

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,
- The nature of the communication, and
- For billing purposes, documentation on the APF does not take the place of provider chart note.

How to meet this best practice:

Service options	Billing
Attending provider online communication or telephone call to any of the following: <ul style="list-style-type: none">• Employer,• Employer rep,• VRC, or• New employer (with worker's approval). Must have conversation, voicemail is not billable.	<ul style="list-style-type: none">• Case Management telephone calls: 9919M with modifier 32.• Secure online communication: 9918M with modifier 32.• 9919M & 9918M are only payable when the discussions include in-depth clinical conversations. See MARFS Chapter 5 for billable services.• Conversations with HSCs are billable using these codes but do not count towards the Best Practice. <i>*Codes no longer billable are 99441-99443, 98966-98968, and 99421-99423 with modifier 8R & 32.</i>
Team Conference	99366, 99367, and 99368 with modifier 32.
Provider review of Job Analysis (JA) or Job Description (JD).	Initial: 1038M. Subsequent: 1028M.
Claims where stay-at-work benefits were paid to the employer within the first 12 weeks of the claim.	Tracked by L&I systems.
Health Services Coordinator submits a case note in MAVEN indicating they have spoken with the Employer/Employer Rep or VRC.	Tracked by L&I systems

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): lni.wa.gov/feeschedules.