

Payment Policies for Healthcare Services

Provided to Injured Workers and Crime Victims

Update – Chapter 13: Independent Medical Exams

Telehealth

Effective September 1, 2023

This update applies to *Chapter 13: Independent Medical Exams*. All requirements and details in Chapter 13 still apply. The following text is added to the chapter:



Definitions

Distant site: The location of the provider who performs **telehealth** services. This provider is not at the originating site with the worker.

Originating site: The place where the worker is located when receiving **telehealth**. For the purposes of this policy, the worker may be at home when receiving **telehealth**.

Telehealth: Face-to-face services delivered by a qualified medical provider through a real-time, 2-way, audio video connection. These services aren't appropriate without a video connection.



Payment policy: Telehealth for Independent Medical Exams (IMEs)

General Information

The insurer reimburses **telehealth** at parity with in-person appointments.

Objective medical findings are required for time loss and other claim adjudication requirements. In-person visits are preferred for gathering objective medical findings, however, **telehealth** may be an appropriate alternative in certain situations where objective medical findings can be gathered via 2-way audio and visual connection.

The provider is expected to make arrangements for in-person evaluation and intervention for certain circumstances. See [Services that must be performed in person](#) for additional information.

Telehealth services must occur either from an IME firm's location, or the worker's home. Services may not be delivered from either the employer's worksite or any location owned or controlled by the employer.

The provider performing **telehealth** services must be licensed in the state where the worker is receiving **telehealth** services.

Services that must be performed in person

In-person examination is required for IMEs when:

- The worker has an emergent issue such as re-injury, new injury, or worsening status.

An in-person examination is required in all cases when:

- A physical or hands-on exam is required, *or*
- The worker doesn't want to participate in a **telehealth** exam.

System requirements

Telehealth services require an interactive telecommunication system, consisting of special 2-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. No payment shall be made to the worker or provider for obtaining or maintaining equipment for a **telehealth** appointment.

Prior authorization

The prior authorization requirements listed in this chapter apply regardless of how the service is rendered to the worker, either in person or via **telehealth**.

Services that are covered

For services that can occur via **telehealth**, bill as if these services occurred in person.

The following IMEs may be conducted via **telehealth**:

- Mental health,
- Dermatology,
- Speech when there is no documented hearing loss,
- Kidney function,
- Hematopoietic system,
- Endocrine.

Upon request of the department or self-insured employer and with agreement of the worker, a telehealth IME may be approved on a case-by-case basis for additional specialties not listed above per WAC 296-23-359.

When scheduling the **telehealth** visit, the provider is responsible for ensuring **telehealth** is the appropriate method of service delivery to effectively conduct an IME.

Originating Site Fee (Q3014)

The insurer will pay an **originating site** fee to an IME provider when they allow the worker to come to their office and use their telecommunications equipment for a **telehealth** service with an IME provider at another location. To bill for the **originating site** fee, use HCPCS code **Q3014**.

Q3014 is payable to the **originating site** provider when no other billable service, provided to the same worker, is rendered concurrently.

When the worker is in Washington State and the **telehealth** IME provider is in another state, the Washington State IME firm may bill **Q3014** when:

- the worker also has an in-person exam that happens the same day as a **telehealth** exam, *and*
- the worker requires the use of the firm's space for the **telehealth** visit with an approved IME provider for an exam, *and*
- the firm can't use that space for another worker. No other service may be provided to the worker during the **telehealth** exam.

Only the **originating site** provider may bill **Q3014**.



Note: If the **distant site** and the **originating site** are owned or rented by the same entity, **Q3014** is payable as long as billing and documentation requirements are met.

Q3014 billing example

A worker attends an in-person IME with a neurologist at an IME firm's office in Yakima. The IME provider documents all necessary information as part of this visit and bills for the examination. The originating site (Yakima) also arranges a secure and private space for the worker to participate in a mental health IME with a psychiatrist at one of the other firm locations (Seattle). The **originating site** provider may bill the insurer **Q3014** for allowing the worker to use their Yakima location for their **telehealth** visit with the **distant site** provider in Seattle. The **originating site** provider is required to separately document the use of their space as part of their bill for **Q3014**. The **distant site** provider bills for the exam provided, but can't bill **Q3014**.

How to bill for this scenario

For this **telehealth** visit:

- The **distant site** provider would bill the appropriate IME code, with modifier **-GT**.
- The **originating site** provider (IME firm) would bill **Q3014**.

Services that aren't covered

Telephonic visits don't replace video 2-way communication and can't be billed.

Telehealth procedures

Telehealth procedures and services that aren't covered include:

- The services listed under [Services that must be performed in-person](#),
- Hands-on services,
- Completion and filing of any form that requires a hands-on physical examination,
- Purchase, rental, installation, or maintenance of telecommunication equipment or systems, *and*
- Telehealth transmission, per minute (HCPCS code **T1014**).

Telehealth locations

Q3014 isn't covered when:

- The out of state provider is in a location not owned by the IME firm,
- The **originating site** provider performs any service for the same worker during a **telehealth** visit, *or*
- The worker is at home, *or*

- Billed by the **distant site** provider, *or*
- The IME provider uses audio only.

The worker won't be reimbursed for any telehealth related services or expenses when home is the **originating site**.

Requirements for billing

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

Distant site providers must use place of service **-02** to denote the **telehealth** visit when the worker isn't located in their home. **Distant site** providers must use place of service **-10** to denote the **telehealth** visit when the worker is located in their home.

Bill using the **-GT** modifier to indicate **telehealth**.

Documentation requirements

For the purposes of this policy, the following must be included in addition to the documentation and coding requirements for services billed, as noted in MARFS:

- A notation of the worker's **originating site**, *and*
- Documentation of the worker's consent to participate in **telehealth** services. This must be noted for each **telehealth** IME,
- Documentation of the department or self-insured employer agreement that the IME location (telehealth) is appropriate.

The IME exam report must contain documentation that justifies the level, type and extent of services billed. See the documentation requirements in this chapter and other applicable MARFS chapter(s) for the type of service rendered and the documentation requirements.

When **Q3014** is the only code billed, documentation is still required to support the service. When a provider bills **Q3014** on the same day they render an in-person IME to a worker, documentation is required for both the in-person IME and the **Q3014** service. The **originating site** provider billing **Q3014** must include documentation in their exam report indicating who the **distant site** provider is and that the service is separate from the in-person exam that occurred on the same day.

Payment limits

The same payment limits listed in this chapter apply regardless of how the exam is rendered to the worker.

The following IME codes aren't billable under **telehealth** due to the requirement that the worker be in person, or the activity requires an in-person exam with the worker and thus the exam can't occur via **telehealth**:

- **1104M**, IME addendum report,

- **1105M**, IME Physical Capacities Estimate,
- **1124M**, IME, other, by report,
- **1125M**, physician travel per mile,
- **1129M**, IME, extensive file review by examiner,
- **1147M**, Correctional facility IME