

Physicians WCB Reference Guide

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1.0 Purpose of this Guide

The primary purpose of this guide is to provide physicians with a comprehensive repository of information related to the Workers' Compensation system including:

- Relevant details of the DNS/WCB contract effective June 15, 2015.
- An overview of the WCB; how it is governed; how it is funded; and some of the key challenges.
- The WCB Return to Work (RTW) approach and practices.
- WCB Health Care Programs and Services.

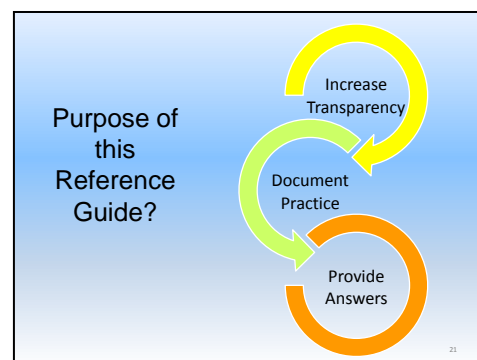


Figure 1: Purpose of this Reference Guide

The guide contains a wealth of information and will continue to evolve to meet physicians' needs.

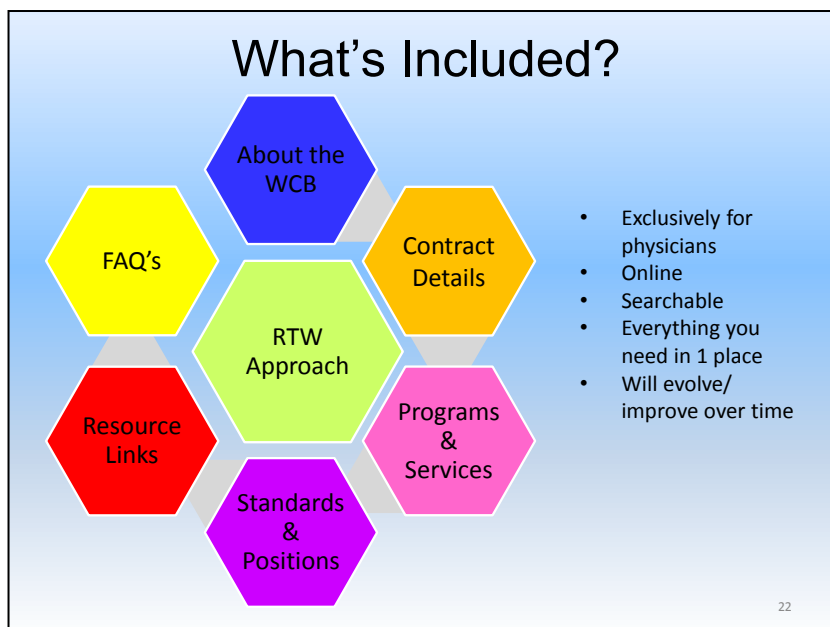


Figure 2: What's Included in this Guide

2.0 Contacting the WCB

Mailing Address:
Workers' Compensation Board of Nova Scotia
PO Box 1150
Halifax, NS B3J 2Y2

All claim related reports/correspondence is faxed to:
Halifax fax number: 902-491-8001
Toll-free: 1-855-723-3975 (1-855-SAFEWORK)
Must include the workers claim number if available.

WCB Case Worker or Medical Advisor
Halifax: 902-491-8999
Toll-free: 1-800-870-3331
The workers claim number is required if available.

Chief Medical Officer
Dr. Manoj Vohra
Manoj.vohra@wcb.ns.ca
Halifax: 902-491-8341

Billing, Reporting & Contract Matters:
Cheryl Gillette, Coordinator Service Provider Relationships
cheryl.gillette@wcb.ns.ca
Halifax: 902-491-8356
Toll-free: 1-800-870-3331
Fax: 902-491-8232

PLEASE NOTE: Personal information belonging to injured workers, including but not limited to any health-related reports/details or injury information, must not be provided to WCB via unsecure email.

3.0 Frequently Asked Questions

The New Contract :

1. Is there any change in what I bill for my services under the new 2015 contract?

Yes, the following changes apply:

- The biggest change in billing is the unbundling of the Physician Visit and Report Form 8/10 (WCB11). The Physician is now required to bill for a comprehensive office visit (WCB 28) and bill separately for the Physician Report Form 8/10 (WCB 26). The WCB is aiming to align the office visit with MSI.
- New fees for copying a patient's chart are based on the size of the chart. Specifically billing code WCB17:

\$25	10 pages or less
\$50	11-25 pages
\$100	26-50 pages
\$150	over 50 pages

2. When is the new contract and fees effective?

June 15, 2015.

3. Will we continue to use the old Physician Report Form 8/10?

Yes

4. Where can I locate a copy of the full WCB/DNS contract?

The full contract is located in the secured [member section of the DNS Website](#).

Visits & Reports:

5. Where do I get more copies of the Physician Report Form 8/10?

If you require copies, you may download them from the WCB website – www.wcb.ns.ca under Service Providers | [Forms & Resources](#) | [Physicians Report](#). If you do not have access to the online Forms, please contact 1-800-870-3331.

6. Does the physician have a legal obligation under the Workers' Compensation Act to report workplace injuries via the Form 8/10?

Yes as outlined below:

The worker has an obligation to report a work injury where eligible to claim for compensation, to provide medical to the WCB and to cooperate in providing information (section 82 and section 84(1c) of the *Act*.

The Physician has an obligation to provide WCB requested medical (section 109) and as well, cannot bill anywhere except the WCB (accident fund) for services in relation to a covered work injury (section 108).

7. The injured worker is in active Return to Work intervention. What is the WCB requirement for visits and reports?

WCB encourages the Physician to follow the Worker as frequently as needed to ensure the earliest possible return to work, including Transitional Work. The typical pattern is bi-weekly. Billing code WCB 28 (office visit) and WCB 26 (Report 8/10).

For straight forward strain/sprain injuries referred to Tier 1 services (functional restoration), follow-up may not be required if recovery is progressing normally. Tier 1 providers copy the physician on the worker's progress routinely.

Reporting occurs within 5 days of each visit using the report Form 8/10 and it must be legible, complete and high quality or the report fee may be reversed. Billing code WCB26.

8. The injured worker has returned to work and the work injury has resolved. Does the WCB require follow-up visits or reports?

Once the worker has returned to work and the work injury has stabilized/resolved the WCB does not require any further office visits/reports from physicians.

9. I have been notified by WCB that my patient file has now been transferred to Long Term Benefits. Does the WCB require routine visits and do I need to send in a Physician's Report Form 8/10?

The accepted pattern for LTB worker visits is "as required". Generally no more than monthly for follow-up of the original compensable injury only. LTB visits are billed as 03.03 or 03.03A.

You should only send in the Physician's Report Form 8/10 for a worker receiving a Long Term Benefit when there is a change in the worker's diagnosis or treatment (WCB26).

"Change" includes:

- A change in diagnosis or symptoms.
- Flare-ups.
- Changes in treatment which may include but are not limited to physiotherapy treatment, chiropractic treatment.
- The necessity to provide assistive devices or personal care allowance.
- Specialist referrals and diagnostic testing.

Reporting is not required for changes in medications as the WCB is alerted of those through the PayDirect system.

Reports, when required, are due within five (5) days of the visit and must be legible, complete and high quality or the report fee may be reversed.

10. Is patient consent required before a physician provides patient information (reports or chart notes) to the WCB?

Physicians are required to provide the WCB with necessary patient information to determine entitlement to benefits and services under S. 109 of the *Act*. Patient consent is provided through the application for workers compensation benefits/services.

Legislative authority is provided by:

- The Worker provides express permission for any Physician involved in the claim to provide any information to the WCB that is related to the compensable condition in completing a request to file a WCB claim by completing an Injury Report Form 6/7.
- Section 109(1) (a) of the *Workers' Compensation Act* provides the WCB with express authorization to request any information from members of the medical community, necessary for the claiming of compensation under the *Act*.
- Section 24(1) of FOIPOP allows public bodies including the WCB to collect information necessary for an operating program or activity of the public body.

11. I am not interested in completing the WCB reporting requirements. Can I be paid at the office visit rate and not complete the Physician Report Form 8/10?

No. Even though the new contract between the WCB and Doctors NS has unbundled the office visit and the Report Form 8/10, complete, accurate and legible form completion is critical to support the safe and timely return-to-work for injured workers.

12. Can I opt out of seeing injured workers completely?

Yes, please post notice in your patient waiting room that you do not treat WCB injuries/illnesses. If the patient requires assistance in seeing another physician, they should contact their case worker.

Fees & Billing:

13. Where can I find the current [WCB fee schedule](#)?

The master copy of the WCB fee schedule is located here: [member section of the DNS Website](#).

14. How will I know if you are refusing to pay me for a service visit? How can I appeal your decision to not pay me?

You will be notified by MSI via your bi-weekly billing statement of any WCB payment reversals. If you have questions as to why the visit fee was reversed, please contact 902-491-8256. Unresolved disputes may be directed to the Joint Governance Committee.

15. I have been notified by MSI of a billing audit by WCB and have noticed reversals of previously paid WCB billings. Now I need to rebill MSI but am over the 90 day MSI billing rule. How can I now rebill MSI?

Because these reversals/deletions are as the result of an audit, the physician's office will typically resubmit the claims to MSI and indicate in the text field on each claim that the submission to MSI is as a result of WCB audit. These claims with text are sent to the manual queue for review and adjudication.

16. If I want to speak with a case worker or medical advisor (or if they want to speak to me), will I be compensated for my time?

Yes. You may submit your billing to MSI as a WCB15 (with WCB payment responsibility). You will be remunerated for your time in increments of 15 minutes.

17. As the patient's GP, can I contact other members of the Return to Work team or EPS regarding their case and bill the WCB for my time?

The WCB case worker or medical advisor must be in attendance unless otherwise agreed with the case worker or medical advisor, in which case the case conference is only billable if you submit a short summary of the purpose and outcome of the case conference to the WCB. In this instance, bill your time using WCB15 in 15 minute increments.

18. I was unable to submit the form within the 5 day limit as I was ill/away, etc. I have now submitted the completed form. Will I still get paid?

Contact the case worker who is managing the injured worker's claim and explain the situation. The contract specifies that the form is to be submitted within 5 business days of the assessment. There is a provision for an adjustment to the timeframe if mutually agreed to by the physician and the WCB.

19. 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).

20. 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 8/10) and the WCB 28 (office visit) through MSI with WCB payment responsibility.

22. 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.

23. 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.

24. 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.

25. 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).

Return to Work:

26. 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.

27. 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".

Communication & Reporting:

28. 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.

29. 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.

30. 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.

31. 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.

32. 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.

33. 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!

34. 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".

35. 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'.

36. 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.

37. 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.

Contacting the WCB

38. How do I reach the case worker on the case – I am unsure who it is?

Call 1-800-870-3331 and ask to speak with the case worker assigned to the case. Please have the claim number, if available, or other information (date of birth, health card number) to identify the worker/patient.

39. I understand that the WCB has Medical Advisors. Am I able to speak to them?

Yes. Call 1-800-870-3331 and ask to speak with the medical advisor assigned to the claim. Please have the claim number, if available, or other information (date of birth, health card number) to identify the worker/patient.

Services, Referrals & Programs

40. If I need to refer my patient for medical testing, does the WCB expedite any services?

Yes, the WCB can expedite diagnostic imaging services, surgeries, physical medicine, psychiatric and anesthesia services as well as enhanced physician services. See [Section 9.6](#) for details on how a physician can refer for WCB expedited services.

41. I don't feel I have the expertise or the interest to deal with an injured worker's situation. What can I do?

You can refer your WCB patients to the Enhanced Physician Service. The referral process is noted in Section 19. Physicians participating in the Enhanced Physician Service have additional training and interest in occupational medicine to assist workers with a safe and timely return-to-work.

The list of physicians participating in the EPS is available on WCB website – www.wcb.ns.ca under [Service Providers, Forms and Resources, Service Provider Directory](#).

Specialists Consults:

42. Am I required to refer patients to CSSP?

Yes. The Centralized Surgical Services Program (CSSP) will provide more timely access to non-emergency surgical services for injured workers. It will mean your qualifying patients who have been injured at work, and who may require non-emergency surgical services, will be able to receive the care they need and return to their normal activities and work sooner.

Note: Do not send an additional/duplicate referral to a public system surgeon.

Emergency cases should follow standard public system protocol.

43. 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 Manager, CSSP Office at: 902 473-5966. Emergent/urgent cases (within a week) should follow standard protocol and should not be referred to CSSP.

44. 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 card 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.

45. 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, plastics, general or otherwise) please complete and fax the [CSSP Referral Form](#) to the WCB.

46. 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.

Prescription Medications:

47. 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.

Refer to the [Prescription Medication Program/Formularies](#) section of this document for additional details on WCB's drug coverage program.

48. In the past, patients in 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):

49. 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.

50. How can I participate in the EPS?

The Enhanced Physician Service is recommended for physicians with a special interest in occupational medicine. Physicians selected to participate in the EPS may receive additional training in occupational medicine to assist injured workers in returning to work in a safe and timely fashion.

Any interested physicians can submit a curriculum vitae and letter of interest addressed to Cheryl Gillette, WCB by email cheryl.gillette@wcb.gov.ns.ca or paper mail:

Workers' Compensation Board of Nova Scotia
 Attn: Cheryl Gillette
 PO Box 1150
 Halifax, NS B3J 2Y2

51. 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.

52. 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.

53. 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:

54. 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.

4.0 Doctors NS/WCB Contract

4.1. Principles and Commitment

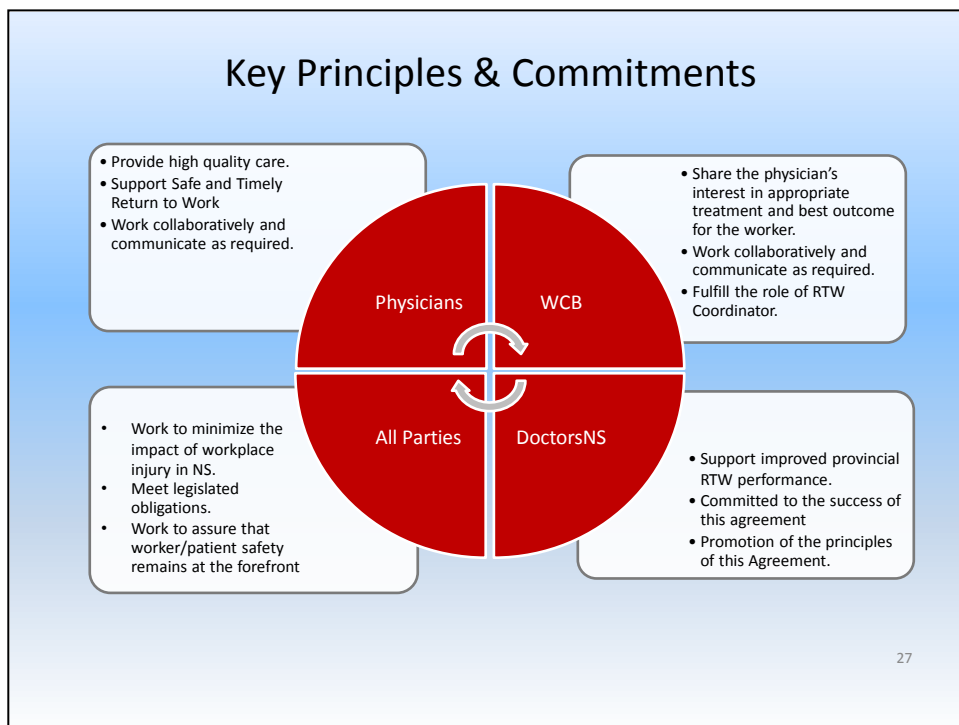


Figure 3: Key Principles

The full contract is located in the secured [member section of the DNS Website](#). DNS user id and password required.

The principles and commitments outlined below serve as the foundation of the agreement between DNS and WCB established in early 2015.

Mutual Commitments

Minimize the Human Toll - Work is healthy and it matters

- We will strive to prevent prolonged absence from one's normal roles, including absence from the workplace which research shows is detrimental to a person's mental, physical and social well-being.
- We will work collaboratively toward a common goal of safe and timely Return to Work where:

- Safe is - the workers job assignment matches the workers current functional abilities; and
- Timely is - the earliest possible time the employer is able to accommodate,
- We will support safe transitional work assignments.

Minimize the Financial & Economic Toll

We understand and accept that 100% of all costs related to workplace injury/illness and all associated health care is paid for by the employers of NS through WCB insurance premiums. In addition to premiums other costs include:

- For workers: lost wages, benefits, participation in pension plans including CPP and future earnings potential;
- For employers: cost of employee backfill, replacement and retraining; lost productivity; downside pressure on competitive advantage; and
- For NS: high premiums and a generally unhealthy workforce causes employers to leave NS and discourages new employers from coming.

Consequently we will work collaboratively to assure that health decisions and treatments consider:

- Canadian Medical Association Policy, [The Treating Physician's Role in Helping Patients Return to Work After an Illness or Injury](#).
- American College of Occupational and Environmental Medical (ACOEM) guidelines. <http://www.acoem.org/PracticeGuidelines.aspx> (This is a subscription service). Copies of specific information can be furnished upon request.
- WCB's position statements many of which are rooted in clinical research.
- The Medical Disability Advisor recommendations.
- The requirement for prompt access to necessary services and treatments.

Relevant Workers' Compensation NS Legislated Obligations

We recognize and understand there are many players in the workplace injury insurance system each with a collection of legal requirements including but not limited to:

The physician is required to:

- Report all work related injuries and illness to the WCB via the completion of the WCB Physician Report 8/10.
- Charge the fees allowed in the schedule and only bill where services are rendered.
- Provide the WCB any information requested regarding a worker claiming compensation that is deemed relevant by the WCB, in a timely manner.
- Adhere to privacy obligations and legislation.

