



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

Temporary Telerehab Work Hardening (WH) 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. 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 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 WH Services

Labor and Industries (L&I) is temporarily allowing the delivery of telerehab work hardening (WH) for initial evaluations following an attending provider's referral, and ongoing treatment by qualified providers. The required claims manager prior authorization and payment limits noted in [Chapter 25: Physical Medicine Services](#) apply to this policy. This temporary telerehab WH policy helps limit the spread of the coronavirus (COVID-19) outbreak, while still allowing work hardening services, when appropriate.

Effective March 9, 2020, qualified practitioners may use telerehab WH as a modality to deliver work hardening services for workers. This temporary policy is considered supplementary and doesn't replace [Chapter 25: Physical Medicine 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 during an emergency epidemic. This policy 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.

Before the evaluation, each 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. All providers and the worker must be comfortable with the decision to provide service by telehealth, and all providers must document the worker's understanding and agreement as per the documentation section.

All providers are 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 WH 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**

After receiving a referral from an attending provider and prior authorization from the claims manager, department approved WH providers acting within their scope of practice may provide evaluations and treatment via telehealth. Telerehab WH services are those that can be performed with only visual and verbal cues, and only by those approved by the department to provide WH services.

Covered approved L&I providers are:

- Physical therapists, *and*
- Occupational therapists.

Physical therapy and occupational therapy assistants as well as athletic trainers, may provide telerehab WH services when serving under a licensed therapist’s direction.

Code	Description	Unit limit (four week program)
1001M	Work hardening evaluation	6 units (1 unit = 1 hour)

97545	Initial two hours per day	20 units per program; Maximum of one unit per day per worker (1 unit = 2 hours)
97546	Each additional hour	70 units per program Add-on, won't be paid as a stand-alone procedure. (1 unit = 1 hour)



Note: Telerehab WH visits have the same requirements as in-person visits.

Telerehab WH visits also count towards authorized allowances. When using telehealth for work hardening, providers must contact the claims manager if they anticipate they may exceed the maximum number of visits. Exceptions to the visit maximums will be reviewed and approved on a case-by-case basis.

In addition, an initial phone call with the worker may be required to determine appropriateness for telehealth services. In order for a telephone call to be payable, it must be personally made by the provider and all documentation requirements noted in MARFS must be met. See [Chapter 10: Evaluation and Management \(E/M\) Services](#) 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.

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

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

Modifier –GT shouldn't be used.

► Duration of temporary policy

This emergency telehealth 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

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 if the worker's home is the originating site, *and*
- Documentation of the worker's informed consent to participate in telehealth services.

Providing an ongoing assessment of the worker's ability, willingness, and overall engagement in telehealth throughout the entire treatment phase is required. Include a detailed plan for implementing telehealth as agreed upon in a collaborative manner between each provider and the worker, and updates when indicated.

▶ What isn't covered

Evaluations and treatments that require patient contact or direct hands-on care.

Students providing services via telehealth are not covered.

Programs less than 2 hours per day. See [Chapter 25: Physical Medicine Services](#) for additional information.

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	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
Temporary Telerehab Policy	Temporary Telerehab Policy: https://www.lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/TempTelerehabPaymentPolicy.pdf

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