

Concussion and Vestibular Physiotherapy Reference Manual

**How to fulfill your Concussion and
Vestibular Physiotherapy Services
Agreement with WorkSafeBC**

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Introduction

At WorkSafeBC, we are committed to fostering safe and healthy workplaces and to providing service driven by our core values of integrity, accountability, compassion, respect, and excellence. We partner with workers and employers to save lives and prevent injury, illness, and disability. When work-related injuries or illnesses do occur, we work with health care providers like you to support injured workers in their recovery and rehabilitation and in moving toward a safe return to work.

How to use this reference manual

This Concussion and Vestibular Physiotherapy (CVPT) Reference Manual is part of the CVPT Services Agreement you've signed with WorkSafeBC, so it's important you read, understand, and follow it. Reading this reference manual will also make it easier to do business with us. Wondering how to submit an invoice? Unsure if you're reporting on an injured worker's progress correctly? Curious about how to communicate with us? All this information can be found in the pages ahead.

If there are any discrepancies between this reference manual and the CVPT Services Agreement, follow the Agreement.

Where to learn more

This reference manual contains the essentials for working with us, but you'll find other important information on [worksafebc.com](https://www.worksafebc.com).

- Our [For health care providers](#) webpage (to better understand our programs and services, and for resources you can download)
- Our [CVPT provider](#) webpage (for information and bulletins specific to your field)
- Our [Forms & Resources](#) webpage (for more helpful resources and forms you'll need to fill out)

You'll find links to these and other webpages throughout this reference manual and listed in [Appendix B](#). (Links in underlined [blue text](#) will take you to a webpage. Links in underlined [orange text](#) will take you to another place in this document; press **Alt + left arrow** to return to your previous place in the document.)

Have a question?

We're here to help. If you can't find the answer in this reference manual, reach out to us. You'll find contact information in [Appendix A](#).

Wondering what a term means?

Terms that are defined in your contract, like "Services," "injured worker," or "Provider," have the same meaning in this reference manual, even if they're not capitalized (and those terms that are capitalized, like "Agreement," also have the same meaning as in the contract). In addition, throughout this reference manual:

- "You" is used instead of "Contractor"
- "We" stands in for "WorkSafeBC," including the specific departments and roles you'll be interacting with (such as Health Care Programs or WorkSafeBC officers)
- "WorkSafeBC officer" is used in place of "Board Officer" (and refers to WorkSafeBC staff who have the authority to make decisions on an injured worker's claim)

The big picture & who you're working with

Topics covered in this section:

[WorkSafeBC: Who we are and what we do](#)

[What happens when a worker is injured at work?](#)

[Where you fit in](#)

[Health Care Programs at WorkSafeBC](#)

[Procurement Services at WorkSafeBC](#)

[WorkSafeBC case-management teams](#)

The big picture

To understand how to fulfill your contract with WorkSafeBC, it helps to know who we are, how we serve injured workers, and where the services you provide come into play.

WorkSafeBC: Who we are and what we do

WorkSafeBC, also known as the Workers' Compensation Board of British Columbia, is a provincial agency dedicated to promoting safe and healthy workplaces across B.C. and ensuring workers who are injured on the job receive fair compensation and help to recover.

WorkSafeBC has been responsible for administering the provincial *Workers Compensation Act* since 1917. The workers' compensation system is funded by the employers of British Columbia, who pay premiums every year. Workers themselves do not pay into the system.

WorkSafeBC has several responsibilities, including a key role in preventing workplace injuries. When a worker sustains a work-related injury or illness, WorkSafeBC assists them in their recovery and return to work. We partner with health care providers to ensure injured workers get the treatment they need to resume their normal routines as fully as possible, and we pay for that treatment.

The services you provide under the CVPT Services Agreement are just one set of benefits we may offer an injured worker to meet these goals and responsibilities.

Learn more about [who we are](#) on [worksafebc.com](#), and learn about our other health care programs and services in [Appendix F](#).

What happens when a worker is injured at work?

When a worker sustains a work-related injury or illness, the injured worker, the employer, and a primary health care provider report it to WorkSafeBC to start a claim.

The life of a WorkSafeBC claim

Phase 1: Initial adjudication	Phase 2: Recovery	Phase 3: Resolution or plateau
The claim is allowed or disallowed. If it's allowed, a "claim owner" adjudicates it for initial entitlement to benefits. They determine what medical care is necessary for recovery and whether the injured worker is eligible for other benefits, such as wage-loss benefits.	<p>The injured worker receives benefits. These may include wage-loss benefits, medical and rehabilitation services, or other health care benefits.</p> <p>This is typically the phase where you provide services to the injured worker.</p>	<p>Ideally, the injured worker makes a full recovery and returns to regular work duties.</p> <p>In some cases, phase 3 benefits may include vocational rehabilitation assistance.</p> <p>If the injured worker does not fully recover, they may be entitled to certain permanent benefits.</p>

Who decides which benefits an injured worker is entitled to?

Claim owners at WorkSafeBC do. They are trained in law and policy and weigh all information in a claim file when making decisions. They also have advisors to help them understand medical details in the file.

To learn more, see the [WorkSafeBC claim owners](#) section of this reference manual.

What rights does the injured worker have?

The injured worker can appeal any claim decision through a formal appeals process.

Are Physiotherapists involved in claim decisions?

No. As a service provider, you can't be involved in making decisions about benefit entitlement or claim management. It's also not appropriate for you to get involved in any appeal an injured worker launches.

Where you fit in

You play an important role by providing services to help the injured worker recover (on the job, where possible) and making return-to-work recommendations.

The primary goals of your services are:

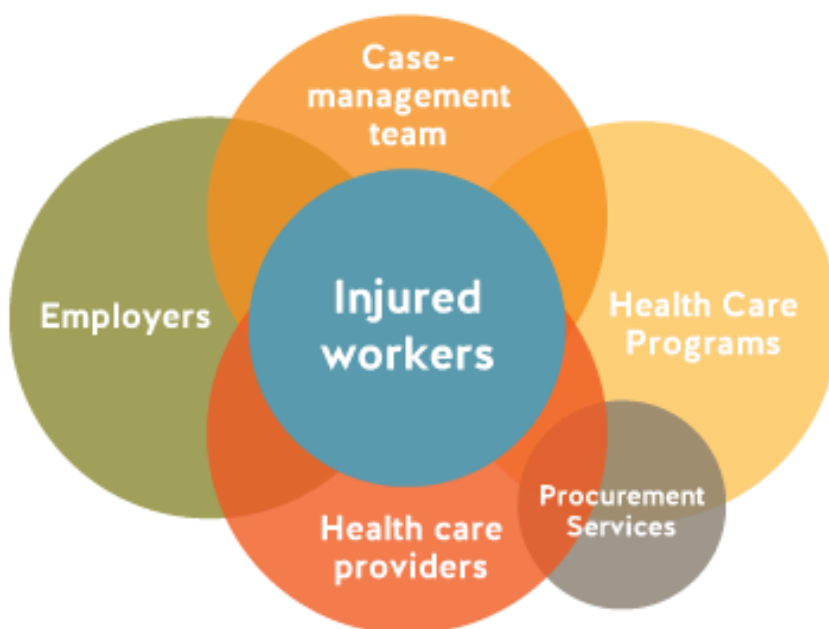
- To assist the injured worker with a timely and enduring return to work wherever possible
- To assist the injured worker with a return to their pre-injury physical, cognitive, and/or mental health status wherever possible

To learn more, see [Your role in the claims process](#) on [worksafebc.com](#).

Who you're working with

You're working with many stakeholders, including distinct departments and roles within WorkSafeBC. Together, these stakeholders create an interdisciplinary team that supports the injured worker to return to work and lead an independent and productive life.

WorkSafeBC Stakeholders



Health Care Programs at WorkSafeBC

The Health Care Programs department develops and manages all contracted health care services and programs available to the injured worker, including CVPT Services. Health Care Programs consults with internal and external stakeholders to outline what services are needed and how these services should be provided. The program manager and the quality assurance supervisor for each contracted health care service or program also manage the quality of the services being provided.

Procurement Services at WorkSafeBC

The Procurement Services department initiates and maintains contracts with service providers throughout the province. Procurement Services manages contracts with all kinds of vendors, including health care service providers.

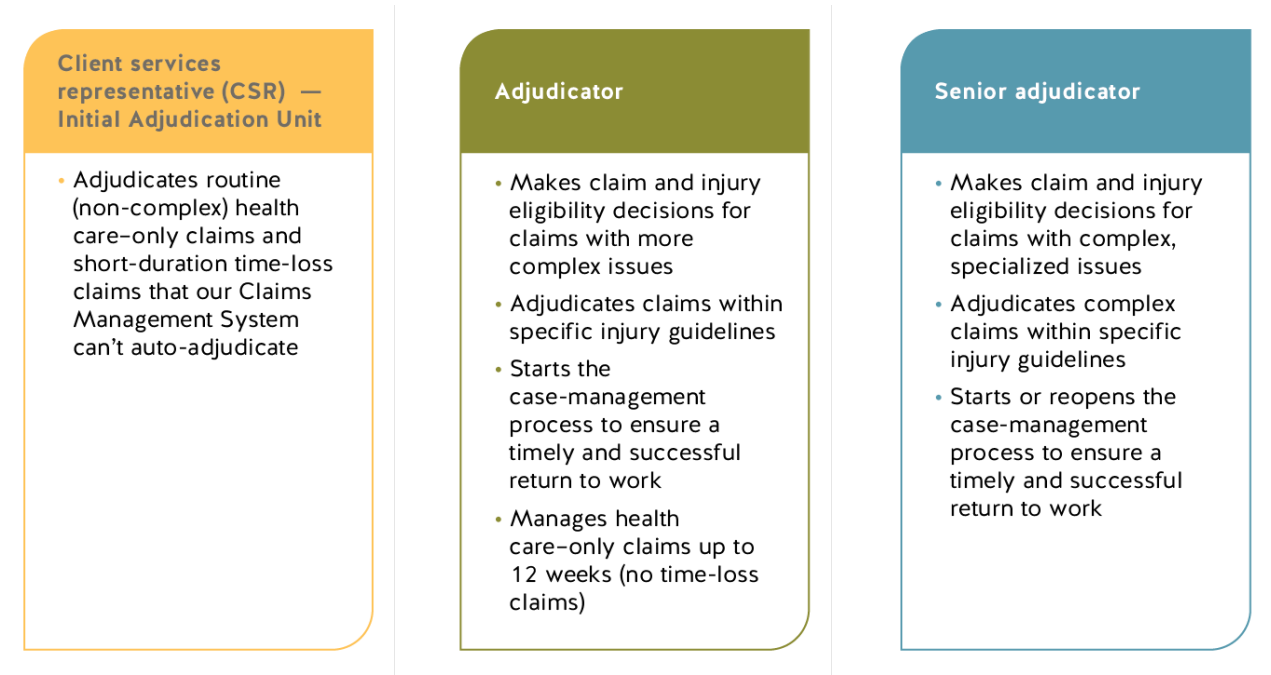
WorkSafeBC case-management teams

WorkSafeBC claims are managed by a case-management team of administrative and clinical specialists focused on understanding the injured worker’s situation.

