

FEE SCHEDULE

Acquired Brain Injury

TABLE OF CONTENTS

INTRODUCTION

Preamble	2
Treatment	2
Definitions	2

SCHEDULE OF FEES

Acquired Brain Injury, Multidisciplinary, and Non-Hospital Program Fees	3
Cancelled/Missed Appointments	4
Billing of Fees	4
Late Accounts	4

BILLING INSTRUCTIONS & ILLUSTRATIONS

Provider Payment Request Form (3947A)	5
Instructions	5

CONTACTING THE WSIB

WSIB Mailing Address	7
Faxing Reports	7
Ordering Supplies	7
Address/Name/Change(s)	7
Banking Change(s)	7
Enquiries	7

WSIB OFFICES

TORONTO

200 Front Street West, 15th Floor
Toronto, ON M5V 3J1
Phone number: 416-344-1000
Fax: 416-344-4684
Toll-Free: 1-800-387-0750

OTTAWA

180 Kent Street, Suite 400
Ottawa, ON K1P 0B6
Phone number: (613) 237-8840
Fax: (613) 239-3321
Toll-Free: 1-800-267-9601

LONDON

148 Fullarton Street, 7th Floor
London, ON N6A 5P3
Phone number: (519) 663-2331
Fax: (519) 663-2333
Toll-Free: 1-800-265-4752

KITCHENER

55 King Street West, 3rd Floor
Kitchener, ON N2G 4W1
Phone number: (519) 576-4130
Fax: (519) 576-2667
Toll-Free: 1-800-265-2570

GUELPH

1 Stone Road West,
4th Floor, South Tower
Guelph, ON N1G 4Y2
Phone number: (519) 826-7490
Fax: (519) 826-4678
Toll-Free: 1-888-259-4228

WINDSOR

STREET ADDRESS:
2485 Ouellette Avenue
Windsor, ON N8X 1L5
Phone number: (519) 972-4254
Fax: (519) 972-4181
Toll-Free: 1-800-265-7380

MAILING ADDRESS:

P.O. BOX 1617
Windsor, ON N9A 7B7

ST. CATHARINES

301 St. Paul Street, 8th Floor
St. Catharines, ON L2R 7R4
Phone number: (905) 687-8622
Fax: (905) 687-7117
Toll-Free: 1-800-263-2484

SUDBURY

30 Cedar Street
Sudbury, ON P3E 1A4
Phone number: (705) 675-9301
Fax: (705) 675-9367
Toll-Free: 1-800-461-3350

TIMMINS

MAILING ADDRESS:
Workplace Safety and Insurance
Board
Ontario Government Complex
Highway 101 East P.O. Bag 4020
South Porcupine, ON P0N 1H0

STREET ADDRESS:

Ontario Government Complex
1270 Highway 101 East
Porcupine, ON P0N 1C0
Phone number: (705) 235-6130
Fax: (705) 235-6140
Toll-Free: 1-800-461-9856

HAMILTON

MAILING ADDRESS:
P.O. Box 2099, Station LCD1
120 King Street West
Hamilton, ON L8N 4C5

STREET ADDRESS:

120 King Street West
Hamilton, ON L8N 4C2
Phone number: (905) 523-1800
Fax: (905) 521-4502
Toll-Free: 1-800-263-8488

THUNDER BAY

1113 Jade Court, Suite 200
Thunder Bay, ON P7C 6V3
Phone number: (807) 343-1710
Fax: (807) 343-1702
Toll-Free: 1-800-465-3934

NORTH BAY

128 McIntyre Street West
North Bay, ON P1B 2Y6
Phone number: (705) 472-5200
Fax: (705) 472-9801
Toll-Free: 1-800-461-9521

SAULT STE. MARIE

153 Great Northern Road
Sault Ste. Marie, ON P6B 4Y9
Phone number: (705) 942-3002
Fax: (705) 942-7582
Toll-Free: 1-800-461-6005

KINGSTON

234 Concession Street, Suite 304
Kingston, ON K7K 6W6
Phone number: (613) 544-9682
Fax: (613) 544-1510
Toll-Free: 1-800-267-9461

Introduction

Preamble

Rehabilitation services for workers with Acquired Brain Injury (ABI) can be complex and intensive. Accordingly, payment for these services is considered beyond the discipline specific fee schedules the WSIB utilizes.

