

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

# Temporary TeleSIMP Policy (Chronic Pain Management)

**Effective March 25, 2020**



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

[www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2019/](http://www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2019/)



## Table of contents

**Page**

**Payment Policies:**

Definitions..... TS-2

Payment policy: TeleSIMP Services During an Emergency Epidemic..... TS-4

**More Info:**

Related topics..... TS-8



## 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.
- ▶ **Established patient:** When the billing practice has an established relationship with the patient (existing provider/patient relationship).
- ▶ **Originating site:** The place where the worker is located when receiving telehealth services. For the purposes of this policy, the originating site is the worker's home.
- ▶ **SIMP (structured intensive multidisciplinary program):** A chronic pain management program with the following four components:
  - **Structured** means care is delivered through regular scheduled modules of assessment, education, treatment, and follow up evaluation where workers interact directly with licensed healthcare practitioners. Workers follow a **treatment plan** designed specifically to meet their needs, *and*
  - **Intensive** means the Treatment Phase is delivered on a daily basis, six to eight hours per day, five days per week, for up to four consecutive weeks. Slight variations can be allowed if necessary to meet the worker's needs, *and*
  - **Multidisciplinary** (interdisciplinary) means that structured care is delivered and directed by licensed healthcare professionals with expertise in pain management in *at least* the areas of medicine, psychology, and physical therapy or occupational therapy. The SIMP may add vocational, nursing, and additional health services depending on the worker's needs and covered benefits, *and*
  - **Program** means an interdisciplinary pain rehabilitation program that provides outcome focused, coordinated, goal oriented team services. Care coordination is included within and across each service area. The program benefits workers who have impairments associated with pain that impact their participation in daily activities and their ability to work. This program measures and improves the functioning of persons with pain and encourages their appropriate use of healthcare systems and services.
- ▶ **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 video connection. These services are not appropriate without a video connection.

- ▶ **Telerehabilitation (telerehab):** A type of telehealth providing outpatient physical, occupational, and speech therapy services.
- ▶ **TeleSIMP:** A type of telehealth where a provider conducts SIMP services using a telecommunication system.



## Payment policy: TeleSIMP Services (Chronic Pain Management)

Labor and Industries (L&I) is temporarily allowing the delivery of Structured Intensive Multidisciplinary Program (SIMP) services via telehealth under the Department's current Chronic Pain Management payment policy. This temporary TeleSIMP policy helps limit the spread of the coronavirus (COVID-19) outbreak, while still allowing continued SIMP services, when appropriate. Effective March 25, 2020, SIMP providers may use telehealth as a modality to deliver certain services for workers enrolled in their program.

This temporary policy doesn't replace [Chapter 34: Chronic Pain Management](#), or any of the Medical Aid Rules and Fee Schedules (MARFS) policies.

This temporary policy expands services to allow providers and workers to continue treatment during an emergency epidemic. This policy will expire July 3, 2020 unless the department determines an extension is required.

This temporary policy isn't intended to alter the intensive, multidisciplinary nature of the SIMP program or its structure. It doesn't alter the requirements of the initial evaluation, which must still occur in person, per current policy. During the evaluation, the provider should assess a worker's ability and willingness to participate in the treatment phase via telehealth. In a collaborative manner, the provider and worker should determine a plan for incorporating telehealth into the SIMP treatment phase. The evaluation report must include a detailed plan for implementing telehealth, along with the provider attestation of the worker's understanding and agreement.

This requires continual reassessment, at least weekly, of the worker's ability, willingness, and overall engagement in telehealth throughout the entire treatment phase. The provider shall document this reassessment and continued patient understanding and agreement as part of the treatment note.

When SIMP treatment is being provided via telehealth, the provider is expected to make arrangements for in-person evaluation and intervention, as necessary, if an emergent issue arises (e.g., re-injury, new injury, worsening status).

The delivery of these services must be consistent with CARF policy as well as any applicable state and federal statutes and/or regulations.

