

# **Attention Health Care Providers, Vocational Rehabilitation Counselors, and Employers**

Beginning on 2/1/08, health care providers may bill 1074M when responding to VRC or employer requests for information regarding return to work.

The new code 1074M replaces 1048M that expires on 1/31/08.

1074M pays a maximum of \$29.18 per provider per worker per day.

## **Examples of when health care providers may bill 1074M for written responses to:**

- 1) VRC or employer requests for:
  - concurrence with a performance based physical capacities evaluation (PBPCE).
  - authorization for worker to participate in a PBPCE.
- 2) VRC asks you to review and respond to:
  - job modification or pre-job accommodation.
  - proposed work hardening program.
  - plan for graduated, transitional, return-to-work.

## **Notes:**

1) VRCs and employers covered by the State Fund cannot ask health care providers to complete or submit Insurer Activity Prescription Forms. Those forms are only payable if requested by the insurer or submitted with the report of accident when the worker has physical work-related restrictions that must be accommodated for light duty return to work. See:

<http://www.lni.wa.gov/ClaimsIns/Files/Providers/ProvBulletins/PbFiles/PB0708.pdf>

2) Chart notes or documentation of a team conference, office visit, telephone call, or online communication with a VRC or employer cannot be billed separately.

3) New CPT case management codes went into effect on 1/1/08. See the new codes for team conferences, telephone calls, and online communications at:

<http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2007/Updates2007.asp?WT.svl=3>

Thank you for your ongoing interest in providing quality care to Washington's injured workers.

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