Washington State Department of
Labor & Industries
Workers' Compensation Services

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

Chapter 13: Independent Medical Exams (IME)

Effective July 1, 2016

Link: Look for possible **updates and corrections** to these payment policies at:

www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2016/

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Definitions

- **Body areas:** For IMEs, the following **body areas** are recognized:
  - Head, including the face,
  - Neck,
  - Chest, including breasts and axilla,
  - Abdomen,
  - Genitalia, groin, buttock,
  - Back, *and*
  - Each extremity.

  Note: Each extremity is counted **once per extremity examined**, when determining standard or complex codes.

- **Bundled codes:** Are procedure codes that are not separately payable because they are accounted for and included in the payment of other procedure codes and services.

  Link: For the legal definition of **Bundled codes**, see: WAC 296-20-01002.

- **By report (BR):** A code listed in the fee schedule as BR doesn't have an established fee because the service is too unusual, variable, or new. When billing for the code, the provider must provide a report that defines or describes the services or procedures. **The insurer will determine an appropriate fee based on the report.**

  Link: For the legal definition of **By report (BR)**, see WAC 296-20-01002.

- **Local code modifier mentioned in this chapter:**

  –7N X-rays and laboratory services in conjunction with an IME

  When X-rays, laboratory, neuropsychological testing and other diagnostic tests are requested for the IME, identify the service(s) by adding the **modifier – 7N** to the usual procedure number.

  Link: Procedure codes are listed in the L&I Professional Services Fee Schedules, Radiology and Laboratory Sections, available at: http://feeschedules.Lni.wa.gov.

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- **Organ systems:** For IMEs, the following **organ systems** are recognized:
  - Eyes,
  - Ears, nose, mouth, and throat,
  - Cardiovascular,
  - Gastrointestinal,
  - Genitourinary,
  - Respiratory,
  - Musculoskeletal,
  - Skin,
  - Neurologic,
  - Psychiatric, *and*
  - Hematologic/ Lymphatic/ Immunologic.

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Payment policy: Independent medical exams (IMEs)

Who must perform an IME to qualify for payment

Only **department approved** IME Providers with an IME provider account number can bill IME codes.

Links: To obtain an **application** go to

www.Lni.wa.gov/FormPub/Detail.asp?DocID=1620, *or*

For more information on **becoming an approved IME provider** or to perform impairment ratings:

- See the **Medical Examiners' Handbook** (F252-001-000) at www.Lni.wa.gov/FormPub/Detail.asp?DocID=1668, *or*
- Go to www.Lni.wa.gov/ClaimsIns/Providers/Becoming/IME/ .

To receive email updates on IMEs, subscribe to the ListServ at: www.Lni.wa.gov/Main/Listservs/IME.asp.

Services that can be billed

IME unique billing codes

Local billing code	Description and notes	Maximum fee
1104M	**IME, addendum report. Requested and authorized by claim manager**. Addendum report for information that isn't requested in original assignment, which necessitates review of records. Isn't to be used for review of job analysis or review of diagnostic testing or study results ordered by the examiner.	**$120.72**
1105M	**IME Physical Capacities Estimate**. Form (F242-387-000) Must be requested by the insurer. Bill under one examiner's provider account number for multi-examiner exams. (Bill once per exam.)	**$32.22**

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Local billing code	Description and notes	Maximum fee
1108M	**IME, standard exam – 1-3 body areas or organ systems** Use this code if there are only 1-3 body areas or organ systems that need to be examined for sufficient evaluation of the accepted condition(s). L&I expects that these exams will typically involve at least 30 minutes of face-to-face time with the patient. Use of this code requires: • Records to be reviewed and a report included with detailed chronology of the injury or condition as described in the Medical Examiners' Handbook. • Physical exam directed only toward the affected body areas or organ systems. • Appropriate diagnostic tests ordered and interpreted. • Impairment rating performed if requested. • The IME report containing the required elements noted in the Medical Examiners' Handbook. • Report conclusions addressing how the examined body areas or organ systems relate to the accepted or contended work related injury(s) or condition(s). • Review of up to 2 job analyses. **Note:** Additional examiners use **1112M**.	**$525.42**
1109M	**IME, complex exam – 4 or more body areas or organ systems** Use this code if there are 4 or more body areas or organ systems that need to be examined for sufficient evaluation of the accepted condition(s). L&I expects that these exams will typically involve at least 45 minutes of face-to-face time with the patient. Use of this code requires: • Records to be reviewed and a report included with detailed chronology of the injury or condition as described in the Medical Examiners' Handbook. • Physical exam directed only toward the affected body areas or organ systems. • Appropriate diagnostic tests ordered and interpreted. • Impairment rating performed if requested. • The IME report containing the required elements noted in the Medical Examiners' Handbook. • Report conclusions addressing how the examined body	**$656.75**

