

FEE SCHEDULE

Hospital

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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

Payment for health care will be considered in those claims where the WSIB has established that the worker has entitlement under the *Workplace Safety and Insurance Act*. In cases where a decision has not been made or where entitlement has been denied, consideration will be given for payment of services that have been requested/required by the WSIB.

Hospital In-Patient

The WSIB pays standard ward accommodation. The only exception may be where the attending physician or surgeon states that for medical reasons, a semi-private or private accommodation is required. Reasons for preferred accommodations must be stated on the account at the time of submission. Where a patient requests non-standard ward accommodation, this may be provided as long as the patient is advised, in advance, that the WSIB will not cover the additional cost.

Hospital Out-Patient Emergency Care

Initial Visit

This is the first hospital emergency treatment following a work-related injury. This includes all necessary x-rays and treatments including emergency room minor surgery and fracture room use.

Follow-up Visit

This is a follow-up visit subsequent to an initial visit for procedures such as:

- suture removal
- minor dressing
- follow-up fracture care/fracture clinic
- splint removal and dispensing of slings
- injection of steroids to joint or bursa

Follow-up Visit with Specific Additional Treatment

This applies in cases where a more extensive procedure has been provided. Some examples of more extensive procedures are:

- urethral dilation
- extensive complicated dressings with or without associated suture removal
- removal or change of plaster cast
- nerve blocks as listed in the Ministry of Health and Long Term Care (MOHLTC) Schedule of Fees for Physician Services

Note:

1. A plaster cast or fibreglass cast fee may be billed in addition to an emergency room service fee.
2. Necessary CT scans or MRIs can also be billed separately from an emergency room service fee.

- lumbar puncture
- minor procedure under local anaesthetic
- review of complicated ophthalmological trauma which requires specialized attention
- burn debridement.

Day Surgery

Day surgery is considered to be an admission to hospital for out-patient operating room services and includes:

- x-rays
- dressings
- facility use

Haemodialysis

Haemodialysis is considered an out-patient service.

Imaging Studies

Imaging studies include CT scans and MRIs of the head, body, neck, and thorax.

Photocopying of Medical Records

Copies of hospital medical records should be submitted only when specifically requested by the WSIB.

X-rays

X-rays should not be billed separately when the worker is seen for the initial emergency visit. X-rays in these circumstances are considered part of the worker's initial out-patient care and are included with the Initial Visit Fee. Necessary imaging studies associated with subsequent visits can be billed separately.

Use of Hospital Facilities

Physicians who are not on staff but use hospital facilities for diagnostic procedures do not bill the WSIB directly. In these cases, the technical and professional component should be billed by the hospital and the hospital reimburses the doctor for the professional portion of the fee.

Hospitals should not bill the WSIB for the use of hospital facilities by physicians who conduct non-economic loss assessments in a hospital. These assessments do not require use of hospital diagnostic procedures and cannot be billed to the WSIB by a hospital.

Ambulance

On the date of the accident, the employer pays ambulance service from the site of accident to the hospital. Ambulance service from the injured worker's home to hospital or transfers between hospitals is paid by the WSIB only where the transportation is deemed medically necessary for the work-related injury/illness.

FEE SCHEDULE

EFFECTIVE JUNE 4, 2001

Hospital Out-Patient Services

Service Code	Description	Fee
	Emergency Room Service:	
3100	Initial Visit.	\$95.83
3120	Follow-up with Specific Additional Treatment.	\$68.67
3110	Normal Follow-up.	\$23.96
	Other Services:	
3130	Day Care Surgery.	\$332.05
MOH Fee Code	CAT Scan.	\$381.10
MOH Fee Code	Haemodialysis.	\$381.10
	Medical Records:	
3150	Photocopy of Medical Records (when requested by WSIB).	\$48.15

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

GENERAL

Hospital In-Patient

In-patient services are paid according to the Ministry of Health and Long Term Care (MOHLTC) Inter-Provincial authorized rates for Public Hospitals as these are approved by the WSIB. All necessary nursing services are included in the hospital per diem rate. Hardware/prosthetic implants required for operative procedures are also included in the per diem rate.

Hospitals may bill for a full day on the day of admittance, but not on the day of discharge.

Hospital Out-Patient

Fees listed in the WSIB Hospital Out-Patient Fee Schedule include all supplies (e.g. coban tape, tensor bandages, etc.) associated with the service and no additional charges should be billed to either the WSIB or worker.

Laboratory and x-ray services are paid by the WSIB based on the Schedule of Benefits for Physician Services under the *Health Insurance Act* (Ministry of Health and Long Term Care).

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.

fold	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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
2.	Service Code	Description of Service/Treatment																												Fee per Service	No. of Serv./Trt.	Amount Billed		
	Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
3.	Service Code	Description of Service/Treatment																												Fee per Service	No. of Serv./Trt.	Amount Billed		
	Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
4.	Service Code	Description of Service/Treatment																												Fee per Service	No. of Serv./Trt.	Amount Billed		
	Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	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):

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 Care Practitioner 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 *Hospital*