



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

Temporary Telehealth Policy When the Worker's Home is the Originating Site

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.

- ▶ **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 When the Worker's Home is the Originating Site

Labor and Industries (L&I) is temporarily allowing the delivery of telehealth when the worker's home is the originating site. This temporary telehealth policy helps limit the spread of the coronavirus (COVID-19) outbreak, while still allowing certain services to occur, when appropriate.

Effective March 9, 2020, L&I providers may use telehealth to deliver services. This temporary policy 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 and continue treatment or case management during an emergency epidemic and will expire March 31, 2022 unless the department determines an extension is appropriate. The department also reserves the right to terminate this policy before March 31, 2022.

Initial evaluations may be conducted via telehealth. This applies to each of the temporary policies listed on the MARFS [Updates and Corrections](#) webpage. See the [Temporary Initial Evaluations Policy](#) for additional details.

The provider is expected to make arrangements for in-person evaluation and intervention, including but not limited to:

- If the provider has determined the worker is not a candidate for telehealth either generally or for a specific assessment or treatment,
- The worker does not want to participate via telehealth, or
- The worker has an emergent issue (such as re-injury, new injury, or worsening status).



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](#). As of July 1, 2021, all telehealth interpreter needs must go through [CTS LanguageLink](#).

▶ **Services that can be billed when the worker's home is the originating site**

In addition to the telehealth services that are covered in [Chapter 10: Evaluation and Management](#), group psychotherapy is also temporarily covered when the worker's home is the originating site.

For additional services that may be delivered using telehealth, see the MARFS [Updates and Corrections](#) webpage.

▶ **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 –12**.

HCPSC 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 telehealth policy expires March 31, 2022. If the insurer 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 MARFS:

- 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*
- Documentation of worker consent to participate in telehealth services



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

► What isn't covered

The insurer won't provide reimbursement to any party for acquiring equipment used 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
Temporary 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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