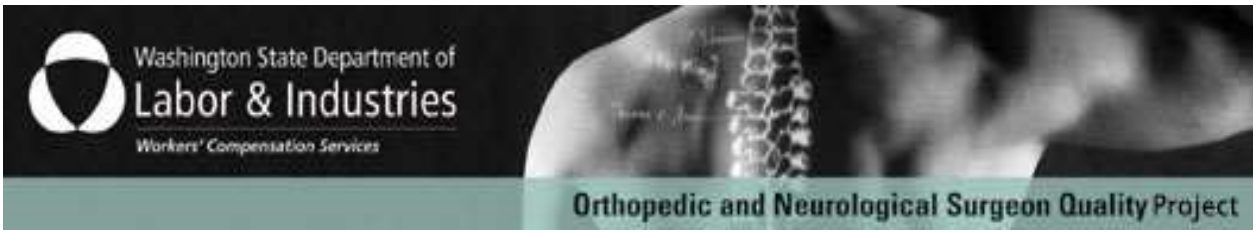

Orthopedic & Neurological Surgeon Quality Project

A project developed by the Washington State Department of Labor & Industries in collaboration with provider experts to improve workers' outcomes through more timely access to high quality surgical care.

Project Participants' Manual

March 2017

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STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
P.O. Box 44000 • Olympia, Washington 98504-4000

Dear Doctor,

Thank you for becoming part of this project. With your help we will succeed in improving healthcare practices for injured workers and return them to a productive life more quickly.

We value the contributions you make to assure that injured or ill workers get high quality care. We also understand the frustrations that sometimes exist in the workers' compensation environment. We believe your participation in this project will enhance your ability to deliver high quality occupational healthcare and help streamline your workers' compensation experience.

It is our hope that what we learn from this project will:

- Enhance our effectiveness in caring for injured workers, *and*
- Reduce your headaches in dealing with the challenges inherent to the workers' compensation system.

The indicators being evaluated during this project were identified by your peers as potential best practices that are likely to improve the outcome of workers' compensation cases. In order to fully evaluate these indicators, L&I:

- Developed an Activity Prescription Form to replace 5 other forms, *and*
- Developed a quality indicator incentive payment, *and*
- Established 3 levels of incentive payment to encourage providers to incorporate as many of the potential best practices as possible.

We look forward to working with you and know that your experience in the project will benefit your patients, as well as make your work in caring for injured workers much more satisfying. Thanks again for your dedication.

Sincerely,

Gary M. Franklin

Gary Franklin, MD, MPH
L&I Medical Director

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Washington State Department of Labor & Industries

OCCUPATIONAL HEALTH BEST PRACTICES

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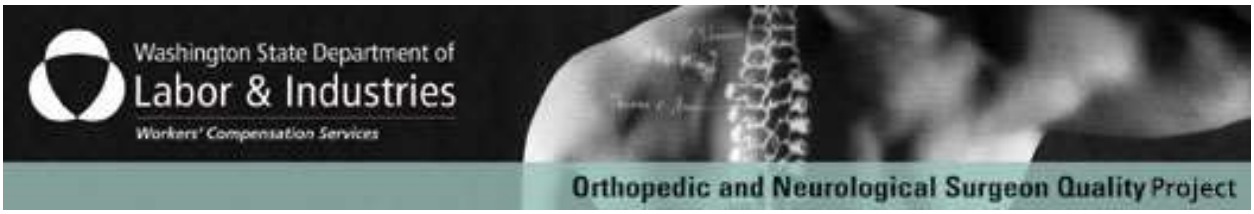

Part 1:
Overview of the Orthopedic & Neurological Surgeon Quality Project

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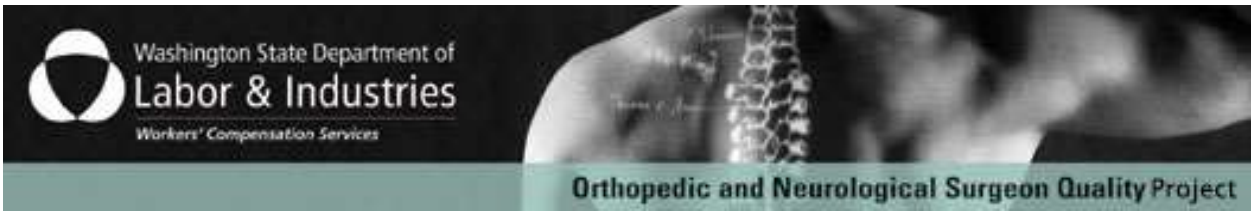


Chapter 1
What the project is about and how it works

This chapter provides a "big picture" snapshot of the Orthopedic and Neurological Surgeon Quality Project ("the project") with quick answers to:

- What the project is about, including how the quality indicators were developed (**Background**),
- How the incentive payment system, performance measurement, reports, eligibility, enrollment, and participation requirements work (**Methods**),
- What the keys are to succeeding in this project (**A few quick tips for success**).

The final page of this chapter provides **a visual summary of enrollment, tier assignment, and incentive pay**.

Other chapters of this manual provide greater depth on these and other topics.

Note: Knowing the content of this chapter is a key to succeeding in the project.

Background

How this came about

In 2006 the Orthopedic and Neurological Surgeon Quality Project ("the project") was initiated as pay-for-performance initiative. With input from Washington surgeons the project's goal was to improve injured workers' outcomes through more timely access to high quality surgical care. In exchange for this timely access, participating surgeons could receive incentive pay for demonstrating established quality indicators.

Established Quality indicators

An independent group of 11 provider experts evaluated 15 potential quality indicators and determined that six of these indicators best reflected quality or efficiency of care.

The six quality indicators:

- Providing an activity prescription for the injured worker,
- Provider directed intensive rehabilitation geared toward return to work,
- Minimal dispense as written (DAW) prescriptions,
- Injured worker accessing specialist care within 7 business days of referral,
- Non-emergency surgery completed within 3 weeks of surgical decision,
- Provider participation in continuing education on occupational health best practices.

Pay-for-Performance

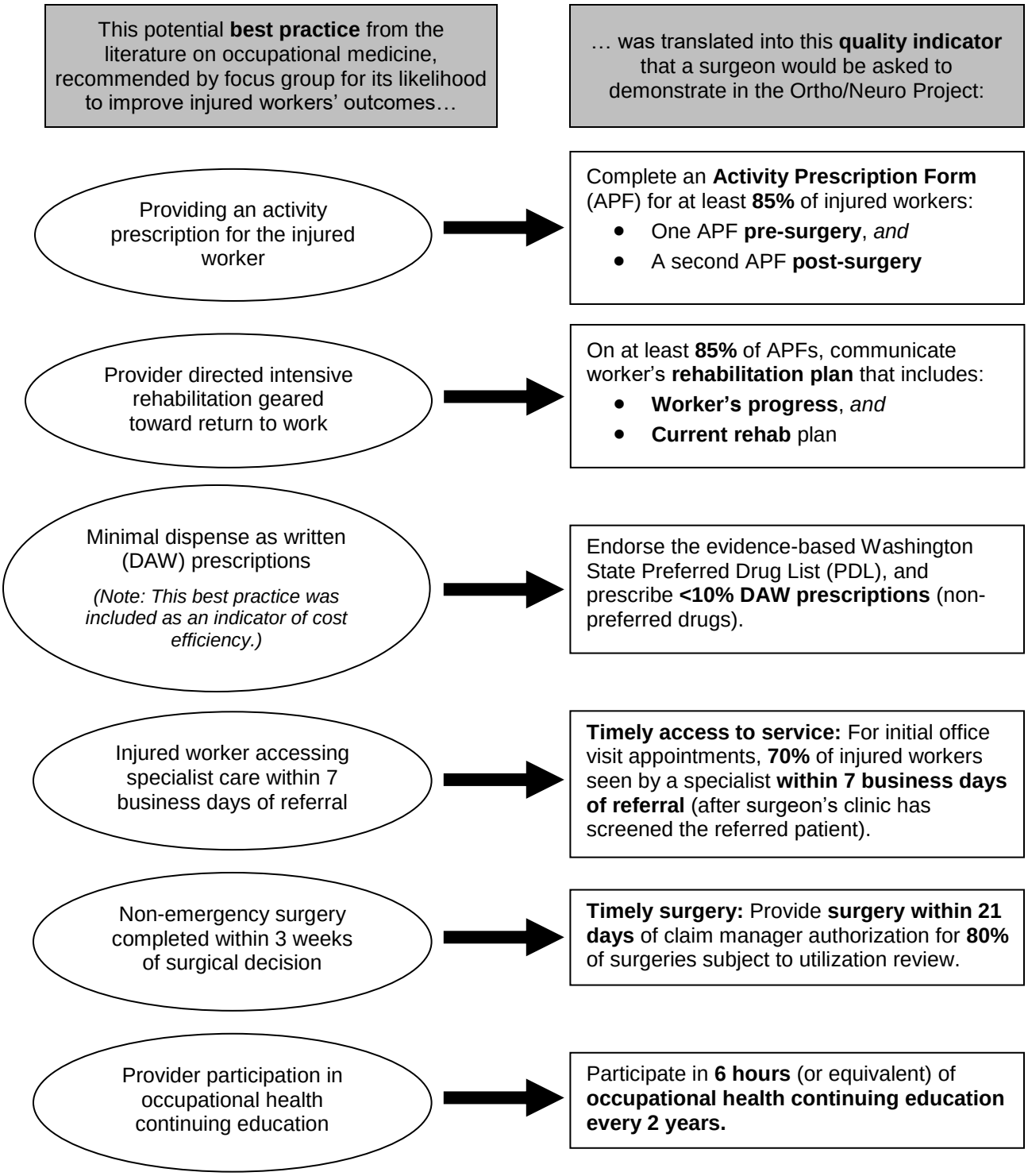
The provider experts then set reasonable thresholds for each quality indicator. Subject to how well a participating provider met the performance thresholds one of **three performance tiers** would be assigned. The higher the tier assignment, the more desirable the incentive fee.

Three performance tiers (more details shown on page 4):

- **Tier 1 pay** for meeting the **3 required** quality indicators
- **Tier 2 pay** for meeting Tier 1 plus **an additional 1 or 2** quality indicators,
- **Tier 3 pay** for meeting the expectation thresholds for **all 6 quality indicators.**

The graphic on the next page shows how the potential best practices were translated into the quality indicators.

How the potential best practices were translated into the quality indicators:



Methods

Incentive payment

How does the incentive payment system work?

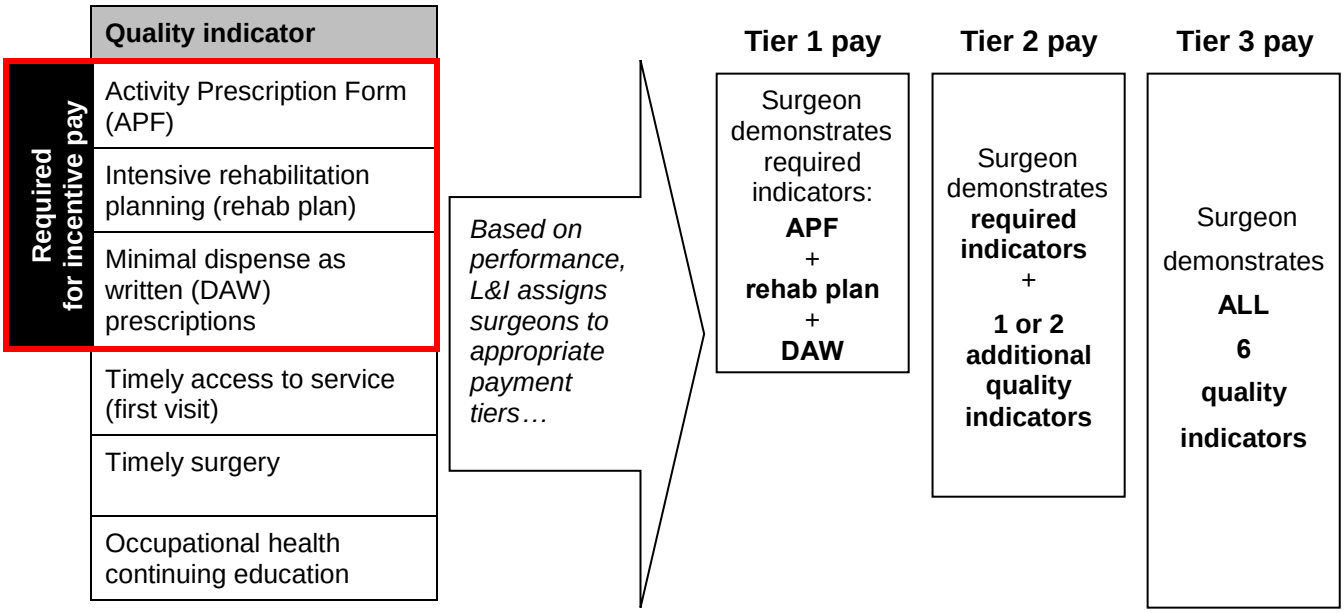
There are 2 parts to understand about the incentive payment system:

1. How payment tier assignment works, *and*
2. How to bill incentive pay.

Part 1: How payment tier assignment works.

