

COHE PROGRAM FEE SCHEDULE – January 2012 Update

	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
ATTENDING PROVIDERS IN THE PROGRAM	ROA received by L&I <i>within 2 business days</i> of first medical visit ¹	1040M	Pay at 150% of standard rate 1040M if ROA received within 2 business days of first medical visit NOTE: For State Fund claims, the department's automated billing system will automatically adjust payment for code 1040M based on the treatment date versus the date submitted; Modifier 22 is <i>not</i> needed.	1040M - 56.76 (=standard rate x 150%) Web filed – 66.76 RVU: 1040M - 1.03	1040M - 56.76 (=standard rate x 150%) Web filed – 66.76 RVU: 1040M - 1.03
	ROA received by L&I 3 to 5 <i>business days</i> from first medical visit ¹	1040M	Pay at standard rate if received 3 to 5 business days from first medical visit	1040M - 37.84 (=standard rate) Web filed – 47.84 RVU: 1040M - 0.684	1040M - 37.84 (=standard rate) Web filed – 47.84 RVU: 1040M - 0.684
	ROA received by L&I 6 to 8 <i>business days</i> from first medical visit ¹	1040M	Pay standard rate minus \$10 if received 6 to 8 business days from first medical visit <i>New L&I Payment Policy for All Providers</i>	1040M – 27.84 (=standard rate - \$10) Web filed – 37.84 RVU: 1040M - 0.503	1040M - 27.84 (=standard rate - \$10) Web filed – 37.84 RVU: 1040M - 0.503
	ROA received by L&I 9 or more <i>business days</i> from first medical visit ¹	1040M	Pay standard rate minus \$20 if received 9 or more business days from first medical visit <i>New L&I Payment Policy for All Providers</i>	1040M - 17.84 (=standard rate - \$20) Web filed – 27.84 RVU: 1040M - 0.322	1040M - 17.84 (=standard rate - \$20) Web filed – 27.84 RVU: 1040M - 0.322
<p>Web filing will be rolled out by region starting January 2012 and ending by December 2013. \$10 incentives are to encourage adoption of web reporting (an industry best practice) and will expire December 31, 2014.</p> <p><i>Remember to include incentive fee in the 1040M charged amount on the bill for the ROA.</i></p>					

¹ *Reimbursement amount is based on the date the health-care provider includes in box 3 of the ROA (“Date you first saw patient for this condition”). If that box is blank, the payment system will use the “date of service” from the 1040M bill as a proxy to calculate rate.

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Note: PA-C and ARNP will continue to be paid at 90% of all fee schedule rates for professional services.

RVU is “total” RVU. To calculate “work” RVU, multiply “total” RVU by 0.5.

	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
ATTENDING PROVIDERS IN THE PROGRAM	Attending Provider Assessment for Impediments to Return to Work	1068M	1 per claim – report required. The assessment must be documented in a detailed SOAP-ER note, and must include an action plan.	1068M – 140.01 RVU: 1068M – 2.53	1068M – 101.83 RVU: 1068M – 1.84
	Complete Activity Prescription (APF)	1069M	Complete at first visit and thereafter when there are changes in the worker’s employment status, restrictions or treatment plan	1069M - 49.18 RVU: 1069M - 0.889	1069M - 49.18 RVU: 1069M - 0.889
	Attending Provider referral to COHE Advisor for Assessment of Impediments to Return to Work	1070M	1 per claim	1070M - 30.27 RVU: 1070M - 0.547	1070M - 30.27 RVU: 1070M - 0.547
	Emergency Department Work Status Form	1072M	This form is generally referred to as the ER-APF	1072M - 30.27 RVU: 1072M - 0.547	1072M - 30.27 RVU: 1072M - 0.547

