



WORKING TO MAKE A DIFFERENCE

Update for Medical Suppliers

This bulletin provides information on the process for the request of durable and disposable medical equipment and supplies. An on line resource is available to help providers with additional information on the CMS Web Page on our website.

http://www.worksafebc.com/health_care_providers/default.asp

Recently WorkSafeBC implemented the Claims Management Solutions (CMS) system. As a result of this change, the Provider process for quotes and invoicing has changed. In order to meet the requirements of this new system, medical supplies were divided into two large categories; durable and disposable and fee codes were created. This bulletin is intended to be a reference to assist with future invoicing and address questions that you may have regarding these changes.

Durable medical supplies are items that can withstand repeated use such as wheelchairs, walkers scooters, or hospital beds. Disposable Medical supplies are items that generally are one use items or require refills such as; catheters, oxygen systems, wound dressings, or needles and syringes. Fee codes for these items are attached to this bulletin.

1. Supplying Medical Items to WorkSafeBC

WorkSafeBC has an agreement with the BC government for the supply of goods and services by medical suppliers of the Corporate Supply Agreement (CSA).








WorkSafeBC may also authorize medical suppliers to provide goods and services outside of the CSA agreement. When a worker in B.C. suffers an injury as a result of a workplace accident, WorkSafeBC pays the cost of appropriate product according to the fee schedule.

All medical suppliers providing items to injured workers are deemed to have accepted the fee schedules for the supply of medical items. Medical Suppliers are not to charge any fees directly or indirectly to the injured worker who has a claim accepted by WorkSafeBC. Medical Suppliers not wishing to accept these terms should not provide services to injured workers.

Medical items may be processed through two (2) processes depending upon whether or not the medical item requires a purchase order (PO) or not. To determine which items requires a PO please refer to Attachment B.







ATTACHMENT A

2. How Does the Process Work When a Purchase Order is Required

Activity:	By Who:	Process:
	External provider or Injured Worker	<ol style="list-style-type: none"> 1. External provider (e.g.: OT, nurse) develops a report with recommendations for purchase of a medical supply. 2. Injured Worker contacts board officer for assistance.
	WorkSafeBC Officer	<ol style="list-style-type: none"> 3. Entitles medical supplies fee codes on injured worker's service plan. See fee schedules attached for fee codes.
	WorkSafeBC claim owner, nurse advisor or other*	<ol style="list-style-type: none"> 4. Contacts/discuss requirements with provider or medical supplier. 5. Request a detailed quote for medical items. 6. Provides the worker name and claim number. 7. *May include an authorized WorkSafeBC community service provider such as an occupational therapist or a home care provider. <p>Medical suppliers are to obtain contact information for the claim owner and confirm with the claim owner that the medical items are entitled in step 2. This step will ensure your invoice is properly processed.</p>
	Medical supplier	<ol style="list-style-type: none"> 8. Creates separate quotes for PO and non PO items: <ol style="list-style-type: none"> a) States "83D35" on bottom left corner of the quote b) States worker name, claim number, date of service, and fee codes for each item on quote. 9. PST and CSA fee, where applicable, should be listed as separate line items. c) Faxes quote to 1-888-922-8807 or 604-233-9777.
	WorkSafeBC system	<ol style="list-style-type: none"> 10. Quote is electronically filed on to the claim
	WorkSafeBC Corporate and Health Care Purchasing (CHCP)	<ol style="list-style-type: none"> 11. If a quote has not been previously obtained by the board officer, CHCP will request a detailed quote from a supplier. 12. Provide a purchase order number to the medical supplier to authorize the supply of the medical items to the worker. 13. Faxes a Purchaser order (PO) document to the medical provider to confirm the authorization.
	Medical supplier	<ol style="list-style-type: none"> 14. Prepares an invoice in accordance with WorkSafeBC requirements and faxes invoices to 1-888-922-8807. Do not re-submit your quote with the invoice. Also please include serial numbers as applicable.