Upon enrolling in the project, a surgeon automatically is assigned to **Tier 1** through the first measurement cycle (a six month window). After assessing aggregate data from the first measurement cycle, L&I reassigns surgeons to payment tiers as follows:

- **Tier 1 pay** for surgeons that meet expectation thresholds for the **3 required** quality indicators (**APF**, **rehab plan**, **DAW**),
- **Tier 2 pay** for surgeons that also meet expectation thresholds for **an additional 1 or 2** quality indicators,
- **Tier 3 pay** for surgeons that meet expectation thresholds for **all 6 quality indicators.**



Thereafter, L&I re-assesses each surgeon's aggregate performance as needed and **reassigns** to the appropriate payment tier.

Part 2: How to bill for incentive pay.

Once you are enrolled in the project, each time you bill for an APF (1073M), also bill for incentive pay (1071M). The 1071M pays the lesser of your tier assignment maximum fee or the amount billed (in other words, if you are assigned to Tier 3, but only bill at Tier 1 fee, you will get Tier 1 pay).

With the maximum payment rates effective July 1, 2016 the total payment each time you bill is:

- **Tier 3**: $52.36 (1073M) **+** $110.05 (1071M) = **$162.41**
- **Tier 2**: $52.36 (1073M) **+** $ 82.52 (1071M) = **$134.88**
- **Tier 1**: $52.36 (1073M) **+** $ 55.02 (1071M) = **$107.38**

Or, if you miss thresholds for any of the 3 required quality indicators during 2 consecutive measurement cycles, you will get:

- **No incentive pay**: $52.36 (1073M) + $0 (1071M) = **$52.36**

Services must be billed under the provider who rendered the service.

Example: If a PA or ARNP sees the patient and fills out the APF, the APF should be billed under the PA's or ARNP's provider number - even if co-signed by the supervising physician.

Is it possible to lose incentive pay?

Yes. If a surgeon has not performed well enough to achieve their current tier assignment for two consecutive measurement cycles their tier will be reduced to the highest earned tier over the previous two measurement cycles.

If a surgeon loses incentive pay, the APF is still billable and pays at the same rate. Also, the surgeon has an opportunity to regain incentive pay during the next measurement cycle by meeting the required thresholds on the quality indicators.

Performance measurement

When are the measurement cycles scheduled to occur?

There are two measurement cycles each year**:**

- **January 1 – June 30,** and (evaluated July – September)
- **July 1 – December 31** (evaluated January – March)
    - This extended evaluation window allows billing data to be submitted and mature.
- New tier re-assignments are effective April 1 **OR** October 1 each year.
- If you do not agree with the assigned tier there is a limited window for protests.

Note: Project surgeons that have agreed to be assessed as a group (where all surgeons in the group get the same tier assignment based on group results) may be on a different measurement and tier reassignment schedule.

How does L&I measure the quality indicators?

Looking at patient data for each discrete 6-month measurement cycle, L&I measures each of the 6 quality indicators as follows:

Quality indicator:	Method of measurement:	Data source:
APF	Query of billing data	L&I's Data Warehouse
Rehab plan	Manual review of APFs billed	L&I's imaging system
DAW	Query of billing data	L&I's Data Warehouse
Timely access to service	Analyze spreadsheet of patient scheduling data	Data provided by project participants
Timely surgery	Query of billing data	L&I's Data Warehouse
Occupational health continuing education	Reference documentation of CME data and of project orientation training attendance	L&I records, as well as data provided by project participants

See Chapter 2 for more information about measurement methods.

When do tier reassignments happen?

Tier reassignments happen on **April** and **October** first each year. On these dates, the surgeons' assigned tier may go up, down, or stay the same based on their performance in the two most recent measurement cycles.

When do I find out about my assigned tier?

Following each 6-month measurement cycle, or as needed, L&I's project team will email your team an **individual report**. The report summarizes a surgeon's results on each quality indicator and recommends how to reach or maintain Tier 3 pay in the future.

More information about tier reassignment reports is available in Chapter 3.

Who is eligible to join the project?

In addition to being an orthopedic or neurological surgeon, and part of L&I's provider network, a surgeon must have participated in one of these cooperative quality improvement efforts to enroll in the project:

- Development of this project (focus group participants), or
- Participation in the Centers for Occupational Health and Education (COHE), or
- Utilization Review Simplification Program "Group A" providers, or
- Surgeons practicing in the same clinic as a current project participant are also eligible.

On a case by case basis we will consider enrolling surgeons that perform "like kind" operations (i.e. hand surgeons, plastic surgeons or general surgeons).

May PAs and ARNPs participate in the project?

The PA or ARNP *aren't* entitled to incentive pay. However, some of their work may count towards *portions* of a surgeon's measured quality indicators:

For example:

The APF quality indicator addressed on page 14 has two distinct portions:

- The **post-surgery** portion may be fulfilled by
    - The participating surgeon – **OR** – the PA – **OR** – the ARNP, however
- At least **one *pre-surgery APF must be personally completed by the surgeon***
    - It is a Qualis requirement for the surgeon to visit with the patient for a pre-surgery office visit (excluding emergencies).
    - What a great opportunity for the surgeon to discuss with the injured worker their forecasted recovery period, a rehabilitation plan and fill out an APF.

The "Timely access to service" quality indicator addressed on page 22 may be:

- Fulfilled by the participating surgeon – **OR** – the PA – **OR** – the ARNP
    - **This data comes from your team**. If the PA or ARNP is the rendering provider on this visit please include which surgeon they are affiliated with.

How do I enroll in the project?

Contact L&I's project team to determine if you're eligible to join. Then be sure to:

1. Endorse the evidence-based L&I Preferred Drug List (PDL), which can be done at https://lni.wa.gov/patient-care/treating-patients/drugs-and-prescriptions/, *and*
2. Complete the 1.5-hour orientation training with L&I's project team; *and*
    a. Possible exemption to this orientation training if other surgeons in your clinic are already enrolled in the project and currently in a Tier 2 or 3 status
3. Sign and date a supplemental provider application and send it to L&I's project team. In doing so, you agree to:
    a. Participate in the project according to the rules described in the supplemental application, *and*
    b. Acknowledge that all of your eligible provider account numbers (current and future) will be enrolled and scored in this project.
        i. **Note**: Automatic enrollment of additional provider ID(s) is exclusive to those with common Federal Tax ID and NPI number.

For application materials and to schedule your orientation training, contact L&I's project team at (360) 902-6060 or SQCProgram@Lni.wa.gov.

What am I required to do if I participate in the project?

All participants are required to **comply with the policies detailed in the newest version of this manual**, as well as the department's policies, fee schedules, billing instructions, and medical coverage decisions.

Note: The newest version of this manual will always be posted on the project webpage: Lni.wa.gov/OrthoNeuro

Here's a summary checklist of other requirements for participating providers:

Requirement:	Surgeon	PA or ARNP
Endorse the Washington State Preferred Drug List (PDL).	✓	
If first project enrollee at clinic, go through the project orientation training.	✓	
APFs are expected for each worker in these circumstances: • Surgeon completes at least One APF pre-surgery, *and* • Surgeon or PA/ARNP completes a post-surgery APF, *and* • Surgeon or PA/ARNP completes an APF when the worker's status changes.	✓	✓
Adhere to APF completeness guidelines.	✓	✓
On each APF filled out, communicate development and progression of a rehabilitation plan geared toward return to work.	✓	✓
For Washington's workers, prescribe preferred drugs with minimal DAW prescriptions.	✓	
For initial office visits, see referred workers within 7 business days, and provide L&I's project team with a data report on scheduling.	✓	✓
Perform non-emergency surgeries within 21 calendar days of surgery authorization by the claim manager.	✓	
Participate in continuing education on occupational health best practices and provide L&I's project team with verification of your participation.	✓	
Use the project fee schedule for billing.	✓	✓
Don't bill for incentive payment (1071M); incentive pay available to surgeons only.		✓
If seeking additional funds that you believe are due, submit a Provider's Request for Adjustment Form to the department for consideration (see instructions on your *Remittance Advice*).	✓	✓

Note: Details on all of these requirements appear throughout this manual.

A few quick tips for success

What are a few key things I can do to help me get Tier 3 pay?

We've found that surgeons get to Tier 3 when they do a few key things:

1. **Make sure clinic administrators fully support the project effort.**
   You can't implement the quality indicators without the support of administrative staff.
2. **Assign a clinic staff member as the point person for project issues.**
   Find a person who can keep track of project processes and communicate with L&I's project team as needed.

   We aren't talking about hiring a new FTE; just delegating to a dependable, organized person who cares about your success in the project and who has some authority within your clinic.
3. **Participate in our 1.5-hour project orientation training.**
   Surgeons who've taken our training have told us that it helps clarify expectations, especially about how to best fill out the APF. Also, this training counts towards the "Occupational health continuing education" quality indicator incentive pay threshold *(see Chapter 2)*.
4. **Learn how to fill out the APF properly.**
   There are several benefits to a complete APF:
   - It minimizes the follow up questions received from claim managers; and
   - It speeds up the claims process; *and*
   - Most importantly, it paves the way for workers to return to work more quickly.

   We go over APF completion issues in the orientation training. Also, see Chapter 2.
5. **Know the content of the first three chapters of this manual.**
   These chapters tell you everything you need to know about getting to Tier 3 and staying there.
6. **Consult with L&I's project team if there's a problem reaching Tier 3.**
   Usually the issue keeping a surgeon from Tier 3 is something minor that can be remedied easily. Contact us at (360) 902-6060 *or* SQCProgram@Lni.wa.gov and we can:
   - Dig into your data to zero in on what's keeping you out of Tier 3, *or*
   - Help you identify if there's additional data you can provide that would increase your incentive pay tier assignment, *or*
   - Discuss strategies for successfully demonstrating the quality indicators in the future, *or*
   - Clarify anything about the project that you find unclear.

Remember: we're here to help, and we want you to succeed!

Washington State Department of Labor & Industries
Workers' Compensation Services

Orthopedic and Neurological Surgeon Quality Project

Enrollment

Provider submits **supplemental provider application** to L&I and endorses the Washington State **Preferred Drug List** (PDL).

Note: Provider start date is the later of the application date or the PDL-endorsement date.

Initial Payment Tier Assignment

Provider with accepted application **enrolled in Tier 1** and can bill:

APF: **$53.41**
+
Incentive pay: **$56.13**

Maximum fees, effective July 1, 2018

Measurement Period

July 1 – June 30

Tier Reassignment

1) L&I's pilot team **analyzes the quality indicator results** in:
July – Sept
2) Provider reports are e-mailed on **September**
2) Provider **reassigned** to appropriate tier based on quality indicator data results. Occurs each year on:
October

Exception: Providers assessed as a group will be on a different measurement and tier reassignment schedule.

