

# Acute Low Back Injuries Program of Care (ALBI POC)

Fees Effective **March 28, 2011**

Services	Service Code	Minimum Visits	Fees
<b>Phase 1</b>			
Assess and Treat Patient			
▶ Weeks 1-4 – minimum 3 visits must be completed from date of first assessment/visit (includes visit for Initial Assessment)	LB01	3	\$400.00
▶ POC must be initiated within 6 weeks from date of injury			
▶ Initial Assessment Report – complete and submit to WSIB within two working days			
<b>Phase 2</b>			
▶ Weeks 5-6 – minimum 3 visits must be completed	LB02	3	\$180.00
▶ Weeks 7-8 – minimum 3 visits must be completed	LB03	3	\$150.00
<b>Care &amp; Outcomes Summary</b>			
▶ To be completed whenever the patient is discharged	LBCOS		
▶ Must be submitted within 2 days of patient discharge from Phase 1 or 2			\$40.00

## Billing Instructions

- ▶ For LB01, LB02, LB03 bill electronically through WSIB's payment process, TELUS Health Solutions. Paper bills for these services delivered will not be paid.
- ▶ The Care & Outcomes Summary Form includes a billing information section that is to be completed for prompt payment. Payment for the Care and Outcomes Summary Form will be initiated by the WSIB once the completed form is received within the specified time limit.
- ▶ Please submit the ALBI POC Initial Assessment Report and the Care and Outcomes Summary Form by mail or fax only.
- ▶ The minimum number of visits must be completed prior to billing. Enter separate bills for each service code LB01, LB02, LB03 in that order. The date of service for:
  - ▶ LB01 is the date of first assessment/treatment
  - ▶ LB02 is the last date of visit in weeks 5-6
  - ▶ LB03 is the last date of visit in weeks 7-8
- ▶ Enter the service code on one line with the appropriate service date, minimum visits (units) and corresponding fee.
- ▶ Payment for Phase 2 will be withheld until the Care & Outcomes Summary Form has been received.
- ▶ For further information regarding electronic billing, please contact the TELUS Health Solutions Support Centre at 1-866-240-7492 or visit [www.telushealth.com/wsib](http://www.telushealth.com/wsib)

## 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