

FEE SCHEDULE

Physician

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WSIB OFFICES

TORONTO

200 Front Street West, 15th Floor
Toronto, ON M5V 3J1
Phone number: 416-344-1000
Fax: 416-344-4684
Toll-Free: 1-800-387-0750

OTTAWA

180 Kent Street, Suite 400
Ottawa, ON K1P 0B6
Phone number: (613) 237-8840
Fax: (613) 239-3321
Toll-Free: 1-800-267-9601

LONDON

148 Fullarton Street, 7th Floor
London, ON N6A 5P3
Phone number: (519) 663-2331
Fax: (519) 663-2333
Toll-Free: 1-800-265-4752

KITCHENER

55 King Street West, 3rd Floor
Kitchener, ON N2G 4W1
Phone number: (519) 576-4130
Fax: (519) 576-2667
Toll-Free: 1-800-265-2570

GUELPH

1 Stone Road West,
4th Floor, South Tower
Guelph, ON N1G 4Y2
Phone number: (519) 826-7490
Fax: (519) 826-4678
Toll-Free: 1-888-259-4228

WINDSOR

STREET ADDRESS:
2485 Ouellette Avenue
Windsor, ON N8X 1L5
Phone number: (519) 972-4254
Fax: (519) 972-4181
Toll-Free: 1-800-265-7380

MAILING ADDRESS:

P.O. BOX 1617
Windsor, ON N9A 7B7

ST. CATHARINES

301 St. Paul Street, 8th Floor
St. Catharines, ON L2R 7R4
Phone number: (905) 687-8622
Fax: (905) 687-7117
Toll-Free: 1-800-263-2484

SUDBURY

30 Cedar Street
Sudbury, ON P3E 1A4
Phone number: (705) 675-9301
Fax: (705) 675-9367
Toll-Free: 1-800-461-3350

TIMMINS

MAILING ADDRESS:
Workplace Safety and Insurance
Board
Ontario Government Complex
Highway 101 East P.O. Bag 4020
South Porcupine, ON P0N 1H0

STREET ADDRESS:

Ontario Government Complex
1270 Highway 101 East
Porcupine, ON P0N 1C0
Phone number: (705) 235-6130
Fax: (705) 235-6140
Toll-Free: 1-800-461-9856

HAMILTON

MAILING ADDRESS:
P.O. Box 2099, Station LCD1
120 King Street West
Hamilton, ON L8N 4C5

STREET ADDRESS:

120 King Street West
Hamilton, ON L8N 4C2
Phone number: (905) 523-1800
Fax: (905) 521-4502
Toll-Free: 1-800-263-8488

THUNDER BAY

1113 Jade Court, Suite 200
Thunder Bay, ON P7C 6V3
Phone number: (807) 343-1710
Fax: (807) 343-1702
Toll-Free: 1-800-465-3934

NORTH BAY

128 McIntyre Street West
North Bay, ON P1B 2Y6
Phone number: (705) 472-5200
Fax: (705) 472-9801
Toll-Free: 1-800-461-9521

SAULT STE. MARIE

153 Great Northern Road
Sault Ste. Marie, ON P6B 4Y9
Phone number: (705) 942-3002
Fax: (705) 942-7582
Toll-Free: 1-800-461-6005

KINGSTON

234 Concession Street, Suite 304
Kingston, ON K7K 6W6
Phone number: (613) 544-9682
Fax: (613) 544-1510
Toll-Free: 1-800-267-9461

Description of Reports

This section provides a list of reports that may be requested by the WSIB, and a brief description of each report.

Complex Report

A Complex Report is requested when a worker has been treated for a substantial period of time with different treatment modalities (including several surgical procedures) without resolution. WSIB staff will pose, in writing, a number of detailed questions for you to respond in narrative form and submit on your letterhead.

Consultation Report

Only bill for a Consultation Report in conjunction with a consultation visit as defined in Preamble 3(a) of the Ministry of Health and Long Term Care Schedule of Benefits for Physician Services. Consultation reports will be requested by the WSIB, or submitted in situations where you believe the injury/illness is work-related. These reports may be written in narrative form and submitted on your letterhead.

Health Professional's Report (Form 8)

In all cases, complete and submit a Form 8 following the initial visit where a worker has been treated for a workplace injury/illness. Submit only one Form 8 for each worker. This report must not be used as a progress report.

Note:

The Health Professional's Report (Form 8) replaces the Physician's Report Re-opened Claim (RE08). Complete the Form 8 when the worker reports a recurrence of a previous work-related injury/illness.

Hospital Emergency Department Consultation Report

Only bill for a hospital emergency department consultation report, in conjunction with an emergency room physician consultation visit. This is defined in Preamble 3(L) of the Ministry of Health and Long Term Care Schedule of Benefits. Complete and submit a report covering the details of an emergency room physician consultation done in the Hospital Emergency Department if the injury/illness is considered to be work-related. Include in the consultation report only information pertaining to the work-related injury/illness.