The WCB is mandatorily required to adhere to all legislation, regulation and policies as the NS public workplace insurance provider including but not limited to:

- Furnish and pay for benefits and services required as a result of the workplace injury/illness.
- Cover the cost of services determined to be necessary and expedient as a result of the work related injury.
- Ensure that the products or devices that satisfy the worker's needs are chosen in the most cost-effective manner including prescription medication.

The worker/patient has a legislated requirement to:

- Promptly report all workplace injuries or illnesses to their employer.
- Demonstrate that work for an employer covered under the scope of the *Act* caused or contributed to the injury (in order for a WCB claim to be approved for benefits and services).
- Cooperate in their treatment and care. Specifically, under Section 84 of the *Act* the worker is legally required to:
 - (a) Take all reasonable steps to reduce or eliminate any permanent impairment and loss of earnings resulting from an injury;
 - (b) Seek out and co-operate in any medical aid or treatment that, in the opinion of the WCB, promotes the worker's recovery;
 - (c) Take all reasonable steps to provide to the WCB full and accurate information on any matter relevant to a claim for compensation; and
 - (d) Notify the WCB immediately of any change in circumstances that affects or may affect the worker's initial or continuing entitlement to compensation.

The WCB may suspend, reduce or terminate any compensation otherwise payable to a worker pursuant to this Part where the worker fails to comply with the requirement above.

To notify the WCB immediately of any change in circumstances that may affect entitlement to compensation and to communicate and collaborate with the Return to Work team including health care professionals.

The employer has a legislated requirement to:

- Report to the WCB, within 5 business days, all work related injuries or illnesses resulting in time loss or the need for health care including a detailed description of what happened.
- Offer to re-employ or accommodate an injured worker where the worker has been employed for at least 12 months (excluding construction) to the point of undue hardship (Generally applies to employers who employ 20 or more workers).
- Not prevent a worker from making a claim, encourage the worker to not make a claim or penalize a worker for doing so;
- Contribute to the provincial accident fund for workers' compensation costs and not seek any contribution towards those costs from a worker

- To communicate and collaborate with the Return to Work team including health care professionals.

Opioid Management

We will work cooperatively and collaboratively to assure that worker/patient safety remains at the forefront when prescribing/approving opioids and that we consider less risky treatment alternatives guided by the Nova Scotia College Physicians & Surgeons “Right Tool for the Job”, applicable policies and Canadian National Standards.

Doctors NS Commitments

- Doctors NS and its members recognize the WCB must adhere to the requirements and principles contained in the Workers’ Compensation Act in the management of all claims for compensation.
- Doctors NS recognizes that poor Return to Work performance, high rates of absence from work, high rates of disability and high use of opioids in NS are costly from both a financial and a human perspective for patients and also for employers and for the healthcare system. Doctors NS therefore supports improved provincial performance.
- Doctors NS is committed to the success of this agreement and will work with the WCB through the Joint Governance Committee to ensure its success.
- Doctor NS will make its communication vehicles reasonably available to promote the principles of this Agreement, which may include the Doctors NS Magazine, the Doctors NS Website, and routine email updates to physicians, etc.
- Doctors NS will support the WCB in navigating changes in the standard provincial Electronic Medical Records (EMR) systems for mutual benefit of physicians and the WCB.

Physician’s Commitments

Physicians are committed to:

Quality Care

- Adhering to the Nova Scotia College of Physicians and Surgeons Policies and Guidelines including but not limited to:
 - Policy Regarding Disruptive Behavior by Physicians.
 - Policy Regarding Review of Monitored Drug History before Prescribing.
 - Guidelines for Third Party Examinations and Reports.
 - Guidelines for the Use of Controlled Substances in the Treatment of Pain.
 - Guidelines for Completing Patient Forms.
 - Conflict of Interest Guidelines.
 - Medical Legal Reports Guidelines.
 - Guidelines of Physician Interaction with Industry.

- Support and encourage the worker to meet their legislated responsibilities to cooperate in their treatment and care ([as outlined in workers legislated obligations](#)).
- Choose diagnostics, testing and specialist referrals wisely.
- Be a positive force in helping workers understand that working contributes to injury recovery and overall health and wellness.

Safe and Timely Return to Work

- Work collaboratively
 - Have a high level understanding of how the workers' compensation insurance system works, the WCB RTW approach, the various roles and responsibilities of the RTW team members, the Medical Disability Advisor guidelines and the services available (the WCB will provide information to assist in this understanding).
 - Utilize EPS physicians where needed to help assure workers successful RTW.
 - Comply with WCB programs and use contracted service providers designed to provide expedited access and consistent services to injured workers.
- Communication:
 - Advise workers and the WCB if they do not wish to treat workplace injuries.
 - Report all work related injuries to the WCB recognizing that pursuant to s. 108 of the *Act*, no person can be charged for medical aid associated with a work related injury other than the WCB.
 - Complete the reports fully, legibly and provide high quality information necessary to ensure expedient benefit and service provision to the injured worker, and defensible decision making.
 - Report on time as agreed to herein to assure there is no delay in treatment and services for the worker.
 - Inform the WCB of any factors that may influence the worker's RTW success or impede recovery (i.e. work related, social, psychological, and psychiatric).
 - Contact the WCB case worker or medical advisor with questions or concerns.
 - Provide the WCB with any information it requests concerning any worker claiming compensation who consulted with them pursuant to s. 109(a) of the *Act*.

WCB's Commitments:

The WCB recognizes the importance of collaboration and agrees to:

- Pay all approved invoices in a timely manner as agreed to herein.
- Keep the treating physician informed and engaged throughout the RTW process while working together to prevent unnecessary delays in decisions or services.
- Work collaboratively with the physician to resolve conflicts and complex matters.
- Share the physician's interest in appropriate treatment and best outcome for the worker.

- Recommend to the treating physician a referral to an EPS Physician should a Physician not be able to provide assessments and treatments requested by the WCB.
- Fulfill the role of RTW Coordinator.
- The WCB will work to include all WCB forms in the Electronic Medical Record.

4.2. Doctors NS/WCB Contract Governance

A Joint Governance Committee (JGC) will be established to provide contract management, leadership and oversight to assure the contract is achieving the defined objectives and facilitates regular dialogue/discussion on topics of mutual interest in the provision of medical services to injured workers.

Any issues/concerns that physicians are unable to resolve directly with the WCB can be directed to the JGC.

JGC Scope/Goals:

- a. Contract Management – to monitor and assure the contract is achieving the desired outcomes.
- b. Clarification/Interpretation – to provide clarity and interpretation of the contract terms and conditions as required.
- c. Contract Amendments – to amend the contract terms and conditions as necessary to resolve issues no more than once per year.
- d. Communication & Training – to assure an effective communication and training plan is established and executed for initial contract implementation and thereafter where required to assure all physicians and the Board understand their obligations. To collaborate on external communications related to the contract.
- e. Establish Adhoc Working Groups – as necessary to address specific opportunities or issues. All working group results and recommendations are reported to the JGC for final decision.
- f. Contract Compliance & Quality Management – to review and approve the plan developed by the Board to monitor and manage contract compliance and to assist the Board with remedial action as deemed appropriate by the JGC.
- g. Information sharing – to keep the respective organizations apprised of issues and developments of mutual relevance.
- h. Consultation and input - into the Board's relevant positions, practices, program development and other areas that may impact the interface between the physicians and the Board or impact the physician's office operations (e.g.: procedures, processes, forms, technology, etc.).
- i. Advisory – to provide advice on communication and education of physicians in relation to service delivery to injured workers, policy, program and other mutually relevant processes.

- j. Continuous improvement - to identify, present and action opportunities, issues and concerns regarding the relationship, operations and quality of care.
- k. Sub-committees – to establish, guide and monitor the work of subcommittees to serve the management of the contract as necessary (e.g.: the Fees Advisory Sub-Committee to review and make recommendations to the JGC on matters related to services and fees).

Membership will be joint including:

- WCB:
 - Director Health & Extended Benefits
 - Chief Medical Officer
 - Manager, Service Provider Relationships
 - Manager, Health Services
- DNS :
 - DNS Representative
 - 4 Physician Representatives

Initially the JGC will meet monthly for the first 6 months during a period of stabilization. Once stabilized, meetings will occur four (4) times per year (no less frequently than twice a year).

Decision Making

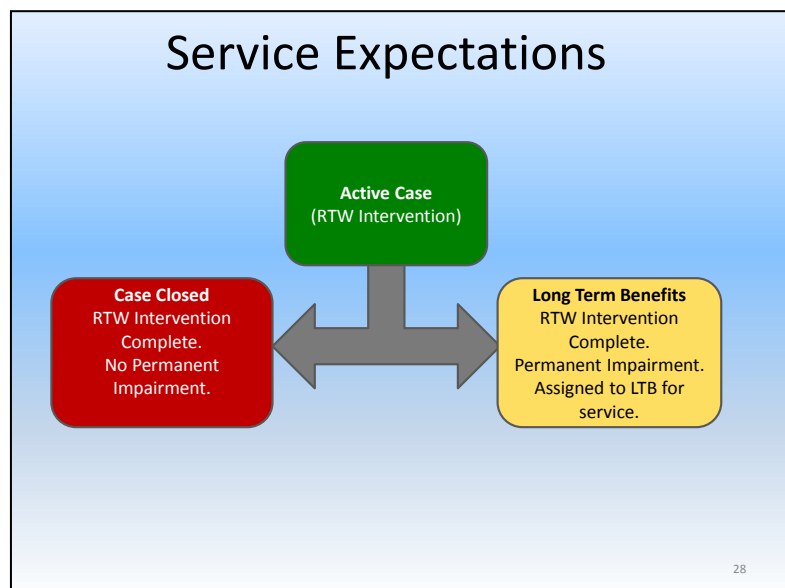
The JGC holds the decision making authority related to:

- The terms and conditions of the contract or the interpretation of same, including fees; and
- The terms of reference for the JGC and any subcommittees.

Decisions will occur based on consensus.

Members of the JGC shall participate in the spirit of cooperation and act in good faith to foster a collaborative working environment and maintain channels of communication to optimize the outcomes.

4.3. Physician Services & Reporting



WCB cases fall into one of three types each with different visit and reporting requirements as illustrated in the figure.

Figure 4: Service Expectations

4.3.1 Return to Work Service

This section is related to medical services for workers who are employed/employable and have a workplace injury/illness:

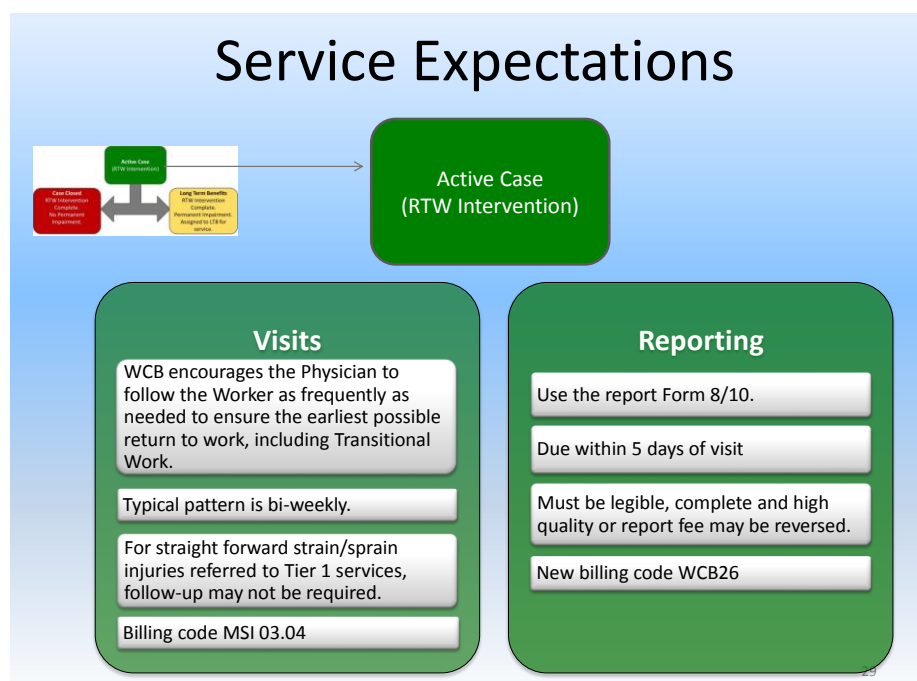


Figure 5: Service Expectations

- In the acute injury phase, the Board encourages the Physician to follow the Worker as frequently as needed to ensure the earliest possible return to work, including Transitional Work.
- In straight forward strain/sprain injuries workers are often referred to Tier 1 services (physical rehabilitation) for functional assessment and treatment. The Tier 1 provider will routinely report back to the treating physician on the worker's progress. The physician may not have a need for the follow-up visit if the worker is recovering normally.
- In sub-acute and chronic stages, bi-weekly follow up visits is the accepted pattern. It is recognized that there will be exceptions to this pattern and that additional visits will continue to be paid by the Board.
- The office visit is billed as WCB 28.
- Reporting shall be on a Form 8/10 ([Physicians Report](#)) and is billed as WCB26.
- See [instructions for correct Form 8/10](#) completion.
- The WCB may request other types of special forms for certain conditions. (e.g.: Eye report, Carpal Tunnel Syndrome report).
- Once the case is closed, the WCB does not require further visits or reports.

4.3.2 Long Term Benefits Service

This section is related to services for workers who no longer require active RTW services but have a permanent medical impairment and perhaps an earnings loss as a result of their compensable injury.

This population of workers is the WCB's Long Term Benefits (LTB) clients for life. The WCB is required to continue to furnish and pay for health services related to their compensable injury.

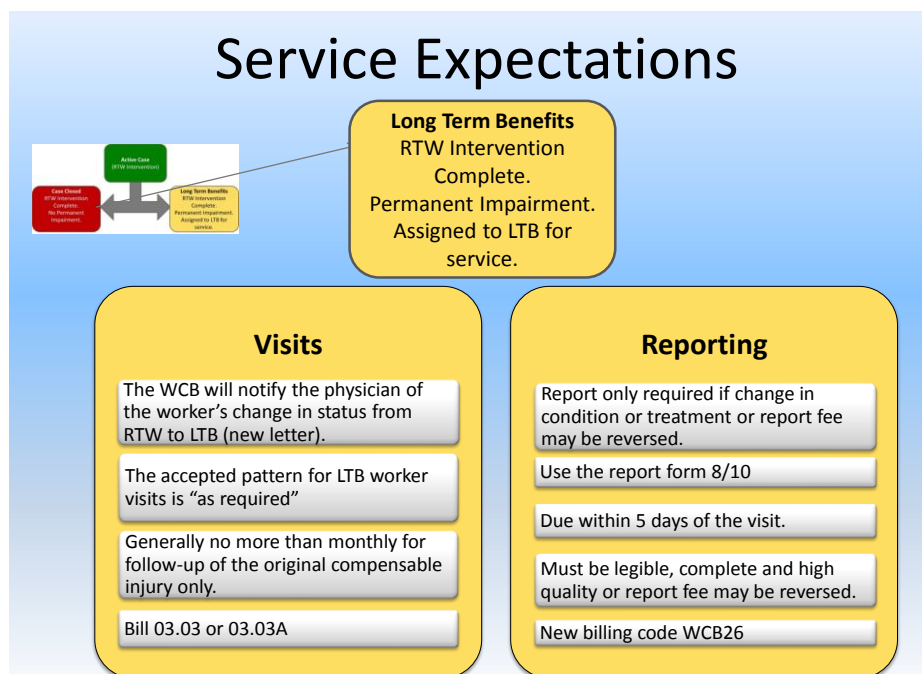


Figure 6: Long Term Benefits Service Expectations

- The WCB will make every effort to notify the physician of the workers change in status from Return to Work (RTW) status to Long Term Benefits (LTB) status via a written letter.
- The accepted pattern for LTB worker visits is as required but generally no more than monthly for follow-up of the original compensable injury. It is recognized that there will be exceptions to this pattern and that additional visits will continue to be paid by the Board. It is also recognized that the Board may choose to review and/or reach out to physicians whose visit claims are in excess of this pattern.
- The office visit is billed as MSI 03.03 or 03.03A.
- Reports are only required if there is a change in the worker's condition. A change is defined as:

"Change" – in the context of physician reporting to the WCB for workers in receipt of long term benefits and for whom no ongoing return to work management of their injury is necessary, "change" includes:

 - A change in diagnosis or symptoms.
 - Flare-ups.
 - Changes in treatment which may include but are not limited to physiotherapy treatment, chiropractic treatment.
 - The necessity to provide assistive devices or personal care allowance.
 - Specialist referrals and diagnostic testing.
- All reports will be provided using the Physician's Report Form 8/10, are due within 5 days of the visit and billed as defined in the Fee Schedule.

- Once the physician is aware of the change in the worker's Board status (from active Return to Work to Long Term Benefits) the Board will reverse payment for any subsequent Physician's Report Form 8/10 billed for services occurring after the notification date, except where there is a change in the worker's condition.
- An LTB worker may have a permanent medical impairment and return to work. In the event that the worker is subsequently off work due to that injury or has another claim for a different workplace injury that requires RTW Services, the Physician's Report Form 8/10 is necessary and appropriate to accompany every office visit in order to aid the WCB in Return to Work efforts.

4.3.3 Chart Notes & Reports – Release of Information

- For the purposes of making adjudicative decisions related to claims, benefits or services entitlement, the Board may require a copy of the physician's chart notes.
- Physicians are required to provide the WCB with the necessary patient information to allow the WCB to determine entitlement to benefits and services. Patient consent is not required.

This authority is provided by S. 109 of the *Workers' Compensation Act*.