The attached fee schedule for ABI rehabilitation services reflects existing established fees for comparable services, such as social work counseling and psychological services, but also recognizes the unique aspects of ABI interventions. Telephone intervention with a client by a health care professional for crisis management may be reimbursed. Exceptions to this fee schedule must be pre-authorized by the WSIB.

Treatment

ABI clients fatigue easily and are usually able to tolerate approximately four hours of treatment daily. An explanation is required in cases where treatment goes beyond four hours a day. However, in these cases the treatment should not exceed six hours in one day.

Duration of treatment services will be based on achievement of treatment goals. Progress will be monitored by WSIB staff reviewing progress reports at least every three months.

The WSIB does not reimburse for indirect services such as case management, telephone consultation with the WSIB, or reports.

Definitions

A **Therapy Program** is a program in which the client receives goal-oriented treatment under the direct care of a health care practitioner.

A **Support Program** is a program in which the client's activities are self-directed or recreational and are not supervised by a health care practitioner.

FEE SCHEDULE

EFFECTIVE JUNE 4, 2001

Service Code	Assessment Services	Maximum Rate	Client Maximum
6300	Psychology (neuropsychology and behavioural) (max 12 hrs) . .	\$55.85 (per 1/2 hr) . . .	\$1,340.40
6301	Physiotherapy (max 4 hrs)	\$46.55 (per 1/2 hr)	\$372.40
6302	Occupational Therapy (max 4 hrs)	\$46.55 (per 1/2 hr)	\$372.40
6303	Speech and Language Therapy (max 4 hrs)	\$46.55 (per 1/2 hr)	\$372.40
6304	Case Management	\$0	\$0
6305	Vocational Rehabilitation	\$0	\$0
6306	Home Visit Premium.	\$31.03	\$93.09
6307	Telephone Consultation	\$0	\$0
	Maximum.		\$2,550.49

Service Code	Treatment	Maximum Rate
6330	Psychology (includes neuropsychology)	\$55.85 (per 1/2 hr)
6331	Masters Level Psychology	\$46.55 (per 1/2 hr)
6332	Physiotherapy	\$46.55 (per 1/2 hr)
6333	Occupational Therapy	\$46.55 (per 1/2 hr)
6334	Speech and Language Therapy	\$46.55 (per 1/2 hr)
6335	Social Work	\$46.55 (per 1/2 hr)
6336	Group Therapy	\$31.03 (per hr)
6337	Nursing.	\$37.75 (per visit)
6338	Non-professional Treatment	\$20.69 (per 1/2 hr)
6339	Home Visit Premium.	\$31.03
6340	Case Management	\$0
6341	Vocational Rehabilitation	\$0
6342	Telephone Consultation	\$0
	Maximum Daily Charge (therapy program)	\$465.41
	Maximum Daily Charge (support program)	\$186.17

Note:

These fees include treatment and the time spent to complete clinical reports.

Cancelled/Missed Appointments

The WSIB does not pay for cancelled or missed appointments.

Billing of Fees

As stated in Section 33 (5) of the *Workplace Safety and Insurance Act*, “No health care practitioner shall request a worker to pay for health care or any related service provided under the insurance plan.”

Late Accounts

Under Section 33 (4) of the *Workplace Safety and Insurance Act*, the WSIB may impose a percentage reduction penalty for late submissions of accounts. Accounts received after the 6th month from the date of service may be reduced in the following manner:

- 7th – 9th month → reduced by 25%
- 10th – 12th month → reduced by 50%
- over 1 year → reduced by 100%

The WSIB may waive the late penalty charge if an acceptable reason for the delay is provided.

BILLING INSTRUCTIONS & ILLUSTRATIONS

Provider Payment Request Form (3947A)

For prompt payment, complete as per instructions on next page.

wsib ONTARIO	Mail to: 200 Front Street West Toronto ON M5V 3J1	or Fax to: 416-344-4684 OR 1-888-313-7373	Provider Payment Request <i>Important: Do not use this form to bill for clinical reports.</i>
Please complete in full using black ink.			Claim No.
Worker Information		WSIB Reference No. (For WSIB use only)	
Worker Surname		Given Name(s)	Initial
Address		Date of Incident (mm/dd/yy)	
City	Prov.	Postal Code	
Date of Birth (mm/dd/yy)			
Provider/Facility Name and Full Address (city, province, postal code)			

Provider Information:
WSIB Provider ID
HST Registration Number
Your Invoice No.
Treating Provider's Name (please print)
Telephone

Please complete the address above this line.

