

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

# **Chapter 13: Independent Medical Exams (IME)**

**Effective July 1, 2019**



**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/)



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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.

**-26 Professional component**

Certain procedures are a combination of the professional (**—26**) and technical (**—TC**) components. This modifier should be used when only the professional component is performed. When a global service is performed, the **—26** modifier can't be used.



**Link:** Procedure codes are listed in the L&I Professional Services Fee Schedules, Radiology and Laboratory Sections, available at:

<http://www.lni.wa.gov/apps/FeeSchedules/>.

▶ **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.



## 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](http://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](http://www.Lni.wa.gov/FormPub/Detail.asp?DocID=1620)) , or
- Go to [www.Lni.wa.gov/ClaimsIns/Providers/Becoming/IME/](http://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](http://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	<p><b>IME, addendum report. Requested and authorized by claim manager</b></p> <p>Addendum report for information that isn't requested in original assignment, which necessitates review of records. Additional charges aren't payable. Not to be used in place of a new IME, if requested by the insurer.</p> <p>May only be used for review of job analysis when records are re-reviewed and a report attesting to that re-review is submitted with the job analysis.</p> <p>The review of diagnostic testing or study results ordered by the examiner isn't payable under this code. Use appropriate CPT codes to review as deemed necessary by the examiner.</p>	\$123.15
1105M	<p><b>IME Physical Capacities Estimate (<a href="#">F242-387-000</a>)</b></p> <p>Must be requested by the insurer.</p> <p>Bill under one examiner's provider account number for multi-examiner exams. (Bill once per exam.)</p>	\$32.87

Local billing code	Description and notes	Maximum fee
<p><b>1108M</b></p>	<p><b>IME, standard exam – 1-3 body areas or organ systems</b></p> <p>Use this code if there are only 1-3 body areas or organ systems examined for sufficient evaluation of the accepted condition(s). L&amp;I expects that these exams will typically involve at least 30 minutes of face-to-face time with the patient.</p> <p>Use of this code requires:</p> <ul style="list-style-type: none"> <li>• Records reviewed by examiner and a report included with detailed chronology of the injury or condition as described in the <a href="#">Medical Examiners' Handbook</a>.</li> <li>• Physical exam directed only toward the affected body areas or organ systems.</li> <li>• Appropriate diagnostic tests ordered and interpreted.</li> <li>• Impairment rating performed if requested.</li> <li>• The IME report containing the required elements noted in the <a href="#">Medical Examiners' Handbook</a>.</li> <li>• Report conclusions addressing how the examined body areas or organ systems relate to the accepted or contended work related injury(s) or condition(s).</li> <li>• Review of up to 2 job analyses.</li> </ul> <p><b>Note:</b> Additional examiners use <b>1112M</b>.</p>	<p><b>\$618.40</b></p>
<p><b>1109M</b></p>	<p><b>IME, complex exam – 4 or more body areas or organ systems</b></p> <p>Use this code if there are 4 or more body areas or organ systems examined for sufficient evaluation of the accepted condition(s). L&amp;I expects that these exams will typically involve at least 45 minutes of face-to-face time with the worker.</p> <p>Use of this code requires:</p> <ul style="list-style-type: none"> <li>• Records reviewed by examiner and a report included with detailed chronology of the injury or condition as described in the <a href="#">Medical Examiners' Handbook</a>.</li> <li>• Physical exam directed only toward the affected body areas or organ systems.</li> <li>• Appropriate diagnostic tests ordered and interpreted.</li> <li>• Impairment rating performed if requested.</li> <li>• The IME report containing the required elements noted in the <a href="#">Medical Examiners' Handbook</a>.</li> <li>• Report conclusions addressing how the examined body areas or organ systems relate to the accepted or contended work related injury(s) or condition(s).</li> </ul>	<p><b>\$773.00</b></p>

