

Chiropractic Services Agreement

Reference Manual

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Chiropractic Services Agreement Reference Manual

Introduction

Chiropractors may provide services to B.C.'s injured workers under the terms and conditions set out in the Chiropractic Services Agreement ("the Agreement").

<https://www.worksafebc.com/en/resources/health-care-providers/guides/chiropractic-services-memorandum-of-agreement/chiropractic-services-memorandum-of-agreement?lang=en>

The term of the Agreement is **January 1, 2020 to December 31, 2025**. In the event this Agreement is not yet renewed by the end of Term, this Agreement and Reference Manual will continue in effect after the end of the Term until a renewal or termination is achieved.

This Reference Manual is intended to assist with specific business processes related to doing business with WorkSafeBC. This is not a stand-alone document and it is intended that this manual be used in conjunction with the Chiropractic Services Agreement, and its related Schedules (A, B, & C). Please ensure that all office staff understand the contents of this manual.

This Reference Manual and any amendments are incorporated into the Agreement. WorkSafeBC will provide amendments and updates to this Reference Manual by way of Network Bulletins and/or through communication facilitated through the BCCA to its members. In the event of any difference between the Reference Manual and the Agreement, the Agreement will govern. Capitalized terms that used in this Reference Manual that are defined in the Agreement have the same meaning as set out in this Agreement, unless otherwise expressly noted.

Overview: WorkSafeBC and the Claims Process

WorkSafeBC is an organization governed by provincial legislation as well as internal policies and practice directives. A detailed description of the functioning of WorkSafeBC is beyond the scope of this document but a brief description is included to provide context for the services provided under the ASTD Services Agreement.

Briefly, WorkSafeBC has been responsible for administering the provincial Workers Compensation Act since 1917. The Workers' Compensation system is funded entirely by the employers of British Columbia. It is a common misconception that workers pay into this fund.

WorkSafeBC has several responsibilities, including a primary role in the prevention of workplace injuries. In addition, when a worker is injured, it is WorkSafeBC's mandate to assist the Injured Worker in his or her recovery and return to work (**RTW**).

Primary Contract Roles

Health Care Services

Health Care Services at WorkSafeBC is responsible for developing and managing all contracted health care services available to injured workers. In other words, Health Care Services consults with internal stakeholders to outline what services are needed and how these services should be provided. Health Care Services is also responsible for managing the quality of services provided.

If you have any questions regarding service expectations and/or the fee schedule, please contact the Quality Assurance Supervisor or Program Manager within Health Care Services.

Note: Claim Owners, including Case Managers, Recovery & RTW Specialists, Return to Work Specialist Nurses and Entitlement Officers do not have the authority to deviate from the contract or fee schedule.

Purchasing

The Purchasing Department at WorkSafeBC is responsible for initiating and maintaining contracts with service providers throughout the province. Should you have any questions regarding your contract, or you need to update WorkSafeBC regarding changes to your service delivery location or other contact information, please contact the Purchasing Department.

WorkSafeBC Stakeholders

A stakeholder is any individual or group who can influence outcomes and ultimately achieve success. As critical success factors, Chiropractors together with other stakeholders involved in the injured worker's claim create a team to support the injured worker to return to work and lead independent and productive lives.



WorkSafeBC Case Management Team

WorkSafeBC claims are managed by a multidisciplinary Case Management Team. The Case Management Team brings together administrative and clinical specialists who can provide a comprehensive understanding of the issues relevant to an injured worker's situation. The Case Management team may include a Claim Owner, a Service Coordinator, a Medical Advisor, and/or Vocational Rehabilitation Consultant.

Claim Owner

A claim owner can be a Client Service Representative, Entitlement Officer, Return to Work Specialist – Nurse, Recovery and Return to Work Specialist, or Case Manager. There can only be one claim owner for the claim and it depends on the stage of the claim as to who is the claim owner is.

- **Client Service Representative (CSR) Initial Adjudication Unit**
 - Adjudicates routine (non-complex) health-care only and short duration time-loss claims.
- **Entitlement Officer (EO)**
 - Makes claim and injury eligibility decisions for claims with more complex issues.
 - Adjudicates claims within specific injury guidelines.
 - Starts the case-management process to ensure a timely and successful return to work.

- **Return-to-work Specialist Nurse (RTWS-Nurse)**
 - Manages adjudicated claims for a sprain/strain injury that have high likelihood of RTW.
 - Primary focus on early and safe return to work.
 - Coordinates the efforts of the employer and service providers in the RTW plan.

- **Recovery & Return to Work Specialist**
 - Manages adjudicated claims for a sprain/strain injury that have high likelihood of RTW.
 - Primary focus on early and safe return to work.
 - Coordinates the efforts of the employer and service providers in the RTW plan.

- **Case Manager**
 - The Case Manager is responsible for the overall management of a claim. The Case Manager is charged with the authority to decide:
 - Whether a presenting problem is deemed to be compensable (i.e. has been caused by a workplace incident resulting in injury);
 - Whether and to what extent treatment services will be a WorkSafeBC responsibility (i.e. entitlement to benefits); and,
 - Whether or not a referral to a vocational rehabilitation consultant is appropriate.
 - In making these decisions, the Case Manager has access to a number of experts to assist in understanding the relevant clinical and vocational issues.

