

## Hospital Form 11H REFERENCE GUIDE

The following identifies the fields provided on the WorkSafeBC/ Hospital Invoice for HIBC (MSP) and paper invoicing for services provided to injured workers. Please use this reference guide when completing Hospital Invoices for submission to WorkSafeBC.

<b>Field Name</b>	<b>Required</b>	<b>Description</b>
<b>PAYMENT INFORMATION</b>		
<i>Invoice number (if applicable)</i>	<b>Not Mandatory</b>	
<i>Invoice date</i>	<b>Mandatory</b>	Format (yyyy-mm-dd).
<i>Payee name</i>	<b>Mandatory</b>	Mandatory for matching purposes.
<i>Payee number</i>	<b>Mandatory</b>	Enter the payee number issued by HIBC (MSP) that uniquely identifies the individual or organization who submits the associated invoice to WorkSafeBC and who will be paid by the WorkSafeBC.
<i>Facility number (if applicable)</i>	<b>Not Mandatory</b>	
<i>Referred by facility (if applicable)</i>	<b>Not Mandatory</b>	Name and number.
<i>Practitioner name</i>	<b>Not Mandatory</b>	Helpful to payment staff if included on paper invoices.
<i>Practitioner number</i>	<b>Mandatory</b>	Enter the practitioner number issued by MSP that uniquely identifies the Physician or other practitioner who performed the service/ treatment. May also be the same as the Payee number.
<i>Referred by practitioner (if applicable)</i>	<b>Not Mandatory</b>	Provide Name and number when a referral has been made.
<i>Mailing Address for Payment</i>	<b>Not Mandatory</b>	
<i>City</i>	<b>Not Mandatory</b>	
<i>Province</i>	<b>Not Mandatory</b>	
<i>Postal Code</i>	<b>Mandatory</b>	Mandatory for matching purposes.

<b>Telephone Number</b>	<b>Not Mandatory</b>	Include area code. May be used for contact if there is a problem with the invoice.
<b>Fax Number</b>	<b>Not Mandatory</b>	Include area code.
<b>SERVICE RECIPIENT INFORMATION</b>		
<b>Service recipient last name</b>	<b>Mandatory</b>	The worker's legal last name or surname. If possible, it should match the surname on the worker's British Columbia CareCard.
<b>Service recipient first name</b>	<b>Mandatory</b>	The worker's full first or given name. Initials should not be used. If possible, it should match the given name on the worker's British Columbia CareCard.
<b>Service recipient date of birth</b>	<b>Mandatory</b>	Date of birth (format yyyy-mm-dd).
<b>Service recipient personal health number (PHN)</b>	<b>Mandatory</b>	Worker's Personal Health Number as shown on the British Columbia CareCard.  For WorkSafeBC claims, HIBC (MSP) billing requires a PHN to verify the person. The PHN is not required to be active. A pseudo-PHN provided by WorkSafeBC can be used when there has never been a PHN given to the person (i.e. out of province or out-of-country).
<b>WorkSafeBC claim number</b>	<b>Not Mandatory</b>	Provision of a claim number will assist in timely payment.
<b>Gender</b>	<b>Mandatory</b>	Male or Female.
<b>INJURY INFORMATION</b>		
<b>Date of injury</b>	<b>Mandatory</b>	The date when the WorkSafeBC related injury occurred. In the case of occupational diseases, this is the date when medical attention was first sought.  If this information is not available, call <a href="tel:604-232-8888">Claims Call Centre</a> (604 232-8888 or 1-888-967-5377) to obtain date from WorkSafeBC records or look up online at <a href="#">View Claim Status</a>  <a href="http://www.worksafebc.com/claims/managing_claims/claim_status/default.asp">http://www.worksafebc.com/claims/managing_claims/claim_status/default.asp</a>