Claim owners

The case-management team always includes a “claim owner”. There can only be one claim owner at a time for each claim. Depending on how complex the claim is and what phase it has reached, the claim owner may change.

Several different roles at WorkSafeBC may take on the role of claim owner. Client services representatives, adjudicators, senior adjudicators, return-to-work specialists, and case managers can all be claim owners.



Return-to-work specialist (RTW specialist)

- Develops effective, evidence-based return-to-work plans
- Visits jobsites to assess job demands
- Develops relationships with workers, employers, and health care providers
- Liaises with health care providers to assist with injury recovery and the development of injury-management plans
- Educates injured workers, health care providers, and others on recovery, return to work, and effective and meaningful disability management

Case manager (CM)

- Manages adjudicated claims with extended period of disability where return to work (RTW) is more challenging
- Assists workers in their recovery and coordinates graduated RTW and RTW process
- May visit jobsites or health care facilities
- Liaises with health care providers to understand recovery and entitle health care benefits
- Provides referrals to community care for injured workers' recovery and return to work

Other case-management team members

A case-management team may also include a medical advisor, and/or service coordinator.

Medical advisor

The medical advisor provides independent advice, opinion and support to decision making officers and to physician colleagues in the community. For decision making officers, the medical advisors provide independent opinions on issues of medical impairment/disability, cause/etiology, diagnosis, treatment, and prognosis. For physician colleagues in the community, medical advisors aim to assist and support needs for workers including options for access to needed care, communication between the internal WorkSafeBC team and the external treating team, ensuring that medical care and vocational recovery occur hand-in-hand.

Service coordinator

The service coordinator assists with referrals to external programs and with travel and other arrangements for the injured worker.

Need to find a claim owner?

If you're uncertain who the claim owner is for an injured worker's claim, contact the Claims Call Centre at 604.231.8888 (Lower Mainland) or 1.888.967.5377 (toll-free) from 8 a.m. to 6 p.m. PT, Monday to Friday. An agent will direct you to the current claim owner.

Getting started & communicating effectively

Steps covered in this section:

[Sign up for emails and Information Bulletins from Health Care Programs](#)

[Sign up for My Provider Services](#)

[Set up Teleplan billing](#)

[Prepare to offer services](#)

Topics covered in this section:

[Communication channels](#)

[When to communicate with WorkSafeBC](#)

[How to communicate with employers](#)

[How to communicate with attending physicians and specialists](#)

[When incidents or threats occur](#)

[Communicating with the injured worker](#)

Getting started

Sign up for emails and Information Bulletins from Health Care Programs

Health Care Programs regularly sends emails and Information Bulletins with information on:

- Amendments and updates to this reference manual
- New forms and new invoices
- Updated processes
- WorkSafeBC staff changes
- Patterns in claims
- Updates on service matters
- Payment issues and billing FAQs
- Clinical reminders

Remember: Any updates to this reference manual are also updates to the CVPT Services Agreement. Plus, it's vital to use the most up-to-date forms and processes when working with us. So ensure:

- At least one person at your organization signs up right away to receive emails and Information Bulletins
- Personnel who deliver services under the Agreement read every Information Bulletin

If you would like to be added to the CVPT provider email distribution list, or if you already receive our emails and Information Bulletins and would like to change the recipient email address or be removed from the list, email hcsinqu@worksafebc.com. There's no limit to the number of people at your organization who can be included on the distribution list.

Sign up for My Provider Services

"My Provider Services" means WorkSafeBC's web-based secure portal that allows you to perform various online services including submitting invoices to WorkSafeBC electronically.

Our online services portal, [My Provider Services](#), gives you a secure and efficient way to submit invoices and supporting documents to us. You can use our online services to save draft invoices, get confirmation when we receive an invoice, and see status and payment details too.

You also have the option to bill us through Teleplan (see below). If you do, it's still worthwhile to sign up for My Provider Services, as you'll be able to see your invoice status and history there.

To get started, you'll need to set up an online services account with us. To create your online services account, you'll need to first create a profile with your name, email address, and a password. Then, after logging in with your new profile, select "Access my provider account."

Watch [this video](#) to learn how to set up your My Provider Services account.

Set up Teleplan billing

You can also submit invoices to us and get paid through [Teleplan](#). Please contact Teleplan directly at 604.456.6950 or toll-free at 1.866.456.6950 to set up Teleplan billing and electronic fund transfer.

Prepare to offer services

Informed Consent

All injured workers must be reminded of the limitations of confidentiality and disposition of clinical records.

Under the Workers’ Compensation Act, WorkSafeBC is empowered to collect and share any and all information deemed relevant to the adjudication and management of a 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. This includes access to all treatment records, including your clinical notes.

Application for a claim requires the Worker to consent to the collection and use of personal information for the purposes of adjudicating and managing the claim.

Prior to beginning treatment, you as a Provider must explain the limits of confidentiality in accordance with law and policy of WorkSafeBC. Specifically, prior to beginning treatment you must inform the injured worker that when a decision on the file is appealed by either the injured worker or his or her Accident Employer, the contents of the entire claim file are disclosed to both parties. This includes information in Provider treatment records submitted to WorkSafeBC and the Provider’s clinical notes, if these are requested by WorkSafeBC and form part of the injured worker’s claim file.

Communicating effectively

Knowing how and when to communicate with Health Care Programs, WorkSafeBC case-management team members, an injured worker's employer, and even their attending physician helps ensure a smooth recovery and, where possible, a return to work for the injured worker. We count on receiving timely, accurate reports and communication from you on the injured worker's progress. You can expect regular communication, important updates, and helpful information from us.

Communication channels

By now, you should have signed up to receive communications from Health Care Programs via the CVPT email distribution list.

You may communicate with Health Care Programs and WorkSafeBC staff by phone and email under certain circumstances. It's important to understand when it's okay to use email in particular.

Expectations for communicating with us are outlined below. Follow any communication guidelines from your college and/or regulatory association as well.

Emails about specific claims: Wait for us to initiate

Email can only be used to communicate with a [WorkSafeBC officer](#) about a claim if the injured worker has given their consent. The WorkSafeBC officer must be the one to get this consent, so only email a WorkSafeBC officer about a claim if you receive an email from the officer about the claim first. All emails about specific claims must be encrypted if they contain any identifiers other than the claim number. The worker can withdraw their consent at any time; if this happens, the WorkSafeBC officer will let you know.

Emails about providing services in general: Go ahead

General communications that do not include details about an injured worker's claim can be emailed to the CVPT program manager and/or quality assurance supervisor in Health Care Programs. For example, you can email them to:

- Communicate changes to staffing
- Make mentorship requests
- Ask contract or program-related questions, including about key performance indicators
- Add to ongoing communications about a service matter

Who is a "WorkSafeBC officer"?

A number of WorkSafeBC employees are considered WorkSafeBC officers, including case managers, adjudicators, senior adjudicators, return-to-work specialists, and vocational rehabilitation officers. When a "WorkSafeBC officer" is mentioned in this reference manual, it generally means the [claim owner](#).

When to communicate with WorkSafeBC

As a routine part of your work

In broad strokes, you need to:

- Submit complete and accurate reports within the timelines set out in the Service Agreement and, where there is no specific time, in a timely manner
- Submit your invoices
- Let Health Care Programs know if there are changes to your program (interruptions, closures, etc.)
- Request interpretation services if you need them to communicate with the injured worker

You'll find more information on these processes in later sections of this reference manual ([Providing your services — Part 1: The basics](#) and [Part 2: The details](#)).

In other specific circumstances

Examples of times to reach out

Circumstance	Who to contact	How to contact
You want to make a recommendation When delivering services, you may make recommendations that fall within your scope of practice under the Agreement for return to work, further medical investigations or referrals, medical supplies or equipment, a treatment plan, etc. These recommendations should be discussed with us before you advise the injured worker or document the recommendations in a report.	WorkSafeBC officer (typically the claim owner)	By phone or, if WorkSafeBC officer has initiated email communication about the claim, by email
<ul style="list-style-type: none">• You have a question about your contract• You need to discuss an exception to billing	Health Care Programs (CVPT quality assurance supervisor or	By phone or email at CVPT@worksafebc.com

Who should you contact in Health Care Programs?

Throughout this reference manual, you may see instructions that tell you to contact Health Care Programs. This generally means you should contact the program manager or quality assurance supervisor for CVPT Services. If you're not sure who that is, feel free to reach out to [Health Care Programs](#) administrative staff to find out.

