



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

Behavioral Health Services

Effective January 1, 2020



Link: Look for possible **updates and corrections** to these payment policies at:

www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2019/



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Definitions

- ▶ Behavioral Health Services: Used to identify biopsychosocial barriers influencing recovery related to the prevention, treatment or management of physical injuries or occupational diseases. The focus is not on mental health but on services to improve the patient's health and well-being using cognitive, behavioral, and social interventions.



Payment policy: Behavioral Health Services

► Who the policies in this section apply to

The behavioral health services payment policies in this section apply to workers covered by the State Fund and self-insured employers who have opted to participate in the pilot. This payment policy applies only to those providers who are participating in the pilot.

The policies in this section don't apply to crime victims.



Links: For more information on **mental health services** for State Fund and self-insured claims, see [WAC 296-21-270 and WAC 296-14-300](#). (Also, see Authorization and Reporting Requirements for Mental Health Specialists, below.)

For information about mental health services' policies for the Crime Victims' Compensation Program, see:

www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources/ and [WAC 296-31](#).



Link: The fee schedule is available at: <http://feeschedules.Lni.wa.gov>.

► Who must perform these services to qualify for payment

Authorized behavioral health services must be performed by a:

- LMFT Licensed Marriage and Family Therapists
- LICSW Licensed Independent Social Worker
- LMHC Licensed Mental Health Counselor

These services must be documented and submitted to the department on our required forms:

- Assessment: [F245-461-000](#)
- Intervention/Reassessment: [F245-462-000](#)

► Services that are covered

These Health and Behavior Assessment/Intervention (HBAI) CPT® billing codes:

- 96156,
- 96158, *and*
- 96159.

Only HBAI services referred by the attending provider are covered.

Telephone calls to employers, vocational counselors and attending physicians use CPT® billing codes:

- 98966,
- 98967, *and*
- 98968.



Payment policy: Case management services – Telephone calls

► Who must perform these services to qualify for payment

Telephone calls are payable to the masters level therapist only when they personally participate in the call.

► Services that can be billed

These services are payable when discussing or coordinating care or treatment with:

- The worker,
- L&I staff,
- Attending Provider
- Vocational rehabilitation counselors,
- Nurse case managers,
- Health services coordinators (COHE),
- L&I medical consultants,
- Other physicians,
- Other providers,

- TPAs, or
- Employers.



Note: The insurer will pay for telephone calls if the provider leaves a detailed message for the recipient and meets all of the documentation requirements.

Telephone calls are payable regardless of when the previous or next office visit occurs.



Note: L&I doesn't adhere to the CPT® limits for telephone calls.

► Services that aren't covered

- Telephone calls aren't payable if they are for:
 - Authorization, or
 - Resolution of billing issues, or
 - Ordering prescriptions.

Requirements for billing

Using correct CPT® billing codes If the duration of the telephone call is...	And you are a non-physician (see Note below table), then bill CPT® code:
1-10 minutes	98966
11-20 minutes	98967
21-30 minutes	98968

Documentation requirements

Each provider must submit documentation for the telephone call that must include:

- The date, and
- The participants and their titles, and
- The length of the call, and
- The nature of the call and
- All medical, vocational or return to work decisions made.



Payment policy: Case management services – Team conferences

► Who must perform team conferences to qualify for payment

Team conferences may be payable when the **master's level therapist** meets with one or more of the following:

- An interdisciplinary team of health professionals,
- Attending Provider,
- L&I staff,
- Vocational rehabilitation counselors,
- Nurse case managers,
- L&I medical consultants,
- Masters level therapists,
- SIEs/TPAs, *or*
- PTs, OTs, and speech language pathologists.

Requirements for billing

Using correct CPT® billing codes

If the patient status is...	And you are a non-physician, then bill CPT® code:
Patient present	99366
Patient not present	99368

For conferences **exceeding 30 minutes**, multiple units of **99366** and **99368** may be billed. If the duration of the conference is:

- 1 - 30 minutes, then bill 1 unit, *or*
- 31 - 60 minutes, then bill 2 units.

► Documentation requirements

Each provider must submit their own conference report; joint reports aren't allowed. Each conference report must include:

- The date, *and*
- The participants and their titles, *and*
- The length of the visit, *and*
- The nature of the visit, *and*
- All medical, vocational or return to work decisions made.

In addition to the documentation requirements noted above, team conference documentation must also include a goal oriented, time limited treatment plan covering:

- Medical,
- Surgical,
- Psychosocial barriers,
- Vocational or return to work activities, *or*
- Objective measures of function.

The treatment plan must allow a determination whether a previously created plan is effective in returning the worker to an appropriate level of function.

► Services that aren't covered

These services (CPT® billing codes) aren't covered:

- 90845,
- 90846,
- 90849,
- 90863
- 90885,
- 90887,
- 90889,
- 90899,
- 96153,
- 96154, *and*
- 96155.



Note: Coverage of psychotherapy services is only authorized after mental health evaluation recommends continued treatment with an MLT.

Psychological testing

Neuropsychological testing is considered outside the scope of behavioral health services provided by MLTs. Providers may choose to track symptom severity across time using symptom scales (e.g., PHQ-9 or BDI for depression, GAD-7 or BAI for anxiety). These instruments are not diagnostic.

► Payment limits

Behavioral health treatment will be reimbursed and is authorized only when ordered by the worker's attending provider and rendered by a licensed master's level therapist (MLT) or psychologist.

The department or self-insurer will pay for a total of 8 visits before utilization review using CPT® codes 96156, 96158, 96159 for a total daily maximum of one combined hour. After utilization review, a second set of 8 visits may be payable up to a maximum of 16 visits for the life of the claim.

The utilization review process will review the quality, progress made and medical necessity of behavioral health services provided to workers when care is requested beyond 8 visits. Practitioners should refer to WAC 296-20-01002 for the department's rules regarding proper and necessary care and to WAC 296-20-024 for the department's rules regarding utilization review and quality assurance.

A behavioral health progress report must be submitted to the attending doctor and the department or the self-insurer following each visit. Forms are available at [MLT pilot website](#).

Behavioral health services may be rendered via telemedicine, see [MARFS Chapter 10: Evaluation and Management \(E/M\) Services](#)



Link: [For additional information regarding mental health: Authorization and Reporting Requirements for Mental Health Specialists see:](#)

<http://www.Lni.wa.gov/ClaimsIns/Files/OMD/20160615MHSpecialistsAuthorizationandReportingRequirements.pdf>



Links: Related topics

If you're looking for more information about...	Then go here:
Administrative rules for mental health services	<p>WAC 296-21-270: http://apps.leg.wa.gov/wac/default.aspx?cite=296-21-270</p> <p>WAC 296-14-300: http://app.leg.wa.gov/wac/default.aspx?cite=296-14-300</p>

If you're looking for more information about...	Then go here:
Authorization and Reporting Requirements for Mental Health Specialists	L&I's website: http://www.Lni.wa.gov/ClaimsIns/Files/OMD/20160615MHSpecialistsAuthorizationandReportingRequirements.pdf
Fee schedules for all healthcare facility services (including ASCs)	L&I's website: http://feeschedules.Lni.wa.gov
Mental health services website	L&I's website: www.Lni.wa.gov/mentalhealth
Mental health services payment policies for crime victims	L&I's website: www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources/ WAC 296-31: http://apps.leg.wa.gov/wac/default.aspx?cite=296-31

► **Need more help?** Call L&I's Provider Hotline at **1-800-848-0811** or

Email at MLT@Lni.wa.gov