



WORKING TO MAKE A DIFFERENCE

Massage Therapy Billing Guide

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A. Introduction

WorkSafeBC is providing this Billing Guide to assist with completing and submitting invoices to WorkSafeBC. Before an injured worker can see a Registered Massage Therapist (RMT) for billable services, a written or oral referral must be obtained from the injured worker's physician and the services must be authorized by WorkSafeBC. For treatment lasting longer than five weeks, approval must be obtained from a Board Officer.

A Note on “Extra Billing”

The *Workers' Compensation Act* mandates that regulated health care professionals must bill for treatment to a WorkSafeBC injured worker according to WorkSafeBC fee schedule. An RMT cannot extra bill for these treatments.

No fees shall be charged directly to the Injured Worker and no goods will be sold to the worker without pre-approval from a WorkSafeBC Board Officer.

If the injured worker commences rehabilitative treatment before their claim is accepted, any extra billing prior to the claim acceptance must be reimbursed.

Number of Treatments

Treatments of up to three (3) days a week will be covered for up to five (5) weeks. For treatment beyond five (5) weeks, approval must be obtained from the Board Officer. If required and pre-approved by the Board Officer, up to a maximum of three (3) additional weeks of treatment may be provided as follows:

- For Injured Workers at full RTW, to a maximum of two (2) treatments per week.
- For Injured Workers in a Graduated RTW, to a maximum of three (3) treatments per week.

B. Billing and Payment

As of August 1, 2005, all invoices should be submitted electronically via the MSP Teleplan to avoid the fee of \$4.50 for paper or fax based invoices.

The RMT shall submit invoices within 90 days of the completion of services.

The invoices must use the fee codes described in Schedule B (following). No GST will be applied to the billing (WorkSafeBC registration number R107864738).

To Submit Billing by Fax or Mail:

Paper based invoices are available at

<http://www.worksafebc.com/forms/assets/PDF/267.pdf>

These paper based invoices, using only the prescribed format, and for only one Injured Worker per invoice, may be sent by mail or fax to:

WorkSafe Claims Data and Payments Services
P.O. Box 94460
Richmond, BC V6Y 2B4

Fax - 604-276-3195 or toll free 1-888-922-3299.

To Submit Billing Electronically:

Since April 14, 1997, The Workers' Compensation Board has offered Electronic Billing via the Medical Services Plan's (MSP) Teleplan Network.

Electronic Billing through Teleplan means:

- bi-monthly payment frequency
- receiving payment through electronic account deposit
- receiving electronic remittance statements
- eliminating paper-work

Teleplan Software:

In order to submit billing electronically to WorkSafeBC via MSP Teleplan, you must obtain the necessary software & instructions from a Teleplan approved Medical Software Vendor or enter into a contract to access this service.

If your office is not yet set up to submit reports electronically, please consult your local Yellow Pages for vendor contact information. Alternately, you may wish to contact the Medical Software Vendor Association at www.msva.ca or by calling the MSVA at 1 800 663-2094 (ask for David Zindler) to obtain vendor contact information for your geographical area of practice.

There are approximately 80 software vendors who provide Teleplan billing software and other billing services. There are different types of services available from different software vendors.

- The cost of the software varies and often includes installation and training; the software can cover the full spectrum of Teleplan billing for a multidisciplinary clinic.
- Some Massage Therapists prefer not to buy the software, but to contract for licensing access to it. There are billing systems designed for Massage Therapists and Wellness Clinics..
- Some of the vendors provide a service where you can submit paper based claims. This may be a less expensive option for RMTs with few Teleplan billings. The vendor submits your paper based claims electronically for you.

Required Fields for Electronic Invoice Submission

Every electronic invoice you submit to WorkSafeBC through the Teleplan system **must** include specific fields of information in order for it to transmit properly. You will need to determine the massage therapy diagnosis for your patient and fill in codes on the nature of the injury and the body part. The reference codes are listed in Appendices A, B and C. Appendix D (Schedule B) lists the billing codes.