Operative Report

An operative report will be specifically requested by the WSIB, or may be submitted whenever the surgeon believes that the surgical procedure was performed for a work-related injury or illness.

Physician's Drug Utilization Report

A drug utilization report is requested by the WSIB when information is required about a worker's medication, including dosage, strength and duration. The prescribing physician should provide the medical information in narrative form.

Physician's Complex Drug Utilization Report

A complex drug utilization report is requested when information concerning medical indications for a prescription drug and therapeutic benefit is required. The prescribing physician should provide the medical information in narrative form.

Physician's Orthotic Report

The WSIB may request information on the continued use of an orthotic device. The prescribing physician should provide medical information regarding the ongoing need, therapeutic benefit, and appropriate use of the device. An orthotic report may be written in narrative form and submitted on a physician's letterhead.

Progress or Narrative Report (Form 26)

The WSIB sends this form to the worker when a progress report is required. When a worker provides this form, complete it and submit it to the WSIB. A progress report may also be submitted on letterhead when you become aware of new or significant clinical information relevant to a workplace injury/illness.

Note:

1. A previously completed Progress Report (Form 26) must not be altered or reused as a new report.
2. If you fax your report to the WSIB, DO NOT SEND THE ORIGINAL REPORT.

Physician's Report – Home Oxygen Therapy (Form 0389A)

The WSIB sends this form to the worker when home oxygen therapy is prescribed. Complete the Form 0389A and return it to the WSIB. This form is required to determine the initial and ongoing entitlement to home oxygen therapy.

Physician's Report on Occupational Disease – 8D (Form 0307A)

The WSIB sends this form to the worker when the worker reports a work-related occupational illness. Complete this form and return it to the WSIB.

Physician's Report on Occupational Chest Disease – 8S (Form 0407A)

The WSIB sends this form to the worker when the worker reports a work-related occupational chest illness. Complete this form and return it to the WSIB.

Physician's Report of Death (Form 0010A)

The WSIB sends this form to the physician when the worker has died as a result of a work-related injury/illness. Complete this form and return it to the WSIB.

Physician's Report on Skin Disease – 8D2 (Form 0353A)

The WSIB sends this form to the worker when the worker reports a work-related skin condition. Complete this form and return it to the WSIB.

Review of Medical Records/Medical Literature

WSIB staff may request a review of medical records/medical literature. This request will involve the review of a worker's records and preparation of a response to specific questions. The request may involve a review of medical literature relevant to the worker's case. This review will usually only be requested where there is no concurrent clinical assessment of the worker.

Physician's Special Report (Form 0043A)

The WSIB sends this form to the worker when the worker is to be rated for a permanent disability, and his/her accident precedes January 1, 1990. Complete this form and return it to the WSIB.

Physician's Report Vibration Induced White Finger Disease – 8W (Form 0425A)

The WSIB sends this form to the worker when the worker reports a work-related vibration induced white finger illness. Complete this form and return it to the WSIB.

X-Ray Report

An x-ray report covering several radiological examinations is considered by the WSIB to be one report. X-ray reports should only be submitted when specifically requested by the WSIB.

Photocopies

A fee may be billed when the WSIB specifically requests copies of a worker's medical records. A fee may also be billed when the WSIB asks for additional copies of reports that have already been submitted. Only submit copies of your own medical records.

The WSIB will request the necessary reports from other physician(s) involved in the case.

In-office Interview

A WSIB representative may request an appointment with you to discuss a worker's work-related injury/illness.

The following report may be requested by the worker's employer or the worker:

Functional Abilities Form for Timely Return to Work (Form 2647A)

The Functional Abilities Form for Timely Return to Work may help workers and employers achieve early and safe return to work by highlighting what a worker can do after a workplace injury/illness and the limitations that would apply. Complete this form when requested to do so by the employer or worker; you cannot initiate completion of this form. Do not include medical or diagnostic information. The white copy of the form is your invoice to the WSIB; no other invoice will be paid.