Local billing code	Description and notes	Maximum fee
	areas or organ systems relate to the accepted or contended work related injury(s) or condition(s). • Review of up to 2 job analyses. **Note:** Additional examiners use **1112M**.	
1111M	**IME, no-show fee, per examiner**. Bill only if worker fails to show and appointment time can't be filled. Isn't payable for no-shows of IME related services (for example, neuropsychological evaluations see billing code **1139M**, and Functional Capacity Evaluations (FCE) see billing code **1140M**). For more information, see: WAC 296-20-010.	**$223.58**
1134M	**IME late cancellation fee, per examiner** Bill only if worker fails to show and appointment time can't be filled and cancellation is within 3 business days of exam. (Business days are Monday thru Friday.) Isn't payable for no shows of IME related services (for example, neuropsychological evaluations).	**$223.58**
1112M	**IME, additional examiner for IME** Use where input from more than 1 examiner is combined into 1 report. Includes: • Record review, • Exam, *and* • Contribution to combined report. L&I expects that these exams will typically involve at least 30 minutes of face-to-face time with the patient. **Note**: One examiner on IMEs with a combined report should bill a standard or complex exam code (**1108M** or **1109M**).	**$525.42**
1118M	**IME by psychiatrist** Psychiatric diagnostic interview with or without direct observation of a physical exam. L&I expects these exams will typically involve at least 60 minutes of face-to-face time with the patients. Includes: • Review of records, other specialist's exam results, if any. • Consultation with other examiners and submission of a joint report if scheduled as part of a panel. • Report with a detailed chronology of the injury or condition,	**$950.80**

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Local billing code	Description and notes	Maximum fee
	as described in the Medical Examiners' Handbook. Also includes impairment rating, if applicable.	
1120M	**IME, no-show fee, psychiatrist** Bill only if worker fails to show and appointment time can't be filled Isn't payable for no shows of IME related services (for example, neuropsychological evaluations see billing code 1139M). For more information, see: WAC 296-20-010.	**$346.57**
1135M	**IME late cancellation fee, psychiatrist** Bill only if worker fails to show and appointment time can't be filled and cancellation is within 3 business days *of exam*. (Business days are Monday thru Friday.) Isn't payable for late cancellation of IME related services (for example, neuropsychological evaluations).	**$346.57**
1122M	**Impairment rating by an approved pain program** Program must be approved by insurer Impairment rating must be requested by the insurer. Must be performed by a doctor currently licensed in medicine and surgery (including osteopathic and podiatric physicians), dentistry, or L&I approved chiropractic examiners. (For more information, see: WAC 296-20-2010). The rating report must include at least the following elements as described in the Medical Examiners' Handbook: • MMI (maximum medical improvement), • Physical exam, • Diagnostic tests, • Rating, *and* • Rationale.	**$525.42**
1123M	**IME, communication issues** Exam was unusually difficult due to expressive problems, such as a stutter, aphasia or need for an interpreter in a case that required an extensive history as described in the report. If interpreter needed, verify and record name of interpreter in report. Bill once per examiner per exam. Isn't payable with a no show fee (**1111M** or **1120M**).	**$211.29**

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Local billing code	Description and notes	Maximum fee
1124M	**IME, other, by report** Requires preauthorization and prepay review: • For State Fund claims, call Credentialing and Compliance at **360-902-6818**, *or* • For self-insured claims contact the self-insured employer or third party administrator.	**By report**
1125M	**Physician travel per mile** Allowed when roundtrip exceeds 14 miles. Code usage is limited to extremely rare circumstances. Requires preauthorization and prepay review: • For State Fund claims, call Credentialing and Compliance at **360-902-6818**, *or* • For self-insured claims contact the self-insured employer or third party administrator.	**$5.17**
1128M	**Occupational disease report**. (Doctor's Assessment of Work Relatedness for Occupational Diseases) Must be requested by insurer. Examples of conditions which L&I considers occupational diseases are: • Occupational carpal tunnel syndrome, • Noise-induced hearing loss, • Occupational dermatitis, *and* • Occupational asthma. The legal standard is different for occupational diseases than for occupational injuries. This is a detailed assessment of work relatedness, with the exact content presented in the Medical Examiners' Handbook. A doctor may bill this code **only once for each patient**.	**$195.40**

