

INFORMATION BULLETIN

Hospital Providers

April 11, 2011

New Hospital Rates

#2011 – 22

Please be advised that the 2011/2012 WorkSafeBC Health Authority Fee Schedule has been updated and are now in effect as of April 1, 2011. These rates are based on the new 2011/2012 Interprovincial Reciprocal Billing Rates released by the British Columbia Ministry of Health. As such, all electronic billings through HIBC Teleplan can resume.

A copy of the revised WorkSafeBC/Hospital Fee schedule for 2011/2012 is attached with this bulletin for your reference. It can also be downloaded on our website at:

http://www.worksafebc.com/health_care_providers/Assets/PDF/hospital_fee_codes.pdf

Please note that only one Service Code is payable for each WorkSafeBC claim per payee per calendar day, unless otherwise specified in the agreement.

Service Code “01”

For further clarification, please note that the Standard Out-patient Visit (i.e. Service Code “01”) is payable at a flat rate of \$260.00, and includes all discrete high cost diagnostic imaging procedures (i.e. fluoroscopies, ultrasounds, angiographs, etc.) provided in conjunction or as a stand-alone outpatient service.

For further clarification, please refer to Appendix B of the 2011/2012 Interprovincial Reciprocal Billing Rates notification.

Service Code “05”

For further clarification, please note that all outpatient laboratory and other diagnostic imaging procedures “not specifically listed elsewhere (i.e. Service Code “05”) are paid a flat rate of \$130.00. This includes general radiography (i.e. X-rays), regardless of the type or number performed in a single day, but excludes those listed elsewhere (i.e. MRI’s, CT scans, etc.). In addition, this also includes Referred-in Laboratory Specimens where the patient is not present, which was previously payable at \$47.00.

For further clarification, please refer to Appendix B of the 2011/2012 Interprovincial Reciprocal Billing Rates notification.

Multiple Service Codes

As per the Interprovincial Health Insurance Agreements Coordinating Committee, the billing rules are as follows:

- “When two or more outpatient activities (service codes 01-15) are provided to the same patient on the same day at the same hospital, regardless of whether the patient was discharged and readmitted to the same hospital on the same day, **only one outpatient activity can be billed by the hospital (i.e. the one activity with the highest rate).**
- When two or more outpatient activities (service codes 01-15) are provided to the same patient on the same day at the same hospital, and the patient is later admitted to the same hospital on an inpatient basis on the same day the outpatient services were provided, **only one outpatient activity can be billed by the hospital (i.e. the one activity with the highest rate) plus the inpatient rate for that day.”**

Please note in the latter case that this is only applicable on the date of admission to the hospital on an inpatient basis, and specifically excludes subsequent days the patient is classified as an inpatient.

Please do not hesitate to contact us if you have any further questions or comments.



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