

## COHE PROGRAM FEE SCHEDULE: Effective July 1, 2016

	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
<b>ATTENDING PROVIDERS IN THE PROGRAM</b>	ROA received by L&I <b>within 2 business days</b> of This exam date <sup>1</sup>  <b>COHE Best Practice – BP1</b>	1040M	Pay at 150% of standard rate 1040M if ROA received within 2 business days of "This Exam Date"	1040M - \$60.42 (=standard rate x 150%) Web filed – \$70.42  <b>RVU:</b> <b>1040M – 0.98</b>	1040M - \$60.42 (=standard rate x 150%) Web filed – \$70.42  <b>RVU:</b> <b>1040M – 0.98</b>
	ROA received by L&I 3 to 5 <i>business days</i> from This exam date <sup>1</sup>	1040M	Pay at standard rate if received 3 to 5 business days from "This Exam Date"	1040M – \$40.28 (=standard rate) Web filed - \$50.28  <b>RVU:</b> <b>1040M – 0.65</b>	1040M - \$40.28 (=standard rate) Web filed - \$50.28  <b>RVU:</b> <b>1040M – 0.65</b>
	ROA received by L&I 6 to 8 <i>business days</i> from This exam date <sup>1</sup>	1040M	Pay standard rate minus \$10 if received 6 to 8 business days from "This Exam Date"	1040M - \$30.28 (=standard rate - \$10) Web filed – \$40.28  <b>RVU:</b> <b>1040M – 0.49</b>	1040M - \$30.28 (=standard rate - \$10) Web filed - \$40.28  <b>RVU:</b> <b>1040M – 0.49</b>
	ROA received by L&I 9 or more <i>business days</i> from This exam date <sup>1</sup>	1040M	Pay standard rate minus \$20 if received 9 or more business days from "This Exam Date"	1040M - \$20.28 (=standard rate - \$20) Web filed - \$30.28  <b>RVU:</b> <b>1040M -0.33</b>	1040M - \$20.28 (=standard rate - \$20) Web filed - \$30.28  <b>RVU:</b> <b>1040M – 0.33</b>
<p>Online filing via FileFast provides a \$10 incentive is to encourage adoption of web reporting. No end-date for the incentive at this time.</p> <p><i>Remember to include the incentive fee in the 1040M charged amount on the bill for the ROA.</i></p>					

RVU Calculation = Current year's max fee schedule (FS) amount divided by the current year's conversion factor (CF) 61.52.

<sup>1</sup> *Reimbursement amount is based on the date the healthcare 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 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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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.

This document is a guide and not a comprehensive, stand-alone reference for documentation and billing requirements. For complete information, please refer to the L&I Medical Aid Rules and Fee Schedules: <http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2016/default.asp>

	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
ATTENDING PROVIDERS	<p>Attending Provider Assessment of Impediments to Return to Work</p> <p>This reimbursement is for the detailed ER section of SOAP-ER.</p> <p><b>COHE Best Practice – BP4</b></p>	1068M	<p>1 per claim – report required via detailed SOAP-ER note.</p> <p>The <b>assessment</b> must be documented in a <b>detailed</b> SOAP-ER note, and must include an action plan to address barriers.</p> <p>The COHE may provide you with a checklist of impediments to RTW to use as a guide, but it is not the reimbursable activity/service.</p>	<p>1068M – \$158.11</p> <p>RVU: 1068M – 2.57</p>	<p>1068M – \$111.66</p> <p>RVU: 1068M – 1.82</p>
	<p>Attending Provider referral to COHE Advisor for Assessment of Impediments to Return to Work</p>	1070M	<p>1 per claim</p> <p>Not payable to the provider who conducts the Assessment of Impediments to RTW.</p>	<p>1070M – \$32.22</p> <p>RVU: 1070M - 0.52</p>	<p>1070M – \$32.22</p> <p>RVU: 1070M - 0.52</p>
	<p>Complete Activity Prescription (APF)</p> <p><b>COHE Best Practice – BP2, during early phase of claim</b></p>	1073M	<p>Complete at first visit and thereafter when there are changes in the worker's employment status, restrictions or treatment plan. Payable once per provider/per worker/ per day.</p> <p><a href="http://www.lni.wa.gov/ClaimsIns/Providers/Claims/ActivityRx/billing.asp">http://www.lni.wa.gov/ClaimsIns/Providers/Claims/ActivityRx/billing.asp</a></p>	<p>1073M – \$52.36</p> <p>RVU: 1073M – 0.85</p>	<p>1073M – \$52.36</p> <p>RVU: 1073M - 0.85</p>

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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.

