



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

Temporary Telehealth Policy – Activity Prescription Forms (APFs)

Temporary Policy effective March 9, 2020 through March 3, 2022



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. See [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 for Activity Prescription Forms

Labor and Industries (L&I) is temporarily allowing the delivery of Activity Prescription Forms (APFs) via telehealth. This temporary Telehealth policy helps limit the spread of the coronavirus (COVID-19) outbreak, while still allowing the completion of APFs, when appropriate. Effective March 9, 2020, L&I [Medical Provider Network](#) practitioners may use telehealth to complete APFs for workers. This temporary policy is considered supplementary and doesn't replace [Chapter 27: Reports and Forms](#) or any other policies noted in the Medical Aid Rules and Fee Schedules (MARFS).

This temporary policy expands services to allow providers to complete APFs via telehealth during the emergency epidemic and will expire will expire March 3, 2022 unless the department determines an extension is appropriate. The department also reserves the right to terminate this policy before March 3, 2022.

The provider is responsible for assessing a worker's ability and willingness to participate in the completion of the physical examination via telehealth as well as ensuring telehealth is the appropriate method of service delivery to obtain accurate and needed information.

Both the worker and provider must be comfortable with the decision to provide the services by telehealth and document the worker's understanding and agreement in the chart is required.

► System requirements

Telehealth services 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

1073M Activity Prescription Form – A telehealth APF may only be billed in conjunction with other payable telehealth services. (See [Temporary Telehealth policy](#) and [Temporary Telehealth Initial Evaluation Policy](#).) In addition, telehealth APFs have the same payment limits as in-person APFs (See [Chapter 27: Reports and Forms](#) for more information). When performing evaluation and management services, via telehealth, refer to: [Temporary Telehealth Policy](#) and [Chapter10: Evaluation and Management \(E/M\) Services](#)

When scheduling the telehealth visit, the provider is responsible for ensuring telehealth is the appropriate method of service delivery to effectively obtain accurate information, including objective medical findings. Some injuries and work limitations may not be appropriate to assess by video and audio evaluation alone. In these cases, in-person visits should be considered. Examples include, but are not limited to when:

- The worker is not making progress,
- The worker indicates aggravation of their condition with the current activity prescription form,
- There is indication of a new diagnosis, *or*
- The worker is no longer able to work.

▶ Billing requirements

When the worker's home is the originating site, services must be billed using **place of service –12** (which is defined as, "Telehealth").

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 temporary policy expires March 3, 2022. If the insurer deems it necessary to extend or terminate this policy, an update and correction will be posted.

▶ Additional documentation requirements

See [Temporary Telehealth Policy](#), [Temporary Telehealth Initial Evaluation Policy](#) and [Chapter 10: Evaluation and Management \(E/M\) Services](#), when performing telehealth services.



Link: For documentation and coding requirements regarding APFs, see [Chapter 27: Reports and Forms](#).

▶ What isn't covered

Telephonic visits don't replace audio and video two-way communication and aren't considered telehealth services. APFs can't be completed during a telephonic visit.

For State Fund claims, healthcare providers won't be paid for APFs requested by employers or attorneys.

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.

HCPCS code **Q3014** can't be billed when the worker's origination site is home.

See [Temporary Telehealth Policy](#), [Temporary Telehealth Initial Evaluations Policy](#) and [Chapter 10: Evaluation and Management \(E/M\) Services](#), when performing telehealth services



Note: 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 isn't 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
Reports and Forms	Chapter 27: Reports and Forms
Temporary Telehealth Policy	L&I's website: Temporary Telehealth Policy
Temporary Telehealth Initial Evaluations Policy	L&I's website: Temporary Telehealth Initial Evaluations Policy

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