



WORKING TO MAKE A DIFFERENCE
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Registered Massage Therapy Reference Manual

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1.0 Introduction

This manual is intended to assist with specific business processes related to doing business with WorkSafeBC (Workers' Compensation Board of BC). This is not a stand-alone document and it is intended that this manual be used in conjunction with the Registered Massage Therapy Services Memorandum of Agreement, and all the related Schedules. Please ensure that you and your staff understand the content of this manual.

1.1 Confirming a WorkSafeBC Claim Status

WorkSafeBC will only pay for services where the claim has been accepted by WorkSafeBC. When booking an initial appointment, please ask the patient whether the injury is possibly work related. If so, ask for the claim number. If the Injured Worker does not yet have a claim number, please ask the worker to provide the number as soon as s/he receives one.

You may confirm a WorkSafeBC claim status by:

- Checking online at www.worksafebc.com. Click on the “view claim status”, “access claim status” and enter the worker’s claim number; or
- Calling the WorkSafeBC Call Centre.

If the status of the claim is pending, this means that a decision has not yet been made on whether it will be an accepted claim. In this circumstance the provider may choose to bill the worker privately. If the claim is subsequently accepted the provider must reimburse 100% for all Massage Therapy costs paid by the worker prior to the date the claim was accepted and bill WorkSafeBC directly at contracted rates.

1.2 Contact Information

Fax reports and invoices:

604 233 9777 or
toll-free 1 888 922- 8807

Payment Services:

604 276-3085 or
toll-free 1 888 422-2228.

Health Care Services:

604 232-7787 or
toll-free 1 866 244-6404

The WorkSafeBC Call Centre:

604 231-8888 or
toll-free 1 888 967-5377

HIBC (MSP) Billing Support:

250 952-2654

HIBC (MSP) for Teleplan questions:

250 952-2668 or toll free 1 800 663-7206

1.3 Forms

Forms are available for download at www.worksafebc.com under “forms” and the “health care providers.” tab.

Registered Massage Therapists may also order forms in one of the following ways:

- Website: <http://www.worksafebcstore.com>
- Fax: 604 232-9703 or toll-free fax: 1-888-232-9714
- Phone: 604 232-9704 or toll-free 1 866 319-9704

1.4 WorkSafeBC Online Information

The WorkSafeBC has a Health Care Provider Centre site that can be accessed online at: www.worksafebc.com. The Health Care Provider Centre is designed to help health care providers better understand our programs, services and business process.

Registered Massage Therapists and other health care providers can access useful information tailored specifically to their practice, including:

- The status of a claim
- Invoice payment status
- Injury coding tables
- Instructions and forms for billing & reporting
- Contact information
- Resources such as brochures and post surgical rehabilitation guidelines
- Post operative protocols

2.0 Service Description

The goal of massage therapy is to assist Injured Workers reach the functional levels required to return to pre-injury work in a safe, durable, and timely manner. This requires the Registered Massage Therapist to have an understanding of the Injured Worker’s pre-injury work hours and duties. Return to work and massage therapy treatment may occur concurrently.

There are three categories of treatment:

- Standard Treatment
- Out of Clinic Treatment for circumstances where the worker is unable to attend the clinic
- Extenuating Circumstances Treatment for workers where the severity of the condition requires ongoing massage therapy (e.g. lymphedema).

2.1 Physician Referral

A referral from a physician must be received before a Registered Massage Therapist can treat an Injured Worker. The referral must be kept in the clinical record.

2.2 Treatment Duration

- The Registered Massage Therapist can provide up to 5 weeks of treatment with a maximum of three visits per week and up to a maximum of 15 Subsequent Treatments. Claim Owner verbal approval is required for any treatments that occur 8 weeks after the date of injury.
- Treatment is limited to one massage visit per day.
- There are no “per session” treatment time lengths prescribed; rather, the length of each session is to the clinical discretion of the RMT and not based on the amount paid per session.
- Extenuating Circumstances Treatment and Out Of Clinic Treatment are time based and are billed in units of 15 minutes. Two 15 minute time units can be used for travel to the treatment location.

