

DECLARATION OF EMERGENCY

Workforce Commission Office of Workers' Compensation

Medical Treatment Guidelines (LAC 40:I.5125 and 5157)

The Louisiana Workforce Commission has exercised the emergency provision in accordance with R.S. 49:953 (B), the Administrative Procedure Act to amend certain portions of the Medical Guidelines contained in the Louisiana Administrative Code, Title 40, Labor and Employment, Part I, Workers' Compensation Administration, Subpart 2, Medical Guidelines, Chapter 51. This Emergency Rule effective May 22, 2020, will remain in effect for a period of 120 days.

The aim of this Emergency Rule is to temporarily add additional codes for the purpose of delivering care and allowing providers to use telemedicine/telehealth methods. This does not affect current existing CPT codes.

COVID-19 has created a mass disruption to the normalcy previously enjoyed by Louisianans and is an immediate threat to the public health, safety, and welfare of Louisiana citizens. In order to respond to the emergency and to protect and safeguard the public, health, safety and welfare of the citizens of this state, it is necessary to issue this Emergency Rule.

The department considers emergency action necessary to facilitate the timely payment to HCP for services rendered to injured workers pending enactment of a rule through regular administrative procedure. Notice is hereby given, in accordance with R.S. 49:950, et seq., that the Louisiana Workforce Commission, Office of Workers' Compensation, pursuant to authority vested in the Assistant Secretary of the Office of Workers' Compensation by R.S. 23:1291 and 23:1310.1, and in accordance with applicable provisions of the Administrative Procedure Act, proposes to amend LAC 40:I.Chapters 51.

Title 40

LABOR AND EMPLOYMENT

Part I. Workers' Compensation Administration

Subpart 2. Medical Guidelines

Chapter 51. Medical Reimbursement Schedule

Editor's Note: The following Sections of this Chapter are applicable and shall be used for the Chapters in this Part governing reimbursement. These specific Chapters are: Chapter 25, Hospital Reimbursement; Chapter 29, Pharmacy; Chapter 31, Vision Care Services; Chapter 33, Hearing Aid Equipment and Services; Chapter 35, Nursing/Attendant Care and Home Health Services; Chapter 37, Home and Vehicle Modification; Chapter 39, Medical Transportation; Chapter 41, Durable Medical Equipment and Supplies; Chapter 43, Prosthetic and Orthopedic Equipment; Chapter 45, Respiratory Services; Chapter 47, Miscellaneous Claimant Expenses; Chapter 49, Vocational Rehabilitation Consultant; Chapter 51, Medical Reimbursement Schedule; and Chapter 53, Dental Care Services.

§5125. Special Instructions

A. Procedure Codes Not Listed in Rules

1. - 3. ...

B. Modifiers

1. Modifier codes must be used by providers to identify procedures or services that are modified due to specific circumstances.

2. Modifiers listed in the CPT must be added to the procedure code when the service or procedure has been altered from the basic procedure described by the descriptor.

3. When Modifier-22 is used to report an unusual service, a report explaining the medical necessity of the situation must be submitted with the claim to the carrier. It is not appropriate to use Modifier-22 for routine billing.

4. The use of modifiers does not imply or guarantee that a provider will receive reimbursement as billed. Reimbursement for modified services or procedures must be based on documentation of medical necessity and must be determined on a case by case basis.

5. The modifier 95 appended to a code indicates it was performed by telemedicine/telehealth methods. Services should be reimbursed the same amount as the exact same codes without the modifier as long as the Emergency Rule exist. If carrier requires a Place of Service (POS) code for telemedicine/telehealth, code 02 may be used.

