Tinnitus Treatment Services

Reference Manual

How to fulfill your Tinnitus Treatment Services Agreement with WorkSafeBC

WorkSafeBC

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Introduction

At WorkSafeBC, we are committed to fostering safe and healthy workplaces and to providing service driven by our core values of integrity, accountability, compassion, respect, and excellence. We partner with workers and employers to save lives and prevent injury, illness, and disability. When work-related injuries or illnesses do occur, we work with health care providers like you to support injured workers in their recovery and rehabilitation and in moving toward a safe return to work.

How to use this reference manual

This Tinnitus Services Reference Manual is part of the Tinnitus Services Agreement you've signed with WorkSafeBC, so it's important you read, understand, and follow it. Reading this reference manual will also make it easier to do business with us. Wondering how to submit an invoice? Unsure if you're reporting on an injured worker's progress correctly? Curious about how to communicate with us? All this information can be found in the pages ahead.

If there are any discrepancies between this reference manual and the Tinnitus Services Agreement, follow the Agreement.

Where to learn more

This reference manual contains the essentials for working with us, but you'll find other important information on worksafebc.com.

- Our For health care providers webpage (to better understand our programs and services, and for resources you can download)
- Our Tinnitus - WorkSafeBC webpage (for information, forms and bulletins specific to your field)

You'll find links to these and other webpages throughout this reference manual and listed in Appendix B. (Links in underlined blue text will take you to a webpage. Links in underlined orange text will take you to another place in this document; press **Alt + left arrow** to return to your previous place in the document.)

Have a question?

We're here to help. If you can't find the answer in this reference manual, reach out to us. You'll find contact information in Appendix A.

Wondering what a term means?

Terms that are defined in your contract, like "Services," "injured worker," or "Provider," have the same meaning in this reference manual, even if they're not capitalized (and those terms that are capitalized, like "Agreement," also have the same meaning as in the contract). In addition, throughout this reference manual:

- "You" is used instead of "Contractor"
- "We" stands in for "WorkSafeBC," including the specific departments and roles you'll be interacting with (such as Health Care Programs or WorkSafeBC officers)
- "WorkSafeBC officer" is used in place of "Board Officer" (and refers to WorkSafeBC staff who have the authority to make decisions on an injured worker's claim)

The big picture & who you're working with

Topics covered in this section:

- WorkSafeBC: Who we are and what we do
- What happens when a worker is injured at work?
- Health Care Programs at WorkSafeBC
- Procurement Services at WorkSafeBC

The big picture

To understand how to fulfill your contract with WorkSafeBC, it helps to know who we are, how we serve injured workers, and where the services you provide come into play.

WorkSafeBC: Who we are and what we do

WorkSafeBC, also known as the Workers' Compensation Board of British Columbia, is a provincial agency dedicated to promoting safe and healthy workplaces across B.C. and ensuring workers who are injured on the job receive fair compensation and help to recover.

WorkSafeBC has been responsible for administering the provincial *Workers Compensation Act* since 1917. The workers' compensation system is funded by the employers of British Columbia, who pay premiums every year. Workers themselves do not pay into the system.

WorkSafeBC has several responsibilities, including a key role in preventing workplace injuries. When a worker sustains a work-related injury or illness, WorkSafeBC assists them in their recovery and return to work. We partner with health care providers to ensure injured workers get the treatment they need to resume their normal routines as fully as possible, and we pay for that treatment.

The services you provide under the Tinnitus Services Agreement are just one set of benefits we may offer an injured worker to meet these goals and responsibilities.

What happens when a worker is injured at work?

When a worker sustains a work-related injury or illness, the injured worker, the employer, and a primary health care provider report it to WorkSafeBC to start a claim.

The life of a WorkSafeBC claim

Phase 1: Initial adjudication	Phase 2: Recovery	Phase 3: Resolution or plateau
The claim is allowed or disallowed. If it's allowed, a WorkSafeBC officer adjudicates it for initial entitlement to benefits. They determine what medical care is necessary for recovery and whether the injured worker is eligible for other benefits, such as wage-loss benefits.	The injured worker receives benefits. These may include wage-loss benefits, medical and rehabilitation services, or other health care benefits. This is typically the phase where you provide services to the injured worker.	Ideally, the injured worker makes a full recovery and returns to regular work duties. In some cases, phase 3 benefits may include vocational rehabilitation assistance. If the injured worker does not fully recover, they may be entitled to certain permanent benefits.

Who decides which benefits an injured worker is entitled to?

WorkSafeBC officers at WorkSafeBC do. They are trained in law and policy and weigh all information in a claim file when making decisions. They also have advisors to help them understand medical details in the file.

What rights does the injured worker have?

The injured worker can appeal any claim decision through a formal appeals process.

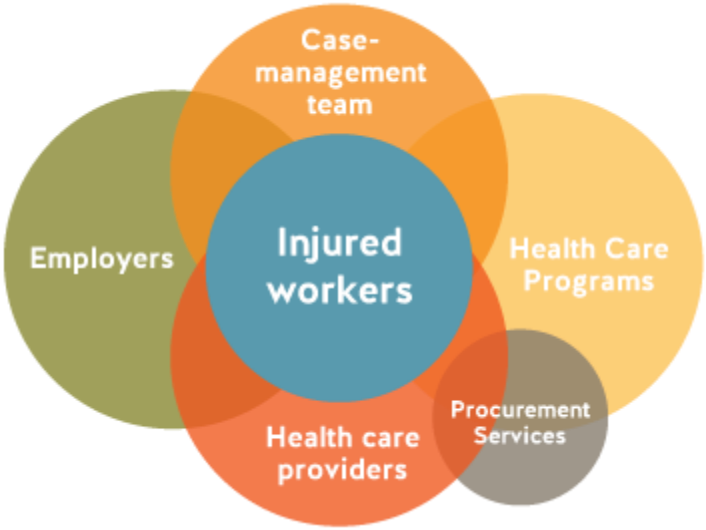
Are Tinnitus Providers involved in claim decisions?

