

Payment Policies for Healthcare Services

Provided to Injured Workers and Crime Victims

Update – Chapter 22: Other Services

Mobile Clinic Services

Effective January 1, 2025

This update applies to *Chapter 22: Other Services*. All requirements and details outlined in Chapter 22 still apply. The following text is added to this chapter:



Payment policy: Mobile Clinic Services



Definitions

Drive-through Clinic: A temporary location in which limited medical services, such as vaccinations, are provided to workers while they remain in their vehicle.

Mobile Clinic: A unit, such as a bus, van, RV, or trailer, that is parked temporarily and is equipped to provide diagnostic and/or treatment services to injured workers. This is considered to be the provider's usual and customary location. Providers who are traveling to provide services outside of their usual and customary location are not considered a mobile clinic.

General Information

Mobile clinics must obtain a group provider account using the location address on their business license for their application in ProviderOne. Each licensed provider rendering services via the **mobile clinic** must be individually credentialed under the **mobile clinic's** group provider account. Professional services must be billed under the individual provider's account who rendered the service with their usual and customary fees. Technicians of any kind are not eligible to be credentialed. Services provided by technicians, when appropriate, must be billed by the supervising provider.

Filing of a Report of Accident/Provider's Initial Report (ROA/PIR) is required for occupational illness or injuries requiring treatment beyond basic first aid as defined in [WAC 296-800-099](#). Additional information clarifying ROA/PIR filing requirements has been posted on the [updates and corrections](#) tab of the L&I website.

Workers have the right to choose their healthcare providers and file a claim if they have reason to believe their injury or illness is work related, even if the provider or employer disagrees.



Link: For more information on provider accounts and billing instructions, see [WAC 296-20-010](#), and [WAC 296-20-125](#).

For more information on provider and worker responsibilities, see [WAC 296-20-065](#), [WAC 296-20-025](#), [Chapter 2: Information for All Providers](#), and [our website](#).

Prior authorization

Prior authorization may be required for services provided. See the applicable MARFS chapters for details.



Link: For more information, see [WAC 296-20-030\(1\)](#) and [WAC 296-20-03001](#).

Services that can be billed

Providers rendering services out of a **mobile clinic** may bill for services within their scope of practice and that adhere to the department's rules and policies.

Mobile clinics qualify as an appropriate **originating site** for **telehealth** coverage.



Note: See the appropriate policy chapter for specific service requirements and limitations.

Services that aren't covered

Services provided via a **mobile clinic** are subject to the coverage requirements for the service being provided.

The **mobile clinic** or its providers can't charge the worker or the insurer for:

- Appointment hold fees,
- Mileage,
- Transportation and set up of radiology services (**R0070**, **R0075**, **R0076**, or **Q0092**). For additional information on portable x-rays, see [Chapter 26: Radiology Services](#),
- Diagnostic ultrasound performed on the same day as an Evaluation and Management (E/M) office visit as it is considered **bundled** into the E/M CPT® code, or
- Basic first aid as defined by [WAC 296-800-099](#).

Providers may bill workers for missed appointments, only if their established policy equally applies to all patients per [WAC 296-20-010\(6\)](#).

Requirements for billing

Services provided via a **mobile clinic** are subject to the billing requirements for the service being provided.

When scheduling a **mobile clinic** visit, the provider is responsible for ensuring it is an appropriate environment to effectively conduct the services. The services must be rendered in a private space within the **mobile clinic** to allow for confidentiality.

In order to bill for rapid testing or other labs, the **mobile clinic** is required to obtain a Medical Test Site (MTS) license through the Department of Health.

Place of Service

When services are furnished in a **mobile clinic**, they are often provided to serve an entity for which another Place of Service (POS) exists. The following describes how to identify the appropriate POS code and associated requirements for billing.

- The appropriate POS code is based on the capacity in which the mobile clinic is serving. See the table below for more details.
- Services will be paid at the facility or non-facility rate based on the appropriate POS code. For a complete list of payment rates for each POS code, see [Chapter 31: Washington RBRVS Payment System](#).
- All services must be appropriate to render in the location of the applicable POS code and must be safe to perform in a mobile environment. Surgeries and procedures required to be performed at certain types of facilities aren't covered when performed in a **mobile clinic**, even if the appropriate facility POS code is used.

When the mobile clinic is...	Use POS Code...	Additional information:
Serving an entity for which another POS exists. Example: A mobile clinic is sent to a physician's office and is serving that entity.	Applicable POS for entity mobile clinic is serving. Example: The appropriate POS code is 11 (office) and would be reimbursed at the non-facility rate.	Reimbursement based on the payment rate for the POS code billed.
Not serving an entity for which another POS exists. Example: A mobile clinic providing urgent care in a grocery store parking lot.	POS 15 (mobile clinic).	POS 15 is reimbursed at the non-facility rate.

When the mobile clinic is...	Use POS Code...	Additional information:
Acting as a distant site for a telehealth provider.	POS 02 (telehealth – worker is not at home) POS 10 (telehealth – worker is at home)	For more details on telehealth requirements, see the appropriate MARFS chapter for the services being provided.



Link: For a complete list of POS codes and their full descriptions, see [CMS Place of Service Code Set](#).

Documentation requirements

In addition to the documentation requirements for the service being provided, providers rendering services via a **mobile clinic** also must document:

- A notation that the visit is being rendered via a **mobile clinic**,
- The entity in which the **mobile clinic** is servicing, if applicable, *and*
- The address of the location where the visit takes place.

Payment Limits

Services provided via a **mobile clinic** are subject to the payment limits for the service provided.

Drive-through clinics using POS 15 are limited to the lowest level E/M CPT® code **99211**. Higher-level E/M codes billed with POS 15 aren't covered.