<p>A WorkSafeBC officer has requested or approved a service that is outside the scope of the Agreement</p> <p>You must request approval from Health Care Programs.</p>	program manager)	
<p>You want to add or replace personnel providing services</p> <p>If you would like to add or remove a Physical Therapist:</p> <ul style="list-style-type: none"> You must inform us in writing prior to the changes taking effect. Please see Appendix E below for details on completion of the staff change/mentorship request form. <p>WorkSafeBC reserves the right to deny staff change/mentorship requests and/or requests to add additional requirements.</p>	Health Care Programs (CVPT quality assurance supervisor or program manager)	By email at CVPT@worksafebc.com
<p>You've had other staffing changes</p> <p>This includes temporary or permanent loss of an approved clinician providing the services under the Agreement. Let us know about these changes as soon as possible.</p>		

You'll also want to reach out to the appropriate [WorkSafeBC officer](#) in these cases:

- You believe information you're documenting for us could pose an [immediate risk of harm](#) to the injured worker (if the worker were to read the document)
- An injured worker [withdraws from services/treatment early](#) or you are considering [discharging them early](#)
- An [injured worker misses appointments](#)

And call both the WorkSafeBC officer and Health Care Programs about non-public holiday [closures](#) at your clinic or interruptions to your services.

How to communicate with employers

You're expected to communicate with each injured worker's employer to assist the injured worker to return to work in a safe and timely manner.

In all discussions with employers, protect the injured worker's right to privacy by adhering to the [Freedom of Information and Protection of Privacy Act](#) (FIPPA).

Questions to ask before you communicate with an employer

"Do I have the injured worker's consent?"

You should get written consent from an injured worker before sharing information with their employer. This allows the injured worker to be part of the process and ensures they aren't surprised when you speak with their employer.

“Do I know the appropriate person to speak with?”

You should ideally have the name of a specific person at the employer to communicate with.

“Does the employer need to know this?”

The amount and type of information that can be disclosed to an employer about an injured worker is minimal. Examples of information the employer needs to know and that can be shared include:

- When the injured worker is expected back to work
- Whether the injured worker will need light, modified, or transitional duties upon return to work (capabilities and relative timelines)
- Return-to-work hours
- Accepted, claim-related considerations and restrictions
- Recommended workplace accommodations (e.g., sit/stand stool or ergonomic chair)

“Is this level of detail required for the workplace?”

You shouldn’t release information or details to the employer about the injured worker’s medical condition (e.g., diagnosis, surgery types, surgery dates, specialist appointments, or treatments).

Regular updates (unless something significant changes), information on specific specialists, and answers to questions like “What did the consult report say?” are also not to be shared with the employer. The employer doesn’t need to know names and roles of rehabilitation program personnel or specialists unless those contact details are relevant for managing the injured worker’s graduated return-to-work plan.

Contact our [Freedom of Information and Protection of Privacy Office](#) if you have questions about FIPPA.

How to communicate with attending physicians and specialists

You’re encouraged to contact the attending physician or specialist as appropriate. For example, reach out:

- If you’ve made findings that are inconsistent with their initial diagnosis
- If there’s been a significant change in the injured worker’s condition

Let them know how to bill us

Advise the attending physician/specialist that they may use the BCMA Telephone Consultation fee code (19930) within the Physicians and Surgeons’ WorkSafeBC Services Agreement to invoice WorkSafeBC. The fee code allows them to invoice up to three units of 15-minute increments (a maximum of 45 minutes) of telephone consultation.

The fee code may be billed only once per communication; however, physicians/specialists may bill this fee code on more than one occasion per claim. The fee code should not be used for routine inquiries.

When incidents or threats occur

If a situation arises that creates an immediate safety hazard or injury to anyone, including the injured worker, you, or your personnel, you must report it to us. This includes:

- Any physical or psychological trauma sustained by an injured worker, including critical incidents
- Any implicit or explicit threat toward a WorkSafeBC staff member or WorkSafeBC property
- Any statement or action of harm directed toward another person

Call the [claim owner](#), and be clear about the details of the threat or incident. Submit a [Health Care Programs Incident Report](#) (Form 83M380) within two business days of the incident.

A Health Care Programs Incident Report (Form 83M380) may also be required in other circumstances. Examples could include:

- A trip, slip, or fall that results in no injury
- Concerns voiced by an injured worker about equipment malfunctions
- A “near miss” incident (e.g., nearly getting into a motor vehicle accident on the way to a jobsite visit)
- Loss or theft of an item while services are being delivered
- A procedural error, such as not removing a TENS machine at the agreed-upon time

The table below lays out exactly how to respond to different types of incidents and threats.

How to respond to and report incidents and threats

Type of incident or threat & response	Who to contact at WorkSafeBC	When and how to contact WorkSafeBC
An incident results in an injured worker needing emergency care <ol style="list-style-type: none"> 1. Call 911. Ensure injured worker receives care. 2. Contact WorkSafeBC. 3. Contact attending physician, as appropriate (unless injured worker withholds permission to do this). 	<ul style="list-style-type: none"> ✓ Claim owner ✓ CVPT program manager 	<p>Verbally report on same day as incident (unless situation prevents this), and within one business day at the latest.</p> <p>Submit Form 83M380 within two business days of incident.</p>
You or your personnel are aware of a threat to a WorkSafeBC employee or property <ol style="list-style-type: none"> 1. Call police immediately to report threat. 2. Contact WorkSafeBC. A WorkSafeBC officer will gather information from you to complete a Threat Report, and Corporate Security staff will follow up with you. 3. Contact the attending physician, as appropriate. 	<ul style="list-style-type: none"> ✓ Claims Call Centre: 1.888.967.5377 (1.888.WORKERS) ✓ Claim owner 	<p>Verbally report as soon as possible. (Claims Call Centre is open Monday to Friday, 8 a.m. to 6 p.m. PT)</p> <p>Submit Form 83M380 within two business days of threat.</p>
An injured worker harms or directly threatens you or your personnel <ol style="list-style-type: none"> 1. Call police immediately. Report threat or act of violence. 2. Contact WorkSafeBC. A WorkSafeBC officer will gather 	<ul style="list-style-type: none"> ✓ Claim owner ✓ CVPT program manager 	<p>Verbally report within one business day of incident.</p> <p>Submit Form 83M380 within two business days of incident.</p>

information from you to complete a Threat Report, and Corporate Security staff will follow up with you. 3. Contact attending physician.		
All other types of incidents 1. Contact WorkSafeBC. 2. Contact attending physician, as appropriate.	<ul style="list-style-type: none"> ✓ Claim owner ✓ CVPT program manager or quality assurance supervisor 	

You may also find this resource helpful to pass on to workers in need:

WorkSafeBC Crisis Line

Contact the Crisis Line if you or your family is in emotional crisis and you've been injured at work. Our counsellors can provide support to you and your family, refer you to other services in your community, and alert us so we can follow up with you.

- Phone toll-free: 1.800.624.2928
- Hours of operation: 7 days a week, 24 hours a day

You don't need a WorkSafeBC claim to call us for help. However, if you have been injured at work and would like to start a claim, please contact our Claims Call Centre for help with the claims process.

Communicating with the injured worker

As CVPT Services providers, we expect you to inform the injured worker about all assessment findings, and recommended treatment plans that relate to their compensable injury. This includes educating the injured worker on the benefits of early activation with exercise, early return to the workplace and the concept of working with considerations as part of the recovery process. CVPT Services providers are uniquely qualified to assess an injured worker's physical and functional ability and provide education and exercises, as well as determine any modified duties which can be completed by the injured worker during their recovery process.

If you have specific questions about the injured worker's benefits, or issues relating to entitlement on a claim, please direct them to the WorkSafeBC officer.

Providing your services — from basics to details

Steps covered in this section:

[Program overview](#)

[Program services](#)

[Submit your invoices and reports](#)

[Follow the do's and don'ts of treating injured workers](#)

[Monitor injured worker attendance](#)

[Handle transfers, closures, and more](#)

[Use interpretation services as needed](#)

[Other important information](#)

Detailed processes covered in this section:

[How to send us reports](#)

[How to submit invoices](#)

Providing your services — Part 1: The basics

Program overview

The intent of the Concussion and Vestibular Physiotherapy (CVPT) treatment model is to provide workers with a confirmed or suspected work-related concussion and/or vestibular condition access to evidence-based assessment and treatment for these injuries by a qualified physiotherapist. In doing so, you – the physiotherapist – can help these injured workers return to their pre-injury work in a safe, timely, and durable manner.

In providing CVPT services, you should:

- Assess and treat injured workers with a functional focus.
- Obtain and consider knowledge of the injured worker's essential job duties to help guide your interventions and, depending on the worker, make informed return-to-work recommendations, including work hours or duties where necessary.
- Emphasize active and functional exercises unless medical and/or physical contraindications indicate otherwise.
- Have a conversation with the injured worker about the health benefits and importance of staying connected or becoming re-connected to the workplace as soon as safely possible.

Prior to providing CVPT Services, you must ensure:

- The injured worker has sustained a work-related injury to the head that may be classified as a concussion or a vestibular condition that requires CVPT services; and
- The injured worker's claim has been accepted by WorkSafeBC and the Claim Owner has approved an Initial Assessment.

You must not provide CVPT services to an injured worker if:

- They are unlikely to benefit from concussion and/or vestibular physiotherapy due to barriers that are beyond the scope of the CVPT Service Agreement to resolve.
- They are attending a WorkSafeBC interdisciplinary treatment program for the accepted concussion and/or vestibular condition – unless you have received approval from WorkSafeBC to provide CVPT Services concurrently with their attendance in the program.
- Their injury or condition is not compensable under the claim, or the claim owner has not approved CVPT Services.
- Their participation is medically contraindicated due to a medical condition that would put the injured worker at undue risk of harm, even under regular medical supervision.
- Their participation in the Services will place staff or other clients at risk.
- You do not have the skills or experience needed to treat the injury.