Required for Incentive Pay

Quality Indicator	Expectation	Incentive Pay Threshold
Activity Prescription Form (APF)	Surgical = minimum of 2 APFs *(1 pre-surgery, 1 post-surgery)*	**85%** of injured workers with expected # of APFs completed & billed
Intensive rehabilitation plan	Indicate "Worker progress" and "Current rehab" on each APF	**85%** of APFs reviewed by L&I pilot team
Dispense as written (DAW) prescriptions	Prescribe preferred drugs or allow appropriate substitution	**<10%** DAW prescriptions (non-preferred drugs)
Timely access to service (first visit)	Injured worker seen by a specialist within 7 business days of referral	**70%** of injured workers seen in 7 days
Timely surgery (within 3 weeks)	Provide surgery within 21 days of claim manager authorization	**80%** of injured workers have surgery in 21 days
Occupational Health Continuing Education	Participate in 3 hours (or equivalent) occupational health training annually	**100%** of 3 hours (or equivalent) completed

Tier	Quality Indicator Thresholds Met When Measured	Incentive Pay (1071M)
1	APF + Int. rehab plan + DAW	**$56.13**
2	Tier 1 required indicators + 1 or 2 additional	**$84.18**
3	All 6 indicators	**$112.26**

Bill incentive pay at the same time as each **APF** (1073M) = **$53.41 extra**

Note: APF payable to all project providers, even those who lose incentive pay after failing to meet Tier 1 requirements for 2 consecutive measurement cycles

For more information, contact the L&I project team at (360) 902-6060 or ONSQualityPilot@Lni.wa.gov.

Chapter 2
Quality indicators

This chapter includes 3 parts:

1. **Part A** describes the **3 quality indicators required for incentive pay** (*APF, Rehab plan,* and *Minimal DAW prescriptions*).

2. **Part B** describes the **3 indicators for additional incentive pay** (*Timely access to service, Timely surgery)* along with the role Occupational Health continuing education may play in enhancing your future tier assignment.

   Both parts A and B give details about each of the 6 quality indicators, including:

   - **Why** the indicator is part of the project,
   - The **expectation** of how you will demonstrate this indicator of quality care,
   - The **incentive pay threshold** for the indicator,
   - The **method of measurement** L&I will use to assess your performance,
   - **Tips to help you** meet the incentive pay threshold,
   - **Other key points to know** about specific indicators.

Note: Knowing the content of this chapter is a key to succeeding in the project.

Chapter 2, Part A
Quality indicators required for incentive pay

- Activity Prescription Form (APF),
- Intensive rehabilitation planning ("rehab plan"),
- Minimal dispense as written (DAW) prescriptions.

Activity Prescription Form (APF)

Incentive pay threshold

This quality indicator has been met when a participating surgeon has completed and billed for an APF on at least 85% of the occasions that an APF would have been expected.

Caution! Incentive fees are not paid on the occasions that an APF is not received and billed for within 30 days of the date of service.

Which APFs are being measured?

The specific APFs that are being measured for this quality indicator are:

- 1 APF at the pre-surgery office visit
  - Surgeon must personally complete and bills for this one, *and*
- 1 APF at the post-surgery office visit
  - This APF may be completed and billed for under the Surgeon – OR – PA – OR – ARNP

What if there is no surgery or if it has not yet been determined?

These cases are not measured for this quality indicator and we advise the surgeon to adhere to the Standard APF submittal recommendations.

Standard APF submittal recommendations

These recommendations are for *all of L&Is network providers* and **not** unique to the project. L&I requests that network providers:

- Submit an APF at the initial visit ***if*** *there are work related physical restrictions*; and
- After the initial visit **only** when documenting a *change in your patient's medical status* or capacities.
- A claims manager, self-insured employer or their third-party representative may request an APF.
- For more information about completing the form go to:

  www.Lni.wa.gov/ClaimsIns/Providers/Claims/ActivityRx/Completing.asp

So what makes this project's APF expectations unique?

Depending on how you look at it, the project is not really asking for anything different. We are still expecting:

- An APF at the initial office visit if there are work related physical restrictions
  - Unique in that a pre-surgery APF must be personally completed and signed by the participating surgeon
    - Initial office visit APFs completed by the PAs or ARNPs *won't count* towards the surgeon's pre-surgery quality indicator
- An APF documenting a change in your patient's medical status
  - Post-surgery office visits are a good time to show changes in your patient's status.
    - This post-surgery portion of the APF quality indicator may be met by:
      - The surgeon – **OR** – the PA – **OR** – the ARNP

Caution! It is illegal to bill for services under a non-rendering provider's ID - even if co-signed by the surgeon. If this practice is discovered, the APFs will be scored against the surgeon which will likely cause the surgeon to miss their APF incentive pay threshold.
See: WAC 296-20-125(3)(o) for more information about billing under the rendering provider's ID.

How is this quality indicator measured?

Based on **office visit, E/M, surgery or APF billing codes** the project team analyzes all claims seen during a reporting period to see that the minimum number of APFs have been billed (1 pre-surgery, and 1 post-surgery).

In analyzing each case, L&I reduces the total number of expected APFs when the claimant:

- Had surgery as the first billed for service by a surgeon (emergency surgery), *or*
- Was exclusively seen by the surgeon for consultation (no other billing codes), *or*
- Where the global surgery period reaches beyond the report period and there is no post-surgical office visit yet.

L&I rounds all findings to the nearest whole percent.

What are some tips to help me meet the APF incentive pay threshold?

- Follow the APF completeness guidelines. Given the importance of comprehensive information, payment for an APF and incentive may be tied to completeness.
  - Please include all required information in each section of the APF
  - See completeness guidelines at
    http://www.lni.wa.gov/ClaimsIns/Providers/Claims/ActivityRx/Completing
- Bill for every APF completed.
  - Data for threshold is based on bills submitted, and
  - If the APF was not billed it cannot be counted.
- Bill promptly.
  - Report cycle only allows 1 month for data to mature. If APFs and their bills aren't submitted promptly, the data might be excluded from the report.
- Note for biller:
  - To ensure that L&I's project team has complete data available for analysis and can accurately count every APF completed:
    - Bill for the APF using procedure code 1073M, *and*
    - Submit bills for APFs within 1 month of the date of service.

    Remember: the APF is billable during the global surgery period.

Is it okay to write only "See chart notes" in the "Key Objective Findings" field?

No. Writing only "See chart notes" isn't acceptable because chart notes aren't standardized and typically arrive in the claim file later than the APF. Remember: the APF is intended to communicate real-time information to the claim manager for time-loss payment and treatment authorizations.

Is it okay for the Claim Manager to request additional information?

Yes. The Claim Manager may request more information than you filled out on the APF to more effectively adjudicate the claim.

Why is the APF part of the project?

A fully completed APF is essential **to prevent delayed recovery**. Clear rehabilitation planning, release for work, and estimated abilities will enable employers, claim managers, and vocational counselors **to better coordinate care and return to work planning**.

It's important to provide this documentation at initial and subsequent visits when there are restrictions or whenever the workers' status changes.

An APF gives **real-time information** to the:

- **Claim manager** for time-loss payment and treatment authorizations, and
- **Employer** to determine if work is available for the worker, and
- **Worker** so they know what activities they should and shouldn't do.

See a sample APF on the following page, and be sure to read the "Discuss your patient's role in their recovery" on the back of the form.

State Fund Claim:
Department of Labor and Industries
PO Box 44291 Olympia WA 98504-4291

Self-Insured Claims: Contact the Self Insured Employer (SIE)/Third Party Administrator (TPA)
For a list of SIE/TPAs, go to www.Lni.wa.gov/SelfInsured

Activity Prescription Form (APF)

Billing Code: 1073 M (Guidance on back)

Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

General info

Worker's Name:	Patient ID:	Visit Date:	Claim Number:
Healthcare Provider's Name (please print):		Date of Injury:	Diagnosis:

Required: Work status

☐ Worker is **released** to the job of injury (JOI) without restrictions (related to the work injury) as of (date): ____/____/____
(*If selected, skip to "Plans" section below)*

☐ Worker **may perform modified duty**, if available, from (date):
_____/_____/_____ to* _____/_____/_____ (*estimated date)
☐ If released to modified duty, may work more than normal schedule

☐ Worker **may work limited hours**: _____ hours/day from (date):
_____/_____/_____ to* _____/_____/_____ (*estimated date)

☐ Worker **is working** modified duty or limited hours

☐ Worker **not released to any work** from (date): ____/____/____ **to*** __/____/____
(*estimated date)

☐ **Poor prognosis for return to work** at the job of injury at any date

Required: Measurable Objective Finding(s)
(e.g., positive x-ray, swelling, muscle atrophy, decreased range of motion)

Required: Estimate what the worker can do at work and at home unless released to JOI

How long do the worker's current capacities apply (estimate)?
☐ **1-10 days** ☐ **11-20 days** ☐ **21-30 days** ☐ **30+ days** ☐ **permanent**
Capacities apply all day, every day of the week, at home as well as at work.

Worker can: (Related to work injury) A blank space = Not restricted	**Never**	**Seldom** 1-10% 0-1 hour	**Occasional** 11-33% 1-3 hours	**Frequent** 34-66% 3-6 hours	**Constant** 67-100% (Not restricted)
Sit					
Stand / Walk					
Perform work from ladder					
Climb ladder					
Climb stairs					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach **L**eft, **R**ight, **B**oth **L**eft, **R**ight, **B**oth					
Work above shoulders **L, R, B**					
Keyboard **L, R, B**					
Wrist (flexion/extension) **L, R, B**					
Grasp (forceful) **L, R, B** **L, R, B**					
Fine manipulation **L, R, B**					
Operate foot controls **L, R, B**					
Vibratory tasks; high impact **L, R, B**					
Vibratory tasks; low impact **L, R, B**					

Lifting / Pushing	**Never**	**Seldom**	**Occas.**	**Frequent**	**Constant**
Example	*50 lbs*	*20 lbs*	*10 lbs*	*0 lbs*	*0 lbs*
Lift **L, R, B**	____ lbs	____ lbs	____ lbs	____ lbs	____ lbs
Carry **L, R, B**	____ lbs	____ lbs	____ lbs	____ lbs	____ lbs
Push / Pull **L, R, B**	____ lbs	____ lbs	____ lbs	____ lbs	____ lbs

Other Restrictions / Instructions:

Employer Notified of Capacities? ☐Yes ☐No
Modified duty available? ☐Yes ☐No
Date of contact: _____/_____/_____
Name of contact: _____
Notes:

Note to Claim Manager:

☐ May need assistance returning to work
New diagnosis:_____
Opioids prescribed for: ☐ Acute pain or ☐ Chronic pain

Required: Plans

Worker progress: ☐ As expected / better than expected
☐ Slower than expected (*address in chart notes*)

Current rehab: ☐ PT ☐ OT ☐ Home exercise
☐ Other (e.g., Activity Coaching) _____

Surgery: ☐ Not Indicated ☐Possible
☐ Planned Date: ____/____/____
☐ Completed Date: ____/____/____

☐ Next scheduled visit in: ___days ___weeks or Date: ___/___/___
☐ Treatment concluded, Max. Medical Improvement (MMI)
Any permanent partial impairment? ☐Yes ☐No ☐Possibly
If you are qualified, please rate impairment for your patient
☐ Will rate ☐ Will refer ☐ Request IME
☐ Care transferred to: _____
☐ Consultation needed with: _____
☐ Study pending: _____

Req: Sign

☐ Copy of APF given to worker ☐ Discussed three key messages on back of form with patient

Signature: _____ _____/_____/_____ ( ) _____-_____
☐ Doctor ☐ ARNP ☐ PA-C Date Phone

Discuss your patient's role in their recovery
Research has shown that returning to activity (including lighter work) speeds recovery and reduces the risk of becoming disabled from most work-injuries. In addition to providing good clinical care, it is important to set expectations for a good recovery and assure patients understand the importance of doing their part. Take just a couple minutes during an initial office visit to explain the following (check each one as you complete it):

Key Messages

1. **"You must help in your own recovery…"**
   - Only you can ensure your own successful recovery.
   - It's your job (and my expectation) that you follow activity recommendations (both at home and at work).
2. **"Activity helps recovery…"**
   - Bodies heal best with activity that you can safely do, and need to do, to recover.
   - Incrementally increase the activity you do a little bit, each day.
   - Some discomfort is normal when returning to activities after an injury. This is not harmful, and is different from pain that indicates a setback.
3. **"Early and safe return to work makes sense…"**
   - Return to work is one of the goals of treatment.
   - The longer you are off work, the harder it is to get back to your original job and wages.
   - Even a short time off work takes money out of your pocket because time loss payments do not pay your full wage.

To be paid for this form, providers must:

1. Submit this form:
   - With reports of accident when there are work related physical restrictions, or
   - When documenting a change in your patient's medical status or capacities.
2. Complete all relevant sections of the form.
3. Send chart notes and reports as required.