### ► System requirements

TeleSIMP services require an interactive telecommunication system, consisting of special audio and video equipment that permits real time, two-way communication 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 access a telephonic interpreter using the identified vendor in [Chapter 14: Interpretive Services](#) when the worker's home is the originating site. When the worker's home is the originating site, face-to-face interpretation isn't covered.

### ▶ **Services that can be billed**

Only local codes **2011M** and **2015M** are payable for telehealth services under this temporary TeleSIMP policy. For specific fees and limits on these codes, please see L&I's current Chronic Pain Management payment policy at [Chapter 34: Chronic Pain Management](#).

**2011M** can be utilized up to the entire treatment phase. This requires continual reassessment, at least weekly, of the worker's ability, willingness, and overall engagement in telehealth throughout the entire treatment phase. The provider shall document this reassessment and continued patient understanding and agreement as part of the treatment note.

This policy allows the use of the worker's home as an origination site when billing local codes **2011M** and **2015M**. See L&I's [Temporary Telehealth Policy](#) for additional details.

Covered providers are those identified in [Chapter 34: Chronic Pain Management](#), who meet the definition of a Structured Intensive Multidisciplinary Program.

The SIMP is responsible for ensuring telehealth is the appropriate method of service delivery. Both the worker and the provider need to be comfortable with the decision to provide services via telehealth.

The worker must be an **established patient**.

Use of prorated billing under this temporary policy is allowed. See [Chapter 34: Chronic Pain Management](#) for more details.

## ▶ Billing requirements

### Origination site

When the worker's home is the origination site, services must be billed using **place of service –02** (which is defined as, "Telehealth").

HCPSC code **Q3014** is only billable by the provider when a medical origination site for services is used. It may not be billed when the worker's origination site is home.

### Providers

Your documentation for telehealth delivery must be identified clearly and separately in the medical record.

## ▶ Duration of temporary policy

This emergency telehealth policy expires July 3<sup>rd</sup>, 2020. If the insurer deems it necessary to extend this policy, an update and correction will be posted.

## ▶ Additional documentation requirements

For the purposes of this temporary policy, include the following documentation in addition to the standard daily note requirements:

- What prompted the encounter to occur via telehealth, *and*
- A notation of the providers and worker's originating site (home or medical facility)

## ▶ What isn't covered

The insurer won't provide reimbursement to any party who acquires equipment for telehealth.

The worker won't be reimbursed for using home as an originating site, or for any other telehealth related services.

Evaluations of new patients using telehealth isn't covered.

Treatments that require patient contact or direct hands-on care are not appropriate for telehealth delivery.

Telemedicine procedures and services that aren't covered include:

- “Store and Forward” technology, asynchronous transmission of medical information to be reviewed by the consultant at a later time,
- Facsimile transmissions,
- Purchase, rental, installation, or maintenance of telecommunication equipment or systems, *and*
- Telehealth transmission, per minute (HCPCS code **T1014**).



## Links: Related topics

If you're looking for more information about...	Then go here:
<b>Administrative rules</b> for "Who may treat"	Washington Administrative Code (WAC) 296-20-015: <a href="http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-015">http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-015</a>
<b>Becoming an L&amp;I provider</b>	L&I's website: <a href="http://www.Lni.wa.gov/ClaimsIns/Providers/Becoming/">www.Lni.wa.gov/ClaimsIns/Providers/Becoming/</a>
<b>Billing</b> instructions and forms	Chapter 2: <a href="#">Information for All Providers</a>
<b>E/M Services</b>	Chapter 10: <a href="#">Evaluation and Management (E/M) Services</a>
<b>Fee schedules</b> for all healthcare facility services	L&I's website: <a href="https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/">https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/</a>
<b>Interpreter Services</b>	Chapter 14: <a href="#">Interpreter Services</a>
<b>Physical Medicine Services</b>	Chapter 25: <a href="#">Physical Medicine Services</a>
<b>SIMP Services</b>	Chapter 34: <a href="#">Chronic Pain Management</a>
<b>Temporary Telehealth Policy</b>	Temporary Telehealth Policy: <a href="https://www.lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/200309temporarytelehealthpolicy.pdf">https://www.lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/200309temporarytelehealthpolicy.pdf</a>

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