Program services

Initial Assessment

The goal of the Initial Assessment is to review the injured worker's status as it relates to their compensable concussion and/or vestibular injury, and to develop a treatment plan that appropriately addresses the worker's symptoms and functional limitations, and ultimately, allows for a safe and timely return to work. The expectation is that the assessment will emphasize verbal education regarding concussion and recovery, supplemented through the provision of written educational materials.

The Initial Assessment must include:

- A subjective history, which will include a review of the mechanism of injury, symptom presentation over the initial 72 hours post injury, and any interventions to date.
- A review of the pre-existing and/or concurrent medical conditions, post-injury symptoms, psychosocial factors, and environmental factors that may influence recovery.
- A review of current symptoms that includes completion and reporting of a clinically appropriate validated outcome measure.
- A neurological screen.
- A physical examination of the injured worker to confirm the status of the injured worker's compensable injuries (including concussion and any cervical spine dysfunction as clinically indicated) and development of a treatment plan to address any deficits in these areas.
- A vestibular assessment to confirm the status of the peripheral vestibular system and development of a treatment plan to address any deficits in these areas.
- A review of the injured worker's essential job duties and, where a RTW is clinically appropriate, a reasonable attempt to contact the injured worker's employer to discuss any RTW opportunities, such as modified hours or duties, where appropriate.
- A functional assessment of the injured worker's current level of functional ability relative to the essential job duties of the injured worker's pre-injury job.
- Verbal education regarding the anticipated course of recovery, pacing, goal setting and reactivation including the provision of written education materials to the injured worker.
- Completion and submission of the CVPT Assessment Report to WorkSafeBC no later than seven days from the Initial Visit.

The CVPT Assessment Report must include:

- DOS, being the date of the Initial Visit.
- Significant clinical findings as they relate to recovery and RTW, including any RTW factors and considerations and anticipated RTW date.
- Completion and reporting of a clinically appropriate validated outcome measure.
- Documentation of the injured worker's essential job duties.
- A comparison of current functional status compared to essential job duties.
- The recommended treatment plan to achieve the recovery and RTW goals, including specific and measurable treatment goals.
- Recommendations for appropriate work or modified work to help promote an early and safe return to work.
- Expected duration and frequency of treatment, and anticipated discharge date.

If your initial assessment findings are inconsistent with the worker's compensable injuries, you must contact the WorkSafeBC officer via telephone within 3 days of the initial assessment and only treat the injured worker for the injury accepted on the claim, until otherwise instructed by a WorkSafeBC officer. If you provide any Services to the injured worker without approval, you will not be entitled to submit an invoice for or receive any payment for such Services.

Treatment Period

During the Treatment Period, you will deliver individualized treatment tailored to the worker's presentation to help them reach their maximal functional recovery and ultimately return to their pre-injury function. In delivering treatment, you must ensure your interventions are focused on short-term, acute care, education, and support for injured workers, progressing towards a return to work.

Treatment interventions may include concussion, vestibular, and cervical rehabilitation in any combination based on the injured worker's needs.

Important guidelines:

- Sessions must be a minimum of 30 minutes in duration, including a minimum of 20 minutes of one-on-one time with the Physical Therapist.
- The injured worker's next visit after the Initial Assessment is the initial visit for the Treatment Period.
- The Treatment Period lasts up to 15 visits or six calendar weeks, whichever is reached earlier, unless a WorkSafeBC officer directs fewer treatments are indicated.
- You can only treat an injured worker for one visit per day per WorkSafeBC approved claim for that injured worker, regardless of the number of areas being treated in that claim.

Extension

An Extension of the Treatment Period may be warranted when the worker is demonstrating a sustained and measurable functional improvement with treatment, and further CVPT treatment is clinically warranted to return the injured worker to full duties and hours, and/or to support the injured worker in developing strategies to manage any ongoing symptoms independently.

When the need for an Extension is identified, you must submit a CVPT Extension Request Report to the WorkSafeBC officer at least seven days before the Treatment Period or the then current Extension ends, but no earlier than the third calendar week in the Treatment Period or the then current Extension.

The CVPT Extension Request Report must include:

- A review of current symptoms in comparison to symptoms reported at the initial assessment, including completion and reporting of the clinically appropriate validated outcome measure you reported at the initial assessment or previous extension request.
- Reassessment and comparison of objective findings reported at the initial assessment, and documentation of objective progress that the injured worker is making in their recovery and towards pre-injury work demands.
- Reassessment of the injured worker's current functional status compared to their pre-injury essential job duties.
- Updated specific and measurable treatment goals for the outlined extension period, including documentation of progress made toward the treatment goals outlined at the initial assessment.
- Whether the injured worker is participating in, or is ready to initiate, a RTW plan.
- A rationale for the extension request that includes objective evidence to support ongoing CVPT treatment.
- Expected duration of treatment, number of visits, and anticipated discharge date.

- Any other relevant factors in support of the request.

WorkSafeBC will have the right in its sole discretion to approve or decline a request for an Extension and in its approval WorkSafeBC will indicate the approved time period and maximum number of visits included in the Extension. The Extension approval will end on the last day of the approved time period or when the maximum number of approved visits has been reached, whichever occurs first.

When requesting an Extension, you must not provide any Services until you have received approval as you will not be entitled to payment for any such Services provided if the WorkSafeBC officer does not approve the request.

Discharge

The injured worker should be discharged when:

- All Treatment Services are completed and/or the maximum number of treatment visits permitted in the Agreement has been reached, and you have not requested an Extension, or the Extension has not been approved by us.
- The injured worker returns to work and/or further CVPT treatment is no longer indicated.
- The injured worker is transferred to another rehabilitation program.
- Or as otherwise instructed by WorkSafeBC.

If the injured worker fails to attend for Services or book further visits, then you may contact the WorkSafeBC officer for approval to discharge, and in any event, may discharge the injured worker if two weeks pass without contact if they're not on a program interruption from receiving CVPT Services.

A Discharge Report must be submitted within seven days of the last DOS.

The Discharge Report must include:

- The DOS, which must be the date of the injured worker's last visit.
- The injured worker's current clinical and functional status.
- Treatment outcome and recommendations.
- Any remaining recovery and return to work factors.
- Duration of treatment (total number of visits) and discharge date.
- Final return to work outcome, including return to work considerations and anticipated return to work date where applicable.

A Discharge Report should not be submitted where the injured worker participated in an Initial Assessment only and received no other Services after the Initial Assessment.

You must notify the referring WorkSafeBC officer if the injured worker has cancelled, refused, or withdrawn from the Services or if you are considering early discharge.

Staff requirements and qualifications

CVPT services must be delivered by a Physical Therapist who meets the following requirements:

- A minimum of 12 months of experience as a Physical Therapist directly related to the treatment of concussion and vestibular disorders within the last five years.

- Has completed a vestibular course in the last three years that includes training on assessment and treatment of BPPV and of conditions of the peripheral vestibular system, including vestibular hypofunction, which includes an in-person component.
 - If the course was completed over three years ago, the Physical Therapist must have since participated in regular and ongoing practice and/or use of the training and knowledge received from the course.
- Has completed a concussion management course within the last three years that includes assessment and treatment approaches.

Clinician Best Practice Days and Network Sessions

- Physical Therapists must remain up to date on clinical best practice relating to concussion and vestibular care.
- If WorkSafeBC conducts a “Clinician Best Practice” day or other form of network-wide education for Concussion Vestibular Physiotherapy providers or on topics related to concussion management, all Physical Therapists that provide CVPT Services must:
 - attend either in person or remotely, at no additional cost or expense to WorkSafeBC, including for time spent by the Physical Therapists to attend the session, or
 - if WorkSafeBC records the “Clinician Best Practice” day or network-wide education session, then ensure that any Physical Therapist that does not attend the live event watches the recording within 30 days of receipt.
- WorkSafeBC will provide at least 30 days’ notice of such training days, including whether the training day will be recorded.

Submit your invoices and reports

There are a few ways you can submit invoices and reports to us, as outlined in this table; the choice is yours.

Ways to send us invoices, reports, forms, and other documents

	My Provider Services	Teleplan	Document uploader	Fax
What is this tool?	My Provider Services is WorkSafeBC’s web-based secure portal that allows the Contractor to perform various online services including submitting invoices to WorkSafeBC electronically.	Teleplan is a system run by Health Insurance BC that allows you submit bills for payment — including invoices for WorkSafeBC.	WorkSafeBC’s document uploader is our tool for uploading claim-related documents.	Faxing is a way to scan and send a paper document using a telephone connection.
What can you submit with this tool?	<ul style="list-style-type: none"> ✓ Invoices ✓ Reports, forms, and 	<ul style="list-style-type: none"> ✓ Invoices 	<ul style="list-style-type: none"> ✓ Some forms (those that have 	<ul style="list-style-type: none"> ✓ Reports, forms, and

	other documents that are attached to invoices		instructions for uploading) ✓ Reports not attached to invoices ✓ Most other documents	other documents
What else can you do with this tool?	<ul style="list-style-type: none"> ✓ Save draft invoices ✓ Get confirmation when we receive an invoice ✓ See an enhanced view of status and payment details 	✓ Get paid via electronic funds transfer	✓ Get instant confirmation that your document has been received	
What can you not submit with this tool?	<p>☒ Reports, forms, and other documents not attached to invoices</p> <p>Instead, submit these documents using the document uploader.</p>	<p>☒ Any WorkSafeBC forms, reports, or other documents</p> <p>Instead, submit these documents using the document uploader.</p>	<p>☒ Invoices</p> <p>☒ Forms that don't include instructions for uploading</p> <p>☒ Reports that must be submitted at time of invoicing (unless you usually submit these reports via fax — then feel free to switch to submitting via document uploader)</p> <p>You can submit these documents using one of the other tools in this table.</p>	<p>☒ Invoices</p> <p>Instead, submit invoices using My Provider Services or Teleplan.</p>
What do you need to access this tool?	An online account with us (it's easy to sign up)	Clinic billing software that's compatible with Teleplan (available through a medical software vendor) or access to a service bureau that bills Teleplan	The relevant injured worker's last name, date of birth, and claim number	Fax machine

Anything else you should know?				You won't get immediate confirmation that your document has been received. If you'd like confirmation, the document uploader may be a better option.
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To learn more about how to submit reports and invoices, see [Providing your services — Part 2: The details](#) in this reference manual.

