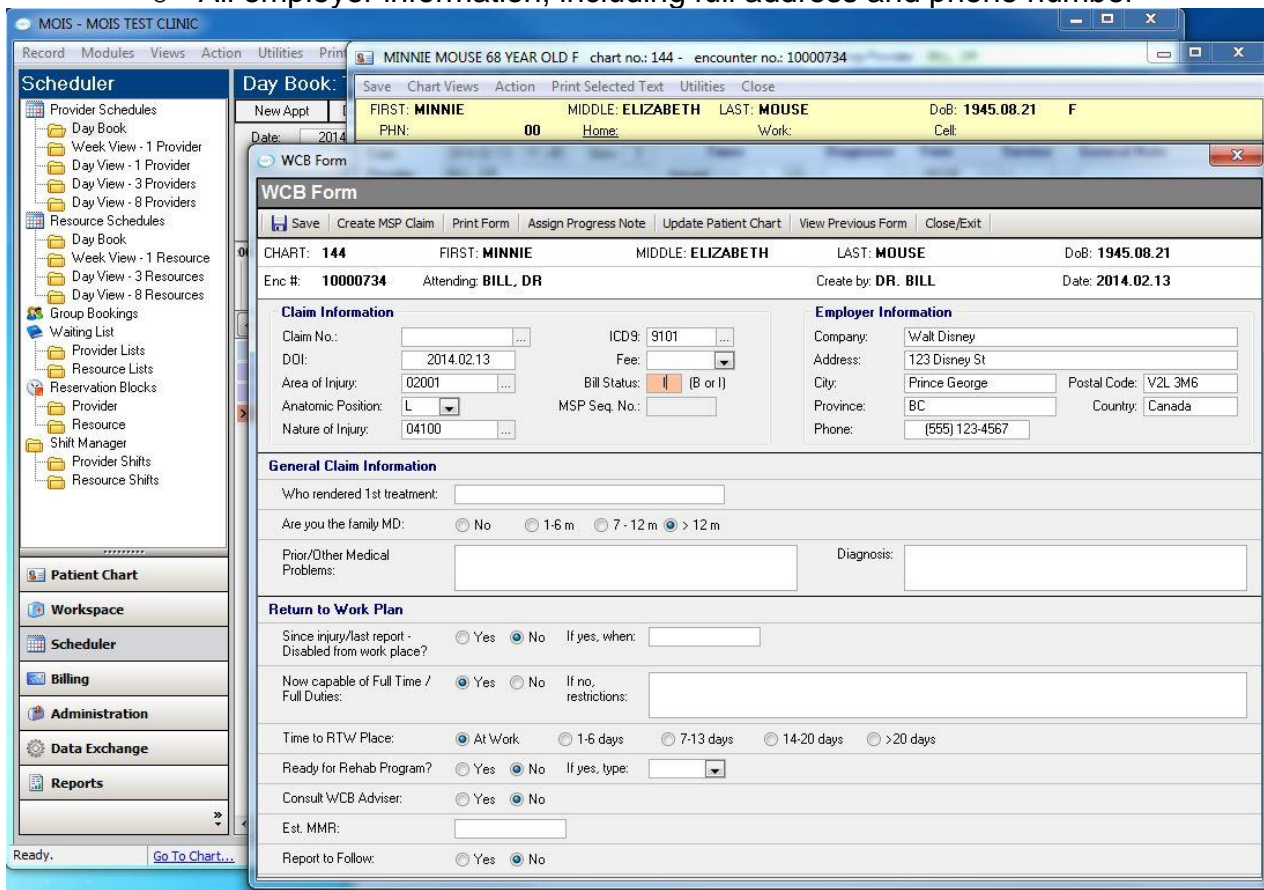


## How to Bill for WCB

When a patient presents with a work-related injury, the office marks the visit as a WCB visit, and bills the claim through WCB. A form needs to be filled out and sent to WCB with the claim in order for the claim to be paid. The WCB visit can be billed as usual, but the WCB form must be billed from the form itself. Please be aware that different types of WCB claims must be submitted within a limited number of days after the office visit to be accepted.

The following information must be entered to bill to MSP:

- In **Demographics**:
  - Address
  - Sex
  - Date of birth
  - PHN
- In **Demographics** → **WCB Claims**:
  - Date of injury
  - Claim number
  - Area of injury
  - All employer information, including full address and phone number
  - Position of injury
  - Nature of injury
  - ICD-9 Code



The screenshot shows the MOIS software interface for a patient named MINNIE ELIZABETH MOUSE. The main window displays the 'WCB Form' with the following details:

- Patient Information:** FIRST: MINNIE, MIDDLE: ELIZABETH, LAST: MOUSE, DoB: 1945.08.21, F, PHN: 00, Home, Work.
- WCB Form Fields:**
  - CHART: 144, FIRST: MINNIE, MIDDLE: ELIZABETH, LAST: MOUSE, DoB: 1945.08.21
  - Enc #: 10000734, Attending: BILL, DR, Create by: DR. BILL, Date: 2014.02.13
  - Claim Information:** Claim No., DOI: 2014.02.13, ICD9: 9101, Fee, Area of Injury: 02001, Anatomic Position: L, Nature of Injury: 04100, Bill Status: (B or I), MSP Seq. No.
  - Employer Information:** Company: Walt Disney, Address: 123 Disney St, City: Prince George, Postal Code: V2L 3M6, Province: BC, Country: Canada, Phone: (555) 123-4567
  - General Claim Information:** Who rendered 1st treatment, Are you the family MD: No, 1-6 m, 7-12 m, > 12 m, Prior/Other Medical Problems, Diagnosis.
  - Return to Work Plan:** Since injury/last report - Disabled from work, place? Yes, No, If yes, when; Now capable of Full Time / Full Duties: Yes, No, If no, restrictions; Time to RTW Place: At Work, 1-6 days, 7-13 days, 14-20 days, >20 days; Ready for Rehab Program? Yes, No, If yes, type; Consult WCB Adviser: Yes, No; Est. MMR; Report to Follow: Yes, No.

