



Guidelines

For

Mental Health Treatment

Service Providers

October, 2009

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CONTACT/REFERENCE INFORMATION

1.1 WorkSafeBC Contact Information

Payment Services
(604) 276 3085
Toll free 1 888 422 2228

Provider Referrals
(604) 231 8887
Toll free 1 866 481 8887

To fax reports and invoices:
(604) 233 9777
Toll free 1 888 922 8807

For inquiries about clinical and practice issues please contact:
Christine Sher
Psychology Services
(604) 214 5424

For inquiries regarding the Provider Network please contact:
Lori Cockerill
Program Manager, Health Care Services
(604) 231 8841

To update your contact or service information, please submit changes in writing to:
Corporate Health Care Purchasing
WorkSafeBC P.O. Box 5350 Stn
Terminal Vancouver, BC V6B 5L5

For general inquiries, please contact WorkSafeBC Call Centre:
604 231 8888
Toll free 1 888 967 5377
www.worksafefbc.com

1.2 Forms

Forms are available for download at www.worksafebc.com under “Forms” and “Health Care Providers”.

Providers may also order forms in one of the following ways:

- E-mail: customer.service@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

1.3 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. The site is also an excellent resource for downloadable publications and provides links to various health and safety information.

2. BACKGROUND

2.1 Purpose of the Guidelines

These guidelines provide important information for those who provide mental health treatment services to Injured Workers. The guidelines provide an overview of WorkSafeBC, the claims process, the roles and responsibilities of various WorkSafeBC staff, and the procedures involved in the management of mental health treatment. This is not a stand-alone document and it is intended that these guidelines be used in conjunction with the Mental Health Treatment Services Agreement.

2.2 WorkSafeBC

WorkSafeBC is a system governed by provincial legislation and its own internal policies and practice directives. A detailed description of the functioning of WorkSafeBC is beyond the scope of these Guidelines.

WorkSafeBC has been responsible for administering the provincial Workers' Compensation Act since 1917. The Workers' Compensation system is funded entirely by the Employers of British Columbia.

The mandate of WorkSafeBC is to assist the Injured Worker in their recovery and return to work. Mental health treatment is one way in which this is accomplished.

2.3 Claim Process

Determination of an Injured Worker's benefit entitlement is made through an adjudicative process resulting in a claim decision. Benefits may include wage-loss replacement, clinical treatment, vocational assistance and awards for permanent functional impairment.

When a Worker has experienced a personal injury arising from job activities, he or she files an application for compensation. The Employer also submits an 'Employer's Report' and the Attending Physician completes a 'Physician's Report'.

If there is sufficient information on file, the application is adjudicated for initial entitlement. It is important to understand that adjudication and determination of benefits is an ongoing process for the duration of the claim. Previously adjudicated issues may be revisited for a number of reasons resulting in changes to the Injured Worker's entitlement.

2.4 Case Management Team

WorkSafeBC claims are managed by a multidisciplinary case management team. The case management team brings together administrative and clinical specialists who can provide a comprehensive understanding of the issues relevant to an Injured Worker's situation. The team may include a Case Manager, a Psychology Advisor, Medical Advisor, Nurse Advisor and/or Vocational Rehabilitation Consultant.

2.4.1 Case Manager

The Case Manager is responsible for the overall management of a claim. The Case Manager is charged with the authority to decide:

- whether a presenting problem is deemed to be compensable (i.e. has been caused by a workplace incident resulting in injury);
- whether and to what extent treatment services will be a WorkSafeBC responsibility (i.e. entitlement to benefits); and,
- whether and to what extent vocational assistance will be offered (i.e. return to work).

In making these decisions, the Case Manager has access to a number of experts to assist them in understanding the relevant clinical and vocational issues.

2.4.2 Psychology Advisor

The Psychology Advisor serves as a consultant to the Case Manager, providing psychological opinions and advice based on a review of information documented in the claim file. Opinions cover such areas as psychological diagnosis, treatment, anticipated recovery and psychological capacities as they relate to return to work. The Psychology Advisor also acts as the professional liaison to the mental health community, arranging for appropriate diagnostic and causality assessments, psychological treatment and return to work planning. Psychology Advisors do not provide direct clinical care to Injured Workers. When appropriate, they may conduct assessments for the purpose of confirming a diagnosis or deciding issues of causality. Psychology Advisors are all doctoral level Psychologists registered with the College of Psychologists of British Columbia.

