



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

Temporary Telehealth Policy – Initial Evaluation

Effective March 9, 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

- ▶ **Emergency epidemic:** When the Governor declares a state of emergency that directs state agencies to use all resources necessary to prepare for and respond to an outbreak. In this situation, L&I may implement modified policies (such as a temporary telehealth policy) to support providers and workers. The duration of these modified policies will initially last 120 days, after which L&I will assess if a continuation is necessary.
- ▶ **Established patient:** One who has received professional services from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years.

L&I uses the CPT® definition for established patients. Refer to a CPT® book for complete code descriptions, definitions, and guidelines.

- ▶ **New patient:** One who hasn't received any professional services from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years.

L&I uses the CPT® definition for new patients. Refer to a CPT® book for complete code descriptions, definitions, and guidelines.

- ▶ **Originating site:** The place where the worker is located when receiving telehealth services. For the purposes of this temporary policy, the originating site may be the worker's home. Refer to [Chapter 10: Evaluation and Management \(E/M\) Services](#) for additional information about telehealth services rendered to a worker at an origination site other than home.
- ▶ **Telehealth and Telemedicine:** For the purposes of this temporary policy, the terms telehealth and telemedicine are used interchangeably and refer to face-to-face services delivered by a qualified medical provider through a real-time, two-way, audio video connection. These services aren't appropriate without a video connection.



Payment policy: Telehealth Services for initial evaluation

Labor and Industries (L&I) is temporarily allowing the delivery of new patient initial evaluations including the filing of the Report of Accident via telehealth. This temporary Telehealth policy helps limit the spread of the coronavirus (COVID-19) outbreak, while still allowing new patient evaluation and management services, when appropriate.

Effective March 9, 2020, L&I [Medical Provider Network](#) practitioners may use telehealth as a modality to deliver initial evaluation and management services for workers. This temporary policy is considered supplementary and doesn't replace [Chapter 10: Evaluation and Management \(E/M\) Services](#) or any other policies noted in the Medical Aid Rules and Fee Schedules (MARFS).

This temporary policy expands services to allow providers and workers to initiate evaluation and treatment during an emergency epidemic and will expire July 3, 2020 unless the department determines an extension is required.

Before the evaluation, the provider is responsible for assessing a worker's ability and willingness to participate in initial evaluation via telehealth as well as ensuring telehealth is the appropriate method of service delivery to obtain an accurate diagnosis and determine the proper interventions.

Both the worker and provider must be comfortable with the decision to provide service by telehealth and document the worker's understanding and agreement as per the documentation section.

Using [FileFast](#) to submit Reports of Accident is encouraged so worker signature, description of accident and employer information is submitted without the need for paper. Use of FileFast will also expedite L&I's receipt of the claim and benefit decisions.



Note: For communication without two-way video, see [Chapter 10: Evaluation and Management \(E/M\) Services](#).

► System requirements

Telehealth services and teleconsultations require an interactive telecommunication system, consisting of special two-way audio and video equipment that permits real time consultation between the patient and provider. Providers are responsible for ensuring complete confidentiality and privacy of the worker is protected at all times.



Note: If interpreter services are needed, providers may use an in-person interpreter via video or telephone. Additional details are covered in the [Temporary Interpretive Services via Video or Telephone policy](#).

▶ Services that can be billed

- New patient evaluation and management services, CPT® codes 99201-99203.
- Additionally, some initial evaluation codes for other secondary or concurrent providers may be allowed for initial evaluations (See specific temporary telehealth policies regarding those provider types or services).

When scheduling the telehealth visit, the provider is responsible for ensuring telehealth is the appropriate method of service delivery to effectively to obtain an accurate diagnosis and determine proper interventions. For examples of injuries that would be inappropriate to evaluate by telehealth, see Non-covered section.



Note: An initial phone call with the worker may be required to determine appropriateness for telehealth services. A billable telephone call must be personally made by the provider and all documentation requirements noted in MARFS must be met. See [Chapter 10: Evaluation and Management \(E/M\) Services](#) under Case Management Services – Telephone calls for more information.

If a worker isn't making progress then future telehealth may be an inappropriate method for delivery of services. Workers with time off work due to their injury extending beyond four weeks should be considered for in-person evaluation to ensure case progress and to address any barriers in the return to work process. The addition of new diagnoses or a new certification of time-loss should prompt the provider to consider an in-person examination.

▶ Billing requirements

For services delivered via telehealth, bill the applicable codes as if delivering care in person.

When the worker's home is the originating site, services must be billed using **place of service –02** (which is defined as, "Telehealth").

HCPCS code **Q3014** can't be billed when the worker's origination site is home.

Modifier –GT shouldn't be used.

▶ Duration of temporary policy

This emergency temporary telehealth policy expires July 3, 2020. If the insurer deems it necessary to extend this policy, an update and correction will be posted.

▶ Additional documentation requirements

For the purposes of this temporary policy, the following must be included in addition to the documentation and coding requirements for services you are billing, as noted in MARFS:

- A note about the emergency situation (limiting exposure to COVID-19, in this case) that prompted the encounter to occur via telehealth, *and*
- A notation that the worker's home is the originating site.
- Documentation of worker consent to participate in telehealth services

If treatment is to continue via telehealth, the evaluation report must include a detailed plan for implementing telehealth as agreed upon in a collaborative manner between the provider and worker.



Link: For documentation and coding requirements regarding evaluation and management, see [Chapter 10: Evaluation and Management \(E/M\) Services](#).

▶ What isn't covered

CPT® codes 99204 and 99205.

Examples of injuries that would be inappropriate for telehealth include but aren't limited to:

- Major traumatic injuries or other injuries that may result in conditions that can't be adequately evaluated by visual inspection alone; Which may include, but isn't limited to:
 - contusions with deformities, or
 - suspected fractures, or
 - internal visceral damage.

- Injuries requiring complex physical evaluation procedures may not be appropriate for telehealth visits.
- Injuries which require immediate procedures or interventions aren't appropriate for telehealth visits.

The insurer won't provide reimbursement to any party who acquires equipment for telehealth.

The worker won't be reimbursed for using home as an originating site, or for any other telehealth related services.

Telephonic visits don't replace video two-way communication and can't be used to bill E/M services. Case management services may be delivered telephonically (audio only) and are detailed in MARFS Billing and Payment Policies. See [Chapter 10: Evaluation and Management \(E/M\) Services](#).

HCPCS code **Q3014** can't be billed when the worker's origination site is home.

Telehealth services must be originated either from a medical origination site or worker's home and the selection of a provider is the worker's choice by law. Services may not be delivered from either the employer's worksite or any location owned or controlled by the employer that is not operated by a Medical Provider Network practitioner.



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: https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/
E/M Services	Chapter 10: Evaluation and Management (E/M) Services
Interpretive Services via Video or Telephone	Temporary Interpretive Services via Video or Telephone Policy: https://lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/TempInterSvcsviaVideoorTelephonePolicy03092020thru07032020.pdf
Mental Health Services	Chapter 17: Mental Health Services
Reports and Forms	Chapter 27: Reports and Forms

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