2.3 Concurrent Treatment

Authorization is typically not given for worker to attend more than one type of treatment in a given time period. The Injured Worker must choose between attending physiotherapy, chiropractic or massage therapy. Massage therapy is typically not authorized when a worker is attending a treatment program. Concurrent treatments may be considered under special circumstances.

2.4 Worker Education

The Registered Massage Therapist should provide education on the following topics:

- What the worker can expect from the treatment
- Pain control
- Self-management of the injury
- Prevention of re-injury
- The concept of early re-activation
- The benefits of a return to work program

3.0 Reporting and Communication Requirements

3.1 Reporting

3.1.1 Massage Treatment Report

- A report is due within 3 business days of the Initial Visit. Initial Visit being day zero. The Initial Visit will not be paid if the report is not received.
- \$10 will be deducted from the initial visit fee if the report is not received within 3 business days and \$27 if the report is not received within 10 business days..
- A report is required when requesting an extension of treatment beyond 5 weeks.
- A report is required every 6 months for workers receiving treatment under Extenuating Circumstances Treatment.
- A report, in addition to those listed above, can be requested at anytime by the Claim Owner.

3.1.2 Massage Therapy Reports are submitted on the Generic Report – Medical and Health Care (83D51) This template can be found on the WorkSafeBC website at:

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

3.1.3 Reports should be faxed to 604 233 9777 or toll free 1 888 922-8807

3.2 Communication

The Registered Massage Therapist must have verbal approval from the Claim Owner under the following circumstances:

- Before providing treatment that occurs 8 weeks after the date of injury
- Before providing more than 5 weeks of treatment
- Before providing each 6 month period of Extenuating Circumstances Treatment
- Before providing Out of Clinic Treatment

Claim Owner approval is not required to provide services for treatments that occur during the first 8 weeks of the claim for accepted claims.

All reports sent to the Worker's Attending Physician must be copied to WorkSafeBC.

If the Registered Massage Therapist's assessment identifies findings that are inconsistent with the injury on the accepted claim, the Registered Massage Therapist must notify the Claim Owner and Attending Physician within one (1) business day of the assessment. The Claim Owner will then determine whether or not the findings are part of the claim.

The Registered Massage Therapist will promptly report to WorkSafeBC any injury to an Injured Worker occurring during treatment.

3.3 Treatment Extension Requests for treatment beyond 5 weeks

Extensions beyond 5 weeks will only be authorized where there is a rationale for ongoing treatment. A report from the Registered Massage Therapist must be received by at least five (5) business days prior to the treatment end date. Do not treat beyond the treatment end date without prior approval. The report should include the following

- Injured Worker's current clinical status;
- An outline of the treatment goals;
- The estimated number of visits;
- Frequency of visits;
- The expected duration of treatment and discharge date; and
- The expected treatment outcome and recommendation.

4.0 Invoicing

General

It is the Registered Massage Therapist's responsibility to confirm the worker's claim status.

When a pending status becomes accepted, the Registered Massage Therapist must reimburse the worker 100% for all Massage Therapy costs paid prior to the date the claim was accepted, and invoice the WorkSafeBC directly according to the fee amounts in Schedule B of the Agreement.

A Registered Massage Therapist must not charge any additional fees to an Injured Worker who has a claim accepted by the WorkSafeBC (e.g. therabands, user fees, administrative fees, ice pack, etc.)

WorkSafeBC may not pay for invoices that are submitted greater than 90 days from the date of service.

WorkSafeBC will hold all payments until 30 days after the provision of the service.

A Registered Massage Therapist shall not invoice the WorkSafeBC for missed, late, or cancelled appointments under any circumstances.

Invoice Submission

All invoices must use the fee codes described in Schedule B of the Agreement. (Appendix C)

HST (where applicable) must be entered as a separate line item for each date of service on the invoice using fee code 19330: "WSBC reserved SPBN HST"

Invoices for Registered Massage Therapy Services should be submitted to the WorkSafeBC by electronic submission via HIBC (MSP) Teleplan.

