

IMPORTANT NOTICE



Memorandum

To: WCB Physiotherapy Providers

Date: 2001/04/24

From: Al Kozlowski, Manager, Physiotherapy Network, WCB

Re: Reporting Requirements and Invoicing for Reports

A number of issues have been raised in the past few months from both physiotherapists and WCB staff regarding requirements of reporting, including invoicing. Following is a summary of the requirements:

- **Forms:** there are two forms for physiotherapy reporting that replace the 'Appendix 2' initially attached to the Memorandum of Agreement between WCB and PABC. There are minor differences in format, and significant differences in use. Both forms are available from the PABC website (www.bcphysio.org) the WCB website (www.worksafebc.com), and from WCB Forms Distribution at (604) 279-7406, toll free at 1 800 661-2112, local 7406. This is an automated line; you will need to specify the exact form name, number and amount (pads of 20) that you wish to order. There is no charge for forms.
- **Physiotherapy Plan/Report (Form # 269):** This form has three functions indicated by the Report Type check-box on the form header. These three functions are
 1. The **Physiotherapy Plan/Report** is routinely required by the end of the 3rd week of treatment, for all workers not expected to return to full work duties *and* who will not complete treatment by the end of the 4th week. The fee code for this report is 19174, and must have the same service date as a Treatment/Assessment or Initial Visit (fee codes 19170 or 19160), and must be submitted within one business day to be paid.
 2. Initial **Physiotherapy Plan/Report for Home Visit:** This report is required following the initial visit for all workers referred for home therapy. The treatment plan section must be completed, describing the expected outcome of physiotherapy to be provided at the worker's home. The fee code for this report is 19173, and must have the same service date as the first Home Visit invoice (fee code 19163) to be paid.
 3. Initial **Physiotherapy Plan/Report for Central Nervous System Disorder (CNSD):** A report is required following the initial visit for all workers referred for treatment of a CNSD. The treatment plan section must be completed, describing the expected outcome of physiotherapy provided for the CNSD. The fee code for this report is 19175, and must have the same service date as the CNSD Visit invoice (fee code 19165) to be paid.
- **Physiotherapy Requested/Report (Form # 268):** This form is to be used for **all other** report submissions, including any subsequent report on any claim. Submission of this report must be pre-authorized by the Board Officer before the fee code (19167) will be paid.
- **Payment of Report Invoices:** Schedule A, Sections 3, 5, 6 and 7 describe the requirements for reporting. Although the WCB has been paying for all reports, we are not obligated to pay for late or incomplete reports. In addition, a document titled Guide to Physiotherapy Plan/Report Completion is available from the PABC web site, or from the WCB. **The WCB reserves the right to refuse payment for late or incomplete reports. Starting May 1, 2001, do not expect to be paid for a late or incomplete report.**

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- **Report Completion:** In addition to complete demographic, time line and claim information, the four critical sections to ensure are complete are
 1. **Injury Status/Objective Findings:** this must have (at least) one objective measure of change to date (i.e. since initial report) that best describes recovery of the injury, or lack thereof (i.e. left knee flexion has increased from 60 ° to 110 ° since initial assessment, and full is 120 °).
 2. **Functional Abilities:** this must describe the degree to which a worker is *capable of* performing (at least) one whole body activity relative to a job demand (i.e. worker is capable of lifting 10 kg x 20 reps floor to counter, but job requires same range 20 kg x 100 reps).
 3. **Recommendation:** We expect a recommendation that is in *the best interest of the worker to quickly and safely achieve the best treatment and return to work outcome possible*, based on objective evidence of progress (or lack of) from the two previous sections, the individual characteristics of the worker, and the demands of the job.
 4. **Treatment Plan:** If an extension is recommended, this section must have the following:
 - start date (date after expiration of current approved treatment period, i.e. start of 5th week),
 - the specific expected number of visits (not a range),
 - the expected treatment outcome, the specific date this is expected to be achieved, and
 - if expected at a different time than end of treatment, the expected RTW outcome and date.
- **Approval of First Extension:** Where a recommendation for extension of physiotherapy is supported by substantial measured change to date and good potential to achieve a suitable treatment and/or return-to-work outcome, the extension is likely to be authorized. Otherwise, the Board Officer will make a decision on what service the worker is entitled to, and is most likely to promote recovery from the injury, using all other information available on the claim. This may include clinical opinions from the Nurse Advisor, Medical Advisor, Attending Physician and/or other Case Management team members.
- **"Pay Until We Say Clause":** This clause applies **only** to extensions recommended in the routine Plan/Report submitted by the end of the 3rd week of treatment (complete and on time). It does not apply to any other situation.
- **Subsequent Extensions:** The Board Officer will expect that the outcome you have defined in your treatment plan will be achieved. If it becomes evident that the expected outcome described in the current treatment plan will not be met, it is critical the physiotherapist notify the Board Officer promptly that the treatment plan is off track (some offices are requesting notice by fax rather than telephone). You can then discuss the circumstances of the deviation from the treatment plan, and submission of a **Requested Report** to document findings and to make a recommendation that is in the best interest of the worker. If there is sufficient evidence to support a further extension of treatment, the Board Officer will consider such a recommendation. However, if physiotherapy has not demonstrated substantial progress towards the expected outcomes, the Board Officer will likely consider other options.

I hope this clarifies the many questions that have been raised recently regarding reporting. If you have further questions, please refer first to your copy of [the Agreement](#) and the [Guide to Physiotherapy Plan/Report Completion](#). If either of these documents do not provide answers to your questions, contact a Nurse Advisor in the nearest WCB office. If you still have questions, you can contact me at (604) 244-6155, toll free at 1 800 661-2112 local 6155, or by email at akozlows@wcb.bc.ca .

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