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Local billing code	Description and notes	Maximum fee
1129M	**IME, extensive file review by examiner** Units of service are based on the number of hardcopy pages reviewed by the IME examiner on microfiche, paper, Claim and Account Center, or other medium. Review of the **first 550 hardcopy pages** is included in the base exam fee (**1108M**, **1109M**, **1118M**, or **1130M**). Bill for each additional page reviewed beyond the first 550 hardcopy pages. Isn't payable with **1111M** or **1120M**. Only the following document categories will be paid for **unless** the authorizing letter requests a review of **all** documents: • Medical files, • History, • Report of Accident, • Reopen Application, *and* • Other documents specified by claim manager or requestor. Bill per examiner. Bill for unique documents not duplicates. Payment won't be made for review of duplicate documents. **Note**: To be eligible for payment, a detailed chronology of the injury or condition must be included in the report as defined by the Medical Examiners' Handbook.	**$1.07**
1130M	**IME, terminated exam** Bill for exam ended prior to completion. Requires file review, partial exam by the examiner and report (including reasons for early termination of exam). **Note**: A partial exam is face-to-face time between the examiner and the worker where, at a minimum, the worker's history is obtained.	**$374.29**
1132M	**Document printing of electronic medical records per page**. Payable only once per IME referral. Charges must be based on printing the following electronic records unless the authorizing letter requests a review of **all** documents: • Report of Accident, • Reopen application, • History,	**$0.07 per printed page**

Local billing code	Description and notes	Maximum fee
	• Medical files, • Other documents specified by claim manager or requestor. **Note**: This fee isn't payable if paper copies of records are provided.	
1133M	**IME, document processing fee.** Payable only once per IME referral. **Note**: This fee includes the preparation of documents for examiner review. The preparation of documents includes duplicate document removal.	**$62.62**
1139M	**No show fee for missed neuropsychological testing**. Must be scheduled or approved by department or self-insurer as part of an independent medical examination. (For more information, see: WAC 296-20-010(5).) This code is payable only once per independent medical examination assignment. Must notify department or self-insurer of no-show as soon as possible. Bill only if worker fails to show and appointment can't be filled.	**$939.52**
1140M	**No show fee for missed Functional Capacity Evaluation (FCE)**. Must be scheduled or approved by department or self-insurer as part of an independent medical examination. (For more information, see: WAC 296-20-010(5).) This code is payable only once per independent medical examination assignment. Must notify department or self-insurer of no show as soon as possible. Bill only if worker fails to show and appointment can't be filled.	**$300.54**
Modifier -7N	**X-rays and laboratory services in conjunction with an IME**. When X-rays, laboratory, neuropsychological testing and other diagnostic tests are provided with an exam, identify the service(s) by adding the **modifier – 7N** to the usual procedure number. **Link:** Procedure codes are listed in the L&I Professional Services Fee Schedules, Radiology and Laboratory Sections, or the other payment policies available at: http://feeschedules.Lni.wa.gov.	n/a

Note: See definition of **Bundled codes** in Definitions at the beginning of this chapter.

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Multiple claim codes

Local billing code	Description and notes	Maximum fee
1136M	**IME, two claims included in evaluation**. Medical examination includes second claim to be evaluated by the medical examiner. This code is used in addition to the primary IME exam code (**1108M**, **1109M**, **1112M**, **1118M**, or **1130M**) only. This shouldn't be reported as a stand-alone code. Bill once per examiner. **Note:** This must be preauthorized by State Fund claim manager or self-insured employer/third party administrator**.**	**$106.46**
1137M	**IME, three claims included in evaluation**. Medical examination includes second and third claims to be evaluated by the medical examiner. This code is used in addition to the primary IME exam code (**1108M**, **1109M**, **1112M**, **1118M**, or **1130M**) only. This shouldn't be reported as a stand-alone code. Bill once per examiner. **Note:** This must be preauthorized by State Fund claim manager or self-insured employer/third party administrator.	**$212.90**
1138M	**IME, four or more claims included in evaluation**. Medical examination includes second, third, and four or more claims to be evaluated by the medical examiner. This code is used in addition to the primary IME exam code (**1108M**, **1109M**, **1112M**, **1118M**, or **1130M**) only. This shouldn't be reported as a stand-alone code. Bill once per examiner. **Note:** This must be preauthorized by State Fund claim manager or self-insured employer/third party administrator.	**$319.36**

Requirements for billing

State Fund (L&I) provider account number requirements for IMEs

For IMEs, examiners need one IME provider account number for each payee they wish to designate.