Follow the do's and don'ts of treating injured workers

While every injured worker is unique, a few general rules apply.

Do treat accepted conditions only

Only treat conditions that WorkSafeBC has accepted are a compensable consequence of the claim. By law, WorkSafeBC can't authorize treatment for pre-existing physical, cognitive, or psychological conditions or concurrent issues in the injured worker.

If you discover issues that have not been accepted under the claim but that are affecting treatment progress, reach out to the appropriate [WorkSafeBC officer](#). You may be able to help the injured worker find other community resources to assist with their non-compensable issues. However, this must be discussed with the WorkSafeBC officer before discussing the possibility with the injured worker or documenting it in a report.

Do tell the injured worker how their information may be used

All injured workers must be reminded of the limitations of confidentiality and how clinical records are disposed of.

Under the *Workers Compensation Act*, WorkSafeBC is empowered to collect and share any and all information deemed relevant to the adjudication and management of a claim. WorkSafeBC can obtain copies of hospital records, clinical records, employment and school records, and any other information needed to perform its duties under the Act. This includes access to all treatment records, including your clinical notes.

When a worker applies for a claim, they consent to the collection and use of personal information for the purposes of adjudicating and managing the claim.

Before beginning to provide services, you should remind the injured worker that if a decision on the file is appealed by either the injured worker or the employer they were working for at the time of their workplace injury, the contents of the entire claim file are disclosed to both parties. This includes information in provider treatment records submitted to WorkSafeBC. Your clinical notes could be disclosed in this way if WorkSafeBC has requested them and the notes form part of the injured worker's claim file.

Don't act as an advocate

Most professional codes of conduct address the issue of clinical advocacy. As a contracted CVPT provider, you must give a well-reasoned clinical opinion based on objective assessments and observations of the injured worker's needs. You must refrain from advocating for the injured worker in legal, adjudicative, entitlement, and benefit matters, and you must not advocate for needs that are not a compensable consequence of the claim.

WorkSafeBC officers use the information in your reports to understand an injured worker's clinical status. Claim owners weigh this information when making decisions. If you take a claim advocacy stance, your opinions are no longer clinically objective. Your role as a provider is to support return to work and assist in recovery of function. Claim advocacy can place you in a dual relationship and seriously undermine the claims-management process. Advocating for an injured worker or selectively omitting information about the impact of non-injury-related needs in reports or other correspondence with WorkSafeBC is a serious breach of the CVPT Services Agreement.

Advise any injured worker in your care to contact the [claim owner](#) and/or the [Workers' Advisers Office](#), which is independent of WorkSafeBC, if they have concerns about how their claim is being managed.

Don't give information to the injured worker that could cause immediate harm

Injured workers can access documents on their claim file through an online portal. In addition, an injured worker may request a copy of a specific document from a WorkSafeBC officer or a complete copy of their claim file at any time.

The information you provide to WorkSafeBC about the injured worker can be accessed by the injured worker.

If you believe the information you provide will pose an immediate risk of harm should the injured worker access the information, contact the case manager or appropriate [WorkSafeBC officer](#) before submitting the document.

Monitor injured worker attendance

In order to benefit from your services, the injured worker needs to attend appointments and participate in treatment. Let us know if this isn't happening.

What if an injured worker doesn't show up to appointments or initiates an interruption to services?

If an injured worker will be unavailable to attend visits, or has been absent for any reason, including a pre-planned vacation or absence, non-claim related surgery, serious illness or being required to attend a work location not reasonably convenient to where the injured worker is receiving CVPT Services, then you must immediately notify the appropriate [WorkSafeBC officer](#) by telephone or email, and if there is a need to adjust the end date of the Treatment Services request approval from the WorkSafeBC officer for such change.

Can an injured worker withdraw or be discharged early from treatment?

You may discharge an injured worker who is not benefitting from CVPT services because of poor participation or attendance. Evidence for the poor participation or attendance and a functional summary must be included in the [Discharge Report](#).

Inform a WorkSafeBC officer immediately if an injured worker has withdrawn from treatment or if you're considering a discharge for the reasons above.

The injured worker can voluntarily withdraw from the CVPT services, and a WorkSafeBC officer can withdraw the injured worker from CVPT services at any time.

Handle transfers, closures, and more

Your clinic may occasionally need to close (expectedly or unexpectedly), or an injured worker may be transferred to or from your care. Here's how to handle these situations.

An injured worker is transferred

Transfers **TO** another CVPT Services Provider

If after the Initial Assessment an injured worker elects to change to another CVPT provider, you must submit the [Assessment Report](#) to WorkSafeBC no later than seven days after the Initial Visit and may submit an invoice for fees for the Initial Assessment as set out in Schedule B. You should not submit a Discharge Report in these circumstances.

If an injured worker elects to change to another CVPT provider during the Treatment Period or an Extension, you must submit a [Discharge Report](#) to WorkSafeBC within 14 days from the last treatment visit and may submit an invoice for the fees as set out in Schedule B for the provided Treatment Services.

Transfers **FROM** another CVPT Service Provider

Where an injured worker transfers to you from another CVPT provider, you must obtain prior approval from the WorkSafeBC officer before providing any Services. If Treatment Services are approved by the WorkSafeBC officer, you must complete an Initial Assessment and may commence the Treatment Period in accordance with the CVPT Agreement, unless otherwise directed by the WorkSafeBC officer.

You temporarily close your program or suspend services (due to weather, holidays, etc.)

Type of closure or suspension	Who to tell	Important to note
Unexpected closure — e.g., <ul style="list-style-type: none">You're called awayYou've had to take sick timeThere's a power outageThere's an extreme weather event	<ul style="list-style-type: none">✓ Affected injured worker(s)✓ WorkSafeBC officer for each injured worker✓ Health Care Programs	Contact as soon as possible
Planned closure for a public holiday <ul style="list-style-type: none">New Year's DayFamily DayGood FridayEaster MondayVictoria DayCanada Day	<ul style="list-style-type: none">✓ No one	Public holidays are not counted as business days unless you choose to provide services and the injured worker chooses to receive services that day.*

<ul style="list-style-type: none"> • B.C. Day • Labour Day • National Day for Truth and Reconciliation • Thanksgiving Day • Remembrance Day • Christmas Day • Boxing Day 		Only the public holidays listed here are considered closure days.
Planned closure that's not a public holiday	<ul style="list-style-type: none"> ✓ WorkSafeBC officer for each injured worker ✓ Health Care Programs 	Contact as soon as possible

*Services may be provided on a public holiday or weekend depending on the injured worker's schedule; however, you're not obligated to provide services on these days. No additional compensation above the fees described in the Agreement fee schedule will be paid if you choose to provide services on these days.

Use interpretation services as needed

To help you communicate with injured workers with limited English proficiency, WorkSafeBC has contracted interpreters who provide in-person, video, and telephone interpretation services throughout B.C.

Approved interpretation providers will bill WorkSafeBC directly for interpretation services. If your organization has an in-house interpreter, interpretation provided by the in-house interpreter must not be billed to WorkSafeBC.

Who books the interpreter?

If you're aware of or anticipate the need for interpretation services for an appointment, let us know.

How to work with us to book an interpreter

Contact the claim owner and service coordinator.	If an interpreter is deemed necessary for the appointment to take place, the service coordinator will arrange the appointment with the interpretation provider.
Tell them exactly what's needed.	Tell the claim owner and service coordinator: <ul style="list-style-type: none"> • How many hours you'll need the interpreter for • The length of any breaks that will be included
Notify them if the appointment needs to be cancelled or rescheduled (ideally with >24 hours' notice).	The service coordinator will reschedule with the interpreter and can help you communicate the new appointment details to the injured worker if necessary (date, location, time, number of hours required, and length of any breaks that may be expected).
Tell Health Care Programs about any quality concerns.	E.g., report if: <ul style="list-style-type: none"> • The interpreter is late • The interpreter does not attend the scheduled appointment

Learn more on our [Interpretation, translation & sign language services](#) webpage.

Other important information

Performance Standards

We'll collect, monitor and report on several standards for physiotherapy Services provision, including but not limited to the following:

- Durable return to work (DRTW)
- Length of stay
- Usage of Extensions
- Average number of visits per week
- Report timeliness

Targets for DRTW:

- 75% with a minimal acceptable performance of 65% percent
- Remaining within 20% of the average number of visits per week as compared to the Provider Network; and
- Satisfactory performance with respect to initial DOS to discharge date and report timeliness as compared to the Provider Network

We'll measure your standards against the network averages, and keep you posted on the results.

Submitting Data to WorkSafeBC

Please be sure to encrypt all emails containing information about an injured worker.

Providing your services — Part 2: The details

Now that you understand in broad strokes how to work with us, it's time to get into the nitty-gritty — especially when it comes to creating and submitting reports and invoices to us. (For a quick summary of which tools to use to submit reports and invoices, see [Providing your services — Part 1: The basics](#).)

How to send us reports

Follow three steps

We provide you with detailed forms and guidelines to report on different aspects of the services you provide the injured worker.

1. Download the right form

You'll find links to the specific forms you need to submit in [Appendix C](#). Re-download forms any time you receive an [Information Bulletin](#) about updates to them. This will ensure you're using the most up-to-date version of each form.

