

# IME Billing Tips

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- Each code is to be billed as a separate line item.
- Deny codes incorrectly billed and request the provider to rebill using the appropriate codes.
- Don't substitute codes for the provider. For example, the provider bills a complex exam code (1109M) for 4 or more body areas or organ systems. The service was a standard exam (1108M) for 1-3 body areas or organ systems. If you pay the fee schedule amount for 1108M the provider has a sound case to support a request for additional reimbursement for the code that was billed. The bill from the provider is a signed legal document.
- Deny payment for services not covered by the department.
- The 1124M by report (BR) code is still payable even when the service has not been preauthorized. There may be times when circumstances warrant payment.
- Additional record review or examination time is not an appropriate justification for billing 1124M.
- Addendums should be billed using the designated code of 1104M not 1124M.
- Monitor 1129M extensive file review for excessive billing by a provider. 1129M reimbursement is based on the size of the file and not the amount of time the examiner takes to review it. Review of the first 550 pages (approximately 2 inches of paper) is included in the base rate for the IME.
- Monitor closely the 1131M code for billing out of state IMEs. The 1131M by report (BR) code does not require pre-authorization. Talk about the cost of the IME before the exam is conducted. Pre-authorization is not required but you can still follow the practice.
- 1132M and 1133M codes are for document handling. These codes are only payable when the provider obtains the claim file via the Claims and Account Center (CAC). Generally, these codes are not appropriate for self-insured claims.
- See the Medical Aid Rules and Fee Schedule, Payment Policies, page 89 for IME fee schedule.
- Billing information for attending physician or consultant rating examinations is on pages 87- 89.

## Other information:

- The department makes coverage decisions and establishes fee schedules.
- Use the current fee schedule for the date of service. Fee schedules are published in July each year. <http://www.LNI.wa.gov/ClaimsIns/Providers/Billing/FeeSched/default.asp>
- For current information about fee schedule changes subscribe to the Medical Provider News ListServ at <http://www.LNI.wa.gov/Main/Listservs/>

## Laws and Rules:

- See WAC 296-20-01002 for the definition of by report (BR).
- See WAC 296-20-010 (2) for additional information about UCR and reimbursement by fee schedule.
- See RCW 51.04.030. The department sets maximum charges to be paid for health care providers. No services covered under this title will be paid at a rate exceeding those set in the fee schedule.
- See WAC 296-15-330. The self insurer must pay bills in accordance with Title 51 RCW and the medical aid rules and fee schedules.