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	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
ATTENDING PROVIDERS IN THE PROGRAM	Physician medical conference to coordinate care ² If patient present – bill appropriate E&M	99367 Patient not present	Medical team conferences may be payable when the attending provider, consultant or psychologist meets with one or more of the following: <input type="checkbox"/> An interdisciplinary team of health professionals <input type="checkbox"/> &I staff <input type="checkbox"/> Vocational rehabilitation counselors <input type="checkbox"/> Nurse case managers	99367 - 140.01 RVU: 99367 - 2.53	99367 - 101.83 RVU: 99367 - 1.84
	Non-physician health care professional (ARNPs and PA-Cs, psychologists) medical conference to coordinate care ²	99366 Patient present 99368- Patient not present	<input type="checkbox"/> &I medical consultants <input type="checkbox"/> OHE Health services coordinators (HSC) <input type="checkbox"/> TPAs <input type="checkbox"/> Employers <input type="checkbox"/> T/OT and speech-language pathologists <u>Duration</u> Up to 30 minutes = 1 unit Up to 60 minutes = 2 units	99366 - 68.62 99368 - 58.66 RVU: 99366 - 1.24 99368 - 1.06	99366 - 67.51 99368 - 58.66 RVU: 99366 - 1.22 99368 - 1.06
	Physician telephone call / consultation regarding care of injured workers ² Includes telephone calls and on-line communication to employer about return to work	99441 99442 99443 Use 32 modifier for calls to employers 99444 (on-line comm.)	Telephone calls are payable to the attending provider, consultant, psychologist or other provider <u>only</u> when they personally participate in the call. These services are payable when discussing or coordinating care or treatment with: <input type="checkbox"/> The worker <input type="checkbox"/> &I staff <input type="checkbox"/> Vocational rehabilitation counselors <input type="checkbox"/> Nurse case managers <input type="checkbox"/> OHE Health services coordinators (HSC) <input type="checkbox"/> &I medical consultants <input type="checkbox"/> Other physicians/other providers <input type="checkbox"/> TPAs <input type="checkbox"/> Employers The insurer will pay for telephone calls if the provider leaves a <u>detailed</u> message for the recipient, <u>and</u> meets all of the documentation requirements shown on last page of this Fee Schedule.	99441 - 22.69 99442 - 43.17 99443 - 63.64 RVU: 99441 - 0.41 99442 - 0.78 99443 - 1.15 99444 - 43.17 (on-line comm.) RVU: 99444 - 0.78	99441 - 19.92 99442 - 40.95 99443 - 61.98 RVU: 99441 - 0.36 99442 - 0.74 99443 - 1.12 99444 - 40.95 (on-line comm.) RVU: 99444 - 0.74
	Non-physician health care professional (ARNPs, PAs and psychologists) telephone call / consultation regarding care of injured workers ² Includes telephone calls and on-line communication to employer about return to work	98966 98967 98968 Use 32 modifier for calls to employers 98969 (on-line comm.)	<u>Duration</u> <u>Physician</u> <u>ARNP/PA-C</u> 1-10 minutes 99441 98966 11-20 minutes 99442 98967 21-30 minutes 99443 98968 <i>See the last page of this fee schedule for very important document requirements of case management services (medical team conference and telephone calls).</i>	98966 - 22.69 98967 - 43.17 98968 - 63.64 RVU: 98966 - 0.41 98967 - 0.78 98968 - 1.15 98969 - 43.17 (on-line communication) RVU: 98969 - 0.78	98966 - 19.92 98967 - 40.95 98968 - 61.98 RVU: 98966 - 0.36 98967 - 0.74 98968 - 1.12 98969 - 40.95 (on-line communication) RVU: 98969 - 0.74

² L&I doesn't adhere to the CPT® limits for conference or telephone calls (a.k.a., Case Management Services). Telephone calls are payable regardless of when the previous or next office visit occurs. ARNPs, PAs, psychologists, PTs and OTs must bill using non-physician codes. Telephone calls for authorization, resolution of billing issues, or ordering prescriptions are not payable.

For additional L&I Policy information, see <http://www.lni.wa.gov/ClaimsIns/Files/ProviderPay/FeeSchedules/2011FS/ProfSvc/EvalMgmtSvc.pdf>

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	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
COHE ADVISOR SERVICES (In addition to above Attending Provider codes)	Advisor Assessment for Impediments to Return to Work	1067M-TG low complexity 1067M moderate complexity 1067M-TF high complexity	1 per claim – report required. The assessment must be documented in a detailed SOAP-ER note, and must include an action plan. The COHE may provide you with a checklist of impediments to RTW to use as a <i>guide</i> , but it is <u>not</u> the reimbursable activity/service.	1067M-TG - 194.80 1067M - 288.32 1067M-TF - 351.96 RVU: 1067M-TG - 3.52 1067M - 5.21 1067M-TF - 6.36	1067M-TG - 152.19 1067M - 241.84 1067M-TF - 299.94 RVU: 1067M-TG - 2.75 1067M - 4.37 1067M-TF - 5.42
HEALTH SERVICES COORDINATOR (HSC)	Coordination of health services — face-to-face with patient Must have actual contact with patient or employer	1152M 1153M	1152M – Initial Evaluation & Coordination (IEC)* To qualify for IEC billing, HSC note must contain information regarding the: <ul style="list-style-type: none"> • Discussion with, or documentation from, the provider, <u>and</u> • Discussion with, or detailed voice mail, or documented attempt to contact, the injured worker, <u>and</u> • Discussion with, or detailed voicemail, or documented attempt to contact, the employer. Communication that does not include documented attempt to contact all three parties should be billed as an HSC Service. 1153M – HSC Service (maximum of 8 hrs per claim) HSC Service can be billed as a stand-alone service, i.e., IEC does not need to be billed first * Cannot bill 1152M and G9001 on the same claim	1152M - 131.16 (one per claim) 1153M - 11.44 per 6 minute increment HSC Service can be billed on the <i>same date of service</i> as IEC, but will be paid at 50%	1152M - 131.16 (one per claim) 1153M - 11.44 per 6 minute increment

