

FAQs about expedited surgeries and billing the expedited surgery premium

What is an expedited surgery?

A surgery is considered “expedited” if it is performed within 40 business days from the date a surgeon receives written approval for surgery from a WorkSafeBC board officer.

It is important for surgeons to mark this date in Teleplan by invoicing for fee code 19326 and using the approval date as the service date.

What is the expedited surgery premium (ESP)?

The ESP is a surcharge that is paid in addition to the applicable MSP fees when a surgeon performs a surgery for an injured worker covered by WorkSafeBC within a certain time frame. It is not billed separately from the surgery.

The ESP is automatically applied to surgery payments for surgeries that are billed through Teleplan and follow the process and timelines shown in the **Figure**. Surgeons may bill WorkSafeBC for multiple procedures in a manner consistent with the current practice of billing MSP for multiple procedures.

How do you qualify a surgery for the ESP?

The **Figure** shows the process for seeking approval for a surgery and subsequently qualifying that surgery for ESP.

What if an injured worker declines a proposed surgery date?

If an injured worker declines the surgery date and requires a rescheduled date outside of the 40-business-day window for a surgery that originally qualifies for the ESP, the surgeon can request an exception

by calling WorkSafeBC’s Health Care Programs department at 1 866 244-6404 and pressing “2” or by emailing hcsinqu@worksafebc.com.

What if I forget to bill fee code 19326?

If fee code 19326 is *not* billed, qualification for the ESP will rely on the submission of fee code 19911, 19912, or 19908 via Teleplan. WorkSafeBC will use the latest of its service dates to mark the start of the 40-business-day ESP qualification period.

What if it is an emergency or trauma surgery where prior surgical approval cannot be obtained from WorkSafeBC?

If an emergency or trauma surgery has been performed, the surgeon will submit the prescribed Authorization Request for Surgery (Form 83D6) within 5 business days following the surgery to the WorkSafeBC board

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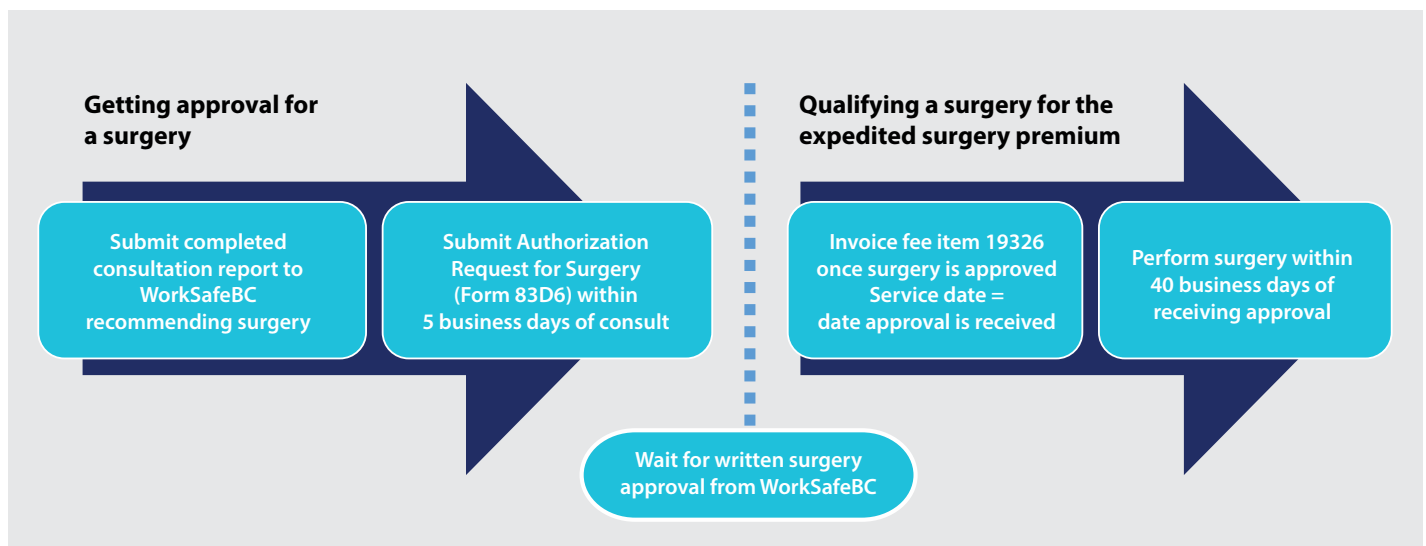


FIGURE. Getting approval for a surgery and qualifying that surgery for the expedited surgery premium are two separate processes.

provided in the interim BCCDC clinical guidelines.⁵ To prevent co-infection with both seasonal human influenza and avian influenza viruses, it is important patients are offered the annual influenza vaccine. ■

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officer along with the comprehensive consultation report. The surgeon should also bill fee code 19326, using the surgery date as the date of service. If the claim is accepted, the ESP will be paid.

Can I use different payee numbers to invoice for the consults (or fee code 19326) and the surgical procedure fee items?

No. You must invoice using the same payee number via Teleplan.

I've been paid for the surgery, but I did not receive payment for the ESP. What happened?

If you received payment for a surgery without receiving the ESP surcharge at the same time, this likely means the surgery did not qualify for the ESP. The ESP surcharge is paid only at the time the surgery's base fees are paid. You will not be paid the ESP separately later. If you wish to dispute an unpaid ESP surcharge, please contact

WorkSafeBC Payment Services promptly at 1 888 422-2228.

If you are unsure whether you were paid the ESP for a surgery, try checking for it in your medical billing software under "Adjustment Code 31."

Are there exceptions to the ESP program?

Joint replacement surgery is an exception to the 40-business-day rule. The ESP qualification window for this procedure is 6 calendar months. For the ESP to be applied to the surgery, the surgeon needs to call WorkSafeBC Health Care Programs at 1 866 244-6404 and press "2" or email hcsinqu@worksafebc.com.

If you encounter other challenges or have further questions regarding ESP billings, contact Doctors of BC at worksafebc@doctorsofbc.ca. ■

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