



WORKING TO MAKE A DIFFERENCE

REFERENCE GUIDE
for
BC CHIROPRACTIC DOCTORS

October 2010

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REFERENCE GUIDE for CHIROPRACTORS

Introduction

Chiropractic doctors registered with the BC College of Chiropractors (BCCC) may provide services to B.C.'s injured workers under the terms and conditions set out in the Chiropractic Services Memorandum of Agreement (the Agreement).

The term of the Agreement is **Oct. 11, 2010 to Oct. 10, 2017**. There is opportunity for a compensation re-opener for the period of Oct. 15, 2010 to Oct. 10, 2017.

This Reference Guide is intended to assist with specific business processes related to doing business with WorkSafeBC. This is not a stand-alone document and it is intended that this guide be used in conjunction with the Chiropractic Services Memorandum of Agreement, and all the related Schedules (A, B, C). Please ensure that all office staff understand the content of this guide.

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 patient does not have a claim number, the chiropractor can still assess and begin treatment with the worker on the first visit in order to complete and submit the Form 8C (Chiropractic First report) to WorkSafeBC.

Chiropractors are required to confirm the status of the WorkSafeBC claim and you may do so by:

- Checking online at www.worksafebc.com. Click on the "Health Care Providers" link, click "check the status of a claim online?", then click on "view claim status", enter the required information and click "view status"; or
- Calling the WorkSafeBC Call Centre at 604-231-8888 or toll free 1-888-967-5377

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. This claim number should be included on all future documentation submitted to WorkSafeBC.

Workers initially treated as Private Clients

If a patient is initially treated as a private client and subsequently the Chiropractor learns that the worker has an accepted WorkSafeBC claim, all costs associated with the services must be reimbursed to the injured worker, and the Chiropractor should bill WorkSafeBC as per Schedule B of the Memorandum of Agreement. No additional fees for services related to the area of injury accepted on the claim may be charged to the injured worker.

Treatment for non-compensable areas:

Workers who attend for work-related injuries may elect to have treatment to areas other than the injured area accepted on the claim. The chiropractor may charge a fee when treatment is provided other than to the accepted area of injury. The worker must acknowledge their understanding that this fee is their responsibility and will not be reimbursed by WorkSafeBC prior to the treatment being provided. The BCCA has a form that outlines this.

Contact Information

MSP Billing Support (Health Insurance BC) :	Vancouver and Lower Mainland: 604-456-6950 Other areas of B.C. (toll-free): 1-866-456-6950
WorkSafeBC Payment Services:	604-276-3085 or toll free 1 888 HCB-ACCT (1-888-422-2228)
WorkSafeBC fax number for submitting all invoices, forms and reports:	604-233-9777, toll free 1-888-922-8807

For Claim related information or Entitlement to Chiropractic treatment, please contact the Claim Owner directly. If not known, please contact:

WorkSafeBC Provincial Call Centre:	604-231-8888 or toll free 1-888-967-5377
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To order more Forms (F8/11C's, F267's) or the "Your Chiropractor and You" brochure, please contact the WorkSafeBC Store:

By e-mail:	customer.service@worksafebcstore.com
By phone:	WorkSafeBC Customer Service 604-232-9704 toll-free: 1-866-319-9704
By fax:	WorkSafeBC Customer Service Fax toll free 1-888-232-9714

For information related to the business rules and the Memorandum of Agreement, please contact:

Health Care Services, WorkSafeBC	Lower Mainland: 604-232-7787 Toll Free: 1-866-244-6404
BCCA	604-270-1332 or E-mail: info@bcchiro.com .

Services and Reports

Chiropractors must submit reports electronically through the MSP/HIBC system or through the use of a service bureau. WorkSafeBC only pays for Form 8C's and 11C's which are successfully received electronically, as per Schedule B of the Memorandum of Agreement. The only exception is where the injured worker does not have a Personal Health Number (PHN), and thus, reports must be faxed in. All other reports (e.g. X-rays, chart notes, requested reports, job site visit reports), besides the F8C and F11C, may be faxed to WorkSafeBC to the numbers listed above.

