# **Information Bulletin**

January 21, 2020

## **Attention: Physiotherapy Providers**

## Subject: Pilot - New Functional Assessment Form

WorkSafeBC will be piloting a new physiotherapy form, called the **Functional Assessment – Alternate Duties Form (Form 83D463)**.

The need for a new form

- There are times where an employer may be able to offer alternate work duties which differ from the critical job demands of the pre-injury job, and thus may differ from the critical job demands assessed as part of the Physiotherapy Assessment block.
- In these circumstances, claim owners may require further details regarding the worker's current functional abilities in relation to the offer of alternate work duties and may request completion of the Functional Assessment Alternate Duties Form (Form 83D463).

#### The process

- The claim owner will send a copy of the form along with a cover letter providing claim and invoicing details directly to the Physiotherapist.
- A copy of the Functional Assessment Alternate Duties Form (Form 83D463) is attached to the email that accompanied this bulletin.

### Invoicing

- The fee for the Functional Assessment-Alternate Duties form is **\$45**; if a completed form is received within 5 business days of the assessment, an additional timeliness completion bonus of **\$15** will be automatically applied.
- When invoicing for the Functional Assessment Alternate Duties form (Form 83D463) please use Fee Code 19703. Please invoice electronically through Teleplan using the date of the assessment (date of service) as the invoicing date.
  - The date of the assessment for the form is the date that the worker's functional abilities were assessed in relation to the alternate duties. This may be the same date as the initial assessment, or the date of a follow up visit.

The Information Bulletin serves as a communication channel between Health Care Services and the program providers. If you would like to be added to the email list, change your email address or be removed from the list, please send an email to <u>hcsinqu@worksafebc.com</u> requesting the change.