

COHE Program Fee Schedule

Effective July 1, 2023 Administrative Fee per COHE Claim = **\$61.38**

This document is a guide and not a comprehensive, stand-alone reference for documentation and billing requirements. For complete information, please refer to L&I's Medical Aid Rules and Fee Schedules (MARFS): https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/

Attending Providers Enrolled in COHE

Service Description	Code	Details	Non-Facility Fee	Facility Fee
Report of Accident (ROA) received by L&I		Within 2 business days (standard rate x 150%)	\$67.99 RVU: 1.14	\$67.99 RVU: 1.14
 Dates Used to Calculate "Received" Time: "This exam date" (Box 15b) "Date you 1st saw patient for this 		3 to 5 business days (standard rate)	\$45.33 RVU: 0.76	\$45.33 RVU: 0.76
condition" (Box 3)	1040M	6 to 8 business days (standard rate minus \$10)	\$35.33 RVU: 0.59	\$35.33 RVU: 0.59
Note: If both boxes are blank, payment will be lowest reimbursement amount – there must be		9 or more business days (standard rate minus \$20)	\$25.33 RVU: 0.43	\$25.33 RVU: 0.43
ates in order to calculate any incentives.		Online filing via FileFast or HIE provides an additional \$10 incentive. This is to encourage adoption of electronic submission. No end-date for the incentive at this time.		
Assessment of Impediments to Return to Work (RTW) Must be documented in a detailed SOAP-ER note and must include an action plan to address barriers.	1068M	1 per claim	\$177.95 RVU: 2.99	\$125.68 RVU: 2.11
Referral to COHE Advisor for Assessment of Impediments to RTW	1070M	1 per claim	\$36.27	\$36.27
Not payable to the provider who conducts the Assessment of Impediments to RTW			RVU: 0.61	RVU: 0.61

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

RVU Calculation = current year's max fee schedule amount divided by the current year's conversion factor of \$59.54. RVU is "total" RVU. To calculate "work" RVU for local codes, multiply "total" RVU by 0.5.

COHE Advisor Services

Service Description	Code	Details	Non-Facility Fee	Facility Fee
Assessment of Impediments to RTW Must be documented in a detailed SOAP-ER	1067M Low Complexity		\$261.67 RVU: 4.39	\$205.65 RVU: 3.45
note and must include an action plan to address barriers. Charged in addition to E/M codes.	1067M-TF Moderate Complexity	1 per claim For complexity level guidelines, refer to CPT®	\$396.06 RVU: 6.65	\$330.57 RVU: 5.55
* 1067M code series includes 10% enhancement – do not add the 8R modifier.	1067M-TG High Complexity	codes 99243-99245	\$483.34 RVU: 8.12	\$408.26 RVU: 6.86

The <u>-8R modifier</u> can be added to the following codes when a COHE Advisor renders the below services on a COHE attending provider claim:

- Physician Advisor:
 - o Case management/team conference (99367),
 - o Phone call/online communication (99441-99444, 9918M), or
 - o E/M consultation (99241-99245)
- Psychologist Advisor:
 - o Case management/team conference (99366, 99368), or
 - o Phone call/online communication (98966-98969, 9918M)

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^{*} Be sure to include the additional 10% in the total charged amount when billing with the -8R modifier code.

Health Service Coordinator (HSC) Services

Service Description	Code	Details	Non-Facility Fee	Facility Fee
HSC Service To qualify for payment, the HSC must submit a case note which must document: • Discussion with or documentation from provider, or • Discussion with, or detailed voicemail or documented attempt to contact worker, or • Discussion with, or detailed voicemail or documented attempt to contact employer.	1087M	Max 16 hours per claim Use <u>-8S modifier</u> to bill multiple same day services Second and subsequent case notes will be paid at 50%.	\$9.87 per 6 minutes RVU: 0.17	\$9.87 per 6 minutes RVU: 0.17

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For fees and policies on billable services related to COHE best practices and available to all providers (not exclusive to COHE), please refer to L&I's Medical Aid Rules & Fee Schedule (MARFS) for fees and policies. These codes include:

- Activity Prescription Form (APF): 1073M
- Medical conference to coordinate care:
 - 99367 (physician),
 - o 99366, 99368 (ARNP, PA, psychologist)
- Telephone call consultation regarding care of injured worker (use modifier -32 for calls to employers):
 - o 99441, 99442, 99443 (physician),
 - o 98966, 98967, 98968 (ARNP, PA, psychologist)
- Telephone call with Vocational Rehabilitation Counselor (VRC) regarding care of injured worker without injured worker present (use modifier -32 for calls to VRCs):
 - o 99367 (physician),
 - o 99368 (ARNP, PA, psychologist)
- Secure online communication (use modifier -32 for secure communication to employers): 9918M (all providers)
- Work-site visit and job modifications (requires claim manager authorization):
 - o 0389R (job modification/pre-job mod),
 - 0390R (work evaluation)
- Expenses incurred in providing 0389R or 0390R services (requires claim manager authorization):
 - o 0391R (travel/wait),
 - o 0392R (mileage),
 - o 0393R (ferry charges)
- Provider review of Job Analysis (JA) or Job Description (JD)
 - o 1038M (initial review)
 - 1028M (subsequent review)

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