



# COHE EMERGENCY DEPARTMENT BEST PRACTICES

\* All fee schedule rates are paid at 90% for PACs

Best Practice 1

## Completion of L&I "Report of Accident" (ROA)

- Complete Provider Portion of ROA.
- Fax within 2 business days to L&I: **855.222.4652** or **360.902.5126**.
- **Billing Code 1040M**

	Faxed Form	Web Filed <sup>1</sup>
<b>Fee Schedule Reimbursement:</b>	<b>\$61.02<sup>2</sup></b>	<b>\$71.02</b>
ROA Received by L&I 3-5 business days from 1 <sup>st</sup> medical visit	\$40.68	\$50.68
ROA Received by L&I 6-8 business days from 1 <sup>st</sup> medical visit	\$30.68	\$40.68
ROA Received by L&I 9 or more business days from 1 <sup>st</sup> medical visit	\$20.68	\$30.68

Best Practice 2

## Completion of "Activity Prescription Form" (APF)

- Complete this form during ED visit. (form available for download: [www.gocohe.com](http://www.gocohe.com))
- Provide a photocopy to injured worker at discharge.
- Fax to LNI: **360.902.4567**.
- **Billing Code 1073M**      **Fee Schedule Reimbursement \$52.88**

## Hot Claim Procedure

- Process Report of Accident as a **HOT CLAIM** when: injured worker is admitted in your hospital or transferred to another; a catastrophic injury; or death. **Fax to 360.902.4980**.

## Provider call to or conversation with employer/representative for issues involving the claim

Billing Codes:

	Non-Facility	Facility
<b>99441-32</b> Brief Conversation (5-10 min)	\$25.30	\$22.77
<b>99442-32</b> Intermediate discussing/resolving RTW issues (11-20 min)	\$48.70	\$46.17
<b>99443-32</b> Complexity and/or Duration (21-30 min)	\$71.47	\$68.94
<b>99444-32</b> Physician secure online communication	\$46.50	\$44.06
<b>98966-32</b> Non-physician brief conversation (5-10 min)	\$25.30	\$22.77
<b>98967-32</b> Non-physician intermediate conversation (11-20 min)	\$48.70	\$46.17
<b>98968-32</b> Non-physician complex conversation (21-30 min)	\$71.47	\$68.94
<b>98969-32</b> Non-physician secure online communication	\$46.50	\$44.06

Use -32 modifier for all calls or conversations to employers

Contact:

### COHE Community of Eastern Washington

509.456.3222 - office      711 S. Cowley St.  
 866.247.2643 - toll free      Spokane, WA 99202  
 509.456.6818 - fax      www.gocohe.com

\* L&I Codes: Medical Aid Rules & Fee Schedules, Dept. of L&I, State of WA July 1, 2017, CPT© Codes copyright of 2016 American Medical Association.

<sup>1</sup> File Fast Web filing \$10 incentive is to encourage adoption of web reporting.

<sup>2</sup> Reimbursement amount is based on the date the health care provider includes in box 15b of the ROA (this exam date). If that box is blank, the payment system will use box 3 (Date you first saw patient for this condition). If both boxes are blank, payment will automatically revert to lowest reimbursement amount because there must be dates in order for the payment system to calculate any incentives.