ATTACHMENT A

3. How Does the Process Work When a Purchase Order is NOT Required

Activity:	By Who:	Process:
	External provider or Injured Worker	<ol style="list-style-type: none"> 1. External provider (e.g.: OT, nurse) develops a report with recommendations for purchase of a medical supply. 2. Injured Worker contacts board officer for assistance.
	WorkSafeBC Officer	<ol style="list-style-type: none"> 1. Entitles medical supplies fee codes on injured worker's service plan.
	WorkSafeBC claim owner, nurse advisor or other*	<ol style="list-style-type: none"> 2. Contacts medical providers with requirements 3. May request a quote for medical items 4. Provides the worker name and claim number. 5. *May include an authorized WorkSafeBC community provider such as an occupational therapist or a home care provider. <p>Medical suppliers are to obtain contact information for the claim owner and confirm with the claim owner that the medical items are entitled in step 1. This step will ensure your invoice is properly processed.</p>
	Medical supplier	<ol style="list-style-type: none"> 6. Creates quotes and: <ol style="list-style-type: none"> a) States "83D35" on bottom left corner of the quote b) States worker name and claim number on quote c) Faxes quote to 1-888-922-8807 or 604-233-9777
	WorkSafeBC	<ol style="list-style-type: none"> 7. Quote is electronically filed on to the claim and shows up as a notification called "Incoming Supplier/Vendor Quote" 8. Provider is notified of approval when their quote is faxed with confirmation and necessary fee codes by WorkSafeBC claim owner, nurse advisor.
	Medical supplier	<ol style="list-style-type: none"> 9. Prepares an invoice in accordance with WorkSafeBC requirements and faxes invoices to 1-888-922-8807 or 604-233-9777. Do not re-submit your quote with the invoice. Also please include serial numbers as applicable.

3. Sending in a Quote to WorkSafeBC

You must reference the number #83D35 specifically on the "bottom left" corner of the quote before forwarding it to the fax number 1-888-922-8007 or 604-233-9777. If the #83D35 is not referenced on the quote on the bottom left corner, it will not be processed and matched the claim. Please ensure the size of the font is sizeable and legible so the information can be understood.

4. How Do I Invoice WorkSafeBC?

You can either submit your own invoice or use a generic WorkSafeBC invoice template. One term used frequently is "line item". Each invoice item must be entered as a separate entry or "line item" on the invoice.

ATTACHMENT A

4.1 Where Can I Get the WorkSafeBC Generic – Medical and Health Care Invoice?

Go to our web page on www.worksafebc.com (click on the “Forms” tab and then “Health Care Providers”) or use this link:

http://www.worksafebc.com/forms/default.asp?showTab=health_care.

The generic invoice - form 83D128 is available as a pdf or as a word document. A sample of the form is attached for viewing as Attachment A. If you do not know which invoice to use please contact Health Care Services at (604) 232-7787 or 1-866-244-6404 or E-mail: HCSINQU@worksafebc.com

4.2 How Do I Fill Out the WorkSafeBC Generic – Medical and Health Care Invoice?

Invoice Field	Description
1. Authorization number	Also known as the purchase order number and is only provided by Corporate and Health Care Purchasing (when PO's are required)
2. Payee Number	A unique 5 or 7 digit numbers provided to each business by WorkSafeBC that helps facilitate payment to you. Please refer to the purchase order for your payee number. If you do not have one, please complete the rest of the invoice. When WorkSafeBC receives your invoice, you will be notified with a payee number.
3. Service Recipient	Name of the worker.
4. Claim number	Claim number assigned by WorkSafeBC.
5. Date of Service	Date the service was provided and/or when the goods were supplied. Please ensure that the date format is clear. For example, use a “2009-03-10” format, or include an “yyyy-mm-dd” indicator of the format used. If a Date of Service is ambiguous, the invoice item may be rejected.
6. Fee Code	A unique number assigned for each range of products by WorkSafeBC. A description and list of the fee codes are provided in this document.
7. Description	Describe the item in more detail (Manufacturers' name and type). For items that have serial numbers, please indicate the serial number with the description indicated with SN.
8. Number of Items	Quantity of item.
9. Cost per item	Amount of item.

ATTACHMENT A

10. PST Amount	Separate line item where applicable
11. Invoice Total Amount	Total amount invoiced

4.3 What If I Use Our Own Invoice Form?

Please make sure your invoices contain the mandatory information required on the WorkSafeBC Generic – Medical and Health Care Invoice. The mandatory fields are indicated with an asterisk and will facilitate the payment process. Fax your invoice to 1-888-922-8807 or 604-233-9777.