Form Field Name	Description
<i>Insurer Code</i>	Enter an Insurer code of "WC" or "WCE" (depending on your software). If you are billing for a date of service that is older than 90 days, identify the service with a submission code 'W'. Without the 'W' submission code, your invoice will be rejected because the MSP Teleplan system has a 90-day time limit.
<i>Payee Number</i>	Enter the WorkSafeBC-issued Payee number for the clinic contracted to provide service to WorkSafeBC. The treating massage therapist's practitioner number may be the same as the payee number. Payment cannot be made without this information. (see note below)
<i>Name of clinic/massage therapist</i>	Enter the name of the massage therapist who provided service to the worker and the name of the clinic where the service was provided.
<i>Mailing address of clinic/massage therapist</i>	Enter the mailing address of the clinic where the massage therapist provided service to the injured worker. You may use a stamp if filling out a paper form.
<i>Telephone Number</i>	Enter the telephone number, including the area code, of the clinic where service was provided to the worker.
<i>Fax Number</i>	Enter the fax number, including the area code, of the clinic where service was provided to the worker.
<i>Claim Number</i>	Enter the WorkSafeBC claim number <i>specific to this injury</i> . Do not include the two-letter claim prefix. For example, a claim number would read 99999999 not BB999999. If you confirm the claim number by contacting the WorkSafeBC Call Centre , please ensure you have the correct injury date, birth date and PHN for the worker. (see note below)
<i>Personal health number</i>	Enter the worker's Personal Health Number as shown on the British Columbia CareCard. If the worker does not have a PHN, indicate this on the form. Otherwise, you will be charged a transaction fee for billing on paper. (see note below)

Form Field Name	Description
<i>Name</i>	Enter the worker's full first or given name and the surname. Initials should not be used. If possible, it should match the given name on the worker's British Columbia CareCard.
<i>Date of Injury</i>	The date when the work-related injury occurred. In the case of occupational diseases, this is the date when medical attention was first sought – you may wish to check this date by accessing Online Claim Status.
<i>Mailing Address</i>	Enter the mailing address of the injured worker.
<i>Birth Date</i>	Enter the birthday of the injured worker.
<i>Treating massage therapist</i>	Enter the name of the massage therapist who provided service to the worker.
<i>Practitioner number</i>	Enter the practitioner number of the massage therapist who provided service to the worker. The practitioner number may be the same as the payee number.
<i>Area of injury (Appendices A and B)</i>	This is a 5-character numeric code for the area of injury (body part) from the WorkSafeBC subset of CSA codes. The codes are included in the Massage Therapy Billing Guide and are posted on the Health Care Provider Centre at www.worksafebc.com .
<i>Area of treatment</i>	Describe the anatomical area(s) on the injured worker, treated by the massage therapist.
<i>Date of Service</i>	Indicate the specific date(s) Massage Therapy service was provided to the injured worker.
<i>Fee Code (Schedule B)</i>	Indicate the fee code(s) for the specific Massage Therapy service(s) provided, as outlined in Schedule B of the <i>Agreement</i>
<i>Number of service units*</i>	The number of service units are only required for Home Visits (item 19163) and CNS Disorders (item 19165).
<i>Amount</i>	Indicate the fee amount(s) for the specific Massage Therapy service(s) provided, as outlined in Schedule C of the <i>Agreement</i>
<i>Description</i>	Describe the specific type of treatment provided to the injured worker for each treatment date of service.

Please Note:

Payee number: The payee number is typically your CMTBC 5 digit registration number. You will need to contact the WorkSafeBC to obtain a Payee number if you employ RMT's and are billing for their services. Contact WorkSafeBC Payment Services at 604 276-3085 or toll-free at 1 888 422-2228 to obtain your number.

WorkSafeBC claim number: Claim number is optional. You may not have the Injured Worker's WorkSafeBC claim number at the time of initial treatment. Please include the WorkSafeBC claim number in future claim submissions, for it is one of the fields that WorkSafeBC uses to match incoming invoices with a valid WorkSafeBC claim.

PHN: Electronic Billing of WorkSafeBC related services are limited to Injured Workers with a valid Personal Health Number (PHN), however, a patient does not have to have current MSP coverage. If the patient does not have a valid B.C. PHN, submit a paper invoice via fax (604-279-7590 or toll-free 1-888-669-9970) to WorkSafeBC Payment Services Department, noting that the Injured Worker does not have a PHN. In these instances, the RMT will not be charged the \$4.50 line item fee.