No. As a service provider, you can't be involved in making decisions about benefit entitlement or claim management. It's also not appropriate for you to get involved in any appeal an injured worker launches.

Who you're working with

You're working with many stakeholders, including distinct departments and roles within WorkSafeBC. Together, these stakeholders create an interdisciplinary team that supports the injured worker to return to work and lead an independent and productive life.

WorkSafeBC Stakeholders



Health Care Programs at WorkSafeBC

The Health Care Programs department develops and manages all contracted health care services and programs available to the injured worker, including Tinnitus. Health Care Programs consults with internal and external stakeholders to outline what services are needed and how these services should be provided. The program manager and the quality assurance supervisor for each contracted health care service or program also manage the quality of the services being provided.

Procurement Services at WorkSafeBC

The Procurement Services department initiates and maintains contracts with service providers throughout the province. Procurement Services manages contracts with all kinds of vendors, including health care service providers.

Getting started & communicating effectively

Steps covered in this section:

Sign up for emails and Information Bulletins from Health Care Programs
Access the WorkSafeBC Provider Portal (and learn how to use it)

Topics covered in this section:

Communication channels
When to communicate with WorkSafeBC

Getting started

Sign up for emails and Information Bulletins from Health Care Programs

Health Care Programs regularly sends emails and Information Bulletins with information on:

- Amendments and updates to this reference manual
- New forms and new invoices
- Updated processes
- WorkSafeBC staff changes
- Patterns in claims
- Updates on service matters
- Payment issues and billing FAQs
- Clinical reminders

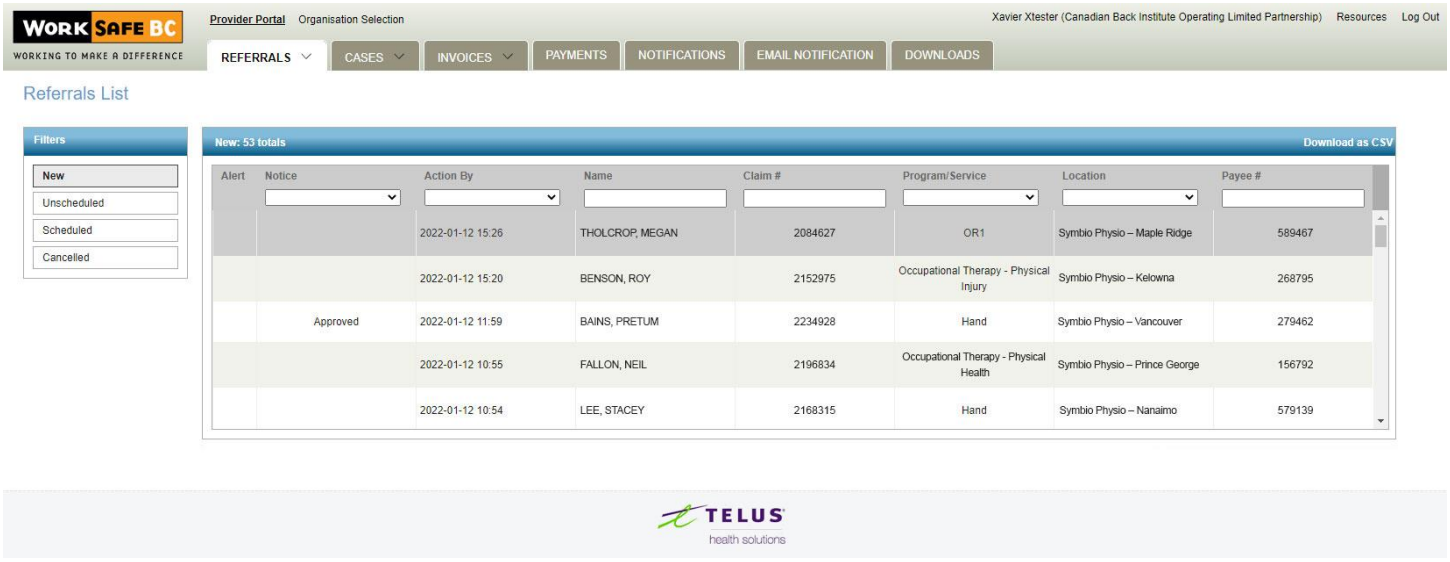
Remember: Any updates to this reference manual are also updates to the Tinnitus Services Agreement. Plus, it's vital to use the most up-to-date forms and processes when working with us. So ensure:

- At least one person at your organization signs up right away to receive emails and Information Bulletins
- Personnel who deliver services under the Agreement read every Information Bulletin

If you would like to be added to the Tinnitus Program email distribution list, or if you already receive our emails and Information Bulletins and would like to change the recipient email address or be removed from the list, email hcsinqu@worksafebc.com. There's no limit to the number of people at your organization who can be included on the distribution list.

Access the WorkSafeBC Provider Portal (and learn how to use it)

The WorkSafeBC Provider Portal gives you a secure and efficient way to receive referrals from WorkSafeBC, submit reports and invoices, and check the status of payments. This is what it looks like:



You must set up Provider Portal access for any personnel who need to use it. To do this:

- **Take the Provider Portal training on worksafebc.com.** It includes how-to videos and a quick reference guide. These resources come from Telus Health Solutions, our Provider Portal partner.
- **Ensure any personnel who need to use the Provider Portal have their own BCeID.** They'll need it to log in to the Provider Portal. Learn more at bceid.ca.
- **Designate an employee to manage access to the Provider Portal.** This employee should regularly review who has been granted access. They should immediately cancel access for personnel who no longer need it by emailing Telus Health Solutions (provider.mgmt5@telus.com).

Need help with the Provider Portal?

If you have questions about the Provider Portal or problems using it, call Telus Health Solutions at 1.855.284.5900 for 24/7 support. Ask for your ticket number for reference and follow-up. WorkSafeBC staff do not offer Provider Portal training.

