Washington State Department of
Labor & Industries
*Workers' Compensation Services*

# Retraining and Job Modification Expenses Billing Manual

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# Retraining and Job Modification Expenses Billing Manual


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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/apps/FeeSchedule.

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/SelfInsurance/EmpList.

## 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**

## Provider Specific Instructions

**Retraining Procedure Codes:**

| Procedure Code | Description |
|---|---|
| R0310 | Tuition, Training Fees |
| R0312 | Supplies – consumable good such as paper, pens, CDs, or disposable gloves |
| R0315 | Equipment, Tools – such as calculator, software, survey equipment, welding gloves, mechanic tools |
| R0320 | Exam, License Fee |
| R0340 | Books |
| R0350 | Other – includes professional uniforms including uniform shoes required for training and other items that don't fit the more defined categories |
| R0390 | License Child Care Services |

**Lodging and Relocation Procedure Codes:**

| Procedure Code | Description |
|---|---|
| R0360 | Board (Food) and Utilities |
| R0370 | Rent |
| 0375R | One-Time Relocation Fee (for lifetime of claim) |

**Transportation Procedure Codes:**

| Procedure Code | Description |
|---|---|
| 0302R | Parking |
| 0303R | Bridge and Ferry Tolls |
| 0304R | Commercial Transportation |

**Job Modification Procedure Codes:**

A properly completed and signed Job Modification Assistance Application (F245-346-000) and Pre-Job Accommodation Assistance Application (F245-350-000) must accompany bills for job and pre-job modifications.

For billing questions or assistance in completing the Statement for Retraining and Job Modification Services (F245-030-000) form, please call 800-848-0811 or in Olympia call 360-902-6500.

The following codes are payable to authorized equipment vendors:

| Procedure Code | Description | Activities | Maximum Fee |
|---|---|---|---|
| 0380R | Job modification – requires **prior authorization** | Equipment/Tools:<br>• Installation<br>• Set up<br>• Basic training in use<br>• Delivery (includes mileage)<br>• Tax<br>• Custom modification/fabrication<br><br>Work area modification/reconfiguration | Maximum allowable for 0380R is $5,000 per job or job site. |
| 0385R | Pre-job accommodation – requires **prior authorization** | Equipment/Tools:<br>• Installation<br>• Set up<br>• Basic training in use<br>• Delivery (includes mileage)<br>• Tax<br>• Custom modification/fabrication<br><br>Work area modification/reconfiguration | Maximum allowable for 0385R is $5,000 per claim.<br>Combined costs of 0380R and 0385R for the same return to work goal can't exceed $5,000. |

## Sample Bills

There are sample bills for the following:

- Child care.
- Groceries and utilities.
- Job modification.
- Rent.
- Tuition and training.

**Sample for child care**

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

# Statement For Retraining And Job Modification Services

## Worker Information (Please print)

| | |
|---|---|
| Name (Last, First, Middle Initial): Doe, John K. | Claim No.: AB12345 |
| Home address: 123 Main Street; Apt #: | Date of injury: 06/10/14 |
| City: Anytown; State: WA; ZIP: 99999 | Social Security No. (for ID only): 123-45-6789 |
| | Phone no.: 555-555-5555 |

## Provider Information (Please print)

| | |
|---|---|
| Provider name | L&I provider number |
| Address | Federal Tax ID |
| City; State; ZIP | Phone no. |

## Vocational Rehabilitation Counselor Information (Please print)

| | |
|---|---|
| Vocational Rehabilitation Counselor Name: A to Z Vocational Rehabilitation | Referral ID |
| | VRC ID (L&I provider number): 1111111 |

## Billing Information

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

| | From Date of Service | To Date of Service | POS | TOS | Procedure Code | Description of Services or Supplies | Units | Charges |
|---|---|---|---|---|---|---|---|---|
| 1 | 01/02/15 | 01/31/15 | 99 | V | R0390 | Child Care Services | X | $XXX.XX |
| 2 | | | 99 | V | | | | |
| 3 | | | 99 | V | | | | |
| 4 | | | 99 | V | | | | |
| 5 | | | 99 | V | | | | |
| 6 | | | 99 | V | | | | |
| 7 | | | 99 | V | | | | |
| 8 | | | 99 | V | | | | |
| 9 | | | 99 | V | | | | |
| 10 | | | 99 | V | | | | |

***Be sure to attach copies of your receipts with your bill.***

Total Charge: $ XXX.XX

**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.

John K. Doe 02/01/15
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.

