Best Practice 3 - Two-way communication

Best practice:

Measure: 25% of all claims have two-way communication (provider and employer) in the first 60 calendar days from claim established date.

Purpose of two-way communication:

Setting expectations early in the claim ensures that everyone involved in the claims process understands the worker's treatment plan, which helps facilitate return to work efforts. Provider (or their HSC) securely communicates with the employer about restrictions, modified work, and treatment plan is key to moving the claim in a forward direction. The focus of this best practice is claims with restrictions.

Appropriate Documentation in the provider chart notes must include:

- The date,
- The participants and their titles,
- The length of the communication, and
- The nature of the communication.

How to meet this best practice:

Service options	Billing
Attending provider telephone call to any of the	9919M with modifier 32.
following:	
• Employer,	
Employer rep,	
• VRC, or	
 New employer (with worker's approval). 	
Must have a conversation, voicemail is not	*Codes no longer billable are 99441-99443 and 98966-
billable.	98968 with modifier 8R & 32
Team Conference	99366, 99367, and 99368 with modifier 32.
Provider review of Job Analysis (JA) or	Initial: 1038M.
Job Description (JD).	Subsequent: 1028M.
Claims where stay-at-work benefits were paid to	Tracked by L&I systems.
the employer within the first 12 weeks of the	
claim.	
Health Services Coordinator submits a case note	Tracked by L&I systems
in MAVEN indicating they have spoken with the	
Employer/Employer Rep or VRC.	

NOTES:

- Provider activity is measured through billing codes.
- Health Services Coordinator activity is measured through MAVEN.
- Only the first communication for the claim (from any of the service options mentioned above) is counted toward this best practice. Subsequent communications are not counted but may be billable.
- L&I's Medical Aid Rules and Fee Schedules (MARFS): Ini.wa.gov/feeschedules.