

INFORMATION BULLETIN

Prosthetic Providers September 23, 2010

Prosthetic Fee Codes Effective November 1, 2010

#2010 - 56

Since the implementation of our new Claims Management Solutions (CMS), we have been assessing the use of the Prosthetic Fee Codes and their groupings.

To help streamline the process, we have reduced and modified the Prosthetic Fee Codes. Effective November 1, 2010, most applications will **usually** require **only** 3 codes for the prosthesis, including all related components and consumables. The new fee codes are listed below.

Code	Service Description
19220	Prosthetics - Symes Socket
19221	Prosthetics - Trans-tibial Socket
19222	Prosthetics - Knee Disarticulation Socket
19223	Prosthetics - Trans-femoral Socket
19224	Prosthetics - Hip Disarticulation Socket
19225	Prosthetics - Hemipelvectomy Socket
19226	Prosthetics - Wrist Disarticulation Socket
19227	Prosthetics - Trans Radial Socket
19228	Prosthetics - Elbow Disarticulation Socket
19229	Prosthetics - Trans Humeral Socket
19230	Prosthetics - Shoulder Disarticulation Socket
19250	Prosthetics - Labour
19267	Prosthetics - Inter-Scapulo Thoracic Socket
19268	Prosthetics - Immed Post-Op Procedure
19271	Prosthetics - Materials
19231	Prosthetics - Partial Foot Prosthesis
19257	Prosthetics - Consumables incl. Socket Liners
19232	Prosthetics - Lower Extremity Socket Variations
19233	Prosthetics - Lower Extremity
19242	Prosthetics - Upper Extremity Socket Variations
19288	Prosthetics - Upper Extremity
19235	Prosthetics - Microprocessor Lower Extremity
19262	Prosthetics - Electric Upper Extremity
19245	Prosthetics - Partial Hand/Finger Prosthesis
19251	Prosthetics - Ocular and Facial
19289	Prosthetics - Third Party Repairs and Rentals
19279	Prosthetics - Shipping
19290	Prosthetics - Partial Hand Socket



WORKING TO MAKE A DIFFERENCE

Health Care Services

Mailing Address

PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

Location

6951 Westminster Highway
Richmond BC

www.worksafebc.com

Telephone 604 232-7787
Toll-free within BC 1 888 967-5377
Fax 604 231-8424

Fee Codes

The Fee Code groupings will now consist of a Socket Fee and Upper or Lower extremity fee codes into which all components, sleeves, etc. are captured for the prosthesis. There is a sample invoice attached showing how this new grouping works.

What about consumables? The Fee Code for Consumables (19257) is for all socks, liners, sheaths, pull socks, powders, creams, lotions, and anything expected to last less than one year. Each component or consumable is still listed separately with related cost(s).

What about electric or microprocessor components?

Electric or Microprocessor Components are all grouped with the same code, e.g.: A Sach Foot on a C-Leg is coded as 19235, as it is part of a Microprocessor Prosthesis.

What about conventional prostheses? For conventional prostheses, all components are to be coded within the appropriate extremity code e.g.: 19288 (upper extremity) or 19233 (lower extremity).

Restorations/Cosmesis - Partial Hand Prosthesis (19245) is for Bock or similar restorations, Millbrandt, etc. Other restoration or cosmetic finishing continues using the same codes as before Nov 1,2010.

New code – We have created a new code 19290 – Partial Hand Socket which is exclusively for the socket for I-limb or similar.

Repairs

The codes “Labour (19250)” and “Materials (19271)” are for repairs to prostheses.

Shipping

There is now an individual code for Shipping, Fee Code 19279. Please use the most cost effective **shipping** method.

Invoicing

All Prosthetic supplies and techniques continue to be subject to pre-approval. The new Fee Codes must be used on the Request for Authorization for Prosthetic Services (Form 83D19) and the Invoice for Prosthetic Services (Form 83D13) as of November 1, 2010. The only change is the Fee Codes.



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When invoicing for **service dates** prior to November 1, 2010, please utilize the codes that were effective prior to November 1, 2010.

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



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INVOICE FOR PROSTHETIC SERVICES

This invoice must be submitted within 90 days of the date of service. Please FAX or mail completed form to WorkSafeBC as indicated below. All fields with * are required for payment to be processed.

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

Table with 5 columns: Invoice number, Invoice date*, Contract ID, Service location code, Authorization number

Payment information

Table with 5 columns: Name of prosthetist*, Name of clinic*, Clinic payee number*, HST registration number*, Mailing address for payment, City, Province, Postal code*, Telephone number, Fax number

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

Table with 2 columns: Service recipient last name*, Service recipient first name*, Date of birth*, Personal health number*, WorkSafeBC claim number*, Date of injury*

Service information

Table with 8 columns: Date of service*, Fee code*, Description, Number of units*, Cost per unit*, Line item amount*, HST, Line item total*

Invoice total*

Worker's verification of receiving the device(s) listed on this invoice

Table with 2 columns: Worker's signature*, Date*

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.