4.4 What Are the Fee codes for Medical Items?

A fee code is a 7 digit number assigned to each medical service or item billed. It allows for your invoice to be processed smoothly. In order to bill WorkSafeBC accurately for medical supplies please refer to Attachment B for a list of the codes. There are 2 main categories of medical fee codes: durable (long lasting) and disposable (consumable).

If you do not know the appropriate fee code, please refer to the WorkSafeBC website: http://www.worksafebc.com/health_care_providers/default.asp or contact Health Care Services at (604) 232-7787 or 1-866-244-6404 or E-mail: HCSINQU@worksafebc.com.

4.5 What if I Don't Have a Payee Number?

Please refer to the purchase order document for your payee number. If you do not have one, please complete the rest of the invoice. When WorkSafeBC receives your invoice, you will be notified with a payee number.

4.6 What if an Injured Worker requires both Disposable and Durable Medical Items (PO and non PO)?

Please submit quotes and invoices for items that require a PO separately from non-PO items. This will allow faster processing of quotes and invoices. Typically only durable medical items require a purchase order to authorize the purchase. To determine what is considered a disposable versus a durable medical item, please see Attachment B – Fee Codes for Medical Items.

4.7 When Should I Submit the Invoice?

Make sure to submit your invoices in a timely manner. Please be reminded that WorkSafeBC will not pay invoices for health care services that are submitted beyond ninety (90) days from the date of service as per Section 56 (3) of the *Workers Compensation Act*.

4.8 Re-billings of Invoice Line Item Rejections

ATTACHMENT A

We have resolved several issues that have caused invoice line item rejections since the implementation of CMS. Please check your Explanation of Benefit codes (EOB's) on your remittance statements. Items with the following EOB's may be re-billed for those services which have been previously rejected. It is important to only re-bill for services with the following rejection codes at this time. This also applies to billings for invoices that are more than 90 days since the date of service.

- **501:** This rejection is due to a missing or incomplete date of service. If the remittance statement shows a "service date" of "Jan. 01, 1900", this is a rejection due to a missing or incomplete date of service or information. Please correct the date of service or add the missing information, and re-submit the line item.
- **502:** This rejection is due to either billing before the date of service, or "invoice date" pre-dates the date of service, or both. Please ensure that the invoice date is on or after the dates being billed for, the invoice on or after the dates being billed for and resubmit your invoice for this service.
- **520:** Rejected due to a missing pre-requisite. This has been repaired and these invoices can be re-billed as previously submitted.
- **523:** Rejected due to concurrency, specifically the "Same entitlement period" concurrency. This has been repaired and you can resubmit for this service.
- **515:** Maximum service units have been entitled. Please contact the case manager to ensure that entitlement is in place prior to resubmitting for this service. If you are not sure who the case manager is, please contact us in Health Care Services.

5. What Medical Items Are Not Authorized for Purchase?

5.1 Home Modification Items:

WorkSafeBC has a contract with home modification provider (Scott Interior and Renovations Ltd). They are responsible for the project management of the worker's major and minor home modifications. This includes items such as:

- Ramps that are greater than 23 inches in length (permanent or temporary) that are replacing stairs (multiple stair ramps)
- Items that require bolting or fixing permanently to walls or ceilings (e.g. ceiling poles, grab bars and hand rails)
- Slider bar mounted hand held showers
- Other minor home modifications

ATTACHMENT A

For off the shelf hand held showers that do not require bolting or fixing permanently to walls, medical suppliers may use the fee code #1120512.

Medical supply companies are not authorized to provide home modifications, unless contacted by Scott Interior and Renovations Ltd.

6. What If I Have Other Questions or Need Help?

- 6.1 If you are not sure who the **claim owner/case manager** is or have **questions regarding entitlement**, please contact the Claims Call Centre at 1-888-967-5377.
- 6.2 If you have a question regarding the **purchase order process**, please contact Corporate and Health Care Purchasing at 604 276-3344.
- 6.3 For **general payment inquiries**, please contact Payment Services at 1-888-422-2228 (toll free).
- 6.3 Contact Health Care Services as soon as possible if you encounter any problems with billings or other related issues. We appreciate your support in identifying potential system errors as we proceed with CMS implementation.

