

Department of Labor & Industries (L&I)
Frequently Asked Questions (FAQ)
IMEs and Coronavirus (COVID-19)
Last Updated: May 6, 2020

Will we be able to continue doing IMEs during the COVID-19 outbreak?

There is no plan at this time to cease doing all IMEs. L&I is paying close attention to the public health response and will respond accordingly if the situation changes.

Are IME last-minute cancelation fees going to be waived for workers who do not want to travel due to the COVID-19 outbreak?

We are not assessing fees for good cause scenarios now, including the COVID-19 outbreak. However, we ask that workers notify their Claim Managers as soon as possible.

How will cancelations and rescheduling of IMEs be managed?

The highest priority IMEs will be rescheduled first. These include any request that has time limitations, such as re-openings and resumption for IME on appeal. Firms should consider their ability to perform the exam within the timeframe needed on priority exams. Non-priority exams should be scheduled out based on availability.

If there is no possibility of rescheduling within the timeframe needed, the referral will be canceled and other options considered, such as consultations.

Communication is key. Please contact the Scheduling Unit as soon as possible for any scheduling issues.

In preparation for an upcoming IME, an examiner conducted and dictated for transcription a detailed record review. How can compensation be provided for this already completed work if the worker cancels the IME at the last minute due to the COVID-19 outbreak, and the IME is not rescheduled with the same IME firm? NOTE: This scenario is different than a late cancelation, wherein no prior work has been completed by the examiner and no documentation is required to be submitted to L&I.

In this scenario, i.e., *late cancelations only and not reschedules*, where the examiner has already completed the record review and dictation in advance of the IME, the examiner should complete a full record review and submit that report to L&I. This process will be in place through July 3, 2020, unless it is determined that an extension is needed.

To bill for this record review, contact [Teri Baughman](#) for preauthorization. Once the service is preauthorized, use code 1124M – “other, by report” – to bill for the record review, which pays \$381.81. Additional pages over 400 may also be billed using this code and pays at \$1.09/page. Note that “time” is not a billable service. Again, this is not the same process as a “late cancelation.”

See additional updated information on page 9 of this FAQ regarding the temporary payment policy for record reviews.

How do we know what IME firm and examiner capacity is available to continue performing IMEs?

L&I asks that the IME firms conduct a self-inventory of the availability of their examiners and specialties, and provide their overall examiner availability due to the COVID-19 concerns. Individual examiner information is not required. We are monitoring any shortage of specialties and overall examiner capacity. This information should be forwarded to [Kristen Baldwin-Boe](#). Firms should update this information as changes in examiner availability occur.

Is there any consideration given to conduct IMEs via telemedicine?

See additional updated information on page 9 of this FAQ regarding the temporary payment policy for telemedicine.

To help support containment of the COVID-19 outbreak, mental health IMEs are now allowed to be conducted via telemedicine through July 3, 2020, unless it is determined that an extension is needed. Injured workers are allowed to use their home as an origination site when a telemedicine mental health IME is conducted so long as the worker has the ability to use their home as the origination site. See L&I's [Temporary Telehealth Policy](#). The Claim Manager must be contacted first to ensure there is agreement from the worker/attorney in order to change the exam type to telemedicine. In order to do mental health IMEs via telemedicine, the following must be considered:

- The mental health IME must include BOTH audio and visual technology, with a high-speed internet connection with reliable connectivity.
- All parties, including the worker, employer, attorney, etc., must agree to a mental health IME via telemedicine.

Notify [Kristen Baldwin-Boe](#) if the IME firm has capability to conduct telemedicine mental health IMEs. ***See additional information on page 6 of this FAQ regarding further requirements and other IME types that may be appropriate for telemedicine.***

If a mental health IME is conducted via telemedicine with the worker at home, what is the assurance that the IME is not being recorded?

Under WAC 296-23-367, the use of recording equipment of any kind by the worker or accompanying person is not allowed. The worker should be reminded of this prior to the telemedicine mental health IME.

Is there consideration to suspend the 14-day late IME report process during this time?