2.4.3 Medical Advisor

The Medical Advisor serves as a consultant to the Case Manager, providing medical opinions and advice based on a review of information documented in the claim file. Opinions cover such areas as medical diagnosis, treatment, anticipated recovery and physical capacities, as they relate to return to work. The Medical Advisor also acts as the professional liaison to the medical community, arranging for appropriate diagnostic and causality assessments, treatment and physical rehabilitation. Medical Advisors do not provide direct clinical care to Injured Workers. When appropriate, they may conduct assessments for the purpose of confirming a diagnosis or deciding issues of causality. Medical Advisors are all Physicians registered with the College of Physicians and Surgeons.

2.4.4 Nurse Advisor

The Nurse Advisor serves as a consultant to the Case Manager, providing professional opinions based on a review of medical information documented in the claim file. Opinions cover such areas as the nursing and health aspects of recovery and return to work planning. They also liaise with the Attending Physician, external health-care Providers and Employer. Nurse Advisors are all Nurses registered with the College of Registered Nurses of British Columbia.

2.4.5. Vocational Rehabilitation

The Vocational Rehabilitation Consultant is responsible for assisting the Injured Worker with returning to the workforce. They provide practical help with job search skills, return-to-work plans and vocational redirection, if required.

3. PSYCHOLOGICAL SERVICES

Psychological Assessment and Treatment Services are provided to Injured Workers through a combination of Psychology Advisors and External Providers.

3.1 Clinical Services Department

Psychology Services is part of WorkSafeBC's Clinical Services Department. Psychology Advisors report to the Manager of Psychology Services, who provides administrative and clinical direction. Psychology Advisors are assigned to a Service Delivery Location (SDL) and participate as a member of the Case Management team. The Psychology Advisor is responsible for coordinating a Worker's Psychological Services, which is most often provided by a Provider located in or near the Worker's community.

3.2 Health Care Services Department

The Psychology Services Provider Network is managed by WorkSafeBC's Health Care Services Department

3.3 Provider Network

WorkSafeBC provides assessment and treatment services through external Providers. Injured Workers may be referred to hospitals, clinics, treatment programs or individual Providers, as appropriate.

WorkSafeBC endeavors to maintain sufficient numbers of Providers to meet the needs of Injured Workers. Providers are added to the network based on formal training, experience and need.

If the claim is accepted and there is a psychological injury or other psychological issue, the Case Manager will refer the claim file to the Psychology Advisor in the SDL for assistance in understanding the issues.

If a psychological assessment is required, it may be conducted by a Psychology Advisor or by a Provider. If psychological treatment is appropriate, the Psychology Advisor will refer the Injured Worker to a Provider in the Worker's community.

Where a Provider is not available, other arrangements may be made at the discretion of WorkSafeBC. Providers who accept such referrals are expected to adhere to these guidelines.

Referrals are always made to a specific Provider. Sub-contracting is not allowed under any circumstances.

It is beyond the scope of WorkSafeBC's mandate to provide treatment for pre-existing psychological conditions or concurrent issues that are problematic but not related to the claim. This can sometimes appear to be at odds with the ethical responsibilities of the Provider, as he or she typically addresses treatment issues from the perspective of the whole person. WorkSafeBC recognizes that it is sometimes difficult for a Provider to limit treatment to only those aspects of a presenting problem that are related to a work injury, but this is required under policy and legislation. Please contact the Psychology Advisor if you have questions relating to non-compensable issues.

3.4 Confidentiality

Under the Workers' Compensation Act, WorkSafeBC is empowered to collect and share information deemed relevant to the adjudication and management of the claim. WorkSafeBC can obtain copies of hospital records, clinical records, employment and school records and any other information it requires to perform its duties under the Act.

When a Worker applies for a claim, he or she gives consent to the collection and use of personal information for the purposes of adjudicating and managing the claim. The Provider should explain the issues related to the limits of confidentiality and informed consent to the Injured Worker in accordance with their ethical code.