Service Coordinator

The Service Coordinator acts as a support and resource to the Case Manager for daily operations of their caseload. The Service Coordinator may assist with referrals to external programs and with travel and other arrangements for workers.

Medical Advisor

The Medical Advisor serves as a consultant to the Case Manager, providing medical opinions and advice based on a review of information documented in the claim file. When appropriate, they may conduct assessments for the purpose of confirming a diagnosis or deciding issues of causality. Medical Advisors are all Physicians registered with the College of Physicians and Surgeons of British Columbia.

Vocational Rehabilitation Consultant (VRC)

A claim may progress from case management to Vocational Rehabilitation (“VR”) if an injury or occupational disease affects a worker’s ability to return to work completing the entirety of their previous job. VR helps workers return to suitable employment with either their injury employer or a new employer.

When are Chiropractic Services Covered by WorkSafeBC?

WorkSafeBC pays for Chiropractic Services when the following conditions are met:

1. WorkSafeBC will pay for a Chiropractor’s First Report (Form 8C) and first two visits when a claim has not yet been initiated, or a claim is in pending status, when the injured worker’s first visit is within 8 weeks of the date of injury.
 - If the injured worker’s first visit is *more* than 8 weeks after the date of injury: the Chiropractor or office staff must contact the Claim Owner to inquire if Chiropractic treatment is approved.
 - If a claim has been denied, no services are payable.

2. The patient's claim is Accepted and Allowed and the first chiropractic treatment is occurring *less* than 8 weeks after the date of injury (DOI).
 - If the patient's injury occurred more than 8 weeks ago, the Chiropractor must contact WorkSafeBC to seek approval for treatment. If approved then the Chiropractor can submit and invoice for the Form 8C/11C as applicable.
3. The patient is not concurrently receiving other treatment for the same injury.
 - Concurrent treatment is not approved, unless a Claim Owner has specifically pre-approved the provision of concurrent treatments.

Confirming a WorkSafeBC Claim Status

WorkSafeBC only pays for chiropractic services where the claim has been Allowed and Accepted by WorkSafeBC, with the exception of the Chiropractor's First Report (Form 8C) and first two chiropractic visits which are payable when a claim is in pending status.

When booking an initial appointment, please ask the patient whether the injury is work related, or occurred during the course of work. If "yes", ask for the patient's WorkSafeBC claim number.

Chiropractors are required to confirm the status of the WorkSafeBC claim and you may do so by:

- Checking online at www.worksafebc.com. Click [here](#) for a direct link to the claim status page online.
 - Check that the Claim Status is Active, Claim Eligibility is Allowed, and at least one injury is listed as Accepted.
 - Check that the Effective Date (i.e. Injury Date) occurred less than 8 weeks prior to the initial chiropractic treatment date.

WORK SAFE BC Contact Us | Exit

Claim Status

WorkSafeBC.com > provider centre > claim status

Search by

- Payee number:
- Patient claim number:
- Patient personal health number:
- Required fields

View status

The health care provider may invoice for appropriate services in accordance with the Agreement or fee schedule for the service.

This claim meets all WorkSafeBC **criteria** for invoicing.

- *The claim status must be **Active**.
- *Claim eligibility must be **Allowed**.
- *At least one injury must be **Accepted**.

Claim Details

Patient personal health number:

Worker:

Claim status

Claim status: **Active**

Claim eligibility

Claim eligibility: **Allowed**

Injuries

Effective date	Area of body	Side of body	Diagnosis	Eligibility status
2018/10/04	SHOULDER, INCLUDING CLAVICLE, SCAPULA	Right	8408-SPRAINS AND STRAINS OF SHOULDER AND UPPER ARM, OTHER	Accepted

Alternatively, the chiropractor's office may call into the WorkSafeBC Call Centre for this information at 604-231-8888 or toll free 1-888-967-5377

Workers without a Claim Number

If the patient does not yet have a WorkSafeBC claim number, the chiropractor can and should still assess the worker in order to complete and submit the Form 8C (Chiropractor's First Report) to WorkSafeBC. In these cases, the Form 8C (and associated 1st and 2nd visits) will be paid for regardless of claim status outcome (assuming the injury occurred less than 8 weeks ago). Submission of a Form 8C will assist in initiating and adjudicating a claim for the patient.

Please ask the worker to provide their claim number as soon as they receive one. This claim number should be included on all future documentation submitted to WorkSafeBC. Subsequent treatment (after the 1st and 2nd visits) will only be paid if the claim meets the invoicing criteria as outlined in the Claim Status section above.

If the patient reports the injury happened at work, but does not plan to file a claim with WorkSafeBC, please note that the chiropractor is still obligated to report the injury to WorkSafeBC by submitting a Form 8C. In these cases, the Form 8C (and associated 1st and 2nd visits) will be paid for regardless of claim status outcome. Please also note that in many of these cases, injured workers eventually decide to file a claim with WorkSafeBC. See "Injured Workers Initially Treated as Private Clients" below.

