Activity Prescription Form (APF) goes statewide and reduces paperwork

Use of an Activity Prescription Form (APF) has been a best practice in the Centers of Occupational Health and Education since the beginning of the project. Starting in July 2006, providers in both COHEs piloted a standardized APF.

The Washington State Department of Labor and Industries (L&I) recognizes the value of this best practice and implemented a version of this form for all providers on November 1, 2007.

What does this mean to COHE providers?

- There are two forms: a COHE APF and an Insurer APF.
- There are two billing codes:
  - COHE APF - 1069M
  - Insurer APF - 1073M

How is the COHE APF different from the Insurer APF?

- COHE providers will continue to self-generate the COHE APF.
- An L&I claim manager will request completion of the Insurer APF as needed.

Where can I find out more information on the Insurer Activity Prescription Form?

- L&I mailed a copy of Provider Bulletin 07-08 to all providers with detailed information regarding the Insurer APF.
- The provider bulletin can also be found on the L&I website at: http://www.lni.wa.gov/ClaimsIns/Files/Providers/ProvBulletins

Where can I find copies of the two Activity Prescription Forms?

- You can get a current version of the COHE APF at the Renton COHE or at: http://www.lni.wa.gov/ClaimsIns/Files/Providers/ohs
- An L&I claim manager will send a copy of the Insurer APF for you to complete.

What if a claim manager sends me an Insurer APF?

Claim managers should check the claim file for a recent APF before requesting
one from you. However, you may occasionally receive a request from a claim manager. In that case:

- If you have completed a COHE APF within the last 30 days, attach it to the request and return it to L&I. It is not necessary to do another APF.
- If you have not completed an APF in the last 30 days, schedule an appointment with the injured worker and complete either a COHE APF or the Insurer APF that you received from the claim manager. Make sure to use the billing code printed on the front of the form.
- If a self-insured employer or their third party administrator requests an Insurer APF, complete the form, send it to the employer or TPA, and bill for it using the Insurer APF billing code (1073M).

**Where should I send the APF?**

- You can fax APF forms (both COHE and Insurer forms) for state-fund claims to any of the L&I fax numbers listed on the bottom of the form.
- A faxed APF is imaged immediately and viewable in the claim file (online) through the Claim and Account Center: http://secureaccess.wa.gov/.
- A mailed APF is viewable in CAC within two to five days of receipt, on average.
- You should send Insurer APFs that you receive from self-insured employers to the person requesting the form.

**Are the two APFs similar?**

- The COHE and Insurer APFs look very similar to one another.
- Both APFs will replace:
  - Time-loss notification forms, TLN (Billing Code 1039M),
  - Doctors estimate of physical capacities forms (Billing Code 1048M),
  - Physical capacity evaluation forms, PCE (Billing Code 1037M),
  - Supplemental Medical Reports, SMR (Billing Code 1056M), and
  - Physician’s Final Reports, PFR (Billing Code 1026M).
- As of **February 1, 2008**, claim managers will be able to recoup the fee if an *incomplete* Activity Prescription Form is submitted.

**How will time-loss benefits be paid if the time-loss notification form (TLN) is being replaced?**

- The **medical provider** will complete the appropriate APF or document work restrictions in chart notes.
- A **worker** will be sent a Worker’s Verification Form (WVF) to complete.
  - A WVF is completed by the injured worker if they are unable to work due to a workplace injury AND their employer is not paying their full wages.
  - Only the **worker** signs the WVF.
  - To order copies of the WVF, go online at: http://www.lni.wa.gov/FormPub/Detail.asp?DocID=1580

Both versions of the APF help the medical provider, the employer, the insurer,
and the worker communicate about return to work soon after the injury.

- Early return to work protects the worker’s financial stability.
- Early communication about return to work assists the worker, employer and insurer by providing all parties with written instructions regarding the worker’s physical functioning both at work and at home.
- Your COHE Health Services Coordinators will be contacting you to help answer any questions about the two APF forms.

Guides IQ™

At the October 31, 2007 mentor meeting, Pat Vincent and Hal Stockbridge demonstrated GuidesIQ™. GuidesIQ™ is an online resource, which allows users to access over 60 educational modules on the *AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition*, including modules on rating upper and lower extremities. Annual subscription allows you to review these presentations repeatedly to revisit topics based on specific case needs. A computer with high-speed Internet access and sound is required. Some of the features of this online resource include:

**Continuing Medical Education** - The American College of Occupational and Environmental Medicine is accredited by the ACCME to provide continuing medical education for physicians and designates this educational activity for a maximum of 16.0 AMA PRA Category 1 Credits.

There is a CME processing fee for continuing medical education certification. If you pass an online assessment, you will receive a certificate. Since upper and lower extremities are the parts of the Guides most relevant to L&I claims, you may pay a reduced CME processing fee for an online assessment focusing on extremities only.

