

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

Chapter 1: Introduction

Effective July 1, 2021



Table of contents

Page

About MARFS and this manual	1-2
About the layout and design	1-5
Highlights of policy changes since October 1, 2020	1-9
Tips on finding information in the printable version	. 1-12
More info: Related topics	. 1-14



General information: About MARFS and this manual

What is MARFS?

The Medical Aid Rules and Fee Schedules (MARFS) is a package of information about how workers' compensation insurers in Washington State pay for healthcare and vocational services provided to injured workers and crime victims.

MARFS includes three things:

- **Medical aid rules** published in the Washington Administrative Codes (WACs) for industrial insurance (workers' compensation),
- Fee schedules for healthcare and vocational professional provider and facility services, *and*
- This payment policies manual.

What is in this manual?

This manual contains 36 chapters of payment policies for healthcare and vocational services provided by individual professional providers or facilities.

A payment policy for a specific service can include information about:

- Prior authorization,
- Who must perform specific services to qualify for payment,
- Services that can be billed or that aren't covered,
- Requirements for billing,
- Payment limits, and/or
- Other information, such as payment methods, background information on coverage decisions, unique requirements, and examples to illustrate billing procedures.

Note: Not every payment policy includes all of these elements. When one of the above elements isn't included, it is because the information isn't applicable. When the elements do appear, they are consistently presented in the same order.

Beyond this introductory chapter, in this manual you will find:

- One chapter on general policies and information for all providers,
- 29 chapters for **professional services**, which contain payment policies for individual professional healthcare and vocational providers, and interpreters, *and*
- Five chapters for **facility services**, which contain payment policies for healthcare facilities.

Note: Within each of the services sections, the chapters appear alphabetically.

What part of MARFS isn't in this manual?

This manual doesn't include:

- Fee schedules, which contain the maximum fees (payment amounts) for the authorized billing codes providers use to bill for services,
- The **field key**, which explains the column headings and abbreviations that appear in the fee schedules,
- Medical aid rules, which are the L&I specific WACs, and
- **Updates and Corrections**, which contains any changes to policies and fees that occur between annual publications of this manual (see more about these changes below under: *How do I know if a policy is current?*).



Links: The fee schedules (including the field key) are available on L&I's website at <u>http://www.lni.wa.gov/FeeSchedules</u>

Medical Aid Rules are available in Title 296 WAC on the Washington State Legislature's website at <u>http://apps.leg.wa.gov/wac/default.aspx?cite=296</u>.

How do I know if a policy is current?

The policies in this manual are updated and published at the start of each fiscal year (July 1), and are effective for services provided on or after that date (until the next publication of this manual).

Sometimes changes do occur between publications of this manual. Such changes are communicated to providers through L&I's Medical Provider News email listserv and are also documented on an Updates & Corrections page on L&I's website.



Links: To see the Updates and Corrections webpage, go to <u>https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/policy-2021</u>

For information about how to join the email listserv, see the "General information: All payment policies and fee schedules" section of: <u>Chapter 2: Information for All</u> <u>Providers.</u>

General information: About the layout and design

How is each chapter organized?

Payment policies for general types of services are organized into individual chapters. Each chapter contains:

- A title page with a Table of contents for the chapter,
- Followed by payment policies for specific services, or general information, and
- At the end of the chapter, a table with links to related topics.

Some chapters also include **definitions** of key terms, including descriptions of billing code modifiers. When a chapter does contain definitions, they appear immediately following the Table of contents.

Visual cues

Visual cues and icons appear consistently throughout the payment policies manual. The following is a list of these icons and visual cues, with descriptions of how they are used:

Bulleting:

Bullet lists are used to organize complex information and break it up into manageable pieces.



Direct links to related information that may be of interest and assistance are provided. These include links to other chapters within the payment policies manual, to internet website addresses, or to specific WACs and RCWs.



Notes appear throughout the manual to draw attention to additional useful information.

Table of contents:



The same icon always appears next to the Table of contents.

Definitions or general policy information:



The same icon always appears next to Definitions or next to general policies that aren't payment policies.



The same icon always appears next to each payment policy.

Sample pages

Below are illustrations of actual chapter content (from the printable version of the manual) to show how information appears throughout.

Sample title page:



Sample payment policy page:



General information: Highlights of policy changes since October 1, 2020

Note: These highlights are intended for general reference; they aren't a comprehensive list of all the changes in the payment policies or fee schedules.

For complete code descriptions and lists of new, deleted, or revised codes, refer to the 2019 CPT[©] and HCPCS coding books.