Injured Workers Initially Treated as Private Patients

If the Chiropractor initially treats a patient privately, and subsequently learns that their patient has an accepted WorkSafeBC claim, the Chiropractor must treat their patient as an injured worker. This means that all costs associated with the injured worker's treatment must be reimbursed to the worker, and the Chiropractor is required to bill WorkSafeBC directly as per Fee Schedule B of the Agreement. This practice is an obligation of all qualified practitioners, which include Chiropractors, according to the Workers' Compensation Act. This process is to be followed even if the Chiropractor typically chooses not to treat injured workers or bill WorkSafeBC directly. No additional fees for services related to the area of injury accepted on the claim may be charged to the injured worker.

Treatment for Non-Compensable Areas

Workers who attend chiropractic services for non-work related injuries may elect to have treatment to areas other than the injured area accepted on the claim. The chiropractor may charge a fee when treatment is provided to a non-claim related body part. The worker must acknowledge their understanding prior to the treatment being provided that this fee is their responsibility and will not be reimbursed by WorkSafeBC.

Treatment Services and Reports

When treating injured workers, Chiropractors are required to submit reports to WorkSafeBC within certain preferred timeframes. The details for submitting reports to WorkSafeBC can be found in Fee Schedule B of the agreement, and have been outlined below.

Chiropractor's First Report (Form 8C) plus first two visits

- Fee code **19134**
- The Form 8C must be submitted to WorkSafeBC within three business days of the injured worker's first visit to the office. The "date of service" on the [Form 8C](#) must be entered as the date of the injured worker's first visit.

- The Form 8C is paid as a flat fee, which reimburses the chiropractor for their assessment, the Form 8C, as well as the first two visits. The second visit does not have to have occurred to bill this flat fee.
- If the Form 8C is received on time (i.e. within three business days, as described above), a \$15.00 timely completion bonus will be paid to the Chiropractor.
- The Form 8C can be submitted to WorkSafeBC electronically or via fax; if the Form 8C is received electronically (i.e. via HIBC's Teleplan), a \$15.00 electronic submission bonus will be paid to the Chiropractor.
- Only one Form 8C flat fee can be billed per Chiropractor, *per claim*. If your patient has previously sought Chiropractic treatment elsewhere, you must contact the WorkSafeBC Call Center to determine if further Chiropractic treatment is approved.
- The Form 8C can be submitted and is payable on pending claims, when the injured worker's first visit is within 8 weeks of the date of injury.
 - If the injured worker's first visit is *more* than 8 weeks after the date of injury: the Chiropractor or office staff must contact the Claim Owner to inquire if Chiropractic treatment is approved.
- The Form 8C must be submitted for any person who has had an injury at work within the past 8 weeks from the date of injury, as required by the Workers' Compensation Act (WCA). The chiropractor or office staff should ask all patients on their initial visit if their injury(ies) occurred at work, and within the past 8 weeks. If yes, the Form 8C must be submitted to WorkSafeBC even if the injured worker is not sure if they want to register a claim with WorkSafeBC. Please note that this practice is an obligation of all qualified practitioners under the WCA, and facilitates the claim process should the worker decide to proceed with a claim, which is often the case.

Daily Visit 3 & 4

- Fee code **19381**
- If the injured worker is discharged from chiropractic care after only 3 or 4 visits, the Chiropractor should bill WorkSafeBC this per visit rate for the 3rd and/or 4th visits. Note that the first 2 visits are paid under the Form 8C fee code detailed above.
- Please note that if an injured worker is discharged from Chiropractic care after only 3 or 4 visits, a second report is not required to be submitted.
- If the injured worker's care continues beyond a 4th visit, this daily visit rate is not applicable and the Chiropractor should instead bill for an 8-week treatment block (detailed below).

Eight-week Treatment Block and Form 11C

- Fee code **19135**
- This flat fee is inclusive of submission of the [Form 11C](#) and all remaining treatment visits up to a maximum of 8 weeks from the initial visit.
 - Note that if the injured worker only attends for 3 or 4 visits, this flat fee is not billable (the Chiropractor should instead bill with a combination of fee code 19134 & 19381 as outlined above).
- This fee is only payable on "**Accepted**" claims.
- The Form 11C must be submitted to WorkSafeBC at the end of the 4th week of treatment to provide an update on the workers progress to date, or at discharge, whichever comes first. The "date of service" on the Form 11C is the last visit date before writing the report.
- The Form 11C can be submitted to WorkSafeBC electronically or via fax; if the Form 11C is received electronically (i.e. via HIBC's Teleplan), a \$15.00 electronic submission bonus will be paid to the Chiropractor.

- This fee can only be billed **once** per claim.

