

Approval of Routine Evaluation and Management Visits/Therapeutic Exercises - Clarifications
LAC 40:2715(D)(2) et seq.
Date: August 28, 2014

Subject: This bulletin is for the purpose of clarification of the newly implemented administrative rule (LAC 40:2715(D)(2)) regarding the authorization of routine evaluation and management visits (hereinafter “routine E/M visits”) and therapeutic exercises.

Discussion:

Routine Evaluation and Management Visits

(LAC 40:2715(D)(2)) was enacted to alleviate some of the administrative burden purportedly created by the request and approval of routine E/M visits. La. R.S. 23:1142 (B) states “except as provided herein, each health care provider may not incur more than a total of seven hundred and fifty dollars in non-emergency diagnostic testing or **treatment** without the mutual consent of the payor and employee as provided by regulation.” (emphasis added) Routine E/M visits have always been considered “treatment” under the Workers Compensation Act. As such, routine office visits have always required the “mutual consent” of the payor in the form of a signed LWC Form 1010 if the total treatment exceeded \$750.

The Louisiana Medical Treatment Schedule is designed to deliver evidenced based medicine to the injured worker which results in his/her functional improvement. Medical Providers are encouraged to document functional improvement during routine E/M visits. Accordingly, since routine E/M visits are necessary to document a patient’s functional improvement, (LAC 40:2715(D)(2)) was implemented to remove the administrative burden of having to submit and review a LWC Form 1010 for every E/M visit after the \$750 threshold.

(LAC 40:2715(D)(2)) now provides that a LWC-WC-1010 shall be required to initiate the request for authorization of the first routine E/M visit that occurs beyond the statutory non-emergency medical care monetary limit of \$750 per health care provider. If such visit is approved as medically necessary, a LWC-WC-1010 shall **not** be required for any subsequent routine E/M visits with the employee’s treating physician within the first year of the accident date not to exceed 12 visits. Any routine E/M visit that occurred prior to the first submission of the LWC-WC-1010 shall count towards the 12 visits to occur within one year of the accident date.

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After the 12th visit *or* for any routine E/M visit after the one year anniversary of the workplace accident, a LWC-WC-1010 shall be required. If the visit is approved, a LWC-WC-1010 shall only be required for every 4th routine E/M visit thereafter. In other words, subsequent approval is good for 4 visits, total.

In an effort to clarify the definition of routine E/M visits, LAC40:2715(D)(2)(b) states that E/M visits billed under the following Current Procedural Terminology (CPT) Codes should be considered “routine”: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215.

After the non-emergency \$750 threshold is met, all other non-emergency diagnostic testing and treatment will continue to require approval by the payor. **This rule only applies to routine E/M visits.**

Therapeutic Exercises

LAC 40:2715 was also amended to address the practice of approving a number of therapeutic sessions less than the minimum “time to produce effect” found in the applicable portions of the Louisiana Medical Treatment Schedule. As a result of the amendment, if the payor determines on an otherwise compensable claim that modifications to a request for authorization on LWC-WC-1010 for active therapeutic exercise is necessary in order for the request for authorization to be in accordance with the medical treatment schedule, said request shall not be approved with modification for a number of treatments less than the minimum “time to produce effect” found in the applicable portion of the medical treatment schedule.