Often the Injured Worker will ask the Provider for a copy of the reports submitted to WorkSafeBC. Providing reports is not recommended as it can lead to confusion and misinformation (e.g. if the report is in any way different from the report sent to WorkSafeBC or it is received by the Worker prior to WorkSafeBC). It is usually best for the Worker to obtain copies of reports from WorkSafeBC. The Injured Worker may request a copy of documents including a complete copy of his or her claim file at any time. This is not meant to discourage or limit discussion between the Worker and the Provider regarding the content of the reports.

If a decision on the file is appealed by either party the contents of the file are disclosed to both the Worker and Employer. This is to provide both parties access to information used in the adjudication of the claim.

3.5 Advocacy

Most professional codes of conduct address the issue of clinical advocacy. Providers must give reasoned clinical opinion based upon objective observations of the Worker's needs in all communication. This type of **clinical advocacy** is appropriate and encouraged; however, it must be clearly distinguished from **claim advocacy**. It is critical for Providers to refrain from advocating for the Worker with respect to legal, adjudicative, entitlement and benefit issues, as well as non-injury-related needs.

WorkSafeBC depends on Provider reports to understand the clinical status of an Injured Worker. Adjudicative decisions are based on this information. When a Provider takes a claim advocacy stance, his or her opinions can no longer be considered clinically objective. For example, it is inappropriate for the Provider to make such comments as "I think the Worker should be re-trained" or "this Worker's claim should be reopened".

4. SERVICE PROVISIONS

Mental health treatment services must be provided within the structure outline below.

4.1 Referral Process

WorkSafeBC Registration Representatives of the Provider Referrals Department are responsible for facilitating referrals to Providers.

A Registration Representative will contact a Provider from a list recommended by the Psychology Advisor based on the Injured Worker's needs. If the Provider agrees to accept the referral and is able to see the client within ten (10) business days, referral documents will be sent to the Provider.

The Registration Representative will ask the Provider to set up the appointment with the Injured Worker and to confirm the appointment date by return telephone call. The Injured Worker will have been informed about the referral by the Case Manager and will expect a call from the Provider.

Once the appointment is accepted, background information, copies of the selected claim documents will be sent to the Provider. Any information supplied by WorkSafeBC is confidential.

The Provider will receive a referral letter, which provides the clinical background and details about the service being requested. The letter is written by a Psychology Advisor and includes expectations about the length and frequency of treatment, issues that need to be addressed, treatment goals, and treatment methods.

If the Injured Worker cannot keep his or her scheduled Intake Treatment/Planning Session, the Contractor is responsible for rescheduling the appointment within ten (10) business days from the original appointment date. The Provider will be informed if an interpreter is required.

4.2 Mental Health Treatment Services

A course of treatment typically begins with an 'Intake/Treatment Planning Session', resulting in a report. Treatment sessions may be requested after this initial session. Throughout treatment regular monthly progress reports must be submitted. When treatment is concluded, a discharge report must be submitted.

4.2.1 Intake/Treatment Planning Sessions

The Provider will meet with the Injured Worker for an initial exploration of treatment issues. Based on the background information provided and the intake session a written treatment plan will be developed.

The 'Intake/Treatment Planning Session' is not a psychological assessment. Under most circumstances, an assessment will have been completed prior to treatment to clarify issues of causality, diagnosis, etc. If the Provider is not in agreement with the psychological diagnosis given by WorkSafeBC, treatment must not proceed until the issues are clarified. The Provider must contact the Psychology Advisor to clarify the issues. If the treatment Provider proceeds with treatment, it is recognized that he or she agrees with the diagnosis.

The Provider must contact the Psychology Advisor prior to continuing treatment if:

- The Worker's treatment requirements change after the referral;
- Or
- The Provider wishes to recommend a service different than the one requested

Any changes to the scope and intent of the contracted services must be discussed with the referring Psychology Advisor.

Treatment must be outcome - oriented and within the Provider's area of training and expertise. WorkSafeBC strongly supports and expects evidence-based treatment approaches. Any questions or concerns about an individual treatment issue must be discussed with the Psychology Advisor.

Please note, a Provider may be requested to complete an 'Intake/Treatment Planning Session' only, with no treatment sessions. After reviewing the 'Intake/Treatment Planning Session Report', the Psychology Advisor may approve treatment sessions.