Extension of Chiropractic Treatment Request Form (Form 83D62)

- Fee code **19148**
- When the Chiropractor feels that it is medically necessary for the injured worker to have treatment beyond the initial 8 weeks of treatment, they must submit the Extension of Chiropractic Treatment Request form ([Form 83D62](#)).
- The following circumstances may warrant an extension request:
 - Spinal cord injuries requiring long term, periodic ongoing treatment beyond the eight week treatment block; and
 - Any extenuating circumstance other than a spinal cord injury.
- The process to request a treatment extension is as follows:
 - The chiropractor completes and submits the [Form 83D62](#), outlining the extenuating circumstances and reasons that an injured worker requires further treatment beyond 8 weeks.
 - The form is submitted to WorkSafeBC by fax or mail (fax number and mailing address listed on the form) by the end of the 6th week of treatment to allow adequate time for the Claim Owner to review and formulate a decision before the end of the 8 weeks of treatment.
 - The Claim Owner will review the form, make a decision and notify the Chiropractor whether ongoing treatment is approved. If approved, the Claim Owner will also specify the number of further treatments with consideration of the Chiropractor's proposed treatment plan.
 - If treatment beyond 8 weeks is approved, the Chiropractor will bill fee code **19148** for the form fee, and one of the following fee codes for each approved and completed extension visit:
 - Fee code **19147** for standard extension visits; and
 - Fee code **19149** for spinal cord injuries.
 - Only one visit per day is payable.
 - If the Chiropractor feels it is medically necessary for the injured worker to have further treatment beyond the initial (or subsequent) extension and proposed treatment plan, they must follow the above extension request process again.

WorkSafeBC Chiropractor's Copies of Patient Record (i.e. Chart Notes)

- Fee code **19382** (first 20 pages)
- Fee code **19383** (every page after the first 20 pages)
- This fee is billed when WorkSafeBC requests that the chiropractor fax in a copy of the injured worker's chart notes. The first flat fee covers the first 20 pages, and the second fee is billed per page for every page over 20 pages.
- The "date of service" must be entered on the invoice as the date the copies are requested by WorkSafeBC.

Other Reports That May Be Requested from WorkSafeBC

- **Supplementary Report** ([Form 83D397](#))
 - Fee code **19380**
 - A Supplementary Report may be submitted if requested by the Claim Owner.
 - This form includes information regarding the injured worker's current level of demonstrated function, critical work demands and readiness to return to work at full capacity or on

modified duties. As part of the Supplementary Report in cases where the injured worker is not working full duties or hours, the Chiropractor must make at least two attempts to contact the injured worker's employer to confirm the injured worker's job demands and any RTW opportunities, such as modified hours or duties, where appropriate. The provider is also required to complete functional testing (i.e. examining the workers general capacity to perform lifting or carrying, tolerance to walking, or various postures utilized in the course of their work duties); the functions considered are to be related to the worker's job demands. Please refer to Appendix A for guidelines on completing this report.

- **Written Report**

- Fee code **19141**
- A Written Report may be requested by the Claim Owner in conjunction with chiropractic treatment. This report may be up to one page in length, and is to include a summary of the injured worker's progress with treatment and RTW to date, and/or any other information requested by the Claim Owner.

- **Comprehensive Report:**

- Fee code **19144**
- A Comprehensive Report may be requested by the Claim Owner in conjunction with chiropractic treatment. This report will be more than one page in length and includes a summary of the injured worker's condition, functional abilities/limitations, diagnosis, treatment provided and recommended (if applicable), prognosis, return-to-work status, and/or other information as requested by the Claim Owner.

Copies of all [forms](#) may be downloaded from WorkSafeBC's website.

Please refer to Schedules A & B in the Chiropractic Services Agreement for a full description of all injured worker services funded by WorkSafeBC and their associated fees. Only contracted fee codes and amounts are payable.

Threat Management Procedures

If an injured worker directly threatens you or a staff member, you should contact the police immediately to report the threat or act of violence. You must also contact the Claim Owner who will gather details from you to complete a Threat Report.

The Provider is also required to complete and submit a **Health Care Services Incident Report** (Form [83M380](#)), which is also available on the Forms & Resources page at [worksafebc.com](#).

If you or a staff member are aware of a threat to a WorkSafeBC employee, you are required to report it to the WorkSafeBC Claim Owner (e.g. Case Manager), who may involve WorkSafeBC Corporate Security staff. If it is an urgent matter, you may contact WorkSafeBC Emergencies at 1.888.621.7233.

Communication Requirements

Incident Reporting

The provider shall report verbally, and in writing, to the Claim Owner any incidents that occur on their premises, whether during treatment or otherwise using the Health Care Services Incident Report (Form [83M380](#)).

Verbal communication regarding the incident is required within one business day to the Claim Owner, the WorkSafeBC Health Care Services Program Manager, and to the injured worker's primary physician (if it is not the Chiropractor). Incidents that require reporting may include physical or psychological trauma, or

if any situation arises that creates an immediate safety hazard to the injured worker or the provider, or any situation which could place the injured worker in potential danger.

If the incident results in the injured worker requiring emergency care, the Chiropractor must provide a report to the WorkSafeBC Claim Owner and Health Care Services Program Manager on the same day, unless the emergent nature of the situation prevents such reporting from occurring.

FIPPA Release of Information to Employers

As part of WorkSafeBC treatment service expectations, Chiropractors may intermittently communicate with the injured worker's employer to assist the injured worker to return to work in a safe and timely manner. This section serves as a reminder of the Freedom of Information and Protection of Privacy Act (FIPPA) as it relates to discussing personal information with an injured worker's employer.

The Provider should obtain written consent from an injured worker prior to sharing information with their employer. This consent will let the injured worker know that information will be shared and the authorization can be tailored to address what information the injured worker wants to share. It also allows the injured worker to be part of the process so that she/he is not surprised when the service provider is speaking with their employer. The service provider should ideally also have a named individual at the employer that they are to speak with to ensure that they are sharing the information with the appropriate party.

