Shoulder Program of Care  
Fee Schedule Effective October 31, 2012

<table>
<thead>
<tr>
<th>Shoulder Program of Care</th>
<th>Service Code</th>
<th>Minimum Visits</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Assess and Treat Patient</td>
<td>SH01</td>
<td>7</td>
<td>$560.00</td>
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<tr>
<td>- Weeks 1 up to 8 – minimum of 7 visits (includes Initial Assessment Report)</td>
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<tr>
<td>Care and Outcomes Summary must be completed at discharge</td>
<td>SHCOS</td>
<td></td>
<td>$40.00</td>
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Program of Care requirements

- Initial Assessment Report – complete and submit to WSIB within 2 working days from the date of initial assessment.
- Minimum number of visits (7) must be delivered.
- Complete and submit the Care and Outcomes Summary whenever the patient is discharged.
- Submit reports by fax or mail as noted below.

To qualify for payment

- For SH01, bill electronically through the WSIB’s payment processor, TELUS Health Solutions, at the end of the program or whenever the worker has been discharged from the program.
- Payment will be withheld until the Care and Outcomes Summary has been received and paid.

Billing instructions – IMPORTANT

- To successfully enter the POC bill, enter the service code on one line with the minimum number of visits (units) and corresponding fee.
- The date of service is the date of the first visit.
- Complete and submit the Care and Outcomes Summary whenever the patient is discharged. The form includes a billing information section to be completed fully for prompt payment. Please do not bill electronically for payment of forms. If the Care and Outcomes Summary has not been received and paid, payment for treatment cannot be processed.
- For further information on 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, ON M5V 3J1