

Information Bulletin

September 12, 2018

Attention: Physiotherapy Network

Subject: Invoicing Reminders and Resources

The new Physiotherapy Service Agreement has been in place since December 1, 2017. The goal of this bulletin is to review key contract changes, invoicing timelines, dealing with invoicing rejections, and highlight some contract requirements.

Key Changes

- **Secondary Assessment** – The mini-assessment was replaced by the Secondary Assessment. Please use the Secondary Assessment Report when doing a Secondary Assessment.
- **Post-Surgical Treatment Block** – The minimum number of visits required to invoice for the Post-Surgical Treatment Block was increased from 4 to 6 visits. (no changes for Extension Blocks or the Standard Treatment Block)
- **Extension Request Report** – The fee for the Extension Request Report is included in the fee for the requested Extension Block. All Extension Block fee codes are inclusive of all treatment provided in the Extension Block, as well as, the fee for the Extension Request Report which initiated the approval for the Extension Block being invoiced.

WorkSafeBC's Health Care Services Department conducted invoicing webinars in January 2018 to assist Providers with the new changes. *Please review the webinars below for further details.*

[The Secondary Assessment](#)

[Post-Surgical Treatment Services](#)

[Extension Request Reports and Extension Blocks](#)

[General Review](#)

Invoicing Timelines

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 HIBC/MSP do not show up in our system, and do not count as an official billing submission. Please ensure that you are up to date with the most recent versions of HIBC/MSP pre-edit refusal codes that you may encounter when billing.

You can view the current list of HIBC/MSP pre-edit refusal codes here:

www2.gov.bc.ca/gov/topic.page?id=B4F0587B0E6A4ECAB52CD8458D0AD635

The exhaustive list of WorkSafeBC's rejection codes can be found on our website:

www.worksafebc.com/health_care_providers/Assets/PDF/explanationcodes.pdf

Rejected Invoices

If you receive a "Proof" rejection please check the following:

1. Has the Date of Service field been filled out on the report submitted to WorkSafeBC?
2. Does the Date of Service you invoiced for match the Date of Service on the report submitted to WorkSafeBC?
3. Is the report that has been submitted to WorkSafeBC the correct report? (you can access the current report templates at <https://www.worksafebc.com/en/health-care-providers/provider-types/physiotherapists/reports-invoices>)

If you answered yes to the questions above and still cannot identify the reason for the rejection, then please contact our **Payment Services Department at 604-276-3085** for clarification.

Highlighted Contract Requirements

- **Initial Visit Greater than 60 Calendar Days from the Date of Injury** – the Initial Assessment Block (either Standard or Post-Surgical) is payable on pending claims only if the initial visit occurs within 60 Calendar Days of the Date of Injury.
 - If the initial visit occurs greater than 60 Calendar Days from the Date of Injury, then you must contact the Claim Owner to receive approval to proceed with the assessment. This applies to all claims, pending or accepted.
- **Post-Surgical Physiotherapy** - The initial visit must occur within 60 Calendar Days from the Injured Worker's surgery in order for the Injured Worker to qualify for Post-Surgical Treatment Services. Any considerations for Post-Surgical Physiotherapy beyond 60 Calendar Days from the date of surgery should be brought to Health Care Services.
- **Post-Surgical Protocols** – It is the physiotherapist's responsibility to ensure that they have a copy of the Injured Worker's post-surgical protocol. Please ensure to attach a copy of the post-surgical protocol to the Physiotherapy Post-Surgical Initial Report.
- **Discharge Report** – You have 14 days from the last clinic visit to submit the Discharge Report, the Date of Service on the report must be the date of the last clinic visit, and this is the date you must invoice for.
 - If the worker only attends for an Assessment Block (either Standard Treatment Assessment Block, or Post-Surgical Treatment Assessment Block), then the Discharge Report should not be submitted.

- **Inconsistent Findings** – If the assessment findings are inconsistent with the injury accepted on the claim, the physiotherapist is required to notify the Claim Owner and the referring Physician within 3 days of the findings. The Claim Owner will then determine whether or not the findings are part of the claim.
- **Claim Related Communication** - Copies of all claim related communication sent to the Injured Worker's Attending Physician must also be sent to WorkSafeBC (including progress notes).
- **Supplies** – You must not charge the worker for basic clinic supplies, or non-durable medical supplies. This includes but is not limited to theraband, tape, gel, electrotherapy pads, ice packs, and hot packs.
 - If the Injured Worker requires a durable piece of exercise equipment, or a brace/splint, the Claim Owner should be notified with a clinical rationale to explain the need for the equipment.

More Resources

[Billing: A How-to Guide for Contracted Providers](#)

[Physiotherapy Services Agreement](#)

[Physiotherapy Services Reference Manual](#)

For more information about other health care programs at WorkSafeBC, visit us online at <https://www.worksafebc.com/en/health-care-providers>