<b>Diagnostic code (ICD-9 code)</b>	<b>Mandatory</b>	ICD-9 coding for diagnostic codes related to the worker. Left justify the code without the decimal point, but including leading zeros, and blank fill remaining spaces.  View <a href="#">complete list</a> at: <a href="http://www.healthservices.gov.bc.ca/msp/infoprac/diagcodes/index.html">http://www.healthservices.gov.bc.ca/msp/infoprac/diagcodes/index.html</a>
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<b>Body part code</b>	<b>Mandatory</b>	Look up online at <a href="#">View Claim Status</a> .  View <a href="http://www.worksafefbc.com/health_care_providers/Assets/PDF/body_parts_complete.pdf">complete list</a> at: <a href="http://www.worksafefbc.com/health_care_providers/Assets/PDF/body_parts_complete.pdf">http://www.worksafefbc.com/health_care_providers/Assets/PDF/body_parts_complete.pdf</a>  or <a href="#">quick reference</a> at: <a href="http://www.worksafefbc.com/health_care_providers/Assets/PDF/bodypartcodes.pdf">http://www.worksafefbc.com/health_care_providers/Assets/PDF/bodypartcodes.pdf</a>
<b>Side of body code</b>	<b>Mandatory</b>	Right, Left, Bilateral or not applicable.  Look up online at <a href="http://www.worksafefbc.com/health_care_providers/side_of_body_codes/default.asp">http://www.worksafefbc.com/health_care_providers/side_of_body_codes/default.asp</a>

<b>Nature of injury</b>	<b>Mandatory</b>	Look up online at <a href="#">View Claim Status</a> .  View <a href="http://www.worksafefbc.com/health_care_providers/Assets/PDF/nature_injury_complete.pdf">complete list</a> at: <a href="http://www.worksafefbc.com/health_care_providers/Assets/PDF/nature_injury_complete.pdf">http://www.worksafefbc.com/health_care_providers/Assets/PDF/nature_injury_complete.pdf</a>  or <a href="#">quick reference</a> at: <a href="http://www.worksafefbc.com/health_care_providers/Assets/PDF/natofinjury.pdf">http://www.worksafefbc.com/health_care_providers/Assets/PDF/natofinjury.pdf</a>
<b>SERVICE INFORMATION</b>		
<b>Service location code</b>	<b>Mandatory</b>	Location code, as defined by Teleplan, related to the services performed is applied to each line item invoiced.  View <a href="#">codes</a> online at: <a href="http://www.worksafefbc.com/health_care_providers/Assets/PDF/service_location_codes.pdf">http://www.worksafefbc.com/health_care_providers/Assets/PDF/service_location_codes.pdf</a>
<b>Date of service</b>	<b>Mandatory</b>	The date when the service/ treatment invoiced was performed (format yyyy-mm-dd).
<b>Fee code</b>	<b>Mandatory</b>	Minimum 5 digit code related to the type of service performed for the worker.  View <a href="#">Hospital Fee Codes</a> at the end of the document or online.
<b>Description</b>	<b>Mandatory</b>	The description of the fee code. <b>Not required for invoicing through Teleplan.</b>
<b>After hours indicator</b>	<b>Mandatory</b>	<b>Required only</b> for appropriate billings for Salaried Physicians. (format Y or N).
<b>Time service started</b>	<b>Mandatory</b>	<b>Required only</b> for appropriate billings for Salaried Physicians (format hh:mm).
<b>Time service ended</b>	<b>Mandatory</b>	<b>Required only</b> for appropriate billings for Salaried Physicians (format hh:mm).
<b>Fee (cost per unit) (A)</b>	<b>Mandatory</b>	Must provide either <b>Fee (A)</b> or <b>Line Item Amount (A) x (B)</b>  Must be numeric and related to the fee code.  Bill actual costs when there is a range of fees.  Format \$xx.xx

<b><i>Number of services (number of units) (B)</i></b>	<b>Mandatory</b>	Number of services/treatments completed by practitioner or WorkSafeBC defaults to one.
<b><i>Line item amount (A) x (B)</i></b>	<b>Mandatory</b>	Format \$xx.xx
<b><i>Invoice total amount</i></b>	<b>Mandatory</b>	Format \$xx.xx