Assessment of Impediments to Return to Work (RTW)

Purpose:

The Assessment of Impediments to Return to Work (RTW) enables COHE enrolled providers and advisors to evaluate complex barriers to recovery and RTW and offer recommendations to attending providers (APs). Through assessment and clinical collaboration, the process helps improve recovery and RTW outcomes with the goal of reducing the risk of prolonged disability, claim escalation, and referral for an independent medical examination (IME).

Methodology:

- This activity is not included in the measure of the COHE best practice 4: Assessing Barriers to RTW through the FRQ, but does appear on the COHE Special Fee Schedule for codes 1067M, 1068M, and 1070M.
- The barriers assessment is for provider to provider, not provider to HSC.

Attending Provider (AP) Role: The AP remains responsible for the worker's care and may refer to a COHE consulting provider or advisor for assistance with complex claims, slowed progress, recovery concerns, return-to-work issues, or other barriers to recovery.

- When additional support is needed, the AP may choose to consult a COHE advisor first. If an advisor is not within the provider's service area, does not have the capacity to assist, or would create a significant travel burden for the worker, the AP may instead seek assistance from another COHE-enrolled provider.
- The referral is for consultation **only**; the assigned AP **does not** change. If additional consultation is needed in the future, the AP may submit a new referral to a COHE advisor or consulting provider who has not previously consulted on the claim.
- The referral does not automatically notify the worker or Health Services Coordinator (HSC). The AP should direct the worker to arrange a one-time consultation with the selected consulting provider. The HSC can assist the AP in identifying an appropriate provider, if needed.
- The AP maintains regular communication with the HSC regarding the referral process and recommendations from the COHE consulting provider or advisor.
- The AP should receive a copy of the consulting provider's SOAP-ER note, which should include an assessment and plan for moving treatment forward.

COHE Advisor Role: COHE Advisors are providers with expertise in workers' comp who help other providers make claim decisions and navigate L&I processes. They are more connected in the COHE program and serve as liaisons to administrative and clinical best practices.

- COHE advisors are available to all providers enrolled in COHE.
- Receive referral and complete an in-person office visit with the worker to identify all barriers and create an action plan to address those barriers.
- Share findings with the assigned AP and Health Services Coordinator (HSC).

COHE Consulting Provider Role: A COHE-enrolled provider who provides consultation on complex claims through a referral.

- Receive referral and complete an in-person office visit with the worker to identify all barriers and create an action plan to address those barriers.
- Share findings with the assigned AP and Health Services Coordinator (HSC).

Documentation

Attending providers (APs) MUST:

- Ensure there is detailed documentation in the chart note such as:
    - The reason for the referral to a consulting COHE provider or advisor
    - Who the worker was referred to for a barriers assessment.

COHE consulting providers and advisors MUST:

- Document a detailed SOAP-ER note and include identified barriers and an action plan to address those barriers.
- Perform an in-person evaluation helps ensure the SOAP-ER note contains the clinical information needed to accurately assess barriers and support recommendations.
    - Barrier's assessment referrals typically involve complex or stalled claims. These cases often benefit from a comprehensive clinical assessment to identify factors affecting recovery and return to work.
    - Objective findings are an important component of a SOAP-ER note. An in-person examination provides the opportunity to obtain and document clinical findings, such as range of motion, strength, gait, and other physical examination findings that support the overall assessment.
- SOAP-ER note format
    - S - Subjective complaints
    - O - Objective findings
    - A - Assessment
    - P - Plan and Progress
    - E - Employment issues
    - R - Restrictions to recovery

For more detailed information about how to document a SOAP-ER note, please visit MARFS Chapter 2: Information for All Providers.

Billing

Assigned attending providers (APs)

- Can bill 1070M when referring for a barriers assessment to a consulting COHE provider or advisor
    - For referrals to COHE enrolled providers **only**
    - Additional referrals may be made as needed for up to one year from claim established date, with each referral to a different COHE advisor or consulting provider.
    - 1070M is payable **only** to the referring provider. It is **not** payable to the consulting provider conducting the assessment.

COHE consulting providers

- Can bill 1068M for seeing the worker and completing a SOAPER note that identifies barriers affecting the injured worker and develops appropriate solutions to addressing those barriers.
    - For COHE enrolled providers **only**
    - **Payable** only once per claim, per provider, for up to one year from claim established date
    - Billed in addition to a standard E&M consultation code
    - 1068M is payable **only** to the consulting provider conducting the assessment. It is **not** payable to the attending provider.

COHE Advisors

- Can bill 1067M for seeing the worker and completing a SOAPER note that identifies barriers affecting the injured worker and develops solutions to addressing those barriers as appropriate
    - For COHE advisors **only**
    - **Payable** only once per claim, per advisor, for up to one year from claim's established date
    - Billed in addition to a standard E&M consultation code
    - **Not payable** with 8R modifier
    - 1067M is payable **only** to the COHE advisor conducting the assessment. It is **not** payable to the attending provider.

Additional information

- Billing codes 1067M and 1068M cannot be billed concurrently. COHE advisors should use billing code 1067M, while COHE consulting providers should use billing code 1068M.

For more information on 1070M, 1068M, 1067M please visit COHE Special Fee Schedule.

Updated August 2026