- The Worker provides express permission for any Physician involved in the claim to provide any information to the Board that is related to the compensable condition in completing a request to file a Board claim by completing an Injury Report Form 6/7.
- Section 109(1) (a) of the *Workers' Compensation Act* provides the Board with express authorization to request any information from members of the medical community, necessary for the claiming of compensation under the *Act*.
- Section 24(1) of FOIPOP allows public bodies including the Board to collect information necessary for an operating program or activity of the public body.
- In complex cases, such as 'over a period of time' injuries or environmental exposures, chart notes pre-dating the claim will be requested; these are used to confirm or rule out pre-existing or comorbid conditions. The WCB will endeavour to only request information relevant to the adjudication of a claim for compensation and physicians will endeavour to provide the requested information in a timely manner.
- The parties are aware that delays in receiving this information will result in service delays to the worker.
- The Workers' Compensation Appeal Tribunal (WCAT) or the Workers' Advisors Program (WAP) may require information from physicians to process an appeal decision related to the worker's entitlement to a claim, benefits or services. Delays in receiving this information may also result in service delays to the worker.

4.4. How to Complete a WCB Physician Report Form 8/10

A copy of the current form is available on the WCB website: [WCB Physician's Report 8/10](#).

The Physician's Report Form 8/10 is a crucial component in the management of an injured worker's claim. Complete, legible and quality reporting is required as it provides a vehicle for the physician to communicate with the case worker and the content assists the case worker in RTW planning, arranging services and assessing the worker's progress.

The WCB needs all of the information on the 8/10. Here's why:

- **Worker Information** – Provides identification information for the worker. Often there are many workers with the same name in the province. All identifying information, including address and Health Card Number help us ensure the physician's report gets to the correct WCB claim file quickly.
- **Employer Name** – Each WCB injury claim and all of the costs are connected to an insured employer. Often workers change employers frequently and often workers have numerous claims. We must ensure the costs are being directed to the correct employer as these costs influence the employer's WCB insurance premiums.
- **Injury Information** – A specific diagnosis i.e. lumbar strain, right thumb laceration, gives us the information we need to consult medical disability guidelines for the particular injury. We can then determine treatment and rehabilitation protocols and establish expected duration guidelines, relate function to disability duration, establish RTW goals and identify flags where recovery is not progressing as expected. The diagnosis also determine which drug formulary is assigned to the claim. [See Section 9.5](#) for more information on drug formularies.
- **Subjective and Objective findings of your examination of the worker** - Subjective findings are those that are reported by the worker including responses to physical examinations. Objective findings are identified by examining the worker, e.g. range of motion, atrophy, and muscle strength. These findings are verifiable indications of injury or disease that are reproducible, measurable or observable.
- **Return to Work Plan** –
 - **Expected return to work date** – [please see Section 6](#) for assistance in estimating an appropriate return to work date. This is important to manage patient's expectations particularly if the employer is able to accommodate – many employers will accommodate and the WCB will arrange. Many workers are unaware their employer will accommodate.
 - **Current work capabilities** – Identifies the worker's current abilities in relation to work classification. Definitions of work capabilities (e.g.: sedentary, medium, etc.) are found on [page 2](#) of the Physician's Report Form 8/10. Estimate work capability to the best of your ability given your objective findings. Note that activities of daily living (e.g.: getting out of bed, showering, toileting, cooking, reading, etc.) would be the equivalent of sedentary work. Actual capabilities will be validated by a physiotherapist or chiropractor.

- **Are you aware of any pre-existing or current problems/barriers that may influence recovery?** The physician should consider bio-medical (e.g. diabetes), psychological (fear or psychiatric issues) and social issues (e.g. problems at work). The sooner the case worker is aware of all of the factors at play, the sooner they can be managed. If you prefer to discuss, please call.
- **Treatment Plan** – the physician's plan and goals for any required medical treatment, medications, referral and diagnostic testing.
- **Follow-up Plan** - outlines the date and objectives for the next appointment such as to discuss progress on treatment plan or to review diagnostic tests/referral results.

Physician Request to speak to case worker or medical advisor- If the physician would like to include a note for the medical advisor or case worker, please include it in the Follow-up Plan section.

- **Physician Certification** – Provides the physician identification and contact information and should be printed clearly along with a phone and fax number. It also provides confirmation of the validity of the report information and associated fees.

4.5. Poor Quality Reporting

The Physician Report Form 8/10 is crucial to return to work planning and therefore, the WCB may reverse payment for any Form submitted under this Agreement that is illegible, is not signed, does not have all the fields completed, is determined by the Board to be of poor quality or is not received via mail or fax within five (5) business days of the worker's visit (unless an adjustment in the timeframe of completion has been mutually agreed to by the treating Physician and the Board).

Poor Quality – In the context of physician reporting to the WCB, a poor quality report means that mandatory report fields are completed inappropriately and do not provide the case worker with useful information to advance the case which may include but not limited to:

- Reporting symptoms as the diagnosis
- Reporting objective findings that are subjective and/or based on the worker's self-report; Objective findings in support of medical evidence are verifiable indications of injury or disease that may include, but are not limited to, range of motion, atrophy, muscle strength and palpable muscle spasm. "Objective findings" does not include physical findings or subjective responses to physical examinations that are not reproducible, measurable or observable.
- Reporting findings as 'unchanged' or 'same as before'. Each report must explicitly contain the subjective and objective findings documented at the recent visit.

Should a reversal be required, it will only apply to the form fee, not the office visit fee.

The following two Physician Report Forms represent what we consider an excellent report and a report considered of poor quality, illegible and not fully completed.

WORK SAFE. FOR LIFE.

WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Halifax Office
5668 South Street
PO Box 1150
Halifax, NS B3J 2Y2
1-800-870-3331 toll free
902-491-8999 local
902-491-8001 fax

Sydney Office
404 Charlotte Street
Suite 200
Sydney, NS B1P 1E2
1-800-880-0003 toll free
902-563-2444 local
902-563-0512 fax

Physician's Report Form 8/10

WCB Claim #

987654321

* Mandatory Information

* WORKER INFORMATION			
Last Name <i>Bachurts</i>	First Name <i>Milo</i>	Initial	Date of Birth dd mm yyyy <i>26 02 1960</i>
Street <i>4 Well Road</i>	City <i>Halifax</i>	Province <i>NS</i>	Postal Code <i>B1A 2B3</i>
Home/Cell Phone <i>(902) 234-2345</i>	Work Phone <i>(902) 543-2100</i>	Employer Name <i>VON</i>	Health Card Number <i>123456789</i>
Worker's Job Title/Occupation <i>Nurse</i>			

* INJURY INFORMATION			
Date of Injury: dd mm yyyy <i>23 06 2014</i>	Date of Visit: dd mm yyyy <i>24 06 2014</i>	Diagnosis: (specify body part) <i>Right Shoulder Rotator Cuff Strain</i>	
Subjective Findings:	<i>c/o neck pain and pain and limitation of right shoulder</i>		
Objective Findings:	<i>Neck flexion limited, lateral bending limited, extension normal, lateral rotation limited</i>		

* RETURN-TO-WORK PLAN			
Is the worker still working?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expected return-to-work date (if applicable):	dd mm yyyy <i>26 06 2014</i>
Are transitional duties available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Pre-injury	
Current Work Capabilities: (definitions on back)	<input checked="" type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy <input type="checkbox"/> N/A		
Are you aware of any pre-existing or current problems/barriers that may influence recovery? If yes, please explain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

* TREATMENT PLAN	
Treatment Plan	Methodology/Goals <i>Physiotherapy to continue - next session 25/06/14</i>
Medications, referrals, tests, Xrays, MRI, etc.	
Follow-up Plan	Timeframe <i>Functional capacity evaluation 09/07/14. Review on 11/07/14</i>

* PHYSICIAN CERTIFICATION	
I certify that this is a complete and accurate report; that the fees charged are in accordance with the WCB Contractual Fee Schedule; that I have received no prior payment; and that I have read the reporting responsibilities on the back of this form.	
Signature of Physician: <i>Dr. B. Well</i>	Phone Number: <i>(902) 999-4567</i>
Physician's Name: <i>Dr. B. Well</i>	Date: <i>24/06/14</i>
Address: <i>7 Great Prospects Road, Hatchet Lake, NS B3T 1S9</i>	WCB Physician #: <i>GPR 007</i>

F8/10 - Revised Aug 2011

Form 1: Example High Quality Physician Form 8/10

WORK SAFE. FOR LIFE.

WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Halifax Office
5668 South Street
PO Box 1150
Halifax, NS B3J 2Y2
1-800-870-3331 toll free
902-491-8999 local
902-491-8001 fax

Sydney Office
404 Charlotte Street
Suite 200
Sydney, NS B1P 1E2
1-800-880-0003 toll free
902-563-2444 local
902-563-0512 fax

Physician's Report Form 8/10

WCB Claim #

* Mandatory Information

* WORKER INFORMATION			
Last Name <i>Boyd</i>	First Name <i>Michael</i>	Initial	Date of Birth dd mm yyyy
Street	City	Province	Postal Code
Home/Cell Phone	Work Phone	Employer Name	Health Card Number <i>008123456</i>
		Worker's Job Title/Occupation	
* INJURY INFORMATION			
Date of Injury: dd mm yyyy	Date of Visit: dd mm yyyy <i>12/05/05</i>	Diagnosis: (specify body part) <i>Back pain</i>	
Subjective Findings:	<i>Onset full back</i>		
Objective Findings:			
* RETURN-TO-WORK PLAN			
Is the worker still working? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expected return-to-work date (if applicable): dd mm yyyy	
Are transitional duties available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Transitional <input type="checkbox"/> Pre-injury	
Current Work Capabilities: (definitions on back)		<input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy <input type="checkbox"/> N/A	
Are you aware of any pre-existing or current problems/barriers that may influence recovery? If yes, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
* TREATMENT PLAN			
Treatment Plan	Methodology/Goals <i>Rest</i>		Timeframe
Medications, referrals, tests, Xrays, MRI, etc.	<i>Hydrocodone 4mg</i>		
Follow-up Plan	<i>2-3 weeks</i>		
* PHYSICIAN CERTIFICATION			
I certify that this is a complete and accurate report; that the fees charged are in accordance with the WCB Contractual Fee Schedule; that I have received no prior payment; and that I have read the reporting responsibilities on the back of this form.			
Signature of Physician: <i>[Signature]</i>		Phone Number: _____	
Physician's Name: _____		Date: _____	
Address: _____		WCB Physician #: _____	

F8/10 - Revised Aug 2011

Form 2: Example Poor Quality Physician Form 8/10

4.6. WCB Fee Schedule & Billing

Billing Method

Unless otherwise approved, all billing occurs through Medavie Blue Cross, standard MSI billing system with payment responsibility = WCB.

Any MSI billing questions can be directed to MSI Assessment staff at (902) 496-7011 or the physician may send a fax with specific patient information to fax number (902) 490-2275.

See below for information on [Direct Billing](#) to the WCB.

Noteworthy 2015 Billing Changes

- Unbundled WCB11 Fee for General Practitioners
- Effective June 15, 2015, the WCB11 is no longer valid for services on or after that date. The WCBNS has unbundled the RTW office visit and report fee. Please submit a comprehensive office visit using WCB code 28 for a Return to Work office visit only and submit a Physician's Report Form 8/10 using WCB code WCB 26.
- Case conferences – billing rules have changed. See [Case Conferences](#) below.
- All MSI and WCB fees will escalate annually on April 1.

Current Fee Schedule

The contract largely pertains to general practitioners. All services for which there is no defined WCB fee code will continue to be billed using standard MSI fee codes and are remunerated at 10/9ths of the MSI value.

The most recent [WCB Fee Schedule & detailed billing instructions is located here](#).

Reversals of Previously Paid Billings

The WCB conducts periodic audits of all payments made which are not related to an approved worker's compensable claim. These audits may result in reversals of previously paid billings on the physician's monthly MSI statement.

The physician may resubmit to MSI for payment by deleting the billing from your system and resubmitting to MSI as MSI payment responsibility.

If over the 90 days allowable for resubmission to MSI, physicians may resubmit the claims to MSI and indicate in the text field on each claim that the submission to MSI is as a result of WCB audit. These claims with text are sent to the manual queue for payment.

Case Conferences

Generally, a case conference is a meeting which includes all stakeholders involved in the return to work process including the health care providers, the employer, the worker and the WCB

case worker. Case conferences have been made mandatory within the RTW model to ensure optimum communication, expectation management and planning focused on appropriate and effective health care interventions as well as safe and timely return to work.

The purpose of the case conference is for all RTW participants to:

- Discuss the treatment and Return to Work (RTW) Plan.
- Identify and discuss strategies to address barriers to RTW.
- Develop a new collaborative RTW Plan.

Regular case conferences ensure open dialogue to gain commitment to the implementation of the RTW Plan. Case conferences are a contractual requirement for all tiered service providers.

A case conference may also occur between a physician and the case worker or the medical advisor.

- A case conference may occur on request of any member of RTW team and the case worker will arrange the meeting.
- It may entail either a phone call or meeting to discuss a specific case.
- Billable by the physician in 15 minute increments.

If the physician wishes to conference with another health care provider and bill the WCB, they must first connect with the WCB case worker or medical advisor regarding the conference objectives. If it is agreed the conference should proceed, the case conference is only billable if the physician submits a short summary of the purpose and outcome of the case conference to the WCB.

Billing Disputes with the WCB

Physicians are notified by MSI via a biweekly billing statement of any WCB payment reversals. If you wish to discuss a billing dispute with the WCB, please contact the Coordinator, Service Provider Relationships at: **1-800-870-3331 or in Halifax 902-491-8356**.

Billing concerns/unresolved disputes can be referred to the Joint Governance Committee.

Direct Billing to the WCB

Contact the Coordinator, Service Provider Relationships at: **1-800-870-3331 or in Halifax 902-491-8356** for assistance with any billing outside the Fee Schedule that cannot be processed via Medavie. An invoice from your office outlining the following information may be faxed or sent by regular mail.

- 1) Name of Patient /Injured worker
- 2) Worker's Date of Birth
- 3) Address
- 4) Health Card Number
- 5) WCB Claim Number
- 6) Date of Service rendered
- 7) Type of Service rendered
- 8) Invoice Number for our records
- 9) Fee for Service Rendered

The WCB is currently unable to accept completed invoices by email as we cannot ensure the secure and confidential transfer of information. **Invoices which must be direct billed should be faxed to 902-491-8001 or sent via regular mail.**

Any inquiries about specific invoices submitted to the WCB should be directed to the Coordinator, Service Provider Relationships at toll free at **1-800-870-3331 or in Halifax 902-491-8356.**

Other Important Billing Notes:

If the worker's WCB claim is denied, the WCB will pay for the initial visit only; all subsequent visits must be billed to MSI.

The WCB does not pay for missed appointments. Standard physician office policy applies.

Requests for chart notes and reports received from Workers' Compensation Appeals Tribunal (WCAT) or Workers' Advisors Program (WAP) must be manually billed directly to the requestor.

DNS/WCB Legal Contract

The full contract is located in the secured [member section of the DNS Website](#). A DNS logon id and password is required.

5.0 WCB of NS – How does it work?

5.1. Overview

Background & Context

Every day, the Workers' Compensation Board of NS helps employers, workers, and Nova Scotians to come home safe:

- We provide workplace injury insurance to workplaces in Nova Scotia. We work with employers in Nova Scotia to help prevent workplace injuries and to establish strong return to work programs in the event of workplace injury.
- When a workplace injury occurs, we support injured workers to return to work in a safe and timely manner with income replacement benefits, rehabilitation and return to work assistance. We also provide long term care and extended health benefits in cases where an injured worker is no longer able to work due to their workplace injury.
- We are a leader in cultural and social change that is having a sustained impact in Nova Scotia's workplace injuries. Our social marketing campaigns spark important conversations and behaviour changes related to workplace safety.
- Guided by the momentum of the Workplace Safety Strategy, and supporting each of its pillars, we will work together with our partners to make Nova Scotia the safest place to work in Canada.

WCB Facts and Figures

- We provide workplace injury insurance to 18,800 employers in Nova Scotia and insure 325,000 workers. We are not for profit.
- 100% employer funded - all costs related to workplace injury/illness (including health care) are covered by employers through the payment of insurance premiums. Insurance premium costs are not charged to the workers and the premiums are not subsidized in any way by the NS government/taxes.
- In 2016, we received 24,311 new claims of which ~5800 resulted in lost time from work. We also continue to service and fund 26,000 injured workers with permanent medical impairments related to injuries in previous years.
- We are making progress with injury prevention. Time-loss injuries have declined more than 30% in the past decade.
- More than 300 injured workers suffer permanent full or partial earnings loss as a result of their injury.
- The average age of injured workers is increasing over time.

5.2. Governance

The WCB is governed by a Board of Directors that consists of 4 representatives from the labour community, 4 representatives from the employer community, a Deputy Chair and Chair all appointed by government.

The organization operates mandatorily within the Workers' Compensation Act and a collection of policies that were subject to public consultation and approved by the WCB Board of Directors.

5.3. Primary WCB Services/Functions

The diagram below outlines the primary functions performed within the WCB.