'Invoice for Treatment Services' (form 267 at <http://www.worksafebc.com/forms/default.asp>) can be used if you choose to fax invoices to the WorkSafeBC. However, invoice will be subject to a \$4.50 non e-commerce processing fee. A separate invoice is required for each individual worker.

The non e-commerce fee does not apply in those cases where electronic business rules prohibit transmission. An example is an injured worker who does not have a Personal Health Number (PHN).

If a worker does not have a PHN, please fax the invoice directly to Payment Services at (604) 279 7590 in order to avoid the non e-commerce processing fee.

Billing the WorkSafeBC via HIBC (MSP) Teleplan

The information you submit to Teleplan must be correct and consistent before the system will allow payment for your services. The date of service, payee number, and fee item must exactly match the date of service, payee number, and form fee item on the invoice you transmit to us. If they do not match, your invoice will be rejected and you will need to correct the information and resubmit the invoice.

To submit invoices via Teleplan, you need clinic billing software that is compatible with Teleplan. For more information, contact a medical software vendor or the Medical Software Vendor Association at www.msva.ca or by calling the MSVA at 1 800 663-2094. Alternately, you can submit through Teleplan by using a service bureau.

A "BK" explanatory code tells you that the WorkSafeBC has received your submission and is currently making a decision on it. Some complex claims can take more than 60 days to make an entitlement decision, so your patience is appreciated.

A Refusal code "AA" means that the patient does not have a PHN and/or the patient is not a British Columbia resident. If the worker does not have a personal health number, please write that information on the form 267 'Invoice For Treatment Services' and fax the invoice directly to Payment Services at (604) 279 7590 . Otherwise you will be charged a non-electronic transaction fee for billing on paper.

Please refer to Appendix D 'Explanatory Codes: A Troubleshooting Guide' for more information.

5.0 WorkSafeBC Injury Coding

The WorkSafeBC has adopted a standardized injury coding system. This is a key element for case management and early intervention.

Injury coding consists of three components:

- Service location codes (Appendix E)
- Side of body codes (Appendix F)
- Body part codes (Appendix G)
- Nature of injury codes (Appendix IH)
- Diagnostic codes (ICD-9) (access online)

This coding is mandatory on all invoices. It allows for expedited matching of invoices to claims, resulting in timely payment.

Codes can be accessed on line at www.worksafebc.com under health care providers > invoice codes.

Appendix A: Massage Treatment Report Guidelines

The Generic Report Medical and Health Care (83D51) is the template for all Massage Treatment Reports. More specific guidelines and formats will be developed at a later date.

Date of report

Enter the date the report was written in the following format (yyyy-mm-dd)

Date of Service

Enter the date of service in the following format (yyyy-mm-dd)

Report Type	Date of Service
Initial	Date of initial visit
For treatment beyond 5 weeks and Extenuating Circumstances extension requests	Last date for which treatment is approved
Requested Report	Date report requested

Report type (check only one of the report options)

For the Initial Visit choose INITIAL
 For all other reports, choose report type OTHER

Provider information

Name	Enter the name of the Clinic or Registered Massage Therapist who provided service to the worker
Payee Number	Enter the MSP practitioner's number of the Registered Massage Therapist who provided service to the worker or the Payee number for the clinic where service was provided to the worker.
Clinic Name	Enter the name of the clinic where the service was provided to the worker, (if applicable).
Mailing address/stamp	Provide the current mailing address of the clinic or Registered Massage Therapist.
Phone Number	Enter the telephone number, including the area code, of the clinic where service was provided to the worker or the number of the Registered Massage Therapist if there is no associated clinic.
Fax Number	Enter the fax number, including the area code, of the clinic where service was provided to the worker or the fax number for the Registered Massage Therapist if there is no associated clinic.

