Tips for billing WorkSafeBC when asked to submit a Physician's Report (Form 8/11)

ecent WorkSafeBC data show a high rejection rate when physicians bill for Physician's Reports that WorkSafeBC has requested. To make the billing process smoother, this article explains when and how to bill two applicable fee codes (19927 and 19559) and offers tips to help ensure timely payments.

- Fee code 19927 should be billed for submitting a Physician's First Report (Form 8) that WorkSafeBC has requested.
- Fee code 19559 should be billed for submitting a Physician's Progress Report (Form 11) that WorkSafeBC has requested.

Both fee codes can be billed electronically via Teleplan. However, you must fax the related report to WorkSafeBC at 604 233-9777 (or toll-free at 1 888 922-8807).

Billing fee code 19927 when WorkSafeBC requests a Physician's First Report (Form 8)

Why might WorkSafeBC request a Form 8, and how could you respond as the attending physician?

Let's say a patient comes to see you on 15 December 2024 after twisting their ankle but does not mention this is in relation to an incident at their workplace. On 2 January 2025, the patient reports the injury to WorkSafeBC. WorkSafeBC doesn't have any medical information on file from any practitioner so reaches out to those the patient has seen. Since your patient has reported that you were the first physician they saw for the ankle injury, WorkSafeBC

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faxes you a request to complete a Form 8 for the 15 December 2024 visit. The request from WorkSafeBC is dated 7 January 2025 and is received by your office 8 January 2025. Ideally, you would promptly respond by sending a Form 8 to WorkSafeBC on 9 January 2025. You'd use the date you first saw the worker—15 December 2024—as the date of the report and the date of service on both the report and the invoice.

Tips for billing fee code 19927

- Use the date you first saw the injured worker for the injury as both the date of service and the date of the report.
- Bill fee code 19927 via Teleplan, and use the date you first saw the injured worker as the date of service.
- The report must be received by Work-SafeBC within 10 business days of the day it is requested. (WorkSafeBC may make the request by phone or by fax.) Any report received after 10 business days will not be paid.
- Do not bill fee code 19904 in addition to 19927, as 19904 includes copying an existing report from an injured worker's
- Do not bill fee code 19927 for regular Form 8 report submissions.

Billing fee code 19559 when Work-SafeBC requests a Physician's **Progress Report (Form 11)**

You may bill fee code 19559 only if Work-SafeBC requests that you provide a Form 11 for one or more patient visits. As with Form 8 requests, WorkSafeBC requests Form 11 in cases where it was not clear at the time of the visit that a Form 11 was needed.

Tips for billing fee code 19559

- Fee code 19559 can be billed separately for each Form 11 you complete (for each requested date of visit).
- Use the date the injured worker was seen as both the date of service and the date of the report.
- Bill fee code 19559 via Teleplan, and use the date the injured worker was seen as the date of service.
- The report must be received by Work-SafeBC within 10 business days of the day it is requested. (WorkSafeBC may make the request by phone or by fax.) Any report received after 10 business days will not be paid.
- Do not bill fee code 19904 in addition to 19559, as 19904 includes copying an existing report from an injured worker's
- Do not bill fee code 19559 for regular Form 11 report submissions.

More information

For more details on WorkSafeBC fee codes, or if you have questions about the agreement between Doctors of BC and WorkSafeBC, please see the Physicians and Surgeons' Work-SafeBC Services Reference Guide at www. worksafebc.com/en/health-care-providers/ provider-types/physicians. ■

Physicians may also email questions to physicians@worksafebc.com or worksafe bc@doctorsofbc.ca.

—Patrick Wong

Quality Assurance Supervisor, WorkSafeBC

—Wagar Younas

Senior Analyst, Advocacy Operations, **Doctors of BC**