4.2.2. Treatment

4.2.2.1. Treatment Blocks

Treatment sessions are authorized in “blocks”. A block represents four (4) weeks of treatment, after which the Provider must submit a written ‘Treatment Progress Report’.

The purpose of structuring the treatment in blocks is to provide clear treatment start and end dates. The number of approved treatment blocks will be specified in the referral letter.

The first block of treatment begins on the first treatment date and not on the ‘Intake/Treatment Planning Session’ date.

4.2.2.2. Treatment Sessions

The number and frequency of treatment sessions will be specified in the referral letter. Weekly one-hour therapy sessions are typical; however, there may be times when sessions are requested with greater or lesser frequency. Any variation from the approved number and frequency of sessions must be pre-approved by the Psychology Advisor. Additional sessions may be approved on an exceptional basis in order to address psychological emergencies.

Sessions cannot be carried over into the next block, but may be rescheduled within the current block, if practical. The Provider is expected to keep the Injured Worker aware of the treatment end (discharge) date.

Treatment extension beyond the last approved session must be pre-approved.

- Treatment extension requests shall be made in the Progress Report a minimum of ten (10) business days prior to the end of the last treatment block.

4.2.2.3. Treatment Termination

Treatment shall be terminated once the Provider has determined that:

- The Worker has returned to pre-injury psychological status;
- The Worker has reached a point of stability with no additional intervention likely to be helpful; or,
- The treatment goals have been achieved.

WorkSafeBC may terminate coverage for treatment if:

- The Worker is no longer eligible for continuing services; or,
- Continuing services are unlikely to be helpful.

This does not imply that the Worker no longer has a need for psychological support or intervention, nor would it preclude the Provider from continuing to see the Worker on a private basis. Termination of coverage does not alleviate the Provider from his or her professional obligations to bring about an ethically appropriate transition to other non-WorkSafeBC sponsored services.

4.3 Reports

Written reports are required to document the Injured Worker's treatment. There are three (3) types of reports required over the course of treatment:

- The Intake/Treatment Planning Session Report;
- The Treatment Progress Report; and,
- The Treatment Discharge Report.

Reports must be submitted even if no sessions within the block. Reports must be typed.

All reports must be completed using the "Mental Health Treatment Report" form 10D6, which is available at www.WorkSafeBC.com (A sample of this template is provided in Appendix A).

4.3.1. Report Types

4.3.1.1. Intake/Treatment Planning Session Report

The purpose of this report is to document the results of the session and provides a written treatment plan detailing recommended treatment goals and methods. This report is used as a baseline from which to measure changes in clinical symptoms and provides information relevant for return-to-work planning.

- Treatment Progress Reports must be submitted within five (5) business days from the end of a treatment block (every four weeks), regardless of the number of sessions used during that block.

4.3.1.2. Treatment Progress Report

The purpose of this report is to document progress towards the treatment goals specified in the Intake/Treatment Planning Session Report and to discuss any need to modify treatment. Progress reports must include a Revised Treatment Plan, if appropriate.

- Treatment Progress Reports must be submitted within five (5) business days from the end of a treatment block (every four weeks), regardless of the number of sessions used during that block.

4.3.1.3. Treatment Discharge Report

The Discharge Report is the final treatment report and its purpose is to provide a review of progress over the course of treatment and a final summary of the outcome.

- The Discharge Report must be submitted within five (5) business days of the last treatment session.

4.3.1.4. Consult Report

A Consultation Report is a stand alone report that may be requested by a Board Officer to answer a specific question. This is a comprehensive report which includes, but is not limited to, the Worker's history including: symptoms, treatment, results and present condition.

- The Consultation Report must be received by WorkSafeBC within ten (10) business days from the date of the request.
- There is no report template for a consultation report.

4.3.2. Report Content

All fields of the report must be completed, including the 'Clinical report', 'Plan', 'Recommendations' sections as follows:

4.3.2.1. Clinical Report

The Provider must report on the following areas:

- An overview of the presenting symptoms, Including intensity, frequency, and duration;
- The impact of symptoms on Worker's function;
- Worker's functional abilities;
- Worker's motivation to participate in treatment;
- Factors likely to complicate or delay recovery;
- Worker's ability to participate in return-to-work activities;
- Any new clinically relevant information; and,
- Worker's limitations and restrictions
- Any concerns about the worker's risk of self-harm and/or harm to others

4.3.2.2. The Provide must include:

- Specific treatment goals to address all referral issues;
- Describe the treatment methods and approaches to be used; and,
- Estimate the date by which the client will be able to participate in other activities such as vocational rehabilitation, a graduated return to work, and recovery to pre-injury status, etc.