C. WorkSafeBC Injury Coding

WorkSafeBC has adopted the Canadian WCB injury coding standards. This is a key element for case management and early intervention.

Injury coding consists of three components:

- Side of body (Appendix A)
- Body part (Appendix B)
- Nature of injury (Appendix C)

This coding is mandatory on all invoices that are submitted through MSP Teleplan. It allows for quicker and easier matching of invoices to claims, which results in timely payment.

Appendix A - Side of Body Codes

Canadian Standard Association (CSA) for WorkSafeBC Reporting & Invoicing Purposes
Side of body codes (CSA Z795) Release 2.0

Side of body	Code	Usage Note
Left	L	
Right	R	
Left and right	B	
Not applicable	N	Use for body systems, a major body part (i.e. heart, stomach) or multiple/other parts.

Appendix B - Body Part Codes

Canadian Standard Association (CSA Z795) Release 2.0 adapted for Massage Therapists. The complete list of codes is available at:

http://www.worksafebc.com/for_health_care_providers/Assets/PDF/bodypartcode.pdf

Level 1	Level 2	Code	Body part — level 3	Usage note
Head				
	Cranial	01200	Scalp	Includes skin, hair
	Cranial	01300	Skull	Includes occipital, parietal and temporal bones
	Cranial	01800	Cranial region, multiple locations	
	Ear(s)	02000	Ear(s)	
	Face	03100	Forehead	Includes eyebrows
	Face	03300	Nose, external	
	Face	03800	Face, multiple locations	
Neck				
	Neck	10009	Neck (soft tissues)	Includes throat, muscle, skin, subcutaneous tissue, veins and arteries
	Neck	10001	Neck, cervical vertebrae	Includes bony structures and cartilage
	Neck	80001	Neck and shoulder	
Trunk				
	Chest	22000	Chest	
	Chest	22800	Chest, multiple internal locations	
	Back	23200	Back, thoracic region	Includes 12 vertebrae just below cervical vertebrae of the neck, the trapezius muscle, the cervico-thoracic/ thoraco-lumbar regions
	Back	23100	Back, lumbar region	Includes 5 vertebrae in lower part on of back and lumbo-sacral region
	Back	23300	Back, sacral region	
	Back	23400	Back, coccygeal region	Includes tail bone
	Back	23800	Back, multiple regions	
	Abdomen	24000	Abdomen, external	
	Abdomen	24800	Abdomen, multiple internal locations	
	Pelvic region	25100	Hip(s)	
	Pelvic region	25200	Pelvis	

	Pelvic region	25300	Buttock(s)	
	Pelvic region	25400	Groin	
	Pelvic region	25800	Pelvis, multiple regions	
Upper extremities				
	Shoulder	21000	Shoulder, including clavicle, Includes clavicle/collar scapula bone, humerus, scapula/ shoulder blade, and shoulder girdle	
	Arm(s)	31100	Arm(s), upper	
	Arm(s)	31200	Arm(s), elbow(s)	
	Arm(s)	31300	Arm(s), forearm(s)	
	Arm(s)	31800	Arm(s), multiple locations	
	Wrist(s)	32000	Wrist(s)	
	Hand(s)	33000	Hand(s), except finger(s) Includes knuckles and the areas between the fingers	
	Finger(s)	34000	Finger(s), fingernail(s)	Includes distal phalanx, (phalanges), medial phalanx (phalanges), and proximal phalanx (phalanges)
	Finger(s)	34001	Thumb or thumb and other finger(s)	
Lower extremities				
	Leg(s)	41100	Leg(s), thigh(s)	
	Leg(s)	41200	Leg(s), knee(s)	
	Leg(s)	41300	Leg(s), lower	
	Leg(s)	41800	Leg(s), multiple locations	
	Ankle(s)	42000	Ankle(s)	Classifies the hinge joint area between the foot and the lower leg
	Foot (feet)	43000	Foot (feet), other except heel(s)	
	Foot (feet)	43230	Foot (feet), heel(s)	
	Foot (feet)	43800	Foot (feet), multiple locations	
	Toe(s)	44000	Toe(s), toenail(s)	
Body systems				
	Body systems	50001	Circulatory system	
	Body systems	50005	Musculoskeletal system (joints, tendons,...)	
	Body systems	50006	Nervous system (for nervous shock, breakdown)	
	Body systems	50007	Respiratory system	
Other				
	Other	91000	Prosthetic devices	Artificial arm(s), leg(s), dentures, hearing aids, eye glasses or corrective lenses