Worker information

Worker's last name	Enter the worker's last name. If possible, it should match the name on the worker's British Columbia CareCard.
First name	Enter the worker's first name. Initials should not be used. If possible, it should match the name on the worker's British Columbia CareCard.
Workers Claim number	Enter the WorkSafeBC claim number <i>specific to this injury</i> . To 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.
Worker's Occupation	Provide the worker's self-reported job title.
Date of injury	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.
Is worker currently working	Indicate yes if the worker is working either full hours, reduced hours or altered duties

Clinical Report

	<p>Title the report "Massage Therapy Report. This is the area where the details of the clinical report are entered either directly or cut and paste from another document.</p> <p>Reports should include at least the following information</p> <ul style="list-style-type: none"> • Injured Worker's current clinical status; • An outline of the treatment goals; • The estimated number of visits; • The frequency of visits; • The expected duration of treatment and discharge date; • The expected treatment outcome and recommendations • Name of treating therapist <p>A rationale for continued treatment should be included in all reports requesting ongoing treatment.</p>
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Appendix B: Invoice for Treatment Services (267) Reference Guide

Form Field Name	Description
Payment Information	
<i>Invoice Number</i>	A number chosen by the provider to identify the invoice
<i>Invoice Date</i>	Enter the date of the invoice. Invoice date must be after the date of service.
<i>Provider Name</i>	Enter the name of the clinic that provided service to the worker.
<i>Practitioner number</i>	Enter the practitioner number of the Registered Massage Therapist who provided service to the worker. The practitioner number may be the same as the payee number.
<i>Payee Number</i>	Enter the Payee number for the clinic contracted to provide service. The treating Registered Massage Therapist's practitioner number may be the same as the payee number. Payment cannot be made without this information.
<i>Mailing address for payment</i>	Enter the mailing address of the clinic where the Registered Massage Therapist provided service to the injured worker. Include street location, city, province and postal code. 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.

Please note:

The **payee number** is typically your CMTBC 5 digit registration number. You will need to contact the HIBC to obtain a Payee number if you employ RMT's and are billing for their services.

Service Recipient Information	
<i>Service Recipient's last name</i>	Enter the worker's last name. If possible, it should match the name on the worker's British Columbia CareCard.
<i>Service Recipient's first name</i>	Enter the worker's first name. Initials should not be used. If possible, it should match the name on the worker's British Columbia CareCard.
<i>Gender</i>	Select male or female.
<i>Birth Date</i>	Enter the birth date of the injured worker.
<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.
<i>WorkSafeBC (WCB) Claim number</i>	Enter the WorkSafeBC claim number <i>specific to this injury</i> . To 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.
Injury Information	
<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>Diagnostic Code (ICD-9 code)</i>	These codes can be found on online at: http://www.worksafebc.com/health_care_providers/default.asp
<i>Side of Body Code</i>	See Appendix F
<i>Body Part Code</i>	See Appendix G
<i>Nature of Injury Code</i>	See Appendix H

Injury Information: Entry of all the code fields is mandatory for payment to be processed. Codes can be found in the Appendices or on line

Service Information	
<i>Service Location Code</i>	See Appendix E
<i>Date of Service</i>	Indicate the specific date(s) Massage Therapy service was provided to the injured worker.
<i>Fee Code</i>	Indicate the fee code(s) for the specific Massage Therapy service(s) provided, as outlined in Schedule B2 of the <i>Agreement</i> .
<i>Amount</i>	Indicate the fee amount(s) for the specific Massage Therapy service(s) provided, as outlined in Schedule B2 of the <i>Agreement</i> .
<i>Number of service units*</i>	The number of service units are only required for Out of Clinic Treatment (fee item 19155), Extenuating Circumstances Treatment (item 19192) and photocopying.
<i>Service Description</i>	Describe the specific type of treatment provided to the Injured Worker for each treatment date of service as stated in the Fee Schedule.

Claim number is optional. You may not have the Injured Worker's WorkSafeBC claim number at the time of initial treatment. Including the claim number in future claim submissions will facilitate payment.