4.3.2.3. Recommendations

The Provider must indicate:

- If no further treatment is required;
- If a treatment extension is being requested; and,
- If he or she would like the Psychology Advisor to contact them.

4.4. Verbal Communication

The Provider must contact the Board Officer/Psychology Advisor by telephone

- Immediately when an incident occurs of accidental or traumatic nature during treatment.
- Immediately if the Contactor is not in agreement with the psychological diagnosis provided by WorkSafeBC. Treatment must not proceed until this issue is resolved.
- Immediately if there are indications that the Injured Worker is at risk of imminent harm to self or others.
- Within one (1) business day following an emergency session.
- Within one (1) business day when the Worker has withdrawn from treatment or if the Provider is considering a discharge for reasons of poor level of participation or attendance.

The Provider must contact the Injured Worker by telephone:

- Within one (1) business day of the referral, to attempt to book the appointment with the Injured Worker and subsequently confirm the outcome of this communication or lack thereof with Provider Referrals. If the Provider fails to do this, Provider Referrals may redirect the referral.

The Provider must contact Provider Referrals (Registration Representative) by telephone:

- Within one (1) business day, if the Injured Worker fails to attend the scheduled Intake Treatment/Planning Session.

4.5. Submitting Reports and Invoices

All reports and invoices must be faxed directly to WorkSafeBC via the contact numbers provided. Do not send reports or invoices directly to the Case Manager, Vocational Rehabilitation Consultant, Registration Representative, or Psychology Advisor.

Reports must be received by WorkSafeBC prior to making payments on invoices.

The Provider must submit invoices to WorkSafeBC Payment Services in the prescribed format within ninety (90) days, or earlier, of the completion of the Services or the Injured Workers' discharge in accordance with Schedule B. Invoices received after ninety (90) days from the completion of the Services may not be paid by WorkSafeBC.

All invoices must be completed using the "Invoice for Psychology Services" form 10D4, which is available at www.WorkSafeBC.com.

Treatment sessions may be invoiced at direct clinical contact hours. Missed, cancelled or late appointments are not billable. If you have questions regarding extenuating circumstances please contact the Psychology Advisor.

4.5.1 Fees

It is necessary to have pre- approval for all psychological services delivered to Injured Workers. Services not approved will not be reimbursed.

Providers must charge fees according to WorkSafeBC's Psychology Services fee schedule (Appendix D). Any additional costs, such as psychological test materials, computer software, workbooks and disbursement expenses cannot be invoiced.

Providers must not invoice Workers for any services.

The following table shows Schedule B fees broken down into 15, 30 and 45 minute increments:

Aug 1 2008 to July 31 2010				
Fee	Psychologist	Late reports	Other mental health provider	Other MH provider Late Reports
per hour	\$150.76	\$120.61	\$102.31	\$81.84
per 15 minutes	\$37.69	\$30.15	\$25.58	\$20.46
per 30 minutes	\$75.38	\$60.31	\$51.16	\$40.92
per 45 minutes	\$113.07	\$90.46	\$76.74	\$61.38

Please note, the 'Invoice for Psychology Services' will automatically calculate these amounts. Reports, consultations and travel are billable in fifteen (15) minute increments.

Appendix A: Invoice for Psychology Services



INVOICE FOR PSYCHOLOGY SERVICES

This invoice must be submitted to WorkSafeBC within 90 days of date of last service. **All fields with * are required for payment to be processed.** Failure to provide this information may result in processing delays. Please complete all other fields (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**
Vancouver BC V6B 1J1

MAIL
Payment Services, WorkSafeBC
PO Box 4700 Stn Terminal

Invoice number*	Invoice date* (yyyy-mm-dd)	Service location code	Contract ID
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Payment information

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

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

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

Service information

Date of service* (yyyy-mm-dd)	Fee code*	Fee description*	Number of hours or part thereof* (number of units)	Rate per hour* (cost per unit)	Flat fee* (cost per unit)	Line item amount*
						0.00
						0.00
						0.00
						0.00
Invoice total amount*						\$ 0.00

Appendix B: Psychology Assessment Report



PSYCHOLOGY ASSESSMENT REPORT

CLAIMS CALL CENTRE

Phone 604 231-8888
Toll-free 1 888 967-5377

FAX

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

MAIL

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Psychology assessment and PFI psychology assessment reports are due within 14 calendar days of the confirmed appointment date. Neuropsychology assessment and PFI neuropsychology assessment reports are due within 28 calendar days of the confirmed appointment date.

