

FEE SCHEDULE

Non-Economic Loss Assessment

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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

In accordance with the *Workplace Safety and Insurance Act*, a Roster of Physicians for Non-Economic Loss (NEL) medical assessments is maintained and regularly updated by the Workplace Safety and Insurance Board (WSIB). The WSIB will request a NEL medical assessment when a worker has a permanent impairment.

Results of musculoskeletal assessments are to be recorded on the appropriate NEL medical assessment forms. The results of non-musculoskeletal assessments are to be reported in narrative form and should include all the relevant information required by the AMA Guides to the Evaluation of Permanent Impairment, Third Edition (Revised).

Provision of medical assessments within a reasonable time is extremely important to ensure prompt rating of permanent impairment and processing of NEL awards to workers. Physicians are expected to schedule assessments within three weeks of the date of request. Reports should be submitted to the WSIB Toronto Office, 5th Floor, 200 Front St. West, Toronto, Ontario, M5V 3J1, within 10 working days from date of assessment. A self-addressed envelope is provided by the WSIB to ensure that the report and billing form are not misdirected. When the medical assessment report is accepted as satisfactory for rating purposes, the WSIB will send a copy of the report to the worker and to the accident employer.

Note:

The WSIB reserves the right to remove the physician's name from the Roster where the physician is consistently unable to provide timely assessments and reports.

FEE SCHEDULE

The fees for NEL medical assessments must be billed directly to the WSIB and not through the Ministry of Health and Long Term Care (MOHLTC) or worker. An assessment fee includes time spent with the worker, reviewing documentation and preparing the report.

Fees are billed using the Non-Economic Loss (NEL) Billing form and may not exceed the maximum allowable.

A flat fee is paid for a NEL assessment of one or more impairments or body areas that takes up to one hour to complete.

A premium fee may be billed and considered by the WSIB in addition to the flat fee when a musculoskeletal or non-musculoskeletal assessment requires more than one hour to complete.

The overall fee (flat + premium) may not exceed the combined maximum allowable fee.

EFFECTIVE JUNE 4, 2001

Specialty Assessments

Service Code	Roster Name	Flat Fee
M662	Dermatology	\$214.01
M665	General Surgery	\$214.01
M673	Physical Medicine & Rehabilitation	\$214.01
M668	Neurology/Neurosurgery	\$214.01
M676	Respirology	\$214.01
M679	Allergy/Immunology	\$214.01
M667	Internal Medicine	\$214.01
M680	Chronic Pain Disability	\$214.01
M675	Psychiatry	\$214.01
M671	Ophthalmology, Vision	\$214.01
M672	Otolaryngology (E.N.T.), Hearing	\$214.01
M677	Urology	\$214.01
M661	Peripheral Vascular	\$214.01
M674	Plastic Surgery – Disfigurement	\$214.01
M681	Plastic Surgery – Complex Hands	\$214.01

Note:

These fees include the assessment and the time spent reviewing documents and report preparation.

Premium

M743	For Assessments Exceeding One Hour: add \$53.50 for every 15 minutes (or major part thereof) to a maximum of \$214.01 for 60 minutes	
Maximum Allowable Billing		\$428.02

FEE SCHEDULE CONTINUED

Musculoskeletal Assessments

Service Code	Body Area	Flat Fee
M745	Upper Extremity	\$214.01
M746	Lower Extremity	\$214.01
M747	Cervical Spine	\$214.01
M748	Dorso-Lumbar Spine and Pelvis	\$214.01

NOTE: For assessments involving more than one of the above areas, the fee is still \$214.01.

Premium

M743	For Assessments Exceeding One Hour: add \$53.50 for every 15 minutes (or major part thereof) to a maximum of \$214.01 for 60 minutes	
Maximum Allowable Billing		\$428.02

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

Non-Economic Loss Billing Form (0643)

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

		Medical Assessment Set - Non-Economic Loss Billing	
WSIB Billing No.		Claim No.	
Physician's Name & Address		Injured Worker's Last Name	First Name
		Injured Worker's Address	
Your Own Account No.	Date of Assessment d d m m y y	Date of Birth d d m m y y	Date of Accident d d m m y y
		Injured Worker's Health No.	
Time spent with injured worker		Time spent reviewing documents	
hours minutes		hours minutes	
Non-Musculoskeletal Assessment		Musculoskeletal Assessment	
Fee Code	Roster Name	Fee Code	Body Area
<input type="checkbox"/> M662	Dermatology	<input type="checkbox"/> M745	Upper Extremity
<input type="checkbox"/> M665	General Surgery	<input type="checkbox"/> M746	Lower Extremity
<input type="checkbox"/> M673	Physical Medicine & Rehabilitation	<input type="checkbox"/> M747	Cervical Spine
<input type="checkbox"/> M668	Neurology/Neurosurgery	<input type="checkbox"/> M748	Dorso-Lumbar Spine and Pelvis
<input type="checkbox"/> M676	Respirology		
<input type="checkbox"/> M679	Allergy/Immunology		
<input type="checkbox"/> M667	Internal Medicine		
<input type="checkbox"/> M680	Chronic Pain Disability		
<input type="checkbox"/> M675	Psychiatry		
<input type="checkbox"/> M671	Ophthalmology, Vision		
<input type="checkbox"/> M672	Otolaryngology (E.N.T.), Hearing		
<input type="checkbox"/> M677	Urology		
<input type="checkbox"/> M661	Peripheral Vascular		
<input type="checkbox"/> M674	Plastic Surgery - Disfigurement		
<input type="checkbox"/> M681	Plastic Surgery - Complex Hands		
Premium			
<input type="checkbox"/> M743	Assessment exceeding 1 hour (to a maximum of 60 minutes)		
	Number of minutes exceeding 1 hour: _____		
Physician's Signature _____			
0643A (06/00)		White - WSIB Copy	Canary - Physician's Copy
(Le présent formulaire est disponible en français sur demande.)			

Non-Economic Loss Billing Form (0643)

Instructions

Patient (Worker)

1. Claim No.: Worker's WSIB claim number is mandatory.
2. Name: Worker's surname and first name.
3. Worker's Address: Enter if available.
4. Date of Birth: Enter if available.
5. Date of Accident: Enter worker's reported date of accident, if available.
6. Worker's Health Insurance No.: Enter if available.

Physician

7. WSIB Billing No.: Enter the 10 digit number assigned by the WSIB which generates payments.
8. Physician's Name and Address: Please print complete name and address clearly.

Service

9. Date of Assessment: Mandatory
10. Time spent with worker: Indicate the time spent with the worker, in hours and minutes.
11. Time spent reviewing documents: Indicate the time spent, in hours and minutes.
12. Non-Musculoskeletal Assessment: Check off (✓) the Fee Code relevant to the physician's specialty.
13. Musculoskeletal Assessment: Check off (✓) the Fee Code(s) relevant to the anatomical area(s) assessed.
14. Additional Code for Musculoskeletal/Non-Musculoskeletal Assessment.
15. Physician's Signature: The physician's signature is required to process payment.

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

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
***Non-Economic Loss
Assessment***