Communicating effectively

Knowing how and when to communicate with Health Care Programs, WorkSafeBC case-management team members, an injured worker's employer, and even their attending physician helps ensure a smooth recovery and, where possible, a return to work for the injured worker. We count on receiving timely, accurate reports and communication from you on the injured worker's progress. You can expect regular communication, important updates, and helpful information from us.

Communication channels

By now, you should have signed up to receive communications from Health Care Programs via the Tinnitus Program email distribution list.

You may communicate with Health Care Programs and WorkSafeBC staff through by phone and email under certain circumstances. It's important to understand when it's okay to use email in particular.

Expectations for communicating with us are outlined below. Follow any communication guidelines from your college and/or regulatory association as well.

Emails about specific claims: Wait for us to initiate

Email can only be used to communicate with a WorkSafeBC officer about a claim if the injured worker has given their consent. The WorkSafeBC officer must be the one to get this consent, so only email a WorkSafeBC officer about a claim if you receive an email from the officer about the claim first. All emails about specific claims must be encrypted if they contain any identifiers other than the claim number. The worker can withdraw their consent at any time; if this happens, the WorkSafeBC officer will let you know.

Emails about providing services in general: Go ahead

General communications that do not include details about an injured worker's claim can be emailed to the program manager and/or quality assurance supervisor for Tinnitus in Health Care Programs. For example, you can email them to:

- Communicate changes to staffing
- Ask contract or program-related question
- Add to ongoing communications about a service matter

When to communicate with WorkSafeBC

When incidents or threats occur

If a situation arises that creates an immediate safety hazard or injury to anyone, including the injured worker, you, or your personnel, you must report it to us. This includes:

- Any physical or psychological trauma sustained by an injured worker, including critical incidents
- Any implicit or explicit threat toward a WorkSafeBC staff member or WorkSafeBC property
- Any statement or action of harm directed toward another person

Call the WorkSafeBC officer and be clear about how serious the threat or incident was. Submit a Health Care Programs Incident Report (Form 83M380) within one business day of the incident.

A Health Care Programs Incident Report (Form 83M380) may also be required in other circumstances. Examples could include:

- A trip, slip, or fall that results in no injury
- Concerns voiced by an injured worker about equipment malfunctions
- A "near miss" incident (e.g., nearly getting into a motor vehicle accident on the way to a jobsite visit)
- Loss or theft of an item while services are being delivered
- A procedural error

The table below lays out exactly how to respond to different types of incidents and threats.

How to respond to and report incidents and threats

Type of incident or threat & response	Who to contact at WorkSafeBC	When and how to contact WorkSafeBC
An incident results in an injured worker needing emergency care 1. Call 911. Ensure injured worker receives care. 2. Contact WorkSafeBC. 3. Contact attending physician, as appropriate (unless injured worker withholds permission to do this).	✓ WorkSafeBC officer ✓ Tinnitus program manager	Verbally report on same day as incident (unless situation prevents this), and within one business day at the latest. Submit Form 83M380 within one business day of incident.
You or your personnel are aware of a threat to a WorkSafeBC employee or property 1. Call police immediately to report threat. 2. Contact WorkSafeBC. A WorkSafeBC officer will gather information from you to complete a Threat Report, and Corporate Security staff will follow up with you.	✓ Claims Call Centre: 1.888.967.5377 (1.888.WORKERS) ✓ WorkSafeBC officer	Verbally report as soon as possible. (Claims Call Centre is open Monday to Friday, 8 a.m. to 6 p.m. PT) Submit Form 83M380 within one business day of threat.
An injured worker harms or directly threatens you or your personnel 1. Call police immediately. Report threat or act of violence. 2. Contact WorkSafeBC. A WorkSafeBC officer will gather information from you to complete a Threat Report, and Corporate Security staff will follow up with you. 3. Contact attending physician.	✓ WorkSafeBC officer ✓ Tinnitus program manager	Verbally report within one business day of incident. Submit Form 83M380 within one business day of incident.
All other types of incidents		

1. Contact WorkSafeBC. 2. Contact attending physician, as appropriate.	✓ WorkSafeBC officer ✓ Tinnitus program manager or quality assurance supervisor	

In other specific circumstances

Examples of times to reach out

Circumstance	Who to contact	How to contact
You want to make a recommendation When delivering services, you may make recommendations that fall within your scope of practice under the Agreement. These recommendations should be discussed with us before you advise the injured worker or document the recommendations in a report.	WorkSafeBC officer (typically the case manager)	By phone or, if WorkSafeBC officer has initiated email communication about the claim, by email
• **You have a question about your contract** • **You need to discuss an exception to billing** • **You'd like to make an exception to how you provide services under the Agreement** After you reach out, Health Care Programs will give you a final decision and recommendations in writing. The decision will apply specifically to the scenario in question. The same decision/recommendations can't be applied to another injured worker without prior written approval from Health Care Programs.	Health Care Programs (quality assurance supervisor or program manager for Tinnitus)	By phone or email
You want to add or remove personnel providing services If you would like to add or remove an Audiologist: • You must inform us in writing immediately of any proposed changes to the Audiologist designated to provide services.	Health Care Programs (quality assurance supervisor or program manager for Tinnitus)	In writing (email is fine)

You'll also want to reach out to the appropriate WorkSafeBC officer in these cases:

- You believe information you're documenting for us could pose an immediate risk of harm to the injured worker (if the worker were to read the document)
- An injured worker withdraws from services/treatment early or you are considering discharging them early
- An injured worker misses appointments

Providing your services

Steps covered in this section:

Receive and respond to referrals
Access disclosures
Initiate services
Staffing requirements
Follow the dos and don’ts of treating injured workers
Monitor injured worker attendance
Use interpretation services as needed

Detailed processes covered in this section:

How to send us reports
How to submit invoices

Providing tinnitus services

Your journey with an injured worker begins with receiving a referral from us. Once you accept the referral, you'll receive a disclosure with information about the injured worker. You'll book your first appointment with the worker and conduct an initial assessment. As treatment progresses, you'll provide reports to us, and you'll invoice us regularly. When treatment wraps up, you'll submit a Discharge Report.