Washington Administrative Code (WAC) and payment changes

The following changes to WACs and payment rates occurred:

- Cost of living adjustments were applied to RBRVS and anesthesia services or to most local codes,
- <u>WAC 296-20-135</u> increases the anesthesia conversion factor to **\$3.64** per minute (**\$54.60** per 15 minutes) and the RBRVS conversion factor increases to **\$57.90**,
- <u>WAC 296-23-220</u> and <u>WAC 296-23-230</u> increases the maximum daily cap for physical and occupational therapy services to **\$136.74**, *and*
- <u>WAC 296-23-250</u> set a daily cap for massage therapy of **75%** of the daily cap for PT/OT services. The rate for July 1, 2021 is **\$102.56**.

Policy & fee schedule additions, changes, and clarifications

Professional services chapters

<u>Chapter 2: Information for All Providers</u> this year's updates clarified information about using comparator codes and what information is needed when billing unlisted procedure codes.

Additional language was added to explain how to split bills when unrelated conditions are being treated.

<u>Chapter 5: Audiology and Hearing Services</u> now includes information about the department's tinnitus coverage decision.

<u>Chapter 7: Chiropractic Services</u> now reflects that chiropractors may bill all levels of E/M codes.

<u>Chapter 10: Evaluation and Management (E/M) Services</u> in response changes to the CPT code set made by the American Medical Association (AMA) and revised guidance from CMS, the department has made significant changes to this chapter. It is recommended that providers who bill E/M codes review the chapter carefully.

<u>Chapter 14: Language Access Services</u> (formerly called Interpretive Services) Language was added clarifying that interpreters for parents or legal guardians for injured workers under the age of 18 are reimbursable.

Information about the interpretingWorks encounter fee was included.

The insurer will reimburse interpreter for services rendered on rejected claims up until the date of the rejection order except where the department doesn't have jurisdiction.

The temporary teleinterpretation policy ended on 6/30/2021, providers must use CTS LanguageLink for teleinterpretation.

<u>Chapter 28: Supplies, Materials and Bundled Services</u> bills without itemized statements for acquisition costs may be denied.

<u>Chapter 29: Surgery Services</u> a new payment policy for unlisted surgical procedures was added.

Chapter 30: Vocational Services information about quality assurance was added.

Facility services chapters

In the facility services chapters, fees including Hospital APR DRG rates have been updated.

<u>Chapter 33: Brain Injury Rehabilitation Services</u> language about required CARF accreditation has been clarified. Brain Injury Rehab providers must have an L&I provider account that reflects that accreditation to provide services to injured workers.

<u>Chapter 36: Nursing home and Other Residential Care Facilities</u> nursing homes are now reimbursed using HIPPS codes.

Fee schedules

With the exception of the comma delimited files, the Field Keys are integrated into the fee schedules.

The following fee schedules, factors, and rates have been updated:

• Professional fees,

- Durable medical equipment fees,
- Prosthetics and orthotics fees,
- Laboratory fees,
- Pharmacy fees,
- Dental fees,
- Interpreter fees,
- Hospital percent of allowed charge (POAC) factors,
- Hospital rates,
- Hospital ambulatory payment classification (APC) rates,
- Residential fees, and
- Ambulatory surgery center (ASC) fees.

General information: Tips on finding information in the printable version

To navigate through this manual

Table of contents

In the Table of contents, the page numbers are links to the page.

"Bookmarks"

The Bookmarks tab (see the far left of this manual in the PDF viewer) is a feature of Adobe Acrobat. You can use the bookmark links to jump around this manual. If the "Bookmarks" tab isn't open, you can open it by clicking on "Bookmarks":

- Click on any text in the list to go to the information within this manual,
- Click on the plus (+) sign to open each section's list for more information, and
- Click on the minus (-) sign to close the section.

Search

The Find box is another feature of Adobe Acrobat. Follow the instructions to search for the item or topic you need.

To search for a word, press Ctrl+F. Follow the instructions to search for the item or topic you need.

Note: In Adobe Acrobat, the search function won't find an item if it is misspelled.

Hyperlinks

Use the two kinds of hyperlinks within this manual. Internal jump links are similar to the Bookmark links mentioned above.

> To find information on a specific procedure

There are two places to look for information about a specific procedure:

- Review the payment policy (which is inside this manual), or
- Review the fee schedule (which is outside of this manual).

Link: The fee schedules are available at: <u>http://www.lni.wa.gov/FeeSchedules</u>

To print information within this manual

Use the Print icon, which is on the same menu as the Binocular Search icon.

Note: This print feature will give you options specific to printing this Adobe Acrobat file (PDF), which allows you to print a specific page or the entire document.



Links: Related topics

If you're looking for more information about	Then go here:
Administrative rules for industrial insurance (workers' compensation)	Washington Administrative Code (WAC) Title 296: http://apps.leg.wa.gov/wac/default.aspx?cite=296
Becoming an L&I provider	L&I's website: https://lni.wa.gov/patient-care/provider- accounts/become-a-provider/
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare professional services	L&I's website: <u>http://www.lni.wa.gov/FeeSchedules</u>

Need more help? Email L&I's Provider Hotline at PHL@Lni.wa.gov