2. Complete the report

Be sure each page of the document includes:

- Injured worker's name
- Injured worker's claim number
- Document name and page number
- Document ID (the five- to six-digit code provided in the Agreement for each specific type of report you'll be completing)

Several appendices in the back of this reference manual will help you complete reports correctly:

- For detailed guidelines on what to include in each report you submit to us, see [Appendix C](#).
- To learn the difference between a "restriction" and a "consideration" when making recommendations, see [Appendix D](#).

3. Send the report to us on time, using the correct tool

Report timelines:

- **CVPT Assessment Reports** must be submitted no later than **7 days from the Initial Visit**. The report should not be submitted prior to speaking with the employer or until the seventh calendar day from the Initial Visit. A minimum of two separate attempts must be made to reach the employer.
- **CVPT Extension Requests** must be submitted at least **7 days before the Treatment Period or Extension ends**, but no earlier than the third calendar week in the Treatment Period or Extension.
- **CVPT Discharge Reports** must be submitted within **7 days of the last date of service**. Do not submit a CVPT Discharge Report if the injured worker only attended for the Initial Assessment and did not receive any Treatment Services after you submitted the Assessment Report.

Submit reports electronically through the [document uploader](#), or through [My Provider Services](#) if they are attached to an invoice. These methods will assure timely addition to the claim file and provide confirmation of submission.

If you experience difficulty with either of the submission options above, you may submit reports via fax: 604.233.9777 (toll-free at 1.888.922.8807).

How to submit invoices

We must receive invoices within 90 days of the date of your service. If you bill us within this time period and you receive a rejection, you'll have up to 180 days from the date of service, or 90 days from the date of the first rejection (whichever is longer), to rectify the billing error. If you do not follow up in this time period, your invoices cannot be paid.

Please note that pre-edit refusals by MSP do not show up in our system, and do not count as an official billing submission. Want to see a complete list of pre-edit refusal codes that you may encounter when billing? Visit this [website](#).

The exhaustive list of rejection codes can be found [here](#).

If you are following up on a rejection, please contact Payment Services at 604.276.3085 or toll-free at 1.888.422.2228.

General Invoicing information

It's your responsibility to confirm the injured worker's claim status. You can do this in one of two ways:

- Call our Claims Call Centre: 604.231.8888; toll-free at 1.888.922.8807
- Check [Claim status](#) online

You must get pre-approval before providing Services. Neither the Initial Assessment nor the Treatment Period will be covered without pre-approval, even if the claim is accepted.

If the worker is approved for CVPT Services within 90 days of the completion of the Initial Assessment at your clinic, you must reimburse the injured worker 100 percent for all CVPT related costs paid prior to the date the claim was accepted, and invoice WorkSafeBC directly according to the fee amounts in Schedule B of the Agreement. If the claim is accepted more than 90 days after the completion of the Initial Assessment at your clinic, we'll reimburse the injured worker.

Do not invoice us or the injured worker for any missed, late, or cancelled appointments.

Submitting invoices via HIBC (MSP) Teleplan

Invoices for CVPT Services may be submitted electronically via HIBC (MSP) Teleplan (including requested physiotherapy records).

For injured workers who do not have a BC personal health number (PHN) including patients who have a valid PHN from another province – bill claims under the following generic PHN: 9842719596.

Stick to the fee schedule

[WorkSafeBC officers](#) don't have the authority to approve services or charges that deviate from the Agreement and fee schedule. If a WorkSafeBC officer has requested or approved a service that is outside of the parameters of the Agreement, remember to contact [Health Care Programs](#) for approval.

To assist in correctly identifying the injured worker when submitting ensure the correct injured worker Name, Birthdate, Gender and WorkSafeBC claim number are entered.

If, in extenuating circumstances, you are required to fax or mail your invoices, please use Form 267: Invoice for Treatment Services. Please do not use individual clinic invoices, as they will not be accepted by WorkSafeBC.

Understanding explanatory codes

To help you understand why an invoice submitted through Teleplan has been rejected or can't be paid immediately, both WorkSafeBC and Teleplan use explanatory codes.

For example, the code "AA" means the injured worker doesn't have a PHN and/or the injured worker is not a resident of B.C. If the injured worker doesn't have a PHN, resubmit the invoice using the following generic PHN: 9842719596.

The code "BK" means we've received your invoice and are currently making a decision on the worker's claim. Some complex claims can take more than 60 days to make an entitlement decision, so your patience is appreciated. You don't need to make any correction or resubmit the invoice; you'll receive payment or an updated explanatory code once a decision has been made.

WorkSafeBC injury coding

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

Injury coding consists of these components:

- Service location codes
- Side of body codes
- Body part codes
- Nature of injury codes
- Diagnostic codes (ICD-9) (access online)

This coding is mandatory on all invoices submitted via MSP Teleplan to allow for expedited matching of invoices to claims and hence, timely payments.

Codes can be accessed on our website through the health care provider portal under "billing and reporting."

My Provider Services Portal

You may submit invoices through the [My Provider Services Portal](#). Check the [My Provider Services User Guide](#) or watch our training video on [creating an online services account](#) to learn more.

If you're submitting a report through My Provider Services, you'll need to submit any corresponding reports along with the invoice when required.

Key Invoicing tips

1. Ensure you have the correct details

Ensure you have the following information about the injured worker:

- Injured worker's name
- Date of birth

- WorkSafeBC claim number
- BC personal health number (PHN) — for workers who do not have a BC PHN, including those who have a valid PHN from another province, bill claims under the following generic PHN: 9842719596

2. Double check before you submit

Is the date of service correct?

For example, if you're invoicing for completing a report for us, the date of service on the invoice must match the date of service on the report, not the date you wrote the report or submitted the invoice.

Am I using the right fee codes?

Incorrect or missing fee codes are among the most common reasons for delays in payment. Please refer to the fee schedule (Schedule B) of the PT Services Agreement.

3. Send the invoice to us on time, using the correct tool

Submit your invoice to us within 90 days of the date of service.

Submit invoices electronically through Teleplan or the My Provider Services invoicing app. Remember to submit any necessary reports to us at the same time either in the My Provider Services invoicing app, or if invoicing through Teleplan you can submit reports using the [document uploader](#) or via fax: 604.233.9777 (toll-free at 1.888.922.8807).

Since Teleplan is an automated system, the information you provide must be correct and consistent before the system will allow payment for your services. The date of service (DOS), payee number, and form fee item submitted must exactly match the DOS, payee number, and form fee item on the invoice you transmit to us. If they don't match, your invoice will be rejected, and you'll need to correct the information and resubmit the invoice.

Correct the invoice promptly if necessary

Sometimes we're not able to accept an invoice because of an inconsistency or error. In these cases, you can follow up, resolve the issue, and still get paid — provided you rectify the error within **180 days of the date of service, or within 90 days of the date of the first rejection** (whichever is longer).

If you're following up on an issue with an invoice, please contact Payment Services at 604.276.3085 or toll-free at 1.888.422.2228. We're happy to help.

Appendices

If you have a question:

[Appendix A: Important contact information](#)

[Appendix B: Important links](#)

If you'd like help writing reports for us:

[Appendix C: Reports and forms for the CVPT Services](#)

[Appendix D: "Restrictions" vs. "considerations"](#)

If you need help on Staff Changes and Mentorship:

[Appendix E: CVPT Staff Change & Mentorship Request Form](#)

If you're curious about our other programs:

[Appendix F: Summary of related health care programs](#)

Appendix A: Important contact information

We want to make sure you have all the information you need to work with us as a health care service provider. Contact information for key departments is listed below. (You can find [contact information for more departments and services](#) on [worksafebc.com](#).)

If an injured worker threatens anyone, including a WorkSafeBC employee or property, call the police immediately, followed by the people listed on [page 17](#).

WorkSafeBC department	How to contact	Reason to contact
Health Care Programs	604.232.7787 (Lower Mainland) 1.866.244.6404 (toll-free) hcsinqu@worksafebc.com	You need to discuss: <ul style="list-style-type: none">• Your contract and fee schedule• Contracted clinical services• Updating your contact information for emailed disclosures
Payment Services	604.276.3085 (Lower Mainland) 1.888.422.2228 (toll-free)	You need to discuss: <ul style="list-style-type: none">• A specific invoice or billing rejection• Invoice correction letters• General information about our billing process
Procurement Services	604.276.3344 (Lower Mainland) 1.844.276.3344 (toll-free) purchase@worksafebc.com	You need to: <ul style="list-style-type: none">• Update your general contact information• Inquire about the status of your contract
Claims Call Centre	604.231.8888 (Lower Mainland) 1.888.967.5377 (toll-free)	You need basic information about a claim. <ul style="list-style-type: none">• For detailed questions about a specific claim, contact the claim owner. If you don't have the claim owner's contact information or are not hearing back, contact our Claims Call Centre.
Freedom of Information and Protection of Privacy Office	604.279.8171 (Lower Mainland) 1.866.266.9405 (toll-free) fipp@worksafebc.com	You have questions about privacy legislation (e.g., the Freedom of Information and Protection of Privacy Act)

Appendix B: Important links

Essential for working with us (worksafebc.com webpages)	What you'll find
For health care providers	Information for all health care providers we work with
CVPT provider webpage	Information and bulletins specific to CVPT Services
Forms & Resources	Important WorkSafeBC forms, documents, videos, and more, including reports for you to download and complete (see Appendix C for links to specific forms you'll need to download)
Document uploader	A fast and easy way to upload many claim-related documents
My Provider Services	WorkSafeBC's web-based secure portal that allows the Contractor to perform various online services including submitting invoices and corresponding reports to WorkSafeBC electronically
Creating an online services account as a provider	Video instructions for setting up an account in My Provider Services
Occupational Health and Safety Regulation	Regulations you must follow when conducting any jobsite visits
Essential for working with us (external webpages)	What you'll find
Teleplan on gov.bc.ca	The Teleplan program through which you'll submit invoices (call Teleplan at 604.456.6950 or toll-free at 1.866.456.6950 to set up Teleplan billing and electronic fund transfer)
Workers' Advisers Office on gov.bc.ca	A resource to point injured workers to if they'd like independent advice and assistance on their claim
Important background info on worksafebc.com	What you'll find
Your role in the claims process	Where you fit into an injured worker's claim with WorkSafeBC
Who we are	An overview of what WorkSafeBC does
Provider types	Information on other health care providers we work with
Interpretation, translation & sign language services	An overview of tools we provide to help you communicate with injured workers
How recovery at work helps	The overall health benefits of a safe, timely return to work for injured workers

Appendix C: Reports and forms for CVPT Services

All forms can be found on the [Forms & Resources](#) page on worksafebc.com.

