

COHE PILOT FEE SCHEDULE – January 2008

Numbers in red are RVUs

	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
ATTENDING PHYSICIANS IN THE PILOT	ROA received by L&I within 48 hours (2 business days) of first provider visit.	1040M	Pay at 150% of 1040M Pay for medical only and time-loss claims if ROA received within 48 hours (2 business days) of first provider visit Note: Code is the same if ROA submitted in more than 2 business days. The system will automatically pay the regular fee (\$36.48).	1040M – 54.72	1040M – 54.72
				RVU: 1040M - .97	RVU: 1040M - .97
	Complete assessment for impediments to return to work at 4 weeks of time-loss. (performed by APP)	1068M	1 per claim	1068M – 118.96	1068M – 87.39
				RVU: 1068M – 2.11	RVU: 1068M – 1.55
	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 – 47.42	1069M – 47.42
				RVU: 1069M - .841	RVU: 1069M - .841
	Refer for assessment of impediments to return to work at 4 weeks of time-loss.	1070M	1 per claim	1070M – 29.18	1070M – 29.18
	Emergency Department Work Status Form	1072M	Note: This form is generally referred to as the ER-APF.	1072M – 29.18	1072M – 29.18
				RVU: 1072M - .518	RVU: 1072M - .518

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COHE Pilot Fee Schedule – January 1, 2008

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

	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
ATTENDING PHYSICIANS IN THE PILOT (cont.)	Physician 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 – 118.96 RVU: 2.11	99367 – 87.39 RVU: 1.55
	Non-physician health care professional (ARNPs and PAs, psychologists) medical conference to coordinate care	99366 – Patient present 99368- Patient not present	* All fee schedule rates are paid at 90% for ARNPS and PAs	99366 – 60.33* 99368 – 50.74* RVU: 99366 – 1.07 99368 - .90	99366 – 59.76* 99368 – 50.74* RVU: 99366 – 1.06 99368 - .90
	Physician telephone call / consultation regarding care of injured workers Includes telephone calls to employer about return to work	99441 99442 99443 (Use modifier 32 for calls to employers)	Telephone calls are payable only when personally made by the attending provider, consultant or psychologist. These services are payable when discussing or coordinating care or treatment with: <ul style="list-style-type: none"> employers or self-insurer representatives, the injured worker, department staff, vocational rehabilitation counselors, nurse case managers, department medical consultants. 	99441 – 20.30 99442 – 37.21 99443 – 55.25 RVU: 99441 - .36 99442 - .66 99443 - .98	99441 – 18.61 99442 – 35.52 99443 – 53.00 RVU: 99441 - .33 99442 - .63 99443 - .94
	Non-physician health care professional (ARNPs, PAs and psychologists) telephone call / consultation regarding care of injured workers Includes telephone calls to employer about return to work	98966 98967 98968 (Use modifier 32 for calls to employers)	Telephone calls for authorization, resolution of billing issues or ordering prescriptions are not payable. These are time-based codes. Refer to a CPT® manual for additional descriptions. * All fee schedule rates are paid at 90% for ARNPS and PAs	98966 – 19.73* 98967 – 37.21* 98968 – 55.25* RVU: 98966 - .35 98967 - .66 98968 - .98	98966 – 18.04* 98967 – 35.52* 98968 – 53.00* RVU: 98966 - .32 98967 - .63 98968 - .94

	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
COHE MENTOR PHYSICIAN SERVICES	Complete assessment for impediments to return to work at 4 weeks of time-loss. (performed by physicians in the COHE)	1067M- TG low complexity	1 per claim	1067M- TG 193.95	1067M - TG 149.41
		1067M moderate complexity	Pay for claims with \geq 4 weeks of time-loss	1067M 285.85	1067M – 234.54
		1067M-TF high complexity		1067M-TF -354.63	1067M-TF – 296.56
				RVU: 1067M – TG – 3.44	RVU: 1067M –TG – 2.65
				1067M – 5.07	1067M – 4.16
				1067M – TF – 6.29	1067M – TF – 5.26
	Telephone call / consultation regarding care of injured workers. Includes telephone calls to employer about return to work	99441 99442 99443	<i>See description for telephone calls in Attending Physician section.</i>	99441 – 20.30 99442 – 37.21 99443 – 55.25	99441 – 18.61 99442 – 35.52 99443 – 53.00
		(Use modifier 32 for calls to employers)		RVU: 99441 - .36	RVU: 99441 - .33
				99442 - .66	99442 - .63
				99443 – .98	99443 - .94
Medical conference to coordinate care	99367	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 (patient not present). These are time-based codes. Refer to a CPT® manual for additional descriptions.	99367 – 78.37	99367 – 78.37	
			RVU: 99367 – 1.39	RVU: 99367 – 1.39	

	SERVICE	CODE	DESCRIPTION	Maximum fee – non-facility setting	Maximum fee – facility setting
COHE MENTOR PHYSICIAN SERVICES (cont.)	Work-site visit and job modifications	0389R 0390R	For non-vocational providers	0389R – 10.28 per each 6 minutes 0390R – 8.46 per each 6 minutes.	0389R – 10.28 per each 6 minutes 0390R – 8.46 per each 6 minutes
HEALTH SERVICES COORDINATOR (NON-PHYSICIAN SERVICES) * Cannot bill both 1152M and G9001 on the same claim.	Coordination of health services—face to face with patient	1152M 1153M	Must have actual contact with patient 1152M – Initiation* (one per claim) 1153M – Maintenance	1152M – 120.65 1153M – 72.17	1152M – 120.65 1153M – 72.17
	Coordination of health services—without face to face contact	G9001 G9002	G9001 – Initiation* (1 per claim) G9002 – Maintenance (maximum of 8 hours per claim)	G9001 – 50.70 G9002 –6.77 per each 6 minutes	G9001 – 50.70 G9002 – 6.77 per each 6 minutes
	Work-site visit and job modifications	0389R 0390R	For non-vocational providers	0389R – 10.28 per each 6 minutes 0390R – 8.46 per each 6 minutes.	0389R – 10.28 per each 6 minutes 0390R – 8.46 per each 6 minutes

Provider case management services

Billing information is provided for telephone and case conference services. *These codes are covered by L&I but are not consistently billed by providers.* Participating providers are encouraged to utilize these codes when appropriate. The case management codes may be billed by attending providers, consultants and psychologists. Refer to the table for additional information.

Advantages to billing for telephone calls and conference participation include:

- Provider receives appropriate payment for services rendered; and
- L&I gains a better understanding of the services being provided.

Documentation that supports billing for telephone and case management services must include:

- Date of service; and
- The participants and their titles; and
- Length of call or visit; and
- Nature of call or visit; and
- Medical , vocational or RTW decisions made

In addition, team conference documentation must include a goal-oriented, time-limited treatment plan covering medical, surgical, vocational or return to work activities or objective measures of function that allow a determination as to whether a previously created plan is effective in returning the injured worker to an appropriate level of function.