

# Information Bulletin

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October 7, 2020

**Attention: BCCA Members**

**Subject: Billing Daily Visit Fee Code 19381 & Billing Injured Workers**

## Invoicing Daily Visit Fee Code 19381

It has come to our attention that several instances of providers invoicing the Daily Visit Fee Code 19381 and subsequently billing the 8 Week Treatment Block and Form 11C, Fee Code 19135, have occurred.

To provide clarification:

- Daily Visit Fee Code 19381 can only be invoiced for the 3<sup>rd</sup> and 4<sup>th</sup> visit where the injured worker is **discharged after the 3<sup>rd</sup> or 4<sup>th</sup> visit**.

Daily Visit Fee Code 19381 cannot be invoiced with the 8 Week Treatment Block (fee code 19135). If the worker attends a 5<sup>th</sup> visit, this means you cannot bill the Daily Visit Fee Code 19381.

- The 8 Week Treatment Block and Form 11C (Fee Code 19135) is **eligible following the 5<sup>th</sup> visit** upon receipt of the Form 11C. This fee code should be invoiced at the end of the 4<sup>th</sup> week of treatment or at discharge whichever comes first.

## Billing Injured Workers

It is the responsibility of the Chiropractor to enquire with all patients on the nature of their injury, to determine if it may be work related. If the nature of the injury is thought to be work related please ensure that a Form 8C is submitted as quickly as possible, as this form is a key document used in the initial adjudication of a claim. To ensure a timely submission bonus is paid for this form it must be submitted within 3 business days of the initial assessment.

- The Chiropractors First Report Form 8C is required to assist in initiating and adjudicating a claim for the patient.
- Without the Chiropractors First Report there could be delays in potential compensation of health care for the injured worker.

- The Chiropractors First Report and the first 2 visits is payable on newly initiated and pending claims.

If a worker 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 the Chiropractor must:

- Reimburse the injured worker all costs related to the treatment of the work-related injury, and then directly invoice WorkSafeBC.
  - You can contact WorkSafeBC Claims Call Center 604.231.8888 or toll free 1.888.967.5377 to confirm date of injury and the injury accepted on the claim.
- The Chiropractor must bill WorkSafeBC directly as per Fee Schedule B of the Chiropractic Services Agreement
  - Invoices should be submitted electronically through MSP/HIBC.
  - If electronic channels are not available, invoices may be faxed to WorkSafeBC at 604.233.9777 or toll free 1.888.922.8807 by using Form 267 that can be found on the website.

In the above two scenarios, if a Chiropractor cannot direct bill WorkSafeBC the Chiropractor is asked to:

- Immediately, refer the injured worker to their Claim Owner;
- Refer the injured worker to a practitioner who will treat WorkSafeBC injured workers and direct bill WorkSafeBC;

If you have any questions please don't hesitate to contact us.