

WCB/DNS New Contract Webinar – June 24, 2015 Questions & Answers

Below are the questions and answers raised at the June 24, 2015 DNS/WCB Medical Services Webinar. For more information on the contract and WCB practices please see the WCB [Physicians Reference Guide](#) at www.wcb.ns.ca/physicians.

Return to Work:

- 1. Are there standard transitional duties for injuries and if so, are they available on the website so we can inform patients?**

Many large employers have pre-defined transitional duties established that are specific to their workplace. In other cases the WCB case worker works directly with the employer and other allied health care providers (PT, Chiro, OT) to establish safe transitional work assignments.

In every case, the assignment is based on the specific worker's functional abilities.

- 2. How should we respond when patients tell us their employer does not offer transitional duties?**

You can support your patient by saying: "Staying at work in your normal routine is good for you. The WCB case worker will work directly with your employer and your physiotherapist or other health care provider to see if they can find a work assignment that is safe for you".

Billing:

- 3. Does the WCB billing system apply to doctors who work in the hospital who are paid for the number of hours they put in regardless of who they see (APP)?**

If a physician in a hospital has attended to an injured worker, a Physician Report Form 8/10 should be completed fully and legibly and faxed to the WCBNS (902) 491-8001. The WCB 26 (Physician Report Form 8/10) plus the WCB 28 (visit) may then be billed through MSI with WCB payment responsibility (this is a real bill, not a shadow bill).

- 4. How is an ER rather than an office visit billed?**

An ER visit is billed the same way the office visit is billed – the WCB 26 (report) and the WCB 28 (visit) through MSI with WCB payment responsibility.

- 5. Can we still use 03.04 with WCB as payment responsibility if the patient has not been seen in the previous 30 days and utilize the EC only in instances that the patient was if seen in previous 30 days?**

Please use the interim solution in every instance:

There is a billing restriction with 03.04 that we are working to resolve. In the interim please bill Health Service Code EC (Exceptional Circumstances) plus WCB26 for the visit and report. When billing EC, please request 24 units and ensure that an annotation “Interim code for Comprehensive WCB visits” is made in the “text”

6. At a visit where a workplace injury is discussed along with other unrelated conditions, what fee codes should be billed? Do you bill MSI + WCB codes?

Services for unrelated conditions must be booked as a separate appointment and billed to MSI accordingly. These separate appointments can occur on the same day.

7. How do you bill for injuries that occurred out of province, but are under MSI?

If the worker has a Nova Scotia Health Card number, bill through the usual process (using MSI system with WCB as the payment responsibility).

If the worker does not have a Nova Scotia Health Card number and the claim is a Nova Scotia WCB claim, please bill the WCBNS directly. Fax your invoice to (902) 491-8001 or toll free 1-855-723-3975.

8. How does a contract doctor bill for these services?

All physicians must have MSI billing arrangements in place to bill for WCB related services. See Question #3 above. Also see Section 4.3 and 4.6 in the [Physicians Reference Guide](#) for more details.

9. Is there ever a time when WCB 26 is billed alone?

No. The Physician Report Form 8/10 (WCB 26) accompanies an office visit (WCB 28).

Communication & Reporting:

10. Can we be notified by fax when a new WCB case has been approved so that in the next patient visit we know what to do and who to bill?

Currently we are unable to cost effectively provide this type of timely communication. However, over the coming years we are modernizing our systems which should enable improved timely and proactive communication.

In the interim, if you have questions about a specific claim status, please call our Integrated Service Center for this information at 902-491-8999 or toll-free at 1-800-870-3331.

11. Can a physician be notified directly if their patients' claims are closed or if their status has changed to Long Term?

Physicians will be notified by letter when a worker transfers from 'Active' to 'Long Term' status. The letter includes the visit, reporting and billing expectations for a Long Term WCB client.

Currently we are unable to cost effectively provide this type of communication for closed claims; however, over the coming years we are modernizing our systems which should enable improved timely and proactive communication.

In the interim, if you have questions about a specific claim status, please call our Integrated Service Center for this information at 902-491-8999 or toll-free at 1-800-870-3331. We will monitor billing on closed claims and notify physicians accordingly.

12. Do forms have to be faxed or is there a way to email or send directly from the EMR?

Currently we do not have secure electronic communication capability via email or EMR. To protect patient privacy, all forms and any other communication must be faxed to (902) 491-8001 or toll free 1-855-723-3975.

13. Does a Physician Report Form 8/10 need to be filled out at follow up visits or will the physician only complete one for the initial visit or if there are changes?

While we are managing return to work for your patient (ie: Active claim status), all visits must be reported to us on the Physician Report Form 8/10 as this is the primary communication vehicle between you and the WCB case worker.

