

WSIB Community Mental Health Program Psychologist Fee Schedule

Initial Assessment and Assessment Form

Includes all visits required to complete initial assessment and to complete the Community Mental Health Program Assessment Form.

Service	Minimum Visits	Service Date	Fee Code	Fees
Assess worker, complete and submit assessment form to WSIB within 5 business days of last assessment visit	1	Date of last assessment visit	MHPIAF	\$1,680
Assess worker, complete and submit assessment form to WSIB after 5 business days of last assessment visit				\$1,600

Treatment

A treatment block includes 6 treatment visits delivered within up to 8 weeks.

Service	Minimum Visits	Service Date	Fee Code	Fees
Treatment Block (6 treatment visits delivered within up to 8 weeks)	Enter number of treatment visits provided in this block	Date of first treatment visit in this block	MHPBT	\$1,200

Progress Form

Reassessment and completion of a Community Mental Health Program Progress Form is required at the end of each treatment block OR when a patient is discharged from care.

Service	Minimum Visits	Service Date	Fee Code	Fees
Progress form submitted to WSIB within 5 business days of last treatment visit or at end of 8th week	N/A	Date of last treatment visit in a treatment block or end of 8th week	MHPBTF	\$100
Progress form submitted to WSIB after 5 business days of treatment visit				\$40

RTW Recommendations Form

Completion of the RTW Recommendation Form is required when the opportunity for return to work is identified. The form is used to share information with the employer to plan the workers early and safe return to work.

Additional forms can be submitted when there is a change in the person's condition that affects RTW activities and planning.

Service	Service Date	Fee Code	Fees
Assess worker's restrictions/ limitations/accommodations, complete and submit form on same day of visit	Date of Visit	MHPRTW	\$45

This fee schedule may only be used by psychologists and psychological associates registered with the WSIB Community Mental Health Network

WSIB Community Mental Health Program Requirements

- The WSIB requires pre-authorization to complete and bill for the Community Mental Health Program assessment for both pending and accepted claims.
- Treatment may only be billed for accepted claims.
- The Community Mental Health Program Assessment Form must be completed and submitted to the WSIB
 - within 5 business days of the date of the last assessment visit.
- The Community Mental Health Program Progress Form(s) must be completed and submitted to the WSIB within 5 business days from the date of the last treatment block visit (6th visit, or 8th week, whichever comes first).
- The minimum number of visits (3) per block must be delivered to bill the full treatment block fee; otherwise, the treatment block fee will be reduced by 50 per cent.
- The Community Mental Health Program RTW Recommendations Form must be completed and submitted to the WSIB on the same day as the visit.

Billing Instructions

General

- Bill electronically for treatment through the WSIB's payment processor, TELUS Health Solutions, at the completion of each treatment block.
- **Payment for treatment will be withheld until the WSIB has received the corresponding Community Mental Health Program Progress Form.**
- When billing for treatment, please enter the service code on one line with the number of visits (units) in the appropriate field and the corresponding fee.
- If HST is applicable, record it on the same bill but on a separate line using the service code "ON-HST".
- 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.

Forms

- Submission of the Community Mental Health Program Assessment Form by mail or fax will generate an automatic invoice; electronic billing is not required for this form.
- Submission of the Community Mental Health Program Progress Form by mail or fax is required at the end of each treatment block or at the time of discharge from care. Submission of this form will generate an automatic invoice for the form fee; electronic billing is not required for this form.
- Submission of the Community Mental Health RTW Recommendations Form by mail or fax will generate an automatic invoice; electronic billing is not required for this form.
- The Initial Assessment Form and Progress Form must be completed and submitted within five (5) business days of service completion. A reduction in fees will apply when forms are submitted after five business days.
- Payment for all forms will be processed upon receipt of the forms.

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