Appendix C: Fee Schedule

Description of Fee Item	Fee Item Code	WorkSafeBC Business Rules	Jan 01, 2011 to Dec 31, 2011
Initial Visit with Massage Treatment Report	19150	<ul style="list-style-type: none"> • Limit ONE (1) per payee per claim. • Billable if the Massage Treatment Report is received. • Report must be received by WorkSafeBC within three (3) business days from the date of the initial visit. For invoicing purposes the date of assessment is considered zero (0). • Deduction of \$10.00 will be applied if treatment report is not received within three (3) days of the initial visit. • Deduction of \$27.00 will be applied if treatment report is not received within ten (10) days of the initial visit. 	\$62.00 (inclusive of \$27.00 report fee)
Subsequent Treatment	19151	<ul style="list-style-type: none"> • Limit ONE (1) per payee per day per accepted claim. • Service date must be later than that of Initial Visit. • No concurrent treatments are allowed unless approved by a Board Officer. 	\$30.00
Extenuating Circumstances Treatment	19192	<ul style="list-style-type: none"> • ONE (1) Service-Unit equals FIFTEEN (15) minutes of treatment. • Must receive prior approval from the Board Officer • Maximum of EIGHT (8) Service-Units (six (6) treatment service units plus two (2) travel). • Billable from Initial Visit instead of fee item codes 19150 or 19151. • Billable if the Massage Treatment Report Form is received before the Initial Visit and before the end of the six (6) month period. 	\$18.00
Out of Clinic Treatment	19155	<ul style="list-style-type: none"> • Limit ONE (1) per day per payee per accepted claim. • Service date must be later than that of the Initial Visit. • MAXIMUM of four (4) service units per visit (two (2) treatment service units plus two (2) service units for travel). 	\$15.84

Description of Fee Item	Fee Item Code	WorkSafeBC Business Rules	Jan 01, 2011 to Dec 31, 2011
Massage Treatment Report Requested by WorkSafeBC	19190	<ul style="list-style-type: none"> For regular Treatment Beyond five (5) weeks or Extenuating Circumstances treatment beyond six (6) months, or as requested by WorkSafeBC; If requested by WorkSafeBC, report must be received by WorkSafeBC within ten (10) business days from the date of the request. For invoicing purposes the date of request is considered day ZERO (0). \$10.00 deduction if the report is received by WorkSafeBC eleven (11) business days from the date of the request. 	\$27.00 per Report
Telephone Consultation with Board Officer	19158	<ul style="list-style-type: none"> Initiated by Board Officer and/or RMT. Billable for conversation time only for discussions regarding treatment related issues, return to work and must be documented in clinical notes. Billable for consultations up to FIFTEEN (15) minutes per Service-Unit. Limit ONE (1) per payee per accepted claim per day. Not billable for discussion of administrative or performance issues. 	\$25.00
Producing copies (first 5 pages)	19156	<ul style="list-style-type: none"> Requested by WorkSafeBC. 	\$22.36
Producing copies (every page over 5 pages)	19157	<ul style="list-style-type: none"> Requested by WorkSafeBC. 	\$1.15 per page
Non-Electronic Invoicing Fee	NA	<ul style="list-style-type: none"> Processing fee for each invoice sent by paper and fax transmission. 	\$4.50 penalty (per invoice)

HST (where applicable) must be entered as a separate line item on the invoice using fee code **19330: "WSBC reserved SPBN HST"**

Appendix D: Explanatory Codes: A Troubleshooting Guide

The following is a list of codes that commonly arise in the course of billing the WorkSafeBC through Teleplan. Please check this list first for help; if the answer is not here, check the complete list of codes received from your software vendor or HIBC (MSP).

There is also a current list of WorkSafeBC explanatory codes, which includes more detailed information, on the WorkSafeBC Online™ website at 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.

