

Payment Policies for Healthcare Services

Provided to Injured Workers and Crime Victims

Update – Chapter 22: Other Services

Best Practices & Provider Incentives

Effective January 1, 2024

This update applies to *Chapter 22: Other Services*. All requirements and details outlined in Chapter 22 still apply. This update applies to both State Fund claims and Self-Insured claims. The following text is added to the chapter:



Payment policy: Best Practice Provider Incentives

General Information

The Surgical Quality Care Program (SQCP) is a quality improvement initiative. Participating musculoskeletal surgeons are incentivized for consistently implementing occupational health best practices, which are designed to improve the outcomes for workers injured on the job.

This incentive is a result of surgeon biannual reporting which calculates their adoption of best practices. Adoption level is determined based on regularly scheduled surgeon reporting; typically performed by L&I every six months.



For additional information, see the [Surgical Quality Care Program website](#).

Who must perform these services to qualify for payment

Only surgeons who are part of the SQCP may bill **1086M**.

Services that can be billed

1086M is limited to once per surgeon for the first 2 surgeons participating in SQCP for the life of the claim. **1086M** is only payable at the first visit based on who bills first, irrespective of visit date or clinic.

If the provider's adoption level is...	...then the maximum surgeon incentive is:
No adoption	\$0.00
Low adoption	\$155.00
Medium adoption	\$230.00
High adoption	\$485.00
Sustaining adoption	\$525.00

The adoption level is based on last scheduled reporting.

Documentation requirements

SQCP providers are required to provide documentation to support their adoption of occupational health best practices. For details, see the [Surgical Quality Care Program website](#).

Payment limits

1086M is limited to once per surgeon for the first 2 surgeons participating in SQCP for the life of the claim. **1086M** is only payable at the first visit based on who bills first, irrespective of visit date or clinic.

1086M is payable during the global surgical period.

Services that aren't covered

ARNPs and PA-Cs aren't part of SQCP and can't bill **1086M**.



Note: The incentive of **1086M** isn't tied to the Activity Prescription Form (APF). The APF may still be appropriate for the worker and can be billed separately using **1073M**, but it isn't a required component of **1086M**.