

Chiropractors

February 17, 2011

New Chiropractic Contract Clarification

#2011 - 10

Since the new Chiropractic Agreement was implemented on Oct. 11, 2010, there has been a high volume of calls regarding the contract changes. We would like to provide further clarification to some of the key changes, questions and issues.

FORM 8C (Chiropractor's First Report - 19134):

Only one F8C flat fee is payable. This fee includes payment for the F8C form and the first two visits. The Form 8C must be electronically submitted and successfully received by WorkSafeBC within five (5) calendar days following the first visit in order to be paid the full \$102.75 flat fee. The first visit is considered "Day 0".

If the report is received beyond the five (5) calendar days, for any reason (e.g. the worker did not tell you earlier, computer problems, submission problems, etc.), a \$15 penalty will be applied. If the F8C is received non-electronically (e.g. fax or mail), a \$40.53 penalty will be applied.

The F8C must be submitted for any person who has an accident at work (required by law – the Workers' Compensation Act). The F8C should be submitted even if the injured worker is not sure they want to submit a claim to WorkSafeBC, as they can change their mind later.

When a WorkSafeBC letter is received by the provider, requesting submission of the Form 8C report, this report must be electronically submitted to WorkSafeBC.

FORM 11C (Chiropractor's Progress/Discharge Report – 19135):

Only one F11C flat fee is payable. This fee includes payment for the F11C form and all remaining visits after the second visit, treatment. The Form 11C must be electronically submitted and successfully received by WorkSafeBC in order to be paid the full amount of \$369. The F11C is due by the end of the fourth week of treatment (if treatment is expected to continue for the entire 8 weeks or for greater than four weeks), or at discharge (if discharge is before the end of the fourth week of treatment), whichever comes first.

This fee can only be paid if the worker's claim has been accepted and has been approved for chiropractic treatment. This fee covers the period up to a maximum of eight (8) weeks of treatment; no other fees are billable during this time.

If the F11C is received non-electronically (e.g. fax or mail), a \$23.78 penalty will be applied.

The only time the F8C and F11C should be non-electronically submitted is if an injured worker does not have a PHN. In this case, you will need to fax the report in, and contact Health Care Services or Payment Services regarding payment.

PAYMENTS:

Only the two flat fees (19134 and 19135) are billable and payable in the first eight (8) weeks of treatment. Individual visits are not billable or payable. The F8C flat fee (19134) will be paid where the claim is pending or accepted at the time of the initial visit. The F11C flat fee (19135) is only paid on accepted claims.

Please note that only one F11C (Progress/Discharge report: 19135) is required per claim and only one will be paid.

EXTENSION PROCESS:

If the chiropractor wants to request treatment for the injured worker beyond the initial eight (8) weeks of treatment, an “Extension of Chiropractic Treatment Request – Extenuating Circumstances” form (83D62) must be completed fully and faxed to the number on the top of the form (604-233-9777 or 1-888-922-8807). Please do not fax it to any other number.

This form can be downloaded from <http://www.worksafebc.com/forms/default.asp> under the Health Care Providers section.

The chiropractor must complete the form outlining the extenuating circumstances and reasons that an injured worker requires further treatment beyond eight (8) weeks, as well as information regarding the proposed treatment plan, start and end date, and the number of additional treatments being requested. All sections on the form must be completed.

This form should be submitted by the end of the 5th or 6th week of treatment, to give the Claim Owner time to review and make a decision on the request. The Claim Owner does not have a set time frame in which to make the decision on the extension. The Claim Owner will make the final decision and notify the Chiropractor.

If the approval is granted, you will need to ask the Claim Owner or contact Health Care Services for the new fee code to bill. Please note that these new fee codes cannot be billed on other claims until approval is received on each extension request separately. Only one visit per day would be payable as per the approved treatment plan.

SPINAL CORD INJURY TREATMENT:

This new fee code is designed for workers who have sustained a work-related spinal cord injury, and require ongoing, periodic treatment for chronic conditions as a result of their spinal cord injury, such as conditions related to decreased mobility. Please note that the accepted claim must be a spinal cord injury (e.g. para- or quadriplegia) – not a back injury.

Use of this fee code would begin after the F8C and F11C flat fees, and the initial eight (8) weeks of treatment, have been completed, upon approval by the Claim Owner. Only one visit per day would be allowed as per the approved treatment plan.

CHART NOTES (19142: \$26.34):

Chart notes are now payable as a flat fee no matter of the number of pages submitted.

XRAYS:

Please note that if x-rays are being billed, a Chiropractor's X-ray report (11RC) must be faxed to WorkSafeBC. The form can be downloaded from:

<http://www.worksafebc.com/forms/default.asp>

Fee code 19138 (Spinal series) can only be billed once for the first set of spinal x-rays. Subsequent x-rays taken for recheck must be billed as fee code 19139.

INCORRECT PAYMENTS:

We are aware that there have been some incorrect payments (overpayments and underpayments) that have been made to chiropractors. We will send out further information shortly with regards to rectifying those incorrect payments.

NEW PROGRAM MANAGER:

Anna Lam is a Program Manager who has taken over management of the Chiropractic network from David Florkowski, who is now overseeing the Expedited Services Contracts. We would like to thank David for all his work with this network.

OTHER INFORMATION:

- Please note that the WorkSafeBC Board Officers do not have the authority to vary the terms of the contract. We can only pay as per the terms and fees noted in the contract.
- All chiropractors should be providing services and billing as per the new contract.
- Chiropractors providing treatment to injured workers are deemed to have accepted the *Agreement* terms and conditions. Chiropractors not wishing to accept these terms and conditions should not provide treatment to injured workers.
- Where the Injured Worker's claim is pending and/or is initially not treated as an Injured Worker and the claim is subsequently accepted by WorkSafeBC, the Chiropractor **MUST** reimburse the Injured Worker all money he/she paid and should then invoice WorkSafeBC for the services provided as per the Contract. For more information on the provision of Chiropractic Services to injured workers, please visit http://www.worksafebc.com/health_care_providers/default.asp
- WorkSafeBC does not consider e-mail a secure form of communication. If communicating with WorkSafeBC, please do not include injured worker information, such as name and claim number, in an e-mail format. It is then better to call or fax.

If you have any questions, please feel free to contact us.

If you prefer to receive these communications by e-mail, please contact Michele Tedford.



Save the Date - June 10, 2011. See you all at the 7th Annual Health Care Professional Conference. Visit www.healthprofessionalconference.com for details.