Receive and respond to referrals

The first step to treating an injured worker is receiving a referral from us through the WorkSafeBC Provider Portal.

Referrals contain basic information about the injured worker's claim and treatment needs.

If a referral source (for example, a physician or another provider) contacts you directly, contact a WorkSafeBC officer to process the referral through the WorkSafeBC Provider Portal.

How to handle referrals

1. Acknowledge the referral.
2. Assess the referral.
3. Accept or decline the referral.
4. If you accept the referral, book your first appointment with the injured worker.

Check the WorkSafeBC Provider Portal Quick Reference Guide or watch the referrals training video for instructions on how to complete these steps.

You must book one or more appointments within 10 business days of the referral date unless otherwise instructed by a WorkSafeBC officer.

Rescheduled appointments do not require a new referral.

Access disclosures

A disclosure contains documents or records related to an injured worker's claim with WorkSafeBC. We give you disclosures to support your treatment of injured workers. Disclosures may include anything from the injured worker's medical history to treatment plans and reports.

Find disclosures on the Provider Portal

In most cases, you'll automatically receive a disclosure on the WorkSafeBC Provider Portal shortly after accepting a referral on the portal. In some cases, you may need to request a disclosure via the portal. For example, if new information is added to a disclosure package after you've already received the package, you'll need to request the disclosure.

See our Accessing disclosures online PDF for instructions on how to access and request disclosures on the Provider Portal.

Initiate services

Tinnitus Treatment Program

Tinnitus Treatment should include counselling sessions with clinically appropriate tinnitus treatment methodologies, device fitting or adjusting of current devices for those presenting with appropriate hearing aids, ongoing re-assessment of hearing device suitability, ongoing re-assessment of the effectiveness of the Tinnitus Treatment Program and regular communication with WorkSafeBC regarding progress.

Tinnitus treatment can commence as soon as the referral is accepted, with the exception of device fitting which requires pre-approval.

The Initial Assessment and the Initial Assessment Report:

A comprehensive initial assessment should be carried out and documented on the Tinnitus Treatment Program Initial Assessment Report (form 83D112). Please include the following on the Initial Assessment Report, to be submitted within seven business days:

- The injured worker's medical and employment history which is relevant to the analysis and planning of treatment services
- A summary of the comprehensive audiological/tinnitus assessment results with an audiogram attached
- The Tinnitus Handicap Inventory (THI), which is mandatory for this report, along with any other self report measures
- A comprehensive clinical assessment, including presenting symptoms, the worker's function, and factors influencing recovery
- The proposed treatment plan, including anticipated treatment length, appointment frequency and treatment goals
- Requests for new or replacement hearing aids and sound generators as necessary (pre-approval for fitting or replacing hearing aids/ combination devices and sound generators is required)
- Other relevant information

If hearing device fitting is required and you are part of the Hearing Aid Provider network, contact the WorkSafeBC officer for approval to provide fitting services and device maintenance. If you are not part of the WorkSafeBC Hearing Aid Provider network, please refer the injured worker to a contracted provider for fitting services.

Follow-up Appointments and the Progress Report

Follow-up appointments can be booked either in person or virtually when deemed necessary or practicable. Upon completion of each session, a Tinnitus Treatment Program Progress Report (form 83D582) must be submitted to WorkSafeBC within 7 business days and include the following:

- List all appointments to date
- Clinical changes since last appointment
- Summary of scheduled visit
- Level and nature of participation to date
- Any factors influencing recovery
- THI and self-report measures if applicable
- Request for extension of the treatment program if applicable

- Other relevant information

Extension requests

If an extension is recommended, provide details of the extension request on the Progress Report including:

- Number of recommended sessions and anticipated frequency of appointments
- Evidence/rationale to support the continued need for treatment

Discharge guidelines and the Discharge Report

An injured worker should be discharged if any of the following criteria are met:

- Symptoms have stabilized to the extent that no significant improvement is anticipated
- Completion of 8 sessions and any applicable extensions
- The 2-year Treatment Period concludes, and no extensions have been approved by WorkSafeBC
- If the injured worker has withdrawn from treatment
- Other (please specify)

Upon completion of tinnitus treatment, the Tinnitus Treatment Program Discharge Report (form 83D581) is to be submitted within 7 business days and include the following:

- Identify the reason for discharge
- A summary of audiologic/tinnitus reassessment results
- An updated Tinnitus Handicap Inventory score and any other self-report measures
- Summary of scheduled visit and treatment outcome
- Clinical changes since the last appointment
- Factors influencing recovery (if applicable)
- Level and nature of participation including program participation days
- Other relevant information

Please ensure the discharge criteria and THI are included in the Discharge Report.

Staffing Requirements

In order to deliver Tinnitus Treatment Services, Audiologists must meet the following criteria:

- At least 1 year of experience providing tinnitus treatment
- Completed a tinnitus treatment program or course that has been approved by WorkSafeBC

For any new audiologists wishing to deliver this service, please email hcsinqu@worksafebc.com with the Audiologist's qualifications and details regarding the tinnitus courses for approval.

If fitting, re-fitting, or adjusting devices is required, the Audiologist must also be a Hearing Instrument Practitioner (HIP).

If the Audiologist is not a registered HIP, a referral must be made to a provider within WorkSafeBC's Hearing Aid Provider network for device fitting and maintenance.

Follow the dos and don’ts of treating injured workers

While every injured worker is unique, a few general rules apply.

Do treat accepted conditions only

Only treat conditions that WorkSafeBC has accepted are a compensable consequence of the claim. By law, WorkSafeBC can’t authorize treatment for pre-existing physical, cognitive, or psychological conditions or concurrent issues in the injured worker.