Date of report (yyyy-mm-dd)	Date of service (assessment date or, if multiple dates, last assessment date) (yyyy-mm-dd)
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Report type (please check one)

Psychology assessment report (PAR) <input type="checkbox"/>	PFI neuropsychology assessment report (PFINAR) <input type="checkbox"/>
Neuropsychology assessment report (NAR) <input type="checkbox"/>	Supplemental psychology or neuropsychology report (PSC) <input type="checkbox"/>
PFI psychology assessment report (PFIPAR) <input type="checkbox"/>	Supplemental PFI psychology or PFI neuropsychology report (PFISC) <input type="checkbox"/>

Provider information

Name	Payee number (vendor number)
Mailing address/stamp	Phone number (please include area code)
	Fax number (please include area code)

Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number
Occupation			
Date of injury (yyyy-mm-dd)	Is worker currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Clinical report

--

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 PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

Appendix C: Mental Health Treatment Report



MENTAL HEALTH TREATMENT REPORT

CLAIMS CALL CENTRE

Phone 604 231-8888
Toll-free 1 888 967-5377

FAX

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

MAIL

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Mental health treatment will only be paid for the period pre-authorized by WorkSafeBC. Extension requests must be submitted a minimum ten (10) business days before the end of the last treatment block.

If notice of approval or rejection of the treatment plan is not received, the provider should contact the WorkSafeBC officer by telephone to confirm receipt of the report.

Date of report (yyyy-mm-dd)

Report type and blocks *(please check one)*

Intake/treatment planning session report (PTR) <input type="checkbox"/>	Date first block started (yyyy-mm-dd)
Treatment progress report (PPR) <input type="checkbox"/>	
Treatment discharge report (PDR) <input type="checkbox"/>	
Current block number 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other <input type="checkbox"/> <i>(please specify)</i>	

Provider information

Name	Payee number (vendor number)
Mailing address/stamp	Phone number <i>(please include area code)</i>
	Fax number <i>(please include area code)</i>

Worker information

Last Name	First name	Middle initial	WorkSafeBC claim number
Is worker currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Clinical report *

--

Plan — Initial Treatment Plan or Revised Treatment Plan

Specific treatment goals, methods, and approaches to be used covering all referral issues

Recommendations

No further mental health treatment required <input type="checkbox"/>	Extension of mental health treatment requested <input type="checkbox"/>
Please call me to discuss this case <input type="checkbox"/>	Number of blocks requested

* If appropriate, your report should comment on the following areas:

- Overview of presenting symptoms, including intensity, frequency, and duration
- Impact of symptoms on worker's function
- Worker's functional abilities
- Worker's daily activities
- Worker's motivation to participate in treatment
- Factors likely to complicate or delay recovery
- Worker's ability to participate in return-to-work activities
- Any new clinically relevant information
- Worker's limitations and restrictions
- Any concerns about the worker's risk of self-harm and/or harm to others

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 PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

