

POLICY NUMBER: POL-90

Chapter:
CLAIMS

Subject:
TIME FRAME LIMITATIONS FOR CLAIMS FILING AND INVOICING

Effective Date:
June 27, 2002

Last Updated:
July 3, 2018

PURPOSE STATEMENT:

The purpose of this policy is to explain the time limits for filing claims and submitting health care provider invoices to the Workers Compensation Board.

REFERENCE:

Workers Compensation Act, R. S. P. E. I. 1988, Cap. W-7.1, Section(s) 6 4.1-4.4), 17, 18, 59, 84(1.3)

Workers Compensation Board Policy, POL-01, Psychological or Psychiatric Condition
Workers Compensation Board Policy POL-64, Health Care Providers.

DEFINITION:

In this policy:

“Accident” means a chance event occasioned by a physical or natural cause that causes personal injury to a worker. This includes a wilful and intentional act that is not the act of the worker, any event arising out of and in the course of employment, or thing that is done and the doing of which arises out of and in the course of employment, and an occupational disease. Stress is included only when it is an acute reaction to a traumatic event arising out of and in the course of employment.

“Health Care Provider” means both medical practitioners and other practitioners.

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“Occupational Disease” means a disease arising out of and in the course of employment resulting from causes or conditions peculiar to or characteristic of a particular trade or occupation, or peculiar to the particular employment. It does not include an ordinary disease of life.

POLICY:

1. A worker must submit a Worker’s Report (Form 6) within six (6) months of the date of accident.
2. A Worker’s Report (Form 6) that is not received by the Workers Compensation Board within six (6) months of the date of accident will not be accepted for adjudication.
3. The date of accident is the date on which the incident occurred, unless otherwise specified in this policy.

Determining Date of Accident on Claims for Specific Injuries or Conditions

Noise Induced Hearing Loss

4. The date of accident for noise induced hearing loss will be the earlier of:
 - the date a loss of earnings has occurred as a result of hearing loss;
 - the date the worker sought medical attention for symptoms of noise induced hearing loss and a clear link is documented between the symptoms and the noise exposure in the workplace or industry; or
 - the date of an audiogram, completed by a health care provider authorized by the Workers Compensation Board to provide this service, showing evidence of noise induced hearing loss.

Hernia

5. The date of accident for a hernia which has developed over a period of time will be the earlier of:
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- the date a loss of earnings has occurred as a result of a hernia;
- the date the worker sought medical treatment for symptoms of a hernia and a clear link is documented between symptoms of a hernia and work duties; or
- the date of diagnosis of a hernia which was determined to be caused by work duties.

Psychological or Psychiatric Condition Caused by Cumulative Effects (prior to June 2, 2018)

6. The date of accident for psychological or psychiatric condition determined to be caused by cumulative effects will be the earlier of:
- the date a loss of earnings has occurred as a result of a psychological or psychiatric condition;
 - the date the worker sought medical treatment for symptoms of a psychological or psychiatric condition and a clear link is documented between symptoms and work duties; or
 - the date of diagnosis of a psychological or psychiatric condition which was determined to be caused by work duties.

Psychological or Psychiatric Condition under the Presumption for Trauma- and Stressor-Related Disorder Caused by Exposure to Multiple Traumatic Events (on or after June 2, 2018)

7. The date of accident for trauma- and stressor-related disorders determined to be caused by exposure to multiple traumatic events will be the earlier of:
- the date a loss of earnings has occurred from symptoms of a trauma- and stressor-related disorder;
 - the date the worker sought medical treatment for symptoms of a trauma- and stressor-related disorders and there is a clear link documented between the symptoms and exposure to a traumatic event in the course of employment;
 - the date of diagnosis of a trauma- or stressor-related disorder by a psychiatrist

or psychologist, as set out in Workers Compensation Board policy, POL-01, "Psychological or Psychiatric Condition."

Repetitive Strain Injury

8. The date of accident for a repetitive strain injury will be the earlier of:
- the date a loss of earnings has occurred as a result of a repetitive strain injury;
 - the date the worker sought medical treatment for symptoms of a repetitive strain injury and a clear link is documented between symptoms of a repetitive strain injury and repetitive work duties; or
 - the date of diagnosis of an injury which was determined to be caused by repetitive work duties.

Determining Date of Accident on Claims for Occupational Disease

9. The date of accident for an occupational disease will be the earlier of:
- the date a loss of earnings has occurred as a result of an occupational disease; and
 - the date the worker is diagnosed with the occupational disease.
10. The Workers Compensation Board may extend the time limit for claiming compensation for an occupational disease beyond the six month time limit where, in the opinion of the Workers Compensation Board, it is just to do so.

Employers

11. Employers are required to submit an Employer's Report of Accident (Form 7) to the Workers Compensation Board related to any accident or any allegation of an accident, within three (3) days of becoming aware of the accident or allegation. Should the employer fail to submit the required form within three (3) days, the Workers Compensation Board may adjudicate the claim based on the information on the file.
12. Should the employer neglect to submit a claim within the required time frame, the Workers Compensation Board may levy a penalty against the employer at a rate of \$100 for each day the information is not received, up to a total fine of \$1000 per claim.

Health Care Providers

13. Health care providers and service providers are expected to submit objective evidence concerning their treatment of a worker to the Workers Compensation Board in a form acceptable to the Workers Compensation Board. Invoices from health care providers and service providers must be submitted within six (6) months of the date of treatment or service provided in order to be considered for payment.
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HISTORY:

July 3, 2018 – Amended to reflect presumptive legislation for trauma- and stressor-related disorders effective June 2, 2018.

June 28, 2016 - Amended to consolidate the criteria for determining the dates of accident on claims for specific injuries, conditions and occupational disease.

January 1, 2014 - Amended to reflect the revisions made to the *Workers Compensation Act* that became effective January 1, 2014.

April 24, 2008 - The policy was updated as a result of the 60 month policy review process.

June 27, 2002 - Replaces Policy and Practice “Medical Aid Costs - Delayed Claims” dated November 15, 1994.

Board of Directors Approval Date: June 27, 2002