Signature Date

## Instructions for completing the Statement for Retraining and Job Modification Services:

**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 | Give the provider's L&I provider number. |
| Provider name | Write the provider's name as registered with L&I. |
| Provider address | Write the provider's physical address. |
| 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. |

**Vocational Rehabilitation Counselor Information**

| | |
|---|---|
| Referral ID | Write the referral ID. |
| VRC ID | Write the VRC ID. This is the L&I provider number for the VRC. |
| Vocational Rehabilitation Counselor Name | Write the vocational rehabilitation counselor's name as registered with L&I. |

**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. |

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. |
| Procedure code | Refer to the list of codes below. List the appropriate code. One code per line. |
| Description | Give a brief description of services provided. |
| Units | Enter the number of units for service. |
| Charges | Enter the charge for each service provided. |
| Total charges | Enter the total for all of the charges on the bill. |

| Job Modification/Pre-Job Accommodation Codes: | Lodging and Retraining Codes: | Retraining Codes: | Retraining Transportation Codes: |
|---|---|---|---|
| 0380R Job Modification equipment<br>0385R Pre-job accommodation equipment<br>0389R Job Modification/Pre-job accommodation consultation<br>0391R Travel/Wait<br>0392R Mileage<br>0393R Ferry | R0360 Board (food) and utilities<br>R0370 Rent<br>0375R One-time relocation fee (for life of claim) | R0310 Tuition, training fee<br>R0312 Supplies<br>R0315 Equipment, tools<br>R0320 Exams, license fee<br>R0340 Books<br>R0350 Other<br>R0390 Child care services | 0302R Parking<br>0303R Bridge and ferry toll<br>0304R Commercial transportation |

**Sample for groceries and utilities**

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

# Statement For Retraining And Job Modification Services

**Worker Information (Please print)**

| | |
|---|---|
| Claim No. AB12345 | |
| Name (Last, First, Middle Initial): Doe, John K. | Date of injury: 06/10/14 |
| Home address: 123 Main Street; Apt # | Social Security No. (for ID only): 123-45-6789 |
| City: Anytown; State: WA; ZIP: 99999 | Phone no.: 555-555-5555 |

**Provider Information (Please print)**

| | |
|---|---|
| Provider name | L&I provider number |
| Address | Federal Tax ID |
| City; State; ZIP | Phone no. |

**Vocational Rehabilitation Counselor Information (Please print)**

| | |
|---|---|
| Vocational Rehabilitation Counselor Name: A to Z Vocational Rehabilitation | Referral ID |
| | VRC ID (L&I provider number): 1111111 |

**Billing Information**

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

| | From Date of Service | To Date of Service | POS | TOS | Procedure Code | Description of Services or Supplies | Units | Charges |
|---|---|---|---|---|---|---|---|---|
| 1 | 01/02/15 | 01/02/15 | 99 | V | R0360 | Groceries | X | $XX.XX |
| 2 | 01/20/15 | 01/20/15 | 99 | V | R0360 | Groceries | X | $XX.XX |
| 3 | 01/02/15 | 01/31/15 | 99 | V | R0360 | Utilities | X | $XXX.XX |
| 4 | | | 99 | V | | | | |
| 5 | | | 99 | V | | | | |
| 6 | | | 99 | V | | | | |
| 7 | | | 99 | V | | | | |
| 8 | | | 99 | V | | | | |
| 9 | | | 99 | V | | | | |
| 10 | | | 99 | V | | | | |

***Note - For food only, use a separate line for each receipt date.***

***Be sure to attach copies of your receipts with your bill.***

Total Charge: $ XXX.XX

**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.

John K. Doe 02/01/15
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.