Appendix C - Nature of Injury Codes

Canadian Standard Association (CSA) Nature of Injury Codes for WorkSafeBC Reporting & Invoicing Purposes

Nature of Injury Codes (CSA Z795) Release 2.0 adapted for Massage Therapists.

The complete list of codes is available at

http://www.worksafebc.com/for_health_care_providers/Assets/PDF/natofinjury.pdf

Level 1	Level 2	Code	Nature of injury type– level 3	Useage note
Trauma and musculoskeletal disorders				Effects of external agents and poisoning, resulting from a single incident, event or exposure plus diseases and disorders of the musculoskeletal system and connective
	Bones, nerves, spinal cord	01000	Bones, nerves, spinal cord, trauma, other	
	Bones, nerves, spinal cord	01300	Spinal cord, traumatic injuries	
	Bones, nerves, spinal cord	01400	Nerves, traumatic injuries (ex. spinal cord)	Includes traumatic carpal tunnel syndrome
	Muscles joints	02000	Muscles, tendons, joints, other injuries	Includes tears to menisci, ligaments, and articular cartilage
	Muscles joints	02100	Sprains, strains	
	Muscles joints	02101	Rotator cuff tear, traumatic	If due to repetitive motion, use rotator cuff syndrome
	Wounds	03400	Wounds, cuts and lacerations	
	Wounds	03700	Wounds, punctures	
	Wounds	04000	Wounds, other closed wounds	Includes blisters and friction burns
	Wounds	04100	Wounds, abrasions and scratches	Includes traumatic conjunctivitis of the eye, use surface wounds, bruises, contusions for closed wounds
	Wounds	04300	Wounds, bruises and contusions	Use for closed wounds
	Wounds	04400	Foreign bodies (superficial splinters, chips)	Includes foreign bodies in the eye
	Burns	05100	Burns, chemical	
	Burns	05200	Burns, electrical	
	Burns	05300	Burns, scalds from heat	
	Intracranial injuries	06000	Intracranial injuries, other	
	Intracranial injuries	06200	Concussions	
	Environmental trauma	07000	Environmental conditions, other	
	Environmental trauma	07110	Frostbite	
	Environmental trauma	07120	Hypothermia	
	Environmental trauma	07200	Heat and light effects	
	Environmental trauma	07300	Air pressure effects	
	Environmental trauma	12610	Hearing loss or impairment, deafness	

Level 1	Level 2	Code	Nature of injury type–level 3	Useage note
	Musculoskeletal disorders	17000	Musculoskeletal/connective tissue diseases and disorders	Non-traumatic musculoskeletal system and connective tissue diseases and disorders
	Musculoskeletal disorders	17100	Arthritis (arthropathies and related disorders)	
	Musculoskeletal disorders	17210	Sciatica (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17231	Herniated disc	Including other disc pathologies (e.g. degenerative, disc disease)
	Musculoskeletal disorders	17293	Radiculitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17310	Bursitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17320	Synovitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17330	Tendonitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17340	Tenosynovitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17391	Rotator cuff syndrome (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17393	Epicondylitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17394	Capsulitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17901	Fibromyalgia, fibrositis, myofascitis	Use muscles, tendons, joints, other injuries for traumas
	Other traumatic injuries	09000	Traumatic injuries and disorders, other	
	Other traumatic injuries	09710	Crushing injuries	
Systemic diseases and disorders				Toxic and non-toxic diseases or disorders affecting systems of the body
	Nervous system diseases	12000	Nervous system and sense organs diseases	
	Nervous system diseases	12410	Carpal tunnel syndrome (not traumatic)	For traumatic carpal tunnel syndrome use nerves, traumatic inj. (ex. spinal cord)
	Circulatory system diseases	13610	Stroke	
	Circulatory system diseases	13710	Raynaud's syndrome, phenomenon: white finger	Use for vibration induced white finger disease
	Respiratory system diseases	14200	Respiratory, diseases of upper tract, other	
	Respiratory system diseases	14220	Respiratory, chronic condition of upper tract	Includes chronic sinusitis, pharyngitis
	Respiratory system diseases	14410	Bronchitis	
	Respiratory system diseases	14420	Emphysema	
	Respiratory system diseases	14440	Extrinsic allergic alveolitis, pneumonitis	
	Respiratory system diseases	14490	Chronic obstructive pulmonary disease, other	
	Respiratory system diseases	14500	Pneumoconioses, other	Includes bauxite fibrosis, graphite fibrosis and stenosis
	Respiratory system diseases	14510	Pneumoconiosis, coal workers'	Includes anthracosis, black lung, miner's asthma
	Respiratory system diseases	14520	Asbestosis	For cancer use cancers, neoplasms, and tumors
	Respiratory system diseases	14530	Silicosis	
	Respiratory system diseases	14900	Respiratory system diseases, other	
	Respiratory	14991	Reactive airway dysfunction	

