

**SCHEDULE B**

**FEE SCHEDULE – FUNCTIONAL CAPACITY EVALUATION SERVICES**

FEE CODE	FEE ITEM	DESCRIPTION	FEE FOR DATE OF SERVICE (DOS) WITHIN:	
			December 1, 2015 to November 30, 2018	December 1, 2018 to November 30, 2020

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<b>1100175</b>	<b>FCE Referral Fee</b>	<ul style="list-style-type: none"> <li>• Fee includes all expenses associated with file review, evaluation planning and preparation, medical prescreen and appointment scheduling;</li> <li>• Is only paid once per referral regardless of whether the Injured Worker attends the scheduled appointment;</li> <li>• 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.</li> </ul>	<b>\$200.00 Flat Fee</b>	<b>\$200.00 Flat Fee</b>
<b>1100177</b>	<b>One (1) Day FCE</b>	<ul style="list-style-type: none"> <li>• Evaluation must involve a minimum of six (6) hours of Injured Worker participation scheduled over a one (1) day period;</li> <li>• Flat Fee includes all expenses associated with testing, data analysis and reporting;</li> <li>• FCE Report must be received within five (5) business days of the completed evaluation;</li> <li>• 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;</li> <li>• Not payable for incomplete FCE;</li> <li>• Not payable until report is received.</li> </ul>	<b>\$1,135.00 Flat Fee</b>	<b>\$1,195.00 Flat Fee</b>
<b>1100178</b>	<b>Two (2) Day FCE</b>	<ul style="list-style-type: none"> <li>• Evaluation must involve a minimum of eight (8) hours of Injured Worker participation scheduled over a two (2) day period;</li> <li>• Flat Fee includes all expenses associated with testing, data analysis and reporting;</li> <li>• FCE Report must be received within five (5) business days of the completed evaluation;</li> <li>• Deduction of timely report fee of \$200.00 will be applied if report is received more than five (5)</li> </ul>	<b>\$1,485.00 Flat Fee</b>	<b>\$1,545.00 Flat Fee</b>

**SCHEDULE B****FEE SCHEDULE – FUNCTIONAL CAPACITY EVALUATION SERVICES**

FEE CODE	FEE ITEM	DESCRIPTION	FEE FOR DATE OF SERVICE (DOS) WITHIN:	
			December 1, 2015 to November 30, 2018	December 1, 2018 to November 30, 2020
		<ul style="list-style-type: none"> <li>business days from the completed evaluation;</li> <li>Not payable for incomplete FCE;</li> <li>Not payable until report is received.</li> </ul>		
<b>1100180</b>	<b>Incomplete FCE</b>	<ul style="list-style-type: none"> <li>Paid only for incomplete FCE with Injured Worker participation less than six (6) hours &amp; Injured Worker is not rescheduled;</li> <li>Fee includes all expenses associated with testing, data analysis and reporting;</li> <li>Billable exclusive of one (1) or two (2) day FCE;</li> <li>Not payable until report or memo is received, outlining and describing tests completed and reason for termination of testing.</li> </ul>	<b>\$95.00/hour</b> or portion thereof, maximum of six (6) hours	<b>\$98.00/hour</b> or portion thereof, maximum of six (6) hours
<b>Job Demands Analysis Fees</b>				
<b>1133825</b>	<b>Job Demands Analysis</b>	<ul style="list-style-type: none"> <li>Flat fee payable only following receipt of JDA Report;</li> <li>Fee is inclusive of service and report;</li> <li>Report must be received within five (5) business days of JDA;</li> <li>Deduction of timely report fee of \$100.00 will be applied if report is received more than five (5) business days after JDA.</li> </ul>	<b>\$400.00 Flat Fee</b>	<b>\$400.00 Flat Fee</b>
<b>1158657</b>	<b>Pre-Authorized Travel</b>	<ul style="list-style-type: none"> <li>Travel time includes total time spent traveling from the Contractors facility to the worksite and back, exclusive of the time at the jobsite location;</li> <li>Approval is required for travel time in excess of 2 hours;</li> <li>The Board Officer may pre-authorize payments of \$55.00 per hour or portion thereof;</li> <li>Travel mileage is not billable.</li> </ul>	<b>\$55.00/hour</b> or portion thereof	<b>\$55.00/hour</b> or portion thereof
<b>1158658</b>	<b>Pre-Authorized Travel Expenses</b>	<ul style="list-style-type: none"> <li>Payable for ferry costs, parking, flight, boat charter, etc. that are incurred to perform a JDA;</li> <li>Verbal pre-authorization from Board Officer required.</li> </ul>	<b>As approved by Board Officer</b>	<b>As approved by Board Officer</b>