Important notes

- A provider may submit up to 6 APFs per worker within the first 60 days of the initial visit date and then up to 4 times per 60 days thereafter.
- Use this form to communicate expectations of the patient to be physically active during recovery, work status, activity restrictions, and treatment plans.
- This form will also certify time-loss compensation, if appropriate.
- Occupational and physical therapists, office staff, and others will not be paid for working on this form.

To learn how to complete this form, go to www.Lni.wa.gov/ActivityRX.

About impairment ratings

We encourage you, the qualified attending health-care provider, to rate your patient's permanent impairment. If this claim is ready to close, please examine the worker and send a rating report.

Qualified attending health-care providers include doctors currently licensed in medicine and surgery (including osteopathic and podiatric) or dentistry, and chiropractors who are department-approved examiners.

Thank you for treating this injured worker.

Intensive rehabilitation planning ("rehab plan")

Quality indicators:

The quality indicators for the rehab plan may be met if at least 85% of randomly selected APFs accurately communicate the following:

- The worker's status, and
- Measureable objective findings, and
- Worker's limitations/restrictions, and
- The surgeon's plans going forward including:
  - "Worker progress" and "Current rehab" sections, and/or
  - Surgery scheduled or authorization requested, and/or
  - Next scheduled visit, and/or
  - Treatment concluded, care transferred, and/or
  - Study pending

Method of selection

During a review period L&I randomly selects a percentage of APFs submitted by the surgeon. The number of APFs reviewed depends on the number submitted:

- 10 APFs or fewer submitted = 100% review, *or*
- 11 or more APFs submitted = (10 APFs + 5% of remainder) ^{x} 100% true random sample.

  Example: We use the formula "**10 + ((N-10) ^{x} 0.05)**" to determine how many APFs to randomly review.

  The surgeon submits 82 APFs:

  - 10 + ((82-10) ^{x} 0.05) = 13.6 APFs, *then*
  - Round to 14, *then*
  - From the original full list of 82 APFs, randomly select 14 and review them
- L&I rounds all findings to the nearest whole percent.

Some tips to help meet the rehab plan incentive pay threshold

- Have a designated staff member double-check that the "required" sections are complete before submitting the APF to L&I, and
- Fill out the form completely (see "APF completeness guidelines"), and
- Do not bill for the APF under a provider ID other than the rendering provider on that date of service.
  - If it was billed under the surgeon's ID when they were not the rendering it will be scored against them. Payments for incorrectly billed APFs AND any incentive fees may be recouped. Consistently billing incorrectly may lead to an audit.

Why is rehabilitation a quality indicator?

A successful outcome for an injured worker involves more than pathophysiology. Returning to work is part of achieving maximal physical recovery. Prolonged disability impacts your patient's career, their economic well-being, and their life.

Overemphasis on a perceived short-term benefit (like staying off work a few extra weeks) may have unintended, long term consequences and delay needed intervention, promote deconditioning, and increase the risk of the worker's original job being lost. Be sure your patient focuses on what they can do and strives to increase it a little each day.

Minimal dispense as written (DAW) prescriptions

Expectation for the DAW indicator

Surgeons are expected to **prescribe preferred drugs** or allow appropriate substitution within the therapeutic interchange program (TIP).

Incentive pay threshold

A surgeon meets the incentive pay threshold if no more than 10% of the prescriptions written for PDL drug classes in the TIP are for non-preferred drugs (in other words, **< or = 10% DAW**).

Why is the DAW indicator part of the project?

Endorsing the WA state preferred drug list (PDL) ***reduces authorization requirements*** *for prescribing providers (in other words, it reduces your administrative burden).*

In addition, minimizing DAW prescriptions enhances the use of ***cost-effective drugs*** *within specific drug classes (TIP).*

Method of measurement

L&I analyzes **all prescriptions subject to TIP written** during the report period using our administrative **billing data**. The unit of measure is the prescription; so if a single patient picks up a prescription multiple times, in our tally we include each time the prescription is picked up.

In the event that a surgeon's initial results show >10% DAW prescriptions, our pharmacy experts at L&I review the claim files of patients that picked up DAW drugs and identifies cases where it is clear that the DAW prescription was medically appropriate. We adjust results to reflect the pharmacist's analysis.

L&I rounds all findings to the nearest whole percent.

What are some tips to help me meet the DAW incentive pay threshold?

- Allow substitution, whenever medically appropriate, *and*
- For long-acting opiates, write for preferred drugs (such as methadone, morphine sulfate ER/SA), *and*
- Write dispense as written (DAW) only when necessary for TIP drug classes, *and*
- If you prescribe DAW for a specific worker, document the reason in the worker's claim file by including it in the office notes. That way, if L&I requests data to support your decision to prescribe DAW (if our analysis shows you've prescribed >10% DAW), you will be able to show that the case is medically necessary and it won't count against your threshold measurement.

More information about the PDL, TIP, and other prescription management topics is available in Chapter 6.

Chapter 2, Part B
Quality indicators for additional incentive pay

- Timely access to service (first visit),
- Timely surgery,
- Occupational health continuing education.

Timely access to service (first visit)

> ***Why is the timely access indicator part of the project?***
>
> *Reducing delays in access to care can:*
> - ***Enhance recovery,*** *and*
> - ***Enhance return to work,*** *and*
> - ***Minimize or prevent disability****.*

Expectation for the timely access indicator

The target is for the initial office visit to occur within **seven business days of referral**. The clock starts on the day the surgeon agrees to see the injured worker (you've already gone through any screening processes).

Note: Acceptable reasons for non-timely visits are**:**

- The worker reschedules a timely appointment; or
- The worker no-shows for the timely appointment; or
- The worker refuses an offered timely appointment.

It is critical to provide documentation of these cases in the report you submit to L&I (see more information below).

Incentive pay threshold

Participating surgeons meet this quality indicator if **70%** or more of the first office visits occur within seven business days of referral.

Method of measurement

L&I doesn't have the administrative data needed to measure this indicator. Therefore, project participants must **securely send the injured workers' initial appointment** data to us.

The requested data includes:

- Claimant name, and
- Claim number, and
- Date of referral (the date you determine you will see the worker; post-screening), and
- Date initial office visit occurred, and
- Surgeon's name or PA or ARNP associated with them if they saw the injured worker
- Explanation for why appointment(s) were not with seven business days.

How to get the data to L&I:

Because the requested claimant information is confidential it must be submitted to L&I securely. To aid you in that we will:

- Send your team a request for the data via secure email along with an Excel template
- Reply to the secure email with the completed Excel spreadsheet

Note: You may use your existing software to generate the reports. However, it must contain the minimum content and be accessible so that we may extract it for analysis purposes. L&I will round all findings to the nearest whole percent.

What are some tips to help me meet the timely access incentive pay threshold?

- Offer initial appointments within 7 business days of referral, and
- Track the appointment dates offered and note when worker declines or reschedules an appointment that has been offered in 7 business days, and
- Send the required data to L&I's project team using the secure email, and
- Assign a person in your clinic to oversee the process of gathering and submitting these data to L&I.

What will L&I count that as an excusable reason for scheduling a patient after 7 business days?

While everything will be considered; we will not excuse scheduling delays that result from the surgeon being away from the office or overbooked.

Of course, that doesn't mean that we forbid project surgeons from going on vacation. In fact, we encourage you to take your well-earned time away from work! Vacations and conferences are a few of the reasons the threshold for this indicator isn't set closer to 100%.

So what's the best practice if you're going to be out of the office for an extended period? Offer the patient an appointment within 7 business days with another physician or your PA.

Timely surgery

Expectation for the timely surgery indicator

A surgery that requires utilization review (UR) will be performed within 3 weeks (21 calendar days) of the claim managers' authorization.

Incentive pay threshold

At least **80%** of UR level surgeries are performed within 3 weeks of the claim managers' authorization.

Method of measurement

Our project team uses the **billing data** to consider all injured workers that have had a UR level surgery during the report period.

The 21 day clock begins on the date that the claim manager notifies the clinic that the surgery has been authorized (which comes after the Qualis authorization).

What are some tips to help me meet the timely surgery incentive pay threshold?

- Offer an appointment for surgery within 21-days of CM authorization, and
- Track the appointment dates offered and note when worker declines or reschedules and
- Track excusable delays and report the cause of delay to L&I. Excusable delays include:
    - The worker declines date offered, *or*
    - It is medically necessary to delay surgery
    - Please contact project staff if you have questions justifiable reasons for delay.
- Assign a person in your clinic who can gather and submit data to L&I when needed, and
- For those surgeries that were scheduled beyond the 21-day window, send your explanations to L&I's project team using the secure email

Why are you only measuring UR surgeries when I do so much more?

Unfortunately, the only way to measure all of your surgeries is to place the administrative burden on your staff. To prevent that, we've elected to restrict this quality indicator to the data we have available.

How can I help ensure excusable delays aren't counted against me?

This is a method used by one participating clinic that has proven to be very effective.

- Keep your own records showing:
    - When a surgery is authorized by the CM, and
    - Causes for delay if/when it is not possible to perform a surgery within 21-days
- Submit this data to L&I along with your First Visit data so that our project team has your explanations on-hand for the non-timely surgeries

More often than not, this is all that is needed as the few explanations provided are sufficient to elevate a surgeons' performance above the 80% threshold. If not:

- Have designated staff on hand to evaluate the authenticity of L&I's listing for non-timely surgeries and explain their findings to the project team.
    - This must be done within 60 days from the date that the report was sent out

Why is the timely surgery indicator part of the project?

Reducing delays in access to care can:

- Enhance recovery, and
- Enhance return to work, and
- Minimize or prevent disability.

More information about surgical utilization review (UR) topics is available in Chapter 7.

Occupational health continuing education

Expectation for the continuing education indicator

Participate in training or coursework related to occupational health best practices. You can meet requirements by participating in any of the following 6 options:

1. 1.5-hour **project orientation training** (one time only).

   Note: To schedule a training at your clinic, contact L&I's project team at 360-902-6060 or SQCProgram@Lni.wa.gov.

2. L&I or Centers of Occupational Health and Education (**COHE**)-**sponsored course**.
3. **Training or coursework** (as an attendee or as a trainer) on occupational health topics, including but not limited to:
   - Disability prevention,
   - Assessment tools for occupational health (for example, pain diagrams, depression inventories, estimating physical capacities),
   - Return to work planning,
   - Job modification,
   - Chronic pain management.
4. Any of these **L&I trainings** available through L&I publications (one time only per program):
   - L&I Opioid Prescribing Guideline for Injured Workers
     - L&I has adopted guidelines which include prior authorization requirements for the payment of opioids.
   - **Attending Doctor's Early Return to Work Desk Reference** (F200-002-000):
     - Find resources to get patients quickly back to work. Returning to normal activities quickly, including work, critical for a patient's recovery and economic well-being.
   - **Medical Examiner's Handbook** (F252-001-000):
     - Information on rating exams.
5. Any **CME credits** that you earn as part of your normal professional development as long as the subject matter is related to occupational health issues.
6. Providing specific help to L&I in further developing and refining this project.

Why is the continuing education indicator part of the project?

Enables physicians to ***understand and recognize the specific medical and management needs associated with treating workers' compensation injuries****.*

This knowledge can enhance recovery and reduce long-term disability.

Incentive pay threshold

To satisfy the incentive pay threshold, the **surgeon has 2 years to complete 6 hours** of continuing education related to occupational health best practices (see menu of options, above).

Note: We believe that the 1.5-hour project orientation training is so important to your success in this project that we count it as 3 hours – yes, that's **double credit**!

Method of measurement

For the project orientation training, L&I's project team maintains records of attendance.

For all other options, project surgeons must communicate participation to L&I's project team. These other options include:

- L&I CME publications (attached self-assessments must be submitted to L&I's Office of the Medical Director), *or*
- L&I-sponsored courses (L&I's project team will verify your participation), *or*
- Other occupational health training (as an attendee or as a trainer).

For these last 2 options (previous 2 bullet points), you must sign and submit a "Continuing Education – Provider Verification Form" (see sample on the next page) and include a:

  - Copy of attendance certificate (with number of hours attended), *and*
  - Description of course objectives and agenda.

What are some tips to help me meet the continuing education incentive pay threshold?