Web: www.worksafebc.com

Phone: (604) 232-7787 or 1-866-0244-6404

Email: HCSINQU@worksafebc.com

Thank you for your patience while we transition through this new process. As always, Health Care Services remains committed to helping you resolve any difficulties you may encounter in doing business with WorkSafeBC as a Health Care Provider.

ATTACHMENT A



GENERIC INVOICE MEDICAL AND HEALTH CARE

This invoice must be submitted within 90 days of the date of service. All fields with * are required for payment to be processed. Failure to provide this information may result in processing delays or in non-payment. All other fields to be completed (if possible). Incomplete invoices may be returned for resubmission.

PAYMENT SERVICES
Phone 604 276-3085
Toll-free 1 888 422-2228

FAX
604 233-9777
Toll-free 1 888 922-8807

MAIL
Payment Services, WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Invoice number [REDACTED]	Invoice date* (yyy-mm-dd) [REDACTED]	Contract ID [REDACTED]	Authorization number [REDACTED]
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Payment information

Payee name [REDACTED]		Payee number* [REDACTED]	
Mailing address for payment [REDACTED]		City [REDACTED]	Province [REDACTED]
Postal code* [REDACTED]		Telephone number (please include area code) [REDACTED]	
Fax number (please include area code) [REDACTED]			

Service recipient information (worker or other person who received service)

Service recipient last name* [REDACTED]	Service recipient first name* [REDACTED]
Service recipient date of birth* (yyy-mm-dd) [REDACTED]	Service recipient personal health number (CareCard number) [REDACTED]
WorkSafeBC claim number [REDACTED]	Date of injury* (yyy-mm-dd) [REDACTED]

Service information

Date of service* (yyy-mm-dd)	Fee code*	Description*	Number of items*	Cost per item*	PST* (if charged)	Item total*
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.00
INVOICE TOTAL*						\$ 0.00

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at P.O. Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

ATTACHMENT B – FEE CODES FOR MEDICAL ITEMS

Fee Code	DISPOSABLE Medical Supplies	PO Req?	Examples
1100400	Disposable Med Supplies - Gloves	No	Cotton, Latex non sterile, Latex non sterile powdered, Latex non sterile non powdered, powder free, Latex sterile
1100401	Disposable Med Supplies - Airway Management Supplies	No	Cuffed Endotracheal tube, Uncuffed Endotracheal Tube, Pre cut Endotracheal Tube, Tube Stylet, McGill Forceps, Accessories (tape for endotracheal use
1100402	Disposable Medical Supplies - IV Supplies	No	Administrations Sets, Catheter Needle Infusion Sets, interlink Needleless, Pressure Infusers, Pump Sets, Solutions
1100403	Disposable Medical Supplies - Needles & Syringes	No	Needles, Syringes, Sharps Containers
1100404	Disposable Medical Supplies - Orthopaedic Supplies	No	Compression stockings, supports, accessories, off-the-shelf prefabricated orthotics.
1100405	Disposable Med Supplies - Respiratory Therapy Supplies	No	Respiratory Apparatus, Oxygen Bottle Cylinders, Heat Moisture Exchangers, Filters, Masks O2, Cannula Nebulizers, Regulator, Resuscitation Bag and Mask
1100406	Disposable Med Supplies - Urological Supplies	No	Catheters, Trays (irrigation trays), Urinary Supplies Accessories (adapter, valve), Bags (leg, drainage, leg bag kit)
1100407	Disposable Med Supplies - Wound Care, Post-surgical	No	Band-Aids, Dressings, Tray Dressings, Elastic Bandages Tensor Bandage, Gauze Pads, Gauze Sponges, Gauze Rolls, Tubegauze, Stockinet, Tape Applicators, Adhesives, Sutures
1100409	Disposable Medical Supplies - Ostomy Supplies	No	Adhesive skin glue, Applicator wipe protective skin barrier gel, Ostomy flange, Ostomy pouch closed, Ostomy pouch drained, Ostomy powder, Ostomy or urostomy pouch
1100410	Disposable Med Supplies - Feeding Supplies	No	Feeding Bags, Feeding Containers, Feeding Pump Assorted Food, Decompression Tube, Mic-Key Tube Gastronomy Tube
1100411	Disposable Med Supplies - Personal Care, Incontinence	No	Incontinence Supplies, Diapers, Feminine Hygiene Sanitary Napkins, Personal Hygiene, Wipes, Towels Bibs
1100467	Chronic Wound Care – VAC therapy	No	Negative pressure wound therapy, applies to canisters, foam, dressing supplies, rental of unit.
1100496	Out of Province – Disposable Medical supplies	No	