Signature Date

## Instructions for completing the Statement for Retraining and Job Modification Services:

**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 | Give the provider's L&I provider number. |
| Provider name | Write the provider's name as registered with L&I. |
| Provider address | Write the provider's physical address. |
| 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. |

**Vocational Rehabilitation Counselor Information**

| | |
|---|---|
| Referral ID | Write the referral ID. |
| VRC ID | Write the VRC ID. This is the L&I provider number for the VRC. |
| Vocational Rehabilitation Counselor Name | Write the vocational rehabilitation counselor's name as registered with L&I. |

**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. |

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. |
| Procedure code | Refer to the list of codes below. List the appropriate code. One code per line. |
| Description | Give a brief description of services provided. |
| Units | Enter the number of units for service. |
| Charges | Enter the charge for each service provided. |
| Total charges | Enter the total for all of the charges on the bill. |

| Job Modification/Pre-Job Accommodation Codes: | Lodging and Retraining Codes: | Retraining Codes: | Retraining Transportation Codes: |
|---|---|---|---|
| 0380R Job Modification equipment<br>0385R Pre-job accommodation equipment<br>0389R Job Modification/Pre-job accommodation consultation<br>0391R Travel/Wait<br>0392R Mileage<br>0393R Ferry | R0360 Board (food) and utilities<br>R0370 Rent<br>0375R One-time relocation fee (for life of claim) | R0310 Tuition, training fee<br>R0312 Supplies<br>R0315 Equipment, tools<br>R0320 Exams, license fee<br>R0340 Books<br>R0350 Other<br>R0390 Child care services | 0302R Parking<br>0303R Bridge and ferry toll<br>0304R Commercial transportation |

**Sample for job modification**

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

# Statement For Retraining And Job Modification Services

**Worker Information (Please print)**

| | | | |
|---|---|---|---|
| Claim No. AB12345 | | | |
| Name (Last, First, Middle Initial) Doe, John K. | | | Date of injury 06/10/14 |
| Home address 123 Main Street | | Apt # | Social Security No. (for ID only) 123-45-6789 |
| City Anytown | State WA | ZIP 99999 | Phone no. 555-555-5555 |

**Provider Information (Please print)**

| | | |
|---|---|---|
| L&I provider number 0000000 | | |
| Provider name Jane Smith | Federal Tax ID 99-999999999 | |
| Address 987 Center Street Suite 100 | Phone no. 555-555-5556 | |
| City Anytown | State WA | ZIP 99999 |

**Vocational Rehabilitation Counselor Information (Please print)**

| | |
|---|---|
| Referral ID | |
| Vocational Rehabilitation Counselor Name A to Z Vocational Rehabilitation | VRC ID (L&I provider number) 1111111 |

**Billing Information**

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

| | From Date of Service | To Date of Service | POS | TOS | Procedure Code | Description of Services or Supplies | Units | Charges |
|---|---|---|---|---|---|---|---|---|
| 1 | 01/02/15 | 01/02/15 | 99 | V | R0380 | Ergonomic Chair | X | $XXX.XX |
| 2 | | | 99 | V | | | | |
| 3 | | | 99 | V | | | | |
| 4 | | | 99 | V | | | | |
| 5 | | | 99 | V | | | | |
| 6 | | | 99 | V | | | | |
| 7 | | | 99 | V | | | | |
| 8 | | | 99 | V | | | | |
| 9 | | | 99 | V | | | | |
| 10 | | | 99 | V | | | | |

Total Charge $ XXX.XX

**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 Smith 02/01/15
Signature Date

## Instructions for completing the Statement for Retraining and Job Modification Services:

**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 | Give the provider's L&I provider number. |
| Provider name | Write the provider's name as registered with L&I. |
| Provider address | Write the provider's physical address. |
| 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. |

**Vocational Rehabilitation Counselor Information**

| | |
|---|---|
| Referral ID | Write the referral ID. |
| VRC ID | Write the VRC ID. This is the L&I provider number for the VRC. |
| Vocational Rehabilitation Counselor Name | Write the vocational rehabilitation counselor's name as registered with L&I. |

