



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

Temporary TeleBrainRehab Policy

Effective March 9, 2020 through March 3, 2022



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

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



Table of contents

Page

Payment Policies:

Definitions.....TBR-2

Payment policy: TeleBrainRehab ServicesTBR-3

More Info:

Related topics.....TBR-7



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.

- ▶ **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: TeleBrainRehab Services

Labor and Industries (L&I) is temporarily allowing the delivery of outpatient telebrainrehab for comprehensive brain injury evaluations following prior authorization, as well as ongoing treatment by qualified providers. This temporary Telehealth policy helps limit the spread of the coronavirus (COVID-19) outbreak, while still allowing outpatient brain injury rehabilitation services, when appropriate.

Effective March 9, 2020, L&I providers with Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation may use telehealth as a modality to deliver outpatient comprehensive brain injury evaluations and ongoing outpatient brain injury rehabilitation services performed for half-day programs. This temporary policy doesn't replace [Chapter 33: Brain Injury Rehabilitation Services](#), or any other chapters within the Medical Aid Rules and Fee Schedules (MARFS).

This temporary policy expands outpatient brain injury rehabilitation services to allow providers and workers to initiate and continue treatment during an emergency epidemic. This policy will expire March 3, 2022 unless the department determines an extension is appropriate. The department also reserves the right to terminate this policy before March 3, 2022.

Before conducting the comprehensive brain injury evaluation, a pre-screen must be done to determine if the worker is a good candidate and has the required equipment for telehealth. Each provider must review and confirm the telehealth pre-screen with the worker at the beginning of the evaluation process and document worker understanding and agreement as part of the treatment note.

All providers and the worker must be in agreement with the decision to provide service by telehealth and each provider documents the worker's understanding and agreement as per the documentation section.

All providers are 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 via telehealth 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 communication between the worker 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](#). As of July 1, 2021, all telehealth interpreter needs must go through [CTS LanguageLink](#).

▶ Services that can be billed

This temporary policy isn't intended to alter the intensive nature of the brain injury rehabilitation program or its structure. Telehealth visits have the same requirements as in-person visits per [Chapter 33: Brain Injury Rehabilitation Services](#), with the exception of the exclusions below.

This policy allows temporary telehealth coverage of the following services:

- Individual outpatient services and therapies done under an approved, coordinated brain injury rehabilitation plan of care. Individual services may be delivered via telehealth if the provider and worker determine it is appropriate for the plan of care.
- **8950H** comprehensive brain injury evaluation. This evaluation may be conducted over telehealth. Prior to the evaluation, a pre-screen must be conducted to determine if the patient is a good candidate and has the required equipment for telehealth. Providers must review and confirm the telehealth pre-screen with the patient at the beginning of the evaluation process and document patient understanding and agreement as part of the treatment note.

If the use of telehealth is considered during treatment phase, providers should assess a worker's ability and willingness to participate via telehealth. In a collaborative manner, providers and the worker should determine a plan for incorporating telehealth into the 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.

- **8952H** post-acute brain injury rehabilitation half-day program, per day. This code can be utilized for the entire treatment phase. **8952H** requires continual reassessment of the worker's ability, willingness, and overall engagement in telehealth throughout the entire treatment phase. Providers must document this reassessment and continued patient understanding and agreement as part of the treatment note.

For workers who are not able to meet the requirement of **8952H** via telehealth, providers should bill for individual telehealth services per the [temporary telehealth policy](#), and [temporary telerehab policy](#).



Note: An initial phone call with the worker may be required to determine appropriateness for telehealth services. A billable telephone call must be personally made by the provider and all documentation requirements noted in MARFS must be met. See [Chapter 10: Evaluation and Management \(E/M\) Services](#) under Case Management Services – Telephone calls for more information.

▶ 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 March 3, 2022. If the insurer deems it necessary to extend or terminate 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 33: Brain Injury Rehabilitation Services](#).

- 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.

If treatment is to continue via telehealth, the comprehensive brain injury evaluation report must include a detailed plan for implementing telehealth along with the provider attestation of the worker's understanding and agreement.

▶ What isn't covered

The full day brain injury rehabilitation program using telehealth isn't covered (**8951H**).

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.

Telephonic visits don't replace video two-way communication and can't be used to bill E/M services. Case management services may be delivered telephonically (audio only) and are detailed in MARFS Billing and Payment Policies. See [Chapter 10: Evaluation and Management \(E/M\) Services](#).

HCPCS 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
Brain Injury Rehabilitation Services	Chapter 33: Brain Injury Rehabilitation 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/
Temporary Interpretive Services via Video or Telephone	Temporary Interpretive Services via Video or Telephone 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

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