	system diseases		syndrome (R.A.D.S.)	
	Digestive system diseases	15000	Digestive system diseases and disorders, other	
	Digestive system diseases	15390	Hernia, other	Excludes herniated disc
	Genitourinary system disease and disorder	16000	Genitourinary system disease and disorder	
	Disorders: skin and subcutaneous tissue	18200	Dermatitis, other	Classifies inflammation of the skin resulting from contact with allergens or irritant substances
	Disorders: skin and subcutaneous tissue	18900	Skin and subcutaneous tissue, diseases and disorders, other	
	Other systemic diseases and disorders	19000	Systemic diseases and disorders, other	Includes scleroderma
Psychological disorders				
	Psychological disorders	52000	Psychological disorders or syndromes	
Other				
	Other	51000	Damage or loss of prosthetic devices	
	Other	99990	Not yet diagnosed	Describe symptoms in diagnosis

D. Fee Codes (Schedule B)

Fee Item Code	Description	Business Rules
19150	Initial Treatment	<ul style="list-style-type: none"> Only billed once per Injured Worker
19151	Subsequent Treatment	
19159	Discharge -Reassessment-Return to Work Fee	<ul style="list-style-type: none"> Only billed once per Injured Worker
19190	Written Report requested by WCB	<ul style="list-style-type: none"> Only billed if requested by WCB
19191	Home–Institutional Visit-Travel Fee	<ul style="list-style-type: none"> Travel only billed once per destination Includes one unit of treatment, two units for travel
19155	Home-Institutional Visit Fee	<ul style="list-style-type: none"> Billable for each additional Injured Worker seen at same location
19156	WCB requested existing Case History and Chart Notes	<ul style="list-style-type: none"> First five pages
19157	WCB requested Chart Notes over five pages	<ul style="list-style-type: none"> Additional per page
19158	Telephone Consultation with WCB Case Manager or designate	<ul style="list-style-type: none"> Not to be billed for routine/billing inquiries Up to fifteen (15) minutes
19192	Subsequent Visit(s) – Extenuating Circumstances	<ul style="list-style-type: none"> Requires pre-approval by a board officer or designate Service units of fifteen (15) minutes. Maximum of NINE (9) service units [Eight (8) treatment service units plus one (1) for a round trip of up to 60 km]. Limited to one per Injured Worker Visit per day
	Non Electronic Invoice Fee	<ul style="list-style-type: none"> charged for each fee line item invoiced by paper and fax transmission

E. Explanatory Codes for Rejected Billings

The following is a list of codes that commonly arise in the course of using Teleplan to bill WorkSafeBC. Please check this list first for help; if the answer is not here, check the complete list of codes you should have received from your software vendor or MSP.

There is also a current, complete list of WorkSafeBC explanatory codes, which includes more detailed information, on the www.worksafebc.com. If you are still unable to resolve the problem, please call WorkSafeBC Payment Services at 604 276-3085, or toll-free 1 888 422-2228.

