

# Highlights of the BCMA/WorkSafeBC Agreement

April 01, 2006 - March 31, 2012

## Five Year Agreement

- Retro to April 01, 2006 for a number of fee items with annual fee increases on selected items each year up to 2009; Compensation re-opener in 2010
- Contract systems implementation date is February 01, 2007;
- Retroactive payments will be during first quarter 2007; no self identification or billings by physicians required
- Contract and instructions related to changes will be posted on the WorkSafeBC website.

## Form 8/ Form 11

- Fee increases retroactive to April 01, 2006

## Fee Item 19904- WorkSafeBC Request for copy of chart notes or existing report

- Fee increase and number of pages has increased from 5 to 20 pages

## Fee Codes Discontinued Date of Ratification

- 19920 - Completion of a Medical Review Panel Enabling Certificate,
- 19921 - Emergency Visit to Hospital, &
- 19951 - Unreported claim where employer & worker fail to report a claim

## New Services recognizing patient complexity for Complex Spinal Cord Injury

- **Complex spinal cord initial visit or annual yearly assessment**
  - One visit per year includes a complete physical exam plus care plan
  - In addition may bill Form 8/11
- **Complex spinal cord injury office visit**
  - Cannot bill in addition to initial visit
  - Can bill Form 8/11 if a change in condition
- **Complex spinal cord injury home visit**
- Can bill Form 8/11

## New Services – Telephone Consultation

- Initiated by Medical Advisor and occurs with 24 hr turnaround time

## Expedited Comprehensive Consultations & Follow ups

- New rates effective date of ratification in effect only for those services billed electronically

## Expedited Surgical Services

- Must have prior WorkSafeBC approval; must use prescribed “Authorization for Surgery” Form & be submitted within 10 business days of WorkSafeBC receipt of initial expedited consult report
- Surgery (except for shoulder & spine) must be performed within 40 business days from the date of the initial expedited consultation and invoiced electronically
- Surgery for shoulder & non extensive spine must be performed within 60 days of the last patient visit billed to the WorkSafeBC
- Effective February 01, 2007 for all expedited surgical procedures (with the exception of extensive spine) surgeons and anaesthesiologists must bill through Teleplan using 2 fee codes: the appropriate MSP surgical/ anaesthesia fee code plus a new time based fee code
- Additional surgeries beyond the number of 3 elective procedures per patient will require a Visiting Specialist Clinic second opinion with the exception of elective multiple non emergent reconstructive procedures which will require documentation to obtain entitlement approval
- Surgical Assist List for approved surgical procedures