If you discover issues that have not been accepted under the claim but that are affecting treatment progress, reach out to the appropriate WorkSafeBC officer. You may be able to help the injured worker find other community resources to assist with their non-compensable issues. However, this must be discussed with the WorkSafeBC officer before discussing the possibility with the injured worker or documenting it in a report.

Do tell the injured worker how their information may be used

All injured workers must be reminded of the limitations of confidentiality and how clinical records are disposed of.

Under the *Workers Compensation Act*, WorkSafeBC is empowered to collect and share any and all information deemed relevant to the adjudication and management of a claim. WorkSafeBC can obtain copies of hospital records, clinical records, employment and school records, and any other information needed to perform its duties under the Act. This includes access to all treatment records, including your clinical notes.

When a worker applies for a claim, they consent to the collection and use of personal information for the purposes of adjudicating and managing the claim.

Before beginning to provide Tinnitus Treatment services, you should remind the injured worker that if a decision on the file is appealed by either the injured worker or the employer they were working for at the time of their workplace injury, the contents of the entire claim file are disclosed to both parties. This includes information in provider treatment records submitted to WorkSafeBC. Your clinical notes could be disclosed in this way if WorkSafeBC has requested them and the notes form part of the injured worker’s claim file.

Don’t act as an advocate

As a contracted Tinnitus provider, you must give a well-reasoned clinical opinion based on objective assessments and observations of the injured worker’s needs. You must refrain from advocating for the injured worker in legal, adjudicative, entitlement, and benefit matters, and you must not advocate for needs that are not a compensable consequence of the claim.

WorkSafeBC officers use the information in your reports to understand an injured worker’s clinical status. WorkSafeBC officers weigh this information when making decisions. If you take a claim advocacy stance, your opinions are no longer clinically objective. Your role as a provider is to assist in recovery of function. Claim advocacy can place you in a dual relationship and seriously undermine the claims-management process. Advocating for an injured worker or selectively omitting information about the impact of non-injury–related needs in reports or other correspondence with WorkSafeBC is a serious breach of the Tinnitus Services Agreement.
Advise any injured worker in your care to contact the WorkSafeBC officer and/or the Workers’ Advisers Office, which is independent of WorkSafeBC, if they have concerns about how their claim is being managed.

Don’t give information to the injured worker that could cause immediate harm

Injured workers can access documents on their claim file through an online portal. In addition, an injured worker may request a copy of a specific document from a WorkSafeBC officer or a complete copy of their claim file at any time.

The information you provide to WorkSafeBC about the injured worker can be accessed by the injured worker unless it is deemed to present an immediate risk of harm and flagged on the claim file. If you believe the information you provide will pose an immediate risk of harm should the injured worker access the information, contact the case manager or appropriate WorkSafeBC officer before submitting the document.

Monitor injured worker attendance

In order to benefit from your services, the injured worker needs to attend appointments and participate in treatment. Let us know if this isn’t happening.

What if an injured worker doesn’t show up to appointments?

Advise the appropriate WorkSafeBC officer within one business day of any absences. If the appointment is later rescheduled, tell the WorkSafeBC officer the new appointment date and time.

In your Progress and Discharge Reports, determine and document the reason for all absences from the program.

Can an injured worker withdraw or be discharged early from treatment?

You may discharge an injured worker who is not benefitting from Tinnitus services because of poor participation or attendance. Evidence for the poor participation or attendance must be included in the Discharge Report.

Tell a WorkSafeBC officer immediately if an injured worker has withdrawn from treatment or if you’re considering a discharge for the reasons above.

The injured worker can voluntarily withdraw from the Tinnitus services, and a WorkSafeBC officer can withdraw the injured worker from the Tinnitus program at any time.

Use telehealth treatment appropriately

In some cases, you may use video-call technology to deliver services remotely to injured workers — aka telehealth delivery. In your Progress and Discharge Reports, include which sessions were completed via telehealth. When using telehealth delivery for your services, you must comply with our Telehealth treatment guidelines (Appendix D).

Use interpretation services as needed

To help you communicate with injured workers with limited English proficiency, WorkSafeBC has contracted interpreters who provide in-person, video, and telephone interpretation services throughout B.C.

Approved interpretation providers will bill WorkSafeBC directly for interpretation services. If your organization has an in-house interpreter, interpretation provided by the in-house interpreter must not be billed to WorkSafeBC.

Who books the interpreter?

If you're aware of or anticipate the need for interpretation services for an appointment, let us know.

How to work with us to book an interpreter

Contact the WorkSafeBC officer	If an interpreter is deemed necessary for the appointment to take place, the service coordinator will arrange the appointment with the interpretation provider.
Tell them exactly what's needed.	Tell the WorkSafeBC officer and service coordinator: • How many hours you'll need the interpreter for • The length of any breaks that will be included
Notify them if the appointment needs to be cancelled or rescheduled (ideally with >24 hours' notice).	The service coordinator will reschedule with the interpreter and can help you communicate the new appointment details to the injured worker if necessary (date, location, time, number of hours required, and length of any breaks that may be expected).
Tell Health Care Programs about any quality concerns.	E.g., report if: • The interpreter is late • The interpreter does not attend the scheduled appointment

Learn more on our Interpretation, translation & sign language services webpage.

Billing for services & submitting reports

Now that you understand in broad strokes how to work with us, it's time to get into the nitty-gritty — especially when it comes to creating and submitting reports and invoices to us.

Billing for services and how to submit your invoices and reports

Submit invoices and reports through the WorkSafeBC Provider Portal. Check the Provider Portal Quick Reference Guide or watch our training videos on invoicing and clinical reporting for instructions.

Please note that initial assessments and individual tinnitus treatment services are billable in 15-minute increments of treatment time, to a maximum of 2 hours for initial assessments and 90 minutes for individual tinnitus treatment services.

In some cases, you'll need to submit a report before you can submit an invoice. Refer to Schedule B of the Tinnitus Treatment Services Agreement for details.

How to send us reports

1. **Download the right form**

   You'll find links to the specific forms you need to submit in Appendix C. Re-download forms any time you receive an Information Bulletin about updates to them. This will ensure you're using the most up-to-date version of each form.

