

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

Chapter 22: Other Services

Effective July 1, 2021



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

<https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/policy-2021>



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Payment policy: After-hours services

▶ Services that can be billed

CPT® codes **99050-99060** will be considered for separate payment in the following circumstances:

- When the provider's office isn't regularly open during the time the service is provided, *or*
- When emergency services are provided out of the office, and these services interrupt both normal office operations and other scheduled office visits.



Note: See Payment limits, below.

▶ Documentation requirements

Medical necessity and urgency of the service must be documented in the medical records and be made available to the insurer upon request.

▶ Payment limits

Only one code for after-hours services will be paid per worker per day. A second day can't be billed for a single episode of care that carries over from one calendar day to the next.

CPT® codes **99050-99060** aren't payable when billed by:

- Emergency room physicians,
- Anesthesiologists/anesthetics,
- Radiologists, *or*
- Laboratory clinical staff.



Payment policy: Activity Coaching (PGAP®)

▶ Definition of activity coaching

The Progressive Goal Attainment Program (PGAP®) is the standardized form of activity coaching supported by L&I. It consists of an assessment followed by up to 10 weekly individual sessions. Only L&I-approved activity coaches will be paid. A list of activity coaches can be found using the [Vendor Services Lookup Tool](#).

▶ Services that can be billed

Billing code	Description	Unit limit	Unit Price
1400W	Activity Coaching Initial Assessment	6 units (1 unit = 15 min)	\$43.51
1401W	Activity Coaching Reassessment	5 units per day 10 units maximum (1 unit = 15 min)	\$42.15
1402W	Activity Coaching Intervention	4 units per day 40 units maximum (1 unit = 15 min)	\$40.12
1160M	PGAP® Workbook/EBook/Video	1 maximum	\$106.07



Activity Coaching – Telephone calls to worker legal representatives

▶ Who must perform these services to qualify for payment

Telephone calls are payable to approved PGAP Activity Coaches only when they personally participate in the call.

▶ Services that can be billed

These services are payable when providing outreach, education, and facilitating services with the worker's legal representative identified in the claim file.



Note: The insurer will pay for telephone calls if the coach leaves a detailed message for the recipient and meets all of the documentation requirements. Telephone calls are payable regardless of when the previous or next office visit occurs.

▶ Services that aren't covered

Telephone calls aren't payable if they are for:

- Administrative communications
- Authorization
- Resolution of billing issues
- Routine requests for appointments

► Requirements for billing

Use the correct local billing codes and provide documentation as described below.

If the duration of the telephone call is...	And you are a PGAP activity coach, then bill local code ...
1-10 minutes	1725M
11-20 minutes	1726M
21-30 minutes	1727M

Documentation requirements

Each provider must submit documentation for the telephone call that includes:

- The date, *and*
- The participants and their titles, *and*
- The length of the call, *and*
- The nature of the call, *and*
- All medical, vocational or return to work decisions made.

This may be documented in a report and/or a session note.



Note: See [MARFS Chapter 10](#) for telephonic communication with persons other than legal representatives.



Payment policy: Behavioral health interventions (BHI)

▶ Definition of behavioral health intervention

Behavioral health interventions (BHIs) are brief courses of care with a focus on improving the worker's ability to return to work by addressing psychosocial barriers that impede their recovery. These psychosocial barriers are not components of a diagnosed mental health condition; instead, they are typically the direct result of an injury, although they can also arise due to other factors.

Intervention can take many forms. Cognitive behavioral therapy and motivational interviewing are two popular methods. For an overview of other common modalities, see <https://aims.uw.edu/evidence-based-behavioral-interventions-primary-care>.

Behavioral health interventions are appropriate if the provider has reason to believe that psychosocial factors may be affecting the worker's medical treatment or medical management of an injury.



Link: For additional details about behavioral health interventions, see L&I's [Using behavioral health interventions info sheet](#) and [Psychosocial Determinants Influencing Recovery](#) (pages 24-27).

▶ Who must perform these services to qualify for payment

Attending providers, psychologists, and Masters Level Therapists ([MLTs](#)) may provide these services. Coverage and billing requirements differ—see the table in **Requirements for billing** later in this section.

▶ Services that can be billed

Prior authorization isn't required for behavioral health interventions.

Masters Level Therapists ([MLTs](#)) may bill up to 8 visits before utilization review and possibly an additional 8 visits beyond that, for a total maximum of 16 during the life of a claim. See the [Behavioral Health Services policy](#) for details.

▶ Services that aren't covered

If a mental health condition has been accepted or denied on a claim, BHIs aren't appropriate and can't be billed. Don't perform or bill for BHIs on claims with accepted or

denied mental health conditions. Refer to [Chapter 17: Mental Health Services](#) for details on treating mental health conditions.

► Requirements for billing



Note: BHIs are billed using the physical diagnosis or diagnoses on the claim.

If you are...	Then bill...
A psychologist	CPT® 96156 , 96158 , and/or 96159 , as appropriate
An attending provider	BHI as part of your Evaluation & Management service, per CPT® manual
A Masters Level Therapist (MLT) such as an LMFT, LICSW, or LMHC participating in L&I's pilot project	Using the billing procedures and guidelines in L&I's MLT Pilot Behavioral Health Services policy



Link: See [Chapter 10: Evaluation and Management \(E/M\) Services](#) for additional information.



Payment policy: Locum tenens

▶ Who must perform these services to qualify for payment

A locum tenens physician must provide these services.



Link: For information about requirements for who may treat, see [WAC 296-20-015](#).

▶ Requirements for billing

The department requires all providers to obtain a provider account number to be eligible to treat workers and crime victims and receive payment for services rendered.



Note: **Modifier –Q6** isn't covered, and the insurer won't pay for services billed under another provider's account number.



Payment policy: Provider mileage

▶ Prior authorization

Prior authorization is required for a provider to bill for mileage.

The round trip mileage must exceed 14 miles.



Note: Reimbursement for provider mileage is limited to extremely rare circumstances.

▶ Requirements for billing

To bill for preauthorized mileage:

- Round trip mileage must exceed 14 miles, *and*
- Use local billing code **1046M** (Mileage, per mile, allowed when round trip exceeds 14 miles), which has a maximum fee of **\$5.53** per mile.



Note: See Prior authorization, above.



Links: Related topics

If you're looking for more information about...	Then go here:
Activity Coaching	L&I's website: https://lni.wa.gov/claims/for-vocational-providers/transitioning-back-to-work/activity-coaching
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: 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 facility services	L&I's website: https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/
Masters Level Therapist Behavioral Health Services policy	L&I's website: https://www.lni.wa.gov/patient-care/docs/MLT_pilot_payment_policy.pdf
Vendor services lookup tool	L&I's website: https://lni.wa.gov/claims/for-vocational-providers/resources-for-vocational-providers/vendor-services-lookup

- ▶ **Need more help?** Call L&I's Provider Hotline at **1-800-848-0811** or email PHL@lni.wa.gov.