Paper forms (Form 8C/11C (when required), X-ray report and Invoice for Treatment Services (Form 267)) are available at www.worksafebc.com under "Forms" and "Health care providers".

The following are some of the services and forms used to submit information to WorkSafeBC when treating an injured worker:

1. Chiropractic First Report (Form 8C) – Fee code 19134:

- Must be submitted following the injured worker's first visit to the office and must be successfully electronically received by WorkSafeBC within 5 calendar days of the Initial Visit.
- The Form 8C is paid as a flat fee, which reimburses the chiropractor for the electronic Form 8C, as well as the first two visits. The second visit does not have to have occurred to bill this flat fee.
- If the F8C is received after the five (5) calendar days – for any reason, and/or if the report is received non-electronically, penalties are applied.
- Only one flat fee can be billed.
- The F8C flat fee is payable on all pending claims and on claims where the initial visit/F8C occurred when the claim was pending.
- The F8C must be submitted for any person who has had an accident at work (required by law – the Workers' Compensation Act). The chiropractor or office staff should ask the client on the initial visit if the injury occurred at work. The F8C should be submitted even if the client/injured worker is not sure they want to claim with WorkSafeBC, as they can change their mind later.

2. Chiropractic Treatment and Progress/Discharge Report (Form 11C) – Fee code 19135:

- This flat fee is inclusive of submission of the electronic Form 11C and all remaining visits up to a maximum of eight (8) weeks. This fee can only be billed for visits after the second visit, if the worker has been approved for chiropractic treatment.
- This fee covers the period up to a maximum of eight (8) weeks of treatment. No other fees are billable in the initial eight (8) weeks of treatment.
- The F11C is due by the end of the 4th week of treatment or at discharge, whichever comes first. Billing can occur at this time, but not before.
- The F11C form must be successfully received electronically by WorkSafeBC in order for the flat fee to be paid in full. If the report is not received electronically, a penalty will be deducted.
- The F11C (Chiropractic Treatment and Progress/Discharge report), which includes payment for the F11C and all treatment visits after the first two visits, is only paid on accepted claims.
- This fee can only be billed once.

3. Extenuating Circumstances Treatment and Request Form (Form 83D62):

- This service and form is only applicable when treatment beyond eight (8) weeks of treatment is being requested. When the chiropractor feels that it is medically necessary for the worker to have

treatment beyond the initial eight (8) weeks of treatment, they just submit the Request for Chiropractic Treatment – Extenuating Circumstances form (Form 83D62).

- The Chiropractic Liaison Committee will establish the process for requesting further treatment, and reserves the right to change that process as deemed fit.
- At present, the process is as follows:
 - The chiropractor completes and submits a new form (Request for Chiropractic Treatment – Extenuating Circumstances (Form 83D62)) outlining the extenuating circumstances and reasons that an injured worker requires further treatment beyond eight (8) weeks.
 - The form is faxed to WorkSafeBC (604-233-9777 or 1-888-922-8807) and should be submitted by the end of the 5th to 6th week of treatment. This will allow for adequate review and decision time to occur before the end of the eight (8) weeks of treatment.
 - The Claim Owner will review the form, make a final decision and notify the Chiropractor whether ongoing treatment is approved or not.
 - If treatment beyond eight (8) weeks is approved, either the Claim Owner or Health Care Services will provide the new fee codes to be used to bill for visits and for submission of the initial form.
 - Only one visit per day is payable as per the approved treatment plan.

4. **Spinal Cord Injury treatment – Fee code 19149:**

- It is designed for workers who have sustained a work-related spinal cord injury, and require ongoing, periodic treatment for chronic conditions as a result of their spinal cord injury, such as conditions related to decreased mobility.
- Use of this fee code would begin after the F8C and F11C flat fees, and the initial eight (8) weeks of treatment, have been completed.
- The chiropractor must specify on the F11C that they intend to continue treating, including the frequency and duration of treatment. The Request for Extenuating Circumstances Treatment form is not required for Spinal Cord Injury treatment beyond eight (8) weeks. Only the F11C report is required to be submitted by the end of fourth week of treatment in order to request approval for Spinal Cord Injury treatment.
- The chiropractor must obtain approval from WorkSafeBC prior to providing spinal cord injury treatment.
- Only one visit per day is allowed as per the approved treatment plan.