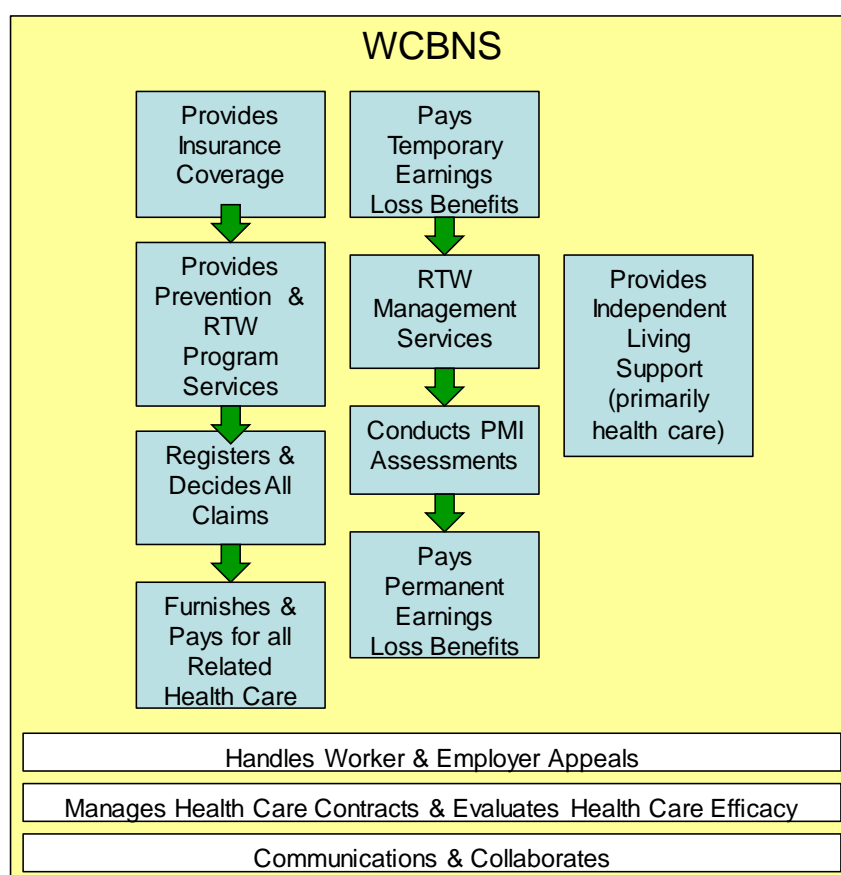


Figure 7: WCB Services/Functions

Key Challenges

When workplace injury or illness occurs, it currently takes longer for injured workers in Nova Scotia to get back to work compared to almost any other province in Canada.

One of the primary goals of the contract with Doctors NS is to support injured Nova Scotians in getting back to work in a safe and timely manner whenever possible. We know that the longer a worker is off work after an injury or illness, the less likely they will ever return to work. Work is healthy and plays a key role in our physical and emotional wellbeing, not to mention our economic wellbeing.

Improving our return to work performance is important for injured workers, their families, their communities and our province, and Nova Scotia's physicians play a key role.

5.4. How the WCB Claims Process Works

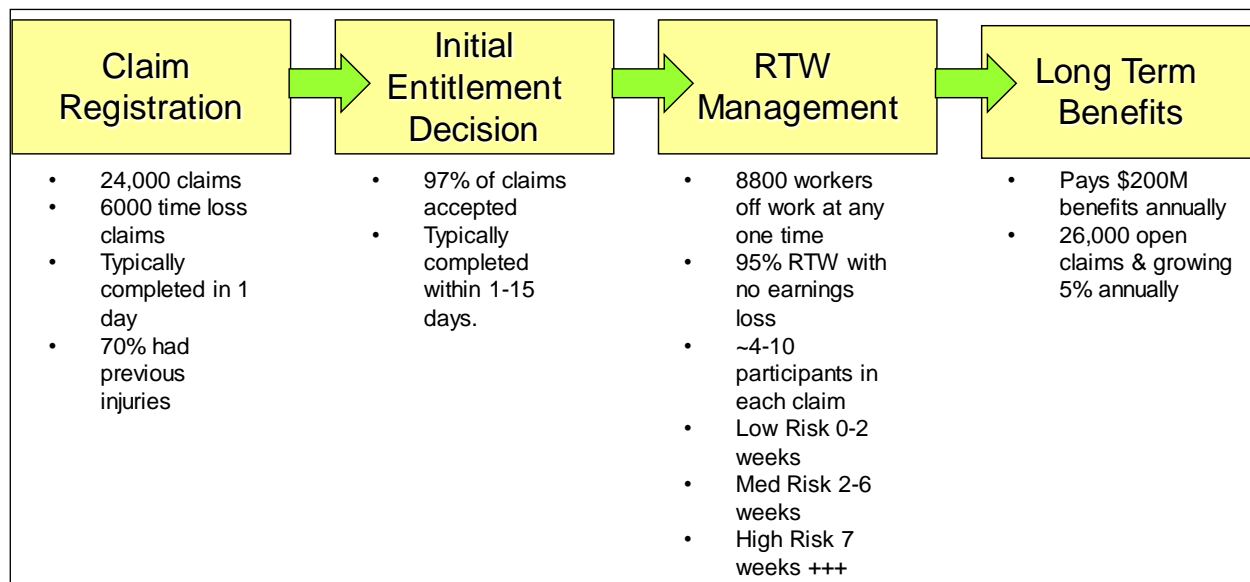


Figure 8: Claims Process Overview

Claims Process Overview

This diagram provides a high level overview of the claims process and some relevant facts related to each major step. Details are provided in the subsequent diagrams.

The diagrams to follow outline each step in the process to the next level of detail.

Claim Registration

Noteworthy for physicians:

When a physician becomes aware that the injury/illness is work related, the Form 8/10 must be completed and sent to the WCB.

It is important to note the correct employer on the form.

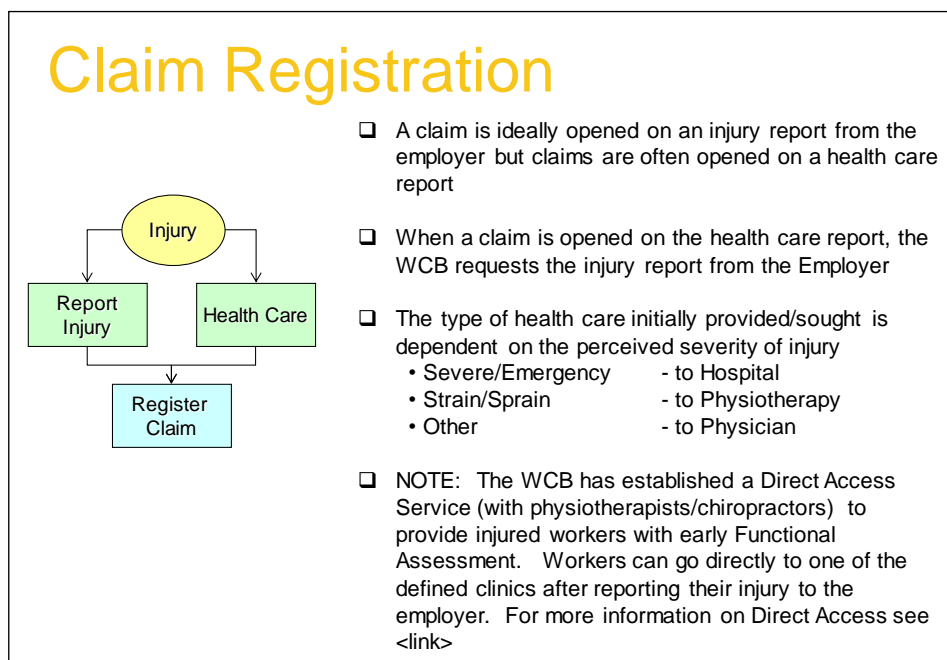


Figure 9: Claim Registration

The WCB will contact the employer, obtain the injury report information and make the initial claim entitlement decision.

In some cases, workers or employers do not want to report the injury, but it is the law.

Initial Entitlement

Noteworthy for physicians:

The 'Gather Information' step may include a request for your chart notes particularly for certain types of injuries (e.g. repetitive strain injuries, exacerbation of pre-existing conditions etc.).

The WCB case worker has access to a WCB medical advisor (a licensed physician) to assist in understanding the medical information if needed.

The WCB case worker is required to review all of the evidence including all medical, information from the worker and information from the employer as well as the legislation, policies and practices. The case worker may also seek an expert medical opinion. The evidence is weighted and a reasoned decision is rendered. Physicians are sometimes upset when case workers do not agree with their medical opinion, however, physicians often do not have access to the full body of evidence or the rules required to process it.

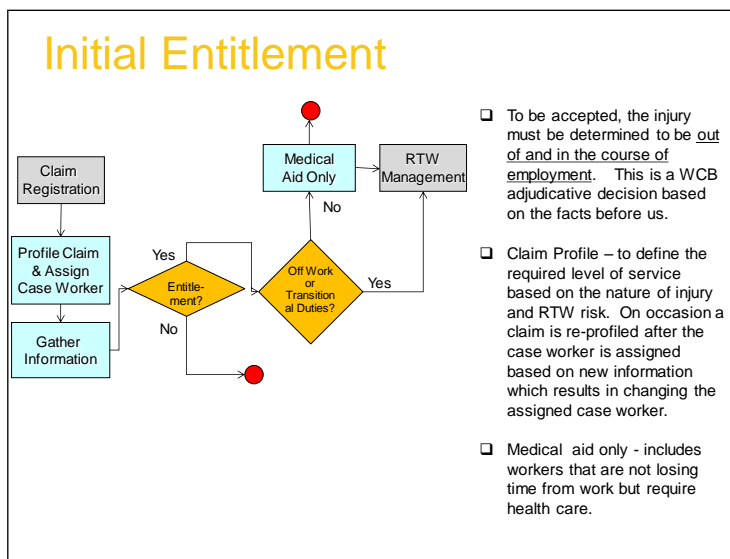


Figure 10: Initial Entitlement

All decisions of the WCB are appealable by the Worker or the Employer.

It is not our intention to change the case worker once a case is underway, but it can happen.

Return-to-Work Management

Noteworthy for physicians:

As the case continues, the case worker continues to assess ongoing entitlement to WCB benefits. This can be complex, however, the simple criteria is the continued absence from work must be related to the injury.

For strain/sprain injuries there is a large focus on functional abilities and working with the employer to match the work assignment.

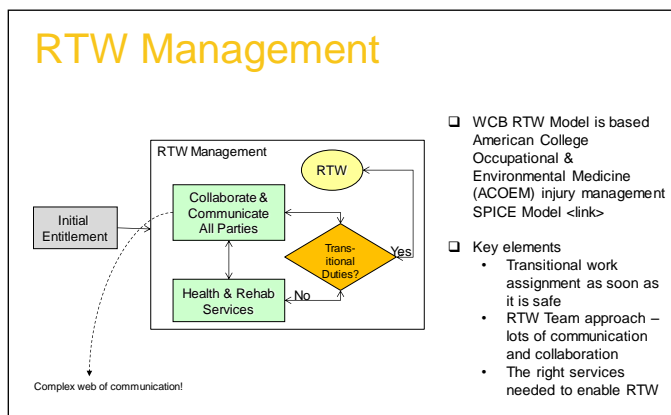


Figure 11: RTW Management

Physiotherapists and chiropractors (and sometime occupational therapists) are utilized to assure the work is safe for the worker. The physician can count on these important team members to assure the worker is not put at risk.

It is very important that all members of the RTW Team work together toward the common goal of safe and timely return to work.

Be sure to have all of the information, from all sources, before prescribing time off. Work is healthy and contributes to injury recovery. Disconnecting from the workplace and the routine of going to work every day can slow recovery and increase the complexity of the case and reduce the likelihood of a successful RTW. [See CMA Policy.](#)

The WCB has established a number of expedited service arrangements to help ensure workers receive timely care. See [Programs & Services.](#)

RTW Collaboration & Communication

Noteworthy for Physicians:

There can be a lot of people involved! You are a member of the RTW Team.

The WCB case worker is the RTW Coordinator (the quarterback). Feel free to connect with the case worker at any time.

There is a WCB medical advisor (physician) assigned to every claim. The medical advisor is also available to speak with physicians when required and will reach out from time to time.

[Case conferencing](#) is a billable activity under the contract.

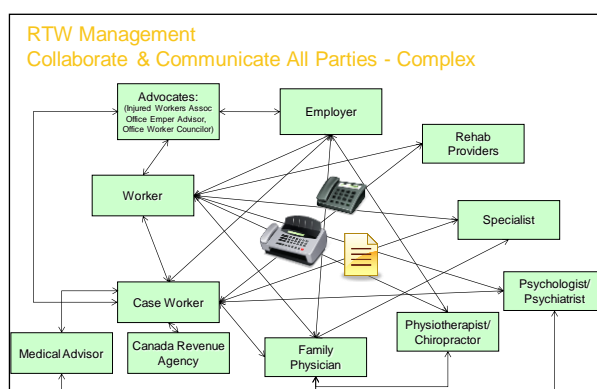


Figure 12: RTW Collaboration & Communication

Long Term Benefits

Noteworthy for Physicians:

The billing and reporting requirements are different for a LTB case than for a RTW case.

Cases are transferred to the Long Term Benefits Department once a Permanent Medical Impairment (PMI) is established. This can be assessed only after a worker is deemed to have reached Maximum Medical Recovery (MMR) from their injury. All available medical information on file would be used to confirm MMR.

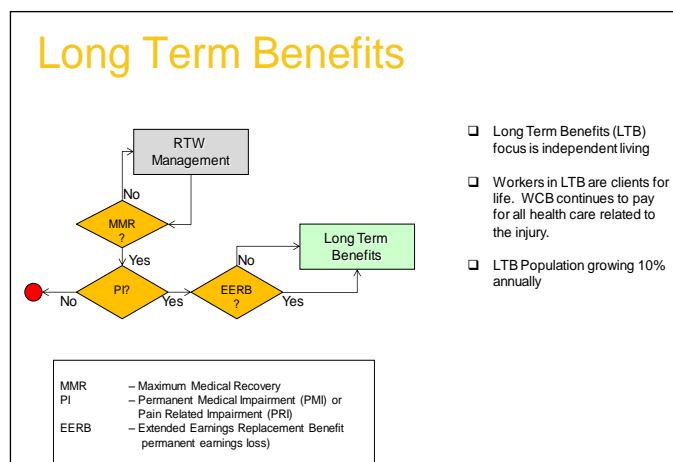


Figure 13: Long Term Benefits

A PMI is established via an assessment process to determine and measure the extent of the permanent impairment. The assessment begins with a complete review of the claim file and an update provided by the worker. The review is followed by a thorough physical examination of the injury by a WCB Medical Consultant with ABIME certification, using the American Medical Association Guides to the Evaluation of Permanent Impairment, 4th Edition to derive the impairment rating. The end result is a numerical 'whole-person' impairment rating which is used to calculate long-term benefits.

In some cases the injured worker is not able to return to their pre-injury job and their income capability is lessened. WCB offers a benefit called an 'Extended Earnings Replacement Benefit' (EERB) in these situations. This benefit guarantees the worker 85% of their LOST monthly pre-injury earnings, tax free.

Occupational Disease

Occupational Disease claims rarely begin with an employer's Injury Report. Many occupational diseases progress over a period of time, or have a latency period before the development of symptoms or diagnostic markers. As a result these claims are often started after cessation of employment (retirement).

The worker applies directly by submitting an Occupational Disease Injury Report. Physicians play a key role here as well.

Noteworthy for Physicians:

Workers may not intuitively link their condition with potential work exposures. Physicians can aid in this by collecting or highlighting information in the worker's history (i.e. worked with asbestos, worked in noise, etc.), and encouraging the worker to contact WCB.

Many disease claims are accepted with minimal adjudication if the disease and the work history show a well-understood link (for example, mesothelioma in asbestos workers, or pneumoconiosis in coal workers).

For less obvious cases, WCB has a specific policy for Occupational Disease Entitlement. It states that there must be strong evidence in the scientific literature to link the exposure or occupation to the disease, and that the worker's own history must be consistent with the research to establish that link. These cases are often referred to Occupational and Environmental Medicine Specialists to conduct a file review.

If a claim is accepted, a PMI rating is established by the Board utilizing the medical/diagnostic information on file – for example, pulmonary function tests, CT scans, biopsy results, or blood tests. Again, the American Medical Association Guides to the Evaluation of Permanent Impairment, 4th Edition are used to derive the rating.

Once an occupational disease claim is established, the worker's condition may change over time. Workers can submit evidence and request a PMI adjustment every 16 months if the evidence supports a change in their condition since the last assessment.

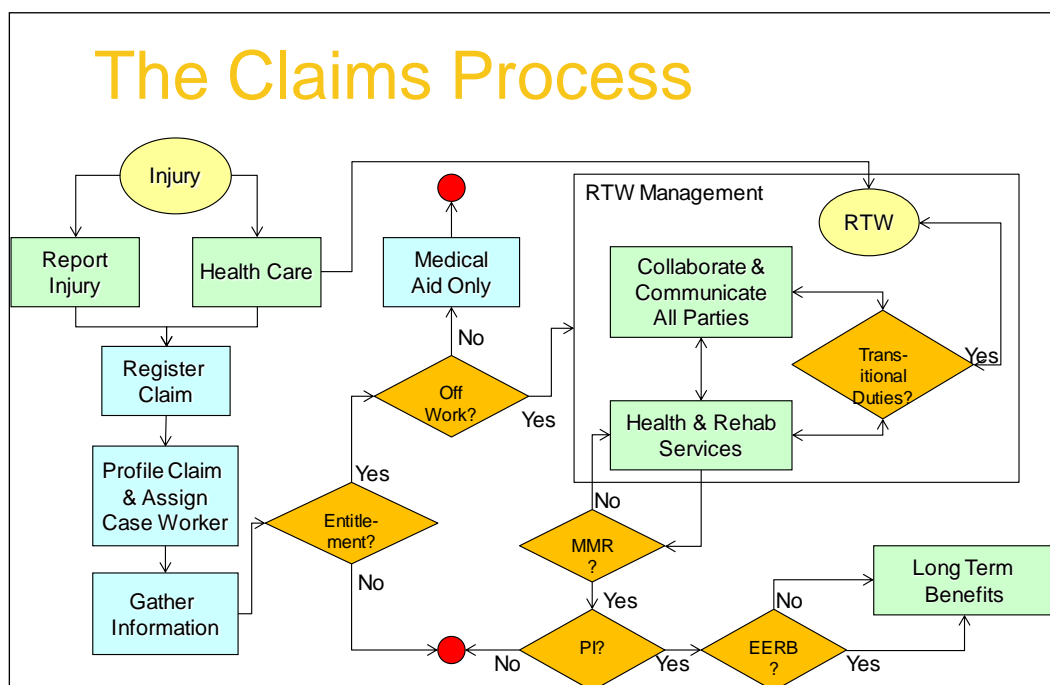


Figure 14: WCB Claims Process

6.0 WCB's Return to Work Approach

While injury prevention is the WCB's primary goal, when injury occurs our focus shifts to safe and timely return to work.

