



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

Temporary Telehealth Policy for Naturopathic Physicians

Effective March 9, 2020 through March 3, 2022



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

<https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/policy-2020#temporary-telehealth-payment-policies>



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Definitions

- ▶ **Comprehensive office visit** (from [WAC 296-23-215](#)): “A level of service pertaining to an in-depth evaluation of a patient with a new or existing problem, requiring development or complete reevaluation of treatment data; includes recording of chief complaints and present illness, family history, past treatment history, personal history, system review; and a complete exam to evaluate and determine appropriate therapeutic treatment management and progress.”
- ▶ **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:** One who has received professional services from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years.

L&I uses the CPT® definition for established patients. Refer to a CPT® book for complete definitions and guidelines.

- ▶ **Extended office visit** (from [WAC 296-23-215](#)): “A level of service pertaining to an evaluation of patient with a new or existing problem requiring a detailed history, review of records, exam, and a formal conference with patient or family to evaluate and/or adjust therapeutic treatment management and progress.”
- ▶ **New patient:** One who hasn't received any professional services from the physician nor another physician of the same specialty who belongs to the same group practice within the past three years.

L&I uses the CPT® definitions for new patients. Refer to a CPT® book for complete definitions and guidelines.

- ▶ **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.

- ▶ **Routine office visit** (from [WAC 296-23-215](#)): "A level of service pertaining to the evaluation and treatment of a condition requiring only an abbreviated history and exam."



Payment policy: Telehealth services

Labor and Industries (L&I) is temporarily allowing the delivery of telehealth when the worker's home is the originating site, including the delivery of new patient initial evaluations and the filing of the Report of Accident via telehealth. This temporary telehealth policy helps limit the spread of the coronavirus (COVID-19) outbreak, while still allowing certain services to occur, when appropriate.

Effective March 9, 2020, L&I providers may use telehealth to deliver services. This temporary policy doesn't replace [Chapter 10: Evaluation and Management \(E/M\) Services](#), [Chapter 19: Naturopathic Physicians and Acupuncture 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 initiate and continue treatment during an emergency epidemic and 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 the evaluation, the provider is responsible for assessing a worker's ability and willingness to participate in initial evaluation via telehealth as well as ensuring telehealth is the appropriate method of service delivery to obtain an accurate diagnosis and determine the proper interventions.

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.

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).

Using [FileFast](#) to submit Reports of Accident is encouraged so worker signature, description of accident and employer information is submitted without the need for paper. Use of [FileFast](#) will also expedite L&I's receipt of the claim and benefit decisions.



Note: For communication without two-way video, see Case management services – Telephone calls in [Chapter 10: Evaluation and Management \(E/M\) Services](#).

▶ 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 that the 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 when the worker's home is the originating site

For **initial visits**, use local code:

- **2130A (Routine** examination, history, and/or treatment – routine procedure – and submission of a report), *or*
- **2131A (Extended** office visit including treatment – report required)



Note: To determine whether a visit is an initial visit, see the definition of **new patient** in Definitions at the beginning of this chapter.

For **follow up visits**, use local code:

- **2133A (Routine** visit including evaluation and/or treatment) *or*
- **2134A (Extended** office visit including treatment – report required)



Note: To determine whether a visit is a follow up visit, see the definition of **established patient** in Definitions at the beginning of this chapter.

▶ Billing requirements

For services delivered via telehealth, naturopathic physicians must use the local codes listed in this temporary telehealth payment policy (under **Services that can be billed when the worker's home is the originating site**) and 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, the following 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

If treatment is to continue via telehealth, the evaluation report must include a detailed plan for implementing telehealth as agreed upon in a collaborative manner between the provider and worker.

▶ What isn't covered

Comprehensive visits are not covered under this policy and may not be performed as telehealth visits.

The insurer won't provide reimbursement to any party for acquiring equipment used for telehealth.

The worker won't be reimbursed for using home as an originating site, or for any other telehealth related 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](#) and [Chapter 19: Naturopathic Physicians and Acupuncture 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.

The insurer won't pay naturopathic physicians for services that aren't specifically allowed, including consultations.



Link: For additional information, see [WAC 296-23-205](#), [WAC 296-23-215](#), and our [Medical Aid Rules and Fee Schedules \(MARFS\)](#).



Links: Related topics

If you're looking for more information about...	Then go here:
Administrative rules for naturopathic physicians	Washington Administrative Code (WAC) 296-23-205: http://apps.leg.wa.gov/wac/default.aspx?cite=296-23-205 WAC 296-23-215: http://apps.leg.wa.gov/wac/default.aspx?cite=296-23-215
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
Fee schedules	L&I's website: https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/
Payment Policies for Evaluation and Management	Chapter 10: Evaluation and Management
Payment Policy for Naturopathic Physicians	Chapter 19: Naturopathic Physicians
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
Reports and Forms	Chapter 27: Reports and Forms

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