

Injured workers can receive treatment via telehealth

Telehealth is a means to deliver health care services remotely via a secure high-speed internet connection. A patient (injured worker in this case) remains in their local community (origination site) and the provider is at a remote site. This method of health care delivery can provide greater access to care, avoid long wait lists and travel times, and reduce missed time from work.

Who can refer to, and treat, via telehealth in Washington's workers' compensation system?

The referring and telehealth providers must be licensed to practice one or more of the following:

- Medicine and surgery (MD)
- Osteopathic medicine and surgery (DO)
- Chiropractic (DC)
- Naturopathic physician (ND)
- Dentistry (DDS or DMD)
- Optometry (OD)
- L&I approved chiropractic consultant - cannot refer
- Clinical psychologist (PhD, PsyD) – cannot refer
- Advanced Registered Nurse Practitioner (ARNP)
- Physician Assistant (PA)

Note: If the referring provider is not the attending provider, the referring provider must consult the attending before making a referral.

The rendering provider must be licensed to practice in the jurisdiction where the worker is receiving the service.

Examples:

1. A worker is receiving care via telehealth. The worker is in Washington (origination site) and the provider is in New Jersey. In this case, the provider must be licensed in Washington.
2. A Washington worker moves to New Jersey and wants to continue receiving care from her Washington provider. The worker and provider must find an acceptable origination site in New Jersey and the Washington provider needs to be licensed to practice in New Jersey.

What else is required for reimbursable telehealth services?

- The worker must be present at the origination site¹ at time of the visit, and
- The exam must be under control of the provider, and
- Interactive audio and video telecommunications technology must be used, allowing real time communication between the worker and the provider, and
- The provider must submit a written report documenting the service to the referring provider and copied to the insurer. The report must document the telehealth delivery method as well as the services rendered.

¹ The origination site must be one of the following: physician or practitioner office, hospital, rural health clinic, federally qualified health center, hospital-based renal dialysis center, skilled nursing facility or community mental health center.

What services may be delivered via telehealth?

- Consultations
- Follow up visits after the initial consultation
- Individual psychotherapy
- End stage renal disease (ESRD) services
- Office or other outpatient visits
- Psychiatric intake and assessment
- Pharmacologic management
- Team conferences

What services are *not* covered when delivered via telehealth?

- Completion and filing of any form that requires a hands-on physical examination (e.g. Report of Accident, Provider's Initial Report, Activity Prescription Form)
- Store and forward technology
- Tele-rehabilitation services
- See complete list in [Chapter 10 of the Medical Aid Rules and Fee Schedules](#).

Do telehealth services require pre-authorization?

No, the *telehealth* method of service delivery does not require pre-authorization, but the services delivered might. **For example**, all mental health services require pre-authorization. The provider should check to see if the service they are delivering requires pre-authorization and follow the instructions for getting the approval.

How are providers paid for telehealth services?

Rendering providers bill for the services they deliver just as if the worker is seen face-to-face in their office. They do NOT bill the originating fee. In addition to the chart notes or reports documenting the service delivered, the provider must indicate the services were provided via telehealth and support the level of service billed.

The clinic site providing the space and telecommunications equipment for the worker is the origination site and they bill HCPCS code Q3014. Documentation from the origination site must be identified clearly and separately in the medical record, apart from the rendering provider's documentation.

Does L&I reimburse telehealth services at the same rate as face-to-face services?

Yes, rendering providers are paid at the same rate, whether services are delivered face-to-face or via telehealth.

What can workers and providers do to enhance their chances of successfully using telehealth services?

- Identify providers who deliver care via telehealth, and who have an active license in the state where the worker is located.
- Identify origination sites (where the worker can be present for the service).
- Consider reaching out to large healthcare organizations or independent healthcare groups in the worker's community.

Where can I get more information?

More information is available in [Chapter 10 of the Medical Aid Rules and Fee Schedules \(MARFS\)](#). The URL is <http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2018/MARFS/Chapter10/default.asp>.