5. **Chart notes – fee code 19142:**

- This flat fee is billing when WorkSafeBC requests that the chiropractor fax in a copy of the injured workers chart notes.

6. **Form 267 Invoice for Treatment Services:**

- This form is used to manually (paper) bill for services provided to an injured worker. Submit by fax to 604-233-9777 or toll free 1-888-922-8807.
- Every paper invoice submitted to WorkSafeBC **must** be submitted on a form 267 (Invoice for Treatment) which must be completed in its entirety.
- Electronic submission of invoices is the required method for billing WorkSafeBC. When a chiropractor is required (e.g. no PHN) or requested (e.g. by Health Care Services or Payment Services) to submit an invoice by paper, payment will be made for services, although there may be delays when received by paper rather than electronic.

7. **Form 11RC Chiropractor's X-Ray Report:**

- This form is used to document findings when the injured worker is referred for an x-ray. Submit by fax to 604-233-9777 or toll free 1-888-922-8807. This form must be received by WorkSafeBC prior to payment for x-rays.

Copies of the forms may be **downloaded** from WorkSafeBC's website at the following address:

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

Electronic Submission of Form 8C and 11C reports

As per the Chiropractic contract, the Forms 8C and 11C must be submitted and successfully received by WorkSafeBC electronically in order for the reports to be paid. If the reports are faxed in (with the exception of when there is no PHN), the reports will not be paid. This also holds true for when a Claim Owner asks for the reports to be sent in and/or when the chiropractor receives a form letter asking for the form to be submitted – they must be electronically submitted and successfully received by WorkSafeBC.

When reports are submitted electronically, the electronic invoice for the Chiropractic Report (19134 or 19135) is submitted at the same time. In order for the report to be e-submitted successfully, there are three additional codes that must also be submitted, behind the scenes, at the same time. All four codes (19134 or 19135, 19337, 19338, and 19339) must be submitted and received. If they are not, then transmission of the report will not be successful. Please check with your software vendor to ensure that the 19337, 19338, and 19339 codes are being submitted as well.

There is also certain mandatory information that is required to be completed within the F8C and F11C reports. If the mandatory information is not completed, submission will not be successful.

Invoicing WorkSafeBC

- Invoices should be submitted electronically through MSP/HIBC or through the use of a service bureau. Where required, invoices may be faxed to WorkSafeBC (604-233-9777 or toll free 1-888-922-8807), but this may cause delays in payments. Chiropractors may also contact the BCCA, who will electronically submit reports and invoices. Please contact the BCCA directly about this option.
- Invoices for services should be submitted within 7 calendar days of the service date. This will ensure timely processing of the invoice and will allow any issues that are identified to be addressed before there is a large outstanding balance. This will also allow for timely identification if a claim or treatment is not accepted.
- Invoices must be submitted within 90 calendar days from the date of service, or they may not be paid.
- Refer to Schedules A & B in the Memorandum of Agreement for a description of patient services funded by WorkSafeBC and the associated fees. Only contracted fee codes and amounts are payable.
 - Occasionally, a chiropractor may receive a form request from WorkSafeBC quoting incorrect fee codes and fees – these are not payable as listed in the letter. Billing must be completed as per the fee codes and amounts in the contract.
 - If a provider receives a request from WorkSafeBC for submission of the Form 8C or 11C report, these must be electronically submitted to WorkSafeBC. If this form comes in non-electronically, a penalty will be deducted.
 - The chiropractor can provide any treatment within his/her scope of practice (e.g. manipulations, laser, etc.), but cannot bill WorkSafeBC or the injured worker any additional fees.

- Injured workers cannot be charged for any services or supplies.
- WorkSafeBC does not pre-pay or pay in advance for any services, treatment, and/or goods.

All information provided on Form 8C and 11C must be correct and consistent with the information submitted on the invoice before the electronic system will process the form fees. The date of service, payee number, and form fee item code on the submitted form (8C or 11C) must *exactly* match the date of service, payee number, and form fee item code on the invoice. If they do not match, the invoice will be rejected.

