

## WCB CLAIMS PROCESSING – UPCOMING CHANGES

As noted in previous Physician's Bulletins, additional information will be required when submitting claims to Medavie for WCB payment, effective June 27, 2019.

### Submission requirements

From June 27, 2019 onward, you will need to include one or both of the following when submitting claims with a payment responsibility of 'WCB':

- Worker's WCB claim number
- Worker's injury date (month and year)

In some cases, you may provide a service to an injured worker before a WCB claim exists. In these cases, the month and year of injury should be submitted.

This additional information will be used to verify that the patient was eligible for WCB coverage on the date that the service was provided. Although Medavie will be receiving WCB eligibility updates daily, you may notice a difference in the length of time it takes to process WCB claims, as this required verification will be completed prior to the claim being paid. Confirming whether your patient is eligible for benefits at the time the claim is submitted for payment will help prevent billing errors and the need for payment reversals.

Your billing vendor has made changes to their software to enable you to provide this additional information. Please contact your vendor directly if you have any questions regarding the rollout of their software changes. If you do not provide the WCB claim number and/or injury date, your WCB claim will refuse.

### Return to Work (RTW) Service

WCB encourages you to follow the injured worker as frequently as needed to ensure the earliest possible return to work. The health service code to be used when claiming for these visits is WCB28 (Comprehensive Visit for Work Related Injury or Illness). If a limited visit (03.03 or 03.03A) is submitted, the claim will refuse.

The associated reporting to WCB is to occur within 5 days of each visit using the report form 8/10. The health service code to be used to bill for form 8/10 completion is WCB26.

### Long Term Benefits (LTB) Service

If your patient has been transferred to Long Term Benefits, the accepted visit frequency for a LTB worker is 'as required'. Generally, visits would be no more than monthly for follow-up of the original compensable injury only. The health service code to be used for these visits is 03.03 or 03.03A. If WCB28 is submitted, the claim will refuse.

You should only send a Form 8/10 to WCB for a worker receiving a long term benefit when there is a change to the worker's diagnosis or treatment. If it is necessary to complete a Form 8/10, WCB26 is to be billed for completion.

Ongoing updates will be provided via the MSI Physician's Bulletin. Relevant information will also be posted on the MSI Website, <https://msi.medavie.bluecross.ca>. If you have any questions, please email [msi\\_assessment@medavie.bluecross.ca](mailto:msi_assessment@medavie.bluecross.ca) or call 902-496-7011/toll-free 1-866-553-0585.