*Please note that the official forms will be posted by May 1, 2024

Use these forms to create reports and plans:

- [CVPT Assessment Report \(83D599\)](#)



83D599 - Concussion
and Vestibular Physio

- [CVPT Extension Request \(83D600\)](#)



83D600 - Concussion
and Vestibular Physio

- [CVPT Discharge Report \(83D601\)](#)



83D601 - Concussion
and Vestibular Physio

Complete this form within two business days if a **threat or incident** occurs:

- [Health Care Programs - Incident Report \(form 83M380\)](#)

Appendix D: “Restrictions” vs. “considerations”

Keep these definitions in mind when you’re making recommendations and reporting to us.

Term	Definition
Medical restrictions (recommended by physicians and psychologists only)	Activities an injured worker should not perform because of risk of significant harm. A physician imposing restrictions on an injured worker should be able to describe the nature of the risk of harm. The test to use is this: If a patient begged you to let them perform the activity, would you still say no due to the risk of harm? For example, a patient with acute tib/fib fracture is prohibited from weight bearing; a patient with acute concussion is pulled off the playing field; and a patient with uncontrolled seizures is prohibited from driving. However, if a patient post-rotator-cuff repair begged you to let them return to typing, you would say that’s okay. There’s no need to restrict typing for someone with this injury, even if they complain they can’t type.
Physical considerations	<p>Objective</p> <ul style="list-style-type: none">Are activities an injured worker cannot perform due to lack of physical capacity, not due to pain or fatigue. Examples of physical considerations include limited strength capacity or limited range of motion in a joint. <p>Subjective</p> <ul style="list-style-type: none">Are activities the injured worker reports having difficulty performing due to pain or fatigue.Pain does not, by itself, lead to restrictions (as defined above). Only the medical pathology (if known) causing the pain can be the basis for imposing medical restrictions. Pain may lead to genuine physical considerations. These considerations can’t be measured by medical means alone.Work can be used as progressive exercise that builds capacity. An inappropriate prescription for decreased activity will decrease capacity. <p>It is important that you frame considerations using abilities language and also offer mitigating strategies. For example:</p> <ul style="list-style-type: none">Consideration: Worker has difficulty with sustained overhead reaching using their right (dominant) arm for periods of greater than two minutes.Ability language: Worker is able to perform sustained or intermittent overhead reaching with their left arm and intermittent overhead reaching with their right (dominant) arm.Examples of some mitigating strategies: Worker would benefit from using a stepladder ladder to minimize the degree of overhead reaching required; Alternating overhead reaching tasks with another job task is recommended to support pacing.

Psychological considerations	<p>Objective</p> <ul style="list-style-type: none"> Those activities that an injured worker cannot perform due to lack of psychological capacity, as a result of a psychological condition. <p>Subjective</p> <ul style="list-style-type: none"> Those activities the injured worker reports having difficulty performing due to symptoms (e.g. fatigue, low mood, etc.) Work can be used as progressive exercise that builds capacity. Note that inappropriate prescription for decreased activity will decrease capacity. <p>It is important that you frame it using abilities language and also offer mitigating strategies. For example:</p> <ul style="list-style-type: none"> Consideration: Worker has difficulty with multitasking. Ability language: Worker is able to perform more than one task but may need support if required to tend to multiple tasks at the same time. Example of some mitigating strategies: Support employee to perform fewer tasks at a time until capacity is reached; Modify workplace processes to allow employee to focus on one task at a time, where practical; Outline clear, specific and measurable expectations with all tasks, etc.
Remember to use an abilities framework whenever you can	
<p>It's your role as a health care provider to make recommendations for restrictions (if you're a physician or psychologist) and considerations (as appropriate to your services). The claim owner will adjudicate these recommendations and decide whether to accept them or not.</p> <p>Considerations and restrictions may be temporary or permanent. A worker may require work accommodation during treatment that can be removed at the point of recovery. Restrictions and considerations that are permanent in nature may have significant consequences to the individual's ability to return to their pre-injury job, find alternate employment, and maintain their income.</p>	

Appendix E: CVPT Staff Change & Mentorship Request Form

When adding a Physical Therapist to the CVPT Service Agreement, you must submit a CVPT Staff Change & Mentorship Request Form to the Program Manager and Quality Assurance Supervisor for CVPT Services at CVPT@worksafebc.com.



83D616 - CVPT Staff
Change and Mentors

The form must be completed in its entirety to be eligible for consideration. This includes the Physical Therapist’s information, qualification requirements, and an updated staff list that reflects the new addition or changes being requested.

If a Physical Therapist doesn’t meet the minimum experience requirements but has completed the required courses, they are eligible for mentorship. In this case, you will also need to complete the mentorship request section of the form and submit a formal mentorship plan with the completed form.

Appendix F: Summary of related health care programs

1. **Addiction Services:**

- **Community Pain and Addiction Services (CPAS)** is an outpatient assessment program for injured workers with substance use disorder, concurrent disorders (pain and addiction), or complex medication regimens, as well as injured workers demonstrating aberrant behaviour. Physicians are certified by the American or Canadian Society of Addiction Medicine (ASAM/CSAM) or possess an American Board of Addiction Medicine (ABAM) addiction medicine fellowship or equivalent. Outpatient treatment may include medication management (e.g., opioid agonist therapy).
- The **Intensive Outpatient Program** involves eight weeks of treatment, including psycho-educational group meetings, interpersonal process group meetings, individual counselling, and random drug and alcohol screening. It also includes up to 44 weeks of after-care (one group therapy session per week) and a family program. One-on-one supportive counselling may be offered in adjunct.
- **Residential Addiction Services (RAS)** are medically supervised abstinence-based multidisciplinary inpatient programs that use a bio-psychosocial model to treat injured workers with alcohol and drug addictions. These programs provide medical and psychological treatment for drug effects, teach behavioural skills that promote lasting change, and provide long-term support to help clients live a drug-free lifestyle. Programs consist of peer and self-assessments, group and individual therapy, lectures, and conferences with family and referral sources.
- **Support Recovery Services** provide a safe, supportive, and stable residential environment for injured workers in early remission to facilitate recovery and promote life skills. The structured and monitored environment fosters accountability to facilitate the transition to independent living in the community and long-term recovery. Services may include group therapy, lectures, individual counselling, structured activities, recreational programs, nutrition counselling, random drug screens, and conferences with family and referral sources. Programs provide 24-hour staffing by a house manager or addiction counsellor.

2. The **Amputee Multidisciplinary Program (AMP)** provides treatment for injured workers with major amputations to maximize function and return the injured worker to productive employment. The team includes the Visiting Specialist Clinic (VSC) or a community physiatrist, a physical therapist, an occupational therapist, and a psychologist. The team works closely with a community prosthetist to help the injured worker get an appropriate prosthesis.
3. **Activity-Related Soft Tissue Disorder (ASTD) Services** are designed for people who have an injury related to overuse of certain muscles, tendons, and/or ligaments at work. The services consist of an ASTD medical assessment and a multidisciplinary treatment program that's up to 12 weeks, with a focus on return to work.
4. **Chronic Wound-Care Services** provide early intervention and treatment for injured workers who have chronic wound-care issues. The goal is to enable return to work when appropriate and to provide long-term services to injured workers with permanent disabilities. The team includes an occupational therapist or physical therapist and an RN with wound-care specialization. Ongoing involvement by the attending physician, physical therapist, and a dietitian, as well as psychological counselling and education, are possible.

5. A **Cognitive Functional Capacity Evaluation (FCE)** determines an injured worker's overall cognitive and physical baseline abilities, considerations, and tolerances using standardized testing protocols and work simulation activities to determine the worker's employability in a specific job or general job category.
6. **Community Care Facility (CCF) Services** merge two former contracts: Residential Care Services and Short-Term Care Services. A contracted network of CCF providers within B.C. accommodates each worker's unique care needs. CCF Services are designed to assist workers with compensable injuries and/or illnesses:
- To recover from surgery
 - By providing respite or palliative care
 - With long-term placements

CCF Services support the injured worker with self-care and independence in activities of daily living.

7. **Driver Assessment and Rehabilitation Services (DARS)** aim to identify and address the functional factors that impact driving safely and independently (i.e., cognitive, physical, and/or psychological symptoms). Services include a comprehensive evaluation conducted by an occupational therapist or certified driving rehabilitation specialist and may involve a licensed driving instructor. Recommendations from the assessment may include on-road driver's rehabilitation, and/or training in use of adaptive driving equipment.
8. **Early Concussion Assessment and Treatment (ECAT)** provides early assessment, education, reassurance, and intervention (when indicated) for injured workers with confirmed or suspected concussions. The program supports recovery of function and aims to facilitate an early and durable return to work.
9. **Expedited Surgical Facilities Services (ESFS)** provide fully equipped surgical facility services (including, but not limited to, nursing and support staff, medications, supplies, equipment, and facilities) to any surgeon to perform expedited elective day-care surgical procedure(s) on injured workers.
10. A **Functional Capacity Evaluation (FCE)** determines an injured worker's overall physical abilities, considerations, and tolerances to determine whether they're employable in a specific job or general job category.
11. The **Hand Therapy Program** provides treatment and consultation for injured workers with acute traumatic or repetitive injuries of the arm below the shoulder. This includes injuries to the hands and wrists, such as open wounds, crush injuries, tendon repairs, and burns. Treatment is provided by certified hand therapists with specialized skills in assessing and treating these conditions.
12. The **Home Access and Modifications Program** allows WorkSafeBC to undertake modifications to a residence or workplace to lessen or remove factors impacting severely injured workers following a compensable injury. A WorkSafeBC officer will determine the modifications necessary based on the compensable injury and on recommendations from an occupational therapist assessment as required.