- Keep track of your **deadline** for satisfying this requirement. You can find it as the final "Recommendation" on your most recent tier reassignment report (see sample report in the next chapter).
- Be aware of option 5 (listed on the previous page) and take advantage of it!
- For courses L&I doesn't sponsor or for courses you teach, submit a "**Continuing Education – Provider Verification Form**" (see sample form on next page; contact L&I's project team if you need a copy of the form).
- If you send a completed **CME self-study handbook** to L&I through the post office:
  - **Photo-copy** the booklet for your records in case it fails to reach L&I (unfortunately, this has happened), *and*
  - Ensure that the booklet is **postmarked before your deadline** for satisfying this requirement.
- If you have any questions about this indicator, especially about what activities satisfy requirements, **contact L&I's project team** at SQCProgram@Lni.wa.gov or (360) 902-6060.

See a sample "Continuing Education – Provider Verification Form" on the following page.

Continuing Education: Provider Verification Form

Surgeons choosing to attend occupational health continuing education presented by a group external to L&I must submit this form to verify attendance.

Surgeon name: _____ L&I account number: _____

Attach the following supporting documentation:

- ❒ Certificate of attendance or verification you conducted training (include number of hours), *and*
- ❒ Course objectives and agenda.

I participated in the training described above. The training included topics in occupational health that will enhance my ability to provide services to workers' compensation patients.

_____ _____
Signature Date

Submit signed form and attachments to:

Ortho/Neuro Project Team
Department of Labor and Industries
PO Box 44322
Olympia, WA 98504-4322

Fax: (360) 902-4249
Email: SQCProgram@Lni.wa.gov

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Chapter 3
Tier reassignment annual reports

This chapter includes information on the tier reassignment reports L&I generates for project surgeons which include:

- What's in the report (**Surgeons' annual tier reassignment report**
- A **sample report**
- How to affirm or challenge the accuracy of your report (**Report review process**
- When the reports are produced and sent out (**Reporting schedule**).

Note: For project surgeons that have agreed to be assessed as a group, the reports have a different appearance than the sample provided in this manual (the group reports show how each surgeons' performance affects the overall group results).

Note: Knowing the content of this chapter is a key to succeeding in the project.

Surgeon's tier reassignment report

What's in the report?

To communicate a surgeons' performance on the quality indicators, and their resulting payment tier assignment, L&I emails your team's listed contact a person a report.

- Each report includes:
  - A cover letter from L&I's Medical Director,
  - A brief written summary of the surgeons'/group's performance on the quality indicators,
  - The surgeon's/group's resulting payment tier assignment,
  - A table showing surgeon's/group's performance on each indicator. The table includes a side-by-side comparison with the composite performances of your provider group or clinic (if applicable) and of all surgeons in the project,
  - Recommendations for achieving or maintaining Tier 3 in the future.

See the next page for a sample individual project surgeon's cover letter and report.

Note: Arbitrary data and a make-believe surgeon / clinic appear in the sample report.

STATE OF WASHINGTON

DEPARTMENT OF LABOR AND INDUSTRIES

Tumwater Building, PO Box 44322 • Olympia, Washington 98504-4322

May 25, 2017

Dear Dr. Yoda,

Congratulations! You qualified for **Tier 2 incentive pay** in the Orthopedic & Neurological Surgeon Quality Project by meeting the three required quality indicator thresholds, plus at least one additional quality indicator threshold.

Effective April 1, 2017 your payment for the Quality Indicator Incentive Payment (code 1071M) is **$82.52.**

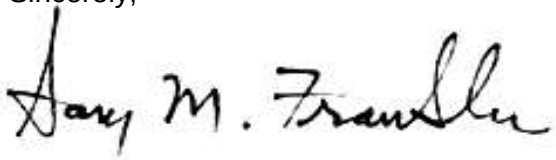
Your individual summary report is attached, which includes recommendations on how to increase your incentive pay in the future. As part of our quality improvement effort, we welcome your questions and input regarding the expectations and thresholds for each indicator.

Reminder: Results for some quality indicators are based on your billing data. This includes the "Activity Prescription Form (APF)" and the "Timely surgery" indicators. If you haven't yet billed for an APF or a surgery for dates of service through December 31, 2016, your data on these indicators won't reflect all activity.

Please direct requests for review, additional information, or assistance with understanding the threshold for each indicator to the project team at SQCProgram@Lni.wa.gov or 360-902-6060.

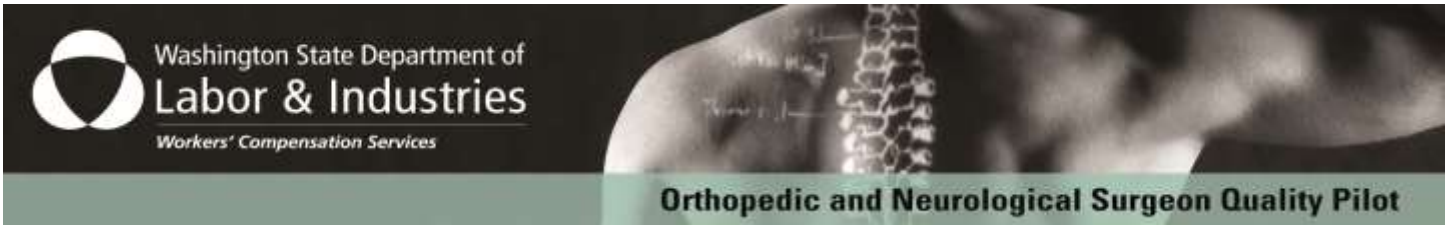
We look forward to your continued participation in this project program.

Sincerely,



Gary Franklin, MD, MPH
L&I Medical Director

Enc: Provider report for period ending December 31, 2016



Annual Incentive Pay Tier Reassignment Report: Smeagol Yoda, DO
Report Period: July 1, 2016 through December 31, 2016
# of unique injured worker claims treated: 47

Overview: In the period from July 1, 2016 through December 31, 2016, Dr. Yoda met enough of the quality indicator thresholds to earn **Tier 2 incentive pay** from July 1, 2016 through at least December 31, 2016. **Congratulations!** Recommendations for earning Tier 3 incentive pay in the future are listed below.

			Data summary for report period			
	Quality indicator	**Expectation & threshold for incentive-pay**	**All project surgeons**	**Group: Treat You I Will, My Precious, Orthopaedics**	**Smeagol Yoda, DO**	**Dr. Yoda meets threshold?**
Required for incentive pay	Activity Prescription Form (APF)	For at least **85%** of the injured worker claims you treat, complete an APF at initial office visit *and* at post-surgical office visit	95%	99%	**100%**	**Yes**
	Intensive rehabilitation planning	On at least **85%** of the APFs you fill out, indicate both "Worker progress" *and* "Current rehab"	90%	100%	**100%**	**Yes**
	Minimal dispense as written (DAW) prescriptions	Prescribe preferred drugs or allow appropriate substitution, with no more than **10%** DAW (non-preferred drug) prescriptions filled by injured workers	3%	0%	**0%**	**Yes**
	Timely access to service	See at least **70%** of injured workers within 7 business days (9 calendar days) of referral, and report data to L&I's project team	77%	91%	**71%**	**Yes**
	Timely surgery	Perform at least **80%** of non-emergency surgeries within 3 weeks (21 calendar days) of claim manager authorization	81%	81%	**57%**	**No**
	Occupational health continuing education	Each year, complete **100%** of 3 hours (or equivalent) of training related to occupational health best practices	85%	100%	**100%**	**Yes**

Recommendations:

To qualify for **Tier 3 incentive pay**, meet **all** of the following criteria:

- Increase by **23**% the number of non-emergency surgeries performed within 3 weeks of claim manager authorization; *and*
- Maintain Occupational Health Continuing Education requirements by completing education hours and/or special topic content specified in project policies no later than **December 31, 2018**.

Your resulting incentive-pay *(billable with each APF)***:**

~~No incentive pay~~

~~Tier 1 = $52.52~~

✓ **Tier 2 = $78.77**

~~Tier 3 = $105.03~~

Individual provider report schedule

When are the reports scheduled to be generated?

Individual tier reassignment reports have the following calendar:

Time period reviewed each year	Analysis occurs	Tier reassignment effective date	Report emailed to you
January 1 – June 30	July - September	October 1	September
July 1 – December 31 and there after	January - March	April 1	March

Project surgeons that have agreed to be assessed as a group will be on a different schedule.

If you miss the threshold for any of the quality indicators, you have **60 days** from the date we email the report to you to provide L&I's project team with additional data for review (see more details under "Report review process" on the next page).

What happens to payments after reports are sent out?

- If your payment tier is reassigned (up or down), payments at your new level are effective as shown in the table above,
- You will be paid for the incentive payments at your currently assigned tier until re-assigned in a subsequent measurement cycle,
- It is possible to move up in tier assignment based on meeting the requirements for that tier as early as the next cycle,
    1. **Even if you have lost incentive pay you can achieve Tier 3 in the next measurement cycle** so long as you meet all 6 quality indicator thresholds,
- Your tier will only move down after failing to meet the requirements for your current tier assignment for 2 consecutive measurement cycles.

Report review process

What if I disagree with the accuracy of my report?

You may request that L&I's project team review additional data that may change your results. In your written request for review, include:

- Project surgeon's name,
- L&I provider ID#,
- The quality indicator result that is in question,
- Explanation of why the reported result may be inaccurate,
- Data to support your position if available.

The project team may request more information from you as needed.

Submit your written request to L&I's project team at:

- SQCProgram@Lni.wa.gov, *or*
- Ortho Neuro Project Team
  Department of Labor and Industries
  PO Box 44322
  Olympia, WA 98504-4322
  Fax: 360-902-4249

What can be reviewed?

- Data that could affect the results of the most recent report, *and*
- Your resulting current tier assignment.

How long do I have to submit a written request for review?

Submit your written request **within 60 days of the date the report was emailed to you**. Keep in mind that the sooner you send the request, the sooner L&I's project team will be able to review your data.

What can I expect following the review?

L&I's project team will notify you of the results on completion of the review. If we request additional information, you will have 30 days to submit it. Our goal is to complete the review within 60 days of the date we receive your data.

If the review results in a change to your tier assignment, the re-assignment will be retroactive to the most recent tier reassignment date.

Part 2:
Additional information and resources

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Chapter 4
Project fee schedule and billing for other codes

This chapter includes the information about 3 types of service procedure codes:

1. The **project fee schedule** (local codes specific to this project: 1073M and 1071M),
2. **Case management services** (telephone and case conference services),
3. **Codes for reviewing job analyses and job descriptions.**

Project fee schedule (effective since July 1, 2016)

	Service	Local code	Description	Maximum fee	Comments
Ortho-Neuro Project Surgeon Services	Quality Indicator Incentive Pay in conjunction with Activity Prescription Form (APF) *(For project surgeons only.)*	**1071M**	Quality Indicator Incentive Payment Billed and payable when an APF is also paid for the same date of service.	Payment level based on tier for each surgeon: Fees effective since July 1, 2016: Tier 3 = $110.05 Tier 2 = $82.52 Tier 1 = $55.02	Ortho-Neuro Project Surgeons are: MD/DO surgeons with orthopedic, neurosurgical, hand, or other related specialty. Pay to Ortho-Neuro Project Surgeon when the APF is also paid to the same provider for the same date of service. Payable during global surgery period Isn't payable to PAs or ARNPs enrolled in project.

	Service	Local code	Description	Maximum fee	Comments
	Activity Prescription Form (APF) completion.	**1073M**	Completion of the APF. Billed and payable when an APF is completed during an office visit and signed by the worker and the provider. **New billing limits.** The limits per provider per worker will be: 1. 6 APFs within the first 60 calendar days of the initial visit date, and 2. 4 APFs within each 60 calendar days thereafter	Fee effective since July 1, 2016: $52.36 *Note: PAs will be paid at 90% of the rate.*	Provider generated Payable to Ortho-Neuro Project Surgeons, PAs, and ARNPs. Payment for this form may be tied to completeness. Also covered for Center of Occupational Health and Education (COHE) providers. If a surgeon co-signs an APF it still needs to be billed under the rendering provider's number assigned by the department. Example: If a surgeon co-signs an APF that was completed by a PA, that APF must be billed under the provider number assigned to the PA.

Case management services

Codes and billing instructions for case management services telephone calls, team conferences, and secure email can be found in the Medical Aid Rules and Fee Schedules (MARFS) Payment Policies section of the Evaluation and Management chapter.

