

COHE EMERGENCY DEPARTMENT BEST PRACTICES

* All fee schedule rates are paid at 90% for PACs

Best
Practice
1

Completion of L&I Report of Accident (ROA)

- Complete Provider Portion of ROA.
- Fax within 2 business days to L&I: 855.222.4652 or 360.902.5126.
- File online: <u>FileFast</u> (recommended) for an additional \$10.

Billing Code 1040M

Fee Schedule Reimbursement:	Faxed Form	Web Filed 1
ROA Received by L&I within ${\bf 2} \mbox{ business}$ days from ${\bf 1}^{\rm st}$ medical visit	\$66.67 ²	\$76.67
ROA Received by L&I 3-5 business days from 1 st medical visit	\$44.44	\$54.44
ROA Received by L&I 6-8 business days from 1 st medical visit	\$34.44	\$44.44
ROA Received by L&I 9 or more business days from 1 st medical visit	\$24.44	\$34.44
	ROA Received by L&I within 2 business days from 1 st medical visit ROA Received by L&I 3-5 business days from 1 st medical visit ROA Received by L&I 6-8 business days from 1 st medical visit	ROA Received by L&I within 2 business days from 1 st medical visit \$66.67 ² ROA Received by L&I 3-5 business days from 1 st medical visit \$44.44 ROA Received by L&I 6-8 business days from 1 st medical visit \$34.44

Hot Claim Procedure

Process Report of Accident as a **HOT CLAIM** when: injured worker is admitted in your hospital or transferred to another; or if it is a catastrophic injury or death. Fax Hot Claims to 360.902.4980.

Best Practice 2

Completion of L&I "Activity Prescription Form" (APF)

- Complete this form during ED visit. Complete and submit electronically via Direct Data Entry or Health Information Exchange (HIE) or complete via fillable form: <u>https://lni.wa.gov/forms-publications/f242-385-000.pdf</u>
- Provide a photocopy of APF to injured worker at discharge.
- Fax to LNI: 360.902.4567.
- Billing Code 1073M

Fee Schedule Reimbursement \$57.77

Provider call to or conversation with employer/representative for issues involving the claim

• Use -32 modifier for all calls or conversations to employers outside of online communication

Billing Cod	es:	Non-Facility	Facility
99441-32 99442-32	Physician Brief Conversation (1-10 min) Intermediate discussing/resolving RTW issues (11-20 min)	\$100.49 \$161.73	\$62.43 \$117.14
99443-32	Complexity and/or Duration (21-30 min)	\$228.92	\$172.43
98966-32	Non-physician brief conversation (1-10 min)	\$23.19	\$19.62
98967-32	Non-physician intermediate conversation (11-20 min)	\$42.22	\$38.65
98968-32	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

COHE Community with Providence

(Formerly COHE Community of Eastern WA) Office - 509.456.3222 Fax - 509.508.4554

COHEmgmt@providence.org www.gocohe.com

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.