If the worker transfers to Long Term Benefits status, the WCB does not require ongoing visits and only needs a report if the worker's condition or treatment has changed. See Section 4.3.2 of the [Physicians Reference Guide](#) for more details.

14. Is there another fax number besides (902) 491-8001 There have been a few occasions where we received a 2nd request for reports that had been previously sent.

We apologize for any duplicate requests you may have received. In our experience, a small percentage of faxes are not successfully transmitted, even though transmission reports indicate they were sent successfully.

15. I'm not clear on the return to work report.

This report is the Physician Report Form 8/10 and should be completed fully and legibly by you – the treating physician - and faxed to the WCB at (902) 491-8001 or toll free at 1-855-723-3975 any time you see a patient with an active/new work-related injury. This is the primary communication channel between you and the WCB case worker.

This report may be used to open a new WCB claim for benefits if it is the first correspondence we receive on the claim. More importantly, it helps the WCB case worker coordinate necessary benefits and services and supports collaboration with the employer to help the injured worker stay at/return to work in a safe and timely manner.

Your expertise is valued - in the assessment and evaluation of the injury, and your treatment plan. It is important to communicate non work-related factors that may influence the worker's recovery and return to work. Tell us what you are thinking, and if you think further testing or specialist referrals may be required. Attach an additional page if necessary!

16. What should we do in the case of a minor workplace injury that was not reported to the employer, and the employee does not want the physician to contact WCB?

The worker is required to report the injury to the employer. This insurance is for the worker's protection.

By law, the Physician has an obligation to provide WCB requested medical information (Section 109 of the WC Act) and as well, cannot bill anywhere except the WCB (Accident Fund) for services in relation to a covered work injury (Section 108).

Physicians could indicate to their patients “Both you and I have a legal responsibility to report work-related injuries. You have a responsibility to report to your employer and I am required to report to the WCB. If you do not report to your employer, the WCB will contact them directly. WCB is for your protection now and in the future should something become more complex”.

17. When seeing LTB (Long Term Benefits) workers, is a copy of the Physician Report form necessary to be faxed in?

In the case of LTB workers, the Physician Report Form 8/10 is only needed if there is a change in the worker's treatment or condition. See Section 4.3.2 of the [Physicians Reference Guide](#) for the definition of 'change'.

18. How do patients know if they are eligible for WCB or not?

Eligibility exists at several levels:

- If the employer has WCB coverage, the worker is covered. Most workers know if they are covered by way of communication from their employer. If the worker is unsure they should ask.

- When a claim is registered with the WCB, the worker and employer are notified by letter. The WCB makes the initial entitlement decision to accept/deny the claim; the injury/illness must be determined to be out of and in the course of employment.
- If accepted, ongoing entitlement for benefits and services is continually evaluated throughout the case. The worker and employer are notified by letter or phone of each decision along the way.
- The worker and employer are notified by letter when the claim is closed or transferred to Long Term Benefits.

See Section 5.4 of the [Physicians Reference Guide](#) for more information on the claims process.

19. Why do you not have a secure site for looking up a worker's claim number?

At this time we are working on a number of initiatives aimed at modernizing and improving external connectivity while maintaining worker privacy as a priority.

In the interim, please call our Integrated Service Center for this look-up service at 902-491-8999 or toll-free at 1-800-870-3331.

Specialists Consults:

20. Are there any changes in the contract or information on the CSSP for surgeons?

There are no changes in the contract for surgeons.

All injured worker referrals for non-emergency surgical services must be faxed to WCB using the [CSSP Referral Form](#). Surgeons interested in getting involved in the program should contact the CSSP Office at: 902 679 2657 ext 3716.

Emergent/urgent cases should follow standard protocol and should not be referred to CSSP.

21. Are all specialist consultations available to GP's as collaborator – e.g. pain clinic, ortho, etc?

For all injured worker referrals for non-emergency surgical services (ortho, general or otherwise) please complete and fax the [CSSP Referral Form](#) to the WCB.

To discuss the need for other types of specialist consultations, please contact the WCB case worker assigned to the case via either fax 902-491-8001 or toll free fax 1-855-723-3975 or by calling 902-491-8999 or toll-free 1-800-870-3331. You will need the patient name, health care number and if available, the WCB claim number. Fax tends to allow us to avoid 'telephone tag' but if discussion is needed, please call.

We can facilitate expedited access to a number of specialists.

22. Does every surgical problem need to be referred to Centralized Surgical Services Program– even it is something that could be handled quickly locally?

Urgent and emergent cases follow standard protocol.

For **all** injured worker referrals for non-emergency surgical services (ortho, general or otherwise) please complete and fax the CSSP Referral Form to the WCB.

23. Is the WCB surgical form always required when referring to specialists and or for expedited services for example, MRI?

The CSSP (Centralized Surgical Services Program) [referral form](#) is to be used for all WCB related surgical consults (non urgent/non emergent).