To Bill from the Patient Chart:

1. Register the patient in **Patient Chart → Demographics**.
2. In Demographics, click on the **WCB Claims** tab.
3. Add a New Record (type CTRL+N).
4. Fill in the date of injury (DOI).
5. In the Area of Injury column, press **F4** and enter the correct injury.
6. In the position column, choose the correct option.
7. In the Nature of Injury column, press **F4** and enter the correct nature.
8. In the ICD-9 column, press **F4** and enter the correct code.
9. Select the **Default** box if this is the only claim for the patient.
10. At the bottom of the screen, supply the employer information.
11. Navigate to **Patient Chart → Encounters**.
12. Add a New Record (type CTRL+N) and enter the information required.
13. Double click on this record to open the Encounter Detail Window.
14. In the Progress Note section, type "**See WCB Form**" (if patient only seen for WCB). A progress note must be entered before billing WCB.
  - a. If the patient was seen for an office visit as well, type the doctor's notes
15. Click on the **Encounter Forms** tab.
16. Click on **New Form** and select the **WCB Report** form, if this step has not already been completed by the examining physician.
17. Press **F4** in the **Claim Number Field** and select the correct claim.
18. Fill in the General Claim Information and all other relevant information.
19. Press **Save** or **F2**.
20. Click **Create MSP Claim**. Note the "I" beside Bill Status turned to a "B". This has billed your form to WCB.
21. Close the WCB screen and in the **Encounter Detail Window**, enter the appropriate **Diagnoses Code** and the **Fees Code**.
22. Press **CTRL+B** to **Bill MSP**. Note the "I" changes to "B" in the **Billing Status** field. The office visit has now been billed.

To Bill from the Scheduler:

1. Open the **Scheduler**.
2. Click on the patient whose visit is WCB related to open the Encounter Detail Window.
3. In the Progress Note section, type "**See WCB Form**" (if patient only seen for WCB).
4. Click on the **Encounter Forms** tab.
5. Click on **New Form** and select the **WCB Report** from the selection list.
6. Press **F4** in the **Claim Number Field** and select the correct claim. If this is the first visit for WCB, leave the Claim No. empty.
7. Fill in the required information and the General Claim Information.
8. Click **Update Patient Chart** and check **Mark as Default** in the pop-up window. (Note, if you have entered the claim in the WCB tab under patient chart, ensure you have checked the default).
9. Press **Save** or **F2**.
10. Click **Create MSP Claim**. Note the "I" beside Bill Status turned to a "B". This has billed your form to WCB.
11. Close the WCB screen and navigate back to the **Scheduler**.

12. Enter the diagnostic code in the **Diag. 1** column and the fee code in the **Fee 1** column.
13. Press **CTRL+B** to **Bill MSP (current encounter)**. Note the “I” changes to “B” in the **Billing Status** field. The office visit has now been billed.

To check your billing (not required), go to **Unsent to MSP (ALT+9)** and press **ALT+F2** (Prompt Unsent by Patient Name under the **Action** tab) and ensure the Complete box is checked. Alternatively, you can go to the Demographics, open the **Action** menu and select Account Summary (**ALT+F1**). The Account Summary shows all claims created for the patient. Verify that claims are created for both the WCB visit and for the WCB form.

## Troubleshooting WCB Claims

If you are unsure of how to submit specific WCB claims, it is recommended that you contact WCB and speak to a representative before submitting the claim.

1. If a WCB patient was seen first in a Walk-In Clinic or in Emergency, but my clinic doesn't know if the Walk-In or ER billed the first WCB visit, can I bill it?

No. If the patient has already been seen first at another location (i.e. Walk-In Clinic or ER), then the GP cannot bill a Form 8 as an Initial Assessment. They should bill for a progress report (follow-up) Form 11.

2. How do I bill for an Out-of-Province patient who was injured at work in BC?

The patient has the right to choose which province will provide coverage (the right of election), and a form is available for the patient to fill out and send to WCB. With the right to elect the province, the patient chooses who will be compensating them for their injury and based on that choice, the claim has to be pushed through to that province.

This form is Form # 25W78 (<http://worksafebc.com/forms/assets/pdf/25W78.pdf>) and is used when an injury takes place in a province other than the province that provides the patient's MSP coverage.

The claim would include only the claim number, and not the out-of-province PHN number.

3. How do I bill for a BC patient who was injured at work in another province?

This scenario is similar to question 2. WCB has advised that the office call and determine whether a claim has already been started in that province before billing this claim.

4. What do I do if I have a WCB claim that is rejected with explanatory code WD?

Rejected claims with explanatory code WD can be resubmitted to MSP even if the claim is over 3 months old. Change the submission code to W and the payor to BC and then resubmit the claim.

5. How often can a WCB form be billed?

The WCB Report can be billed every 14 days. The report can be billed again before 14 days only if there is a change in the patient's condition, and this change is specified on the form.

6. Why does the Unsent Claims window show the claim for the WCB Form as incomplete?

The WCB Form can only be billed using the 'Create MSP Claim' button on the form. The claim will be marked as incomplete if the form fee code was billed from the Scheduler or from the Encounter Detail Window because the form was not attached to the claim. To attach the form to the claim, use the 'Create MSP Claim' button on the WCB Form.