Acupuncture Guidelines

The WSIB may allow a trial period of acupuncture for up to 6 treatments. Requests for an extension of treatment must be made in advance, in writing, and pre-approved by the WSIB. The WSIB will only approve treatment that is provided by a physician who is certified by the Acupuncture Foundation of Canada Institute

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Medical Reports EFFECTIVE MAY 1, 2004

Service Code	Description	Fee
Form 8	Health Professional's Report	\$33.00

EFFECTIVE JUNE 4, 2001

Form 26	Progress or Narrative Report	\$23.54
M641	Hospital Emergency Department Consultation Report	\$23.54
M642	X-ray report	\$23.54
M644	Operative Report	\$23.54
M645	In-office interview with WSIB representative	\$29.15
M647	Consultation Report	\$47.09
M648	Medical Clearance for Functional Abilities Evaluation (FAE) (Form 0298A)	\$23.54
M649	Complex Report	\$112.10
M650	Photocopies of Medical Report (1 to 5 pages)	\$23.54
	Each additional page	\$1.12
M651	Review of medical records/medical literature (per 15 minute unit) – or major part there of	\$56.05
M652	Physician's Report of Death	\$23.54
M653	Physician's Special Report	\$23.54
M654	Physician's Report on Occupational Disease 8D	\$23.54
M655	Physician's Report on Skin Disease 8D2	\$23.54
M656	Physician's Report – Occupational Chest Disease 85	\$23.54
M657	Physician's Report – Vibration Induced White Finger Disease	\$23.54
M658	Physician's Drug Utilization Report	\$23.54
M659	Physician's Report – Home Oxygen Therapy	\$39.53
M758	Physician's Complex Drug Utilization Report	\$56.05
M890	Physician's Orthotic Report	\$23.54

Note:

Form 8 / Form 26
New service codes.

M646

Physician's Report of Re-opened claim (REO8) deleted and merged with Form 8.

Acupuncture

Service Code	Description	Fee
5130	Acupuncture (per treatment)	\$38.78

EFFECTIVE JANUARY 1, 1998

Service Code	Description	Fee
FAF	Functional Abilities Form for Timely Return to Work (FAF)	\$40.00

Note:

New Service Code for FAF

Cancelled/Missed Appointments

The WSIB does not pay for cancelled or missed appointments.

Billing of Fees

As stated in Section 33 (5) of the *Workplace Safety and Insurance Act*, “No health care practitioner shall request a worker to pay for health care or any related service provided under the insurance plan.”

Late Accounts

Under Section 33 (4) of the *Workplace Safety and Insurance Act*, the WSIB may impose a percentage reduction penalty for late submissions of accounts. Accounts received after the 6th month from the date of service may be reduced as follows:

- 7th – 9th month → reduced by 25%
- 10th – 12th month → reduced by 50%
- over 1 year → reduced by 100%

The WSIB may waive the late penalty charge if an acceptable reason is provided for the delay.

BILLING INSTRUCTIONS & ILLUSTRATIONS

Billing on a WSIB Form

Most WSIB forms have a billing section located at the bottom of the form. For prompt payment, complete according to the following instructions:

The following service codes will automatically be billed when you complete the billing section of the following WSIB forms:

- FORM8 Health Professional's Report (Form 0008A)
- FORM26 Progress Report (Form 0896A)
- M652 Report of Death (Form 0010A)
- M653 Special Report (Form 0043A)
- M654 Report on Occupational Disease – 8D (Form 0307A)
- M655 Report on Skin Disease – 8D2 (Form 0353A)
- M656 Report – Occupational Chest Disease – 8S (Form 0407A)
- M657 Report – Vibration Induced White Finger Disease –
8W (Form 0425A)
- M659 Report – Home Oxygen Therapy (Form 0389A)
- FAF Functional Abilities Form for Timely Return to Work
(Form 2647A)

Note:

If the WSIB requests photocopies of a Form 8 or Form 26, place a payment label over the billing section on these forms, or cross out the fee code and enter photocopy fee code M650. If this is not done, the Form 8 or Form 26 may be flagged as a duplicate report and payment may be rejected.

Billing on a WSIB Medical Report

The diagram illustrates the billing section of a WSIB form with the following fields and labels:

- Your 9 digit-billing number assigned by the WSIB:** Points to the Service Code field, which contains the number **8**.
- Patient's Health number:** Points to the HST Registration Number field, which contains **ONHST**.
- Your invoice number (maximum 11 characters alpha or numeric):** Points to the Your Invoice No. field.
- Date on which the worker was assessed:** Points to the Service Date field, which is formatted as dd mm yyyy.

Other fields in the form include: HST Amount Billed (with a dollar sign and a decimal point), WSIB Provider ID., and a dropdown menu for HST that says "Complete these fields if HST applies to this form".

Instructions

- Include your WSIB Provider Billing Number. This is a mandatory field. Payment of your report cannot be processed without your WSIB Provider Billing Number.
- Specify the date the worker was assessed as the Service Date. This is a mandatory field.
- Include the worker's Health Number that is assigned by the Ministry of Health (MOH) if the information is available.
- Include, as an option, your Own Invoice Number.
- Ensure that your name, address, and telephone number are legible and that all reports are signed.

