



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

Temporary Telerehab 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 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. The worker's home may be the originating site.

- ▶ **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 two-way audio and video connection. These services are not appropriate without a video connection.



Payment policy: Telerehab Services

Labor and Industries (L&I) is temporarily allowing the delivery of telerehab for initial evaluations following an attending provider's referral, as well as ongoing treatment by qualified providers. This temporary telerehab policy helps limit the spread of the coronavirus (COVID-19) outbreak, while still allowing physical medicine services, when appropriate.

Effective March 9, 2020, qualified practitioners may use telerehab as a modality to deliver physical medicine services for workers. This temporary policy is considered supplementary and doesn't replace [Chapter 25: Physical Medicine Services](#), [Chapter 10: Evaluation and Management Services](#), or any other chapters 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 during an emergency epidemic. This policy 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.

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

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

Telerehab services require an interactive telecommunication system, consisting of special two-way audio and video equipment that permits real time, 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 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

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

Providers acting within their scope of practice after receiving a referral from an attending provider may provide evaluation, treatment and reevaluation via telerehab. Services are those that can be performed with only visual and verbal cues, and for evaluations with low or moderate complexity. Examples may include, but are not limited to, therapeutic exercise, therapeutic activities, or cognitive function treatment.

Covered providers are:

- Physical therapists,
- Occupational therapists, *and*
- Speech language pathologist.

Physical therapy, occupational therapy, and speech language pathology assistants, as well as athletic trainers, may provide telerehab services when serving under a licensed therapist's direction.

Before the evaluation, the physical and occupational therapist and speech language pathologist is responsible for assessing the worker's ability and willingness to participate in an initial evaluation via telehealth, as well as ensuring telerehab is the appropriate method of service delivery for safe and effective care.



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](#) under Case Management Services – Telephone calls for more information.

▶ **Billing requirements**

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

When the worker's home is the origination site, services must be billed using **place of service –12**, except for providers billing on UB-04 forms.

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 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 documentation must be included in addition 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 of worker's home is the originating site, *and*
- Documentation of the worker's informed 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.

▶ What isn't covered

CPT® codes **97163** and **97167**.

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.

Students using telehealth are not 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. 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 healthcare 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
E/M Services	Chapter 10: Evaluation and Management (E/M) Services
Fee schedules for all healthcare facility services	L&I's website: https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/
Physical Medicine Services	Chapter 25: Physical Medicine 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**