Appendix D: SCHEDULE B

FEE SCHEDULE – MENTAL HEALTH TREATMENT SERVICES

MENTAL HEALTH TREATMENT SERVICE	BUSINESS RULES	FEE CODE ITEM	FEE Aug 1, 2009 to 31-Jul-10
Intake Treatment/Planning Session and Report:	<ul style="list-style-type: none"> Treatment Plan Report received within five (5) business days of Intake Session. Fee includes an interview and a written Treatment Plan Report and includes any testing completed 	19750	Psychologist \$452.30
		19751	Other Mental Health Provider \$306.92
	<ul style="list-style-type: none"> Treatment Plan Report not received within five (5) business days of Intake Session. Fee includes an interview and a written Treatment Plan Report and includes any testing completed. 	19752	Psychologist \$361.84
		19753	Other Mental Health Provider \$245.53
Treatment – In Office Session	<ul style="list-style-type: none"> Fee includes all expenses associated with the therapy session, collateral interview, testing material, psychometrist fees. Fees must reflect the requested number of hours in the referral letter. Fee cannot exceed six (6) hours of treatment in four (4) week period (one block). Fees include any telephone communication under fifteen (15) minutes for clarification purposes. Fee includes any subsequent clarification required and document preparation time. Travel expenses are reimbursed only with prior approval. 	19754	Psychologist \$150.76/hr
		19755	Other Mental Health Provider \$102.31/hr
Treatment – Out of Office Session	<ul style="list-style-type: none"> Fee includes all expenses associated with the treatment session. 	19756	Psychologist \$150.76/hr
	<ul style="list-style-type: none"> Travel expenses are reimburses only with prior approval. 	19757	Other Mental Health Provider \$102.31/hr

Treatment – Emergency Session	<ul style="list-style-type: none"> • Fee includes all expenses associated with the treatment session. • Travel expenses are reimbursed only with prior approval. 	19758	Psychologist \$150.76/hr
		19759	Other Mental Health Provider \$102.31/hr
Treatment Progress and Discharge Report Fee	<ul style="list-style-type: none"> • Fee for timely report <u>received within five (5) business days.</u> • Progress Report: received within five (5) business days from the end of each treatment block. Only one (1) report is submitted for each block, describing all types of treatment Services provided during that block (i.e. In Office, Out of Office, Emergency, Consultations). • Discharge Report: received within five (5) business days after the last treatment session. • Billable in increments of fifteen (15) minutes. • Maximum billing one (1) hour. 	19760	Psychologist \$150.76/hr
		19761	Other Mental Health Provider \$102.31/hr
	<ul style="list-style-type: none"> • Fee for report <u>not received within five (5) business days.</u> • Billable in increments of fifteen (15) minutes). • Maximum billing one (1) hour. 	19762	Psychologist \$120.61/hr
		19763	Other Mental Health Provider \$81.84/hr
Consultation Report Fee	<ul style="list-style-type: none"> • Fee for timely report <u>received within ten (10) business days of the referral.</u> • At the request of a Board Officer to answer specific questions. • Inclusive of all associated expenses including but not limited to: interviews, document review and written report. • Billable in increments of fifteen (15) minutes. • Maximum billing ten (10) hours. 	19782	Psychologist \$150.76/ hr
		19784	Other Mental Health Provider \$102.31/hr
	<ul style="list-style-type: none"> • Fee for report <u>not received within ten (10) business days of the referral.</u> • At the request of a Board Officer to answer specific questions. • Inclusive of all associated expenses including but not limited to: interviews, document review and written report. • Billable in increments of fifteen (15) minutes. • Maximum billing ten (10) hours. 	19783	Psychologist \$120.61/hr
19785		Other Mental Health Provider \$81.84/hr	

Consultations (in person or by telephone)	<ul style="list-style-type: none"> • Consultations include in person, by telephone or team meetings. • All consultations must be requested by a Board Officer of Psychology Advisor. • Billable in increments of fifteen (15) minutes. • Telephone consultations are not billable for non-clinical/administrative issues. • Telephone consultations that are less than fifteen (15) minutes in length may be billed at fifteen (15) minutes. • Case Management team meetings may include travel expenses. • Not billable for recorded messages. 	19764	Psychologist \$150.76/hr
		19765	Other Mental Health Provider \$102.31/hr
Travel Time	<ul style="list-style-type: none"> • Reimbursement for time associated with providing a contracted service is reimbursed at the actual time spent traveling. • Any travel time must be pre-approved by a Board Officer or Psychology Advisor. • Billable in increments of fifteen (15) minutes. 	19766	Psychologist \$150.76/hr
		19767	Other Mental Health Provider \$102.31/hr
Photocopies (First 5 pages)	<ul style="list-style-type: none"> • Requested by WorkSafeBC 	19586	\$27.15
Photocopies (every page over 5 pages)	<ul style="list-style-type: none"> • Requested by WorkSafeBC 	19587	\$1.27