

Expedited Surgery Premium

Invoicing guidance for surgeons

May 2026

In case of discrepancies between this presentation and the *PHYSICIANS AND SURGEONS' WORKSAFEBC SERVICES AGREEMENT*, the latter takes precedence.

What's an expedited surgery?

A surgery is "expedited" if:

- completed within 40* business days after the surgeon receives written surgical authorization from WorkSafeBC
- it is on the [list of ESP-eligible surgeries](#)

WorkSafeBC pays a 232% premium on the MSP fee for qualified surgeries.

* joint replacement surgeries have a 183-day ESP-qualification window

List of ESP-eligible surgeries
code expires: July 31, 2027
password: dobc-2026-WCB



List available with DoBC as well

WorkSafeBC authorizes surgery only

Surgeons decide whether to expedite a surgery's scheduling.

Emergency (trauma) surgeries are eligible too

Emergency surgeries don't need pre-authorization.

How do I bill for an expedited surgery?

Step 1 – Request Authorization

Submit the [Authorization for Surgery Form](#) (83D6)

Step 2 – Open the ESP-qualification window

Using the Authorization Date as the Service Date, bill fee item 19326 to WorkSafeBC via Teleplan

schedule and perform the surgery

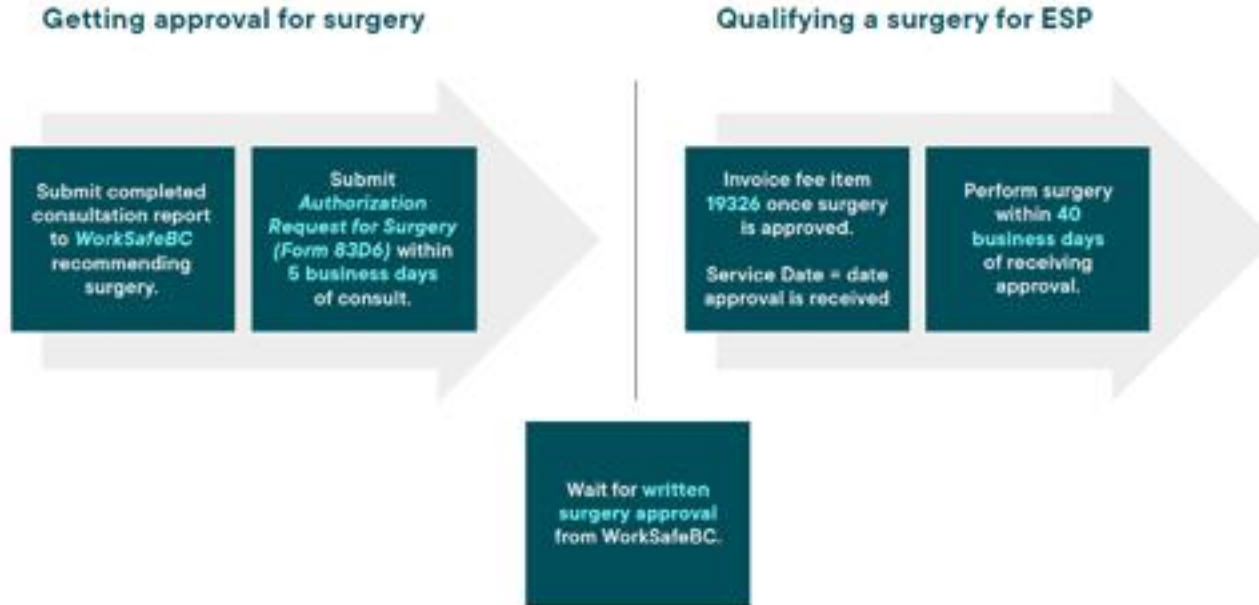
Step 3 – Bill for the surgery

Bill via Teleplan using fee codes from the MSP payment schedule

ESP-qualification window for emergency surgery

Instead of using the Authorization Date, use the emergency surgery date as the Service Date for fee item 19326.

How do I qualify for the expedited rate?



Emergency surgeries

Instead of using the Authorization Date, use the emergency surgery date as the Service Date for fee item 19326.