**Mentoring and Subscribers Only Forum** – Subscribers have the opportunity to participate in monthly mentoring teleconference calls where your specific questions are answered, or listen to these recordings at your convenience. You may also access a Subscribers Only Forum where you may post your questions and receive expert answers.

The COHE will be exploring the utility of this tool for all COHE providers’ use. If you have thoughts or experience with GuidesIQ™, please share them with us. Likewise, if you are interested in subscribing to this resource, the COHE can provide you with additional information on how to do so.

**Spotlight on Davis Wire, Inc**

Since 1927, Davis Wire Corporation of Irwindale, CA has built a reputation for dependability and quality. As the largest wire manufacturer in the western United States, their impressive range of products are used in a wide variety of fields, including agriculture, construction, transportation, communications and industrial applications. The foundations of the business are galvanized and reinforcement wire, though they also produce an assortment
of specialty wires to fit almost any need.

**Dan Kay** (pictured above) is the Human Resource Manager for Davis Wire’s Kent Washington location. The site employs 150 people during three shifts. When an employee is injured, the company works hard to respond immediately. Dan Kay feels that the COHE is a key tool in enabling him to respond quickly.

COHE occupational health best practices recommend that the provider contact the employer following each visit with an injured employee. Dan noted that often times this phone call is his first notice that an employee has been injured. He is then able to obtain key information regarding the injury and return to work status for the injured employee. Armed with this information, Dan is able to assist his injured workers and address immediate business needs. Subsequent calls keep Dan aware and involved. Dan said, “These calls give me the opportunity to develop a plan. This plan includes everything from addressing return work opportunities for the worker to advising the floor supervisors of the employee’s status so they can plan for production in the days and weeks ahead.”

The phone call from the medical provider is followed up with the activity prescription form. Dan said he appreciates the information provided in the form as, “it is clear and concise and assists with appropriate placement of the injured worker.” He noted that the form also provides the employee with a reminder of what their physical capacities are and that the restrictions apply to all daily living activities - not just at the work place.

On occasion when the return to work is in question or other issues cloud the situation, Dan contacts one of the Health Services Coordinators (HSCs). “Knowing that the physicians are busy it is nice to have this extra set of eyes and ears available to me. I ask the HSC the questions, the HSC coordinates with the provider, and I get the answers I need. In the event that an employee needs extra assistance that employee also has the ability to contact the HSC for help.”

Dan also noted that a number of COHE Providers and staff have toured his facility in Kent. He acknowledged that these tours have served a tremendous purpose as they allow the provider to actually see the work environment and recommend improvements. Dan feels strongly that this helps build a better, stronger relationship between the provider and the company. It also shows the employees that their employer is committed to providing them with a safe and healthy work environment.

When an injured worker obtains care from a medical provider outside of the COHE, Dan pointed out that there is often a lack of communication. The provider is not always aware of how to file a claim or how to work with the employer. These providers are often unwilling or reluctant to share critical information relating to the worker’s claim, as they are not sure what information can and cannot be shared. Ultimately, the injured worker suffers when there is a delay in the filing of claim and when the return to work opportunities are unclear.

The COHE providers are medical specialists but also specialists in understanding how the workers’ compensation system works. This expertise is invaluable.

In closing Dan stated, “The COHE affords the employer the opportunity to work with the injured worker while in direct communication with a knowledgeable medical provider. This focused communication works to ensure the best outcome for all parties involved.”
COHE Provider Manual Updates

As an Attending Physician in the Pilot, or APP, you are provided with a manual at the time of your initial orientation to the project. The manual outlines your responsibilities as a COHE provider and provides COHE related information helpful to your success with best practices and billing. It includes copies of all required forms and instructions on how to use each form. It also provides contact information to critical support staff within Valley Medical Center and the Department of Labor and Industries.

The Renton COHE manual has been revised and is now available on disk. The revised manual was designed with the intent of making the information easily available. The search feature allows you to quickly find information by typing a word or phrase. Numerous items are hyperlinked, and can take you directly to the needed information on the web with a simple key stroke. The manual provides links to the Department of Labor and Industries website, so that the most current forms and information are always at hand.

The COHE team is in the process of meeting with providers to preview and familiarize you with the new manual. If you have not yet been contacted by a COHE team member for this meeting and short training, please call the COHE (1-866-663-COHE) or email us at cohe_info@valleymed.org to arrange a date and time to receive your manual.

Any comments, questions or suggestions regarding our e-newsletter are greatly appreciated. Or if you have any questions regarding the content of the newsletter or about the Center of Occupational Health & Education, please email cohe_info@valleymed.org, or call 1.866.663.COHE.

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