

## COHE PILOT FEE SCHEDULE – July 2009

	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
<b>ATTENDING PHYSICIANS IN THE PILOT</b>	ROA received by L&I <i>within 2 business days</i> of first medical visit	1040M	Pay at 150% of 1040M if ROA received within 2 business days of first medical visit  <b>NOTE:</b> System auto-calculates appropriate payment; Modifier 22 is <i>not</i> needed	1040M - 56.76  RVU: 1040M - .922	1040M - 56.76  RVU: 1040M - .922
	ROA received by L&I after 2 <i>business days</i> from first medical visit	1040M	Pay at standard rate if received business day 3 or more from first medical visit	1040M - 37.84  RVU: 1040M - .615	1040M - 37.84  RVU: 1040M - .615
	<b>Complete</b> assessment for impediments to return to work	1068M	1 per claim	1068M - 131.06  RVU: 1068M - 2.13	1068M - 97.22  RVU: 1068M - 1.58
	Complete activity prescription at each evaluation health care visit	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 - .8	1069M - 49.18  RVU: 1069M - .8
	<b>Refer</b> for assessment of impediments to return to work	1070M	1 per claim	1070M - 30.27  RVU: 1070M - .492	1070M - 30.27  RVU: 1070M - .492
	Emergency Department Work Status Form	1072M	This form is generally referred to as the ER-APF	1072M - 30.27  RVU: 1072M - .492	1072M - 30.27  RVU: 1072M - .492

	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
<b>ATTENDING PHYSICIANS IN THE PILOT, cont.</b>	<b>Physician</b> medical conference to coordinate care	99367 Patient not present	Medical conferences may be payable when the attending provider, consultant or psychologist meets with an interdisciplinary team of health professionals, department staff, vocational rehabilitation counselors, nurse case managers, department medical consultants, self-insurer representatives or employers. These are time-based codes. Refer to a CPT® manual for additional descriptions.	99367 – 131.06  RVU: 99367 – 2.13	99367 – 97.22  RVU: 99367 – 1.58
	<b>*Non-physician health care professional (ARNPs and PAs, psychologists)</b> medical conference to coordinate care	99366 – Patient present  99368- Patient not present	Refer to a CPT® manual for additional descriptions.  <b>*All fee schedule rates are paid at 90% for ARNPs and PAs (i.e., psychologists would receive 100% of the amount listed, ARNPs and PAs would receive 90%)</b>	99366 – 71.37* 99368 – 60.91*  RVU: 99366 – 1.16 99368 – .99	99366 – 70.14* 99368 – 60.91*  RVU: 99366 – 1.14 99368 – .99
	<b>Physician</b> telephone call / consultation regarding care of injured workers  Includes telephone calls and on-line communication to employer about return to work	99441 99442 99443  (Use modifier 32 for calls to employers)	Telephone calls are payable to the attending provider, consultant, psychologist or other provider only when they personally participate in the call.  These services are payable when discussing or coordinating care or treatment with: <ul style="list-style-type: none"> <li>• The worker</li> <li>• L&amp;I staff</li> <li>• Vocational rehabilitation counselors</li> <li>• Nurse case managers</li> <li>• Health services coordinators (COHE)</li> <li>• L&amp;I medical consultants</li> <li>• Other physicians</li> <li>• Other providers</li> </ul>	99441 – 24.00 99442 – 44.30 99443 – 65.22  RVU: 99441 – .39 99442 – .72 99443 – 1.06  99444 – 44.30 (this code is for on-line communication)  RVU: 99444 – .72	99441 – 21.54 99442 – 42.46 99443 – 63.38  RVU: 99441 – .35 99442 – .69 99443 – 1.03  99444 – 42.46 (this code is for on-line communication)  RVU: 99444 – .69

