

FEE SCHEDULE

Speech-Language Pathology

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SCHEDULE OF FEES

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Speech-Language Pathology Services

| SERVICE CODE | DESCRIPTION | FEE |
|--------------|--|---------|
| 5150 | Speech-Language Pathology Visit (Visit and payment is not time based. However, a visit is generally one hour in duration.) Note: Payment for reports is included in the fee for speech-language pathology services. Therefore, a separate report fee should not be submitted to the WSIB. | \$90.29 |

PROGRAMS OF CARE - PLEASE REFER TO WSIB.CA FOR DETAILS INCLUDING FEES

Other Services

| SERVICE CODE | DESCRIPTION | FEE |
|--------------|--|---------|
| FAF | Functional Abilities Form for Planning Early and Safe Return to Work (FAF) 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. | \$45.00 |
| | Telephone consultation with treating health professional • 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 Speech-Language Pathology Services

Payment for speech-language pathology services will be considered when it is recommended by the worker's primary health professional.

TREATMENT GUIDELINES

Speech-language pathology services must be provided by a Speech-Language Pathologist who is registered with the College of Audiologists and Speech-Language Pathologists of Ontario.

Entitlement to speech-language pathology services is handled on a claim-by-claim basis and the length of treatment must be pre-authorized by the WSIB.

To assist the WSIB in determining the allowable length of treatment, the Speech-Language Pathologist should submit a written treatment plan/report that outlines the expected duration and outcomes. Ensure that the worker's name and claim number are clearly written on the report.

Requests for extension of treatment should be submitted in writing before the end of the initial treatment period to ensure there is no interruption in treatment. The treatment plan/report should provide details on expected duration, outcomes and progress to date.

Note: If there is evidence that the worker is not improving, the WSIB may not pay for continuing treatment.

You may not bill more than one treatment visit per patient per day. Exception for a second same-day treatment will be considered on an individual claim basis.

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.