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	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
<b>COHE ADVISOR SERVICES</b> (In addition to Attending Provider codes)	Advisor Assessment of Impediments to Return to Work	1067M Low complexity	1 per claim – report required via detailed SOAP-ER note. Charged in addition to E/M.	1067M - \$236.17 1067M-TF - \$351.89 1067M-TG - \$429.44	1067M - \$182.71 1067M-TF - \$293.70 1067M-TG - \$362.73
	For guidelines regarding appropriate complexity level for 1067M billing, please refer to CPT® codes 99243, 99244 and 99245.	1067M-TF Moderate complexity	The <b>assessment</b> must be documented in a <b>detailed</b> SOAP-ER note, and must include an action plan to address barriers.	<b>RVU:</b> 1067M - 3.84 1067M-TF - 5.72 1067M-TG - 6.98	<b>RVU:</b> 1067M - 2.97 1067M-TF - 4.77 1067M-TG - 5.90
	<b>COHE Best Practice – BP4</b>	1067M-TG High complexity	The COHE may provide you with a checklist of impediments to RTW to use as a guide, but it is not the reimbursable activity/service.  <i>The 1067M code series includes the 10% enhancement, so do not add the mod-8R.</i>		

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	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
	<p><b>SPECIAL NOTE FOR ADVISORS</b></p> <p><b>COHE Advisor - Add Modifier-8R</b> If a COHE Advisor renders the following services, while acting as an Advisor on COHE attending provider's claim, add <b>modifier-8R</b>.</p> <p>✓ <b>Additional 10% reimbursement</b> will be paid if the charge is payable per L&amp;I Payment Policy.</p> <p>✓ <b>Be sure to include the additional 10% in the total charged amount.</b></p>		<p><b>SPECIAL NOTE FOR ADVISORS</b></p> <p><u>Physicians Advisors:</u> 99367 (case management, team conference code) 99441, 99442, 99443, (phone call); 99444 (online communication) Reminder: If communication is with employer, attach mod-32. 99241, 99242, 99243, 99244, 99245 (E/M consultation)</p> <p><u>Psychologist Advisors:</u> 99366, 99368 (case management, team conference code) 98966, 98967, 98968, (phone call); 98969 (online communication) Reminder: If communication is with employer, attach mod-32.</p> <p><b>Add Modifier -8R</b> to above codes Please see the 2016 CPT® manual for the copyrighted definitions of these codes.</p>		

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**CRITICAL:** For the following case management codes (medical case conference, telephone call and secure online communication) please refer to L&I Medical Aid Rules (MARFS), chapter 10, Evaluation and Case Management for descriptions, time-based information and important documentation requirements: <http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2016/MARFS/Chapter10/default.asp>

