

Functional recovery interventions (FRIs) are occupational-health best practices that you should use when treating injured workers with a high risk of prolonged disability. This is in addition to your use of standard best practices of the Centers of Occupation Health and Education (COHEs).

High-risk patients are those who: a) have been off work for four weeks or longer; OR b) have been off work for two weeks and rated positive on the function recovery questionnaire (FRQ).

Background:

The FRQ is a short survey administered by the University of Washington to workers who have missed two weeks of work. Nearly 40% of workers identified as “positive” on the FRQ are disabled one year after their injury compared to fewer than 3% of workers with a negative FRQ.

Instructions for Using the FRI Tracking Sheet:

Initial FRIs Section:

- Schedule a patient visit to address points in the top section of the FRI tracking sheet.
- Check off all points covered with the patient and note any relevant specifics.
- Fill in the date that you addressed relevant points.

Follow-Up FRI Sections:

- Review progress with the patient, reinforcing likelihood of good recovery, expectation of patient participation, and importance of incrementally increasing activity.
- Review the activity diary and discuss what work activities the patient *CAN* do.
- If referred for physical therapy or occupational therapy, discuss functional gains.
- Check off all points covered and note the any relevant specifics.

Billing for the FRI Tracking Sheet:

- Bill for the FRI using the following:

Billing Code	Visit Description	Notes
1075M	Initial visit	Payment of \$20.14 per FRI per claimant through the 2 nd follow-up visit
1075M	1 st follow up	
1075M	2 nd follow up	No additional follow-ups will be paid past the 2 nd follow-up for FRI.

- To be reimbursed, you must completely fill out the FRI tracking sheet for the initial visit and at least one follow-up visit.
- Fax the FRI Tracking Sheet to L&I at 509-944-4404.

If the patient has not yet returned to worker, at least four weeks of FRIs, including two follow-ups, are required for reimbursement.

Functional Recovery Interventions (FRI) Tracking Sheet

To be completed by the attending provider

Fax completed tracking sheet to your COHE. For the fax number, see your COHE's Instructions for FRI. The Health Services Coordinator will enter the information into L&I's system, then you can bill L&I for the FRI office visit.

Patient's Name	Claim Number
Provider Name	Provider Number

Initial FRI Office Visit	Date: _____	
	<table border="0"> <tr> <td style="vertical-align: top;"> <p>1. Discussed worker's active participation</p> <input type="checkbox"/> Active participation aids recovery <input type="checkbox"/> Keeping appointments (including PT if needed) <p>2. Discussed normal recovery</p> <input type="checkbox"/> Normal injury recovery <input type="checkbox"/> Good recovery likelihood <input type="checkbox"/> Worker's concerns about RTW <p>3. Work accommodation efforts (check one)</p> <input type="checkbox"/> Called employer to discuss RTW options <input type="checkbox"/> Contacted HSC for RTW assistance <input type="checkbox"/> Contacted L&I for RTW assistance </td> <td style="vertical-align: top;"> <p>4. Discussed job concerns</p> <input type="checkbox"/> Fear of work activity increasing pain/injury <input type="checkbox"/> Job-specific situation(s) <p>5. Discussed gradually increasing activity</p> <input type="checkbox"/> Gave patient Week 1 Activity Diary with instructions <input type="checkbox"/> Start at current level, add a little each day <input type="checkbox"/> Regular walking/aerobic exercise <input type="checkbox"/> Vary movement, avoid prolonged postures <p>6. PT/OT Referral Made</p> <input type="checkbox"/> Sent FR referral sheet to PT/OT <input type="checkbox"/> Scheduled PT/OR progress review for: _____ </td> </tr> </table>	<p>1. Discussed worker's active participation</p> <input type="checkbox"/> Active participation aids recovery <input type="checkbox"/> Keeping appointments (including PT if needed) <p>2. Discussed normal recovery</p> <input type="checkbox"/> Normal injury recovery <input type="checkbox"/> Good recovery likelihood <input type="checkbox"/> Worker's concerns about RTW <p>3. Work accommodation efforts (check one)</p> <input type="checkbox"/> Called employer to discuss RTW options <input type="checkbox"/> Contacted HSC for RTW assistance <input type="checkbox"/> Contacted L&I for RTW assistance
<p>1. Discussed worker's active participation</p> <input type="checkbox"/> Active participation aids recovery <input type="checkbox"/> Keeping appointments (including PT if needed) <p>2. Discussed normal recovery</p> <input type="checkbox"/> Normal injury recovery <input type="checkbox"/> Good recovery likelihood <input type="checkbox"/> Worker's concerns about RTW <p>3. Work accommodation efforts (check one)</p> <input type="checkbox"/> Called employer to discuss RTW options <input type="checkbox"/> Contacted HSC for RTW assistance <input type="checkbox"/> Contacted L&I for RTW assistance	<p>4. Discussed job concerns</p> <input type="checkbox"/> Fear of work activity increasing pain/injury <input type="checkbox"/> Job-specific situation(s) <p>5. Discussed gradually increasing activity</p> <input type="checkbox"/> Gave patient Week 1 Activity Diary with instructions <input type="checkbox"/> Start at current level, add a little each day <input type="checkbox"/> Regular walking/aerobic exercise <input type="checkbox"/> Vary movement, avoid prolonged postures <p>6. PT/OT Referral Made</p> <input type="checkbox"/> Sent FR referral sheet to PT/OT <input type="checkbox"/> Scheduled PT/OR progress review for: _____	