These codes may be paid in addition to other services performed on the same day. For more information, please visit the fee schedule and payment policies website at: www.Lni.wa.gov/apps/FeeSchedules/

L&I made a business decision to deviate from the American Medical Association's description of when codes for telephone calls and for team conferences are appropriate:

- Telephone calls are payable to the attending provider, consultant, psychologist, or other provider only when they personally participate in the call.
- Team conference codes may be billed in multiple units if the conference is longer than 30 minutes.

Documentation that supports billing for telephone and case management services (CPT® codes 99366, 99441–99443, 98966–98968) 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 (Return to Work) 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 functions that allow a determination as to whether a previously created plan is effective in returning the injured worker to an appropriate level of function.

See more information on case management services on the following pages.

	Service	Code	Description	Maximum fee (non-facility setting)	Comments
Case Management Services (not limited to project surgeons)	Telephone calls regarding care of injured workers. Includes telephone calls to employer about return to work.	Physicians: 99441 99442 99443 Non-physicians: 98966 98967 98968	Telephone calls are payable only when the attending provider, consultant or psychologist personally participates in the call. These services are payable when discussing or coordinating care or treatment with: • The injured worker, • Department staff, • Vocational rehabilitation counselors, • Nurse case managers, • Department medical consultants, • Self-insurer representatives or employers. • Other providers Telephone calls for authorization, resolution of billing issues or ordering prescriptions aren't payable.	See current fee schedule at www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/default.asp *Note: PAs will be paid at 90% of the rate.*	Payable to attending provider, consultant or psychologist. Currently paid to any attending provider but appropriate use for return to work facilitation isn't widespread L&I has made a business decision to deviate from the American Medical Association's description of when the codes for telephone calls and for team conferences are appropriate. • Telephone calls are payable to the attending provider, consultant, psychologist, or other provider only when they personally participate in the call. • Team conferences codes may be billed in multiple units if the conference is longer than 30 minutes.

	Service	Code	Description	Maximum fee (non-facility setting)	Comments
(continued) **Case Management Services** (not limited to project surgeons)	Medical conference to coordinate care.	**Physician:** Appropriate level E&M or 99367 **Non Physician:** 99366 or 99368	 When the patient is present. When the patient is not present. When patient is present When the patient is not present.	See current fee schedule at www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/default.asp *Note: PAs will be paid at 90% of the rate.*	Payable to attending provider, consultant or psychologist. Currently covered, but isn't routinely used. For conferences **exceeding 30 minutes**, multiple units of **99366**, **99367**, and **99368** may be billed. If the duration of the conference is: • 1-30 minutes, then bill 1 unit, *or* • 31-60 minutes, then bill 2 units

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Job analysis and job description services

Attending providers may bill and be paid for the review of job analyses and job descriptions at the request of the employer, the insurer, vocational rehabilitation counselor (VRC), or TPA. This service is payable, in addition to other services performed on the same day, when requested by the insurer, employer, or vocational counselor. A complete APF enables employers to identify potentially appropriate light duty jobs for the worker.

The attending provider's signature is needed on a job analysis or job description in order to release the injured worker to a job other than the job of injury. Attending providers are asked to sign job analyses and job descriptions when requested by the insurer, State Fund employer, or vocational counselor.

	Service	Code	Description	Maximum fee (non-facility setting)	Comments
Review of job analyses and job descriptions (not limited to project surgeons)	Review of Job Description or Job Analysis	1038M	Review of the first job description or job analysis for the date of service.	See current fee schedule at www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/default.asp	A job description/JA review may be performed at the request of the employer, the insurer, vocational rehabilitation counselor (VRC), or TPA. This service is payable in addition to other services performed on the same day. Reviews requested by other persons (for example, attorneys or workers) won't be paid.
	Review of Job Description or Job Analysis, each additional review	1028M	Review of each additional job description or job analysis for the same date of service.	See current fee schedule at www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/default.asp	A job description/JA review may be performed at the request of the employer, the insurer, vocational rehabilitation counselor (VRC), or TPA. This service is payable in addition to other services performed on the same day. Reviews requested by other persons (for example, attorneys or workers) won't be paid.

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Chapter 5
Tips on billing and payment

This chapter contains **tips on billing and payment** to help you and/or your billing staff ensure that you are:

- **Billing accurately** for the services provided,
- **Getting paid** by L&I in a timely manner.

Billing accurately

How do I bill for incentive pay?

Bill for incentive pay (1071M) at the same time you bill for the APF (1073M) for the surgeon (both codes must be for the same date of service).

Remember: the APF is **billable during the global surgery period**.

1071M pays the lesser of your tier assignment or the amount billed. As of July 1, 2016 the maximum payment rates are as follows. These rates are subject to change each year.

- **Tier 3**: $52.36 (1073M) + $110.05 (1071M) = **$162.41**
- **Tier 2**: $52.36 (1073M) + $ 82.52 (1071M) = **$134.88**
- **Tier 1**: $52.36 (1073M) + $ 55.02 (1071M) = **$107.38**

Missing any of the Tier 1 thresholds for 2 consecutive measurement cycles means:

- **No incentive pay**: $52.36 (1073M) + $0 (1071M) = **$52.36**

How do I bill?

You must bill for services under the provider number associated with the provider who renders the service. Example: If a surgeon fills out the APF that surgeon should bill for the APF. If a PA or ARNP fills out the APF, then the APF should be billed under the PA's or ARNP's provider account number. If a surgeon co-signs an APF, it still needs to be billed under the rendering provider's number assigned by the department. For more information on billing procedures please see WAC 296-20-125.

Whom should I bill?

- For **State Fund** claims, **bill L&I**.
- For **self-insured** employer claims, **bill the self-insurer**.

Note: Self-insured employers aren't required to participate in the project.
See Chapter 8 for more details.

How do I submit and bill for special reports (CPT® code 99080)?

- Send a copy of the report to L&I.
- L&I bill payer must verify report is received in order to pay for this code.

How do I tell if a claim is State Fund versus self-insured?

You can tell whether a claim is State Fund or self-insured by the formatting of the claim number (self-insured claims begin with **S**, **T**, or **W**):

Claim type:	Claim # format	Example	Includes any worker in the state of Washington…
State Fund	Either: • 1 letter – either **B**, **C**, **F**, **G**, **H**, **J**, **L**, **M**, **N**, **P**, **X**, **Y, or Z** – followed by 6 numbers, *or* • 2 letters followed by 5 numbers	P123456 AX12345	…that isn't employed by a self-insured employer.
Self-insured employer	Either: • **S**, **T**, or **W** followed by 6 numbers, *or* • 2 letters starting with **S**, **T**, or **W** followed by 5 numbers	T123456 SA12345	…employed by a company that pays medical and time loss benefits out of their own checkbook. Self-insured employers don't pay premiums to L&I in order for L&I to cover their injured worker costs.

Workers' compensation carrier information for self-insured employers can be found at https://www.lni.wa.gov/insurance/self-insurance/look-up-self-insured-employers-tpas/find-a-self-insured-employer.

Getting paid in a timely manner

How can I speed up payment?

We recommend 3 things to help speed up payment:

1. **Use electronic billing**
    - Increases bill processing efficiency (paper bills take 3-4 weeks longer to be processed),
    - Allows L&I to pay you faster: electronic remittance of payment upon request,
    - Reporting requirements for services billed electronically are the same as requirements for services billed on paper,
    - For information about electronic billing options available, please write or call L&I at:

      Electronic Billing Unit
      Department of Labor and Industries
      PO Box 44263
      Olympia WA 98504-4263
      (360) 902-6511

2. **Know the bill payment cutoff dates**
    - Bills are processed every other Friday in the Medical Information Payment System (MIPS),
    - Bill cutoff and payment dates are available on the web at www.Lni.wa.gov/ClaimsIns/Providers/Billing/PayStatus/default.asp,
    - Payments are mailed during the week of the payment date (beginning on Tuesday).

3. **Bill promptly for project services**
    - The APF can be billed during the global surgery period,
    - Measurement for tier reporting is related to billing activity,
    - Please **bill as soon as possible** to ensure that the necessary data is available for review.

How do I ensure that I get paid for project procedures (1071M)?

Make sure all of the following are true:

- The participating surgeons' provider account number(s) associated to the billing(s) are actively enrolled in the project, *and*
- Be sure to bill using the provider account number(s) associated to the location(s) where the participating surgeon(s) rendered the service(s).
- Quality Indicator Incentive Pay (1071M):
    - This is paid only in conjunction with an Activity Prescription Form (APF – 1073M) that is billed
        - From the same project surgeon,
        - On the same claimant,
        - For the same date of service.

Reminder: Services must be billed under the provider who rendered the service. Example: If a PA or ARNP sees the patient and fills out the APF, the APF should be billed under the PA's or ARNP's provider account number even if co-signed by the supervising physician. In addition, **1071M isn't payable to PAs or ARNPs**.

What other resources are available to assist with billing questions?

- Call the **Provider Hotline**: **(800) 848-0811**
    - For all billing questions,
    - To authorize some procedures,
    - To request L&I published forms and manuals.
- Get claim or bill status information through an automated telephone line at (800) 831-5227.
- Contact L&I regarding **Self Insured claims** at:

  Self-insured section telephone numbers:

  (360) 902-6858 for odd numbered claims,

  (360) 902-6889 for even numbered claims.
- Call the **Electronic Billing Unit** for State Fund claims: (360) 902-6511.

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Chapter 6
Prescription management

This chapter contains information on **prescription management**, including:

- Information about the **Washington State Preferred Drug List (PDL)**,
- Instructions on **how to endorse the PDL**,
- How the **Therapeutic Interchange Program** and the **Wrap-Around Formulary** work.

Washington State Preferred Drug List (PDL)

Why endorse the PDL?

- It's required to participate in the project,
- It reduces your administrative burden,
- Authorization isn't required to prescribe a non-preferred drug on the Therapeutic Interchange Program (TIP),
- Your patients get their prescriptions faster.

What PDL drug classes are included in the Dispense as Written (DAW) quality indicator?

All PDL drug classes that pertain to workers' compensation are included in the DAW indicator:

- PDL drug classes **subject to the Therapeutic Interchange Program** that pertain to workers' compensation are:

1. Proton pump inhibitors
2. Non-Barbiturate, Sedative-Hypnotics
3. Benzodiazepine Receptor Agonist
4. Serotonin specific reuptake inhibitors
5. Analgesics, narcotics
6. Long-acting opioids
7. Skeletal muscle relaxants
8. Alpha-2 receptor antagonists
9. Serotonin specific reuptake inhibitors
10. Serotonin-norepinephrine reuptake inhibitors
11. Alpha-2 receptor antagonists/serotonin-norepinephrine reuptake inhibitors
12. Norepinephrine and dopamine reuptake inhibitors
13. Antipsychotics, atypical, dopamine, and serotonin antipsychotics, atypical D2 partial agonist / 5HT mixed
14. Beta adrenergic agents
15. Short acting beta agonists
16. Long acting beta agonists
17. Beta-adrenergics & glucocorticoids combination
18. Nose preparations, anti-inflammatory steroids
19. Urinary tract antispasmodic agents
20. Urinary tract antispasmodic selective antagonist
21. NSAIDS's cyclooxygenase inhibitor type
22. Type/cyclooxygenase 2-selective inhibitor
23. Macrolides
24. Leukotriene modifiers / 5-lipoxygenase inhibitor
25. Antihistamine 2nd generation

- PDL drug classes pertaining to workers' compensation that **aren't subject to TIP** are:

1. Long-acting opioids,
2. Second generation antidepressants,
3. Atypical antipsychotics,
4. Macrolides.

Note: The wrap-around formulary isn't included in the DAW indicator.

How do I become an endorsing practitioner?

