

# **FEE SCHEDULE**

# *Community Care*

# *Access Centre*

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## 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**

The Workplace Safety and Insurance Board (WSIB) will pay a professional home care service visit where a worker is entitled to benefits under the *Workplace Safety and Insurance Act* and a physician has ordered the home care services for the work-related injury/illness. The WSIB relies on a Community Care Access Centre (CCAC) to manage and organize the appropriate home care treatment for the worker.

Homemaking services and meal preparation will be paid if they are part of a program that includes one or more professional services (e.g. physiotherapy, nursing care, etc.).

# FEE SCHEDULE

## EFFECTIVE JUNE 4, 2001

Fees are billed for the actual visit to the worker's home and are not based on the length of time spent per visit. Up to a maximum of four visits per day is considered reasonable if required to meet the needs of the worker.

Service Code	Description	Fee	Note:
	<b>Home Care Services (per visit)</b>		
9001	Registered Nurse . . . . .	\$25.86	<b>Note:</b> 1. This fee is all-inclusive. 2. There is no separate payment for completion of reports or for ancillary services such as equipment rentals.
9002	Registered Practical Nurse . . . . .	\$25.86	
9003	Personal Support Worker/Homemaker . . . . .	\$25.86	
9005	Physiotherapy . . . . .	\$25.86	
9006	Occupational Therapy . . . . .	\$25.86	
9007	Speech Language Therapy . . . . .	\$25.86	
9008	Assistant: Occupational Therapy/Physiotherapy/Rehabilitation . . . . .	\$25.86	
9009	Social Work . . . . .	\$25.86	

### 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.

## Community Care Access Centres (CCAC)

### Questions & Answers

**Q:** *What is the current Workplace Safety and Insurance Board (WSIB) fee for Community Care Access Centres (CCAC)?*

**A:** Effective June 4, 2001 the fee is \$25.86 per visit. Services provided prior to June 4, 2001 will be paid at \$25.28 per visit.

**Q:** *Is the \$25.86 per visit, per provider or per day?*

**A:** The WSIB will pay \$25.86 for each professional service visit where a worker is entitled to benefits under the *Workplace Safety and Insurance Act* and a physician has ordered the home care services.

**Q:** *Will the WSIB pay for homemaking services and/or meal preparation?*

**A:** The WSIB will pay for homemaking services/ meal preparation if they are part of a program that includes one or more professional services (e.g. physiotherapy, nurse care, etc.).

**Q:** *Does this mean that there could be a daily visit for homemaking with a weekly visit for physiotherapy?*

**A:** Daily homemaking is appropriate in acute cases where the worker requires physiotherapy and/or nursing care as part of the program. However, in cases where the professional service is, for example, social work or speech therapy, homemaking would not be appropriate.

**Q:** *Is the \$25.86 per visit fee based on an average length of time for the visit (e.g. an hourly rate)?*

**A:** No. The WSIB will pay \$25.86 per visit, regardless of the length of time involved in the visit.

**Q:** *Under the \$25.86 per visit fee structure, is there a maximum number of visits allowed per day?*

**A:** Up to a maximum of four visits per day is considered reasonable if required to meet the needs of the worker. The WSIB relies on the CCAC to manage and organize the appropriate treatment.

**Q:** *Can the CCAC be compensated for past claims?*

**A:** If you believe that your account was not assessed and paid correctly, contact your local WSIB office for an explanation.

**Q:** *Can the CCAC bill for ancillary services, such as rental of equipment?*

**A:** No. These services are included in the \$25.86 per visit fee.

**Q:** *Will the WSIB pay the CCAC for completion of reports?*

**A:** There is no separate fee for completing reports. Payment for completion of reports is included in the \$25.86 per visit fee.

**Q:** *How does the CCAC find a worker's WSIB claim number?*

**A:** Your local WSIB office will have this information. To help expedite your inquiry, you should provide the office with as much information as possible, such as the worker's name, birth date, date of accident, Social Insurance Number, and/or the name of the worker's employer.

# BILLING INSTRUCTIONS & ILLUSTRATIONS

## Provider Payment Request Form (3947A)

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

**wsib** **Mail to:** 200 Front Street West Toronto ON M5V 3J1 **or Fax to:** 416-344-4684 OR 1-888-313-7373

### Provider Payment Request

**Important:** Do not use this form to bill for clinical reports.

Please complete in full using black ink.

<b>Worker Information</b>			<b>Claim No.</b>
Worker Surname	Given Name(s)	Initial	Worker's Impairment and/or ICD 9 Code (if available)
Address			Date of Incident (mm/dd/yy)
City	Prov.	Postal Code	Date of Birth (mm/dd/yy)
<b>Provider/Facility Name and Full Address (city, province, postal code)</b>			<b>WSIB Reference No. (For WSIB use only)</b>

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

Please complete the address above this line.

**Service/Treatment Information**

Please use a separate line for each service code. Do not include previously billed services.

1.	Service Code	Description of Service/Treatment	Fee per Service	No. of Serv./Trt.	Amount Billed
	Month	Year	1-31	20-24	25-31

2.	Service Code	Description of Service/Treatment	Fee per Service	No. of Serv./Trt.	Amount Billed
	Month	Year	1-31	20-24	25-31

3.	Service Code	Description of Service/Treatment	Fee per Service	No. of Serv./Trt.	Amount Billed
	Month	Year	1-31	20-24	25-31

4.	Service Code	Description of Service/Treatment	Fee per Service	No. of Serv./Trt.	Amount Billed
	Month	Year	1-31	20-24	25-31

**Total Billed** (1 + 2 + 3 + 4 = Total)  

**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):
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## 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](mailto: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**  
***Community Care***  
***Access Centre***