	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting												
	<p><b>Non-physician health care professional (ARNPs, PAs and psychologists) telephone call / consultation regarding care of injured workers</b></p> <p>Includes telephone calls and on-line communication to employer about return to work</p>	<p>98966 98967 98968</p> <p>(Use modifier 32 for calls to employers)</p>	<ul style="list-style-type: none"> <li>Self-insured employers or their representatives</li> <li>HSCs</li> </ul> <p>NOTE: L&amp;I does not adhere to the CPT® limits for telephone calls. Telephone calls are payable regardless of when the previous or next office visit occurs.</p> <p>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.</p> <table border="0"> <tr> <td>Duration</td> <td>Physician</td> <td>ARNP/PA</td> </tr> <tr> <td>5-10 minutes</td> <td>99441</td> <td>98966</td> </tr> <tr> <td>11-20 minutes</td> <td>99442</td> <td>98967</td> </tr> <tr> <td>21-30 minutes</td> <td>99443</td> <td>98968</td> </tr> </table> <p>Refer to the 2009 CPT® manual for additional descriptions.</p> <p><b>*All fee schedule rates are paid at 90% for ARNPs and PAs (i.e., psychologists would receive 100% of the amount listed, ARNPs and PAs would receive 90%)</b></p>	Duration	Physician	ARNP/PA	5-10 minutes	99441	98966	11-20 minutes	99442	98967	21-30 minutes	99443	98968	<p>98966 – 23.38* 98967 – 44.30* 98968 – 65.22*</p> <p><b>RVU:</b> 98966 – .38 98967 – .72 98968 – 1.06</p> <p>98969 – 44.30* (this code is for on-line communication) <b>RVU:</b> 98969 – .72</p>	<p>98966 – 20.92* 98967 – 42.46* 98968 – 63.38*</p> <p><b>RVU:</b> 98966 – .34 98967 – .69 98968 – 1.03</p> <p>98969 – 42.46* (this code is for on-line communication) <b>RVU:</b> 98969 – .69</p>
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5-10 minutes	99441	98966															
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<b>COHE MENTOR SERVICES</b>  <b>(In addition to above Attending Physician codes)</b>	Complete assessment for impediments to return to work	1067M- TG low complexity	1 per claim	1067M-TG - 211.66	1067M-TG - 164.29
		1067M moderate complexity		1067M – 313.19	1067M – 260.89
		1067M-TF high complexity		1067M-TF -384.56	1067M-TF – 325.49
				<b>RVU:</b> 1067M – TG – 3.44 1067M – 5.09 1067M – TF – 6.25	<b>RVU:</b> 1067M –TG – 2.67 1067M – 4.24 1067M – TF – 5.29
<b>HEALTH SERVICES COORDINATOR</b>	Coordination of health services — face-to-face with patient	1152M 1153M	1152M – Initial Evaluation & Coordination (IEC)* 1153M – HSC Service (maximum of 8 hours per claim)	1152M – 126.14 (one per claim) 1153M – 10.50 per 6 minute increment	1152M – 126.14 (one per claim) 1153M – 10.50 per 6 minute increment
	Must have actual contact with patient or employer		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	HSC Service can be billed on the <i>same date of service</i> as IEC, but will be paid at 50%	
	Coordination of health services — without face-to-face contact	G9001 G9002	G9001 – Initial Evaluation & Coordination (IEC)* G9002 – HSC Service (maximum of 8 hours per claim)	G9001 – 52.59 (one per claim) G9002 – 7.02 per 6 minute increment	G9001 – 52.59 (one per claim) G9002 – 7.02 per 6 minute increment
			HSC Service can now 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	HSC Service can be billed on the <i>same date of service</i> as IEC, but will be paid at 50%	

	Work-site visit and job modifications	0389R 0390R	<b>For non-vocational providers</b> This service can be provided and billed by HSCs  0389R Job modifications/pre-job mod  0390R Work evaluation	0389R – 10.66 per 6 minute increment 0390R – 8.77 per 6 minute increment	0389R – 10.66 per 6 minute increment 0390R – 8.77 per 6 minute increment
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For a complete listing of the L&I Medical Aid Rules and Fee Schedule: <http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2009/default.asp>

For complete descriptions of the CPT® codes included above, refer to the 2009 CPT® Manual.