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An IME examiner who isn't working through any IME firms will need just one IME number, which will also serve as their payee number.

Billing for IME's

Use only the IME examiner's provider account number/NPI for these CPT® or local billing codes (see code description above for more details):			The following codes may be billed by the IME firm or the IME examiner, depending on who renders the service. (see code description above for more details)
1104M	**1120M**	**1135M**	**1124M**
1105M	**1123M**	**1136M**	**1132M**
1108M	**1125M**	**1137M**	**1133M**
1109M	**1128M**	**1138M**	
1111M	**1129M**	**1028M**	
1112M	**1130M**	**1038M**	
1118M	**1134M**	**1066M**	
		99441-99443	

Bills for testing or other services performed in conjunction with an IME must be submitted by the provider who rendered the service (WAC 296-20-125(3)(o)). These services include:

- X-ray, diagnostic laboratory tests in conjunction with IME (append modifier 7N).
- Neuropsychological evaluations and testing CPT® codes – **90791**, **96101**, **96102**, **96118**, **96119**. (For more detailed information on neuropsychological services refer to Chapter 17: Mental Health Services.
- Functional Capacity Evaluations (FCE) – **1045M**

Standard and complex coding

The exam should be sufficient to achieve the purpose and reason the exam was requested.

Choose the code based on the number of body areas or organ systems that need to be examined to fully evaluate the accepted condition(s) or the condition(s) contended as work related.

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Be sure the report documents the relationship of the areas examined to the accepted or contended conditions.

The definitions of **body areas** and **organ systems** from the Current Procedural Terminology (CPT®) book must be used to distinguish between standard and complex IMEs.

Note: See definitions of **Body areas** and **organ systems** in Definitions at the beginning of this chapter.

Payment limits

Limit on total scheduled exams per day

L&I has placed a limit of 12 independent medical examinations scheduled per examiner per day. For psychiatrist examiners, the limit is 8 per day. A psychiatric examiner must spend at least 60 minutes of face to face time with the worker. This limit is inclusive of IMEs scheduled for State Fund and self-insured claims. The applicable codes include:

- **1108M** IME, standard exam – 1-3 body areas or organ systems,
- **1109M** IME, complex exam – 4 or more body areas or organ systems,
- **1111M** IME, no show fee, per examiner,
- **1112M** IME, additional examiner for IME,
- **1118M** IME by psychiatrist,
- **1120M** IME, no show fee, psychiatrist,
- **1122M** Impairment rating by an approved pain program,
- **1130M** IME, terminated exam,
- **1134M**, late cancellation fee,
- **1135M**, late cancellation fee, psychiatrist,
- **1136M**, IME, two claims included in evaluation,
- **1137M**, IME, three claims included in evaluation, *and*
- **1138M**, IME four or more claims included in evaluation.

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Links: Related topics

If you're looking for more information about…	Then go here:
Administrative rules for Billing procedures	Washington Administrative Code (WAC 296-20-125): http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-125
Administrative rules for IME no shows	Washington Administrative Code (WAC) 296-20-010: http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-010
Administrative rules and other Washington state laws for impairment ratings	Washington Administrative Code (WAC) 296-20-19000 through WAC 296-20-690 available in WAC 296-20: http://apps.leg.wa.gov/WAC/default.aspx?cite=296-20 Revised Code of Washington (RCW) 51.32.080: http://apps.leg.wa.gov/RCW/default.aspx?cite=51.32.080
Application to become an IME provider	L&I's website: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1620
Becoming an L&I IME provider	L&I's website: www.Lni.wa.gov/ClaimsIns/Providers/Becoming/IME/
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare professional services	L&I's website: http://feeschedules.Lni.wa.gov
Mental Health Services	Chapter 17: Mental Health Services
Receiving **email updates on IMEs**	Subscribe to L&I's ListServ: www.Lni.wa.gov/Main/Listservs/IME.asp
Performing **impairment ratings**	Medical Examiner's Handbook: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1668

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

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