Information Bulletin

November 30, 2017

Attention: Physiotherapy Providers

Subject: Physiotherapy Services Agreement Invoicing Considerations

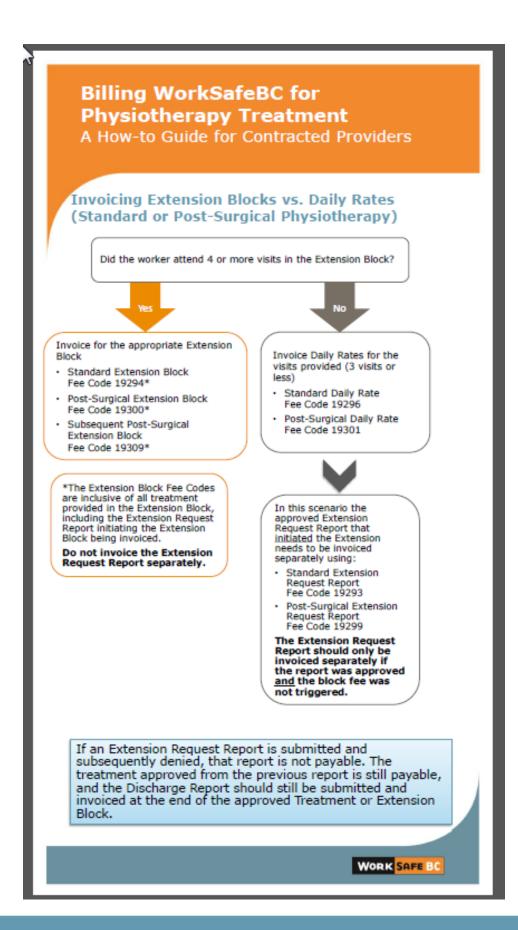
As you are aware, the new Physiotherapy Services Agreement goes into effect on December 1, 2017. Here are a few reminders regarding invoicing:

- All invoicing as of December 1, 2017 will be under the new Physiotherapy Services Agreement contract # 59648, for all contracted service providers.
- If you have questions regarding invoicing or the changes to invoicing with the new Physiotherapy Services Agreement, please review the Physiotherapy Reference Manual and the Physiotherapy Invoicing How-to Guide (attached in the email)
- The Physiotherapy pages of the WorkSafeBC website contain links to the updated physiotherapy report templates
- The Secondary Assessment replaces the 'Mini-Assessment' from the previous Physiotherapy Services Agreement; please review the Agreement, as well as, the Physiotherapy Reference Manual for details of when to use the Secondary Assessment

WORK SAFE BC

Page 1 of 3

- All Extension Block fee codes are inclusive of all treatment provided in the Extension Block, as well as, the Extension Request Report which initiated the approval for that Extension Block (please review the attached invoicing details from the Physiotherapy Invoicing How-to Guide as well as the Physiotherapy Reference Manual)
- The Extension Request Report Fee Code should no longer be invoiced when an Extension Request Report is submitted
 - o The Extension Block Fee Code includes the fee for this report
 - o If the Extension Request is not approved, the report is not payable
 - One Exception: If the Extension Request is approved, but the worker does not attend enough visits to trigger the Extension Block billing (3 or fewer visits); then, in these circumstances, you would invoice Daily Rates for the treatment provided, and invoice The Extension Request Report Fee Code for the Extension Request Report that initiated the approval for those visits. (i.e. the report that preceded the Daily Rate billings)
- The Post-Surgical Treatment Block trigger has been increase from 4 visits to 6 visits
 - If the worker attends 6 visits or more in the Post-Surgical Treatment block you can invoice for the Block Fee (19298)
 - If the worker attends 5 visits or fewer in the Post-Surgical Treatment Block you would invoice Post-Surgical Daily Rates (19301)
 - All other Block triggers remain unchanged



The Program 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>hcsingu@worksafebc.com</u> requesting the change.

Page 3 of 3