<small>fold</small>	Service/Treatment Information																																																																														
Please use a separate line for each service code. Do not include previously billed services.																																																																															
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It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board. I hereby certify that the information being submitted is true, correct and complete.		
Name (please print):	Signature:	Date (mm/dd/yy):

Provider Payment Request Form (3947A)

Instructions

For prompt payment, complete as follows:

Worker Information

1. Claim Number: enter WSIB claim number; this is necessary to process the payment.
2. Name: print surname, given name(s), and middle initial.
3. Worker's Impairment and/or ICD 9 Code: enter diagnosis or ICD 9 code for which treatment is being provided.
4. Date of Accident: enter reported date of accident.
5. Address: enter current mailing address.
6. Date of Birth: enter birth date.
7. WSIB Reference No.: please do not complete. For WSIB use only.

Provider Information

8. Provider/Facility Name and Full Address: enter name and full address of the provider/facility submitting the bill.
9. WSIB Provider ID: enter your invoice number. (Your reference no. for reconciliation purposes.)
10. Your Own Invoice No.: enter your invoice number. (Your reference no. for reconciliation purposes.)
11. Treating Provider's Name: enter the name of the individual providing the service.
12. Treating Provider's ID No.: this is the individual health professional's number that WSIB assigns to you.
13. Telephone Number: provide the telephone number of the individual completing the payment request form.

Service/Treatment Information

14. Service Code: enter appropriate service code. Refer to the WSIB Fee Schedule.
15. Description of Service/Treatment: provide a brief description of service or type of treatment provided.
16. Fee per Service: enter fee per treatment or service from the WSIB Fee Schedule.
17. No. of Serv./Trt.: enter the number of services/treatments that you are billing.
18. Amount Billed: enter the total amount for the one service code.
19. Service Date: enter month and year. Select date(s) of service by (n). For multiple months, use a separate line.
20. Total Billed: enter the total sum of fees billed.
21. Name: enter the name of the individual completing the form.
22. Signature and Date: include the signature of the individual completing the payment request form, and date, when form is completed.

For electronic billing, contact the Telus Health Solutions, Support Centre at 1-866-240-7492 or via e-mail at provider.registry@telus.com.

CONTACTING THE WSIB

WSIB Mailing Address

Health Care Practitioners across Ontario have one central location to mail their reports and billing forms.

THE WSIB MAILING ADDRESS IS:

Workplace Safety and Insurance Board
200 Front St. West, 15th Floor
Toronto ON M5V 3J1

Faxing Reports

If you fax your report to the WSIB, DO NOT mail the original report as well.

THE FAX NUMBER IS:

416-344-4684

TOLL-FREE:

1-888-313-7373

Banking Change(s)

Any changes to your banking information must be provided in writing to:

Provider Registration
c/o Telus Health Solutions
5090 Explorer Dr., Suite 1000
Mississauga, ON L4W 4X6
Toll-free: 1-866-240-7492
Fax: 1-866-399-4599

Ordering Supplies

Supplies, such as forms for billing and reporting, etc., can be ordered through:

Provider Registration Section
200 Front St. West, 4th Floor
Toronto ON M5V 3J1
416-344-2935/2936/2937
Toll-free: 1-800-387-0750
Fax: 416-344-2955

Address/Name/Change(s)

Any changes to your address or name of facility must be provided in writing to:

Provider Registration Section
200 Front St. West, 4th Floor
Toronto ON M5V 3J1

Account Enquiries

If you have any additional questions or concerns regarding the processing of your accounts and/or remittance statement, contact:

Health Care Account Processing

200 Front St. West, 5th Floor
Toronto ON M5V 3J1
1-800-668-9958
Fax: 416-344-4684
Toll-free fax: 1-888-313-7373

Health Professional Access Line

Call our access line if you need the name and number of the adjudicator or nurse case manager working with your patient.
416-344-4526 or toll-free 1-800-569-7919

FEE SCHEDULE
Acquired Brain Injury