

COHE BEST PRACTICES

All fee schedule rates are paid at 90% for PACs

	Billing Code: 1040M	<u>I</u>	Faxed Form	Web Filed
	Fee Schedule Reimbursement:		\$66.67 ²	\$76.67
	ROA Received by L&I 3-5 business days from 1 st medica	al visit	\$44.44	\$54.44
	ROA Received by L&I 6-8 business days from 1 st medica	al visit	\$34.44	\$44.99
	ROA Received by L&I 9 or more business days from 1 st	medical visit	\$24.44	\$34.44
	Completion of "Activity Prescription Form" (APF)			
Best	Complete this form during first visit and any follow-up visits where there are	e changes in v	vork status.	
Practice	physical capacities, or treatment, up to return to work without restrictions.		,	
2	 Complete and submit electronically via Direct Data Entry or Health Informat 	tion Exchange	e (HIE) or com	plete
~	via fillable form: <u>https://lni.wa.gov/forms-publications/f242-385-000.pdf</u> .			ipiete
	 Provide a photocopy to injured worker of each APE 			
	Provide a photocopy to injured worker of each APF.			
5 (Fax copy of all APF's to LNI: 360.902.4567 Billing Code: 1073M Fee Schedule F	Reimbursem	ent \$57.77	
Practice	 Fax copy of all APF's to LNI: 360.902.4567 Billing Code: 1073M Fee Schedule F Provider-to-Employer Phone Call Make notation on APF when contacting the employer on first visit or any su documentation must be made in SOAP-ER format and include the length of the second secon	bsequent cor f the commur	nmunication; iication.	
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- If the FRQ result is positive the HSC will review results with the Attending Provider (AP), or clinic contact to help identify Functional Recovery Interventions.
 - FRQ intervention examples are increasing activity, tracking functional improvement goals and progress, or considering referrals such as Physical Therapy, Occupational Therapy, Vocational Services, and/or Activity Coaching (PGAP).

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L&I Codes: Medical Aid Rules & Fee Schedules, Dept. of L&I, State of WA October 1, 2020, CPT Codes copyright of 2019 American Medical Association.

¹ File Fast Web filing \$10 incentive is to encourage adoption of web reporting.

² Reimbursement amounts are based on the date the health care provider includes in box 15b of the ROA (this exam date). If that box is blank, the payment system will use box 3 (Date you first saw the patient for this condition). If both boxes are blank, payment will automatically revert to lowest reimbursement amount because there must be dates in order for the payment system to calculate any incentives.

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Prescribing

- The purpose of these measures is to ensure that providers are consistent with L&I's opioid prescribing guidelines.
- Includes all prescribed opioids not just what L&I authorized and/or paid for.

Measures	
Measure 1a	\geq 90% of workers have an initial opioid prescription of \leq 3 days (non-surgical comparison groups).
Measure 1b	\geq 90% of workers have an initial opioid prescription of \leq 7 days (surgical comparison groups).
Measure 2	≥90% of workers on chronic opioid therapy are dosed at <50mg/day MED.
Measure 3	<5% of workers taking opioids are transitioned to chronic ¹ opioid therapy.

¹Chronic, as it pertains to these opioid measures, is defined as number of days filled ≥60 (non-consecutive) days in a 90-day period.

Additional Prescribing information:

- Since prescribing is done by each individual medical provider, Health Service Coordinators will only provide Best Practice prescribing measures.
- The HSC will not have additional information on these reports. If a provider has questions about an opioid prescribing 0 report sent from L&I or has questions concerning the prescribing best practice, please email the Pharmacy team at (PharmacyManager@LNI.WA.GOV).
- *Only L&I's Pharmacy Program has access to prescribing data. 0

Activities that Support Best Practices

Provider Assessment of Barriers to Return to Work

- Completed at the 4th week of time loss or if a modified return-to-work attempt has failed.
- The assessment must be documented in a detailed SOAP-ER note and must include an action plan to address barriers.
- COHE provides a checklist to use as a guide, but it is not the reimbursable service.
- Fill out the "COHE Barriers to Return to Work Checklist" and fax to COHE at 1.509.508.4554 for a Health Services
- Coordinator to assist provider with action plan for RTW and/or treatment. Non Engility Facility Billing Code: 1068M

	Non-Facility	Facility
Fee Schedule Reimbursement	\$ 174.46	\$ 123.22

Provider call to/or from Health Services Coordinator or Consulting Physician regarding Claim

Documentation of the phone call must be in the SOAP-ER format and include length of the communication.

Billing Codes:		Non-Facility	Facility
99441	Physician Brief Conversation (1-10 min)	\$100.49	\$62.43
99442	Intermediate discussing/resolving RTW issues (11-20 min)	\$161.73	\$117.14
99443	Complexity and/or Duration (21-30 min)	\$228.92	\$172.43
98966	Non-physician brief conversation (1-10 min)	\$23.19	\$19.62
98967	Non-physician intermediate conversation (11-20 min)	\$42.22	\$38.65
98968	Non-physician complex conversation (21-30 min)	\$59.46	\$55.89
9918M	Physician and Non-Physician Online Communication (Limited to once per day per claim)	\$50.81	\$48.14

Communicating with L&I through the fax or mail (including chart notes)

- Include the L&I Claim Number on the top of all documents.
- Send your medical reports/chart notes separately from your bills. Sending with your bills may delay or even prevent the . delivery to the claim manager.
- Make sure the required documentation is faxed or mailed to the correct location. L&I may deny or reduce payment if the required documentation is not provided, or the level or type of service does not match the procedure code billed.
- Correspondence, reports, and chart notes (in SOAP-ER format), and claim-related documents and other bills can be faxed to L&I at 360.902.4567.
- COHE Providers are encouraged to fax or use FileFast.

If you prefer to mail:

	Document Type	Where to mail
Deneric & Oherri Neter	Report of Industrial Injury or Occupational Disease (ROA) Fax: 800.941.2976	Department of Labor & Industries PO Box 44299 Olympia, WA 98504-4299
Reports & Chart Notes	Correspondence: Reports and chart notes (in SOAP-ER format) and claim- related documents other than bills	Department of Labor & Industries PO Box 44291 Olympia, WA 98504-4291
	Provider Account Information including updates	Department of Labor & Industries PO Box 44261 Olympia, WA 98504-4261
Billing Documents	All bills and Adjustments	Department of Labor & Industries PO Box 44269 Olympia, WA 98504-4269
	Refunds (Attach copy of remittance advice)	Department of Labor & Industries PO Box 44835 Olympia, WA 98504-4835

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