It is safe to return to work when the worker functional abilities match the demands of the job. Safety can be achieved early by adjusting the workers job duties to match their functional abilities. Many employers in NS are willing and able to make these accommodations allowing the worker to remain connected to their workplace and maintain as much of a normal life as possible, while they recover. Working promotes recovery and as recovery occurs job duties are increased to match the worker's functional abilities until they are back to full duties (or as close as they can get).

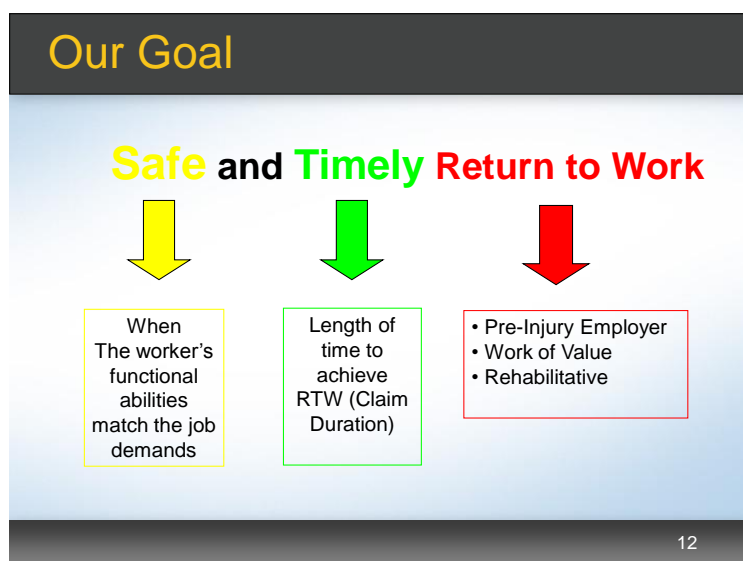


Figure 15: Our Return-to-Work Goal

Timely - the length of time it takes for the worker to get back to work of some type. In Nova Scotia it takes longer to get back to work than in almost every other province in Canada!

Ideally RTW is achieved with the pre-injury employer. Our aim is to assign duties that are valuable to the employer. Those assigned duties also support the worker's recovery – win/win!

6.1. Changing the NS Culture

The WCB recognizes the need for culture change in NS as it relates to RTW as described above. To achieve that change, we are utilizing a Social Change Model whereby we start with increasing awareness and knowledge of the problem/opportunity. Then we work to promote attitude and behaviour change amongst those that influence and affect RTW outcomes in NS. We aim to help system players, partners, customers and stakeholders adopt best practices and then measure the outcomes.

The outcomes are then used to continue to build on our success and continuously improve. Our goal is to be the best in Canada.

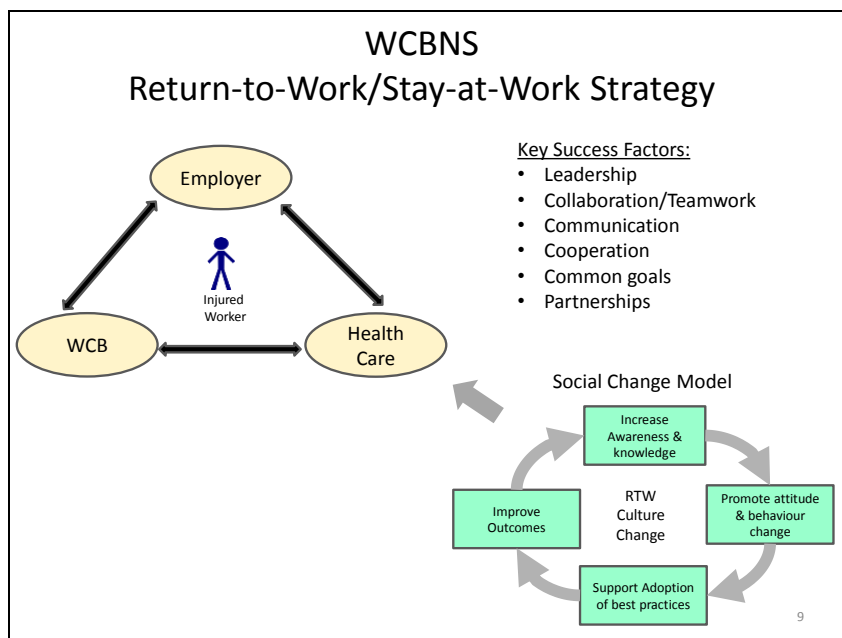


Figure 16: Return-to-Work Strategy

6.2. Best Practice Return to Work

In the spirit of supporting the adoption of best practice return-to-work, we rely on well-established research and best practice worldwide. The research is vast, evidence based and conclusive - Work is Healthy! Specifically:

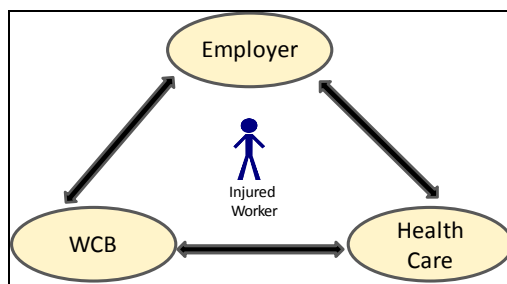
- Atkinson 1986, Kaplan 1987, Rahmqvist 1994, Hammarstrom 1997 & many other studies - Workers separated from the workplace are at increased risk of anxiety, depression, substance abuse, social isolation, family dissolution and suicide.
- Faculty of Occ. Medicine, Royal College of General Practitioners and Society of Occ. Medicine of the UK, 2005 - Worklessness causes poor health and health inequality. People out of work experience poor mental health. Anxiety and depression are 2-3 times more common, leads to increased mortality rates.
- American Academy of Orthopaedic Surgeons Position Statement, 2000 - Safe and timely RTW is in the best interests of patients, to improve quality of life for the injured worker.
- United Kingdom Dept. of Work & Pension - A physician should consider that refraining from work may not always be the best option in the long term for the patient.
- Dr. E. Koshi - The biopsychosocial model of care is now widely accepted as the best way to prevent disability related to chronic pain.
- American Pain Society, Gatchel & Okifugi, 2005 - RTW is one of the main outcome measures of every rehabilitation program for chronic pain.
- Ontario Workplace Safety and Insurance Board, 2002 - Prolonged absence from one's normal role is detrimental to physical, mental and social well-being.

- Dr. Gordon Waddell – RTW is the ultimate measure of successful health care for chronic back pain.
- Canadian Medical Association Policy - The Physician's Role in Helping Patients Return to Work after an Illness or Injury 2013 - The CMA recognizes the importance of a patient returning to all possible functional activities relevant to his or her life as soon as possible after an injury or illness. Prolonged absence from one's normal roles, including absence from the workplace, is detrimental to a person's mental, physical and social well-being. The treating physician should therefore encourage a patient's return to function and work as soon as possible after an illness or injury.

Working Together

When a worker is injured, outside of their family, the injured worker is relying on the triad of the employer, health care and the WCB. To be successful all three parties need to work together in collaboration toward the common goal of safe and timely return to work. Because we are changing the culture in NS, this takes leadership, partnerships and cooperation to challenge and change the status quo. The future needs to be different.

Working together, we can become the best performing province in Canada.



6.3. Benefits of RTW

For the worker:

- Reduced impact and disruption on the injured worker's life; being back to work is closer to having things back to "normal"
- Reduces or even eliminates lost earnings
- Minimizes impact on CPP and EI contributions (which do not occur while on WCB benefits)
- It helps the worker stay active, which speeds up recovery
- Stay focused on the positive - focus on what the worker 'can do' instead of what they 'can't do'
- Allows the worker to remain in contact with co-workers and important social networks
- It may reduce the risk of re-injury and provide a sense of job security
- Maintains the worker's sense of belonging, purpose and confidence

For the Employer:

- Maintain skilled workers in the workplace
- Reduced loss of productivity
- Good for morale and employer-employee relationships
- Reduced WCB premiums/costs (experience rating)
- Reduced indirect costs associated with hiring new staff
- Participating in/supporting worker's rehabilitation

6.4. Key RTW Roles & Responsibilities

Though there are many process level responsibilities, at the highest level, the key roles and responsibilities related to achieving safe and timely RTW are outlined below. Many of these are legislated.

Injured Worker

- Report all workplace injury/illness (where there is time loss or need for health care)
- Cooperate in needed treatment and care
- Take all reasonable steps to reduce or eliminate any permanent impairment and loss of earnings resulting from an injury
- Keep the WCB informed

Employer

- Understand best practice & goals
- Provide leadership – from the top
- Develop & implement RTW programs
- Develop partnerships
- Provide accommodation
- Build internal competency
- Investigate injuries to prevent more
- Evaluate, monitor, measure results

WCB

- Research best practice
- Communicate & educate on best practice
- Provide and inspire leadership
- Establish common goals
- Build internal competency
- Develop partnerships, tools, programs, technology
- Support, coach, listen
- Neutrally apply the rules (*Act*, Regs, Policy)
- Evaluate, monitor, measure results

Health Care

- Understand best practice, goals & roles
- Provide leadership – for the worker; for the sector; for the system
- Provide quality health care
- Develop partnerships/relationships
- Leverage programs & services available to improve health outcomes
- Support RTW & job accommodation

6.5. Injured Worker Support System

When injury occurs, it can be devastating for the worker.

The WCB has mobilized (and continues to enhance) a comprehensive support system to meet the needs of the injured worker and the complexity of their individual circumstance.

The challenge is establishing a full understanding of the structure (you are not alone!) and maintaining open lines of communication and collaboration.

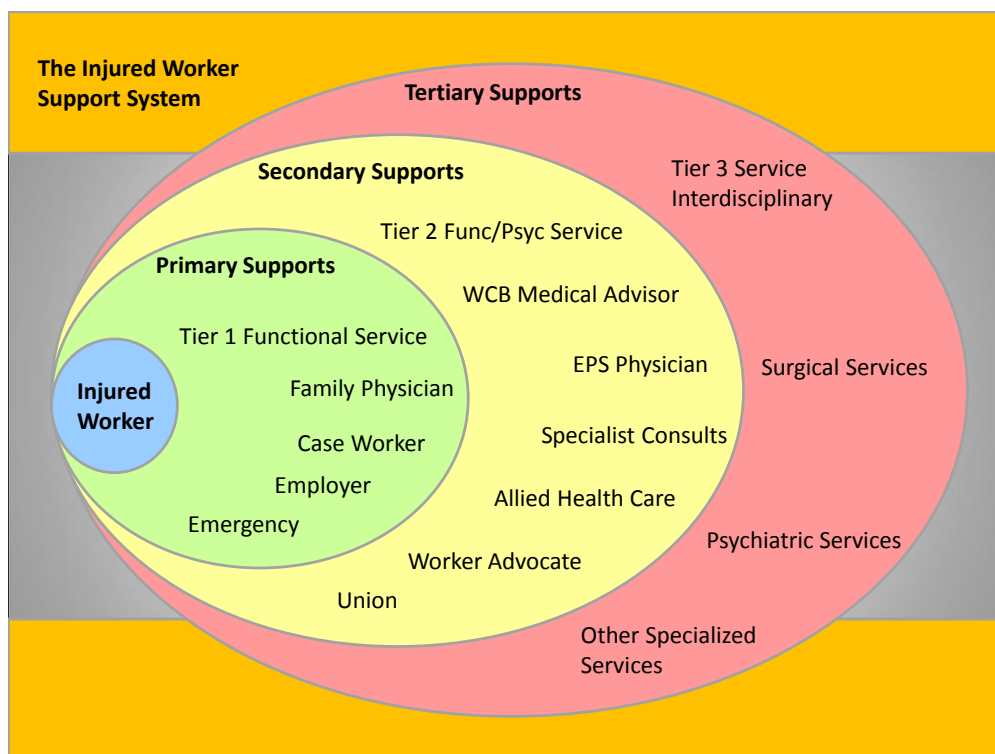


Figure 17: Injured worker support system

7.0 WCB's RTW Model

The WCB incorporates a biopsychosocial approach to be successful in facilitating recovery and return to work. Recognizing that rehabilitation and recovery needs to address a combination of biological, psychological and social factors, the WCB strives to recognize these issues early in the injury cycle to provide appropriate and customized support for injured workers to make a full recovery and successful sustainable return to the workplace.

The WCB's RTW model has been established with supports in place to try and identify those workers who require enhanced service to promote recovery and to prevent the development of chronic pain. Many workers who have simple sprain strain injuries in Nova Scotia do not recover and return to work successfully and the challenge continues to be providing them with the right service at the right time.

This WCB RTW model is based on the [SPICE approach](#) and also includes functional assessment to be able to safely match a worker's current ability with job duties that are safe, usage of biopsychosocial screening tools, early access to specialty consults/services and diagnostic testing, with collaborative health care providers with common and outcome based goals.

The WCB's RTW Model will continue to evolve to provide the [support system outlined in Section 6.5 for injured workers](#).

7.1. The SPICE Approach

The foundation of the WCB's RTW Model is the 'SPICE' approach to optimizing the management of work related injuries which is endorsed and used by the American College of Occupational and Environmental Medicine (ACOEM) the world's leading advisor on best practice occupational medicine.

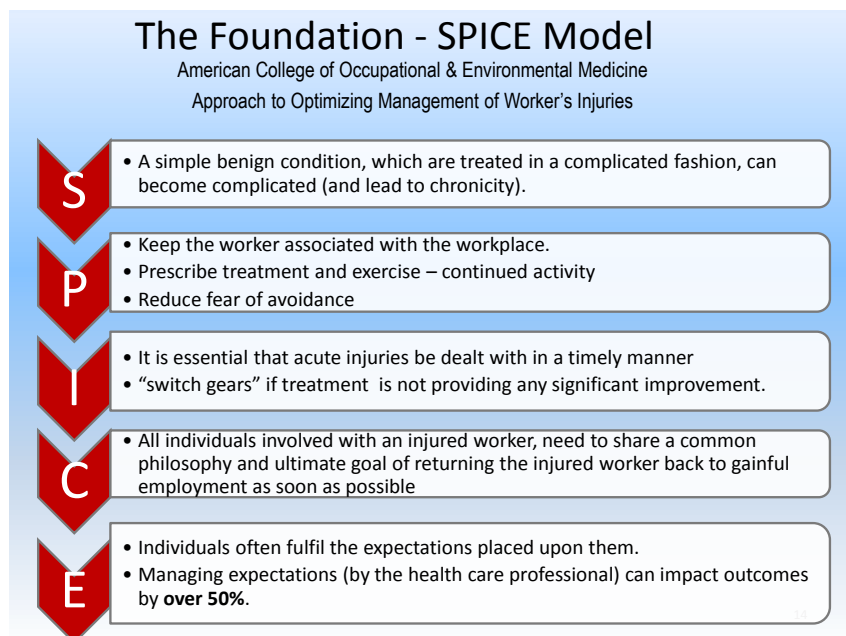


Figure 18: The SPICE Model – Optimizing Management of Work Injuries

Simplicity

This concept is that simple benign conditions, which are treated in a complicated fashion, can become complicated (and lead to chronicity).

It is important to educate the patient in lay person's terms they can understand, and reassure them with respect to their recovery and eventual return to work.

In addition to treatment, it is important to stress to the patient the benefits of maintaining and/or continuing with as many daily activities as possible which in turn will promote self-sufficiency.

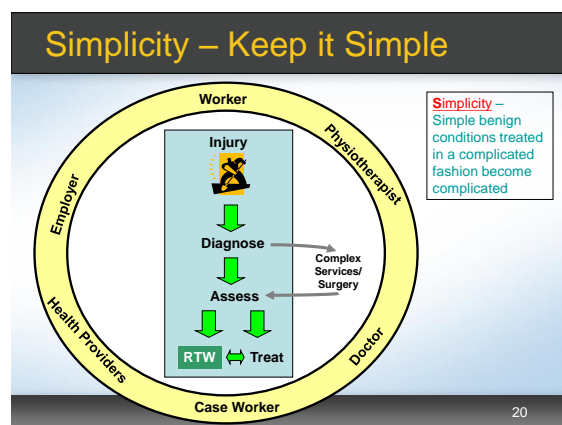


Figure 19: Keep it Simple

Proximity

This is the need to keep the worker associated with the workplace. Maintaining a normal routine is good for the worker and their family.

In addition to treatment and exercise prescription, it is also important to provide advice to the injured worker on overcoming activity intolerance, reducing fear of avoidance (i.e. kinesiophobia) and promote continued activity.

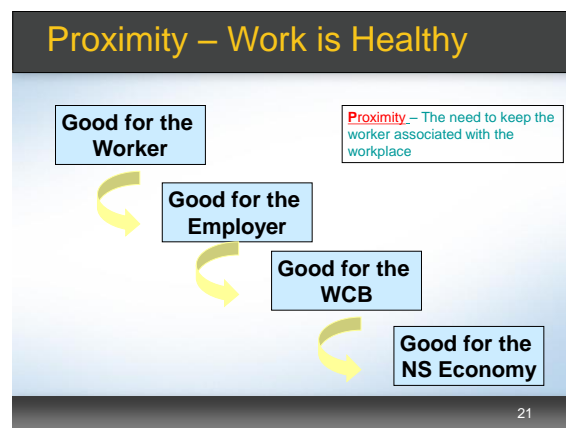


Figure 20: Proximity

Immediacy

It is essential that acute injuries be dealt with in a timely manner so as to prevent or reduce the possibility of the injury becoming chronic.

It is also important to consider “switching gears” if your treatment approach is not providing any significant degree of improvement. In other words, is continued treatment clinically indicated?

Within 4 weeks a strain injury begins to take on social and psychological characteristics that increase the complexity of the case.

