

FEE SCHEDULE

Psychology

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Psychology Services

SERVICE CODE	DESCRIPTION	FEE
P665	<p>Initial Psychological Assessment</p> <ul style="list-style-type: none"> Includes a clinical interview, brief psychometric screening (where appropriate), and a report to the WSIB. The fee is per ½ hour or major part thereof to a maximum 4 hours. <p>Note: A treatment plan outlining goals of the treatment and expected duration should be included in the initial assessment report.</p>	\$74.88
P666	<p>Psychological Services</p> <ul style="list-style-type: none"> Must be approved by the WSIB prior to start of treatment The fee is per ½ hour or major part thereof. 	\$74.88
P667	<p>Neuropsychological Assessment</p> <ul style="list-style-type: none"> Requested by the WSIB The fee is per ½ hour or major part thereof to a maximum of 12 hours <p>Notes: Payment for reports is included in the fee for psychological assessment/treatment. Therefore, a separate report fee should not be submitted to the WSIB. If you fax your report to the WSIB, do not send the original as well.</p>	\$74.88

**COMMUNITY MENTAL HEALTH PROGRAM -
PLEASE REFER TO WSIB.CA FOR DETAILS INCLUDING FEES**

Other Services

SERVICE CODE	DESCRIPTION	FEE
FAF	<p>Functional Abilities Form for Planning Early and Safe Return to Work (FAF)</p> <p>Request for the completion of the form must be initiated by either the worker or employer. Do not include clinical/diagnostic information on the form</p>	\$45.00
	<p>Telephone consultation with treating health professional:</p> <ul style="list-style-type: none"> Call must be initiated by the WSIB to treating health professional. Paid at a flat rate fee regardless of the duration of discussion. 	\$45.00

Overview of Psychological Services

INITIAL PSYCHOLOGICAL ASSESSMENT

On referral from a client's treating physician or WSIB staff, the psychologist will meet with the client for an intake assessment. This assessment can be billed to a maximum of four hours and will include a clinical interview, brief psychometric screening (where appropriate) and a report to the WSIB.

The report to the WSIB should outline the clinical history and interview information and include:

- Results of psychometric screening (where administered);
- DSM IV diagnosis;
- A treatment plan outlining the goals of treatment and expected duration of treatment;
- Relationship between the diagnosis and the treatment plan with specific behavioral objectives, as relevant to the work-related injury, to be accomplished through psychotherapy.

The WSIB must be advised in writing if the psychologist is unable to provide a diagnosis and treatment plan within the maximum four hour intake assessment, and the psychologist suggests that additional psychological testing be completed. The psychologist should not proceed until approval has been obtained as additional services may not be paid by the WSIB.

Note: No further treatment or testing will be paid before a treatment plan is approved by the WSIB.

TREATMENT APPROVAL

To ensure payment for psychological services, it is important that all psychological services are **pre-approved** by the WSIB prior to the start of treatment. Please contact the client's case manager/nurse for information on whether the proposed treatment plan is approved.

ONGOING TREATMENT

Once the WSIB approves the treatment plan, the psychologist must submit an outline of the frequency of the proposed therapy; that is, therapy on a weekly or biweekly basis, or more frequently, if necessary. The psychologist must also submit progress reports at least every four sessions, or once every eight weeks, to the WSIB.

A discharge summary report must be submitted to both the referring physician and WSIB when treatment is completed. The report should include an outline of the client's response to treatment and whether treatment is complete. Any additional treatment must be pre-authorized by the WSIB.

NEUROPSYCHOLOGICAL ASSESSMENT

This type of assessment is requested to identify neuropsychological dysfunction in cases where there has been a work-related injury/illness to the central nervous system. This referral will be initiated by the WSIB who will provide a detailed background of the client's clinical history. A standardized format for reporting neuropsychological assessments has been agreed upon by the WSIB and the Ontario Psychological Association and is described below.

To ensure payment for your services, it is important that all neuropsychological examinations are **pre-approved** by the WSIB.

Neuropsychological Assessment Reports

Neuropsychological assessment reports written for the WSIB should document the presence or absence of cerebral dysfunction and client's residual cognitive strengths and weaknesses. The neuropsychological assessment report should, at minimum, address the following issues:

- Reason for evaluation and relevant history.
- The presence or absence of cerebral dysfunction.
- If cerebral dysfunction is present, the putative cause of such dysfunction and the brain structures maximally affected.
- The severity of the client's impairments.
- The client's strengths and weaknesses. It is expected that the neuropsychological assessment would, at a minimum, encompass:
 - Sensory abilities
 - Motor skills
 - Psychomotor speed
 - Attention and concentration
 - Language
 - Visuospatial/constructional skills
 - Intellectual ability
 - Memory and learning
 - Higher level cognitive functioning (such as abstract reasoning, problem solving, or executive functioning)
- If possible, the relationship between the client's deficits and the precipitating condition.
- The likelihood of further spontaneous recovery.
- The influence of factors likely to reduce the validity of the assessment. These include, but are not limited to:
 - Age
 - Education
 - Language
 - Sex
 - Cultural background
 - Motivation
 - Sensory-motor impairments
 - Personality/emotional status
- The patient's awareness of - and ability - to compensate for his/her deficits.
- The need for further assessment, such as vocational or personality evaluation.
- The need for neuropsychological reassessment and the recommended time for such reassessment.
- The effects of the patient's deficits and strengths on his/her ability to work. To the extent possible, describe the type of activities the client can or cannot carry out. If possible, indicate the kinds of assistive devices which could help the client compensate for his/her deficits.
- The need for further rehabilitation, counseling, remediation, or psychotherapy.
- The client's suitability for retraining, if it is felt that the client is limited by his/her neuropsychological deficits from returning to the type of employment held premorbidly.
- The need for supervision in the workplace and appropriate level of such supervision.
- The effects of other conditions, pre-existent or subsequent, on the client's ability to utilize preserved areas of functioning.

Billing the WSIB

For more information about the WSIB, please visit the WSIB's website (wsib.ca) and refer to the Health Care Practitioners page, which includes billing information for health professionals.

The WSIB encourages you to bill electronically for services. The advantages of electronic billing are:

- Easier submission of invoices
- Faster receipt of payments

For information on electronic billing, please contact Telus at 1-866-240-7492, via e-mail at provider.mgmt@telus.com or visit their website at telushealth.com.

Health Care Payment Inquiries

For questions regarding accounts and/or remittance statements please call 1-800-387-0750.

Health Professional Access Line

Call the Health Professional Access Line at 416-344-4526 or toll free at 1-800-569-7919 if you have questions related to:

- Registration and changes to your mailing information
- Billing the WSIB (e.g. appropriate forms, Provider ID)
- Health care programs
- The name/number of the worker's Case Manager/Nurse Consultant
- Ordering supplies (e.g. forms).

Visit the WSIB website for more information at wsib.ca.