	SERVICE	Maximum fee – non-facility setting	Maximum fee – facility setting	SERVICE	Maximum fee – non-facility setting	Maximum fee – facility setting
<b>ALL ATTENDING PROVIDERS</b>	<b>Physician medical conference</b> to coordinate care <sup>2</sup>  <b>If patient present – bill appropriate E&amp;M</b>	99367 - \$156.30 Patient not present  <b>RVU:</b> 99367 – 2.54	99367 - \$156.30 Patient not present  <b>RVU:</b> 99367 – 2.54	<b>Non-physician</b> health care professional (ARNPs and PA-Cs, psychologists) <b>medical conference</b> to coordinate care <sup>2</sup>	*99366 - \$74.44 Patient present *99368 - \$63.98 Patient not present  <b>RVU:</b> *99366 – 1.21 *99368 – 1.04	*99366 - \$72.59 Patient present *99368 - \$63.98 Patient not present  <b>RVU:</b> *99366 – 1.18 *99368 – 1.04
	<b>Physician telephone call / consultation</b> regarding care of injured workers <sup>2</sup>  <b>COHE Best Practice – BP3</b>  <b>Use 32 modifier for calls to employers</b>	99441 - \$23.99 99442 - \$46.76 99443 - \$68.90  <b>RVU:</b> 99441 – 0.39 99442 – 0.76 99443 – 1.12	99441 - \$22.15 99442 - \$44.29 99443 - \$66.44  <b>RVU:</b> 99441 – 0.36 99442 – 0.72 99443 – 1.08	<b>Non-physician</b> health care professional (ARNPs, PAs and psychologists) <b>telephone call / consultation</b> regarding care of injured workers <sup>2</sup>  <b>Use 32 modifier for calls to employers</b>  <b>*Stated fees are for psychologists. PA-Cs and ARNPs are paid at 90% of all max fee schedule rates for professional services.</b>	*98966 - \$23.99 *98967 - \$46.76 *98968 - \$68.90  <b>RVU:</b> *98966 – 0.39 *98967 – 0.76 *98968 – 1.12	*98966 - \$22.15 *98967 - \$44.29 *98968 - \$66.44  <b>RVU:</b> *98966 – 0.36 *98967 – 0.72 *98968 – 1.08
	<b>Physician secure online communication</b>  <b>Use 32 modifier for secure communication to employers</b>	99444 - \$46.04  <b>RVU:</b> 99444 – 0.75 (RVU not posted on MARFS for this code)	99444 - \$43.62  <b>RVU:</b> 99444 – 0.71	<b>Non-physician</b> secure online communication  <b>Use 32 modifier for secure communication to employers</b>	*98969 - \$46.04  <b>RVU:</b> *98969 – 0.75	*98969 - \$43.62  <b>RVU:</b> *98969 – 0.71

<sup>2</sup> 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. See MARFS for details.

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	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting																
<b>HEALTH SERVICES COORDINATOR (HSC)</b>	Coordination of health services  HSC Service may be billed on the <i>same date of service</i> as IEC, but will be paid at 50%.  HSC Service <i>may</i> be billed as a stand-alone service, i.e., IEC does <b>not</b> need to be billed first.  <b><i>HSC Assistants are paid at 90% of HSC Fee Schedule rates.</i></b>	1152M	1152M-Initial Evaluation & Coordination(IEC) To qualify for IEC billing, HSC note must contain information regarding the: <ul style="list-style-type: none"> <li>• Discussion with, or documentation from, the provider, <u>and</u></li> <li>• Discussion with, or detailed voice mail, or documented attempt to contact, the injured worker, <u>and</u></li> <li>• Discussion with, or detailed voicemail, or documented attempt to contact, the employer.</li> </ul> Communication that does not include documented attempt to contact all three parties should be billed as an HSC Service.	1152M – \$129.58 (one per claim)  RVU: 1152M - 2.11	1152M – \$129.58 (one per claim)  RVU: 1152M - 2.11																
		1153M  Modifier -8S	1153M-HSC Service (max 8 hours per claim)  If submitting an additional HSC service on the same date of service, attach an -8S modifier to the 1153M code. It allows the bill to pay without being considered a duplicate or potential duplicate.	1153M - \$8.65 per 6 minute increment  RVU: 1153M - 0.14	1153M - \$8.65 per 6 minute increment  RVU: 1153M - 0.14																
<b>HSCs &amp; Providers</b>	Work-site visit and job modifications  <b><i>Requires Claim Manager Authorization</i></b>	0389R  0390R	0389R Job modifications/pre-job mod  0390R Work evaluation  <b>For non-vocational providers</b> These services can be provided and billed by HSCs and medical providers	0389R - \$11.35 per 6 minute increment 0390R - \$9.33 per 6 minute increment RVU: 0389R 0.18 0390R 0.15	0389R -\$11.35 per 6 minute increment 0390R - \$9.33 per 6 minute increment RVU: 0389R 0.18 0390R 0.15																
	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 <i>does Require Claim Manager Authorization.</i>																				
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">Description</th> <th style="text-align: left;">Maximum Fee</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr> <td>0391R</td> <td>Travel/Wait (non-VRC)</td> <td>1 unit = 6 minutes - \$5.14</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>1unit = 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>						Code	Description	Maximum Fee	Description	0391R	Travel/Wait (non-VRC)	1 unit = 6 minutes - \$5.14	Traveling to work/training site as part of direct consultation services	0392R	Mileage (non-VRC)	1unit = 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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