ATTACHMENT B – FEE CODES FOR MEDICAL ITEMS

Fee Code	DURABLE Medical Supplies	PO Req?	Examples
1120512	Durable Medical Supplies – Off The Shelf Hand Held Shower	No	Does not require bolting or fixing permanently to walls. E.g. Waterpick, Hansgrohe, Delta, Moen, Culligan, etc...
1100412	Durable Wheelchair – Manual	Yes	Manual wheel chair
1100413	Durable Wheelchair – Power	Yes	“Electric” wheelchair
1100414	Durable Medical Equipment - Power Assist Wheels	Yes	Powered wheels for a manual wheelchair
1100415	Durable Medical Supplies - Wheelchair Cushions	Yes	Provides pressure relief on areas/surfaces. Eg. foam, gel, air, sheepskin, roho, gortex, comfort, conform, cover, lateral, thigh head supports
1100416	Durable Medical Supplies - Scooter Purchase	Yes	power mobility
1100417	Durable Medical Supplies- Transfer Assist Devices	No	sliding boards, transfer boards, mover, disc, disk, slide, glide, swivel, superpole
1100418	Durable Medical Supplies- Bed Surface Overlays	Yes	roho, gel
1100419	Bed - Adjustable & Mattress	Yes	hospital bed, bed frame and/or replacement mattress
1100420	Durable Medical Supplies - Therapeutic Bed Surface	Yes	pressure mattress, low air loss, air bed, power bed, alternating air
1100421	Durable Medical Supplies - Standing Frame	Yes	Standing Frame
1100422	Durable Medical Supplies - Mobility Aids canes, walkers	No	Mobility Aids canes, walkers
1100423	Durable Medical Supplies - Slings, Harness, Lifts patient lifting, patient lifter	Yes	Slings, Harness, Lifts patient lifting, patient lifter
1100424	Durable Medical Supplies - ADL Devices	No	activities of daily living for independence (feeding, bathing, toileting, commode chair)
1100425	Exercise Equipment (medically necessary)	Yes	
1100426	Durable Medical Supplies - Rentals	No	crutches, wheelchairs, commodes, beds, scooters
1100427	Durable Medical Supplies - Repairs	No	maintenance, warranty repairs, labour, scooter repairs, parts
1100429	Durable Medical Supplies – Pressure Garment	No	Jobst Garment
1100553	*CSA Administration 1% Fee	No	For applicable medical items ordered through CSA medical suppliers (please add to quote and invoice when applicable)

ATTACHMENT B – FEE CODES FOR MEDICAL ITEMS

HOW DOES THE CSA ADMINISTRATION FEE APPLY?

- The total amount of the CSA 1% administration fee that is applied to each applicable item is summarized on each invoice under fee code 1100553. The CSA fee should be shown as a separate line item on quotes and invoices.
- The 1% fee applies to all equipment, associated parts and accessories. It does not apply to repairs, labour or rental or purchase of pre-owned equipment.
 - Power Wheelchairs (batteries included)
 - Wheelchair Tilt/Recline Systems
 - Manual Wheelchairs (standard and custom)
 - Power Scooters (batteries included)
 - Wheelchair Seating Systems
 - Ambulatory Aids (walkers)
 - Bathroom Aids (commodes/safety/transfer)
 - Hospital Beds/Mattresses
 - Lifting Devices/Slings
 - Therapy Equipment (balls, mats, etc.)
 - Alternate Positioning Device (standing frames)
- Applicable taxes are not to be included in the calculation of the 1% amount.