

Low Back Injuries Program of Care (LB POC)

Services	Service Code	Minimum Visits	Fees
Phase 1			
Assess and Treat Patient ▶ Weeks 1-4 – minimum 3 visits must be completed from date of first assessment/visit (includes visit for Initial Assessment) ▶ POC must be initiated within 6 weeks from date of injury ▶ Initial Assessment Report – complete and submit to WSIB within two working days	LB01	3	\$400.00
Phase 2			
▶ Weeks 5-6 – minimum 3 visits must be completed	LB02	3	\$180.00
▶ Weeks 7-8 – minimum 3 visits must be completed	LB03	3	\$150.00
Care & Outcomes Summary			
▶ To be completed whenever the patient is discharged ▶ Must be submitted within 2 days of patient discharge from Phase 1 or 2	LBCOS		\$40.00

Billing Instructions

- ▶ For LB01, LB02, LB03 bill electronically through WSIB's payment process, TELUS Health Solutions. Paper bills for these services delivered will not be paid.
- ▶ The Care and Outcomes Summary Form includes a billing information section that is to be completed for prompt payment. Payment for the Care and Outcomes Summary Form will be initiated by the WSIB once the completed form is received within the specified time limit.
- ▶ Please submit the LB POC Initial Assessment Report and the Care and Outcomes Summary Form by mail or fax only.
- ▶ The minimum number of visits must be completed prior to billing. Enter separate bills for each service code LB01, LB02, LB03 in that order. The date of service for:
 - ▶ LB01 is the date of first assessment/treatment
 - ▶ LB02 is the last date of visit in weeks 5-6
 - ▶ LB03 is the last date of visit in weeks 7-8
- ▶ Enter the service code on one line with the appropriate service date, number of visits (units) and corresponding fee.
- ▶ If HST is applicable, record it on the same bill but on a separate line using the service code ONHST.
- ▶ Payment for Phase 2 will be withheld until the Care and Outcomes Summary Form has been received.
- ▶ If the Care and Outcomes Summary Form is not received within 14 days of discharge from the LB POC or if all sections are not completed, the form fee will not be paid.
- ▶ For further information regarding electronic billing, please contact the TELUS Health Solutions Support Centre at 1-866-240-7492 or visit www.telushealth.com/wsib

Please submit completed forms by fax to:

416-344-4684 or 1-888-313-7373

Or by mail to:

200 Front Street West
Toronto, M5V 3J1