Common pitfalls

Recent analysis identified these common reasons that ESP failed to pay on otherwise expedited surgeries.

76% - qualification window not opened

- surgeon didn't bill 19326
- Teleplan doesn't know when surgery was authorized

18% - pseudo-PHN was used

- find/use the patient's real PHN if possible
- sometimes, it's unavoidable

6% - joint replacement surgery

- Teleplan applied the 40-day ESP timeline
- **Fixed!**

Avoiding billing pitfalls

| Root cause of ESP miss | Mitigations |
|---|--|
| 1 ESP qualification window is not opened | <ul style="list-style-type: none">• Invoice for 19326 as soon as surgery is approved.• Invoice for 19326 if emergency surgery is performed.• Teleplan will try to qualify the surgery for ESP by falling back to the latest 19911/12 consult date if 19326 is missing, but this ESP qualification window will have started earlier. |
| 2 Teleplan does not apply ESP to pseudo-PHN invoices | <ul style="list-style-type: none">• WorkSafeBC will consult with HIBC to investigate enabling ESP for pseudo-PHN invoices. <i>There is a poor likelihood of success due to technical limitations.</i>• <u>Some</u> pseudo-PHN usages appear avoidable. i.e. other parties billing on the same day used the real PHN.• Call Claims Call Centre to check for PHN.• Call Payment Services if ESP wasn't applied. |
| 3 “Normal” ESP timeline applied to joint replacement surgeries | <ul style="list-style-type: none">• Resolved. We changed Teleplan to allow for a six-month ESP qualification window for selected joint-replacement surgery fee codes, as of November 25, 2025. |

Reminder

Anesthesiologist

Surgical assistant(s)

- Teleplan relies on the surgeon to open the ESP-qualification window
- They don't have the ability to open the ESP-qualification window on their own

Expedited Consultation Fees (19911 & 19912)

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Why This Matters

Why expedited consults exist:

- Faster access to specialists
- Earlier clinical decision-making
- Helps avoid unnecessary disability
- Supports decision making in recovery and return-to-work (RTW)

 *These are not routine consults: Used when timely assessment will influence clinical management.*

Core Billing Rules

- Full consultation completed
- Report has been submitted
- Report must meet required content expectations
- Payment depends on BOTH timing and content
- No additional visit or report fees billed
- Not intended for virtual care

19911 - Initial Expedited Comprehensive Consultation

✔ Use when:

- New referral
- Re-referral after ~6 months

Must include:

- Diagnosis or differential diagnosis
- Relevant contributing risk factors (work + non-work)
- Medical restrictions, if any



Report due: 15 business days from the referral

19912 - Repeat Expedited Comprehensive Consultation

 Use when:

- New clinical information is required
- Change in condition or reassessment needed

 Rules:

- Only ONE repeat
- Within 12 weeks

 *Report due: 5 business days from consultation*

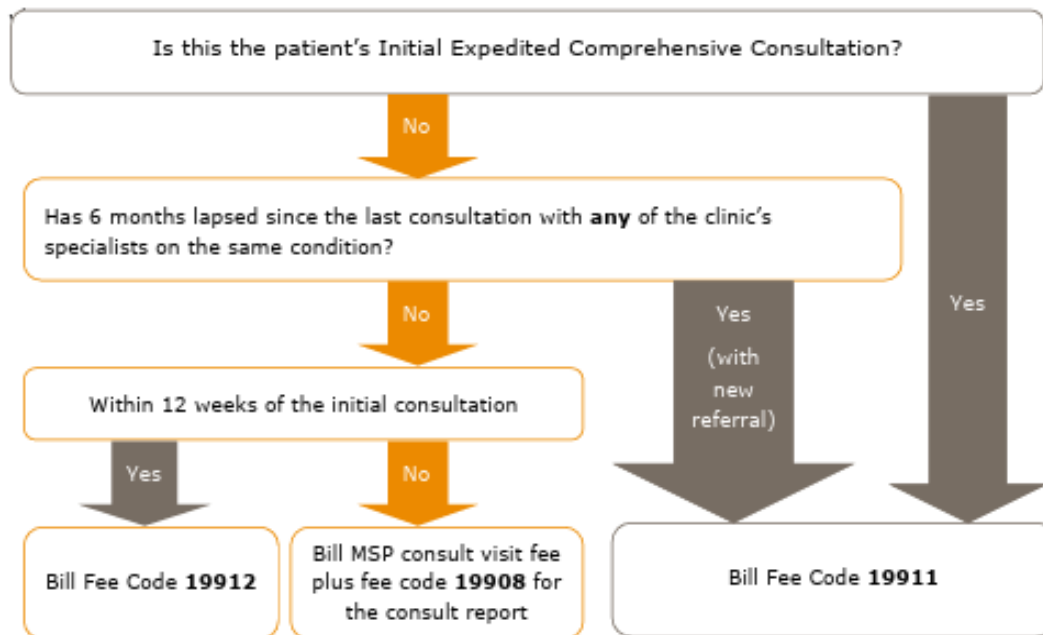
 *Not for routine follow-up*

Report Requirements

Your report should include:

- Purpose of exam
- Nature of injury
- Objective findings
- Diagnosis or differential diagnosis
- Relevant contributing risk factors (work and non-work related)
- Medical restrictions, if any

Billing Workflow



If you need assistance, call Payment Services Department for information on how to bill, prior to sending an invoice at 604.276.3085 or 1.888.422.2228.

Common Reasons for Non-Payment

- Consult report is not submitted using 83D556 [cover sheet](#)
 - Needs to be labelled "Consult Report" and include relevant information (e.g., service date, claim # on every page of report)
- Not clear that it is a Consult Report (e.g., F8/F11 or other report is sent)
- Service date is not clear
- Report is submitted late
- Billing *before* report submission
- Incorrectly using 19912 for routine follow-up
- Report missing required clinical elements (e.g., diagnosis, risk factors, medical restrictions if applicable)

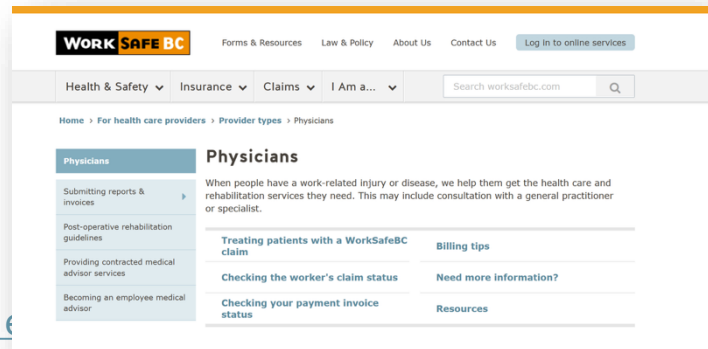
Most denials are administrative, not clinical

Summary

| Element | 19911 – Initial Expedited Consult | 19912 – Repeat Expedited Consult |
|-----------------------------|---|---|
| Consultation (service date) | Date you see the patient for the consult | Date of repeat consult |
| Trigger for timeline | Date of referral received | Date of consultation |
| Report due by | Within 15 business days of referral date | Within 5 business days of consult date |
| If timeline missed | Cannot bill 19911 → revert to MSP consult + 19908 | Cannot bill 19912 → revert to MSP consult + 19908 |

Resources

- [WorkSafeBC Physicians landing page](#)
- Reference Materials available here:
 - [Physicians & Surgeons Reference Guide](#)
 - [Physicians & Surgeons Agreement](#)
 - [WorkSafeBC Unique Fee Schedule](#)
 - [Tip Sheet - How to Bill Expedited Comprehensive Consultation Fee Code 19911 and 19912 | WorkSafeBC](#)
- BCMJ Articles:
 - [Tips for billing Initial Expedited Comprehensive Consultations \(19911\) | British Columbia Medical Journal BCMJ_Vol64_No6-workSafeBC.pdf](#)