C.- F. 2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation, LR 19:54 (January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994). amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 46:

§5157. Maximum Reimbursement Allowances

A. Table 1

B. Table 2

CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum

8632 8		IA Infectious Agt Antibody Sars-Cov-2 Covid19		\$90		

8676 9		Antb Severe Aqt Respir Synd Sars-Cov-2 Covid19		\$84		

8763 5		Iadna Sars-Cov- 2 Covid-19 Amplified Probe Tq		\$103		

9079 1		Psychiatric Diagnostic Evaluation		BR		
9079 2		Psychiatric Diagnostic Eval W/Medical Services		BR		

9083 2		Psychotherapy W/Patient 30 Minutes		BR		
9083 3		Psychotherapy W/Patient W/E&M Srvc 30 Min		BR		
9083 4		Psychotherapy W/Patient 45 Minutes		BR		
9083 6		Psychotherapy W/Patient W/E&M Srvc 45 Min		BR		
9083 7		Psychotherapy W/Patient 60 Minutes		BR		

CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
90838		Psychotherapy W/Patient W/E&M Srvc 60 Min		BR		

90863		Pharmacologic Management W/Psychotherapy		BR		

92521		Evaluation Of Speech Fluency (Stutter Clutter)		BR		
92522		Evaluation Of Speech Sound Production Articulate		BR		
92523		Eval Speech Sound Product Language Comprehension		BR		
92524		Behavioral & Qualit Analysis Voice And Resonance		BR		

96105		Assessment Aphasia W/Interp & Report Per Hour		BR		

96156		Health Behavior Assessment/Re-Assessment		BR		
96158		Health Behavior Ivntj Indiv F2f 1st 30 Min		BR		
96159		Health Behavior Ivntj Indiv F2f Ea Addl 15 Min		BR		

97129		Ther Ivntj Cog Funcj Cntct 1st 15 Minutes		BR		
97130		Ther Ivntj Cog Funcj Cntct Ea Addl 15 Minutes		BR		

97161		Physical Therapy Evaluation Low Complex 20 Mins		BR		
97162		Physical Therapy Evaluation Mod Complex 30 Mins		BR		
97163		Physical Therapy Evaluation High Complex 45 Mins		BR		
97164		Physical Therapy Re-Eval Est Plan Care 20 Mins		BR		
97165		Occupational Therapy Eval Low Complex 30 Mins		BR		
97166		Occupational Therapy Eval Mod Complex 45 Mins		BR		
97167		Occupational Therapy Eval High Complex		BR		

CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
		60 Mins				
97168		Occupational Ther Re-Eval Est Plan Care 30 Mins		BR		

98970		Qnhp OI Digital Assmt&Mgmt Est Pt <7 D 5-10 Min		\$25		
98971		Qnhp OI Digital Assmt&Mgmt Est Pt <7 D 11-20 Min		\$65		
98972		Qnhp OI Digital Assmt&Mgmt Est Pt <7 D 21+ Min		\$150		

99421		Online Digital E/M Svc Est Pt <7 D 5-10 Minutes			\$31	\$27
99422		Online Digital E/M Svc Est Pt <7 D 11-20 Minutes			\$62	\$55
99423		Online Digital E/M Svc Est Pt <7 D 21+ Minutes			\$100	\$87

99495		Transitional Care Manage Srvc 14 Day Discharge		BR		
99496		Transitional Care Manage Srvc 7 Day Discharge		BR		

C. Table 3

Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
C9803		Covid-19 Specimen Collection Hopd		BR		
G2010		Remot Image Submit By PT		\$24		
G2012		Brief Check In By Md/Qhp		\$27		
G2023		Specimen Collect Covid-19		\$47		
G2024		Spec Coll Snf/Lab Covid-19		\$51		
G2061		Qual Nonmd Est Pt 5-10m		\$25		
G2062		Qual Nonmd Est Pt 11-20m		\$43		
G2063		Qual Nonmd Est Pt 21>Min		\$68		
U0001		2019-Ncov Diagnostic P		\$72		
U0002		Covid-19 Lab Test Non-Cdc		\$103		
U0003		Sars-Cov-2 Covid-19 Amp Prb Htt		\$200		
U000		Covid-19 Lab		\$200		

4		Test Non-Cdc Htt				
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Inquiries concerning the proposed enactment may be sent to Assistant Secretary Sheral Kellar, OWC-Administration, 1001 North 23rd Street, Baton Rouge, LA 70802 or at MedicalServices@lwc.la.gov.

Ava Dejoie
Secretary

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