

#### **Payment Policies for Healthcare Services**

**Provided to Injured Workers and Crime Victims** 

## **Chapter 15: Medical Testimony**

Effective July 1, 2024

**Link**: Look for possible <u>updates and corrections</u> to these payment policies on L&I's website.



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# Payment policy: Medical testimony and depositions

#### Who arranges testimonies and depositions

The Office of the Attorney General, the self-insured employer (SIE), the state-fund employer, the retrospective rating group, the injured worker, or attorneys representing them makes arrangements with expert witnesses to provide testimony or deposition.

### **Responsibilities of providers**

Any provider who treated or consulted the injured worker, per <u>Chapter 296-20 WAC</u>, or examined the worker at the request of the Department or Self-Insured Employer, per RCW <u>51.36.070</u>, must:

- Abide by the fee schedule, and
- Testify fully, irrespective of whether paid and called to testify by the Office of the Attorney General, the self-insurer, the state fund employer, the retrospective rating group, the injured worker, or attorneys representing them.



Link: For more information, see <u>RCW 51.04.050</u>.

#### **Reasonable availability**

The Office of the Attorney General, the self-insurer, the state fund employer, the retrospective rating group, the injured worker, or attorneys representing them and the provider must schedule a reasonable time for the provider's testimony during business hours.

Providers must make themselves reasonably available for such testimony within the schedule set by the Board of Industrial Insurance Appeals.

#### **Cancellation fees**

If the <b>cancellation notice</b> for the testimony or deposition is	Then the Attorney General/SIE:
3 working days or less than 3 working days before a hearing or deposition	<b>Will pay a cancellation fee</b> for the amount of time you were scheduled to testify, at the allowable rate.
More than 3 working days before a hearing or deposition	Won't pay a cancellation fee.

#### Services that can be billed

The medical witness fee schedule (see below) is set by the Department in consultation with the Office of the Attorney General. Whoever schedules the testimony, record review, conference, etc. is responsible for payment pursuant to this fee schedule.

In the fee schedule below, 1 unit equals 15 minutes of actual time spent, rounded up to the nearest unit.

#### Fee schedule for testimony and related fees

If the service provided by a <b>doctor</b> , <b>attending ARNP</b> , <b>chiropractor</b> , <b>attending physician assistant</b> , or <b>psychologist</b> is	Then the <b>maximum fee</b> is:
Medical testimony (live or by deposition)	<b>\$200.00</b> /unit* (maximum of 17 units)
Record review	<b>\$200.00</b> /unit* (maximum of 25 units)
Conferences (live or by telephone)	<b>\$200.00</b> /unit* (maximum of 9 units)
Travel (See <u>note below</u> )	<b>\$200.00</b> /unit* (maximum of 17 units)

If the service provided by <b>all other healthcare providers</b> is	Then the <b>maximum fee</b> is:
Medical testimony (live or by deposition)	<b>\$46.00</b> /unit* (maximum of 17 units)
Record review	<b>\$46.00</b> /unit* (maximum of 25 units)
Conferences (live or by telephone)	<b>\$46.00</b> /unit* (maximum of 9 units)
Travel (See <u>note below</u> )	<b>\$46.00</b> /unit* (maximum of 17 units)

If the service provided by a <b>vocational provider</b> is	Then the <b>maximum fee</b> is:
Medical testimony (live or by deposition), regular vocational services Medical testimony (live or by deposition), forensic vocational services	<b>\$46.00</b> /unit* <b>\$55.00</b> /unit* (maximum of 17 units)
Record review, regular vocational services Record review, forensic vocational services	<b>\$46.00</b> /unit* <b>\$55.00</b> /unit* (maximum of 25 units)
Conferences (live or by telephone), regular vocational services Conferences (live or by telephone), forensic vocational services	<b>\$46.00</b> /unit* <b>\$55.00</b> /unit* (maximum of 9 units)
Travel, regular vocational services Travel, forensic vocational services (See <u>note below</u> )	<b>\$46.00</b> /unit* <b>\$55.00</b> /unit* (maximum of 17 units)

If the injured worker was examined outside of Washington State and the service provided by a <b>doctor</b> is	Then the <b>maximum fee</b> is:
Medical testimony (live or by deposition)	<b>\$250.00</b> /unit* (maximum of 17 units)
Record review	<b>\$250.00</b> /unit* (maximum of 25 units)
Conferences (live or by telephone)	<b>\$250.00</b> /unit* (maximum of 9 units)
Travel (Justification for travel must be provided in advance to the requesting party. Out of state travel is payable on a case-by-case basis.)	<b>\$250.00</b> /unit* (maximum of 17 units)



Link: For legal definitions of "doctor" or "attending doctor", see WAC 296-20-01002.

#### Services that aren't covered

Requests for a nonrefundable amount will be denied.

#### **Pre-payment**

L&I can't provide pre-payment for any of these services.

#### **Requirements for billing**

For testimony or conferences, etc. arranged by the Office of the Attorney General:

- Providers shouldn't use the CPT® code 99075 to bill for these services, and
- Bills for these services should be submitted directly to the Office of the Attorney General.
  State Fund uses a separate voucher A19 form, which will be provided to you by the Office of the Attorney General.

For testimony or conferences, etc., arranged by self-insured employers or their attorneys:

- SIEs must allow providers to use CPT® code 99075 to bill for these services, and
- Bills for these services should be submitted directly to the SIE/TPA.

For testimony or conferences, etc. arranged by injured workers, state fund employers, retrospective rating groups, or their attorneys:

• Bills for these services should be submitted directly to the injured worker, the state fund employer, the retrospective rating group, or their attorneys.

#### **Documentation requirements**

To be eligible for reimbursement for travel, the provider must submit an itemized statement (invoice) documenting the following:

- Claim number,
- Worker name,
- Date of trip,
- Starting address,
- Ending address,
- Total travel time

Submit this invoice to the Office of the Attorney General, the self-insurer, the state fund employer, the retrospective rating group, the injured worker, or attorneys representing them.

#### **Payment limits**

#### **Calculating timed fees**

The time calculation for testimony, deposition, or related work performed in the provider's office or by phone is based upon the actual time used for the testimony or deposition. Unit limits can only be exceeded upon prior approval of the party requesting testimony.

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**Note**: If travel is necessary to get to the location of testimony, travel time will be paid from the nearest location the provider provides services to the location of the testimony and back. No side trips will be paid for. If testimony occurs where the provider provides services, telephonically, or via video, no travel time will be paid.

#### Interpretive services

The party requesting interpretive services for depositions or testimony is responsible for payment.

# Links to related topics

If you're looking for more information about…	Then see
Administrative rules for definitions	Washington Administrative Code (WAC) 296-20-01002
Becoming an L&I provider	Become A Provider on L&I's website
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare services	Fee schedules on L&I's website
Legal statute (Washington State law) for physician or licensed advanced registered nurse practitioner's <b>testimony not</b> <b>privileged</b>	Revised Code of Washington (RCW) 51.04.050

### Need more help?

Email L&I's Provider Hotline at PHL@Lni.wa.gov. If you would prefer a phone call, please email us your name and contact number.