



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

Chapter 22: Other Services

Effective July 1, 2018



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

www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2018/



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Payment policy: After hours services

▶ Services that can be billed

CPT® codes **99050** through **99060** will be considered for separate payment in the following circumstances:

- When the provider's office isn't regularly open during the time the service is provided, *or*
- When services are provided on an emergency basis, out of the office, that disrupt other scheduled office visits.



Note: Also see Payment limits, below.

▶ Documentation requirements

Medical necessity and urgency of the service must be documented in the medical records and be available upon request.

▶ Payment limits

Only one code for after hours services will be paid per worker per day.

A second day can't be billed for a single episode of care that carries over from one calendar day to the next.

CPT® codes **99050** through **99060** aren't payable when billed by:

- Emergency room physicians,
- Anesthesiologists/anesthetics,
- Radiologists, *or*
- Laboratory clinical staff.



Payment policy: Activity Coaching

Activity Coaching:

Activity coaching is a standardized intervention developed by the Progressive Goal Attainment Program (PGAP®). It consists of an assessment and may be followed by up to 10 individual sessions. The purpose of the services is to reduce psychosocial barriers to rehabilitation progress, promote re-integration into life-role activities, increase quality of life, and facilitate return-to-work. These goals are achieved through targeted treatment of psychosocial risk factors, structured activity scheduling, graded-activity involvement, goal-setting, problem-solving, and motivational enhancement.

Services that can be billed

Billing code	Description	Unit limit	Unit Price
CPT 96150	Activity Coaching Initial Assessment	5 units per life of claim (1 unit = 15 min)	\$41.43
CPT 96151	Activity Coaching Reassessment	5 units per day 10 units per life of claim (1 unit = 15 min)	\$40.14
CPT 96152	Activity Coaching Intervention	4 units per day 40 units per life of claim (1 unit = 15 min)	\$38.20
1160M	PGAP Workbook/Video	1 per life of claim	\$83.24

Activity Coaching – Telephone calls to worker legal representatives

▶ Who must perform these services to qualify for payment

Telephone calls are payable to approved PGAP Activity Coaches only when they personally participate in the call.

▶ Services that can be billed

These services are payable when providing outreach, education, and facilitating services with:

- Worker's legal representative identified in claim file.



Note: The insurer will pay for telephone calls if the coach 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.

▶ Services that aren't covered

Telephone calls aren't payable if they are for:

- Authorization, scheduling or resolution of billing issues

▶ Requirements for billing

Use the correct local billing codes and provide documentation as described below.

If the duration of the telephone call is...	And you are a PGAP activity coach, then bill local code
1-10 minutes	1725M
11-20 minutes	1726M
21-30 minutes	1727M

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.

This may be documented in a report and/or a session note.



Payment policy: Locum tenens

▶ Who must perform these services to qualify for payment

A locum tenens physician must provide these services.



Link: For information about requirements for Who may treat, see [WAC 296-20-015](#).

▶ Requirements for billing

The department requires all providers to obtain a provider account number to be eligible to treat workers and crime victims and receive payment for services rendered.



Note: Modifier –Q6 isn't covered and the insurer won't pay for services billed under another provider's account number.



Payment policy: Provider mileage

▶ Prior authorization

Prior authorization is required for a provider to bill for mileage.

The round trip mileage must exceed 14 miles.



Note: Reimbursement for such provider mileage is limited to extremely rare circumstances.

▶ Requirements for billing

To bill for preauthorized mileage:

- Round trip mileage must exceed 14 miles, *and*
- Use local billing code **1046M** (Mileage, per mile, allowed when round trip exceeds 14 miles), which has a maximum fee of **\$5.27** per mile.



Note: (Also see Prior authorization, above.)



Payment policy: Ventilator management services

▶ Services that can be billed

The insurer pays for **either** the:

- Ventilation management service code (CPT® codes **94002-94005, 94660, and 94662**), *or*
- E/M service (CPT® codes **99201-99499**),
- But won't pay both (also see Payment limits, below).

▶ Payment limits

The insurer doesn't pay for ventilator management services when the same provider reports an E/M service on the same day. If a provider bills a ventilator management code and an E/M service for the same day, payment:

- Will be made for the E/M service, *and*
- Won't be made for the ventilator management code.



Links: Related topics

If you're looking for more information about...	Then go here:
Administrative rules for "Who may treat"	Washington Administrative Code (WAC) 296-20-015: http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-015
Becoming an L&I provider	L&I's website: www.Lni.wa.gov/ClaimsIns/Providers/Becoming/
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare facility services	L&I's website: http://feeschedules.Lni.wa.gov

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