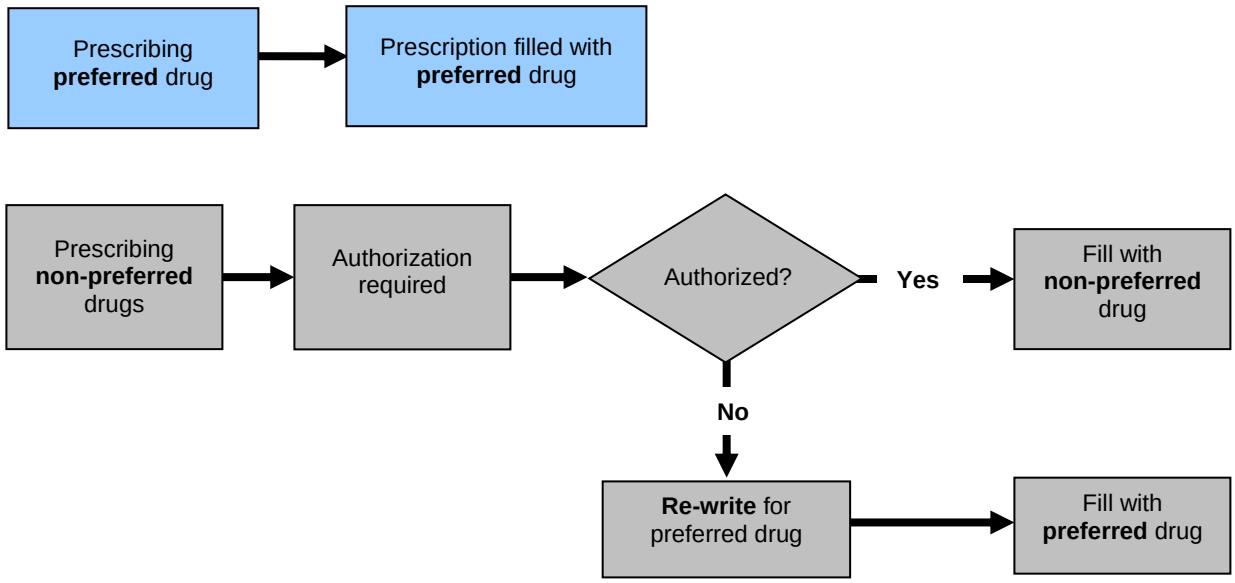
- Endorse at: https://www.hca.wa.gov/billers-providers-partners/program-information-providers/become-endorsing-practitioner
  - 💻 Get more information about the WA State Evidence-Based Prescription Drug Program
  - 💻 Look up an endorsing practitioner
  - ☎ Call Health Care Authority's customer support at 1-800-913-4146 with questions about the registration process.

How the wrap-around formulary works

The wrap-around formulary **isn't included in the DAW indicator**.

When prescribing drugs included in the wrap-around formulary, **prescribing from the PDL reduces your administrative burden** because doing so allows you to avoid the authorization process (see flowcharts below):

All prescribers (endorsing and non-endorsing):

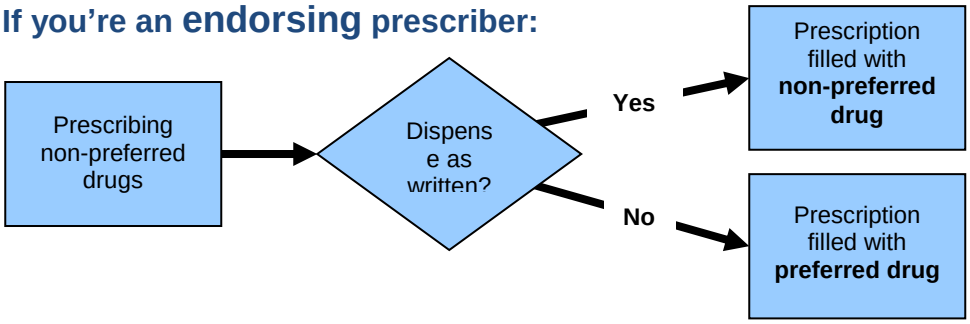


How the TIP works

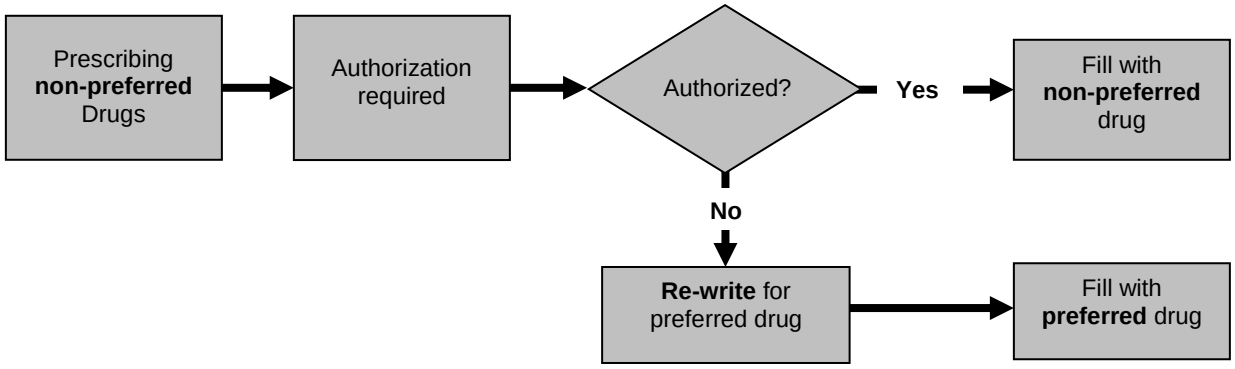
The TIP **is included in the DAW indicator**.

A key **benefit of endorsing the PDL** is that you can **avoid the authorization process** when you prescribe a non-preferred drug (see flowcharts below):

If you're an endorsing prescriber:



If you're a non-endorsing prescriber:



Here's a list of drug classes included in the DAW indicator that orthopedic and neurological surgeons commonly prescribe:

Description	**Therapeutic class code**
Proton pump inhibitor	D4K
Non-barbiturate, Sedative-hypnotics	H2E
Analgesics, narcotics (long-acting opioids)	H3A
Skeletal muscle relaxants	H6H
AIDS's cyclooxygenase inhibitor type	S2B
Antihistamine 2nd generation	Z2Q

Note: Outpatient drug formulary is available at www.Lni.wa.gov/ClaimsIns/Providers/Treatment/Presc/default.asp

For more information:

Approval for non-preferred drugs

☎ PDL Hotline at **(888) 443-6798**

Drug policy

https://www.lni.wa.gov/patient-care/treating-patients/drugs-and-prescriptions/drug-policies

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Chapter 7
Speeding up surgical utilization review (UR)

This chapter contains information on:

- How to **speed up the surgical UR process**,
- **Outpatient surgical procedures that require UR**,
- Statistics on **how long it takes to approve UR procedures**,
- **Qualis Health**, **peer-to-peer reviews**, and **Group "A" providers**.

How to speed up the surgical UR process

1. Check status of claim:
    - Has a decision been made on the allowance of the claim?
    - Is the claim open? Do you need to submit a reopening application?
2. Verify the condition being treated is accepted under the claim.
3. If a claim hasn't been submitted, complete the Report of Accident (ROA).

    Note: ROAs **only** can be faxed to (800) 941-2976. You can still request UR; however, the request can't be processed until the claim is initiated.

4. Follow the UR guidelines, which are available at: www.Lni.wa.gov/ClaimsIns/Providers/AuthRef/UtilReview/default.asp

5. Use a checklist, which is available at: www.qualishealth.org/healthcare-professionals/washington-labor-industries/provider-resources

6. Submit all the information Qualis needs:
    - Patient name,
    - L&I claim number,
    - Proposed or actual admission date,
    - ICD-10-CM admitting diagnosis (or diagnoses),
    - CPT® codes for planned procedure(s),
    - L&I provider number,
    - Relevant clinical information,
    - Convenient time for nurse or physician consultant to call physician back.

7. Refer to L&I's Medical Treatment Guidelines for information on what specific clinical information is required for selected procedures. The guidelines are available at: www.Lni.wa.gov/ClaimsIns/Providers/Treatment/TreatGuide/default.asp

8. Quickly return peer-to-peer calls from Qualis.

9. After surgery, if you need to add or change CPT® codes for outpatient surgeries, fax the operative report and coversheet with the codes that need to be added or replaced to "OMDUR" at (360) 902-6315.

Outpatient surgical procedures that require UR

		CPT ® codes (non-hospital providers)
Diagnostic arthroscopies	Shoulder	29805
	Elbow	29830
	Wrist	29840
	Knee	29870
	Unlisted procedure, arthroscopy	29999
Surgical arthroscopies	Shoulder	29805-29807, 29819-29828
	Elbow	24357, 24358, 24359
	Knee	29871, 29874-29877, 29879-29889, 27310, 27315, 27320, 27330-27335, 27340, 27345, 27347, 27350, 27355-27358, 27360, 27365, 27390-27397, 27400, 27403, 27405, 27407, 27409, 27416, 27418, 27420, 27422, 27424, 27425, 27427-27430, 27435, 27437, 27438, 27440-27443, 27445-27448, 27450, 27454, 27455, 27457, 27465, 27466, 27468, 27470, 27472, 27475, 27477, 27479, 27485-27488, 27495, 27580, 27590-27592, 27594, 27596, 27598, 27599, 0014T
	Arm	24000, 24006, 24100, 24101, 24130, 24301, 24305, 24310, 24315, 24320, 24330-24332, 24340, 24341, 24343, 24344, 24346, 24360-24363, 24365, 24366, 24800, 24802, 24900, 24920, 24925, 24930, 24931, 24935, 24940, 24999, 25000, 25001, 25020, 25023-25025, 25107, 25109, 25110, 64722, 64727
Shoulder surgeries	Arthrotomy	23100, 23101, 23105-23107
	Claviculectomy	23120, 23125 (partial/total)
	Acromioplasty	23130
	Ostectomy of the scapula	23190
	Rotator cuff repair	23410, 23412 (acute/chronic)
	Repair of shoulder	23420
	Coracoacromial ligament release	23415
	Biceps tendon repair	23430, 24342
	Biceps tendon resection	23440
	Repair shoulder capsule	23450, 23460, 23462, 23465, 23466
	Bankart shoulder repair	23455
	Open treatment dislocation	23550, 23552
	Rib resection for Thoracic Outlet Syndrome (TOS)	21600, 21615, 21616, 21645, 21700, 21705, 21899, 64713, 64708
	Unlisted procedure, shoulder	23929

(continued)		**CPT ® codes** (non-hospital providers)
Neuroplasties	Revise ulnar nerve at elbow	64718
	Revise ulnar nerve at wrist	64719
	Carpal tunnel surgery	64721
	Wrist endoscopy or surgery	29848
Spine surgeries	Laminectomy / Diskectomy	63001-63308, 63707, 63709, 64999
	Arthrodesis of spine, including exploration & instrumentation	22548-22899
	Osteotomy	22206-22208
	Facet Neurotomy	64622, 64623, 64626, 64627
Discography for chronic low back pain & lumbar degenerative disc disease	Injection lumbar	62290
	Injection cervical or thoracic	62291
	Discography, cervical or thoracic, radiological supervision & interpretation	72285
	Discography, lumbar, radiological supervision & interpretation	72295

Note: This list may not be all-inclusive of codes requiring review. If the type of surgery to be performed is included in one of the following categories and the CPT® code isn't included on this list, please contact Qualis Health for verification of review requirements.

Information on Qualis Health, peer-to-peer reviews, and "Group A" providers

Who is Qualis Health and what do they do?

Qualis Health ("Qualis"; www.qualishealth.org/) is a private, nonprofit organization based in Seattle that offers evidence-based healthcare consulting and improvement services for clients across the nation.

L&I contracts with Qualis to independently review a select list of procedures using L&I's Medical Treatment Guidelines. Qualis uses a network of physician/practitioner consultants with clinical expertise to approve or deny surgical procedures.

For more information on the Qualis contract with L&I, visit the Qualis website: www.qualishealth.org/healthcare-professionals/washington-labor-industries

When and why do peer-to-peer reviews happen?

When clinical information supplied with the request doesn't meet L&I's medical treatment guidelines and/or criteria, the Qualis review nurse will refer the request to a physician consultant for review.

The physician consultant may call the requesting physician to discuss the request or to obtain additional information.

What is a "Group A" provider and how can I become one?

As part of L&I's Utilization Review Simplification Program, "Group A" providers have 100% UR approval recommendations for surgeries on 10 or more reviews for the last year (that is, they have zero denial recommendations for surgeries).

The benefit of being a "Group A" provider is that the surgical UR process is significantly faster than for other providers (see table above).

To become a "Group A" provider:

- Familiarize yourself with L&I's medical treatment guidelines, *and*
- Ensure that your surgery requests meet the guidelines.