13. **Home Care Services** involve a contracted network of home care providers: community agencies that provide home support and nursing services to injured workers. Service is provided in the injured worker's home and/or community setting and focuses on assisting with activities of daily living, personal care, and professional nursing services (e.g., wound care).
14. **Home IV Supply Services** are provided to injured workers at home by home care nurses from either our contracted home care network or the local health authority. Supplies, equipment, and medications for Home IV Supply Services are provided by Calea Pharmacy.
15. The **Medical and Return-to-Work Planning (MARF) Assessment Service** provides diagnostic clarification and helps establish appropriate treatment and return-to-work recommendations for the injured worker. The MARF Assessment consists of a psychosocial screen, subsequent visits, and a reassessment that factors in the injured worker's history and a physical examination.
16. **Medical Alarm Monitoring Services** provide a personal emergency-response system with two-way voice that gives injured workers help at the press of a button. This makes independent living possible for many injured workers.
17. **Mental Health Programs:**
 - **Psychology Assessments** are provided by a contracted network of qualified registered psychologists across the province. They provide psychological and neuropsychological assessment services as needed to injured workers who have mental health issues associated with a physical injury or related to workplace trauma.
 - **Mental Health Treatment** is provided by a contracted network of registered psychologists, registered clinical counsellors, and registered clinical social workers. Services include:
 - **Resiliency Support Service**, a short-term support that helps injured workers develop active coping strategies and/or access community supports and services so that they may either remain at or return to work. No DSM-5 diagnosis is required for this service.
 - **Recovery and Return-to-Work Standard Treatment**, which is targeted individual psychotherapy provided to injured workers with one or more accepted psychological conditions. Standard treatment aims to assist the injured worker to remain at or return to work and to promote a return to pre-injury psychological functioning.
 - **Transition Support Service (TSS)**, which helps injured workers maintain and apply strategies previously learned in standard treatment while participating in return-to-work activities. It's expected that the worker's compensable condition has stabilized or plateaued, but the worker needs continued clinical support to be successful in these activities.
 - **Supplemental Service**, a service available to injured workers with accepted psychological conditions who continue to experience severe psychological impairment after a plateau in recovery. Supplemental Service aims to reinforce the skills the injured worker needs to maintain their maximal level of psychological functioning and to promote independent functioning by establishing links to community supports for long-term support.
 - **Occupational Trauma Response (OTR) Intervention**, a short-term intervention designed to reduce the psychological and functional impact of trauma and to prevent the development or worsening of mental disorders and/or functional impairment.

Providers assist injured workers by helping to normalize the trauma reaction, strengthen natural resiliencies, build supports, and provide the skills to manage triggers. Trauma-focused cognitive behavioural therapy (TF-CBT) is an important component. Identified treatment targets are the foundation upon which any later interventions are built.

- **Trauma Recovery Services**, individual treatment services tailored to the injured worker using trauma-focused therapeutic interventions. Trauma Recovery Services are designed to help normalize the trauma reaction, strengthen natural resiliencies, build support, and provide the skills to prevent mental health issues from worsening. These services help the worker remain at or return to work, where possible.
- **Post-Traumatic Stress Disorder Interdisciplinary Programs**, comprehensive outpatient services for injured workers who have experienced psychological trauma and have developed a compensable trauma-related condition that interferes with their previous level of function and work. Different programs have different approaches (group-based vs. individualized) and service lengths, but generally run for approximately 8 to 12 weeks and have a return-to-work component.
- **Online CBT Education Program**, a tool to help injured workers mitigate stressors that may become disabling factors if not appropriately managed. The program helps injured workers recognize stressors and understand that in challenging situations, it is normal to experience worry, anxiety, and sadness — but these feelings do not need to become factors impacting resolution if managed appropriately. The program is designed to give injured workers a sense of control in improving their emotional and psychological response to stress. No psychological condition is required; any worker with an accepted claim can access this program.

18. Mental Health and Addiction Programs:

- The **Concurrent Care Program** is an outpatient program for injured workers with co-occurring mental health, chronic pain, and substance use disorders. An interdisciplinary team (addiction physician, psychologist, physical therapist, and occupational therapist) addresses the worker's complex needs. The primary goal is to stabilize the worker's mental health and substance use disorder through a biopsychosocial treatment model. This model includes individual and group treatment sessions and may include cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT), mindfulness-based relapse prevention/stress reduction, family support, motivational enhancement therapy, and alternative therapies.
- **Mental Health and Addictions Complex Transitional Care** is a step-down facility that provides a safe, monitored environment for workers with complex concurrent mental health, substance use, chronic pain, and medical conditions (e.g., brain injury) to support ongoing engagement in recovery or treatment. The facility includes 24-hour nursing staff and health care assistance. Residents access community physical, social, and recreational group activity programs; get random urine drug screens; and receive structured behaviour management and interventions. The facility supports safety and relapse-prevention planning and provides nutrition services.
- **Residential Complex Mental Health and Addiction Services** are provided through a schedule 1 designated psychiatric facility under the Mental Health Act that provides observation, care, and treatment for patients experiencing mental health disorders. Referrals are based on symptom severity, level of functionality, chronicity and complexity, and significance of safety risk. Nine programs are available, including an assessment and

stabilization unit, comprehensive psychiatric care, an integrated mood and anxiety program, and a program for traumatic stress recovery.

- **Residential Mental Health and Addiction Services** are inpatient treatment services for workers with mental health disorders (e.g., mood disorder, anxiety disorder, or trauma-related disorder) and/or substance-related disorder, with or without secondary diagnoses of chronic pain and personality disorders. The program is cohort-based, with each worker's treatment customized according to primary diagnosis. Treatment duration is six to nine weeks. The interdisciplinary team includes a psychiatrist, addiction psychiatrist, addiction physician, family physician, psychologist, social worker, and occupational therapist. Treatment may include medically supervised detox, cognitive processing therapy, CBT, DBT, mindfulness-based therapy, recreational therapy, art therapy, and horticultural therapy.

19. **Modified Vehicle Rental Services (MoVeRS)** allow WorkSafeBC to provide a worker who has significant injuries and impairments a wheelchair-accessible rental vehicle to improve community mobility, quality of life, and ease of access to medical services and appointments. A [WorkSafeBC officer](#) will determine the appropriateness of the rental based on the compensable injury, access to alternative modes of transportation, and the assessment and recommendations from an occupational therapist.
20. The [Occupational Rehabilitation 1 \(OR1\) Program](#) is a structured, active rehabilitation program offered by physical therapists supported by kinesiologists. OR1 is designed to assist injured workers with soft-tissue injuries, resolved surgery, or healed fractures to achieve a safe and durable return to work. Treatment may be provided at a rehabilitation clinic and/or the jobsite.
21. The [Occupational Rehabilitation 2 \(OR2\) Program](#) is a structured, active rehabilitation program focused on supported return to work through physical and functional conditioning and education. It is a multidisciplinary program offered by physical therapists, occupational therapists, psychologists, kinesiologists, and physicians. Treatment may be provided at a rehabilitation clinic and/or the jobsite.
22. [Occupational Therapy \(OT\) Services](#) help injured workers remain safe and gain, maintain, and/or improve skills in self-care and productivity, with the goal of return to work. The occupational therapist may provide services in the home and/or a community setting and assists the injured worker with adaptive skills required to return to a productive life. The three treatment streams are related to the primary compensable diagnoses and factor(s) impacting recovery:
 - OT — Physical Injury (OT-PI)
 - OT — Mental Health (OT-MH)
 - OT — Brain Injury (OT-BI)
23. The [Pain and Medication Management Program \(PMMP\)](#) is an outpatient multidisciplinary treatment program offered by physical therapists, occupational therapists, psychologists, physicians, and pharmacists for injured workers with complex pain issues, including complex regional pain syndrome. The PMMP can provide medication management for patients with chronic pain who may need modification to a medication regimen. If addiction becomes a co-occurring disorder, the injured worker should be referred to Addiction Services.

24. The [Post-Concussion Management Program \(PCMP\)](#) is an outpatient program designed for injured workers with ongoing post-concussion symptoms. The interdisciplinary treatment team includes physicians, neuropsychologists, psychologists, physical therapists, and occupational therapists working with the injured worker to achieve a comprehensive understanding of the factors that contribute to their current symptoms. The principles of treatment are self-management and reduced reliance on passive methods of symptom management, such as medication and rest. Treatment may be provided at a clinic and/or the jobsite.
25. [Prosthetics](#) can be provided to injured workers by providers certified by the Canadian Board for Certification of Prosthetists & Orthotists.
26. [Return-to-Work Support Services \(RTWSS\)](#) are designed for the injured worker who does not require a structured treatment program but would benefit from a supported return to work. RTWSS may be performed by a physical therapist, an occupational therapist, or a kinesiologist experienced in return-to-work services and jobsite visits. RTWSS aim to return injured workers to their pre-injury duties at the workplace.
27. **Vehicle Modifications** to an existing vehicle, or a modified vehicle that is new to the injured worker, may be provided by WorkSafeBC to reduce or remove factors impacting severely injured workers following a compensable injury. A WorkSafeBC officer will determine the required modifications based on the compensable injury and on an occupational therapist's assessment and recommendations.

For more information on the programs and services offered by Health Care Programs, see our [provider types](#) and our [rehabilitation programs & services](#) on [worksafebc.com](https://www.worksafebc.com).