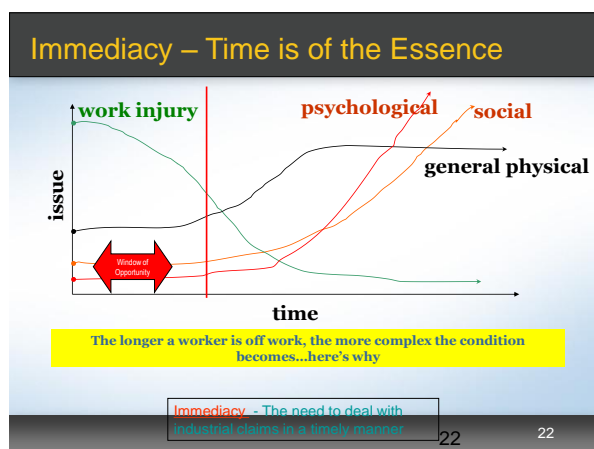


Figure 21: Immediacy

Centrality

All individuals involved with an injured worker, need to share a common philosophy and ultimate goal of returning the injured worker back to gainful employment as soon as possible.

It is important that everyone is working together toward the common goal.

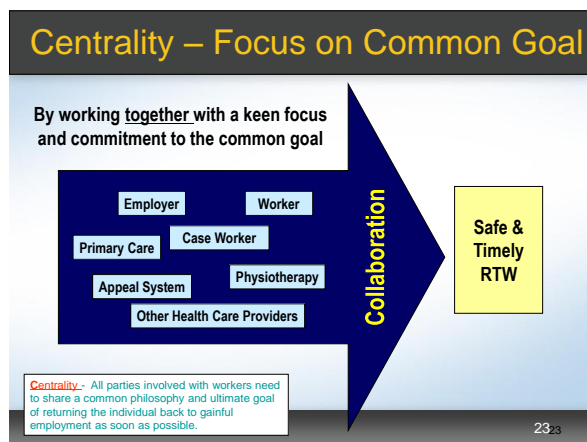


Figure 22: Centrality

Expectancy

This is a concept that individuals often fulfill the expectations placed upon them; this is 'expectation management'.

Extensive, broad-based research from the ACOEM supports that managing expectations (by the health care professional) can impact outcomes by over 50%.

It is also important that the support network is consistent in communicating the expectations.

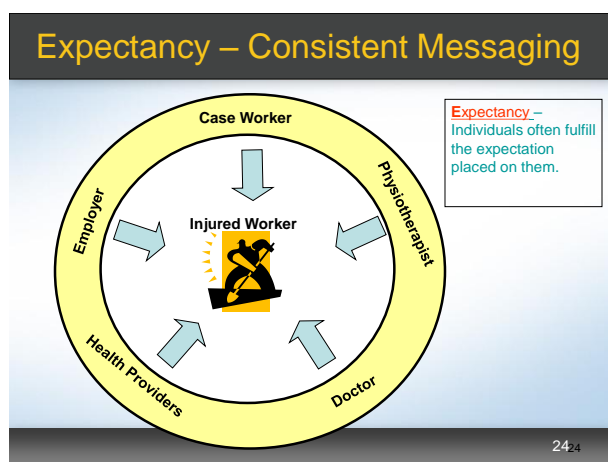
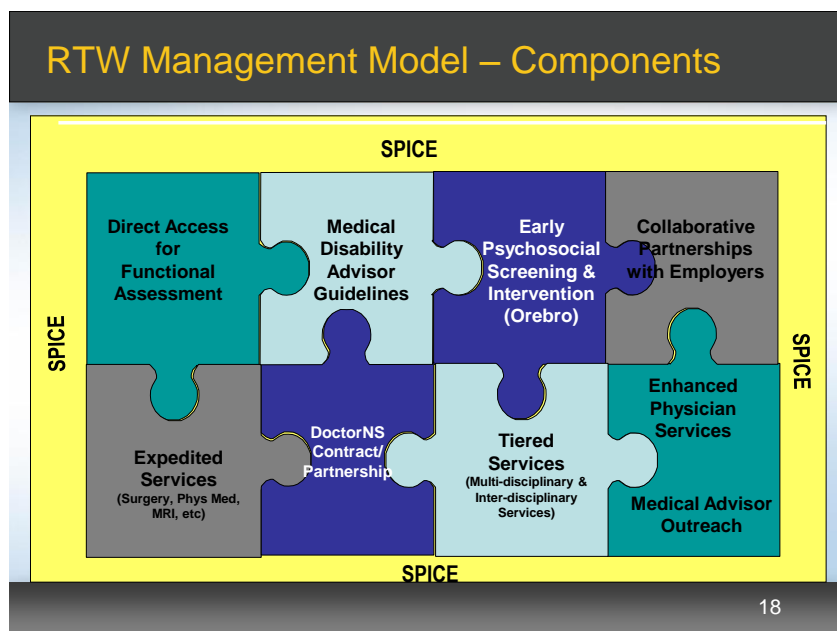


Figure 23: Expectancy

7.2. Key Components of the RTW Model



As previously explained, external partnerships and collaboration with the health care community and employers is key to improving health outcomes and RTW outcomes for injured workers.

The WCB continues to develop external relationships to enhance our RTW Model outlined here.

Figure 24: RTW Management Model - Components

Currently the components of the WCB's RTW Model include:

- Direct Access for Functional Assessments
- Medical Disability Advisor (Disability Duration Guidelines)
- Early Psychosocial Screening (Orebro)
- Collaborative Partnerships with Employers
- Expedited Services
- DoctorsNS Contract
- Tiered Services
- Enhanced Physician Services
- Medical Advisor Outreach

Direct Access enables one of the key components to RTW success that being early intervention. Assessment of functional ability relative to job demands immediately following injury allows the employer to provide duties aligned with functional abilities to ensure safe and timely return to the workplace. This approach espouses a 'rehabilitate at work' philosophy, ensuring continuity of workplace connection following injury. It also recognizes that the WCB, service provider, and employer need to work together as a team to help the worker achieve safe and timely return to work. To support this approach, the Tier 1 Service Contract enhances the role of the service provider in RTW management. Namely, the service provider is required to call the employer to start discussions about the worker's functional ability, functional job tasks and transitional return to work options within the first five days of injury. For more details see [Direct Access](#).

The Medical Disability Advisor (MDA), developed and revised by Reed Group, is a reference designed for use by medical and non-medical professionals whose positions require familiarity with workplace injury and illness. The MDA defines disability as the inability to perform the pre accident job at the pre-accident level of function (before injury or illness occurred). It is a web-based tool designed to assist in the case planning process by providing general Disability Duration Guidelines (DDG) that can be used to:

- Identify potential treatment and rehabilitation protocols;
- Provide guidance in the recovery process;
- Help establish disability duration guidelines consistent with the worker's diagnosis and functional ability;
- As a starting point in the RTW planning process which relates diagnosis/injury with function and disability duration;
- Utilizes the worker's work classification (sedentary, light, medium, heavy, and very heavy) to determine appropriate disability duration;
- Direct RTW goals & timelines (estimated RTW date);
- Provide expectation management;
- Identify flags where recovery is not progressing as planned; and,
- Provide education and promote better communication with RTW stakeholders.

For more information see [Disability Duration Guidelines](#).

Early Psychosocial Screening: Evidence supports that psychosocial and workplace culture issues should be assessed and addressed, as soon as possible, in order to impact recovery and prevent chronicity. These factors can be assessed using a screening questionnaire, like that designed by Linton and Hallden.¹

The findings of the initial assessment and screening are critical in determining what, if any, intervention is required for the appropriate management of sprains, strains and other injuries.

The current RTW Model and Physiotherapy Contract require the completion of the Orebro Questionnaire which is a screening tool for psychosocial issues that can affect recovery. The Orebro Questionnaire is a self-completion questionnaire and is used as an initial evaluation to determine "at risk" patients. It is the first step in identifying the need for early and preventive health care interventions. The score on this screening tool is one of the factors considered by clinicians in determining program emphasis and directing patient care. Link here for more information on [Orebro](#).

Collaborative Partnerships with Employers: RTW management is successful when ongoing connection with the workplace is maintained. Employers understand this and many are able to offer transitional work to accommodate workers who are recovering from injury. Where transitional work is not available, employers are encouraged to maintain connection with their employee during the recovery period. Throughout the recovery period, employers are engaged and are active participants in the RTW process, participating in case conferences and communicating with Tiered providers regarding safe job duties and with the WCB case worker.

¹ New Zealand Guidelines Group, 1997

As well, employers have direct access to Tier 1 Services and can send their workers with simple sprain strain injuries for functional assessment. With functional information available they can work with the WCB case worker, Tier 1 service provider, physician and other health care professionals to assist workers staying at work, participating in transitional work duties, or planning for RTW.

Expedited Services:

The WCB has access to expedited specialty consultations, surgical services and diagnostic imaging. For more detail see [CSSP](#).

Specialty Medicine:

The WCB has access to [expedited consultation](#) and independent medical examination services available for physical medicine, anesthesia, psychiatric and orthopedic services (Centralized Surgical Services Program (CSSP)).

Diagnostic Testing:

The WCB has expedited access to MRI's, enhanced MRI's and MRI Arthrogram testing. For more information please contact the WCB case worker.

Enhanced Physician Service (EPS):

Enhanced Physician Service (EPS) has been established as a resource to both physicians and the WCB in the biopsychosocial evaluation of workers with occupational injuries and occupational diseases. WCB recognizes that occupational medicine issues can be complex and require time, expertise, and experience from physicians to deal with WCB cases.

Participating physicians have interest in and have received additional training in occupational medicine and are located throughout the province. They support the biopsychosocial approach to assessment and recommend treatment and return to work planning consistent with the Medical Disability Advisor guidelines to assist with a safe and timely return to work.

Any EPS physician may be accessed by WCB or when the family physician needs occupational medicine expertise or assistance with RTW management and improving health outcomes for injured workers.

Physicians participating in the EPS may also be used to provide consistency of care when a worker has no treating physician. For details see [EPS](#).

Medical Advisor Outreach

The WCB has contracted medical consultants who provide medical support for case workers. The medical advisors are also involved in physician outreach contacting physicians in the community to discuss and collaborate on injury recovery and RTW planning.

Tiered Services can be defined as a range of single, multi and interdisciplinary services to address the biopsychosocial needs of injured and ill workers. Where the worker presents with psychosocial issues (identified via the Orebro Questionnaire) in addition to the physical injury itself, tiered services should include both functional and psychosocial interventions tailored to

the worker's specific needs. These services are intended to address barriers to RTW and the prevention of chronic disability following an injury while supporting return to work initiatives. This approach is supported by evidence that suggests that a combination of appropriate services and workplace accommodations are more effective in returning someone to work than either element provided independently.²

7.3. Roles & Responsibilities in the RTW Team

This section defines the detailed roles and responsibilities of members of the return to work team.

Physician:

- Report all work related injuries and illness to the WCB via the completion of the WCB Physician Report 8/10.
- To diagnose and treat the illness or injury.
- Recommend needed services.
- To advise and support the patient.
- To communicate & collaborate with the WCB/RTW Team members and their recommendations to enable the patient's safe and timely return work and to consistently manage patients expectations.
- Provide the WCB any information requested regarding a worker claiming compensation that is deemed relevant by the WCB, in a timely manner.
- Reach for assistance when needed. WCB Medical Advisors are here to help!

Tiered Services Providers

(Physiotherapists & Chiropractors)

- Complete early function assessment of work related conditions as they relate to job demands to determine fitness to stay at work/return to work.
- Refer patients to other care providers where required.
- Complete Orebro Screening (pain/activity measure).
- Liaise with employer on job demands; some have strategic relationships with employers and understand their work sites very well. Visit worksites when needed.
- Provide functional rehabilitation treatment where needed and demonstrate functional progress.
- Recommend multi-disciplinary care (e.g.: psychological support) when needed.
- Recommend inter-disciplinary care (functional, medical, and psychological) when needed.

² Carter and Birrell, 2000

WCB – Case Worker

- Determine entitlement to benefits and services using the legislation, policy and standards.
- Furnish and pay for benefits and services required to support recovery from the compensable injury.
- Fulfill the role of RTW Coordinator:
 - Work with the team to develop the RTW plan with consideration for all factors (medical, functional, psychological, workplace factors, worksite modifications, vocational rehabilitation etc.).
 - Facilitate communication amongst the team members and remain in close contact with the injured worker.
 - Gather information to support planning and decision making.
 - Maintain the claim file records – everything must be documented!

WCB – Medical Advisor

- Provides medical support/advice to the case worker with respect to connectedness to the work injury, appropriate service/treatment, and diagnostics and RTW plan.
- Connects with physicians and other health care providers to discuss questions or concerns related to a case.
- Available to physicians and other providers to discuss questions or concerns related to case or to provide advice/help to address problems.

Worker

- Report incidents/injuries to employer.
- Take all reasonable steps to provide full and accurate information to the WCB re: the injury.
- To communicate and collaborate with the players in the RTW process.
- Take all reasonable steps to reduce or eliminate any permanent impairment and loss of earnings.
- Cooperate and attended needed treatment.
- To notify the case worker immediately of any change in circumstances that may affect their claim.

Employer

- Report injuries, within 5 business days.
- Cannot prevent a worker from making a claim or penalize a worker for doing so.
- To maintain contact with the worker and provide needed support.
- To communicate and collaborate with the players in the RTW process as required.
- To provide transitional work and accommodation.
- Improve physician communication & collaboration.

8.0 Improve Physician Communication & Collaboration

The WCB has taken a number of steps to improve communication and collaboration with physicians including:

- Establish a new Joint Governance Committee which will include representatives from DoctorsNS, representatives from the WCB and four community physicians. This committee will:
 - Support the contract implementation and its intentions
 - Provide a vehicle for ongoing collaboration re: enhancements and opportunities to improve the efficiency of the system and its outcomes.
 - Provide advice to the WCB on program development.
 - Develop an improved physician section on the WCB website.
- This new online Physician's WCB Reference Guide – to serve as primary central source of information for physicians and answers for all things related to WCB.
- A team of internal WCB Medical Advisors are now initiating more outbound calls to physicians to discuss and collaborate on cases of concern. Time is billable.
- Improved access to the WCB – toll free phone and fax; speak directly to the case worker or medical advisor on claim specific matters. Time is billable.
- Case Workers are required to include the treating physician in case conferences. Time is billable.
- If you have systematic questions/concerns or ideas – please contact our [Chief Medical Officer](#).
- The CMO or other WCB team members are available to meet or present to you and/or other physicians in your practice on any matter related to WCB. [Just give us a call.](#)

Physician Support System

The WCB recognizes that dealing with workers' compensation is not a large part of most physicians' business practices' and therefore, it can be challenging to operate in this context.

In an effort to support physicians the WCB has worked to establish a support structure that includes:

Injury Management Training & Education – this reference guide is one aspect of this support. The WCB is also willing to host large and small group training sessions and has in the past hosted a workshop at the Dalhousie Family Physician Refresher.

Contract Support – The WCB and DNS are committed to supporting physicians through the new Joint Governance Committee.

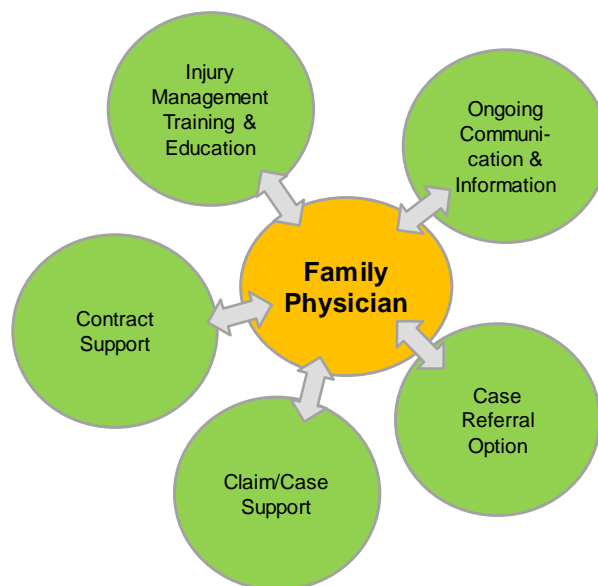


Figure 25: Physician Support System

Claim/Case Support – The WCB has trained and experienced Medical Advisors available to support physicians with specific claim matters.

Case Referral Option – for physicians who choose to not see workers' compensation patients or encounter complex cases for which they are not comfortable handling, they may refer those patients to an Enhanced Physician Services (EPS) physician.

Ongoing Communication & Information – through the WCB website, this reference guide and with the support of the Joint Governance Committee, DoctorsNS and the College of Physicians and Surgeons, the WCB is committed to improving communication and information sharing.

Sprain Strain - Continuum of Care Process Overview

This section provides an overview of the WCB Continuum of Care Process for sprain/strain injuries which incorporates many of the tools and resources outlined in this reference guide.

Injury Phase: RTW Management begins with the Injury Phase. In the MDA, Reed's disability expectations suggest that some form of interdisciplinary evaluation should occur by eight weeks post injury if a person is still disabled by a first or second degree sprain and strain injury.

The RTW Management Model and Tiered Services Contracts are based upon the standard classification of disability used in the literature and as demonstrated in the Injury Phase Diagram (below). For soft tissue strains and sprains the following apply.³

Injury Phases



Figure 26: Injury Phases

Acute Phase (0-4 weeks post-injury)

The Physician's emphasis is on diagnostic triage and the assessment. ** The WCB case worker, Tier 1 provider, worker and employer will implement stay at work/return to work matching your patient's ability with job demands. Your role is to provide any medical restrictions for consideration. Should you be unfamiliar with the workplace/job demands, let the functional experts detail any specific limitations.

³ Timelines given are for soft tissue sprains & strains. For all other injuries refer to the MDA for treatment and timelines based upon Disability Duration.