Local billing code	Description and notes	Maximum fee
	<ul style="list-style-type: none"> <li>Review of up to 2 job analyses.</li> </ul> <b>Note:</b> Additional examiners use <b>1112M</b> .	
<b>1111M</b>	<b>IME, no-show fee, per examiner</b> 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 <b>1139M</b> , and Functional Capacity Evaluations (FCE) see billing code <b>1140M</b> ). For more information, see: <a href="#">WAC 296-20-010</a> .	<b>\$228.08</b>
<b>1112M</b>	<b>IME, additional examiner for IME</b> Use where input from more than 1 examiner is combined into 1 report. Includes: <ul style="list-style-type: none"> <li>Record review,</li> <li>Exam, <i>and</i></li> <li>Contribution to combined report.</li> </ul> L&I expects these exams will typically involve at least 30 minutes of face-to-face time with the worker. <b>Note:</b> One examiner on IMEs with a combined report should bill a standard or complex exam code ( <b>1108M</b> or <b>1109M</b> ).	<b>\$618.40</b>
<b>1118M</b>	<b>IME by psychiatrist</b> 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 worker. Includes: <ul style="list-style-type: none"> <li>Review of records, other specialist's exam results, if any.</li> <li>Consultation with other examiners and submission of a joint report if scheduled as part of a panel.</li> <li>Report with a detailed chronology of the injury or condition, as described in the <a href="#">Medical Examiners' Handbook</a>.</li> <li>Review of up to 2 job analyses.</li> </ul> Also includes impairment rating, if applicable.	<b>\$1,120.85</b>
<b>1120M</b>	<b>IME, no-show fee, psychiatrist</b> 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,	<b>\$353.54</b>

Local billing code	Description and notes	Maximum fee
	neuropsychological evaluations see billing code 1139M). For more information, see: <a href="#">WAC 296-20-010</a> .	
<b>1122M</b>	<p><b>Impairment rating by an approved pain program</b></p> <p>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&amp;I approved chiropractic examiners. (For more information, see: <a href="#">WAC 296-20-2010</a>).</p> <p>The rating report must include at least the following elements as described in the <a href="#">Medical Examiners' Handbook</a>:</p> <ul style="list-style-type: none"> <li>• MMI (maximum medical improvement),</li> <li>• Physical exam,</li> <li>• Diagnostic tests,</li> <li>• Rating, <i>and</i></li> <li>• Rationale.</li> </ul>	<b>\$535.98</b>
<b>1123M</b>	<p><b>IME, communication issues</b></p> <p>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 an interpreter is needed, verify and record name of interpreter in report.                      Bill once per examiner per exam.                      Isn't payable with a no show fee (<b>1111M</b> or <b>1120M</b>).</p>	<b>\$215.53</b>
<b>1124M</b>	<p><b>IME, other, by report</b></p> <p>Requires preauthorization and prepay review:</p> <ul style="list-style-type: none"> <li>• For State Fund claims, call Quality and Compliance at <b>360-902-6823</b>, <i>or</i></li> <li>• For self-insured claims, contact the self-insured employer or third party administrator.</li> </ul> <p>Not payable for no shows or failure on the provider's part to obtain an interpreter.</p>	<b>By report</b>

Local billing code	Description and notes	Maximum fee
1125M	<p><b>Physician travel per mile</b></p> <p>Allowed when roundtrip exceeds 14 miles using Personally Owned Vehicles.</p> <p>Code usage is limited to extremely rare circumstances, such as IMEs in correctional facilities.</p> <p>Requires preauthorization and prepay review:</p> <ul style="list-style-type: none"> <li>• For State Fund claims, call Quality and Compliance at <b>800-468-7870</b>, or</li> <li>• For self-insured claims, contact the self-insured employer or third party administrator.</li> </ul>	\$5.27
1128M	<p><b>Occupational disease report</b> (Doctor's Assessment of Work Relatedness for Occupational Diseases)</p> <p>Must be requested by insurer.</p> <p>Examples of conditions which L&amp;I considers occupational diseases are:</p> <ul style="list-style-type: none"> <li>• Occupational carpal tunnel syndrome,</li> <li>• Noise-induced hearing loss,</li> <li>• Occupational dermatitis, <i>and</i></li> <li>• Occupational asthma.</li> </ul> <p>The legal standard is different for occupational diseases from occupational injuries. Refer to <a href="#">RCW 51.080.140</a> on the definition for occupational disease.</p> <p>This is a detailed assessment of work relatedness, with the exact content presented in the <a href="#">Medical Examiners' Handbook</a>.</p> <p>A doctor may bill this code <b>only once for each worker</b>.</p>	\$199.32

