

# Information Bulletin

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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

- 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
  - The Extension Block Fee Code includes the fee for this report
  - 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

## Billing WorkSafeBC for Physiotherapy Treatment

A How-to Guide for Contracted Providers

### Invoicing Extension Blocks vs. Daily Rates (Standard or Post-Surgical Physiotherapy)

Did the worker attend 4 or more visits in the Extension Block?

Yes

Invoice for the appropriate Extension Block

- Standard Extension Block  
Fee Code 19294\*
- Post-Surgical Extension Block  
Fee Code 19300\*
- Subsequent Post-Surgical  
Extension Block  
Fee Code 19309\*

\*The Extension Block Fee Codes are inclusive of all treatment provided in the Extension Block, including the Extension Request Report initiating the Extension Block being invoiced.

**Do not invoice the Extension Request Report separately.**

No

Invoice Daily Rates for the visits provided (3 visits or less)

- Standard Daily Rate  
Fee Code 19296
- Post-Surgical Daily Rate  
Fee Code 19301

In this scenario the approved Extension Request Report that initiated the Extension needs to be invoiced separately using:

- Standard Extension Request Report  
Fee Code 19293
- Post-Surgical Extension Request Report  
Fee Code 19299

**The Extension Request Report should only be invoiced separately if the report was approved and the block fee was not triggered.**

If an Extension Request Report is submitted and subsequently denied, that report is not payable. The treatment approved from the previous report is still payable, and the Discharge Report should still be submitted and invoiced at the end of the approved Treatment or Extension Block.

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