The Physician should:

- Complete and submit Form 8/10's regularly with emphasis on:
 - **Providing a diagnosis** or list of differential diagnoses so case workers can swiftly adjudicate claims and provide appropriate treatment (i.e. approve Tier 1 services, open drug coverage) to assist your patient with recovery.
 - **Outline the RTW plan.** Physicians should be supporting stay at work for most sprain/strain injuries, with at least a return to transitional work in the majority of cases.
 - **For uncomplicated STI - prescribe nil-to- minimal time off work (<48hours) without medical justification.**
- Educate the worker about his/her condition.
- Reassure that work is healthy.
- Encourage activity as part of the natural healing process of most minor STI conditions.
- Align recommendations with the Medical Disability Advisor, and manage expectations.
- Identify psychosocial factors that may impact recovery ("yellow flags") and address as appropriate. Outline on the Form 8/10.
- Identify any medical restrictions in terms of clearance for work.
- Contact the WCB medical advisor as a resource if needed.

Sub-Acute Phase (4-8 weeks post-injury)

The emphasis is on more active exercise programs aimed at functional restoration and education and to prevent individuals with soft tissue injuries from becoming chronic.

The physician should:

- Consider imaging or specialist referral to confirm diagnosis.
- Re-visit yellow (biopsychosocial) flags.
- Begin conversation with WCB Medical Advisor/Case worker to collaborate on rehabilitation path.
- What is the right service to address all the issues?
- Opioid use should be tapering or ceased (if prescribed at all)
- Continue monitoring

Chronic Phase (8 weeks + post injury)

Workers with STIs are at greatly increased risk of never returning to work once they are in this phase. Aggressive management directed at immediate RTW in any capacity is essential. If soft tissue (sprain/strain) injuries have not resolved before 8 weeks, they are considered atypical and are likely complicated by other factors such as psychosocial issues or misdiagnosis. Sprain or strain injuries that have resulted in disability of this duration should be reassessed. Interdisciplinary services usually begin. This approach will give the worker the best chance of a successful outcome.

The Physician should:

- Expect WCB to be more active in driving the rehabilitative pathway.
- Engage WCB to discuss and agree on the rehab pathway.
- Frequent assessment and monitoring.
- Have concluded major diagnostic investigations and referrals.
- Concentrate efforts on secondary supports.

Continuum of Care Process Overview (sprain/strain injuries)

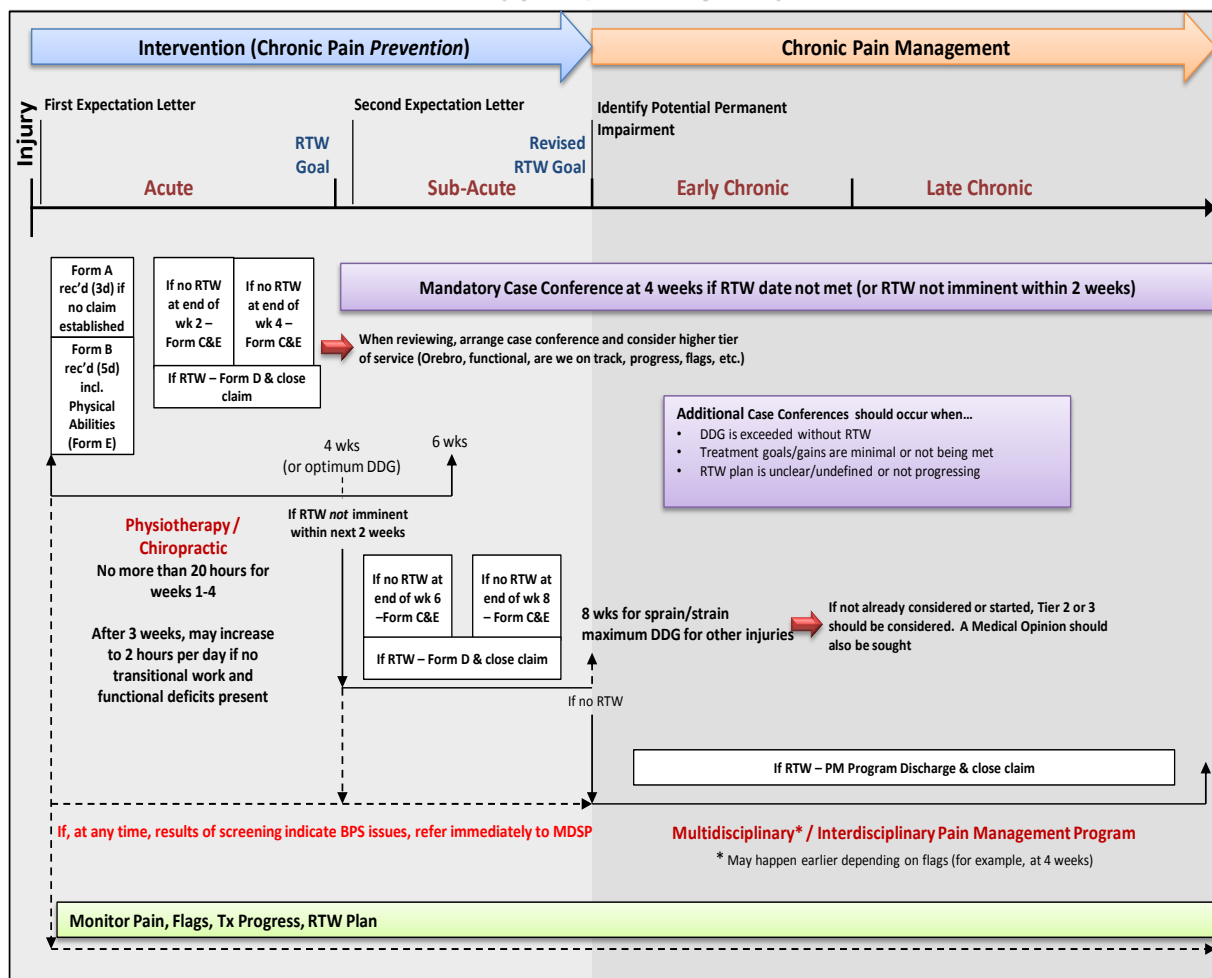


Figure 27: Continuum of Care Process Overview

Current evidence supports an approach that focuses on diagnostic triage and assessment of psychosocial risk factors along with return to work initiatives within the acute stage of the injury. Using the DDG, the Case Worker/Service Provider can determine where the worker is on the Injury Phase Diagram. This is necessary in order to determine the appropriate service level or tier. For example, if a worker is six weeks post injury for a strain/sprain and is not progressing according to the DDG, the worker would be considered at the sub-acute phase of the injury and providing functional restoration services (i.e. physiotherapy) in the absence of educational and psychosocial support may not likely yield a positive RTW outcome. In this instance, the worker would be considered for and referred to multi or interdisciplinary services.

For **non-sprain strain** injuries, the model would remain the same but the timelines would change to be in line with the expected Disability Duration Guideline for the diagnosis. The case worker will continue to review the case for ongoing progress and/or psychosocial flags in the interim. For example, if the DDG for Fractured Patella is 77 Days (Optimum time frame with Heavy Work) then 2 weeks prior to the Optimum RTW goal date (to pre-injury earnings) the case worker would once again review the workers progress to ensure the RTW goal is on target and if not the Mandatory Case Conference would be in order.

Preventing Chronic Pain

Chronic Pain as defined by WCB regulation, is pain continuing beyond the normal recovery time for the type of personal injury that precipitated, triggered or otherwise predated the pain; or disproportionate to the type of personal injury that precipitated, triggered or otherwise predated the pain, and includes chronic pain syndrome, fibromyalgia, myofascial pain syndrome, and all other like or related conditions, but does not include pain supported by significant, objective, physical findings at the site of the injury which indicate that the injury has not healed.

The following list represents factors which can influence recovery, disability duration and are often factors which, if unaddressed, can result in chronic pain and/or disability. It is helpful for the physician to look for these factors and report them to the case worker in response to the question "Are you aware of any pre-existing or current problems/barriers that may influence recovery" on the Form 8/10.

Psychosocial Factors

Family

- Overprotective family member who focuses on the fear of harm.
- Family member controls the return to work activities of the worker.
- Weak or absent family support.
- Young children at home who require care and supervision.
- Marital issues.
- Family member is in receipt of disability benefits.

Attitude

- Belief that pain equals harm.
- In conversations, the worker over emphasizes the pain.
- Development of guarded actions and postures.
- Pain in multiple sites.
- Belief that injured part must be 'back to normal' before RTW can be attempted.
- Belief that pain relief must be achieved first and foremost.
- Thinks the worst...assigning all life problems to the injury.
- Over-emphasizes desire to get back to work but does not take steps to get there: "I would rather be at work!"
- Passive attitude about rehabilitation and RTW.
- Depressed and/or anxious.

Treatment

- Multiple diagnoses for pain.
- Health Care Provider produces a dependency on treatment.
- Continued passive treatment in the absence of improved function.
- Health Care Provider recommends worker stop work.
- Excessive diagnostics in search of a bio-medical problem that does not exist.

Workplace

- Worker dislikes employer/supervisor, employer dislikes worker.
- Away from workplace greater than 1 year.
- Employer does not want worker back.
- History of missed time from work.
- Health Care Provider disagrees with any return to work plan.
- Worker is in the midst of disciplinary investigation.
- History of frequent job changes and overall job dissatisfaction.

Behaviour

- Withdrawal from activities of daily living.
- Irregular awake and sleep patterns.
- Poor attendance in treatment programs.
- Focus on home activities as opposed to work.
- Return to work goal exceeds the Disability Duration Guidelines.
- Focuses on poor sleep quality.
- Narcotic use.
- Alcohol or substance abuse.

Compensation

- Is discouraged from reporting injury.
- Employer doesn't support injury.
- Extensive claims history.
- Has an advocate to negotiate issues that would not normally require representation.
- Vehicle and mortgage payments are being made by a third party insurer.
- Is already in receipt of CPP Disability benefits.

9.0 Programs & Services

9.1. Direct Access to Early Assessment of Sprains & Strains

In 2005, the WCB introduced the Direct Access Program focused on the early assessment of sprain/strain injuries to allow for early identification of a worker's abilities to support safe and timely return to work and to prevent chronicity.

The program requires the employer or the WCB to refer a worker, who suffers a sprain/strain type injury at work, for an immediate assessment by a WCB approved physiotherapist or chiropractor. The WCB has contracted with clinics across Nova Scotia to ensure that a worker will be assessed by a functional specialist within 3 days of a referral –it often occurs sooner. The primary purpose of the referral is to assess the worker's functional abilities at the time of measurement. These functional abilities are then compared to the functional demands of the worker's job to determine if a return to the pre-accident work is safe or to identify appropriate transitional duties. This functional information is used by the WCB, the employer, the physiotherapists, and the treating physician to develop an appropriate return to work plan for the worker.

The Direct Access Program does not prohibit a worker with a potential sprain/strain injury from seeing a physician if they want to do so – it is more about the timing and ensuring early assessment and intervention occurs. By having the physiotherapist or chiropractor complete a functional assessment prior to a potential visit with a physician also allows the worker's functional abilities information to be available to the physician as s/he considers return to work in partnership with the functional specialist and the case worker.

More information on the program is available on our website: [Direct Access to Early Assessment of Sprains and Strains at Work](#).

9.2. Tiered Services Program

Research shows that psychosocial issues affecting return to work can and should be identified as early as possible.

The WCB's Tiered Services program provides a range of multi and interdisciplinary services across the province to provide both functional and psychosocial interventions, which can be tailored to the worker's specific needs.

The objectives of the Tiered Services program are to:

- Identify risk factors early, e.g., [Orebro Questionnaire](#).
- Triage to the right service – single, multi or interdisciplinary services depending upon the complexity of the case.
- Provide the right service at the right time.
- Focus on the right outcome by addressing barriers to RTW, preventing chronic pain/disability and supporting return to work initiatives.

Definition of Service Tiers

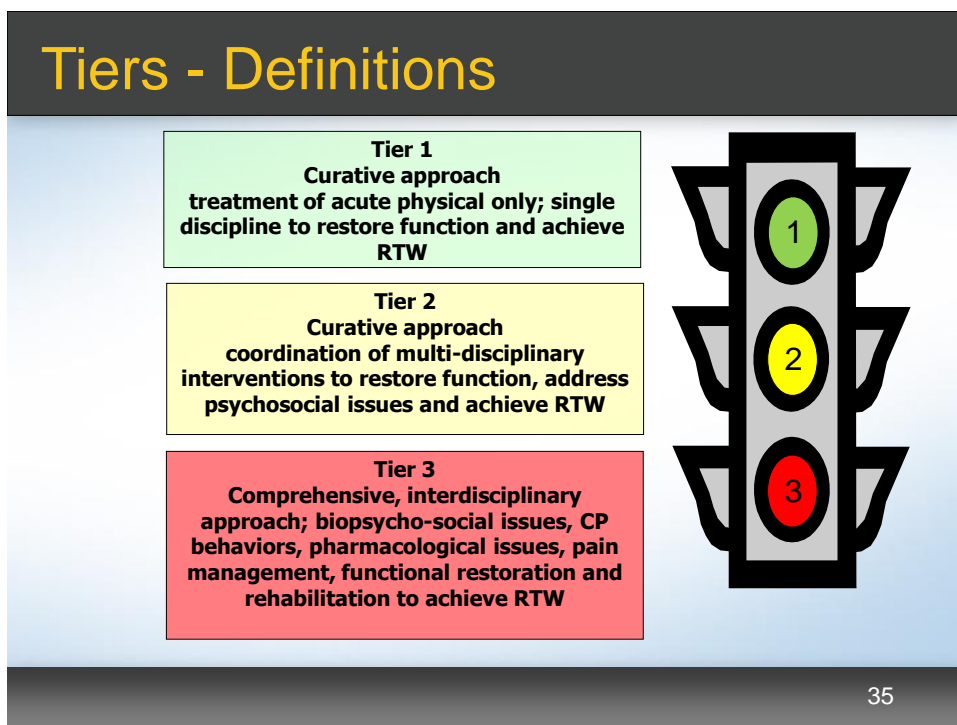


Figure 28: Tier Definitions

Tier 1 – Functional Improvement - offers a curative approach focused on the treatment of acute physical symptoms via a single discipline to restore function and achieve return to work. In most circumstances, there are no psychosocial issues evident and the treatment consists of physiotherapy for strains/sprains or other injuries within the Disability Duration Guidelines (DDG).

This program is a maximum of eight (8) weeks and 30 treatments and the physician will receive a copy of all progress reports.

Tier 2 – Coordination of Multidisciplinary - offers a curative approach focused on the coordination of multidisciplinary interventions necessary to restore function, address minor psychosocial issues and achieve return to work. This tier involves the coordination of community resources based upon individual needs to provide functional improvement and address biopsychosocial barriers.

This program is a maximum of six (6) weeks and 30 treatments (includes functional, musculoskeletal and psychosocial components and the physician will receive a copy of all progress reports.

Tier 3 – Comprehensive and Interdisciplinary - provides an interdisciplinary team approach to medical, functional and psychosocial interventions focused on pain management and RTW. Mandatory team members include the Physiotherapist, Occupational Therapist/Kinesiologist with a preferred area of practice in Occupational Rehabilitation, Psychologist, and Physician

with access to other disciplines as required. This team utilizes a cognitive –behavioral approach which is focused on assisting ill or injured workers to address biopsychosocial barriers to return to work utilizing an “in-house” team for return to work planning and chronic pain prevention. This program is a maximum of eight (8) weeks excluding Vocational Rehabilitation – as the VR goal needs to be determined prior to the program starting. The physician will receive a copy of all progress reports.

Where expected recovery times are not met or there are indications that a worker is not making expected progress in their recovery and return to work the treating physician can recommend a Tier 2 or Tier 3 Assessment.

The links below contain information on the Tiered Forms Guide and the other Tier 2/3 forms.

- [Tier1 Forms Guide](#)
- [Tiered-Services-Forms](#)

A full list of contracted providers is available on our website: [WCB Tiered Services Provider List](#).

9.3. Enhanced Physician Service (EPS)

An Enhanced Physician Service (EPS) has been established as a resource to both physicians and the WCB in the bio-psychosocial evaluation and treatment of injured workers.

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 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.

Occupational medicine issues can be complex and require the time, desire, expertise or experience from physicians to deal with WCB cases.

Referral to EPS by Treating Physician

A treating physician can refer an injured worker to an EPS Physician at any time at their discretion.

The following is the process for referral by a treating physician:

- The treating physician explains the benefits of the EPS referral to the worker.

- The treating physician selects a physician from the EPS Physician List.
- The treating physician will then complete the referral for the injured worker to the EPS Physician in the same manner as they make a referral to any other physician. They will provide information about the injured worker (e.g.: contact and medical information) to the EPS Physician.
- The EPS Physician contacts the injured worker to arrange an appointment. The physician will see the worker within 5 days of the referral. If the physician's schedule does not accommodate the 5 day timeframe (e.g. vacation), then the physician will advise the treating physician that they must decline the referral. The treating physician will then proceed to contact another EPS Physician to complete the referral.
- The EPS Physician completes the assessment and forwards the Physician's Report (Form 8/10) to the WCB within 5 days of the assessment.
- The EPS Physician sends a copy of the Physician's Report to the treating/family physician.
- The information from the assessment will be communicated to the worker by the case worker. The assessment results will be used in the return to work management plan.
- The case worker may also share the functional capabilities and return to work information from the assessment with the employer, where appropriate (as part of the return to work management plan).

Referral to EPS by 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.

Ongoing EPS Care

Following the initial referral to the EPS Physician by the WCB case worker or treating physician, the treating physician may resume care of the injured worker. Alternatively, the EPS Physician may continue to provide ongoing care to the injured worker in situations where the treating physician feels unable to continue care, when the WCB believes it to be in the workers best interest or when the patient has no family physician.

In cases where there is ongoing care of an injured worker by an EPS Physician, the EPS Physician is responsible to complete a Physician's Report Form 8/10 for each visit. The form is to be sent to the WCB within 5 days of the visit and a copy should also be sent to the treating physician.