Local billing code	Description and notes	Maximum fee
<p><b>1129M</b></p>	<p><b>IME, extensive file review by examiner</b></p> <p>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.</p> <p>Review of the <b>first 400 hardcopy pages</b> is included in the base exam fee (<b>1108M, 1109M, 1112M, 1118M, or 1130M</b>).</p> <p>Bill for each additional page reviewed beyond the first 400 hardcopy pages.</p> <p>Isn't payable with <b>1111M</b> or <b>1120M</b>.</p> <p>Only the following document categories will be paid for <b>unless</b> the authorizing letter requests a review of <b>all</b> documents:</p> <ul style="list-style-type: none"> <li>• Medical files,</li> <li>• History,</li> <li>• Report of Accident,</li> <li>• Reopen Application, <i>and</i></li> <li>• Other documents specified by claim manager or requestor.</li> </ul> <p>Bill per examiner.</p> <p>Not payable for review of duplicate documents.</p> <p><b>Note:</b> To be eligible for payment, a detailed chronology of the injury or condition must be included in the report as defined by the <a href="#">Medical Examiners' Handbook</a>.</p>	<p><b>\$1.09</b></p>
<p><b>1130M</b></p>	<p><b>IME, terminated exam</b></p> <p>Bill for exam ended prior to completion.</p> <p>Requires file review, partial exam by the examiner and report (including reasons for early termination of exam).</p> <p>Bill per examiner.</p> <p>Terminated exams don't include failure to obtain an interpreter. Terminated exams could be payable when the worker is uncooperative or becomes ill in the middle of the exam.</p> <p><b>Note:</b> A partial exam is face-to-face time between the examiner and the worker where, at a minimum, the worker's history is obtained.</p>	<p><b>\$381.81</b></p>

Local billing code	Description and notes	Maximum fee
1132M	<p><b>Document printing of electronic medical records per page</b></p> <p>Payable only once per IME referral.</p> <p>Charges must be based on printing the following electronic records unless the authorizing letter requests a review of <b>all</b> documents:</p> <ul style="list-style-type: none"> <li>• Report of Accident,</li> <li>• Reopen application,</li> <li>• History,</li> <li>• Medical files,</li> <li>• Other documents specified by claim manager or requestor.</li> </ul> <p><b>Note:</b> This fee isn't payable if paper copies of records are provided.</p>	\$0.07 per printed page
1133M	<p><b>IME, document-processing fee.</b></p> <p>Payable only once per IME referral.</p> <p><b>Note:</b> This fee includes the preparation of documents for examiner review. The preparation of documents includes duplicate document removal.</p>	\$63.88
1134M	<p><b>IME late cancellation fee, per examiner</b></p> <p>Bill only if worker cancels the appointment within 3 business days prior to exam. Billable if appointment time can't be filled. (Business days are Monday through Friday.)</p> <p>Isn't payable for no shows of IME related services (for example, neuropsychological evaluations).</p>	\$228.08
1135M	<p><b>IME late cancellation fee, psychiatrist</b></p> <p>Bill only if worker fails to show and appointment time can't be filled and cancellation is within 3 business days <i>of exam</i>. (Business days are Monday through Friday.)</p> <p>Isn't payable for late cancellation of IME related services (for example, neuropsychological evaluations).</p>	\$353.54
1139M	<p><b>No show fee for missed neuropsychological testing.</b></p> <p>Must be scheduled or approved by department or self-insurer as part of an independent medical examination. (For more information, see: <a href="#">WAC 296-20-010(5)</a>.)</p> <p>This code is payable only once per independent medical examination assignment.</p> <p>Must notify department or self-insurer of no-show as soon as</p>	\$958.41