2. **Complete the report**

   Be sure each page of the document includes:
   - Injured worker's name
   - Injured worker's claim number
   - Document name and page number
   - Document ID (the five- to six-digit code provided in the Agreement for each specific type of report you'll be completing)

3. **Send the report to us on time, using the correct tool**

   Reports must be submitted electronically through the WorkSafeBC Provider Portal. Only reports sent through the Provider Portal will be used to determine report timeliness for the purposes of invoicing.

How to submit invoices

1. **Select the right invoice**

2. **Complete the invoice**

   Ensure the following information about the injured worker is on the invoice:
   - Injured worker's name
   - Date of birth
   - Gender
   - WorkSafeBC claim number

- BC personal health number (PHN) — for workers who do not have a BC PHN, including those who have a valid PHN from another province, bill claims under the following generic PHN: 9842719596

3. **Double check before you submit**

   Is the date of service correct?

   - For example, if you're invoicing for completing a report for us, the date of service on the invoice must match the date of service on the report, not the date you wrote the report or submitted the invoice.

   Am I using the right fee codes?

   - Incorrect or missing fee codes are among the most common reasons for delays in payment. Please refer to the fee schedule (Schedule B) of the Tinnitus Services Agreement.

4. **Send the invoice to us on time, using the correct tool**

   Submit your invoice to us within 90 days of the date of service.

   Submit all invoices electronically through the WorkSafeBC Provider Portal, along with any necessary reports.

Correct the invoice promptly if necessary

Sometimes we're not able to accept an invoice because of an inconsistency or error. In these cases, you can follow up, resolve the issue, and still get paid — provided you rectify the error within **180 days of the date of service, or within 90 days of the date of the first rejection** (whichever is longer).

If you're following up on an issue with an invoice, please contact Payment Services at 604.276.3085 or toll-free at 1.888.422.2228. We're happy to help.

Stick to the fee schedule

WorkSafeBC officers don't have the authority to approve services or charges that deviate from the Agreement and fee schedule. If a WorkSafeBC officer has requested or approved a service that is outside of the parameters of the Agreement, remember to contact Health Care Programs for approval.

Appendices

If you have a question:
Appendix A: Important contact information
Appendix B: Important links

If you'd like help writing reports for us:
Appendix C: Reports and forms for Tinnitus Treatment Services

If you offer telehealth services/hybrid program delivery:
Appendix D: Telehealth treatment guidelines

Appendix A: Important contact information

We want to make sure you have all the information you need to work with us as a health care service provider. Contact information for key departments is listed below. (You can find contact information for more departments and services on worksafebc.com.)

WorkSafeBC department	How to contact	Reason to contact
Health Care Programs	604.232.7787 (Lower Mainland) 1.866.244.6404 (toll-free) hcsinqu@worksafebc.com	You need to discuss: • Your contract and fee schedule • Contracted clinical services
Payment Services	604.276.3085 (Lower Mainland) 1.888.422.2228 (toll-free)	You need to discuss: • A specific invoice or billing rejection • Invoice correction letters • General information about our billing process
Procurement Services	604.276.3344 (Lower Mainland) 1.844.276.3344 (toll-free) purchase@worksafebc.com	You need to: • Update your general contact information • Inquire about the status of your contract
Claims Call Centre	604.231.8888 (Lower Mainland) 1.888.967.5377 (toll-free)	You need basic information about a claim. • For detailed questions about a specific claim, contact the WorkSafeBC officer. If you don't have their contact information or are not hearing back, contact our Claims Call Centre.
Provider Referrals	604.231.8887 (Lower Mainland) 1.866.481.8887 (toll-free) Fax: 604.233.9777 Toll-free fax: 1.888.922.8807	Provider Referrals may initiate contact with you if they are attempting to issue a referral.
Freedom of Information and Protection of Privacy Office	604.279.8171 (Lower Mainland) 1.866.266.9405 (toll-free) fipp@worksafebc.com	You have questions about privacy legislation (e.g., the *Freedom of Information and Protection of Privacy Act*)

Questions about the WorkSafeBC Provider Portal?

Call Telus Health Solutions for 24/7 support: 1.855.284.5900. Ask for a ticket number for reference.
If you'd like to add or remove Provider Portal access for any personnel, email provider.mgmt5@telus.com.

Appendix B: Important links

Essential webpages for working with us	What you'll find
For health care providers	Information for all health care providers we work with
Tinnitus Treatment Services Website	Information and bulletins specific to Tinnitus Treatment Services
Forms & Resources	Important WorkSafeBC forms, documents, videos, and more, including reports for you to download and complete (see Appendix C for links to specific forms you'll need to download)
WorkSafeBC Provider Portal	The online portal where you'll receive and respond to referrals, submit reports and invoices, and more
Provider Portal Quick Reference Guide	Basic instructions for using the Provider Portal
Provider Portal video training	In-depth training on using the Provider Portal
Accessing disclosures online	Instructions on how to access medical and other information in an injured worker's claim file within the Provider Portal
bceid.ca	The site where you and your personnel can get a unique BCeID (you'll need this to log in to the WorkSafeBC Provider Portal)
Important background info on worksafebc.com	**What you'll find**
Your role in the claims process	Where you fit into an injured worker's claim with WorkSafeBC
Who we are	An overview of what WorkSafeBC does
Provider types	Information on other health care providers we work with
Interpretation, translation & sign language services	An overview of tools we provide to help you communicate with injured workers
How recovery at work helps	The overall health benefits of a safe, timely return to work for injured workers

Appendix C: Report Links

Ensure these forms are submitted within 7 business days of the appointment date:

- Tinnitus Treatment Program Initial Report (83D112)
- Tinnitus Treatment Program Progress Report (83D581)
- Tinnitus Treatment Program Discharge Report (83D582)

Complete this form within one business days if a threat or incident occurs:

Health Care Programs - Incident Report (form 83M380)

Appendix D – Telehealth treatment guidelines

Introduction

You'll notice this appendix is worded and structured more like the contract you signed with WorkSafeBC. As with the rest of this reference manual, read it closely and be sure you understand it.