WCB has the ability to facilitate expedited MRI services via Healthview. Should you wish to access this service, you may complete the Healthview MRI requisition form and fax to the WCB case worker noting your request. The Case Worker will review for approval and if approved, action the referral.

If other expedited services are necessary, please contact the WCB case worker for your patient's claim and the case worker will arrange the necessary service for you.

24. On the CSSP Referral form, can you tick off the 'redirect the referral to the following surgeon'?

That field was provided in the event that the worker did not qualify for CSSP. However, our experience indicates most workers do in fact qualify. Therefore, that field will be removed in the next form update.

Please complete and fax the CSSP Referral Form to the WCB for **all** injured worker referrals for non-urgent/non-emergent surgical services (ortho, general or otherwise).

Prescription Medications:

25. How will the pharmacist know which medication is related to the worker's claim?

The injured worker provides their WCB claim number to the pharmacist. The WCB has established an electronic formulary of medications available to the worker based on the type of injury and various other rules. The pharmacist accesses the WCB Pharmacy Benefits Management System (PayDirect) to determine if the medication is covered for the compensable injury.

26. In the past patients on EBU (Long Term Benefits) have been told that if their medication needs do not increase with time, they will not get an increase in their payments. Patients have been told this by case workers and I have been told directly by the WCB doctor that this is true. Therefore, when I am trying to reduce the patient's narcotic dose, as I feel that their needs are less, they are being encouraged to increase their narcotic dose, leading to a direct conflict in interest when the patient presents to my office. Is this going to be changed with the new model?

There are two types of financial benefits: (a) impairment which is related to the worker's assessed permanent medical impairment and (b) earnings loss which is related to the worker's ability to work. Impairment does not mean the worker is disabled as many people are able to work with an impairment. In total the financial benefits cannot exceed 85% of the net pre-injury earnings.

Neither benefit is directly determined based on medication levels, however, medication and other medical management may be considered.

The WCB is fully committed to reducing the utilization of narcotics in NS and we encourage you to call the assigned WCB Medical Advisor to discuss how we can work together to achieve that goal on any of your WCB cases at 902-491-8999 or toll-free 1-800-870-3331.

Enhanced Physician Services (EPS):

27. What is an EPS physician?

The EPS includes physicians from various geographic locations throughout Nova Scotia who have additional training, interest in occupational medicine and time to assist injured workers with a safe and timely return to work. EPS physicians typically deal with the most complex cases and may be engaged under the following circumstances:

- The treating physician does not wish to treat workers' compensation cases needing RTW services;
- The treating physician wants to refer a specific complex case to EPS for RTW services;
- The injured worker does not have a physician and is in need of RTW services;
- The WCB has concerns with the progress of the case and decides to refer it to EPS for RTW services;
- The WCB decides to refer the worker to EPS for an assessment and treatment advice.

See Section 9.3 of the [Physicians Reference Guide](#) for more information.

28. As an EPS and family physician, do I bill all WCB patients (my own patients and those referred) as WCB 12 or should I be billing only my more complex WCB patients and those referred using WCB 12 and simple patient claims (my own) using 03.03 + WCB 26?

The WCB12 is to be used for patients referred to you as an EPS physician.

29. As an EPS physician, is there a billing code I can use to review initial information faxed by a case worker regarding accepting their referral (e.g. sometimes there are 10+ pages to review?)

Generally EPS physicians are expected to accept referrals as that is why these services have been established. The review of the initial information would be considered part of the initial assessment.

30. Does the GP refer a worker to one of the EPS physicians or does the case worker have to make the referral? Is there a list of these EPS doctors?

Physicians can refer workers to an EPS Physician by making a request on a Form 8/10, or by contacting the WCB case worker.

The case worker may initiate a referral when they believe the additional assessment completed through the EPS will be beneficial for the injured worker. The case worker discusses the benefits of the EPS referral with the family/treating physician. A case worker may also initiate a referral when the worker has no family physician.

The list of physicians participating in the EPS may be obtained from the WCB website [Service Provider Directory](#).

For more information on EPS see Section 9.3 of the [Physicians Reference Guide](#).

Other:

31. How exactly do we get M1?

If you participated in the live webinar and completed & returned the evaluation you will receive a certificate from the WCB in the mail. You can then claim the credits through College of Family Physicians of Canada. <http://www.cfpc.ca/>

32. We have Nightingale and have access to only a certain number of characters on our Form 8/10. How do you add characters if needed?

Please contact Nightingale regarding possible solutions within the EMR product.

WCB can accept a second page, your progress notes as well as any other parts of the chart that you feel would be helpful with your Form 8/10 if that is the only alternative.

In the future, the WCB intends to work on enhancements to the WCB Form 8/10 and will engage the ERM providers at that time to assure the system is meeting your needs and ours.