HIBC Codes	HIBC Descriptions	WorkSafeBC Explanation
AA	PHN Number is missing or 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 WorkSafeBC 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	WorkSafeBC refused payment – Fee Item Limit Exceeded.	You have exceeded the allowable limit for this fee item.
SA	WorkSafeBC refused your claim submission only one course of treatment acceptable per day. If clarification required contact WorkSafeBC Payment Services	Only one type of visit per claim is payable per day.
SB	WorkSafeBC refused your claim submission. Concurrent treatment not authorized. If clarification required contact WorkSafeBC Board Officer	The Board Officer did not authorize this course of treatment due to other authorized treatments
SJ	Unable to locate WorkSafeBC 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	WorkSafeBC claim disallowed. If clarification required contact WorkSafeBC Payment Services	The claimant's WORKSAFEBC claim was disallowed.

WV	WorkSafeBC claim-treatment refused. If clarification required contact the Board Officer.	Claims Board Officer did not authorize this course of treatment.
WM	WorkSafeBC refused your claim submission. Treatment limit exceeded. If clarification required contact WorkSafeBC Board Officer	This service has exceeded the authorized time limit.
XS	WorkSafeBC refused claim. Claim suspended pending further investigation. If clarification required contact WorkSafeBC Board Officer	This claim has been suspended until the WorkSafeBC hears from the worker. No decision as to entitlement can be rendered until more information is received.
XR	WorkSafeBC refused claim. Injured Worker not covered under the WCB Act. If clarification required contact WorkSafeBC Board Officer	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.

HIBC (MSP) Teleplan Rejection Explanatory Codes and Descriptions

WorkSafeBC Code	WorkSafeBC Explanatory Code Description	HIBC Code	HIBC Explanatory Code Description
146	INVALID NATURE OF INJURY CODE	S1	WorkSafeBC refused claim. Invalid nature of injury code. Please resubmit with amended information.
147	INVALID AREA OF BODY CODE	SZ	WorkSafeBC refused claim. Invalid body part code. Please resubmit with amended information.
148	INVALID ANATOMICAL POSITION	S2	WorkSafeBC refused claim. Invalid side of body code. Please resubmit with amended information.
158	Invalid PHN	2W	WorkSafeBC claim submitted to WorkSafeBC on paper – refused by WorkSafeBC.
501	INFORMATION MISSING. PLEASE RESUBMIT WITH MISSING INFORMATION.	GW	(501) WorkSafeBC information missing. Please resubmit with missing information.
507	DUPLICATE SERVICE. A SERV WAS ALREADY PAID FOR THIS DATE OF SERV. DO NOT RE-BILL	HW	(507) WorkSafeBC duplicate service. A service was already paid for this date of service. Please do not rebill.
511	CLAIM REJECTED OR DISALLOWED. DO NOT RE-BILL.	WD	(511) WorkSafeBC claim has been rejected or disallowed. Contact claim owner for more information. Please do not rebill.
512	SERV NOT ALLOWED WITH SERV ALREADY PD. REFER TO CONTRACT FOR CONCURRENCY RULES.	EP	(512) WorkSafeBC service is not allowed with another service already paid on this date of service. Please refer to the contract.
513	SERVICE NOT ENTITLED ON CLAIM	UM	(513) WorkSafeBC service is not entitled on this claim. Contact claim owner for more information.
514	SERVICE IS NOT APPROVED OR OUTSIDE ALLOWABLE ENTITLEMENT.	GV	(514) WorkSafeBC service is not approved or outside allowable entitlement period. Contact claim owner for more information.
515	MAXIMUM SERVICE UNITS ENTITLED HAVE ALREADY BEEN INVOICED.	UL	(515) WorkSafeBC the maximum service units entitled have already been invoiced. Contact claim owner for more information.
518	PROOF NOT RECEIVED OR NOT ACCEPTED. CHECK CONTRACT FOR PROOF REQUIREMENTS.	SJ	(518) WorkSafeBC proof was not received or not accepted. Please check contract for proof requirements.
528	INVOICED AMOUNT WAS ADJUSTED TO WORKSAFEBC FEE SCHEDULE	C8	(528) WorkSafeBC invoice amount was adjusted to the Fee Schedule.
534	PENALTY APPLIED FOR PROOF TIMELINESS. PLEASE REFER TO CONTRACT FOR MORE INFO.	CV	Claim submission changed to the appropriate MSP consultation rate plus the amount for fee item 19908. If clarification required contact WorkSafeBC Health Care Services.