**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. |

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. |
| Procedure code | Refer to the list of codes below. List the appropriate code. One code per line. |
| Description | Give a brief description of services provided. |
| Units | Enter the number of units for service. |
| Charges | Enter the charge for each service provided. |
| Total charges | Enter the total for all of the charges on the bill. |

| Job Modification/Pre-Job Accommodation Codes: | Lodging and Retraining Codes: | Retraining Codes: | Retraining Transportation Codes: |
|---|---|---|---|
| 0380R Job Modification equipment<br>0385R Pre-job accommodation equipment<br>0389R Job Modification/Pre-job accommodation consultation<br>0391R Travel/Wait<br>0392R Mileage<br>0393R Ferry | R0360 Board (food) and utilities<br>R0370 Rent<br>0375R One-time relocation fee (for life of claim) | R0310 Tuition, training fee<br>R0312 Supplies<br>R0315 Equipment, tools<br>R0320 Exams, license fee<br>R0340 Books<br>R0350 Other<br>R0390 Child care services | 0302R Parking<br>0303R Bridge and ferry toll<br>0304R Commercial transportation |

Sample for rent

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

# Statement For Retraining And Job Modification Services

**Worker Information (Please print)**

| | | | |
|---|---|---|---|
| Claim No. AB12345 | | | |
| Name (Last, First, Middle Initial) Doe, John K. | | | Date of injury 06/10/14 |
| Home address 123 Main Street | | Apt # | Social Security No. (for ID only) 123-45-6789 |
| City Anytown | State WA | ZIP 99999 | Phone no. 555-555-5555 |

**Provider Information (Please print)**

| | | |
|---|---|---|
| L&I provider number 0000000 | | |
| Provider name Jane Smith | Federal Tax ID 99-999999999 | |
| Address 987 Center Street Suite 100 | Phone no. 555-555-5556 | |
| City Anytown | State WA | ZIP 99999 |

**Vocational Rehabilitation Counselor Information (Please print)**

| | |
|---|---|
| Referral ID | |
| Vocational Rehabilitation Counselor Name A to Z Vocational Rehabilitation | VRC ID (L&I provider number) 1111111 |

**Billing Information**

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

| | From Date of Service | To Date of Service | POS | TOS | Procedure Code | Description of Services or Supplies | Units | Charges |
|---|---|---|---|---|---|---|---|---|
| 1 | 01/02/15 | 01/31/15 | 99 | V | R0370 | Rent | X | $XXX.XX |
| 2 | | | 99 | V | | | | |
| 3 | | | 99 | V | | | | |
| 4 | | | 99 | V | | | | |
| 5 | | | 99 | V | | | | |
| 6 | | | 99 | V | | | | |
| 7 | | | 99 | V | | | | |
| 8 | | | 99 | V | | | | |
| 9 | | | 99 | V | | | | |
| 10 | | | 99 | V | | | | |

Total Charge $ XXX.XX

**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 Smith 02/01/15
Signature Date

## Instructions for completing the Statement for Retraining and Job Modification Services:

**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 | Give the provider's L&I provider number. |
| Provider name | Write the provider's name as registered with L&I. |
| Provider address | Write the provider's physical address. |
| 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. |

**Vocational Rehabilitation Counselor Information**

| | |
|---|---|
| Referral ID | Write the referral ID. |
| VRC ID | Write the VRC ID. This is the L&I provider number for the VRC. |
| Vocational Rehabilitation Counselor Name | Write the vocational rehabilitation counselor's name as registered with L&I. |

**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. |

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. |
| Procedure code | Refer to the list of codes below. List the appropriate code. One code per line. |
| Description | Give a brief description of services provided. |
| Units | Enter the number of units for service. |
| Charges | Enter the charge for each service provided. |
| Total charges | Enter the total for all of the charges on the bill. |

| Job Modification/Pre-Job Accommodation Codes: | Lodging and Retraining Codes: | Retraining Codes: | Retraining Transportation Codes: |
|---|---|---|---|
| 0380R Job Modification equipment<br>0385R Pre-job accommodation equipment<br>0389R Job Modification/Pre-job accommodation consultation<br>0391R Travel/Wait<br>0392R Mileage<br>0393R Ferry | R0360 Board (food) and utilities<br>R0370 Rent<br>0375R One-time relocation fee (for life of claim) | R0310 Tuition, training fee<br>R0312 Supplies<br>R0315 Equipment, tools<br>R0320 Exams, license fee<br>R0340 Books<br>R0350 Other<br>R0390 Child care services | 0302R Parking<br>0303R Bridge and ferry toll<br>0304R Commercial transportation |