Billing on a Payment Label (Form 0150C)

For prompt payment, complete as follows:

The following service codes may be billed with a payment label:

- M641 Hospital Emergency Department Consultation
- M642 X-ray Report (when specifically requested by WSIB)
- Form 26 Progress Report (when the report is submitted on letterhead)
- M644 Operative Report
- M647 Consultation Report
- M649 Complex Report
- M650 Photocopies
- M651 Review of Medical Records/Literature

Note: If billing more than 15 minutes, indicate units of time or the total amount being billed.

- M658 Drug Utilization Report
- M758 Complex Drug Utilization Report
- M890 Orthotic Report

Note:

1. Do not affix a second label to a multiple page report.
2. Do not cover pertinent information on the report with the payment label.

Instructions

- Place a self-adhesive payment label on your letterhead.
- Affix only one completed payment label to the bottom right-hand corner of the first page of photocopies or on a multiple page report submitted on letterhead and operative reports.
- Include your WSIB Provider Billing Number. This is a mandatory field. Payment of your report cannot be processed without your WSIB Provider Billing Number.
- Specify the date the worker was assessed as the Service Date. This is a mandatory field.
- Include the worker's Health Number assigned by the Ministry of Health (MOH), if the information is available.
- Include, as an option, your Own Invoice Number.
- Enter appropriate service code.
- Ensure that your name, address, and telephone number are legible and that all reports are signed.

Provider Payment Request Form (3947A)

Instructions

For prompt payment, complete as follows:

Worker Information

1. Claim Number: enter WSIB claim number; this is necessary to process the payment.
2. Name: print surname, given name(s), and middle initial.
3. Worker's Impairment and/or ICD 9 Code: enter diagnosis or ICD 9 code for which treatment is being provided.
4. Date of Accident: enter reported date of accident.
5. Address: enter current mailing address.
6. Date of Birth: enter birth date.
7. WSIB Reference No.: please do not complete. For WSIB use only.

Provider Information

8. Provider/Facility Name and Full Address: enter name and full address of the provider/facility submitting the bill.
9. WSIB Provider ID: enter your invoice number. (Your reference no. for reconciliation purposes.)
10. Your Own Invoice No.: enter your invoice number. (Your reference no. for reconciliation purposes.)
11. Treating Provider's Name: enter the name of the individual providing the service.
12. Treating Provider's ID No.: this is the individual health professional's number that WSIB assigns to you.
13. Telephone Number: provide the telephone number of the individual completing the payment request form.

Service/Treatment Information

14. Service Code: enter appropriate service code. Refer to the WSIB Fee Schedule.
15. Description of Service/Treatment: provide a brief description of service or type of treatment provided.
16. Fee per Service: enter fee per treatment or service from the WSIB Fee Schedule.
17. No. of Serv./Trt.: enter the number of services/treatments that you are billing.
18. Amount Billed: enter the total amount for the one service code.
19. Service Date: enter month and year. Select date(s) of service by (n). For multiple months, use a separate line.
20. Total Billed: enter the total sum of fees billed.
21. Name: enter the name of the individual completing the form.
22. Signature and Date: include the signature of the individual completing the payment request form, and date, when form is completed.

For electronic billing, contact the Telus Health Solutions, Support Centre at 1-866-240-7492 or via e-mail at provider.registry@telus.com.

CONTACTING THE WSIB

WSIB Mailing Address

Health Care Practitioners across Ontario have one central location to mail their reports and billing forms.

THE WSIB MAILING ADDRESS IS:

Workplace Safety and Insurance Board
200 Front St. West, 15th Floor
Toronto ON M5V 3J1

Faxing Reports

If you fax your report to the WSIB, DO NOT mail the original report as well.

THE FAX NUMBER IS:

416-344-4684

TOLL-FREE:

1-888-313-7373

Banking Change(s)

Any changes to your banking information must be provided in writing to:

Provider Registration
c/o Telus Health Solutions
5090 Explorer Dr., Suite 1000
Mississauga, ON L4W 4X6
Toll-free: 1-866-240-7492
Fax: 1-866-399-4599

Ordering Supplies

Supplies, such as forms for billing and reporting, etc., can be ordered through:

Provider Registration Section
200 Front St. West, 4th Floor
Toronto ON M5V 3J1
416-344-2935/2936/2937
Toll-free: 1-800-387-0750
Fax: 416-344-2955

Address/Name/Change(s)

Any changes to your address or name of facility must be provided in writing to:

Provider Registration Section
200 Front St. West, 4th Floor
Toronto ON M5V 3J1

Account Enquiries

If you have any additional questions or concerns regarding the processing of your accounts and/or remittance statement, contact:

Health Care Account Processing

200 Front St. West, 5th Floor
Toronto ON M5V 3J1
1-800-668-9958
Fax: 416-344-4684
Toll-free fax: 1-888-313-7373

Health Professional Access Line

Call our access line if you need the name and number of the adjudicator or nurse case manager working with your patient.
416-344-4526 or toll-free 1-800-569-7919

FEE SCHEDULE
Physician