

WAC 296-21-290 Physical medicine. (1) **Whom does the department authorize and pay for physical medicine or physical therapy services?** The department or self-insurer may authorize and pay for physical medicine services from the following providers:

- A medical or osteopathic physician who is "board certified or board qualified" in the field of physical medicine and rehabilitation; or
- A licensed physical therapist; or
- The injured worker's attending doctor, within the limitations listed below.

The physical medicine services must be personally performed by the:

- Physical medicine and rehabilitation physician; or
- Attending doctor; or
- Licensed physical therapist; or
- Physical therapist assistant employed by and serving under the direction of a licensed physical therapist, physical medicine and rehabilitation physician, or attending doctor as required in RCW 18.74.180 (3) (a); or
- Licensed athletic trainer employed by and serving under the direction of a licensed physical therapist, physical medicine and rehabilitation physician, or attending doctor as required in RCW 18.250.010 (4) (a) (v).

Note: Licensed physical therapy provider rules are contained in chapter 296-23 WAC.

(2) **When may the department or self-insurer pay the attending doctor for physical medicine services?** The department or self-insurer may pay the attending doctor to provide physical medicine modalities and/or procedures in the following situations:

(a) The attending doctor's scope of practice includes physical medicine modalities and procedures.

(b) Only the physical medicine modalities and procedures allowed under the department's fee schedules and payment policies will be authorized or paid.

(c) No more than six physical medicine visits may be authorized and paid to the attending doctor. If the worker requires treatment beyond six visits, the worker must be referred to a licensed physical therapist or a board certified or qualified physical medicine and rehabilitation physician for such treatment. Payments will be made in accordance with the department's fee schedules and payment policies.

(d) In remote areas, where no physical medicine and rehabilitation specialist, licensed physical therapist or physical therapist assistant is available, physical medicine visits required by the patient's accepted condition(s) may be authorized and paid to the attending doctor. Payments will be made in accordance with the department's fee schedules and payment policies.

(e) The attending doctor may bill for office visits in addition to the physical medicine services only when a separately identifiable office visit service is provided in addition to the physical medicine service.

(3) **What codes and fees are payable for physical medicine services?**

- The codes, reimbursement levels, and other policies for physical medicine services are listed in the department's *Medical Aid Rules and Fee Schedules*. Physicians licensed in physical medicine and licensed physical therapists use CPT and/or HCPCS codes, rules and pay-

ment policies as listed in the department's *Medical Aid Rules and Fee Schedules* or provider bulletins.

- Attending doctors must use the local codes, rules and payment policies published in the department's *Medical Aid Rules and Fee Schedules* or provider bulletins.

[Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 14-23-064, § 296-21-290, filed 11/18/14, effective 1/1/15. Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.080. WSR 00-09-078, § 296-21-290, filed 4/18/00, effective 7/1/00. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-21-290, filed 8/1/93, effective 9/1/93.]