

Independent Medical Examination (IME) Billing Tips

Introduction

The department of Labor & Industries makes coverage decisions and establishes fee schedules. Insurers must reimburse per fee schedule. Fee schedules are published in July each year. Use the fee schedule appropriate for the date of service. See the Medical Aid Rules and Fee Schedules, Payment Policies for codes and descriptions used for billing IME services:

<http://www.LNI.wa.gov/ClaimsIns/Providers/Billing/FeeSched/default.asp>.

For current information about fee schedule changes subscribe to the Medical Provider Listserv at: <http://www.LNI.wa.gov/Main/Listservs/>.

Billing Tips

The Basics

- Each code should be billed as a separate line item.
- Deny codes incorrectly billed and request the provider re-bill using the appropriate codes. Don't substitute codes for the provider.

Example: The provider bills a complex exam code (1109M) for 4 or more body areas or organ systems. The service was a standard exam (1108M) for 1-3 body areas or organ systems.

- Deny payment for services not covered by the department.

Specific Codes

- The 1124M 'by report' (BR) code:
 - § Is still payable even when the service has not been preauthorized.
 - § There may be times when circumstances warrant payment.

Example: The worker is hostile and security services are needed.

- § Additional record review or examination time is not an appropriate justification for billing 1124M.
- § Addendums should be billed using the designated code of 1104M **not** 1124M.
- Code 1128M, IME Occupational Disease History, must be requested by the insurer.
- Monitor 1129M, extensive file review, for excessive billing by providers.
 - § 1129M reimbursement is based on the size of the file and not the amount of time the examiner takes to review it.
 - § Review of the first 550 pages (approximately 2 inches of paper) is included in the base rate for the IME.
- Monitor closely the 1131M code for billing out of state IMEs.
 - § The 1131M by report (BR) code does not require pre-authorization.
 - § Talk with the provider about the cost of the IME before the exam is conducted.
- The 1132M code is for printing documents from electronic media. This code is not payable if paper copies are provided. Only the Self-Insurance Accident Report (SIF-2), Providers Initial Report (PIR), and medical records are required for an IME. Vocational or other documents may be provided if selected for review by the claim manager.
- The 1133M code is a document processing fee payable only once per IME.
- New codes, 1136M, 1137M, and 1138M, are for billing IMEs where 2 or more claims are addressed by the examiner.

Laws and Rules

See [WAC 296-20-01002](#) for the definition of by report (BR).

See [WAC 296-20-010\(2\)](#) for additional information about usual and customary fees and reimbursement by fee schedule.

See [RCW 51.04.030](#). The department sets maximum charges to be paid for health care providers. No services covered under this title will be paid at a rate exceeding those set in the fee schedules.

See [WAC 296-15-330](#). The self-insurer must pay bills in accordance with Title 51 RCW and the medical aid rules and fee schedules of the state of Washington.