Background

In these Telehealth treatment guidelines (the "Guidelines"):

- "**Agreement**" means the Services Agreement between WorkSafeBC and a WorkSafeBC Health Care Provider.
- "**WorkSafeBC Health Care Provider(s)**" means the WorkSafeBC Health Care Provider authorized to deliver services under the Agreement and, where the context permits, office and other personnel supporting the services.
- "**Telehealth Services**" is defined as a health care provider–delivered health service provided to apatient via live image transmission to a receiving health care provider at another approved site, through the use of video technology.
- "**injured worker**" means a person who is entitled to compensation under the *Workers Compensation Act* and who receives services under the Agreement.

Telehealth Services have been increasingly employed by health care providers to increase accessibility of health care services, enhance quality of care, and decrease costs. In order to address barriers to accessing health care services, WorkSafeBC has agreed to the delivery of services (as defined in the Agreement) to injured workers using Telehealth Services. Telehealth Services allow WorkSafeBC Health Care Providers to meet face to face virtually with injured workers, book appointments, and share files necessary for sessions. The use of Telehealth Services is not mandatory or required by WorkSafeBC and is at the election and discretion of the WorkSafeBC Health Care Provider. WorkSafeBC Health Care Providers who wish to use Telehealth Services are responsible for their own arrangements with a telehealth services provider, are solely responsible for any and all costs related to the set-up and use of the telehealth services platform, and are also responsible for complying with the terms and conditions of that agreement.

Scope

These Guidelines apply to the provision of services by WorkSafeBC Health Care Providers to injured workers using Telehealth Services. They do not replace existing professional guidelines for the use of technology. These Guidelines have been adopted from already established guidelines from three main sources: The American Psychiatric Association and American Telemedicine Association ("APA/ATA") *Best Practices in Videoconferencing-Based Telemental Health* (2018); the Province of BC Health Authorities *Telehealth Clinical Guidelines* (Version 9, 2014); and the ATA *Practice Guidelines for Video-Based Online Mental Health Services* (2013).

In the event of any differences between these Guidelines and the Agreement or any agreement between the WorkSafeBC Health Care Provider and the telehealth service provider in the case of technical matters, those agreements will govern.

Professional considerations

The purpose of the Guidelines is to assist WorkSafeBC Health Care Providers in providing health care in a telehealth setting. These Guidelines are not a substitute for your independent professional judgment and obligations.

Each WorkSafeBC Health Care Provider is responsible for complying with the applicable standards of practice in regards to the services and the use of technology in their practice. For your convenience, some of those standards are included in the References section of these Guidelines.

Please note: If the WorkSafeBC Health Care Provider and/or injured worker will not be physically located in British Columbia during the telehealth encounter, then the provider should contact their provincial licensing body in B.C. and the other jurisdiction's licensing body to confirm whether there are any licensing requirements to use telehealth in the province where the injured worker resides.

The WorkSafeBC Health Care Provider is solely responsible for identifying and complying with all applicable standards and should not treat the References section as comprehensive or conclusive.

Clinical guidelines

Standards of care

The APA/ATA have recommended clinical practice guidelines for telehealth services in *Best Practices in Videoconferencing-Based Telemental Health* (April 2018) (the "*Best Practices*"). These *Best Practices* establish that delivery of health care services using video technology does not change professional or clinical standards:

> Health professionals **shall** be responsible for maintaining the same level of professional and ethical discipline and clinical practice principles and guidelines as in-person care in the delivery of care in [telehealth], as well as additional telehealth-related concerns, such as consent processes, patient autonomy, and privacy. (*Best Practices*, page 7)

When determining whether Telehealth Services are appropriate, the *Best Practices* indicate on page 6 that several factors should be considered, including the injured worker's "cognitive capacity, history regarding cooperativeness with treatment professionals, current and past difficulties with substance abuse, and history of violence or self-injurious behavior," as well as "geographic distance to the nearest emergency medical facility, efficacy of patient's support system, and current medical status."

In addition, WorkSafeBC Health Care Providers must ensure that in the discussion to obtain consent (as detailed below under Informed consent), the injured worker is made aware that Telehealth Services may be discontinued if the injured worker cannot be safely managed.

The Province of BC Health Authorities *Telehealth Clinical Guidelines* (Version 9, 2014) note on page 6 that health care professionals "must recognize when telehealth approaches are not appropriate for the client's needs and be aware of any ethical risks to clients. Backup plans and safeguards should be developed to reduce risk."

Injured worker privacy and confidentiality

WorkSafeBC Health Care Providers are required to comply with the *Freedom of Information and Protection of Privacy Act* ("FIPPA") in the delivery of services to injured workers. In addition to other requirements, FIPPA requires WorkSafeBC Health Care Providers to ensure there are reasonable security arrangements to protect the injured worker's personal information (as defined in FIPPA); only those persons with a direct need to access the personal information to deliver services have access to it; and the injured worker's personal information is accessed, used, disclosed, and stored in Canada only.

If you are uncertain as to whether or not the telehealth platform you are utilizing has the ability to delete stored information as required by FIPPA, then do not use the injured worker's full name when scheduling appointments (only use initials), and do not use any open text boxes (if available). If you open a file when an injured worker shares a file, the usual professional and ethical standards regarding patient confidentiality apply, even if you don't download the file.

Please note: Secure messaging should not be utilized due to requirements under FIPPA.

Please refer to the Agreement for requirements with respect to injured worker personal information. These requirements apply to Telehealth Services.

The *Telehealth Clinical Guidelines* also note on page 7 that protecting privacy and confidentiality is of paramount concern and should be considered in all the following: privacy of personal communications, personal information, and consulting space.

