

## WorkSafeBC Physiotherapy Agreement (Jan 1, 2006 – Dec 31, 2007) Frequently Asked Questions

### 1. Where can I get more information on the Physiotherapy Agreement?

Information can be obtained on [www.worksafebc.com](http://www.worksafebc.com) under Health Care Providers – Physiotherapists or contact Health Care Services at 604 232-7787 or toll free at 1 866 244-6404.

### 2. How do I know which Stream new workers will fall under?

For accepted claims, the treatment stream is determined by the injury accepted on the claim.

For pending claims, the treatment stream should be initiated according to the diagnosis recorded on the GP's referral.

Please refer to the *Agreement* for the list of conditions accepted under *Stream 2 – Exceptions to Standard Treatment*. Additionally, any condition approved by a WorkSafeBC Medical Advisor or referred by a Specialist will automatically fall under Stream 2.

### 3. What happens if during treatment in Stream 1 it is discovered that the worker has new findings and should be treated in Stream 2?

If findings are identified that are not consistent with the diagnosis accepted on the claim, the Physiotherapist must contact the Board Officer and the referring Physician within one (1) business day of the assessment (when the findings are identified). The Board Officer will then determine whether or not the new findings are part of the claim.

The Physiotherapist should continue to treat the worker under Stream 1 (up to 22 visits or 8 weeks) until they are notified by the Board Officer that a transfer to Stream 2 has been approved. Please clarify with the Board Officer the start date of Stream 2, as that is the date that you should start invoicing with the Stream 2 fee codes.

Additionally, if the worker's transfer to Stream 2 has been approved, please complete an "Exceptions to Standard Treatment Report" outlining the treatment plan. An invoice should be submitted for both a Stream 2 Initial Visit and the report.

### 4. What happens if at the initial visit the findings are different than those recorded on the claim?

If new findings are identified that are not consistent with the diagnosis accepted on the claim, the Physiotherapist must contact the Board Officer and the referring Physician within one (1) business day of the assessment (initial visit). The Physiotherapist should initiate the Treatment Stream according to the injury

recorded on the claim and discuss with the Board Officer, if necessary, a transfer to another stream.

**5. Can Stream 1 Treatment be extended beyond 22 visits or 8 weeks?**

There are no extensions allowed in Stream 1 (Section 6.2.5 Schedule A of the *Agreement*). Treatment provided in excess of the 8 weeks or 22 visits will not be reimbursed by WorkSafeBC nor the treatment be invoiced to the injured worker (Section 4.5 of the *Agreement*).

The Physiotherapist must submit a Standard Treatment (Stream 1) Physiotherapy Report at least five (5) business days prior to the treatment end date, only if it is anticipated that the worker will not be returning to pre-injury hours and duties by the end of the treatment period. This will allow the Board Officer to review the worker's care plan prior to the completion of treatment.

If the Board Officer decides that more physiotherapy is indicated, Stream 2 treatment will be initiated. Please clarify with the Board Officer the start date of Stream 2, as that is the date that you should start invoicing with the Stream 2 fee codes.

**6. How can I confirm the Treatment Stream prior to invoicing?**

You may confirm the Treatment Stream by either checking the claim status online at [www.worksafebc.com](http://www.worksafebc.com), or by calling the Call Centre at 604 231-8888 or toll free at 1 888 967-5377. Invoices using fee codes from the wrong Treatment Stream will be rejected.

Please note, a Physiotherapy Notification form or a Physiotherapy Report must have been received by WorkSafeBC for this information to be updated.

**7. How does the 'Initial Visit for Pending Claim' fee (19205) work?**

This fee code is be used to re-submit an invoice for an initial visit that was originally rejected because a claim that was "Pending" at the time of the initial visit was not later accepted. Please note, this fee code can only be used if the claim was pending on the date of the initial visit.

This fee code may also be used if the initial visit (19178/19179/19181) has not been invoiced yet, and you have learned that the claim was not accepted. Please do not use this fee code for a claim that is still pending or has been accepted on the date of invoice submission.

**8. Do the 8 weeks and 22 visits apply to all Treatment Streams (1, 2, 3 , and 4)?**

No, the limit of 8 weeks and/or 22 visits only applies to the Standard Treatment - Stream 1. For all other Streams (2, 3 and 4) the Physiotherapist will submit a Treatment Report following the initial visit with the proposed treatment duration and frequency.