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	Coordination of health services — without face-to-face contact	G9001 G9002	<p>G9001 – Initial Evaluation & Coordination (IEC)* To qualify for IEC billing, HSC note must contain information regarding the:</p> <ul style="list-style-type: none"> • Discussion with, or documentation from, the provider, and • Discussion with, or detailed voice mail, or documented attempt to contact, the injured worker, and • Discussion with, or detailed voicemail, or documented attempt to contact, the employer. <p>Communication that does not include documented attempt to contact all three parties should be billed as an HSC Service.</p> <p>G9002 – HSC Service (maximum of 8 hrs per claim)</p> <p>HSC Service can now be billed as a stand-alone service, i.e., IEC does not need to be billed first</p> <p>* Cannot bill 1152M and G9001 on the same claim</p>	<p>G9001 - 52.59 (one per claim) G9002 - 7.02 per 6 minute increment</p> <p>HSC Service can be billed on the <i>same date of service</i> as IEC, but will be paid at 50%</p>	<p>G9001 - 52.59 (one per claim) G9002 - 7.02 per 6 minute increment</p>																
HSCs & Providers	<p>Work-site visit and job modifications</p> <p><i>Requires Claim Manager Authorization</i></p>	0389R 0390R	<p>For non-vocational providers This service can be provided and billed by HSCs and medical providers</p> <p>0389R Job modifications/pre-job mod</p> <p>0390R Work evaluation</p>	<p>0389R - 10.66 per 6 minute increment 0390R - 8.77 per 6 minute increment</p>	<p>0389R - 10.66 per 6 minute increment 0390R - 8.77 per 6 minute increment</p>																
<p>When providing services 0389R/0390R you may also charge the appropriate codes below, if you incur travel expenses. "R" codes are not HSC-specific and may be used by other non-vocational providers. Travel is a separately billable service in this instance, but does <i>Require Claim Manager Authorization</i>.</p> <p>(1)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> <th><u>Maximum Fee</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td>0391R</td> <td>Travel/Wait (non-VRC)</td> <td>1 unit = 6 minutes \$ 4.83</td> <td>Traveling to work/training site as part of direct consultation services</td> </tr> <tr> <td>0392R</td> <td>Mileage (non-VRC)</td> <td>1 unit = 1 mile State rate</td> <td>Mileage to work/training site as part of direct consultation services</td> </tr> <tr> <td>0393R</td> <td>Ferry Charges (non-VRC)</td> <td>State rate</td> <td>If required to travel to work/training site as part of direct consultation services</td> </tr> </tbody> </table> <p>(1) Requires documentation with a receipt in the case file.</p>						<u>Code</u>	<u>Description</u>	<u>Maximum Fee</u>	<u>Description</u>	0391R	Travel/Wait (non-VRC)	1 unit = 6 minutes \$ 4.83	Traveling to work/training site as part of direct consultation services	0392R	Mileage (non-VRC)	1 unit = 1 mile State rate	Mileage to work/training site as part of direct consultation services	0393R	Ferry Charges (non-VRC)	State rate	If required to travel to work/training site as part of direct consultation services
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Important Case Management Services Documentation Information, per L&I Medical Aid Rules & Fee Schedule:

Documentation for case management services (team conferences and telephone calls) must include:

- The date, and
- The participants and their titles, and
- The length of the call or visit, and
- The nature of the call or visit, and
- All medical, vocational or return to work decisions made.

Psychiatrists and clinical psychologists may only bill for these services when also providing consultation or evaluation.

Team conference documentation must also include a goal-oriented, time-limited treatment plan covering:

- Medical,
- Surgical,
- Vocational or return to work activities, or
- Objective measures of function

The treatment plan must allow a determination whether a previously created plan is effective in returning the worker to an appropriate level of function.

For a complete listing of the L&I Medical Aid Rules & Fee Schedule: <http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2011/default.asp>