



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

Temporary Telerehab Work Hardening (WH) Policy

Effective April 1, 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.
- ▶ **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.
- ▶ **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.



Note: Please review the **Definitions** section of [Chapter 25: Physical Medicine Services](#) to see other relevant definitions.



Payment policy: Telerehab WH Services (Work Hardening)

Labor and Industries (L&I) is temporarily allowing the delivery of Work Hardening (WH) services via telehealth under the Department's current Work Hardening payment policy. This temporary Telerehab WH policy helps limit the spread of the coronavirus (COVID-19) outbreak, while still allowing continued WH services, when appropriate. Effective March 31, 2020, WH providers may use telehealth as a modality to deliver certain services for workers enrolled in their program. This temporary policy is considered supplementary and doesn't replace [Chapter 25: Physical Medicine Services](#) 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 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 WH program or its structure. It doesn't alter the requirements of the initial evaluation, which must still occur in person. 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. The evaluation report must include a detailed plan for implementing telehealth, along with the provider attestation of the worker's understanding and agreement.

Even if WH 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).

▶ System requirements

Telerehab WH 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, please review the requirements for these services in [Chapter 14: Interpretive Services](#) and check for supplemental information and temporary policies about interpretation services on our [MARFS Updates and Corrections](#) page.

▶ Services that can be billed

Only procedure codes **97545** and **97546** are payable for telehealth services under this temporary policy.

This policy allows the use of the worker's home as an origination site when billing procedure codes **97545** and **97546**. See L&I's [Temporary Telehealth Policy](#) for additional details.

This policy allows for telerehab services. See L&I's [Temporary Telerehab Policy](#) for additional details.

The WH provider 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**.

▶ Billing requirements

Originating facility

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

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

Providers

When using telehealth for work hardening, providers must contact the claim manager if they anticipate they may exceed the maximum number of visits listed in [Chapter 25: Physical Medicine Services](#). Exceptions to the maximums will be reviewed and approved on a case by case basis.

▶ Duration of temporary policy

This emergency telehealth policy expires July 3rd, 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 existing requirements outlined in [Chapter 25: Physical Medicine Services](#):

- 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, this includes billing for **1001M**.

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**).
- Telehealth facility fee when the worker's origination site is home (Q3014)



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
E/M Services	Chapter 10: Evaluation and Management (E/M) Services
Fee schedules for all healthcare facility services	L&I’s website: https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/
Interpretive Services	Chapter 14: Interpretive Services
Physical Medicine Services	Chapter 25: Physical Medicine Services
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://www.lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/TempTelerehabPaymentPolicy.pdf

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