Under WAC 296-23-347, IME reports received after 14 calendar days may be paid at a lower rate per the fee schedule. Considering the COVID-19 outbreak, L&I is suspending any new orders related to fee reductions effective immediately, and until at least July 3, 2020. However, there is still the expectation that IME reports should be completed as soon as possible so as not to delay potential care, PPD payments or time loss payments to workers.

How can we ensure that new examiner applications, or applications adding practice locations, get through the credentialing process quickly?

The processing of new IME applications, or those expanding their exam sites, will be handled as a priority work item to ensure ongoing access to IMEs for workers.

How does Self-Insurance employers and TPAs work into these processes?

L&I cannot make decisions on Self-Insurance IMEs. The employer/TPA should be contacted directly to obtain agreement and authorize use of these alternative IME processes.

When diagnostic studies are needed to complete the exam, but there is a delay in scheduling the studies, should the report be sent to L&I noting a delay in diagnostic studies?

Yes, send the report to L&I. A billable addendum can then be provided if necessary once the diagnostic studies are received.

What resources are available to answer further questions, including personal protective equipment (PPE) recommendations for businesses?

Resources available to assist with questions include the following:

- Washington State Department of Health coronavirus webpage:
[Department of Health emergency coronavirus page](#).
[Department of Health Novel Coronavirus Outbreak 2020](#).
- State Department of Health [workplace and employer recommendations](#).
- [World Health Organization \(WHO\) coronavirus resources](#).
- [OSHA coronavirus resources](#).
- [Centers for Disease Control and Prevention coronavirus resources](#).
- [Environmental Protection Agency coronavirus disinfectants](#).

Below is an update to the IME and COVID-19 FAQ as of April 3, 2020:

DEFINITIONS:

- **Forensic Exam** – Agreed and authorized by the claim manager (CM), addressing questions, and then authorized for payment by Teri Baughman.
- **Record Review** – A summary of the records reviewed in advance of an exam where the worker was a “no show” and the exam was rescheduled with a different IME firm, or an exam that was “canceled” and rescheduled with a different IME firm. The record review is documentation of the work completed in preparation for the exam, and does not address questions asked to be addressed during a full exam. If a panel/examiner believes a forensic exam is appropriate, this must be authorized by the CM first (see “Forensic Exam”).

What is the workflow of options available to IME firms to bill for services when the worker is a “no show” or “late cancellation?”

The revised IME workflow, through July 3, 2020, includes the addition of firms being able to bill for a **Record Review** as outlined below:

No Show/Late Cancellation/Record Review Options:

- Bill for a “**No Show**” under 1111M or 1120M (see billing requirements),
OR:
- Bill for a “**Late Cancellation**” under 1134M or 1135M (see billing requirements),
OR:
- Bill for a **Record Review**** under 1124M “Other, by Report” – and submit the **Record Review** documentation to L&I. **Preauthorization for a Record Review must be obtained by contacting [Teri Baughman](#).**

***** NOTE: The Record Review option can ONLY be used when the IME is not rescheduled with the same IME firm in the future. If no show/late cancellation IME is rescheduled with the same IME firm in the future, bill for a “no show/late cancellation” as appropriate, and then the record review can be used as part of the future full IME and report. No Show or Late Cancellation cannot be combined with a Record Review bill.***

- The Forensic process will not change, i.e., this type of request is typically generated by the claim manager (CM) and typically involves cases where the worker is too ill to go to an IME or in the case of fatality claims. However, if the IME firm feels this may be an option, they can request authorization through the CM during this time. Although a forensic exam must first be authorized by the CM, Teri Baughman must be notified of the CM approval so that the 1124M payment can also be authorized. **Forensic requests have specific questions for the examiner to answer** (while a Record Review does not include answering questions). During the coronavirus (COVID-19) response, the CM will look to be more liberal with Forensic requests, including the possibility of re-openings.

See additional updated information on page 9 of this FAQ regarding the temporary payment policy for record reviews.

In addition, to mental health IMEs being performed via telehealth/telemedicine until July 3, 2020, has consideration been given to any other types of IMEs for telehealth?

The list below is based on whether the specific area requires significant information from the physical examination that is essential to the evaluation. If the examiner has ways to obtain the required information remotely, L&I could defer to that circumstance on a case-by-case basis. Telemedicine may be appropriate in the following cases, based on individual circumstances, when both audio and video connections are available:

- a. Mental Health.
- b. Dermatology.
- c. Speech – when there is no documented hearing loss.
- d. Kidney Function.
- e. Hematopoietic System (blood).
- f. Endocrine.