General Contacts & Tools

- **Payment Services** – Billing related queries (e.g. reason for failure)
 - **Toll-free:** 1.888.422.2228 (B.C.) or 604-276-3085
- **Health Care Programs** – Contract exception related queries
 - physicians@worksafebc.com or
 - **Toll-free:** 1.866.244.6404 (B.C.) or 604-232-7787
- **Claim Status and Invoicing Status Tools:**
 - [Check Claim Status](#) – to determine if patient's WSBC claim is accepted
 - [Check Invoice Status](#) - to review your payment status

Clinical Questions

Medical Advisor

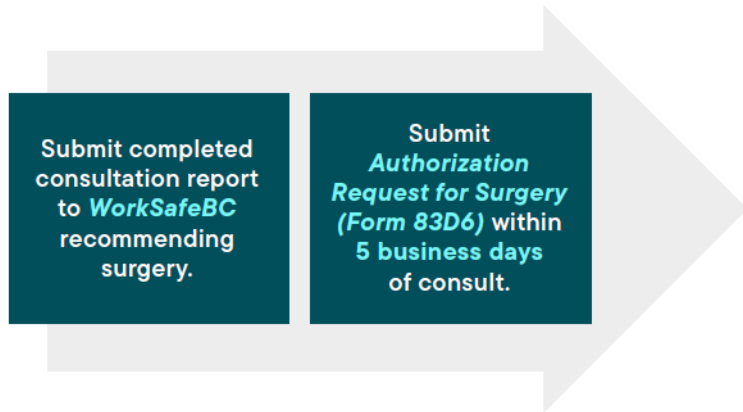
- Call the medical advisor on that claim, or
- [RACEapp+](#)
 - Specialists may be used to *receiving* requests from family physicians through RACEapp+
 - However, WorkSafeBC welcomes specialists claim-related queries related to medical management/disability issues
 - Our physicians will remind you of unique WorkSafeBC fee code

19930 – Telephone/Office Consultation can be invoiced for this time

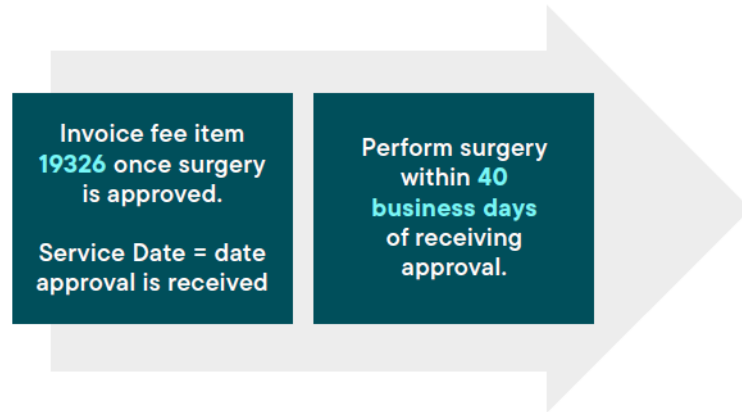
Questions?

Appendix

Getting approval for surgery



Qualifying a surgery for ESP



Wait for written surgery approval from WorkSafeBC.

Form 83D6

Authorization Request for Surgery



Authorization Request for Surgery

Note: Authorization does not waive contractual terms required for expedited surgery. See the *Physician Services* contract between Doctors of BC and WorkSafeBC, for requirements of expedited surgery.

Please **fax** the request to the number indicated below.

Request information

| | | |
|---|--|-----------------------------------|
| Date of request (yyyy-mm-dd) | Date of service (date of latest consultation) (yyyy-mm-dd) | WorkSafeBC claim number |
| Worker's last name | First name | Middle initial |
| Diagnosis | | |
| Surgery proposed | | Date surgery planned (yyyy-mm-dd) |
| Facility where surgery is to be performed | | |

Please attach consult report.

Physician information

| | |
|------------------------------|----------------------------------|
| Name of requesting physician | |
| Address | Phone number (include area code) |
| | Fax number (include area code) |
| | Payee number |

Authorization (to be authorized by claim owner)

| | |
|---------------------|-----------|
| Name (please print) | Signature |
|---------------------|-----------|

Claims Call Centre

Phone 604.231.8888
Toll-free 1.888.967.5377
M-F, 8 a.m. to 6 p.m.

Fax

604.233.9777
Toll-free 1.888.922.8807

Mail

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

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