

SCHEDULE B

FEE SCHEDULE – FUNCTIONAL CAPACITY EVALUATION (FCE) SERVICES

FEE CODE	FEE ITEM	DESCRIPTION	FEE Oct 1, 2010 - Sept 30, 2012	FEE Oct 1, 2012 – Sept 30, 2013
1100175	FCE Referral Fee	<ul style="list-style-type: none"> • Fee includes all expenses associated with file review, evaluation planning and preparation, medical prescreen and appointment scheduling; • Is only paid once per referral regardless of whether the Injured Worker attends the scheduled appointment; • Cannot be invoiced if medical screen missed information which results in the Injured Worker attending the exam, but the exam cannot be performed as the Injured Worker is unable to participate. 	\$200.00 Flat Fee	\$200.00 Flat Fee
1100177	One (1) Day FCE	<ul style="list-style-type: none"> • Evaluation must involve a minimum of six (6) hours of Injured Worker participation scheduled over a one (1) day period; • Flat Fee includes all expenses associated with testing, data analysis and reporting; • FCE Report must be received within five (5) business days of the completed evaluation; • Deduction of timely report fee of \$200.00 will be applied if report is received more than five (5) business days from the completed evaluation; • Not payable for incomplete FCE; • Not payable until report is received. 	\$1,000.00 Flat Fee	\$1,050.00 Flat Fee
1100178	Two (2) Day FCE	<ul style="list-style-type: none"> • Evaluation must involve a minimum of eight (8) hours of Injured Worker participation scheduled over a two (2) day period; • Flat Fee includes all expenses associated with testing, data analysis and reporting; • FCE Report must be received within five (5) business days of the completed evaluation; • Deduction of timely report fee of \$200.00 will be applied if report is received more than five (5) business days from the completed evaluation; • Not payable for incomplete FCE; • Not payable until report is received. 	\$1,350.00 Flat Fee	\$1,400.00 Flat Fee

1100179	Functional Capacity Evaluation (up to ten (10) days):	<ul style="list-style-type: none"> • Daily Worker participation is expected to be six (6) hours per day for up to ten (10) consecutive business days; • Daily rate includes all expenses associated with testing, data analysis and reporting; • Payable only if referral specifically requested a Work Capacity Evaluation and referral has been approved by WorkSafeBC Program Manager of Health Care Services. Invoices for services that do not meet these criteria will not be paid; • The daily rate is only payable for days the Injured Worker attended, regardless of the number of hours attended; • If Injured Worker completes only one (1) or two (2) days of the FCE, the flat rates for the one (1) or two (2) day FCE would apply if there is sufficient information collected to objectively answer the referral question(s); • Not payable until report is received. 	\$410.00 Per Day	\$410.00 Per Day
1100180	Incomplete FCE:	<ul style="list-style-type: none"> • Paid only for incomplete FCE with Injured Worker participation less than six (6) hours & Injured Worker is not rescheduled; • Fee includes all expenses associated with testing, data analysis and reporting; • Billable exclusive of one (1) or two (2) day FCE; • Not payable until report or memo is received, outlining and describing tests completed and reason for termination of testing. 	\$90.00/hour or portion thereof to the nearest ¼ hour, maximum of six (6) hours	\$90.00/hour or portion thereof to the nearest ¼ hour, maximum of six (6) hours

- Reimbursement is not provided for missed, late or cancelled appointments.