If the EPS physician assumes treatment/care for the work-related condition the worker will remain in their care until the work related condition is resolved (i.e., the worker returns to work or moves to Long Term Benefits). During this period only the EPS physician can bill the Board for the work-related condition. Generally the Board will not pay for two treating physicians on the same claim.

EPS Physicians

The list of physicians participating in the EPS may be obtained from the WCB website [Service Provider Directory](#) or by contacting the WCB Health Services Department toll free at 1-800-870-3331 in Halifax at 902-491-8356.

9.4. Centralized Surgical Services Program

While Nova Scotia is making good progress in reducing the number of people hurt on the job, each year thousands of people still suffer injuries, with some needing surgery. To speed up care for injured workers returning to work, the WCB has partnered with the Annapolis Valley Health (AVH) (now the Nova Scotia Health Authority) to implement a new approach to managing and delivering this care by centralizing coordination of surgical services.

The Centralized Surgical Services Program (CSSP) utilizes unused capacity in the public system to provide expedited surgical services for workers who are losing time from work due to injury. The program will enable injured workers to medically recover and return to the workforce and their overall way of life sooner.

Under the program, injured workers will still be seen by their family doctor. If a surgical consultation or procedure is recommended, the request must be sent directly to the WCB via the [CSSP Referral Form](#).

Please note:

- This program is mandatory for injured workers in need of surgical services.
- If you recommend a surgical consultation, please complete the [CSSP Referral Form](#) in full and fax it to WCB. Ensure the worker's contact information is complete and up-to-date.
- Do not send a duplicate referral into the public system.
- If a surgical consultation is required, it will be delivered through the Centralized Surgical Services Program, managed by the Nova Scotia Health Authority. While efforts will be made to provide services as close as possible to the worker's home, any travel costs for consultations or treatment will be covered by the WCB.
- For more detailed information, the process and Q&A, please refer to the WCB website [Centralized Surgical Services](#) section.

9.5. Prescription Medication Program/Formularies

Through a partnership with Medavie Blue Cross, approved prescription medications are available to workers with approved WCB claims at every pharmacy counter in Atlantic Canada. If the prescribed medication is within a worker's formulary, it is covered automatically with no need for out of pocket expense.

WCB formularies contain thousands of drugs that are assigned to benefit sets associated with the nature of work related injury and illness. They allow access to medications commonly used to treat those specific types of injuries and illnesses. This means what is covered for one injured worker (with a certain type of injury) may not be covered for the next (with a different type of injury).

Medications not included in a worker's formulary may not be covered without special authorization, based on further information from the worker's physician. The worker, or the pharmacy, may contact the physician directly in the event that a prescription has been declined at the pharmacy counter. The alternatives at that point are:

- Prescribe an alternate (covered) medication, or;
- Submit a Special Authorization (SA) request to Medavie Blue Cross (MBC) for review, similar to the process used by NS Pharmacare. You might be contacted by MBC or a WCB Medical Advisor for further discussion.

Significant changes were made to our Formulary program in May 2015. Many of these changes are related to the prescribing of opioids for injured workers. A toolkit was mailed to all physicians in NS in advance of those changes.

The full details and physician tools are available on our website: www.wcb.ns.ca/formulary.

9.6. Other Expedited Services

The WCB also has a variety of additional expedited services available to support injured workers safe and timely RTW. To access any of these services physicians should fax a copy of the physician referral requesting the expedited service to the WCB, at 902-491-8001 or toll-free 1-855-723-3975.

- Healthview Imaging - Diagnostic Imaging Service
- Physical Medicine Services (including fluoroscopic injections)
- Anaesthesia Services (including fluoroscopic injections)
- Psychiatry
- ENT

If the WCB case worker is recommending referral to any of these services they will consult the medical advisor to ensure it is medically warranted. The treating physician will be contacted/consulted.

10.0 Standards/Practices/Positions

10.1. Medical Disability Guidelines

The Medical Disability Guidelines (MDGuidelines) - formerly the Medical Disability Advisor (MDA) - developed and revised by the Reed Group, is a reference designed for use by medical and non-medical professionals whose positions require familiarity with workplace injury and illness. It is endorsed by the American College of Occupational and Environmental Medicine.

The MDGuidelines defines disability as the inability to perform the pre-accident job at the pre-accident level of function (before injury or illness occurred), and is a web-based tool designed to assist in the case planning process by providing general Disability Duration Guidelines (DDG) to be used in determining treatment plans and return to work target dates.

All case workers, medical advisors, EPS Physicians and Tiered Service Providers are required to utilize MDGuidelines. Physicians, working collaboratively with the WCB should also consider its recommendations.

This is a subscription service, however the case worker can provide the physician with the applicable section of the guidelines, if requested. See mdguidelines.com.

It is a tool designed to assist in the case planning process by providing general Disability Duration Guidelines (DDG) that can be used for the following:

- To identify potential treatment and rehabilitation protocols.
- To provide guidance in the recovery process.
- To help establish disability duration guidelines consistent with the worker's diagnosis and functional ability.
- As a starting point in the RTW planning process which relates diagnosis/injury with function and disability duration.
- To utilize the worker's work classification (sedentary, light, medium, heavy, and very heavy) to determine appropriate disability duration.
- To direct RTW goals & timelines (estimated RTW date).
- To provide expectation management.
- To identify flags where recovery is not progressing as planned.
- To provide education and promote better communication with RTW stakeholders.

10.2. Disability Duration Guidelines

Depending on the worker's job classification, the case worker/service provider can utilize the Disability Duration Guidelines (DDG) as a benchmark for treatment success.

It should be noted that Disability Duration Guidelines (DDG) provided in the MDA are guidelines. They do not represent absolute minimum or maximum lengths of disability or are not to be used as definite markers of claim duration. DDG needs to be considered in the context of individualized worker's assessment for recovery and RTW. DDG does, however, represent important points in time at which, if full recovery has not occurred, additional evaluation should take place.

It should be noted that healing time (traditionally referred to as Maximum Medical Recovery or MMR) and disability duration can be different. Healing time refers exclusively to the injury healing process whereas disability duration incorporates work classification and considers the worker's abilities when considering time off work. This approach espouses that workers can return to safe and timely work consistent with their functional ability while simultaneously healing from the injury itself.

Generally, the Optimum DDG is used as a guideline for disability duration and RTW management. However, a worker's individual circumstances (other factors that influence disability) are taken into consideration when individualized RTW Plans are developed with RTW stakeholders. The following additional factors ("yellow flags") are also considered when managing workplace injury/illness:

- Job Classification
- Psychosocial Factors (i.e. job satisfaction, employer relationships, etc.)
- Variability within Diagnoses (i.e. mild to severe sprain)
- Stress, Anxiety, Depression
- Family Issues
- Attitudes and Beliefs
- Age
- Complications or Co-Morbid Conditions (i.e. surgery, etc.)
- Pre-existing Conditions (i.e. diabetes, etc.)
- Medication
- Benefit Structure or Financial Disincentives to RTW
- Job Stability (layoffs) & Job Demands (classification)
- Availability of Transitional Work, RTW Programs
- Other Work Place Factors (environment)

The following tables indicate DDGs for injuries with some of the frequent injuries in Nova Scotia:

Disability Duration Guidelines

Sprains and Strains, Shoulder and Upper Arm

Job Classification	RTW Minimum/Maximum
Sedentary Work	1 day – 2 weeks
Light Work	1 day – 2 weeks
Medium Work	1 week – 3 weeks
Heavy Work	2 weeks – 6 weeks
Very Heavy Work	2 weeks – 8 weeks

Table 1: Sprains & Strains, Shoulder & Upper Arm

Sprains and Strains, Cervical Spine (Neck)

Job Classification	RTW Minimum/Maximum
Sedentary Work	1 day – 1 week
Light Work	1 day – 2 weeks
Medium Work	3 days – 6 weeks
Heavy Work	3 days – 8 weeks
Very Heavy Work	3 days – 10 weeks

Table 2: Sprains & Strains, Cervical Spine (Neck)

Sprains and Strains, Back (Thoracic Spine)

Job Classification	RTW Minimum/Maximum
Sedentary Work	1 day – 1 week
Light Work	3 days – 2 weeks
Medium Work	1 week – 6 weeks
Heavy Work	1 week – 12 weeks
Very Heavy Work	1 week – 13 weeks

Table 3: Sprains & Strains, Back (Thoracic Spine)

Rotator Cuff Tear

Job Classification	RTW Minimum/Maximum
Sedentary Work	0 days – 4 days
Light Work	0 days – 1 week
Medium Work	2 week – 6 weeks
Heavy Work	4 weeks – 12 weeks
Very Heavy Work	4 weeks – 12 weeks

Table 4: Rotator Cuff Tear

10.3. Orebro Questionnaire

1. What is the Orebro Questionnaire?

Adapted from the work of Stephen Linton, Ph.D., it is a pain and activity screening tool used during an initial evaluation to help identify patients at risk of developing a chronic problem. It is part of a bio-psychosocial approach to achieve more successful return to work and better health outcomes for injured workers. It identifies psychological or psychosocial factors (Yellow Flags) that may hinder recovery and RTW.

Identifying and managing flags early in the recovery process can prevent chronicity and reduce the human and financial toll of workplace injury.

2. How does it work?

The objectives of the Orebro are:

- Early identification of patients at risk for developing chronic pain and disability;
- To identify psychosocial issues that can affect recovery;
- To assist in referring the patient to appropriate services;
- To help focus on specific issues that need to be addressed; and
- To help clinicians determine appropriate program emphasis.

Scoring for the Orebro Questionnaire can fall into three categories - low, medium and high – which are indicators of risk that psychosocial issues might impact recovery. Failing to address these issues may potentially negatively impact the worker's recovery and RTW. This tool has been proven to be a clinically reliable predictor of risk.

Low Score: 98 or less

No significant issues affecting recovery

Proceed with functional restoration within DDG

Medium Score: 98-148

Identify psychosocial issues

Proceed as planned and address issues through education and psychosocial support

Determine whether expected level of functional progress has been achieved

Where lack of improvement in function with no evident physical reason – reapply Orebro & discuss with case worker regarding additional/necessary intervention to address psychosocial issues (i.e. consider multi or interdisciplinary services)

High Score: 148 or higher

Presence of psychosocial issues that may likely impact recovery

Refer for interdisciplinary assessment with WCB approved Service Provider

It should be noted that the score on the Orebro Questionnaire is one RTW management consideration. The score is taken into account along with the worker's functional progress as well as other factors that influence disability duration in order to determine service requirements. The incorporation of an early assessment tool such as the Orebro Questionnaire ensures that consideration is given to both the physical and psychosocial aspects of workplace injury so that

appropriate interventions can be undertaken which includes more extensive psychological screening and assessment.

3. How is it administered?

The Orebro Questionnaire is utilized by tiered providers and EPS Physicians in their assessment of injured workers. It is administered early in the life of the injury and is repeated throughout to monitor progress and impact of treatment.

4. Orebro Questionnaire Forms

The Orebro questionnaire is located on our website: [Orebro Questionnaire](#)

10.4. Position Statements

The WCB is responsible for making sure injured workers receive the healthcare they need for the treatment of work-related injuries. Policies [2.3.1R](#) - Provision of Health Care Services and [2.3.5](#) - Medical Aid - General Principles guide the WCB when deciding whether to pay for a particular type of treatment, service, or device. Some factors the WCB considers:

- That the healthcare fits the type of injury.
- That the healthcare is the best value.
- That the healthcare meets healthcare standards and practices.
- That the healthcare is delivered by doctors, physiotherapists, and chiropractors etc., that are WCB approved.

Considering the Workers' Compensation Act and the policies noted above, the WCB has written a series of position statements to help clarify the WCB's approach to a number of topics related to injured workers' healthcare.

[WCB Position Statements](#) are located on our website.

If you have questions, please contact [Coordinator, Service Provider Relationships](#).

11.0 Fee Schedule

For fees please link to the secured [member section of the DNS Website](#).

#	Service	For use by	Description – when billable	Billing code
1	All MSI services	All physicians	All applicable services defined in the MSI Physician's Manual not otherwise defined below	Standard MSI fee codes
2	Return To Work service - office visit	General practitioners	Physician comprehensive office visit for a work related injury or illness where RTW management is or may be required. The report below (#3) is required.	WCB 28 Billable through MSI with WCB as payment responsibility
Both # 2 and # 3 should be billed together in place of WCB 11				
3	Return To Work service - report	General practitioners	The Physician Report Form 8/10 required within 5 business days of the RTW office visit (#2 above). Must be complete, legible and provide quality information for RTW planning/management.	WCB 26 RTW Physician Report Form 8/10 Billable through MSI
4	Enhanced Physician Services (EPS) RTW service - office visit & report	EPS physician	These cases are typically complex. A fully completed and comprehensive Physician Report form 8/10 is required within 5 business days of the visit. Also see billing for extended initial visit below.	WCB12 EPS Service Billable through MSI Add modifier RO=EPS1 to indicate EPS Initial visit (RP=NTL) OR subsequent visits (RP = SUBS)
5	Enhanced Physician Services (EPS) RTW extended initial assessment	EPS physician	For complex initial assessments exceeding 50 minutes, EPS physicians may bill additional 15 minute increments to a maximum of 1 additional hour.	WCB 12 EPS Service Billable through MSI Add modifier RO=EPS1 to indicate EPS Can be billed with initial visit only (RP=NTL) and billed as multiples Subsequent visits use modifier (RP = SUBS) (no multiples allowed)
6	WCB Requested Reports	All physicians	A report summarizing a worker's chart or answering specific questions Billed in 15 minute increments.	WCB 13 Requested Report Billable through MSI 15 minute increments billed as multiples

#	Service	For use by	Description – when billable	Billing code
7	Case Conferencing and Tel-conferencing	All physicians	Case conferences may occur on request of any member of RTW team. The WCB case worker or medical advisor must be in attendance for non EPS. The case worker can arrange. May entail either a phone call or meeting to discuss a specific case. Billed in 15 minute increments.	WCB 15 Case Conference Billable through MSI 15 minute increments billed as multiples
8	Photocopying Charts	All physicians	Photocopying of charts requested by WCB.	WCB17 Chart Notes Billable through MSI Modifiers necessary to indicate page volumes: ME=UP10 (10 pages or less) ME=UP25 (11-25 pages) ME=UP50 (26-50 pages) ME=OV50 (over 50 pages)
9	Carpal Tunnel Syndrome (CTS) Assessment Report	General practitioners	Requested by WCB regarding the worker's CTS condition If an office visit is required, it may be billed as well (see #2 above).	WCB 20 CTS Report Billable through MSI
10	SPE Follow-Up Report	Specialists	There is no special form for this and it can only be billed with an office visit. A report is not required and will not be paid in the following instances: <ul style="list-style-type: none"> Inpatient hospital visit LTB worker with no change* in treatment or medical status 	WCB 21 Specialist Follow-up Report Billable through MSI
11	Mandatory Generic Exemption Form	All Physicians	Used to request Special Authorization for WCB coverage of a brand name drug when generic is available (Form to be submitted to Medavie Blue Cross – WCB Formulary Administrators)	WCB 22 Mandatory Generic Exemption Form Billable through MSI
12	Non-Opioid Special Authorization Request Form	All Physicians	Used to request Special Authorization for WCB coverage of a non-opioid drug when drug is outside of formulary or quantity limit is exceeded (Form to be submitted to Medavie Blue Cross – WCB Formulary Administrators)	WCB 23 Non-Opioid Special Authorization Request Form Billable through MSI
13	Opioid Special Authorization Request Form	All Physicians	Used to request Special Authorization for WCB coverage of an opioid drug when drug is outside of formulary or time or quantity limit is exceeded (Form to be submitted to Medavie Blue Cross – WCB Formulary Administrators) If an office visit is required, it may be billed as well (see #2 above).	WCB 24 Opioid Special Authorization Request Form Billable through MSI

#	Service	For use by	Description – when billable	Billing code
14	Substance Abuse Assessment Form	All Physicians	Completed as part of first Opioid Special Authorization Request (#13 above). Not required for subsequent requests for same patient. (Form to be submitted to Medavie Blue Cross – WCB Formulary Administrators) If an office visit is required, it may be billed as well (see #2 above).	WCB 25 Substance Abuse Assessment Form Billable through MSI
15	Long Term Benefits (LTB) - Follow-Up Office Visit	All physicians	The WCB does not require routine follow-up visits for LTB clients unless they are medically necessary and if so generally no more than 1 per month. A report is not required (and will not be paid) unless there is a change* in condition or treatment).	03.03 or 03.03A Billable through MSI with WCB as payment responsibility Used for LTB follow-up visit
16	Long Term Benefits Follow-Up Report	General practitioner	Billed with LTB Office Visit and only when the worker's condition or treatment has changed* The Physician's Report Form 8/10 is used. The report is due within 5 days of the visit.	WCB 26 RTW Physician's Report Form 8/10 – used as LTB follow-up report only when worker's condition has changed* Billable through MSI
17	Eye Report	Specialist - ophthalmologist	Requested by WCB regarding the worker's specific eye condition It may be billed with an office visit if required (see #2 above).	WCB 27 Eye Report Billable through MSI

Table 5: WCB Fee Schedule

**Formerly WCB 11 fee code

*"Change"- in the context of physician reporting to the WCB for workers in receipt of long term benefits and for whom no ongoing return to work management of their injury is necessary, "change" means a change in diagnosis or symptoms, flare-ups; changes in treatment which may include but are not limited to physiotherapy treatment, chiropractic treatment, the necessity to provide assistive devices or personal care, specialist referrals and diagnostic testing.

Billing notes:

- Billing Codes no longer available: WCB14, WCB16
- If the worker's WCB claim is denied, the WCB will pay for the initial visit only; all subsequent visits must be billed to MSI.
- The WCB does not pay for missed appointments. Standard physician office policy applies.
- Requests for chart notes and reports received from Workers' Compensation Appeals Tribunal (WCAT) or Workers' Advisors Program (WAP) must be billed directly to the requestor.

All fees invoiced and directed to the WCB must be on a separate, numbered invoice for each claimant, which includes the worker's claim number.