The rest of the codes and explanatory codes can be found on the MSP website.

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

Appendix E: Service Location Codes

Revised CODE	Revised DESCRIPTOR	Revised DEFINITION
C	Residential Care/Assisted Living Residence	Service is provided to a patient in a licensed residential care facility or registered assisted living residence (Note: Excludes small “group homes” where no professional health care support/care is available and includes extended care facility within a hospital).
E	Hospital – Emergency Room (Unscheduled Patient)	Service is provided in a hospital emergency department for a patient who presents for emergent or urgent treatment (Note: Excludes hospital outpatients who receive services on a scheduled basis within an emergency department – see <i>Hospital Outpatients</i>).
I	Hospital – Inpatient	Service is provided for a patient who is an inpatient of a hospital (Note: Excludes patients located within a designated “extended care unit” within a hospital – see <i>Residential Care/Assisted Living Residence</i>).
P	Hospital – Outpatient	Service is provided in outpatient and/or ambulatory clinics where outpatients receive scheduled services including emergency department, or any other hospital setting where outpatients receive services (Note: Excludes day care surgical patients).
R	Patient’s Private Home	Service is provided in a patient’s own home (Note: Includes service provided in a “group homes” where on-site nursing or other health professional support care is not provided, but excludes assisted living residences and other residential facilities – see <i>Residential Care/Assisted Living Resident</i>).
A	Practitioner’s Office – In Community	Service is provided in a practitioner’s office (Note: Excludes practitioner’s offices that are located within a publicly administered health care facility – see <i>Practitioner’s Office – In Publicly Administered Facility</i> . Includes services provided by a physician, chiropractor, dentist, optometrist, podiatrist, Physical Therapist, and massage therapist).
M	Mental Health Centre	Service is provided in a publicly administered mental health centre to an outpatient (Note: Excludes mental health facilities that are primarily residential in nature – see Residential Care/Assisted Living. Includes CRESST Facilities).
T	Practitioner’s Office – In Publicly Administered Facility	Service is provided in a practitioner’s office located within a publicly administered health care facility (e.g., Hospital, Primary Care Centre/Clinic, D&T Centre, etc...).

Appendix F: CSA Side of Body Codes 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.

A current list of WorkSafeBC injury codes is available on www.worksafebc.com

Appendix G: CSA Body Codes for WorkSafeBC Reporting & Invoicing Purposes

Body part codes (CSA Z795) Release 2.0

Level 1	Level 2	Code	Body part — level 3	Usage note
Head				
	Cranial	01100	Brain	Includes brain stem. Use for concussion or other intracranial injuries
	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	03200	Eye(s)	Includes conjunctiva, cornea, eyeball, inside and outside of the eyelids, iris, lacrimal glands, lens, optic nerve, orbit, and retina
	Face	03300	Nose, external	
	Face	03310	Nose/nasal, internal location, other	
	Face	03400	Cheeks	
	Face	03500	Jaw/chin	
	Face	03610	Lip(s)	
	Face	03620	Tongue	
	Face	03630	Tooth (teeth)	
	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	12000	Vocal cords(s)	
	Neck	13000	Larynx	
	Neck	14000	Laryngopharynx	
	Neck	15000	Pharynx	
	Neck	80001	Neck and shoulder	
Trunk				
	Chest	22000	Chest	
	Chest	22200	Esophagus	
	Chest	22300	Heart	
	Chest	22400	Bronchus	
	Chest	22500	Lung(s) pleura	
	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
Level 1	Level 2	Code	Body part — level 3	Usage note