Follow Up FRI Office Visit	Date: _____	
	<table border="0"> <tr> <td style="vertical-align: top;"> <p>1. Reinforced worker's role in recovery</p> <input type="checkbox"/> Expectation of recovery <input type="checkbox"/> Fear of activity/re-injury <input type="checkbox"/> Psychosocial issues discussed <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Other: _____ <p>2. Return-to-work progress</p> <input type="checkbox"/> Worker returned to work with restrictions <input type="checkbox"/> Worker returned to work without restrictions <input type="checkbox"/> Worker has not returned to work If no RTW within 8 weeks: <input type="checkbox"/> Contacted HSC for RTW assistance <input type="checkbox"/> Scheduled conference with COHE Advisor <input type="checkbox"/> Referred for PGAP <input type="checkbox"/> Other: _____ </td> <td style="vertical-align: top;"> <p>3. Incremental activity progress (as needed)</p> <input type="checkbox"/> Reviewed previous week's Activity Diary • Worker compliance: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None • Activity increased since previous week? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gave patient next week's Activity Diary <p>4. PT/OT progress (as needed)</p> <input type="checkbox"/> New referral made <input type="checkbox"/> Sent FR referral sheet to PT Functional gain made from PT: _____ Physical/work activity ability: _____ Self-care activity: _____ Flexibility/strength/endurance: _____ No functional gains made: _____ Scheduled PT/OT progress review for: _____ </td> </tr> </table>	<p>1. Reinforced worker's role in recovery</p> <input type="checkbox"/> Expectation of recovery <input type="checkbox"/> Fear of activity/re-injury <input type="checkbox"/> Psychosocial issues discussed <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Other: _____ <p>2. Return-to-work progress</p> <input type="checkbox"/> Worker returned to work with restrictions <input type="checkbox"/> Worker returned to work without restrictions <input type="checkbox"/> Worker has not returned to work If no RTW within 8 weeks: <input type="checkbox"/> Contacted HSC for RTW assistance <input type="checkbox"/> Scheduled conference with COHE Advisor <input type="checkbox"/> Referred for PGAP <input type="checkbox"/> Other: _____
<p>1. Reinforced worker's role in recovery</p> <input type="checkbox"/> Expectation of recovery <input type="checkbox"/> Fear of activity/re-injury <input type="checkbox"/> Psychosocial issues discussed <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Other: _____ <p>2. Return-to-work progress</p> <input type="checkbox"/> Worker returned to work with restrictions <input type="checkbox"/> Worker returned to work without restrictions <input type="checkbox"/> Worker has not returned to work If no RTW within 8 weeks: <input type="checkbox"/> Contacted HSC for RTW assistance <input type="checkbox"/> Scheduled conference with COHE Advisor <input type="checkbox"/> Referred for PGAP <input type="checkbox"/> Other: _____	<p>3. Incremental activity progress (as needed)</p> <input type="checkbox"/> Reviewed previous week's Activity Diary • Worker compliance: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None • Activity increased since previous week? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gave patient next week's Activity Diary <p>4. PT/OT progress (as needed)</p> <input type="checkbox"/> New referral made <input type="checkbox"/> Sent FR referral sheet to PT Functional gain made from PT: _____ Physical/work activity ability: _____ Self-care activity: _____ Flexibility/strength/endurance: _____ No functional gains made: _____ Scheduled PT/OT progress review for: _____	

The patient and I have discussed these interventions; the patient has agreed to try their best to increase activity and use the activity diary.

Provider's Signature

Patient's Signature

Additional FRI Notes: