



WORKERS' COMPENSATION BOARD OF BC

PHYSICIAN REPORTING & BILLING GUIDE

A Companion Document to the BCMA/WCB *Agreement*

April 1, 2002 – March 31, 2006

For the Submission of Report Forms & Teleplan or Paper Invoices

FEES EFFECTIVE NOVEMBER 1, 2003

PLEASE KEEP THIS DOCUMENT

Find it on the BCMA Web site:

http://www.bcma.org/public/news_publications/publications/policy_guides.htm

PHYSICIAN REPORTING & BILLING GUIDE

Preface

Timeliness is the Key!

Did you know...

- Any Form 8/11's received 7 or more business days after the date of service will not be processed for payment?
- Over 50% of Form 8/11 payment rejections occur because they are received by the WCB 7 or more business days after the date of service?
- You receive a greater payment rate for Form 8/11's submitted **via MSP Teleplan**, than via **FAX** to the WCB?
- You receive a greater payment rate for forms received by the WCB **within 3 business days of service** than for those received between 4 and 6 business days of service?
- Even though you may be diligent about entering Form 8/11 information into your Form 8/11 software package, MSP does not receive any Form 8/11 reports until you **SEND/SUBMIT** each report to MSP Teleplan?
- The WCB does not pay for **Forms 8/11 when submitted/delivered to the WCB** by mail, by courier or by a like service?

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Introduction

Introduction

The Workers' Compensation Board of British Columbia is providing this Reporting & Billing Guide to assist you when completing and submitting forms and invoices to the WCB.

As a medical practitioner in B.C., you can bill your WCB-related services the same way you bill for ICBC and MSP – through MSP's electronic Teleplan system. You can use the Teleplan system to bill most WCB-related services. This guide shows you and your staff how to use this convenient and efficient billing system.

By law, the Workers Compensation Board can only pay for medical services related to an acceptable WCB claim. That means that the patient's injury or illness must be a direct result of a work-related activity or occupational disease to qualify for WCB benefits.

In the event that a patient's claim is not accepted by the WCB, the Board cannot reimburse any treatment costs to the practitioner or patient. Administrative forms, however, will be paid up to the date the physician is informed of the Board's decision.

Payment for your WCB-approved services will be included in your electronic funds transfer, with details provided on your Teleplan electronic remittance. WCB payments do not affect the MSP/BCMA fee for service budget for physician claims.

A Note on the Word "Claim"

When a person suffers a work-related injury or contracts a work-related disease, he or she can make a claim for compensation to the WCB.

- To the WCB, that **claim** represents a relationship between the Injured Worker & the WCB that lasts for weeks, months or even years.
- However, in an MSP billing context, a **claim** is a submission of a new invoice.

Please note that throughout this document, the word **claim** refers to the ongoing relationship between an injured worker and the WCB, not to new invoices.

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For More Information

Contacting MSP Teleplan

MSP Billing Support

250-952-2654

MSP for Teleplan transmission problems or other Teleplan questions

250-952-2668 or
toll free 1-800-663-7206

Contacting the WCB

General Claim or Entitlement Inquiries

Lower Mainland, Vancouver Island & Terrace
Toll-free 1 888 967-5377

BC Interior & BC North Region
Toll-free 1-888-922-6622

WCB Payment Services

Physician Billing Inquiries
604-276-3085 or
toll-free 1 888 422-2228

Medical Services Information

Lower Mainland:	Toll-free:
604 244-6224	1 888 967-5377, local 6224
604 232-5825	1 888 967-5377, local 5825
604 276-3149	1 888 967-5377, local 3149

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WCB Fax & Mailing Information

Faxing Report & Invoice Forms

Fax Forms 8/11:
604 276-3195 or toll-free 1 888 922-3299

Fax Invoices:
604 276-3195 or toll-free 1 888 922-3299

Mailing Invoices to the WCB

WCB Payment Services
P.O. Box 94460, Stn. Main
Richmond, BC V6Y 2B4

Contacting a Medical Software Vendor

Reports must be submitted by **electronic submission** or by **fax** to the WCB.

The WCB **does not pay** for Forms 8/11 when submitted/delivered to the WCB **by mail or by Medi-Trans**.

In order to submit reports electronically to the WCB via MSP Teleplan, you **must obtain the necessary software & instructions** from a Medical Software Vendor.

Finding a Medical Software Vendor

If your office is not yet set up to submit reports electronically, please consult your local Yellow Pages for vendor contact information. Alternately, you may wish to contact the **Medical Software Vendor Association** at www.msva.ca or by calling the MSVA at **1 800 663-2094** (ask for David Zindler) to obtain vendor contact information for your geographical area of practice.

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How to Order WCB Forms & Brochures

You may order WCB forms by fax, by email, or by downloading from www.worksafefbc.com:

- **You must first obtain a copy of the WCB Order Form**, if you wish to order **by FAX**. Please call toll-free 1 866-271-4879 **Attn: WCB Customer Service** to request copies of the WCB Order Form.
- Submit your order by **fax** 1 866-362-3130
- Order by **email**: moore-wcb.customer.service@ca.moore.com
- You may **download** copies of forms from WCB's website at the following address: www.worksafefbc.com. Select "forms".
- You may **download** copies of brochures from WCB's website at the following address: www.worksafefbc.com. Select "publications" and search by entering "return to work".

Return to Work Brochures

The WCB offers **3 Return-to-Work Brochures** – one for the physician, one for the worker, one for the employer, as follows:

- Return to Work is Good Medicine
- Return to Work is Good Therapy
- Return to Work is Good Business

Worksafe™ Online Information

WCB's Compensation & Rehabilitation Division recently launched a Health Care Provider Centre on WCB's corporate web site, **Worksafe™ Online**: www.worksafefbc.com. It is designed to help health care practitioners doing business with the WCB better understand our programs, services and business process.

Physicians and other health care providers can access useful information tailored specifically to their area of practice, including:

- Resources such as brochures and post surgical rehabilitation guidelines
- Injury coding tables
- Instructions for billing & reporting
- Contact information
- Links to related sites

Report Form Completion & Submission

Physician Report Forms

There are two types of Physician Report forms recognized by the WCB, which are now combined as one report form:

- **Form 8 – Physician’s First Report**
- **Form 11 – Physician’s Progress Report**

Please refer to the **Form 8/11 Reference Guide** on pages 12 & 13 when completing these forms.

Payment for Form 8 Submission

- **Only the first Form 8 received by the WCB for a claim will be paid.** The date the form is received is the determining factor.

For example:

If a hospital submits a Form 8 before the worker’s family physician submits a Form 8, the hospital will receive payment for the form;

Conversely, if a worker’s family physician submits a Form 8 before the treating hospital submits a Form 8, the WCB will pay the family physician for the form.

- The date received is the determining factor, not the date of service.
- Any subsequent Form 8 received by the WCB will be **paid at the appropriate Form 11 rate.**
- A **premium** is paid for electronically submitting Form 8 **within 3** business days of the date of service.
- A lesser rate will be paid for electronically submitted Form 8 when received **between 4 and 6 business days** of the date of service.
- Form 8 received electronically 7 or more business days from the date of service **will not be paid.** The office visit **will be paid.**
- The WCB **does not pay** for Forms 8/11 submitted to the WCB via mail service, by courier or like service.

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Payment for Form 11 Submission

- Form 11 is no longer required **or paid** “every two weeks”.
- There is a **premium** paid for electronically submitting Form 11 **within 3** business days of the date of service.
- A lesser rate will be paid for electronically submitted Form 11 when received **between 4 and 6 business days** of the date of service.
- Form 11 received electronically on or after 7 business days of the date of service **will not be paid**. The office visit **will be paid**.
- Form 11 will only be paid for:
 - A change in medical condition;
 - A change to the worker’s treatment plan;
 - A change in Return to Work status;
 - If it has been more than 4 weeks since the last Form 11 was sent, or
 - If a Form 11 is requested by a Board Officer.

Electronic Report Submission

- Reports must be submitted electronically via **MSP Teleplan** or by **fax** to the WCB.
- The WCB **does not pay** for Forms 8/11 when submitted/delivered to the WCB by mail, by courier or by like service.
- In order to submit reports electronically to the WCB via MSP Teleplan, you **must obtain the necessary software & instructions** from a Medical Software Vendor.
- For Medical Software Vendor **contact information**, please see page 8 of this guide.

Tips for the Medical Office Assistant

What is “Electronic Submission?”

It refers to submission of **report forms** via MSP Teleplan to the WCB. Report forms submitted by mail or courier or like service will not be paid.

It refers to submission of **invoices** via MSP Teleplan. Invoices submitted by fax, by mail, by courier or like service will not be paid.

About Physician Report Forms 8/11

Clinical Information reporting – This area provides space for complete clinical reporting. The Addendum page to Form 8/11 is to be used when your office requires more reporting space than is allowed in the clinical information area on Form 8/11.

Return to Work Planning – Return-to-work planning is an important reporting component of Form 11. The information the physician provides, along with his/her participation in the return-to work consultation process will assist the WCB in handling each worker’s claim efficiently and appropriately.

When should a Form 8 and/or a Form 11 be submitted?

A Physicians First Report (F8) should be submitted only if the doctor suspects time loss beyond the day of the injury or if the claim is for a hernia, back problem, shoulder/knee strain or sprain, or occupational disease.

A Requested First Report (Requested F8) should be submitted only when a Physician’s First Report (F8) was **not originally required** and has subsequently been requested by the WCB (usually via a fax or phone call from a Board officer).

A Physician’s Progress Report (F11) – The 4-Week Rule:

A Form 11 should only be submitted as a progress note, no more than every four (4) weeks

Exceptions to the 4-Week Rule:

- The worker’s condition or treatment has changed since last report
- There is a change in the treatment plan of the worker
- The F11 is submitted to document the RTW consultation (19950)
- There is a change in the RTW status of the worker.

Electronic Form 11 submission follows the same four week rule & exceptions criteria, outlined above.

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Physician Form 8/11 Reference Guide

Form Field Name	Description
Physician's First Report (F8)	This field indicates the report is a Physician's First Report (Form 8). It should be submitted to the WCB if the Physician thinks there may be time loss beyond the day of the injury or if the claim is for a hernia, back problem, shoulder/knee strain or sprain, or occupational disease.
or The worker's condition or treatment has changed (F11)	This field indicates the report is a Physician's Progress Report (Form 11) and should be submitted if the worker's condition or treatment has changed since last report or if the worker is ready for Return to Work. A report is not necessary or desired if the worker's condition is stable and there will be a planned follow up at an appropriate future date. A report is also not necessary if the worker is enrolled in a WCB sponsored rehabilitation program. Payment of benefits to a worker is not contingent on follow-up every two weeks if the above conditions are met.
Employer's name	The full corporate or company name of the worker's employer.
Operating location address	The address or description of where the worker was employed on the day of the injury. For example the branch address, campsite location or administrative office. This includes the address information and city.
WCB claim number	WCB claim number specific to this injury. Do not include the two-letter claim prefix. For example claim number would be 99999999 not BB99999999.
Worker's last name	The worker's legal last name or surname. If possible, it should match the surname on the worker's British Columbia CareCard.
First name	The worker's full first or given name. Initials should not be used. If possible, it should match the given name on the worker's British Columbia CareCard.
Telephone number	A contact area code and telephone number for the worker. Usually this would be the worker's home phone number, but could be a cellular number or work number.
Worker's PHN from health card	Worker's Personal Health Number as shown on the British Columbia CareCard.
Date of injury	The date when the WCB related injury occurred. In the case of occupational diseases, this is the date when medical attention was first sought.
Date of service	The date when the service described on this report was performed.
Who rendered the first treatment?	Medical practitioner (name) or facility (emergency department, clinic, hospital, etc.) who provided the first treatment. This does not include first aid at the worksite.
Are you the worker's regular practitioner?	If "Yes", WCB may contact you for medical history or to discuss claims issues.
If "Yes", how long has the worker been your patient?	Select the duration for which the worker has been your patient. This information is useful for claims information.
Prior/Other Problems affecting injury, recovery and disability	Provide details about pre-existing or new non-occupational conditions that may affect injury, recovery or disability. If insufficient space, add remaining information to "Clinical Information" box. For example an MVA while receiving care for WCB claim.

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Form Field Name	Description
Diagnosis:	Provide a text description of the injury diagnosis.
BP:	This is a 5-character (numeric) code for the area of injury (body part) from the WCB subset of CSA codes (80/80 list).
AP:	This is a 2-letter code for the anatomical position code (side) of the injury from the WCB subset of CSA codes (80/80 list).
NOI:	This is the 5-character (numeric) code for the nature of injury from the WCB subset of CSA codes (80/80 list).
ICD9	This is the ICD9 diagnosis code and is entered on the invoice (claim record).
From injury or since last report, has the worker been disabled from work?	If the worker has been disabled from work since the injury or the last report, select "Yes". Otherwise, select "No".
If Yes, as of what date? (if known)	If known, enter date when worker was first disabled from the work place in the format yyyy/mm/dd.
Clinical Information	<p>This is an 800 character free form text field for the physician to describe the worker's current situation in the usual fashion clinical notes are constructed. The following information might be included:</p> <ul style="list-style-type: none"> • What happened • Presented injury, disease, complaints and etc. • Subjective symptoms • Examination finding • Treatments and medications being used • The name and date of specialist referral, <i>if appropriate</i>. <p>The text area is left large to facilitate "cut and paste" from documents.</p>
Is the worker now medically capable of working full duties, full time?	Indicate "Yes" if the worker can return to their normal pre-injury duties. If "No", elaborate in the "Restrictions" area
What are the current physical and/or psychological restrictions?	Describe the physical and/or psychological restrictions related to the injury that are barriers to the patient returning to work. This information will be used by the case managers and medical advisors in working with employers to find suitable alternative/modified work.
Estimated time before the worker will be able to return to the workplace in any capacity.	Estimate the length of time before the worker can return to the workplace in ANY capacity. For example, the earliest possible return to the workplace if suitable duties were available.
If appropriate, is worker now ready for a rehabilitation program?	Enter "No" if worker is not ready for rehabilitation or if a rehabilitation program is not appropriate. If "Yes", select the type of rehabilitation program in the following field.
If "Yes", select Work Conditioning Program or Other	If "Other rehabilitation program" is selected, indicate type of program (for example, occupational rehabilitation program, pain program, etc) in the "Clinical Information" area.

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Form Field Name	Description
<i>If possible, please estimate date of Maximal Medical Recovery</i>	Maximal medical recovery (full recovery or best possible recovery) date. This is sometimes also called date of "maximal medical improvement". It refers to date at which no further improvement in condition is expected. At that time the worker may still have significant impairment/disability or may be fully recovered. It is recognized that the "date" indicated is an estimate only and may change if the clinical course changes.
<i>Payee Number</i>	Enter the payee number issued by MSP that uniquely identifies the individual or organization who submits the associated invoice to the WCB and who will be paid by the WCB.
<i>Practitioner Number</i>	Enter the practitioner number issued by MSP that uniquely identifies the Physician who performed the service and provided the information for this report.

Please use this reference guide when filling out Physician's reports.

How to bill the WCB via MSP Teleplan

Invoice Submission

To be paid for your invoices, you must submit invoices electronically **via MSP Teleplan**.

You will **not be paid** for invoices submitted to the WCB via fax, mail service, courier service or any like service.

If your office is not set up to submit invoices via MSP Teleplan you may contact the WCB's Payment Services office **to request written exemption** from electronic submission (604 276-3085 or 1 888 422-2228).

Information Required on all Invoices

Every invoice you submit to the WCB via Teleplan **must** include the following information in order for it to transmit properly. The required fields are:

- **Insurer code** – Use “WC” or “WCE” (depending on your software) to direct the invoice to the WCB.
- **Worker name, birth date, sex code** – this will vary depending on your software but must be included.
- **Personal health number** – The worker's Personal Health Number must be included even though he or she does not require current MSP coverage to be covered by the WCB.
- **Date of injury** – The date on which the patient was injured, not the date of treatment (unless they are the same).
- **WCB claim number (if known)** – If a WCB claim number has been assigned, include only the eight-digit numeric part of the claim, not the alpha prefix.
- **Injury coding** – You must include the appropriate codes for body part affected, nature of injury and the anatomical position of the injury. Complete coding lists are found in Appendices A, B & C of this guide.

Forms Fees & Their Codes

- To be paid for WCB-related services, indicate the correct five-digit form fee.
- Please see **Schedule B** of the *Agreement* (pp. 25 - 30) for Fee Item descriptions, amounts and billing notes. **Schedule D** of the *Agreement* (p. 37) outlines Fee Item descriptions, amounts and billing notes for **Expedited Services**.

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Electronic Invoice Submission

- Because Teleplan is an automatic system, **the information you provide must be correct and consistent before the system will allow payment** for your services.
- The date of service, payee number and form fee item submitted must **exactly match** the date of service, payee number and form fee item on the invoice you transmit to us.
- If they do not match, your invoice will be rejected (Code SJ) and you will need to correct the differences and resubmit the invoice.

Hot Billing Tips

- **Vendor's instructions.** Since a number of software vendors supply WCB Teleplan software, we can not provide comprehensive instructions for billing. **Please, follow the instructions provided by your software vendor.**
- **WCB claim numbers** are optional because you often treat patients before they have made a WCB claim. But since workers usually have a claim number within two weeks of initial treatment, you can help us match your invoice with a valid WCB patient claim by adding the claim number to subsequent billings.
- **Decision-making time.** A "BK" explanatory code tells you that the WCB has received your submission and is currently making a decision on it. Some complex claims can take more than 60 days to make an entitlement decision, so your patience is appreciated.
- **90 days after initial service.** If you are billing for a date of service that is older than 90 days, identify the service with a submission code 'W'. Without the 'W' submission code, your invoice will be rejected because the MSP Teleplan system has a 90-day time limit.

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Reason for Refusal Code “AA”

You will receive the refusal code “AA” if,

- The patient does not have a PHN,
- The patient is not a British Columbia resident.

You may invoice the WCB by paper if:

- the worker **does not have** a personal health number (please write that information on the form)
- the treating physician is exempt from electronic billing
- Please **FAX** your paper invoice to the WCB at the number listed below, to ensure payment for services provided.

Payment of Teleplan Invoices by the WCB

If you submit invoices to the WCB via MSP Teleplan, **you will receive a bi-monthly remittance and payment** (electronic transfer of funds). In other words, you will be paid on a twice-monthly basis.

Payment of Paper Invoices by the WCB

Payment of your invoices, approved as the WCB’s responsibility, **will be included on your *Bi-monthly remittance from the WCB***. These are sent out in the middle of & at the end of each month.

This does not mean you will receive a cheque twice a month, you will only receive a cheque if we have processed payments in that payment period.

To Fax Paper Invoices

- 604 276-3195 or toll-free 1 888 922-3299.

Mailing Invoices to the WCB

WCB Health Care Services
P.O. Box 94460
Richmond, BC
V6Y 2B4

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Explanatory Codes

A Troubleshooting Guide

The following is a list of codes that commonly arise in the course of using Teleplan to bill the WCB. Please check this list first for help; if the answer is not here, check the complete list of codes you should have received from your software vendor or MSP.

There is also a current list of WCB explanatory codes, which includes more detailed information, on the WCB's Worksafe Online™ website at www.worksafebc.com. If you are still unable to resolve the problem, please call **WCB Health Care Services** at 604 276-3085, or **toll-free** at 1 888 422-2228.

WCB EXPLANATORY CODES

(What You May See Following Your MSP Transmission)

MSP CODES	MSP Description	WCB Explanation
BK	YOUR CLAIM SUBMISSION IS BEING HELD PENDING WCB NOTICE OF APPROVAL	<ul style="list-style-type: none"> • Waiting for WCB Claim match • Waiting for Treatment Extension • Waiting for Claim decision • Waiting for Payment decision • Waiting for Concurrent Treatment Authorization
ET	WCB REFUSED PAYMENT - FEE ITEM LIMIT EXCEEDED.	<ul style="list-style-type: none"> • You have exceeded the allowable limit for this fee item.
HW	WCB REFUSED YOUR CLAIM SUBMISSION. INVOICE ALREADY PAID BY WCB. IF CLARIFICATION REQUIRED CONTACT WCB HEALTH CARE SERVICES.	<ul style="list-style-type: none"> • You have already been paid for this service.
SA	WCB REFUSED YOUR CLAIM SUBMISSION. ONLY ONE COURSE OF TREATMENT ACCEPTABLE PER DAY. IF CLARIFICATION REQUIRED CONTACT WCB HEALTH CARE SERVICES.	<ul style="list-style-type: none"> • Only one type of visit per claim is payable per day.
SB	WCB REFUSED YOUR CLAIM SUBMISSION. CONCURRENT TREATMENT NOT AUTHORIZED. IF CLARIFICATION REQUIRED CONTACT WCB ADJUDICATOR.	<ul style="list-style-type: none"> • Claims adjudicator did not authorize this course of treatment due to other authorized treatments.
SJ	UNABLE TO LOCATE WCB FORM. PLEASE VERIFY PAYEE NUMBER AND DATE OF SERVICE ON INVOICE AND RESUBMIT WITH REVISED INFO.	<ul style="list-style-type: none"> • The form you invoiced for was not received and registered to that claim.

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MSP CODES	MSP Description	WCB Explanation
WD	WCB CLAIM DISALLOWED. IF CLARIFICATION REQUIRED CONTACT WCB HEALTH CARE SERVICES.	<ul style="list-style-type: none"> The claimant's WCB claim was disallowed.
WV	WCB CLAIM-TREATMENT REFUSED. IF CLARIFICATION REQUIRED PLEASE CONTACT WCB.	<ul style="list-style-type: none"> Claims adjudicator did not authorize this course of treatment.
WM	WCB REFUSED YOUR CLAIM SUBMISSION. TREATMENT LIMIT EXCEEDED. IF CLARIFICATION REQUIRED CONTACT WCB ADJUDICATOR.	<ul style="list-style-type: none"> This service has exceeded the authorized time limit.
XS	WCB REFUSED CLAIM. CLAIM SUSPENDED PENDING FURTHER INVESTIGATION, IF CLARIFICATION REQUIRED CONTACT WCB ADJUDICATOR.	<ul style="list-style-type: none"> This claim has been suspended until the WCB hears from the worker. No decision as to entitlement can be rendered until more information is received.
XR	WCB REFUSED CLAIM. INJURED WORKER NOT COVERED UNDER THE WCB ACT. IF CLARIFICATION REQUIRED CONTACT WCB ADJUDICATOR.	<ul style="list-style-type: none"> Claim has been "rejected" as the worker was not covered under WC Act. Accounts for visits and forms are not payable. Injury may be covered by another insurer.

Note: These aforementioned explanation codes are those that occur most frequently and do not comprise all of the codes that may be referenced.

Injury Coding

The WCB has adopted the Canadian WCB injury coding standards. This is a key element for case management and early intervention.

Injury coding consists of **three components**:

- Side of body (**Appendix A**)
- Body part (**Appendix B**)
- Nature of injury (**Appendix C**)

This coding is **mandatory on all invoices that are submitted through MSP Teleplan**. It allows for quicker and easier matching of invoices to claims, which results in timely payment.

The following tables are the Version 2 codes, which will be the only acceptable codes after December 31, 1998. If you have an earlier version of this software, please contact your software vendor regarding Version 2 upgrades.

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APPENDIX A

CSA Side of Body Codes for WCB Reporting & Invoicing Purposes Side of body codes (CSA Z795) Release 2.0

Side of body	Code	Usage Note
Left	L	
Right	R	
Left and right	B	
Not applicable	N	Use for body systems, a major body part (i.e. heart, stomach) or multiple/other parts.

A current list of WCB injury codes is available on the Health Care Provider at the WCB's Worksafe Online™ website www.worksafebc.com.

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APPENDIX B

CSA Body Codes for WCB Reporting & Invoicing Purposes Body part codes (CSA Z795) Release 2.0

Level 1	Level 2	Code	Body part — Level 3	Usage Note
Head				
	Cranial	01100	Brain	Includes brain stem. Use for concussion or other intracranial injuries
	Cranial	01200	Scalp	Includes skin, hair
	Cranial	01300	Skull	Includes occipital, parietal and temporal bones
	Cranial	01800	Cranial region, multiple locations	
	Ear(s)	02000	Ear(s)	
	Face	03100	Forehead	Includes eyebrows
	Face	03200	Eye(s)	Includes conjunctiva, cornea, eyeball, inside and outside of the eyelids, iris, lacrimal glands, lens, optic nerve, orbit, and retina
	Face	03300	Nose, external	
	Face	03310	Nose/nasal, internal location, other	
	Face	03400	Cheeks	
	Face	03500	Jaw/chin	
	Face	03610	Lip(s)	
	Face	03620	Tongue	
	Face	03630	Tooth (teeth)	
	Face	03800	Face, multiple locations	
Neck				
	Neck	10009	Neck (soft tissues)	Includes throat, muscle, skin, subcutaneous tissue, veins and arteries
	Neck	10001	Neck, cervical vertebrae	Includes bony structures and cartilage
	Neck	12000	Vocal cords(s)	
	Neck	13000	Larynx	

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APPENDIX B

CSA Body Codes for WCB Reporting & Invoicing Purposes Body part codes (CSA Z795) Release 2.0

Level 1	Level 2	Code	Body part — Level 3	Usage Note
	Neck	14000	Laryngopharynx	
	Neck	15000	Pharynx	
	Neck	80001	Neck and shoulder	
Trunk				
	Chest	22000	Chest	
	Chest	22200	Esophagus	
	Chest	22300	Heart	
	Chest	22400	Bronchus	
	Chest	22500	Lung(s) pleura	
	Chest	22800	Chest, multiple internal locations	
	Back	23200	Back, thoracic region	Includes 12 vertebrae just below cervical vertebrae of the neck, the trapezius muscle, the cervico-thoracic/thoraco-lumbar regions
	Back	23100	Back, lumbar region	Includes 5 vertebrae in lower part of back and lumbo-sacral region
	Back	23300	Back, sacral region	
	Back	23400	Back, coccygeal region	Includes tail bone
	Back	23800	Back, multiple regions	
	Abdomen	24000	Abdomen, external	
	Abdomen	24200	Stomach	
	Abdomen	24300	Spleen	
	Abdomen	24410	Bladder	
	Abdomen	24420	Kidney(s)	
	Abdomen	24491	Ureter	
	Abdomen	24520	Intestine, small	

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**CSA Body Codes for WCB Reporting & Invoicing Purposes
Body part codes (CSA Z795)
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Level 1	Level 2	Code	Body part — Level 3	Usage Note
Trunk - Continued				
	Abdomen	24530	Intestine, large/colon, rectum	
	Abdomen	24610	Liver	
	Abdomen	24620	Gallbladder	
	Abdomen	24630	Pancreas	
	Abdomen	24800	Abdomen, multiple internal locations	
	Pelvic region	25100	Hip(s)	
	Pelvic region	25200	Pelvis	
	Pelvic region	25300	Buttock(s)	
	Pelvic region	25400	Groin	
	Pelvic region	25510	Scrotum	
	Pelvic region	25520	Penis	
	Pelvic region	25530	Genital region, external female	
	Pelvic region	25610	Prostate	
	Pelvic region	25620	Testis (testes)	
	Pelvic region	25630	Ovary(ies)	
	Pelvic region	25640	Uterus	
	Pelvic region	25800	Pelvis, multiple regions	
Upper Extremities				
	Shoulder	21000		
	Arm(s)	31100	Arm(s), upper	Shoulder, including clavicle, Includes clavicle/collar scapula bone, humerus, scapula/shoulder blade, and shoulder girdle
	Arm(s)	31200	Arm(s), elbow(s)	

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CSA Body Codes for WCB Reporting & Invoicing Purposes Body part codes (CSA Z795) Release 2.0

Level 1	Level 2	Code	Body part — Level 3	Usage Note
	Arm(s)	31300	Arm(s), forearm(s)	
	Arm(s)	31800	Arm(s), multiple locations	
	Wrist(s)	32000	Wrist(s)	
	Hand(s)	33000	Hand(s), except finger(s) Includes knuckles and the areas between the fingers	
	Finger(s)	34000	Finger(s), fingernail(s)	Includes distal phalanx, (phalanges), medial phalanx (phalanges), and proximal phalanx (phalanges)
	Finger(s)	34001	Thumb or thumb and other finger(s)	
Lower Extremities				
	Leg(s)	41100	Leg(s), thigh(s)	
	Leg(s)	41200	Leg(s), knee(s)	
	Leg(s)	41300	Leg(s), lower	
	Leg(s)	41800	Leg(s), multiple locations	
	Ankle(s)	42000	Ankle(s)	Classifies the hinge joint area between the foot and the lower leg
	Foot (feet)	43000	Foot (feet), other except heel(s)	
	Foot (feet)	43230	Foot (feet), heel(s)	
	Foot (feet)	43800	Foot (feet), multiple locations	
	Toe(s)	44000	Toe(s), toenail(s)	
Body Systems				
	Body systems	50000	Immune and endocrine systems	
	Body systems	50001	Circulatory system	

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CSA Body Codes for WCB Reporting & Invoicing Purposes Body part codes (CSA Z795) Release 2.0

Level 1	Level 2	Code	Body part — Level 3	Usage Note
	Body systems	50002	Digestive system	
	Body systems	50004	Genito-urinary system	
	Body systems	50005	Musculoskeletal system (joints, tendons,...)	
	Body systems	50006	Nervous system (for nervous shock, breakdown)	
	Body systems	50007	Respiratory system	
Other				
	Other	91000	Prosthetic devices	Artificial arm(s), leg(s), dentures, hearing aids, eye glasses or corrective lenses

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APPENDIX C

CSA Nature of Injury Codes for WCB Reporting & Invoicing Purposes Nature of Injury Codes (CSA Z795) Release 2.0

Level 1	Level 2	Code	Nature of injury type– level 3	Useage note
Trauma and musculoskeletal disorders				Effects of external agents and poisoning, resulting from a single incident, event or exposure plus diseases and disorders of the musculo-skeletal system and connective
	Bones, nerves, spinal cord	01000	Bones, nerves, spinal cord, trauma, other	
	Bones, nerves, spinal cord	01100	Dislocations	Displacement or dislocation of bone or cartilage. Includes: subluxations, partial displacement and fractured or broken cartilage
	Bones, nerves, spinal cord	01200	Fractures	Includes avulsion fractures
	Bones, nerves, spinal cord	01300	Spinal cord, traumatic injuries	
	Bones, nerves, spinal cord	01400	Nerves, traumatic injuries (ex. spinal cord)	Includes traumatic carpal tunnel syndrome
	Muscles joints	02000	Muscles, tendons, joints, other injuries	Includes tears to menisci, ligaments, and articular cartilage
	Muscles joints	02100	Sprains, strains	
	Muscles joints	02101	Rotator cuff tear, traumatic	If due to repetitive motion, use rotator cuff syndrome
	Wounds	03000	Wounds, other open wounds	Includes wounds with broken skin or outward opening, beyond the superficial skin surface
	Wounds	03110	Amputations, fingertip	Includes bone loss
	Wounds	03190	Amputations, except fingertip	Includes bone loss

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Level 1	Level 2	Code	Nature of injury type– level 3	Useage note
	Wounds	03200	Bites and insect stings	
	Wounds	03300	Wounds, avulsions	Includes ripping or tearing away not involving bone, excludes avulsion of joint capsule, ligament, muscle or tendon (use muscles, tendons, joints, other injuries
	Wounds	03400	Wounds, cuts and lacerations	
	Wounds	03700	Wounds, punctures	
	Wounds	04000	Wounds, other closed wounds	Includes blisters and friction burns
	Wounds	04100	Wounds, abrasions and scratches	Includes traumatic conjunctivitis of the eye, use surface wounds, bruises, contusions for closed wounds
	Wounds	04300	Wounds, bruises and contusions	Use for closed wounds
	Wounds	04400	Foreign bodies (superficial splinters, chips)	Includes foreign bodies in the eye
	Burns	05100	Burns, chemical	
	Burns	05200	Burns, electrical	
	Burns	05300	Burns, scalds from heat	
	Intracranial injuries	06000	Intracranial injuries, other	
	Intracranial injuries	06200	Concussions	
	Environmental trauma	07000	Environmental conditions, other	

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Level 1	Level 2	Code	Nature of injury type– level 3	Useage note
	Environmental trauma	07110	Frostbite	
	Environmental trauma	07120	Hypothermia	
	Environmental trauma	07200	Heat and light effects	
	Environmental trauma	07300	Air pressure effects	
	Environmental trauma	12560	Welder's flash	
	Environmental trauma	12610	Hearing loss or impairment, deafness	
	Musculoskeletal disorders	17000	Musculoskeletal/c onnective tissue diseases and disorders	Non-traumatic musculoskeletal system and connective tissue diseases and disorders
	Musculoskeletal disorders	17100	Arthritis (arthropathies and related disorders)	
	Musculoskeletal disorders	17210	Sciatica (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17231	Herniated disc	Including other disc pathologies (e.g. degenerative, disc disease)
	Musculoskeletal disorders	17293	Radiculitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17310	Bursitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17320	Synovitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas

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Level 1	Level 2	Code	Nature of injury type– level 3	Useage note
	Musculoskeletal disorders	17330	Tendonitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17340	Tenosynovitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17391	Rotator cuff syndrome (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17393	Epicondylitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17394	Capsulitis (not traumatic)	Use muscles, tendons, joints, other injuries for traumas
	Musculoskeletal disorders	17901	Fibromyalgia, fibrositis, myofascitis	Use muscles, tendons, joints, other injuries for traumas
	Other traumatic injuries	09000	Traumatic injuries and disorders, other	
	Other traumatic injuries	09100	Asphyxiation, strangulation, suffocation	
	Other traumatic injuries	09200	Drownings	
	Other traumatic injuries	09300	Electrocutions, electric shocks	
	Other traumatic injuries	09500	Poisonings and toxic effects, Other	
	Other traumatic injuries	09600	Traumatic complications, other	Complications peculiar to medical or surgical procedures or following traumatic injuries — includes anaphylactic shock and post-

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Level 1	Level 2	Code	Nature of injury type– level 3	Useage note
				traumatic oseteoarthritis
	Other traumatic injuries	09710	Crushing injuries	
Systemic diseases and disorders				Toxic and non-toxic diseases or disorders affecting systems of the body
	Disease of blood and blood forming organs	11000	Blood and blood forming organs, diseases	
	Nervous system diseases	12000	Nervous system and sense organs diseases	
	Nervous system diseases	12410	Carpal tunnel syndrome (not traumatic)	For traumatic carpal tunnel syndrome use nerves, traumatic inj. (ex. spinal cord)
	Nervous system diseases	12500	Eye disorders (not traumatic)	Do not use for traumatic injuries
	Circulatory system diseases	13000	Circulatory system diseases, other	
	Circulatory system diseases	13310	Heart attack (myocardial infarction)	
	Circulatory system diseases	13610	Stroke	
	Circulatory system diseases	13710	Raynaud's syndrome, phenomenon: white finger	Use for vibration induced white finger disease
	Respiratory system diseases	14200	Respiratory, diseases of upper tract, other	
	Respiratory system diseases	14220	Respiratory, chronic condition	Includes chronic sinusitis, Pharyngitis

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Level 1	Level 2	Code	Nature of injury type– level 3	Useage note
			of upper tract	
	Respiratory system diseases	14410	Bronchitis	
	Respiratory system diseases	14420	Emphysema	
	Respiratory system diseases	14440	Extrinsic allergic alveolitis, pneumonitis	
	Respiratory system diseases	14490	Chronic obstructive pulmonary disease, other	
	Respiratory system diseases	14500	Pneumoconioses, other	Includes bauxite fibrosis, graphite fibrosis and stenosis
	Respiratory system diseases	14510	Pneumoconiosis, coal workers'	Includes anthracosis, black lung, miner's asthma
	Respiratory system diseases	14520	Asbestosis	For cancer use cancers, neoplasms, and tumors
	Respiratory system diseases	14530	Silicosis	
	Respiratory system diseases	14900	Respiratory system diseases, other	
	Respiratory system diseases	14991	Reactive airway dysfunction syndrome (R.A.D.S.)	
	Digestive system diseases	15000	Digestive system diseases and disorders, other	
	Digestive system diseases	15390	Hernia, other	Excludes herniated disc
	Genitourinary system disease	16000	Genitourinary system disease	

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Level 1	Level 2	Code	Nature of injury type– level 3	Useage note
	and disorder		and disorder	
	Disorders: skin and subcutaneous tissue	18200	Dermatitis, other	Classifies inflammation of the skin resulting from contact with allergens or irritant substances
	Disorders: skin and subcutaneous tissue	18900	Skin and subcutaneous tissue, diseases and disorders, other	
	Other systemic diseases and disorders	19000	Systemic diseases and disorders, other	Includes scleroderma
Infectious and parasitic diseases	Infectious and parasitic diseases	29000	Infectious and parasitic diseases	Classifies bacterial, viral, rickettsial, fungal and parasitic infections
Cancers, neoplasms, and Tumors				
	Cancers, neoplasms, and tumors	30000	Cancers, neoplasms, and tumors	
Psychological disorders				
	Psychological disorders	52000	Psychological disorders or syndromes	
Other				
	Other	51000	Damage or loss of prosthetic devices	
	Other	99990	Not yet diagnosed	Describe symptoms in diagnosis

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