For more information on L&I's Utilization Review Simplification Program, see www.Lni.wa.gov/ClaimsIns/Providers/AuthRef/UtilReview/#5

For more information:

Medical Treatment Information (online):

- Information about L&I's decisions about medical technologies and procedures is available online at www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/CovMedDev/SpecCovDec/smoke.asp

- Medical Treatment Guidelines are available online at www.Lni.wa.gov/ClaimsIns/Providers/Treatment/TreatGuide/default.asp

Additional Information and Contacts:

- Information on Qualis Health can be obtained at http://qualishealth.org/ or they may be contacted at (800) 541-2894.

- A list of Qualis and L&I's contacts is online at www.qualishealth.org/healthcare-professionals/washington-labor-industries/contacts

Chapter 8
Self-insured employers

This chapter contains questions and answers regarding:

- **Self-insured employers' participation** in the project,
- **How incentive payment works for self-insured claims**,
- **A few key differences** regarding the project for self-insurers versus State Fund.

Self-insurer participation in the project

Are self-insurers required to participate in the project?

No, although some do.

Because self-insured employer participation in the project **is voluntary,** the project requirements and fee schedule **aren't in effect for workers from self-insured employers unless the employer has registered to participate**.

Even though participation is voluntary, **L&I encourages all self-insurers to participate in the project.**

Which employers are self-insured?

A list of self-insured employers is available at:
www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/FindEmps/Default.asp

If a self-insurer wants to participate in the project, how do they do so?

Self-insured employers will sign an application indicating their agreement to participate in the project. L&I maintains application materials.

The L&I project team is available to facilitate registration of self-insured employers. Contact the Ortho/Neuro Project Team at: SQCProgram@lni.wa.gov or 360-902-6060

How incentive payment works for self-insured claims

Will non-participating self-insurers pay for incentive pay (1071M)?

Non-participating self-insured employers aren't required to pay procedure code 1071M, and, therefore, will pay at their discretion.

Whom do I bill for self-insured claims?

Providers may call L&I's Self Insurance section at (360) 902-6901, or find the self-insured employers' worker's compensation carrier information at:
www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/default.asp.

What do I do if a participating employer isn't paying appropriately?

Contact the L&I project team at SQCProgram@Lni.wa.gov or (360) 902-6060. We will help educate payors on their obligations and make sure you get your money.

A few key differences from State Fund

Are project providers required to treat claims from non-participating self-insurers?

No, but providers are encouraged to treat self-insured injured workers regardless of the employer's project participation status.

Is self-insured claim information included in the tier assignment?

No. Self-insured employers aren't required to provide claim data for the project. We only use State Fund data for tier assignments.

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Chapter 9
Additional resources

This chapter contains general information regarding:

1. **Contacts:**
   - **Who to contact** if you have questions,
2. **Claims:**
   - **Authorization of services**,
   - Tips on **reopening claims**,
   - What to know about providing **concurrent care**,
   - Ways to **reduce claim delays**,
   - Using L&I's **Claim & Account Center.**
3. **L&I news:**
   - The **Medical Provider News listserv**,
   - Where to access **L&I forms & publications**,
   - Where to access **L&I payment policies & fee information.**

Contacts

Who can I contact if I have questions?

If I have a question about…	… then I can contact:
The project, in general	💻 **L&I project team:** (360) 902-6060 SQCProgram@Lni.wa.gov *or* 💻 **Project website:** www.Lni.wa.gov/ClaimsIns/Providers/Research/OrthoNeuro/default.asp
Claim information	💻 **Online** 4am to midnight Mon thru Sat, and 4am to 8pm on Sun Attending Doctors can obtain claim and billing information Go to https://secure.lni.wa.gov/home/ Log in and select the link titled “Claim and Account Center” Contact information phone number: **(360) 902-5999** ☎ **Automated claim information by phone** **(800) 831-5227** 6am to 7pm weekdays Interactive Voice Response Message System Use your provider account number, the claim number and a touch-tone telephone to access information on: • Status of State Fund claims, • Allowed/ denied diagnosis and procedure codes, • Current bill status, • Name and phone number of the claim manager.

Billing information	☎ **Provider Hotline**
	(800) 848-0811 8am to 5pm weekdays
	Bill payment staff members will:
	• Answer your questions on:
	  ○ Bill payment or denial,
	  ○ Provider Bulletins,
	  ○ Medical aid rules and fee schedule,
	  ○ Applicable sections of the WAC or RCW.
	• Authorize specific radiology services, diagnostic testing, durable medical equipment, and medical services.

Non-preferred drugs	☎ **PDL Hotline** **(888) 443-6798** 8am to 5pm weekdays • To obtain approval for non-preferred drugs
Utilization review	☎ **Utilization review (UR)** **(800) 541-2894** 7am to 5pm weekdays **Fax (877) 665-0383** • Utilization review services: www.qualishealth.org/healthcare-professionals/washington-labor-industries

Claims

Authorization of services

Who do I call for authorization of services?

Call the Provider Hotline at (800) 848-0811.

When is pre-authorization necessary?

Pre-authorization is necessary for:

- Diagnostic studies other than routine x-ray and blood or urinalysis studies,
- Home nursing or convalescent center care,
- Injections,
- Inpatient admissions,
- Job modification, pre-job accommodations and ergonomic evaluations,
- Outpatient procedures (including diagnostic and surgical arthroscopies, shoulder surgeries, neuroplasties, and spine surgeries),
- Psychiatric care,
- Specialty programs,
- Conditions unrelated to the accepted industrial condition(s),
- Durable medical equipment.

Tips on reopening claims

When does a claim reopen?

- Condition **isn't** due to new injury, *and*
- Condition must be causally related to original industrial injury, *and*
- Curative treatment is needed.

How do I reopen a claim?

- Use "Application to Reopen Claim" form, available at www.Lni.wa.gov/FormPub/Detail.asp?DocID=2285, *and*
- Fully complete reopening application, *and*
- Use correct claim number, *and*
- Include objective clinical findings showing worsening, *and*

- Submit reopening applications promptly:
  - L&I can only pay bills from the effective date of the reopening.
  - A reopening can be backdated a maximum of 60 days from the date L&I receives the application.
  - The effective date of the reopening will be set at the date the physician saw the patient as long as it is within 60 days of receipt of the application.

What if the worker asks me to submit a reopening application, but the claim doesn't appear to meet the criteria?

If the worker asks you to submit a reopening application, **please do so even if it doesn't appear to meet the criteria.**

You can help the claim manager by indicating on the application if there was a new injury and:

- The condition isn't related to the original injury, *or*
- There is no objective worsening of the original injury.

Concurrent care

Does concurrent care have to be authorized by the claim manager?

Yes. Concurrent care must be authorized by the claim manager.

When is concurrent care allowed?

Concurrent care is allowed when (as according to WAC 296-20-071):

- Accepted condition involves more than one area of the body,
- Specialty or multidisciplinary care is needed.

What information do I need to provide when I request concurrent care?

The requesting provider (the attending) must provide:

- An explanation of the need for concurrent care, *and*
- The names, addresses, and specialties of all doctors assisting in treatment.

What are the attending provider's responsibilities during concurrent care?

As the attending provider, you must:

- Direct overall treatment program, *and*
- Prescribe medications, *and*
- Provide copies of all reports and other data from the involved practitioners, *and*
- Provide adequate certification of the worker's inability to work (in timeloss compensation cases).

Ways to reduce claim delays

What can I do to reduce claim delays?

When calling about a claim:

- ☎ Have claim number available,
- ☎ Have questions prepared when you call,
- ☎ Keep calling… we do want to help.

When submitting **written** claim information:

- Faxed information goes directly to claim file – this is the **recommended** method of submitting claim records, including chart notes, special reports and APFs:

Fax number: (360)902-4567

Note: Providers may use any of the fax numbers provided.

- Put claim number in top right corner of all documents,
- Don't use address stamps too large for form,
- Send legible documentation,
- Fully complete forms,
- Send reports and chart notes separately from bills.

Using L&I's Claim & Account Center (CAC)

What can I do on L&I's CAC?

- **Check payment status online.**

  Attending providers of record may sign up for the CAC. This allows the provider to check the status of a State Fund claim/payment online.

  Important: Claims inactive for more than 18 months, claims for Crime Victims and claims filed against self-insured employers aren't contained in the CAC.

- **Manage multiple user access within a provider group.**

  If you are the first person from your organization to register to use the CAC you will automatically become the organization's access manager.

  As the access manager, you will manage access to L&I secure data for the other people in your organization that want it. When those other people request access:

  - You will be notified by email, *and*
  - You will be responsible for acting on their request. They won't get access until you approve them.

  If you aren't the first person from your organization to register for the CAC, only an access manager can approve your request; approval isn't done by L&I.

  When you complete your registration process, your request will be sent to your access manager for approval.

- **Obtain access when you aren't the attending provider of record.**

  - You will need to request access from the injured worker, *and*
  - The worker will need to register themselves in the CAC, *and*
  - When you register you will need to select the relationship of Injured Worker Authorized Delegate (Not attending Doctor/ARNP), *and*
  - You will enter the claim ID of the worker whose information you'd like to access.

  An email will be sent to the worker notifying them that you've requested access to their information.

  Note: The worker will then have to log back into the CAC and approve your request. The worker can give you access to all of their claims – or only to those claims that they specify. The worker can also remove your access at any time.

What information do I need to sign up for the CAC?

To sign up, attending providers will need:

- Federal Tax ID number or social security number, *and*
- Individual L&I provider number, *and*

- Claim number of claim for which L&I lists you as the current attending provider.

How do I sign up for the CAC?

1. Go to the SecureAccess Washington website – https://secure.lni.wa.gov/home/. Click on the link titled "Register for SecureAccess Washington."
2. Complete the registration form and click "Register" when you've finished.
3. You'll receive an email from SecureAccess that asks you to activate your account. Click on the link provided in the email.
4. The SecureAccess page says your registration was successful and asks you to LOGIN.
5. Log in with your user ID and password. You'll go to the Services page.
6. On the Services page, click on "AddService" button (it's on the left side of the page.)
7. On the Add Service page, find "Labor & Industries" in the list of agencies and click "view."
8. On the "Apply for access to a service" page, find "Claim & Account Center" and click "apply."
9. Follow the four steps to create your secure L&I profile.
10. After you've finished creating your profile you can click on the link titled "Claim & Account Center" to access your claim or account information.

Note: If you have problems with registration, contact L&I Web Customer Support at websupport@Lni.wa.gov or (360)902-5999

How do I obtain claim payment information through the CAC?

- Go to https://secure.lni.wa.gov/home/
- Click on "Login to SecureAccess!"
- Enter your user ID and password.
- Select the link titled "Claim and Account Center."
- On the left side of the page, select the "Claim Payments" link.
- Select "Medical bills & payments."
- Enter the claim number for the claim you are interested in and click on "get claim."
- Select a time frame that you wish to review. To limit the results to only a specific provider or a specific type of bill (for example, pharmacy, practitioner, vocational rehab) select the appropriate fields in the drop-down box.
- Click on "get payments."

For additional questions, call the CAC Customer Support at (360) 902-5999 between 8 am and 5 pm, Monday through Friday.

L&I news

Medical Provider News listserv

What's the best way I can get notified by L&I about new issues affecting medical providers?

Join the "Medical Provider News Listserv" and get email updates when:

- Provider Bulletins published,
- Fees updated,
- Payment policy changed,
- Public hearing scheduled,
- Educational seminar held,
- Medical Aid Rules and Fee Schedules published.

It's easy to sign up:

1. Go to: www.Lni.wa.gov/Main/Listservs/Provider.asp , *and*
2. Click on the "Get E-mail Updates" link on the right side of the page.

L&I forms & publications

Where can I get L&I forms and publications?

- You can download L&I forms and publications at www.Lni.wa.gov/ClaimsIns/Providers/FormPub/default.asp, *or*
- You can order from:

  Warehouse
  Department of Labor and Industries
  PO Box 44843
  Olympia WA 98504-4843

  email: whsemail@Lni.wa.gov

  Fax: (360) 902-4525

L&I payment policies & fee information

Where can I get the most current pricing information for billing codes?

See L&I's payment policies and fee schedules for the most current pricing information at: www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/default.asp

Who can I contact if I have questions about policies and fees?

Call the Provider Hotline at (800) 848-0811.

For more information, contact L&I's project team at

(360) 902-6060 or SQCProgram@Lni.wa.gov or

visit the Ortho/Neuro Project webpage at

https://lni.wa.gov/patient-care/provider-partnership-best-practices/orthopedic-and-neurological-surgeon-quality-project