

# Texas Workers Compensation

<https://www.tdi.texas.gov/wc/hcprovider/telemed.html>

## Telemedicine/telehealth in Texas workers' compensation



### Have questions?

Call 800-252-7031, option 3, or email [compconnection@tdi.texas.gov](mailto:compconnection@tdi.texas.gov)

Texas Labor Code and DWC Rules allow for billing and reimbursement of certain telemedicine and telehealth services in workers' compensation.

Injured employees may receive these services regardless of their geographic location. Telemedicine services are those provided by a physician licensed in Texas.

Telehealth services are those provided by health care professionals other than physicians.

### Requirements

Below is a list requirements and conditions for payment:

#### Communication standard

An interactive audio and video telecommunications system that permits real-time communication between the provider at the distant site and the injured employee must be used.

[Covered list of telehealth/telemedicine services \(zipped Excel files\)](#)

#### Billing

The health care provider must use Place of Service (POS) code 02 in 24B of the CMS-1500 02/12 to indicate that the service was delivered via telehealth/telemedicine.

#### Documentation

[Reimbursement \(non-network\)](#)

[Reimbursement \(networks\)](#)

Check with your contracted certified networks **before** you start a Telehealth or Telemedicine program for covered injured employees

### Related CMS Policy Resources

DWC adopts Medicare coding, billing and documentation policies by reference. Medicare policies that conflict with the Division's adopted rules do not apply.

[Exceptions to Medicare policy](#)

[CMS Telehealth page](#)

[MLN booklet for Telehealth Services](#)

[100-04 Medicare Claims Processing Manual – Go to Chapter 12, Section 190 Telehealth Service](#)

### Coronavirus Resources

On March 13, 2020, Governor Greg Abbott declared COVID-19 a statewide public health disaster.

The Division of Workers' Compensation (DWC) is monitoring the latest developments on COVID-19 and the recommended social distancing measures as we consider the potential impact it may have on the delivery of benefits in the Texas workers' compensation system.

As a result of the COVID-19 situation, health care providers are urged to expand the use of technology to provide care while limiting community spread.

Therefore, the following information is intended to assist you with questions regarding health care in the workers' compensation system.

[Memo: COVID-19: Centers for Medicare and Medicaid Services \(CMS\) issues guidance on telemedicine and telehealth 4/2/20](#)

**Q: Who can provide telemedicine/telehealth services?**

A: Ability to provide telemedicine or telehealth services in the Texas workers' compensation system is dependent on several factors.

Telemedicine services must be consistent with the following:

health care provider's scope of practice and licensing requirements;

rules of the health care provider's licensing board;

standard of care requirements; and

DWC rules related to telemedicine and telehealth.

**Q: What is telemedicine?**

A: Telemedicine, telehealth, telerehab, virtual visits, e-visits and potentially other terms are being used informally as if these words all described the same thing.

In Texas, telemedicine and telehealth have very specific meanings and definitions found in the Texas Occupations Code which generally

differentiates telemedicine (physicians) and telehealth (non-physicians) by provider type.

CMS uses the term telehealth. Medicare telehealth services include office visits, psychotherapy, consultations, and certain other medical or health services

that are provided by an eligible provider using an interactive 2-way telecommunications system (like real-time audio and video).

Medicare publishes a list of covered telehealth services annually. This list is adopted by reference in the DWC telemedicine rule.

Virtual check-ins and e-visits are identified by CPT and HCPCS codes with specific service and reporting requirements.

Although these codes and are not grouped with the CMS list of telehealth covered services, they are approved codes reimbursable in

the CMS physician fee schedule and in 28 TAC §134.203, Medical Fee Guideline for Professional Services.

**Q: Are telephone calls reimbursable?**

A: Telephone calls that meet the requirements of CPT 99421-23 and HCPCS codes G2012, G20621-63 are billable and reimbursable in the workers' compensation system.

CPT codes 99441-99443 are listed as non-covered services by CMS and are not priced in the Medicare Physician Fee Schedule.

Since Texas Labor Code §413.011 requires the use of the most current CMS reimbursement methodologies, models, and values or weights including

coding, billing, and reporting requirements these codes are not reimbursed in the workers' compensation system.

**Q: CMS added new codes (99421-23, G2061-63) in January. Did DWC adopt these changes?**

A: CMS added codes for e-visits that went into effect January 1, 2020. These were adopted as part of the annual CMS physician fee schedule update.

DWC, as directed by §413.011, uses the most current CMS reimbursement methodologies, models, and values or weights including coding, billing, and reporting requirements in its fee schedules.

CMS changes that applied to HCPCS Level I and Level II codes, including codes for e-visit became applicable at the same time.

Again, these electronic communications, although reimbursable, are not included in the CMS list of telehealth services.

**Q: Is it allowed for injured employees to receive physical therapy through telerehab services during the COVID-19 crisis?**

A: Physical Medicine & Rehab (PMR) CPT codes are not included in the CMS list of telehealth services

nor has DWC modified existing rules to allow for the provision of PMR services through telemedicine or telehealth.

**Q: Do insurance carriers have to agree to the same bill rate for virtual appointments as in-office visits in order for the service to be covered?**

A: Telemedicine/telehealth services and treatments are reimbursed in accordance with Rule 28 TAC Sec. 134.203 – Medical Fee Guideline for Professional Services.

For certified network claims and claims receiving telemedicine and telehealth services under Labor Code §504.053(b)(2), reimbursement rates are determined by network contracts.

[Medicare Telemedicine Health Care Provider Fact Sheet.](#)

Summary of Medicare Telemedicine Services (from the Medicare Telemedicine Health Care Provider Fact Sheet)

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
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<b>MEDICARE TELEHEALTH VISITS</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> <li>• 99201-99215 (Office or other outpatient visits)</li> <li>• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> <p>For a complete list:  <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a></p>	<p>For new* or established patients.</p> <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency</p>
<b>VIRTUAL CHECK-IN</b>	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> </ul>	For established patients.
<b>E-VISITS</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>• 99421</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.

## Frequently Asked Questions

[FAQ updated September 1, 2018](#)