a payment method used by many healthcare insurers to develop fee schedules for services and procedures provided by healthcare professionals. Each fee is based on the relative value of resources required to deliver a service or procedure. Services priced using RBRVS have a fee schedule indicator (FSI) of R in L&I's [Professional Services Fee Schedule](#).

## S

### SIMP (Structured Intensive Multidisciplinary Program)

A chronic pain management program. See [Chapter 27: Rehabilitation Facilities and Programs](#) for more details.

### State Rate

The reimbursement rate for travel reimbursement set by the Office of Financial Management (OFM) within the State of Washington.



**Link:** For the current State Rate, see the [per diem tables on the OFM website](#).

### Student

This term may apply differently depending on the circumstances. Student means:

- A person who, as part of their clinical training, is enrolled and participating in an accredited educational program, or
- An interim permitted provider who has already completed their training but isn't yet licensed, or
- A worker who is participating in a skill enhancement training program or other vocational service.

See [Chapter 2: Information for All Providers](#), [Chapter 20: Physical Medicine](#), and [Chapter 25: Vocational Services](#) for details.

## T

### Telehealth

Face-to-face services delivered by a qualified medical provider through a real-time, two-way, audio video connection. These services aren't appropriate without a video connection.

## Type of Service

Codes used when billing to indicate the kind of provider who performed the service. These codes are based on the provider account type.

- 3 Medical
- 4 Dental
- 9 Miscellaneous services and therapy
- C Chiropractic
- D Naturopathic
- N Nursing
- P Physical therapy
- V Vocational services
- X Outpatient hospital

## U

## V

## W

### Wait time

The time between the scheduled start time and the actual start time of an appointment. No other covered services are performed during this time.

## X

## Y

Z

## Need more help?

Contact Provider Hotline with billing and authorization questions by emailing [PHL@Lni.wa.gov](mailto:PHL@Lni.wa.gov) or calling **1-800-848-0811** between 8 am and 12 pm PT Monday through Friday.