



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

Temporary Record Review & Telehealth Independent Medical Exams (IME) Policy

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 record review and telehealth policy) to support providers and workers. The duration of these modified policies will initially last 120 days, after which time L&I will assess if a continuation is necessary.

- ▶ **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.

- ▶ **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.

- ▶ **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: Temporary Telehealth IME and Record Review

Labor and Industries (L&I) is temporarily allowing the delivery of independent medical exams (IME) via telehealth, and **record reviews**. This temporary telehealth policy helps limit the spread of the coronavirus (COVID-19) outbreak, while still allowing exams to occur.

Effective March 9, 2020, L&I IME providers may use telehealth as a modality to deliver exams for workers. This temporary policy is considered supplementary and doesn't replace [Chapter 13: Independent Medical Exams \(IME\)](#), or any other chapters within the Medical Aid Rules and Fee Schedules (MARFS).

This temporary policy expands services to allow certain IME exams and record reviews to occur during an emergency epidemic. This policy will expire June 30, 2022 unless the department determines an extension is appropriate. The department also reserves the right to terminate this policy before June 30, 2022.

Before the exam, the IME provider(s) is responsible for assessing a worker's ability and willingness to participate in an exam via telehealth, as well as ensuring telehealth is the appropriate method of service delivery for safe and effective care.

The claims manager, worker, representative, employer, or any other party to the claim, must also agree a telehealth IME is appropriate. These individuals should also agree to the location of the worker during the exam.

► System requirements

Telehealth services require an interactive telecommunication system, consisting of special two-way audio and video equipment that permits real time communication between the worker 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](#). As of July 1, 2021, all telehealth interpreter needs must go through [CTS LanguageLink](#).

▶ Services that can be billed

The following exams may be conducted via telehealth:

- Mental health,
- Dermatology,
- Speech when there is no documented hearing loss,
- Kidney function,
- Hematopoietic system,
- Endocrine.

When scheduling the telehealth visit, the provider is responsible for ensuring telehealth is the appropriate method of service delivery to effectively conduct an exam. Telehealth visits have the same requirements as in-person visits.



Note: Impairment ratings for the exams noted above may be performed via telehealth. Use **1194M** if impairment is rated by a consultant, or **1191M** if impairment is rated by attending physician.

For the purposes of this temporary policy, the following requires prior authorization:

- **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.
 - Bill using **1124M**.
 - Prior authorization is obtained by contacting the insurer.
 - Record review must be submitted to the insurer.

▶ Billing requirements

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

Bill the appropriate local code using **place of service –02**.

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 record review and telehealth IME policy expires June 30, 2022. If the department deems it necessary to extend or terminate 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 [Chapter 13: Independent Medical Exams \(IME\)](#):

- A note about the emergency situation (limiting exposure to COVID-19, in this case) that prompted the encounter to occur via telehealth,
- A notation that the worker's home is the originating site, *and*
- Documented consent of the claims manager, worker, employer, representative (if applicable), and all other parties.

▶ **What isn't covered**

Exams that require worker contact or direct hands-on care isn't covered via telehealth.

Exams other than those noted above aren't covered via telehealth.

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 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.



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/
Independent Medical Exams	Chapter 13: Independent Medical Exams (IME)
Interpretive Services	Chapter 14: Interpretive Services
Temporary Interpretive Services via Video or Telephone Policy	Temporary Interpretive Services via Video or Telephone Policy: https://lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/TempInterSvcsviaVideoorTelephonePolicy03092020thru07032020.pdf
Temporary Telehealth Policy	Temporary Telehealth Policy: https://www.lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/200309temporarytelehealthpolicy.pdf

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