



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

Temporary TeleSIMP Policy (Chronic Pain Management)

Effective March 9, 2020



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

www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2019/



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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.

- ▶ **Originating site:** The place where the worker is located when receiving telehealth services. For the purposes of this temporary policy, the originating site may be the worker's home. Refer to [Chapter 10: Evaluation and Management \(E/M\) Services](#) for additional information about telehealth services rendered to a worker at an origination site other than 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 temporary 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, two-way, audio video connection. These services aren't appropriate without a video connection.



Payment policy: TeleSIMP Services (Chronic Pain Management)

Labor and Industries (L&I) is temporarily allowing the delivery of outpatient Structured Intensive Multidisciplinary Program (SIMP) services via telehealth following prior authorization. This temporary telehealth policy helps limit the spread of the coronavirus (COVID-19) outbreak, while still allowing SIMP services to occur, when appropriate.

Effective March 9, 2020, L&I SIMP providers may use telehealth as a modality to deliver evaluation and treatment. This temporary policy is considered supplementary and doesn't replace [Chapter 34: Chronic Pain Management](#), or any other policies noted in the Medical Aid Rules and Fee Schedules (MARFS).

This temporary policy expands services to allow providers and workers to initiate and 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.

Both the worker and provider must be comfortable with the decision to provide service by telehealth and document the worker's understanding and agreement as per the documentation section.

If the use of telehealth is considered during treatment phase, the provider should assess a worker's ability and willingness to participate. 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.

The use of telehealth during treatment 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.

The provider is expected to make arrangements for in-person evaluation and intervention, including but not limited to:

- If the provider has determined the worker is not a candidate for telehealth either generally or for a specific assessment or treatment,
- The worker does not want to participate via telehealth, or

- The worker has an emergent issue (such as re-injury, new injury, or 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

Telehealth services require an interactive telecommunication system, consisting of special two-way audio and video equipment that permits real time consultation 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 use an in-person interpreter via video or telephone. Additional details are covered in the [Temporary Interpretive Services via Video or Telephone policy](#).

▶ Services that can be billed

- **2010M** (SIMP Evaluation Services)
- **2011M** (SIMP Treatment Services)
- **2015M** (SIMP Follow Up Services, Non-face-to-face)



Note: See [Chapter 34: Chronic Pain Management](#) for requirements and limits for each code.

▶ Billing requirements

For services delivered via telehealth, bill the applicable codes as if delivering care in person.

When the worker's home is the originating site, services must be billed using **place of service –12**.

HCPCS code **Q3014** can't be billed when the worker's origination site is home.

Modifier –GT shouldn't be used.

▶ Duration of temporary policy

This emergency telehealth policy expires July 3, 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, the following documentation must be included in addition to the documentation and coding requirements for services you are billing as noted in MARFS:

- A note about the emergency situation (limiting exposure to COVID-19, in this case) that prompted the encounter to occur via telehealth,
- A notation that the worker's home is the originating site, *and*
- Documentation of worker consent to participate in telehealth services.

Continual reassessment, at least weekly, of the worker's ability, willingness, and overall engagement in telehealth throughout the entire treatment phase is required. The evaluation report must include a detailed plan for implementing telehealth as agreed upon in a collaborative manner between the treating provider at the SIMP and worker.

▶ What isn't covered

SIMP Follow up Services: Face-to-Face (**2014M**) are not allowed to be performed using telehealth under this policy.

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.

HCCPCS code **Q3014** can't be billed when the worker's origination site is home.

Telehealth services must be originated either from a medical origination site or worker's home and the selection of a provider is the worker's choice by law. Services may not be delivered from either the employer's worksite or any location owned or controlled by the employer that is not operated by a Medical Provider Network practitioner.



Links: Related topics

If you're looking for more information about...	Then go here:
Administrative rules for “Who may treat”	Washington Administrative Code (WAC) 296-20-015: http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-015
Becoming an L&I provider	L&I’s website: www.Lni.wa.gov/ClaimsIns/Providers/Becoming/
Billing instructions and forms	Chapter 2: Information for All Providers
Chronic Pain Management	Chapter 34: Chronic Pain Management
Fee schedules for all healthcare facility services	L&I’s website: https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/
Temporary Interpretive Services via Video or Telephone	Temporary Interpretive Services via Video or Telephone Policy: https://lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/TempInterSvcsviaVideoorTelephonePolicy03092020thru07032020.pdf
Temporary Telehealth Policy	Temporary Telehealth Policy: https://www.lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/200309temporarytelehealthpolicy.pdf
Temporary Telerehab Policy	Temporary Telerehab Policy: https://lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/TempTelerehabPolicy032020thru07032020.pdf

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