	Back	23100	Back, lumbar region	Includes 5 vertebrae in lower part 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	24200	Stomach	
	Abdomen	24300	Spleen	
	Abdomen	24410	Bladder	
	Abdomen	24420	Kidney(s)	
	Abdomen	24491	Ureter	
	Abdomen	24520	Intestine, small	
	Abdomen	24530	Intestine, large/colon, rectum	
	Abdomen	24610	Liver	
	Abdomen	24620	Gallbladder	
	Abdomen	24630	Pancreas	
	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	25510	Scrotum	
	Pelvic region	25520	Penis	
	Pelvic region	25530	Genital region, external female	
	Pelvic region	25610	Prostate	
	Pelvic region	25620	Testis (testes)	
	Pelvic region	25630	Ovary(ies)	
	Pelvic region	25640	Uterus	
	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)	
Level 1	Level 2	Code	Body part — level 3	Usage note
	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)	
	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	50000	Immune and endocrine systems	
	Body systems	50001	Circulatory system	
	Body systems	50002	Digestive system	
	Body systems	50004	Genito-urinary system	
	Body systems	50005	Musculoskeletal system (joints, tendons,...)	
	Body systems	50006	Nervous system (for nervous shock, breakdown)	

A current list of WorkSafeBC injury codes is available on www.worksafebc.com

Appendix H: CSA Nature of Injury Codes for WorkSafeBC Reporting & Invoicing Purposes

Nature of Injury Codes (CSA Z795) Release 2.0

Level 1	Level 2	Code	Nature of injury type–level 3	Usage 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	01100	Dislocations	Displacement or dislocation of bone or cartilage. Includes: subluxations, partial displacement and fractured or broken cartilage
	Bones, nerves, spinal cord	01200	Fractures	Includes avulsion fractures
	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	03000	Wounds, other open wounds	Includes wounds with broken skin or outward opening, beyond the superficial skin surface
	Wounds	03110	Amputations, fingertip	Includes bone loss
	Wounds	03190	Amputations, except fingertip	Includes bone loss
	Wounds	03200	Bites and insect stings	
	Wounds	03300	Wounds, avulsions	Includes ripping or tearing away not involving bone, excludes avulsion of joint capsule, ligament, muscle or tendon (use muscles, tendons, joints, other injuries)
	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
Level 1	Level 2	Code	Nature of injury type–level 3	Usage note

			3	
	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	12560	Welder's flash	
	Environmental trauma	12610	Hearing loss or impairment, deafness	
	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	
Level 1	Level 2	Code	Nature of injury type–level 3	Usage note
	Other traumatic injuries	09100	Asphyxiation, strangulation, suffocation	
	Other traumatic injuries	09200	Drownings	
	Other traumatic injuries	09300	Electrocutions, electric shocks	
	Other traumatic injuries	09500	Poisonings and toxic effects, Other	
	Other traumatic injuries	09600	Traumatic complications, other	Complications peculiar to medical or surgical procedures or following traumatic injuries — includes anaphylactic shock and post-traumatic osteoarthritis
	Other traumatic injuries	09710	Crushing injuries	
Systemic diseases and disorders				Toxic and non-toxic diseases or disorders affecting systems of the body
	Disease of blood and blood forming organs	11000	Blood and blood forming organs, diseases	
	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)
	Nervous system diseases	12500	Eye disorders (not traumatic)	Do not use for traumatic injuries
	Circulatory system diseases	13000	Circulatory system diseases, other	
	Circulatory system diseases	13310	Heart attack (myocardial infarction)	
	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
Level 1	Level 2	Code	Nature of injury type–level 3	Usage note
	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 system diseases	14991	Reactive airway dysfunction 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
Infectious and parasitic diseases	Infectious and parasitic diseases	29000	Infectious and parasitic diseases	Classifies bacterial, viral, rickettsial, fungal and parasitic infections
Cancers, neoplasms, and tumors				
	Cancers, neoplasms, and tumors	30000	Cancers, neoplasms, and tumors	

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

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