When speaking with an employer (or an authorized employer/injured worker representative) you can only share information with them on a "need to know" basis. The amount and type of information that can be disclosed to the employer about an injured worker is quite minimal. Some examples of information that the employer needs to know for their workplace, which you can share with them, include the following:

- When the injured worker is expected back to work;
- Whether the injured worker will need light / modified / transitional duties upon return to work (capabilities, restrictions and relative timelines);
- RTW hours;
- Accepted, claim-related, limitations and restrictions; and
- Recommended workplace accommodations (ex: sit / stand stool, ergo chair, etc.).

The service provider should not release information or details to the employer about the injured worker's medical condition (ex: diagnosis, surgery types, surgery dates, specialist appointments, treatments, etc.) as that is not a level of detail that would be required for the workplace. Regular updates to the employer (unless something significant changes), questions regarding specific specialists and "what did the consult report say" are also not information to share with the employer. The employer does not need to know the names and roles of the rehabilitation program staff or specialists, unless those contact details are relevant for the management of the injured worker's return to work plan.

If you have further questions you can contact the WorkSafeBC FIPP office at 604.279.8171, or learn more about [FIPP on the WorkSafeBC website](#).

If you would like further information on the FIPP Act, please visit the website for the [Office of the Information & Privacy Commissioner for BC](#).

Invoices

Invoices should be submitted electronically through MSP/HIBC. Where required, invoices may be faxed to WorkSafeBC (604-233-9777 or toll free 1-888- 922-8807) by using the [Form 267](#), please note however that this may cause delays in payments.

Invoices for Form 8C must be submitted within 3 business days from the Initial Visit in order to receive the timely completion bonus (\$15.00). The Form 11C is eligible to be invoiced upon receipt of the progress report either at the end of the 4th week of treatment or at discharge, whichever comes first. This will ensure timely processing of the invoice and will allow any issues that are identified to be addressed before there is a large outstanding balance. This will also allow for timely identification if a claim or treatment is not accepted.

Invoices must be submitted within 90 calendar days from the date of service, or they may not be paid.

Billing must be completed as per the fee codes and amounts in the fee schedule (Schedule B) of the Agreement. Only those codes and rates in the Agreement are billable and payable, and override any others that may be quoted to you by anyone else.

The chiropractor can provide any treatment within their scope of practice (e.g. manipulations, laser, exercise prescription etc.), but cannot bill WorkSafeBC or the injured worker any additional fees associated with their treatment.

Injured workers cannot be charged for any services or supplies. WorkSafeBC does not pre-pay or pay in advance for any services, treatment, and/or goods.

All information provided on Forms 8C and 11C must be correct and consistent with the information entered on the invoice for successful processing. The date of service, payee number, and relevant fee code(s) must exactly match those on the invoice. If they do not match, the invoice will be rejected.

Please review the below sections (Billing Tips and WorkSafeBC Explanatory Codes) for assistance with your billings and rejected payments. If you are unable to resolve a payment issue, please call WorkSafeBC Payment Services at 604-276-3085, or toll free 1-888 HCB-ACCT (1 888 422-2228) with any payment questions. Please avoid rebilling unless otherwise directed by WorkSafeBC.

Billing Tips

- **Software vendor's instructions.** Since a number of software vendors supply billing software that can be used in conjunction with HIBC's Teleplan and WorkSafeBC, we cannot provide comprehensive instructions for billing with each vendor. Please follow the instructions provided by your software vendor.
- **WorkSafeBC claim numbers** are not mandatory because patients are often treated before they have made a WorkSafeBC claim. However, since any accepted claims for injured workers usually have a claim number assigned within two weeks of initial treatment, you can help us match the invoice with a valid WorkSafeBC claim by adding the claim number to your subsequent billings (and any injured worker document) as soon as it is available.
- **BK Explanatory code.** A "BK" explanatory message is sent to you to identify that WorkSafeBC has received your submission and that the decision is pending. **Please do not re-bill.**
- **Billing 90 days after service date.** If you are billing electronically for fee items older than 90

days from the date of the service, identify the service with a submission code “W”. Invoices submitted more than 90 days after the date of service may not be paid.

- **You will receive the refusal code “AA” if:**
 - The patient does not have a PHN,
 - The patient is not a British Columbia resident.
 - If you receive the “AA” refusal code, please submit your invoice manually on [form 267](#) (Invoice for Treatment Services).

WorkSafeBC Explanatory Codes

Common refusal codes: What you may see following electronic billing transmission.

There is a current list of WorkSafeBC explanatory codes, which includes more detailed information, on the WorkSafeBC Online™ website at <https://www.worksafebc.com/en/health-care-providers/working-with-worksafebc/invoice-corrections>.

Make invoice corrections

When your bill is processed, we will issue a remittance statement. Sometimes we need to request changes to your invoice. When this happens, we will send you a code explaining the problem.

If you receive a letter from us asking for invoice corrections, please use our [Payee Invoice Corrections](#) tool to make the necessary changes.

