

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

# Temporary Telerehab Policy

**Effective March 20, 2020**



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

[www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2019/](http://www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2019/)



## Table of contents

**Page**

**Payment Policies:**

Definitions..... TR-2

Payment policy: Telerehab Services During an Emergency Epidemic ..... TR-3

**More Info:**

Related topics..... TR-6



## 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:** When the billing practice has an established relationship with the patient (existing provider/patient relationship).
- ▶ **Originating site:** The place where the worker is located when receiving telehealth services. For the purposes of this policy, the originating site is the worker's home.
- ▶ **Telehealth and Telemedicine:** For the purposes of this 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 video connection. These services are not appropriate without a video connection.
- ▶ **Telerehabilitation (telerehab):** A type of telehealth providing outpatient physical, occupational, and speech therapy services.



## Payment policy: Telerehab Services

This temporary policy doesn't replace [Chapter 25: Physical Medicine Services](#). This temporary policy also doesn't replace [Chapter 10: Evaluation and Management Services](#), or any other chapters within the Medical Aid Rules and Fee Schedules (MARFS).

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

### ► System requirements

Telerehab services require an interactive telecommunication system, consisting of special audio and video equipment that permits real time, two-way communication 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 access a telephonic interpreter using the identified vendor in [Chapter 14: Interpretive Services](#) when the worker's home is the originating site. When the worker's home is the originating site, face-to-face interpretation isn't covered.

### ► Services that can be billed when the worker's home is the originating site

This policy allows for the temporary coverage of telerehab. Telerehab visits have the same requirements as in-person visits, with the exception of the exclusions below, including the daily cap limits. Telerehab visits also count toward authorized allowances and utilization review.

Covered providers are:

- Physical therapists,
- Physical therapy assistants,
- Occupational therapists,
- Occupational therapist assistants,

- Speech language pathologists, *and*
- Speech language pathology assistants.

The physical, occupational, and speech language pathologist is responsible for ensuring telerehab is the appropriate method of service delivery for safe and effective care. Both the worker and the provider need to be comfortable with the decision to provide services via telehealth.

The worker must be an **established patient**.

Physical therapy, occupational therapy, or speech language pathology assistants may provide telerehab services, so long as the licensed therapist oversees the service.

Providers acting within their scope of practice may provide treatment and reevaluation via telerehab, including but not limited to services that can be performed with only visual and verbal cues, such as therapeutic exercise, therapeutic activities, or cognitive function treatment.

## ▶ Billing requirements

### Origination site

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

HCPCS code **Q3014** is only billable by the provider when a medical origination site for services is used. It may not be billed when the worker's origination site is home.

### Providers

Your documentation for telehealth delivery must be identified clearly and separately in the medical record.

## ▶ Duration of temporary policy

This emergency 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, include the following documentation in addition to the existing requirements outlined in [Chapter 25: Physical Medicine Services](#):

- What prompted the encounter to occur via telehealth, *and*
- A notation of the providers and worker's originating site (home or medical facility).

### ▶ What isn't covered

Evaluations of new patients using telehealth isn't covered.

Treatments that require patient contact or direct hands-on care for telerehab delivery, including but not limited to manual therapy, massage therapy, fitting and fabrication of orthotics, and modalities

Athletic trainers and students using telehealth are not covered.

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.

Telemedicine procedures and services that aren't covered include:

- "Store and Forward" technology, asynchronous transmission of medical information to be reviewed by the consultant at a later time,
- Facsimile transmissions,
- Purchase, rental, installation, or maintenance of telecommunication equipment or systems, *and*
- Telehealth transmission, per minute (HCPCS code **T1014**).



**Links: Related topics**

If you're looking for more information about...	Then go here:
<b>Administrative rules</b> for "Who may treat"	Washington Administrative Code (WAC) 296-20-015: <a href="http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-015">http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-015</a>
<b>Becoming an L&amp;I provider</b>	L&I's website: <a href="http://www.Lni.wa.gov/ClaimsIns/Providers/Becoming/">www.Lni.wa.gov/ClaimsIns/Providers/Becoming/</a>
<b>Billing</b> instructions and forms	Chapter 2: <a href="#">Information for All Providers</a>
<b>E/M Services</b>	Chapter 10: <a href="#">Evaluation and Management (E/M) Services</a>
<b>Fee schedules</b> for all healthcare facility services	L&I's website: <a href="https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/">https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/</a>
<b>Interpretive Services</b>	Chapter 14: <a href="#">Interpretive Services</a>
<b>Physical Medicine Services</b>	Chapter 25: <a href="#">Physical Medicine Services</a>
<b>Temporary Telehealth Policy</b>	Temporary Telehealth Policy: <a href="https://www.lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/200309temporarytelehealthpolicy.pdf">https://www.lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/200309temporarytelehealthpolicy.pdf</a>

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