Local billing code	Description and notes	Maximum fee
	<p>possible. Bill only if worker fails to show and appointment can't be filled.</p>	
<p><b>1140M</b></p>	<p><b>No show fee for missed Functional Capacity Evaluation (FCE).</b> Must be scheduled or approved by department or self-insurer as part of an independent medical examination. (For more information, see: <a href="#">WAC 296-20-010(5)</a>.) 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.</p>	<p><b>\$306.59</b></p>

Local billing code	Description and notes	Maximum fee
<b>Modifier -7N</b>	<p><b>X-rays and laboratory services in conjunction with an IME</b></p> <p>When X-rays, laboratory, neuropsychological testing and other diagnostic tests are provided with an exam, identify the service(s) by adding the <b>modifier – 7N</b> to the usual procedure number.</p> <p><b>Link:</b> Procedure codes are listed in the L&amp;I Professional Services Fee Schedules, Radiology and Laboratory Sections, or the other payment policies available at:  <a href="http://www.lni.wa.gov/apps/FeeSchedules/">http://www.lni.wa.gov/apps/FeeSchedules/</a>.</p>	N/A
<b>Modifier -26</b>	<p><b>X-rays and laboratory services in conjunction with an IME- Professional Component</b></p> <p>Certain procedures are a combination of the professional (<b>—26</b>) and technical (<b>—TC</b>) components. This modifier should be used when only the professional component is performed. When a global service is performed, the <b>—26</b> modifier can't be used.</p> <p>Payment for a radiological consultation will be made at the established professional component (<b>modifier –26</b>) rate for each specific radiology service. A written report of the consultation is required.</p> <p><b>Link:</b> Procedure codes are listed in the L&amp;I Professional Services Fee Schedules, Radiology and Laboratory Sections, or the other payment policies available at:  <a href="http://www.lni.wa.gov/apps/FeeSchedules/">http://www.lni.wa.gov/apps/FeeSchedules/</a>.</p> <p>Additional information on this modifier is available in <a href="#">Chapter 26 – Radiology Services</a>.</p>	N/A



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

**Multiple claim codes**

Local billing code	Description and notes	Maximum fee
1136M	<p><b>IME, two claims included in evaluation.</b></p> <p>Medical examination includes second claim to be evaluated by the medical examiner.</p> <p>This code is used in addition to the primary IME exam code (<b>1108M, 1109M, 1112M, 1118M, or 1130M</b>) only.</p> <p>This can't be reported as a stand-alone code.</p> <p>Bill once per examiner.</p> <p><b>Note:</b> This must be preauthorized by the State Fund claim manager or self-insured employer/third-party administrator.</p>	\$108.60
1137M	<p><b>IME, three claims included in evaluation.</b></p> <p>Medical examination includes second and third claims evaluated by the medical examiner.</p> <p>This code is used in addition to the primary IME exam code (<b>1108M, 1109M, 1112M, 1118M, or 1130M</b>) only.</p> <p>This can't be reported as a stand-alone code.</p> <p>Bill once per examiner.</p> <p><b>Note:</b> This must be preauthorized by State Fund claim manager or self-insured employer/third party administrator.</p>	\$217.18
1138M	<p><b>IME, four or more claims included in evaluation.</b></p> <p>Medical examination includes second, third, and four or more claims evaluated by the medical examiner.</p> <p>This code is used in addition to the primary IME exam code (<b>1108M, 1109M, 1112M, 1118M, or 1130M</b>) only.</p> <p>This can't be reported as a stand-alone code.</p> <p>Bill once per examiner.</p> <p><b>Note:</b> This must be preauthorized by the State Fund claim manager or self-insured employer/third-party administrator.</p>	\$325.78

## ► 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.

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.

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.

IMEs conducted at a correctional facility are payable at three times the standard rate (1108M or 1109M) of an IME, if the examiner travels to the facility. Examiners may also bill travel for IMEs conducted at a correctional facility; bill using 1125M, which requires prior authorization.

**▶ 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 includes 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.



## Links: Related topics

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

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