The remittance letter we send you will provide the codes that explain why your invoice was returned. You can review the information at:

- [MSP Refusal Explanatory Codes](#)
- [WorkSafeBC Explanation Codes](#)

If you haven't received a remittance statement from us, or have received one that needs to be reviewed, please check our online [check invoice status](#) tool, or call our [Payment Services](#) team.

[Check invoice status](#) ▶

If you are unable to resolve a payment issue, please call WorkSafeBC Payment Services at 604-276-3085, or toll free 1-888 HCB-ACCT (1 888 422-2228) with any payment questions.

WorkSafeBC Injury Coding

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

Injury coding consists of these components:

- Side of body codes;
- Body part codes;
- Nature of injury codes;
- Service location codes; and
- Diagnostic codes (ICD-9).

This coding is mandatory on all invoices submitted via MSP/HIBC Teleplan. It allows for expedited matching of invoices to claims, resulting in timely payment.

Codes can be accessed online at www.worksafebc.com in the [Health Care Providers Centre](#).

Contact Information

Health Insurance British Columbia (HIBC)

Lower Mainland: 604.456.6950

Toll-free: 1.866.456.5960

BCCA

Lower Mainland: 604.270.1332

E-mail: info@bcchiro.com

Program and service inquiries

Health Care Services

Lower Mainland: 604.232.7787

Toll-free: 1.888.967.5377 ext 7787

E-mail: hcsinqu@worksafebc.com

Provider Referrals

Lower Mainland: 604.231.8887

Toll-free: 1.866.481.8887

Fax: 604.233.9777

Toll-free Fax: 1.888.922.8807

General claim or entitlement inquiries

Lower Mainland: 604.231.8888

Toll-free: 1.888.967.5377

Billing and payment inquiries

Payment Services

Lower Mainland: 604.276.3085

Toll-free: 1.888.422.2228

Contract inquiries

Purchasing Services

Lower Mainland: 604.276.3344

Toll free: 1.844.276.3344

Appendix A – Chiropractic Treatment Supplementary Report Guidelines



Chiropractic Treatment Supplementary Report

Only to be submitted after initial assessment (8C).
All fields with * are required for payment to be processed. Failure to provide this information may result in processing delays. Please also complete all other fields.

Date of report (yyyy-mm-dd)

Worker and claim information

Worker's last name*	First name*	Middle initial	WorkSafeBC claim number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area(s) of injury accepted on this claim			Date of injury (yyyy-mm-dd)
<input type="text"/>			<input type="text"/>

Employer and job information

Company's name		
<input type="text"/>		
Contact's name	Contact's job title	Contact's phone number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Worker's occupation	Worker's pre-injury job attachment status (check one only)	
<input type="text"/>	<input type="checkbox"/> Job to return to <input type="checkbox"/> No job to return to <input type="checkbox"/> Not yet confirmed	
Usual pre-injury work schedule (days and hours)	Comments (if applicable)	
Days per week Hours per day	<input type="text"/>	
<input type="text"/> <input type="text"/>		
Employer contacted by treating chiropractor*	Date called/attempted #1 (yyyy-mm-dd)	Date called/attempted #2 (yyyy-mm-dd)
<input type="checkbox"/> Yes <input type="checkbox"/> No response <i>Only tick yes if you have actually spoken with the employer about the worker's job demands and modified duties.</i>	<input type="text"/>	<input type="text"/>
Is worker currently working?	Are there confirmed light or modified duties available?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Assessment findings

Significant subjective findings
<i>Record any significant subjective findings related to the worker's injury, as well as a brief summary of the mechanism of injury.</i>
Significant clinical/objective findings
<i>Enter any significant clinical or objective findings that relate to the worker's injury accepted on the claim. If there are additional findings that do not relate to the injury accepted on the claim, please note this and contact the claim owner.</i>
Additional comments
<input type="text"/>



Chiropractic Treatment Supplementary Report

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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Functional abilities — barriers to return to work (Identify the injured worker's three most significant functional barriers to return to work in the space below)

Critical job demands	Current ability	Job match
Have critical job demands been confirmed with the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are functional abilities confirmed or self-reported? <input type="checkbox"/> Confirmed <input type="checkbox"/> Self-reported	
<i>In the below rows, record the injured worker's 3 most significant critical job demands that are functional barriers to their return to work. Break down the tasks into functional movements (i.e. lifting, pushing, carrying, sitting, walking, etc). Ensure to quantify the demands by including frequency, load, distance, and/or time.</i>	<i>Assess the worker's current ability in relation to the corresponding critical job demand and record your findings in the rows below. Do not write "unable" unless the worker is physically unable to do any aspect of the task due to restrictions.</i>	<i>Tick the appropriate box indicating if there is a job match between what the worker is required to do, and is currently able to do.</i>
Example: Sitting for 1.5 hours sustained	Example: Able to sit for 30 minutes before requiring a change in position	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Example: Lifting 30 lbs. boxes approximately 5 times per hour.	Example: Able to lift a 10 lbs. box, 5 times. Limited by low back pain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Factors delaying recovery/additional barriers
Comment on any findings/conditions/barriers which are limiting a RTW and which may impact or delay a worker's recovery or treatment.