**Sample for tuition and training costs**

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

# Statement For Retraining And Job Modification Services

**Worker Information (Please print)**

| | |
|---|---|
| Claim No. AB12345 | |
| Name (Last, First, Middle Initial): Doe, John K. | Date of injury: 06/10/14 |
| Home address: 123 Main Street; Apt #: | Social Security No. (for ID only): 123-45-6789 |
| City: Anytown; State: WA; ZIP: 99999 | Phone no.: 555-555-5555 |

**Provider Information (Please print)**

| | |
|---|---|
| L&I provider number: 0000000 | |
| Provider name: Jane Smith | Federal Tax ID: 99-999999999 |
| Address: 987 Center Street Suite 100 | Phone no.: 555-555-5556 |
| City: Anytown; State: WA; ZIP: 99999 | |

**Vocational Rehabilitation Counselor Information (Please print)**

| | |
|---|---|
| Referral ID: | |
| Vocational Rehabilitation Counselor Name: A to Z Vocational Rehabilitation | VRC ID (L&I provider number): 1111111 |

**Billing Information**

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

| | From Date of Service | To Date of Service | POS | TOS | Procedure Code | Description of Services or Supplies | Units | Charges |
|---|---|---|---|---|---|---|---|---|
| 1 | 01/02/15 | 01/31/15 | 99 | V | R0310 | Tuition | X | $XX.XX |
| 2 | 01/02/15 | 01/31/15 | 99 | V | R0340 | Books | X | $XX.XX |
| 3 | 01/02/15 | 01/31/15 | 99 | V | R0312 | Supplies | X | $XX.XX |
| 4 | | | 99 | V | | | | |
| 5 | | | 99 | V | | | | |
| 6 | | | 99 | V | | | | |
| 7 | | | 99 | V | | | | |
| 8 | | | 99 | V | | | | |
| 9 | | | 99 | V | | | | |
| 10 | | | 99 | V | | | | |

Total Charge: $ X,XXX.XX

**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 Smith 02/01/15
Signature Date

## Instructions for completing the Statement for Retraining and Job Modification Services:

**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 | Give the provider's L&I provider number. |
| Provider name | Write the provider's name as registered with L&I. |
| Provider address | Write the provider's physical address. |
| 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. |

**Vocational Rehabilitation Counselor Information**

| | |
|---|---|
| Referral ID | Write the referral ID. |
| VRC ID | Write the VRC ID. This is the L&I provider number for the VRC. |
| Vocational Rehabilitation Counselor Name | Write the vocational rehabilitation counselor's name as registered with L&I. |

**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. |

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. |
| Procedure code | Refer to the list of codes below. List the appropriate code. One code per line. |
| Description | Give a brief description of services provided. |
| Units | Enter the number of units for service. |
| Charges | Enter the charge for each service provided. |
| Total charges | Enter the total for all of the charges on the bill. |

| Job Modification/Pre-Job Accommodation Codes: | Lodging and Retraining Codes: | Retraining Codes: | Retraining Transportation Codes: |
|---|---|---|---|
| 0380R Job Modification equipment<br>0385R Pre-job accommodation equipment<br>0389R Job Modification/Pre-job accommodation consultation<br>0391R Travel/Wait<br>0392R Mileage<br>0393R Ferry | R0360 Board (food) and utilities<br>R0370 Rent<br>0375R One-time relocation fee (for life of claim) | R0310 Tuition, training fee<br>R0312 Supplies<br>R0315 Equipment, tools<br>R0320 Exams, license fee<br>R0340 Books<br>R0350 Other<br>R0390 Child care services | 0302R Parking<br>0303R Bridge and ferry toll<br>0304R Commercial transportation |