Billing Tips

- **Software vendor's instructions.** Since a number of software vendors supply WorkSafeBC billing software, we cannot provide comprehensive instructions for billing. Please, follow the instructions provided by your software vendor.
- **WorkSafeBC claim numbers** are not mandatory because you often treat patients before they have made a WorkSafeBC claim. Since patients usually have a claim number within two weeks of initial treatment, you can help us match the invoice with a valid WorkSafeBC claim by adding the claim number to your subsequent billings as soon as it is available. Once you have the injured worker's claim number, please include it on every document submitted to WorkSafeBC.
- **BK Explanatory code.** A "BK" explanatory message is sent to you to identify that WorkSafeBC has received your submission and the decision is pending. **Please do not re-bill.**
- **Billing 90 days after service date.** If you are billing electronically for fee items older than 90 days from the date of the service, identify the service with a submission code 'W'. Invoices submitted more than 90 days after the date of service may not be paid.
- **You will receive the refusal code 'AA' if,**
 - The patient does not have a PHN,
 - The patient is not a British Columbia resident.

If you receive the AA refusal code, please submit your invoice manually on form 267 (Invoice for Treatment Services).

Fee Codes and Billing Notes

Service Rendered	Fee Item code	Billing Notes
Form Fee (8C)	19134	<ul style="list-style-type: none"> • Payable upon receipt of the Form 8C – Chiropractic First Report. • This flat fee is inclusive of the initial report and two (2) visits. • F8C must be successfully electronically received within five (5) calendar days following the initial visit to be reimbursed the full amount. Reduced by \$15 if received after five (5) calendar days. • A penalty of \$40.53 will be applied for reports that are not received electronically. • For billing purposes, the date of service used for billing is the date of the initial visit. • The second visit does not have to have occurred for submission of the F8C to be made.
Form Fee (11C)	19135	<ul style="list-style-type: none"> • Payable upon receipt of Form 11C - Electronic Chiropractor's Progress/Discharge Report. • The Chiropractor shall electronically submit a Chiropractic Progress Report (Form 11C) by the end of the fourth week of treatment or at discharge, whichever comes first. • A penalty of \$23.78 will be applied for reports that are not received electronically. • Includes supplies provided to the Injured Worker up to the value of \$50.00.
Extenuating Circumstances Treatment - Visit	Provided upon approval	<ul style="list-style-type: none"> • Commences after completion of eight (8) weeks of treatment. • Chiropractor must obtain approval from WorkSafeBC prior to providing treatment for extenuating circumstances. Fee code will only be provided and reimbursed upon approval of extenuating circumstances treatment. • The Chiropractor shall submit a Request for Extenuating Circumstances Form (83D62) to the WorkSafeBC, providing evidence and rationale, including recommended frequency and duration of treatment. • If approved, limit ONE (1) treatment per day as per the approval treatment plan.
Request for Extenuating Circumstances form fee	Provided upon approval	<ul style="list-style-type: none"> • Fee code will only be provided and reimbursed upon approval of extenuating circumstances treatment.
Spinal Cord Injury	19149	<ul style="list-style-type: none"> • Commences after completion of eight (8) weeks of treatment. • Chiropractor submits Form 11C indicating intent to continue treatment.