Emergency management

The Guidelines recognize that the WorkSafeBC Health Care Provider should endeavour to ensure that a number of emergency-management considerations are in place at the start of each telehealth session, as set out in the *ATA Practice Guidelines for Video-Based Online Mental Health Services* (2013) (the "*Practice Guidelines*") on pages 12 to 14.

The WorkSafeBC Health Care Provider must acquire information regarding the emergency-management resources available in the vicinity of where the injured worker is attending the Telehealth Services session. Such information may include noting local emergency-personnel access (i.e., 911 access) and/or whether the injured worker is at a facility with access to professional care staff who may provide in-person assistance, or whether the injured worker has access to their own personal support system. Information should also be acquired regarding mobility and transportation services/access available in case of emergencies. The WorkSafeBC Health Care Provider will have to ascertain how to notify the aforementioned emergency personnel or professional staff and/or a combination of such assistive services prior to the start of the session. Additionally, the WorkSafeBC Health Care Provider should have emergency-management information in place should either or both the injured worker and/or their support system be uncooperative or unable to help in an emergency situation.

Please note: A medical certificate for involuntary admission (Form 4) can be completed by a physician on the basis of a Telehealth Services assessment. In these circumstances, it is important for the physician to provide as much collateral information as they have to supplement their assessment.

Initiating Telehealth Services

Informed consent

At the start of each session, the WorkSafeBC Health Care Provider must obtain the injured worker's fully informed consent to the Telehealth Services. The ATA *Practice Guidelines* state the following regarding informed consent:

> The consent must include all information contained in the consent process for in-person care, including discussion of the structure and timing of services, record keeping, scheduling, privacy, potential risks, confidentiality, and mandatory reporting … In addition, the informed consent process must include information specific to the nature of video calling … in language that can be easily understood by the patient. This is particularly important when discussing technical issues like encryption or the potential for technical failure. (*Practice Guidelines*, page 11)

There are a number of elements the WorkSafeBC Health Care Provider must consider with regards to the consent process. These include being knowledgeable of confidentiality issues and the usual applicable professional ethical conduct regarding electronic communications, issues related to documentation, and having plans in place for managing in-session emergencies or other types of session disruptions (injured worker distress, contacting/coordinating injured worker local support, technical issues, etc.). The WorkSafeBC Health Care Provider shall also have an established protocol in place regarding injured worker contact between telehealth sessions and have clearly outlined the conditions under which their provision of Telehealth Services may be terminated. (For further guidance, please refer to the ATA *Practice Guidelines*, page 11.)

Physical environment requirements

The APA/ATA *Best Practices* state:

> During a telehealth session, both locations shall be considered a patient examination room regardless of a room's intended use. Providers shall ensure privacy so clinical discussion cannot be overheard by others outside of the room where the service is provided. To the extent possible, the patient and provider cameras should be placed at the same elevation as the eyes with the face clearly visible to the other person. The features of the physical environment for both shall be adjusted so the physical space, to the degree possible, maximizes lighting, comfort, and ambiance. (*Best Practices*, page 6)

Session disruption

The WorkSafeBC Health Care Provider must have a backup plan in place should Telehealth Services sessions be disrupted due to technology failures and/or issues and routinely review that backup plan. The backup plan must be communicated to the injured worker before the start of the Telehealth Services session. If any technical issues arising during a Telehealth Services session cannot be resolved, the WorkSafeBC Health Care Provider may complete the session using a voice-based telecommunication system, or the WorkSafeBC Health Care Provider may choose to reschedule an in-person appointment if they determine that is more clinically appropriate.

Administrative guidelines

Documentation and record keeping

WorkSafeBC Health Care Providers must submit reports to WorkSafeBC for Telehealth Services following the same requirements for in-person services as set out in the Agreement, including timelines.

Telehealth Services sessions should be accurately documented as Telehealth Services and include dates, duration, and a description of service provided, in keeping with the existing documentation requirements of each specific program.

Billing

Use the billing fee codes for telehealth treatment found in the fee schedule (Schedule B) of the Agreement for the Telehealth Services being delivered to injured workers via a telehealth platform.

Technical information

WorkSafeBC Health Care Providers may deliver Telehealth Services to injured workers under the Agreement using a technology platform of the WorkSafeBC Health Care Provider's choice, which includes

video calling and file sharing with the injured worker, provided that all obligations with respect to privacy and confidentiality set out in these Guidelines and the Agreement are complied with.

Please note: Secure messaging should not be utilized due to requirements under FIPPA.

Computer and mobile device requirements

WorkSafeBC Health Care Providers are responsible for ensuring that the personal computer and/or mobile device used for the Telehealth Services meets the telehealth services platform's operating requirements as identified by the telehealth services platform provider.

Technical support

Please refer to your agreement with your telehealth provider for more information.

References

American Psychiatric Association and American Telemedicine Association (2018). *Best Practices in Videoconferencing-Based Telemental Health.* Retrieved from: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiHnMCS8ZncAhUKFXwKHaOpBhAQFgg6MAA&url=https%3A%2F%2Fwww.psychiatry.org%2FFile%2520Library%2FPsychiatrists%2FPractice%2FTelepsychiatry%2FAPA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf&usg=AOvVaw0jNTBhvxF3B8lM7ZPiadxt

American Telemedicine Association (2013). *Practice Guidelines for Video-Based Online Mental Health Services.* Retrieved from: https://cdn2.hubspot.net/hubfs/5096139/Revised-Video-Based-Online-TMH-Guidelines.pdf

College of Physicians and Surgeons of British Columbia (2021). *Practice Standard — Virtual Care.* Retrieved from: https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf

Doctors of BC (2014). *Policy Statement — Telemedicine in Primary Care.* Retrieved from: https://www.doctorsofbc.ca/policy-statements/telemedicine-primary-care
(Please click on the full policy statement in this link.)

Province of BC Health Authorities (2014). *Telehealth Clinical Guidelines* (Version 9). Retrieved from: http://www.phsa.ca/Documents/Telehealth/TH_Clinical_Guidelines_Sept2015.pdf