Treatment goals/plan/recommendations

Treatment goals <i>Chiropractic treatment goals should be related to the objective and functional limitations of the worker; ensure there is a measurable component to the goal that can reasonably be achieved in the 8-week treatment block. The goals should be specific and aim to improve the worker's function and ability to RTW.</i>	
Frequency (average number of visits per week) and expected duration of treatment _____	
Based on current functional abilities, can regular or modified work duties be performed concurrently with chiropractic treatment?	If no, please explain _____
Regular duties <input type="checkbox"/> Yes <input type="checkbox"/> No	Possible date that regular or modified duties could begin (yyyy-mm-dd)
Modified duties <input type="checkbox"/> Yes <input type="checkbox"/> No	_____



Chiropractic Treatment Supplementary Report

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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Return-to-work recommendations (Comment on available modified hours/duties that would be appropriate for the worker)

Modified duties and/or modified hours	Comments/recommendations
<i>List any appropriate duties that were identified in the call to the employer, or discussion with the worker regarding job demands. You can also list any recommendations regarding modified hours, stretch breaks, or posture/position changes here.</i>	<i>Provide guidance regarding timeframes for RTW planning and progressions as appropriate. This is your opportunity to guide an appropriate, safe, and meaningful RTW.</i>
█	█
█	
█	

Expected outcome from chiropractic treatment

Return to full duties/hours Other (Explain) █
 Return to modified duties/hours █

Provider information

Chiropractor's name*		Payee number*
█		█
Clinic's name	Clinic's phone number (include area code)	Clinic's fax number (include area code)
█	█	█

Claims Call Centre
Phone 604.231.8888
Toll-free 1.888.967.5377
M-F, 8 a.m. to 6 p.m.

Fax
604.233.9777
Toll-free 1.888.922.8807

Mail
WorkSafeBC
PO Box 4700 ~~Stn~~ Terminal
Vancouver BC V6B 1J1

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 ~~Stn~~ Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

Appendix B – Frequently Asked Questions

Q: If a patient is injured at work do I have to report/bill to WorkSafeBC?

A: Yes, by law you are required to report the injury to WorkSafeBC, and our Services Agreement specifies that you are to invoice WorkSafeBC directly rather than the injured worker. The injured worker, employer and a qualified practitioner must fill out the appropriate forms in order for a claim to be accepted. http://worksafebc.com/forms/assets/pdf/8c_11c.pdf

Q: Why must I legally report injuries to WorkSafeBC?

A: All workplace injuries must be reported to WorkSafeBC to ensure that safety standards are met, unsafe working conditions are addressed and symptoms that impair the ability to work are treated. If you treat the patient, it is your obligation to report the injury, even if the patient insists they do not wish to report. Chiropractors should inform the patient about BC law and WorkSafeBC legislation that mandates the reporting of such incidents.

Q: If I don't accept WorkSafeBC claims, can I bill the patient privately?

A: No, you may not privately bill patients for injuries that occurred at work, unless the claim has been denied. Even if this is your regular patient and you do not want to bill WorkSafeBC, your obligation is to bill WorkSafeBC directly, or redirect your patient to a health practitioner that does accept WorkSafeBC claims. The BC Chiropractic Association maintains a list of Chiropractors who accept WorkSafeBC claims: <https://members.bcchiro.com/code/find.php>.

Q: What if I treat a patient privately and later find out it is a WorkSafeBC claim?

A: Regardless of whether the patient was forthcoming with the injury history or details, once you are made aware that the patient has a work-related injury (patient's self-report, WorkSafeBC asking for chart notes, etc.) you are required by the Workers' Compensation Act to reimburse all money paid by the worker and bill WorkSafeBC directly. If you have not yet treated this injured worker, you must immediately redirect them to another practitioner if you do not intend to submit reports and invoice WorkSafeBC.

Q: We already have signage and always ask if the injury is a WorkSafeBC claim. What else can we do if the worker doesn't disclose it's a WorkSafeBC claim?

A: While this may be effective for many injured workers, there are some who are undecided on opening a claim or have been long standing patients at your clinic. The question: "Is this a WCB claim?" often generates some hesitation as patients may be uncertain as to where their injury happened or are anxious about how their employer will react and will often answer "No." Other questions during the history taking, such as "Where did this injury occur?", "Did this occur during work hours?", or "Were you working when you first noticed the pain?" should trigger the Chiropractor that this may be a work related injury.

Q: Do I have to sign up to bill WorkSafeBC?

A: No, submission of an invoice to WorkSafeBC signifies to us that you agree to the terms and conditions of the Chiropractic Services Agreement.

Q: How do I bill WorkSafeBC?

A: All claims must be billed to WorkSafeBC electronically through HIBC's Teleplan or by fax. Please note that claims billed through Teleplan (preferred method) will receive an electronic submission bonus fee. If you need to set up electronic billing for WorkSafeBC claims and already use an electronic payment system in your clinic for other payers, please contact your service provider to assist with setup. If you do not currently use an electronic payment system in your clinic or if your current software does not support WorkSafeBC electronic billing, please consult the Medical Software Vendors Association of British Columbia's website for suggestions at www.msva.ca. Alternatively, you may fax in your reports and invoices, and forego the electronic submission bonus fee.