MSP CODES	MSP DESCRIPTION	WorkSafeBC Explanation
AA	PHN NUMBER IS MISSING OF INVALID	If the patient does not have a personal health number, please write that information on the form, otherwise there will be a charged transaction fee for the billing on paper
BK	YOUR CLAIM SUBMISSION IS BEING HELD PENDING WORKSAFEBBC NOTICE OF APPROVAL	Waiting for WorkSafeBC Claim match Waiting for Treatment Extension Waiting for Claim decision Waiting for Payment decision Waiting for Concurrent Treatment Authorization
ET	WORKSAFEBBC REFUSED PAYMENT - FEE ITEM LIMIT EXCEEDED.	You have exceeded the allowable limit for this fee item.
HW	WORKSAFEBBC REFUSED YOUR CLAIM SUBMISSION. INVOICE ALREADY PAID BY WORKSAFEBBC. IF CLARIFICATION REQUIRED CONTACT WORKSAFEBBC PAYMENT SERVICES.	You have already been paid for this service.
SA	WORKSAFEBBC REFUSED YOUR CLAIM SUBMISSION. ONLY ONE COURSE OF TREATMENT ACCEPTABLE PER DAY. IF CLARIFICATION REQUIRED CONTACT WORKSAFEBBC PAYMENT SERVICES	Only one type of visit per claim is payable per day.
SB	WORKSAFEBBC REFUSED YOUR CLAIM SUBMISSION. CONCURRENT TREATMENT NOT AUTHORIZED. IF CLARIFICATION REQUIRED CONTACT WORKSAFEBBC CLAIM OWNER.	The Claim Owner did not authorize this course of treatment due to other authorized treatments
SJ	UNABLE TO LOCATE WORKSAFEBBC FORM. PLEASE VERIFY PAYEE NUMBER AND DATE OF SERVICE ON INVOICE AND RESUBMIT WITH REVISED INFO.	The form you invoiced for was not received and registered to that claim.
WD	WORKSAFEBBC CLAIM DISALLOWED. IF CLARIFICATION REQUIRED CONTACT WORKSAFEBBC PAYMENT SERVICES	The claimant's WorkSafeBC claim was disallowed.
WV	WORKSAFEBBC CLAIM-TREATMENT REFUSED. IF CLARIFICATION REQUIRED PLEASE CONTACT THE CLAIM OWNER.	Claims Claim Owner did not authorize this course of treatment.
WM	WORKSAFEBBC REFUSED YOUR CLAIM SUBMISSION. TREATMENT LIMIT EXCEEDED. IF CLARIFICATION REQUIRED CONTACT WORKSAFEBBC CLAIM OWNER	This service has exceeded the authorized time limit.
XS	WORKSAFEBBC REFUSED CLAIM. CLAIM SUSPENDED PENDING FURTHER INVESTIGATION, IF CLARIFICATION REQUIRED CONTACT WORKSAFEBBC CLAIM OWNER	This claim has been suspended until WorkSafeBCF hears from the worker. No decision as to entitlement can be rendered until more information is received.
XR	WORKSAFEBBC REFUSED CLAIM. INJUREDWORKER NOT COVERED UNDER THE WCB ACT. IF CLARIFICATION REQUIRED CONTACT WORKSAFEBBC CLAIM OWNER.	Claim has been "rejected" as the worker was not covered under WCB Act. Accounts for visits and forms are not payable. Injury may be covered by another insurer.

Note: These aforementioned explanation codes are those that occur most frequently and do not comprise all of the codes that may be referenced.

F. Contact Information

WorkSafeBC Payment Services – Billing inquiries:	Phone: 604-276-3085 or toll free 1 888 422-2228
MSP Billing Support	250 952-2654
MSP for Teleplan transmission problems or other Teleplan questions:	250 952-2668 or toll free 1 800 663-7206
Fax Massage Therapy Invoices to Payment Services	Fax: 604 279-7590 or toll-free 1 888 669-9970
Mailing Invoices	WCB Payment Services P.O. Box 94460 Richmond, BC V6Y 2V6
WorkSafeBC Call Centre (if claim # unknown):	604 231 8888 or toll-free 1 888 967-5377
Health Care Services – for contract questions or general service inquiries	604 232-7787 or toll free 1 866 244-6404

Please contact the Claim Owner directly for claim related information such as treatment extension approvals.