

# Program of Care (POC) for Acute Low Back Injuries Fees Effective June 2005



Service for Acute Phase Billing	Service Code	Minimum Visits	Fee
<p><b>Acute Phase (first 4 weeks from date of injury)</b> <i>Assess and Treat Patient</i></p> <ul style="list-style-type: none"> <li>• Weeks 1-4 – minimum 3 visits (includes visit for Initial Assessment)</li> <li>• Initial Assessment Report – complete and submit to WSIB within two working days</li> <li>• Ongoing communication with employer and WSIB (as necessary)</li> <li>• The minimum number of 3 visits is required within the first 28 days post injury.</li> <li>• You may bill WSIB for this Phase of the POC</li> </ul>	LBAC	3	\$300.00

Service for Sub-acute Phase Billing	Service Code	Cumulative Minimum Visits	Cumulative Fee At Discharge
<p><b>Sub-acute Phase (5-12 weeks from date of injury)</b></p> <ul style="list-style-type: none"> <li>• There are two times when you may bill the WSIB during the Program of Care. You can bill at the end of the Acute Phase (LBAC) and/or at the end of the Sub-acute Phase (LB06, LB08, LB10, or LB12) <b>whenever</b> the patient is discharged</li> <li>• The date of service for the Sub-acute Phase is the date of last visit.</li> <li>• To successfully enter the POC bill, please enter the service code on one line with the cumulative minimum visits (units) and corresponding cumulative fee.</li> </ul> <p><i>Last Visit Week</i></p> <p>Weeks 5-6 – 3 visits</p> <p>Weeks 7-8 – 2 visits</p> <p>Weeks 9-10 – 1 visit</p> <p>Weeks 11-12 – 1 visit</p>			
	LB06	3	\$150.00
	LB08	5	\$270.00
	LB10	6	\$360.00
	LB12	7	\$430.00

- Complete and submit the Care & Outcomes Summary **whenever** the patient is discharged. The form includes a billing information section that is to be completed for prompt payment. **Do not bill electronically for payment of forms.** Mail or fax the form to the WSIB for payment.
- Payment for the sub-acute phase will be withheld until the Care & Outcomes Summary has been received and paid.

<p><b>Care &amp; Outcomes Summary</b></p> <ul style="list-style-type: none"> <li>• To be completed <b>whenever</b> the patient is discharged.</li> </ul>	DPOC		\$40.00
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- For further information regarding electronic billing, please contact the Emergis Support Centre at 1-866-240-7492 or via e-mail at [provider.registry@emergis.com](mailto:provider.registry@emergis.com).

**Please submit completed forms by fax to:**

416-344-4684 or 1-888-313-7373

**or by mail to:**

200 Front Street West  
Toronto M5V 3J1