Q: How soon after seeing a patient do I need to submit a report to WorkSafeBC?

A: The Chiropractor’s First Report (Form 8C) must be submitted to WorkSafeBC within 3 business days of the patient’s initial visit. The initial visit is considered Day 0. Form 8C’s that are submitted after 3 business days will not be eligible for the timely submission bonus fee.

Q: What if I feel treatment is required beyond the 8 week point?

A: You can complete and submit an “Extension Request for Chiropractic Treatment – Extenuating Circumstances” ([Form 83D62](#)). The claim owner will make a decision and notify you if ongoing treatment is approved or not. If approved, you can bill WorkSafeBC for the form completion and for each approved treatment session.

Appendix C – Provisional Virtual Care Program in Response to COVID-19

Due to the COVID-19 pandemic and in response to the Provincial Health Officer’s advice on March 23, 2020, chiropractic services transitioned to a virtual care delivery model. As we transition into “BC’s Restart Plan” as described by the province of British Columbia, a modified delivery to the Chiropractic Services Agreement is warranted. The service modifications are temporary and intended to allow for a safe return to service delivery, until such time that direct physical contact is not restricted for non-essential services. WorkSafeBC reserves the right to terminate the use of Telehealth for any or all service providers at any time.

By providing the Services to an Injured Worker using video technology for live image transmission (“Telehealth Delivery” or “Telehealth”), you hereby: (a) release WorkSafeBC from any liability whatsoever related to such delivery of Services; (b) agree to do so in compliance with this Reference Manual, the Agreement, and WorkSafeBC’s Telehealth Treatment Guidelines as the same may be amended from time to time at the sole discretion of WorkSafeBC by issuing a bulletin to the Provider Network; and (c) acknowledge that the provisions of the Agreement with respect to confidentiality and privacy apply to the delivery of Services to Injured Workers using Telehealth Delivery, and that you shall be solely responsible for complying with any guidelines provided by WorkSafeBC regarding the use of Telehealth Delivery, with any rules, restrictions or standards of practice imposed by the Personnel’s governing body governing Telehealth, and with any professional licensing requirements for Telehealth Delivery.

Requirements for Telehealth Delivery of Chiropractic Care:

Services must be completed in compliance with recommendations from the Provincial Health Officer and the Chiropractic College of British Columbia Bylaws in response to COVID-19. These recommendations are being updated as the pandemic response unfolds and it is expected that all Providers remain up to date regarding implementing services; remaining informed and fluid in the delivery of services is of utmost importance to ensure the safety of chiropractors and the personnel in their clinics, as well as Injured Workers.

The intention at this time is to have a hybrid approach to Chiropractic services; whereby some services are completed in person (as is allowable by the Provincial Health Officer and governing bodies) and some services are completed via Telehealth. The specifications of which services are to be delivered in person and which services are to be delivered via Telehealth will change over time, and be influenced by the clinical presentation of the injured worker whom has sought out chiropractic services. Specific services and the utilization of Telehealth are outlined below.

Please note that the long term goal is to transition Chiropractic services from the current virtual care model, back to the intended clinic based service, but until this can be safely accomplished a hybrid model may be utilized. It is anticipated that this will be a gradual process, and may not be linear in nature, dependent on the Province’s evolving needs.

Communication will be vital during this period of change, to ensure that the Injured Worker, claim owner and Health Care Services are all in agreement with the service delivery model. Likewise service providers must clearly document on all reports whether the services were delivered in person or via Telehealth; this information could potentially have an impact on the claims in the future.

Initial Assessment and Telehealth:

WorkSafeBC recognizes that workers will benefit from chiropractic care during the acute phase on an injury; for this reason WorkSafeBC will allow for Initial Assessments and ongoing treatments to be delivered via Telehealth where it makes clinical sense. It is specifically recommended that the subjective interview be completed via Telehealth and that the chiropractor then determine the necessity and suitability of initiating in person services.

Please be aware that Telehealth services that will be supported within the scope of chiropractic treatment as per the guidelines provided by the Chiropractic College of British Columbia's Bylaws ([Appendix P Telehealth](#)); prior to initiating care please review these guidelines.

Chiropractors are reminded that they must obtain informed consent from all Injured Workers about both Telehealth and chiropractic care. They are also required to use video to conduct any assessment and examination procedures requiring observation if using Telehealth, noting the form of video communication used in the patient's clinical record.

Please note that during the hybrid delivery of care model, Chiropractors are encouraged to complete their interview and any screening process to in person care via Telehealth, before meeting with the worker in person. The choice as to whether to move to in-person treatment is left to the clinical discretion of the Chiropractor, but all aspects of the fee schedule during the hybrid delivery are billable whether the services are conducted in person or via Telehealth.

Chiropractic Treatment:

Chiropractors may complete the 3rd and 4th visits and treatment visits in the 8-week treatment block either in person or via Telehealth during the Virtual Care Program. The rules outlined in the fee schedule and report timeline for the Form 11C remain the same.

Any extension to chiropractic treatment visits that are approved by the WorkSafeBC Board Officer may be completed either in person or via Telehealth; so long as the above steps regarding consent and following of the guidelines as outlined by all regulatory bodies are followed.