

COHE Program Fee Schedule

Effective July 1, 2024 Administrative Fee per COHE Claim = **\$62.30**

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%)	\$69.01 RVU: 1.15	\$69.01 RVU: 1.15
 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)	\$46.01 RVU: 0.77	\$46.01 RVU: 0.77
condition" (Box 3)	1040M	6 to 8 business days (standard rate minus \$10)	\$36.01 RVU: 0.60	\$36.01 RVU: 0.60
Note: If both boxes are blank, payment will be lowest reimbursement amount – there must be		9 or more business days (standard rate minus \$20)	\$26.01 RVU: 0.43	\$26.01 RVU: 0.43
dates 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	\$180.62 RVU: 3.01	\$127.57 RVU: 2.13
Referral to COHE Advisor for Assessment of Impediments to RTW Not payable to the provider who conducts the Assessment of Impediments to RTW	1070M	1 per claim	\$36.82 RVU: 0.61	\$36.82 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 \$59.98. 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		\$265.60 RVU: 4.43	\$208.74 RVU: 3.48
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®	\$402.00 RVU: 6.70	\$335.53 RVU: 5.59
* 1067M code series includes 10% enhancement – do not add the 8R modifier.	1067M-TG High Complexity	codes 99243-99245	\$490.59 RVU: 8.18	\$414.38 RVU: 6.91

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
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%.	\$10.02 per 6 minutes RVU: 0.17	\$10.02 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:
 - o 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),
 - o 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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