
Appendix D – Minor Injury Guideline Codes for OCF-23 and OCF-21C

The codes supplied in this document are separated into two sections:

1. Codes required to complete OCF-23
2. Codes required to complete OCF-21C (invoice for MIG services)

OCF-23

Part 9 requires a description of the kind of *Guideline* that will be delivered to your patient. At time of publication, the only Guideline is **Minor Injury** (see Figures 1 and 2).

Radiology Codes

When completing an OCF-23 in which x-ray services are proposed in Part 9 of an OCF-23 (as well as Part 7 of an OCF-21C), facilities must remember to provide the attribute code representing the number of views. The CCI code, attribute codes and maximum fee payable are shown in the table below:

Attribute Codes for X-Ray of Spinal Vertebrae and MIG

	CCI Code	Attribute	Max Fee Payable (Sep 1, 2010)
Cervical Spine			
2 or fewer views	3SC10	CXA	36.80
3-4 views	3SC10	CXB	43.91
5-6 views	3SC10	CXC	50.19
More than 6 views	3SC10	CXD	59.22
Thoracic Spine			
2 or fewer views	3SC10	THA	34.34
3-4 views	3SC10	THB	45.20
Lumbar Spine			
2 or fewer views	3SC10	LBA	36.80
3-4 views	3SC10	LBB	43.91
5-6 views	3SC10	LBC	50.19
More than 6 views	3SC10	LBD	59.22
Lumbosacral Spine			
2 or fewer views	3SC10	LSA	36.80
3-4 views	3SC10	LSB	43.91
5-6 views	3SC10	LSC	50.19
More than 6 views	3SC10	LSD	59.22

See screen shots of online application or paper OCF-23.

Figure 1: Online Web Application OCF-23 – Description of Guideline and X-rays in Part 9

Part 9: Guideline Services

Select the goods and services to be delivered and enter the expected charged fee. Refer to the user manual at www.hcainfo.ca for coding information. Attribute codes are described in the manual.

Category	Description	Estimated Fee	
* Identify which Guideline is applicable	Minor Injury	1698.00	
Supplementary Goods and Services	Theraband for home exercises	20.00	
Other Pre-approved Services (including radiology)			
Code	Description	Views	Estimated Fee
3SC10	X-Ray of the Cervical Spine	2 or fewer (CXA)	35.00
3SC10	X-Ray of the Thoracic Spine	Select a view.	
3SC10	X-Ray of the Lumbar Spinal	Select a view.	
3SC10	X-Ray of the Lumbosacral Spinal	Select a view.	

Part 9 Sub-total: 1355.00

CALCULATE

Figure 2: Paper OCF-23 – Description of Guideline and X-rays in Part 9

Part 9	Category	Description	Maximum Fee	Estimated Fee
Guideline Services	Identify which Guideline is applicable)	Minor Injury Guideline	\$1,800.00	\$1,698.00
	**Supplementary Goods & Services		\$400.00	\$150.00
	**Other Pre-approved Services (including radiology)	3SC10 - CXA (2 or fewer views)	\$36.80	\$35.00
	Part 9 Sub-Total			

OCF 21C

Part 6:

In order to complete Part 6 of an OCF-21C, refer to Appendix B (CCI codes) and Appendix C (GAP codes).

Figure 3: Example of Part 6 of OCF-21C

Part 6: Goods and Services Rendered

Providers are required to declare the information requested below on every treatment, service and good delivered. Failure to provide this information may delay payment.

Date Services Rendered	Code	Description	Attr.	Provider Reference	Quantity/Measure
2010/11/01	H.XX.MR	Med/Rehab		Chiro, Practor	1.00 HR
2010/11/01	1.SC.02	"Exercise, spinal vertebrae"		Chiro, Practor	0.50 HR
2010/11/01	7.SP.60	"Education, promoting health and..."		Chiro, Practor	0.25 HR
2010/11/02	1.SC.02	"Exercise, spinal vertebrae"		Chiro, Practor	0.50 HR
2010/11/02	7.SP.60	"Education, promoting health and..."		Chiro, Practor	0.25 HR
2010/11/02	6.XX.14	Exercise Equipment		Chiro, Practor	1.00 GD
2010/11/01	3.SC.10	Xray, spinal vertebrae		Chiro, Practor	1.00 PR

Part 7: MIG Block Billing Codes

Accident Dates On or After September 1, 2010

The following codes are those that should be used for block *billing* of MIG services (see Figure 4). These codes should be used on an OCF 21C, in Part 7. These codes are NOT used in the OCF 23.

Code	Description
M	Minor Injury Guideline (For accident dates on or after Sept 1 2010)
MIG00	Initial visit (1 Session)
MIG01	Block 1 (weeks 1 to 4)
MIG02	Block 2 (weeks 5 to 8)
MIG03	Block 3 (weeks 9 to 12)
MIGMO	Health practitioner monitoring
MIG24	Completion of Guideline Discharge Report (OCF24)
MIGSG	Supplementary goods and services
MIGTR	Transfer fee if insured person changes health practitioner

Figure 4: Example of Part 7 of OCF-21C

Part 7: Reimbursable Fees within the Minor Injury Guideline or Pre-approved Framework

Guideline to which this invoice applies: Minor Injury

	Code		Description	Attr.	Cost
<input type="checkbox"/>	M.IG.00	...	Initial visit (1 Session)	<input type="checkbox"/>	215.00
<input type="checkbox"/>	M.IG.01	...	Block 1 (weeks 1 to 4)	<input type="checkbox"/>	550.50
<input type="checkbox"/>	M.IG.02	...	Block 2 (weeks 5 to 8)	<input type="checkbox"/>	250.00
<input type="checkbox"/>	M.IG.SG	...	Supplementary goods and services	<input type="checkbox"/>	20.00
<input type="checkbox"/>	3.SC.10	...	Xray, spinal vertebrae	CXA	35.00

Add more Items: 5 Items

Use this button with the checkboxes on the left.

Minor Injury Guideline or Pre-approved Framework Fee Totals: 1,070.50

Accident Dates BEFORE September 1, 2010

The following block billing codes are those that should be used for block *billing* of PAF services. These codes should be used on an OCF 21C, in Part 7. These codes are NOT used in the OCF 23.

Code	Description
P	Pre-Approved Framework (For accident dates BEFORE Sept 1 2010)
PWW01	Initial Visit (1 session)
PWW02	Acute phase (up to 10 sessions) refers to weeks 1 – 3 following the initial visit
PWW03	Sub-acute phase (up to 9 sessions) refers to weeks 4 – 6 following the initial visit
PWWOR	Onsite work/home/school based review and intervention
PWWEX	Completion of PAF Discharge and Status Report Form (OCF -24) (payable once at discharge)
PWWSC	Supplementary Goods and Services
PWWEV	Post PAF Phase – Extension (up to 4 sessions with prior insurer approval)
PWWTR	Transfer Fee if insured person changes PAF health practitioner