



COHE Barriers to Return to Work Checklist

Use this checklist as a guide to assist in evaluation of patients who are at risk of long term disability, on time-loss, or when a light duty Return-to-Work (RTW) attempt was not successful.

Upon completion, fax to COHE for a Health Services Coordinator to assist you with an action plan for RTW, including assisting with referrals for an L&I Occupational Nurse Consultant, Vocational rehabilitation services, L&I Early Return to Work services, Activity Coaching (PGAP), Function Recovery Interventions, etc.

PATIENT NAME: _____

Claim #: _____

ATTENDING PHYSICIAN: _____

Date: _____

Please select the appropriate box(es) if any Return to Work Barriers exist in the following categories or if further assistance is needed :

<p>A. Medical / Provider / Patient Factors <u>Probably</u> YES</p> <p>Examples may include:</p> <ul style="list-style-type: none"> • Presence of secondary medical condition <input type="checkbox"/> • Conflicting medical opinions • Lack of documented medical progress • Patient noncompliance with treatment plan or goals • Language/Communication barriers <p>Comments:</p>	<p>B. Workplace Factors <u>Probably</u> YES</p> <p>Examples may include:</p> <ul style="list-style-type: none"> • Light duty or alternative work unavailable <input type="checkbox"/> • Loss of job of injury • Patient complaints of inability to function • Anger at employer / harassment <p>Comments:</p>
<p>C. Administrative Factors <u>Probably</u> YES</p> <p>Examples may include:</p> <ul style="list-style-type: none"> • Claim undetermined <input type="checkbox"/> • Diagnostics approval delay or denial • Multiple L&I claims (including previous claims) • Originally non-compensable, now time loss <p>Comments:</p>	<p>D. COHE Physician Advisor Request YES</p> <p>Examples may include:</p> <ul style="list-style-type: none"> • Claim review <input type="checkbox"/> • Treatment recommendations <p>Comments: <i>(i.e., request for 1:1 phone call with occupational med advisor)</i></p>

Please fax to COHE at (509) 456-6818 or (866) 853-0137. Do not send to LNI.

In order to be reimbursed for the "Attending Provider Assessment of Barriers to Return to Work" (a Best Practice for COHE Providers) an **assessment** must be **documented** in a detailed SOAP-ER note and must include an action plan to address barriers. **The reimbursement of \$161.29** (billing code: 1068M) is for the detailed "ER" section of the SOAP-ER note. Completion of this checklist is not the reimbursable activity/service.