Requirements for IMEs conducted via telemedicine include:

- a. Examiner believes exam is appropriate to conduct via telemedicine.
- b. All parties are in agreement with a telemedicine IME (i.e., claim manager, worker, representative, employer, etc.). This agreement includes location of the worker and/or examiner (i.e., home, IME firm site, etc.).
- c. Telemedicine IMEs would bill the place of service -02 for “telehealth” so as to track and be able to do a retrospective review.

- d. Follow the system requirements documented in [Chapter 10](#) of the Medical Aid Rules and Fee Schedule (page 24), which are: “Telehealth services and teleconsultations require an interactive telecommunication system, consisting of special audio and video equipment that permits real-time consultation between the patient and the consultant. Providers are responsible for ensuring the complete confidentiality and privacy of the worker is protected at all times.”

See additional updated information on page 9 of this FAQ regarding the temporary payment policy for telemedicine.

Below is an update to the IME and COVID-19 FAQ as of April 7, 2020:

Regarding worker permission to convert to a telemedicine exam, is there a way to secure worker permission for telemedicine earlier in the life of the claim?

Going forward, L&I is working to give the CMs the tools they need to ask upfront for mental health IMEs, including how to then document consent from the worker. A process to document the worker’s consent for other types of telemedicine IMEs deemed appropriate has yet to be developed.

Another unfortunate aspect of obtaining agreement for telemedicine is that worker consent may be obtained today, however, if an attorney joins the claim prior to the IME, the process would need to be performed again, i.e., all parties to the claim must agree to telemedicine.

Per the recently signed IME bill, if a worker opts for a telemedicine exam, how will L&I communicate this on the scheduling request, or obtain up-to-date contact information?

The bill, while signed, only partially goes into effect on June 11, 2020, which is the date that a workgroup must be created to study the options and develop recommendations regarding telemedicine, in addition to many other aspects of IMEs. Effective January 1, 2021, the remainder of the bill takes effect. The work that will be done by the workgroup will determine how this process works in the future.

Regarding confirming e-delivery of the link to a video exam, without a worker’s cell phone number or email address, the link to their telemedicine appointment cannot be sent. How can we contact the worker and get this information to them in an expeditious fashion?

While L&I attempts to have updated information regarding the best telephone number for workers, this may still be an issue. L&I does not ask for worker email addresses, nor is there a way to capture email addresses in a secure non-public way. This is one of the nuances of offering telemedicine services for IMEs that will need to be addressed by the workgroup commissioned under SB 6440. When it can be done, it may be helpful for the IME firm to include log-in steps and the appropriate URL for worker exams in their reminder letters.

When contacting workers for approval for a telemedicine exam, there is variation in worker technology capacity and capability. How can this be mitigated?

Worker technology capacity and capability is of concern and should be taken into consideration when determining whether telemedicine is appropriate for the worker's IME, or whether it would be more appropriate to reschedule for an in-person exam in the future.

In cases where the psychiatrist is not in the office (telemedicine), but the worker comes into the IME site/location, do the worker and other parties to the claim still need to be notified and agree?

Yes, as this is not a "face-to-face" IME, all parties must be in agreement with the telemedicine feature of the IME.

What are Department considerations for continuing and/or expanding telemedicine services in the future for IMEs after the current COVID-19 pandemic?

The review and decision around continuing telemedicine IMEs in the future will be part of the roles and responsibilities of the workgroup commissioned under SB6440.

What can be done to allow for split panel/exam dates during this time, especially the Ortho/Neuro/Psych panel exam?

The automatic scheduling process cannot accommodate split exam dates due to the many variables involved. Please contact the schedulers directly for allowance of split panel/exam dates. In addition, the scheduling team has been instructed to extend the timeframe to one full day, rather than 3 hours to submit the appointment date/times.

Below is an update to the IME and COVID-19 FAQ as of May 6, 2020:

What is the process for IME firms to bill for a record review and telemedicine services?

The temporary payment policy for IMEs provides further details on [how to bill for a record review and telemedicine services](#).