		<ul style="list-style-type: none"> • <i>Limit ONE (1) treatment per day as per the approval treatment plan.</i> • <i>Chiropractor must obtain approval from WorkSafeBC prior to providing spinal cord injury treatment.</i>
Telephone Consultation with Board Officer/Employer	19132	<ul style="list-style-type: none"> • <i>Initiated by the Board Officer and/or chiropractor</i> • <i>Billable for conversations up to 15 minutes</i> • <i>Not to be billed in multiples</i> • <i>Billable for discussions regarding treatment related issues, return to work and must be documented in clinical notes. Not billable for discussion of administrative, payment, or performance issues.</i>
Spinal Series – Min. 2 Views	19138	<ul style="list-style-type: none"> • <i>Limit of one 19138 payable per accepted claim per Payee</i> • <i>Service date must be within a Board Officer approved Chiropractic Treatment period</i>
Spinal Series – Recheck	19139	<ul style="list-style-type: none"> • <i>Limit of one 19139 payable per accepted claim per Payee</i> • <i>Service date must be within a Board Officer approved Chiropractic Treatment period</i>
Peripheral Joints – All Views	19140	<ul style="list-style-type: none"> • <i>Limit of one 19140 payable per accepted claim per Payee</i> • <i>Service date must be within a Board Officer approved Chiropractic Treatment period</i>
Written Report	19141	<ul style="list-style-type: none"> • <i>Not payable with a 19142 or 19144</i> • <i>Specific request by WorkSafeBC.</i>
Photocopies of Patient's Record	19142	<ul style="list-style-type: none"> • <i>Not payable with a 19141 or 19144</i> • <i>Specific request by WorkSafeBC</i>
Comprehensive Report Requested by Board	19144	<ul style="list-style-type: none"> • <i>Not payable with a 19141 or 19142</i> • <i>Specific request by WorkSafeBC</i>
Job Site Visit/Assessment	19718	<ul style="list-style-type: none"> • <i>Must be requested or approved by the Board Officer</i> • <i>Report must be received within five (5) calendar days of the initial JSV/Assessment. A penalty of \$55.00 is applied if the JSV report is received after five (5) calendar days following the JSV.</i> • <i>JSV/Assessment Report must be received by WorkSafeBC to be eligible for payment of the Job Site Visit/Assessment.</i> • <i>Includes up to one (1) hour of return travel time.</i>

WorkSafeBC Explanatory Codes

Common refusal codes: what you may see following computerized billing transmission

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

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

If you are unable to resolve the issue, please call WorkSafeBC Payment Services at 604 276-3085, or toll free 1 888 HCB-ACCT (1 888 422-2228) with any payment questions.

WorkSafeBC Injury Coding

WorkSafeBC has adopted the Canadian Worker's Compensation Board injury coding standards. This is a key element for case management and early intervention.

Injury coding consists of these components:

- Side of body codes
- Body part codes
- Nature of injury codes
- Service location codes
- Diagnostic codes (ICD-9)

This coding is mandatory on all invoices submitted via MSP/HIBC Teleplan. It allows for expedited matching of invoices to claims, resulting in timely payment.

Codes can be accessed online at www.WorkSafeBC.com in the Health care providers centre, under 'Invoice Codes': http://www.worksafefbc.com/health_care_providers/default.asp

Appendix

Appendix A: Job Site Visit - Report Guidelines

Required Headings	Content
N/a	<ul style="list-style-type: none"> • Injured Worker's name • Claim number • Date of injury • Accepted area(s) and nature of injuries • Board Officer: name and title
Employer and Job Information	<ul style="list-style-type: none"> • Company name • Site address • Contact person: name, title and phone number • Injured Worker's occupation • Job attachment status • Usual pre-injury work schedule (days and hours)
Clinical Synopsis	<ul style="list-style-type: none"> • Brief summary of relevant clinical information (e.g. may include communication with Physician or other health care provider, WCB).
Purpose of Job Site Visit	<p>List one or more of the following options:</p> <ul style="list-style-type: none"> • Brief review/confirmation of job demands • Review of possible modifications • Exploration of return to work (RTW) opportunities with employer • Graduated Return to Work (GRTW) support (e.g. coaching/shadowing) <p>Include:</p> <ul style="list-style-type: none"> • Date of visit • Participants attending the visit
Job Site Visit Findings	<p>Depending on the purpose of the Job Site Visit, must include some or all of the following information:</p> <ul style="list-style-type: none"> • Description of job tasks and analysis of critical job demands relevant to accepted injury(ies) including, but not limited to: <ul style="list-style-type: none"> • frequency of task performance • weights • distances • heights • postures and duration of activity • Description of tools and equipment used • Description of environmental factors • Identification of potential or existing barriers to return to work including a description of workplace factors which may impact or be currently impacting return to work. • Identification of return to work options • Status of GRTW Plan
Recommendations	<p>If required, include recommendations regarding:</p> <ul style="list-style-type: none"> • Modifications to Injured Worker's job duties or work station/tools • Need for revisions to existing GRTW Plan • Advice provided to Injured Worker/employer to facilitate success of RTW
Report Prepared By	Name, signature and designation of report writer.