

SCHEDULE B
FEEES

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	Amount For DOS Nov 15, 2020 to May 31, 2022
19291	Standard Treatment Assessment Block	<ul style="list-style-type: none"> • Fee includes all Services required to complete and submit the Initial Report. • Eligible to be invoiced only when all Services included in the Standard Treatment Assessment Block have been performed and the Initial Report is received by WorkSafeBC. • A \$30 timely completion bonus will be added to the fee where Initial Report meeting the requirements of Schedule A is received within seven days of the Initial Visit. • Fee is payable only when DOS is within 60 days of the date of injury. • Invoice DOS must be the date of the Initial Visit in the Initial Report. 	\$225.00 (including timely completion bonus) or \$195.00 (no timely completion bonus)
19319	Standard Treatment Secondary Assessment Report	<ul style="list-style-type: none"> • Fee includes all Services required to complete the Standard Treatment Secondary Assessment and Standard Treatment Secondary Assessment Report. • Eligible to be invoiced when the Standard Treatment Secondary Assessment Report received by WorkSafeBC. • DOS on the invoice must match the Initial Visit date in the Standard Treatment Secondary Assessment Report. 	\$125.00
19292	Standard Treatment Block	<ul style="list-style-type: none"> • Fee includes all Services in the Standard Treatment Block. • Eligible to be invoiced when requirements of Schedule A have been met and a Discharge Report or Extension Request Report, as applicable, is received by WorkSafeBC. • Cannot be invoiced where fewer than four Injured Worker visits in the Standard Treatment Block. • DOS on the invoice must match DOS on the Discharge Report or Extension Request Report, as applicable. 	\$560.00
19294	Standard Treatment Extension Block	<ul style="list-style-type: none"> • Fee includes all Services to complete a Standard Treatment Extension Block, including the Extension Request Report initiating the Standard Treatment Extension Block. • Eligible to be invoiced only when all Services included in the Standard Treatment Extension Block have been performed and the Discharge Report or an Extension Request Report for a subsequent Standard Treatment Extension Block has been received by WorkSafeBC within the timelines set out in Schedule A. • Cannot be invoiced if fewer than four Injured Worker visits in the Standard Treatment Extension Block. 	\$320.00

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		<ul style="list-style-type: none"> • Only one Standard Treatment Extension Block can be invoiced per Extension Request Report submitted. • DOS on the invoice must match DOS on the Discharge Report or Extension Request Report for a subsequent Standard Treatment Extension Block, as applicable. 	
19296	Daily Visit for Standard Treatment Block / Standard Treatment Extension Block	<ul style="list-style-type: none"> • Invoiced when an Injured Worker receives three or fewer visits in either a Standard Treatment Block or Standard Treatment Extension Block. • Cannot be invoiced at the same time as: <ul style="list-style-type: none"> • Standard Treatment Assessment Block, Standard Treatment Secondary Assessment Report, Standard Treatment Block or Standard Treatment Extension Block (first or any subsequent). • Post-Surgical Treatment Assessment Block, Post-Surgical Treatment Secondary Assessment Report, Post-Surgical Treatment Block or Post-Surgical Treatment Extension Block (first or any subsequent). • DOS on invoice must match Injured Worker visit date. 	\$70.00/ visit
19293	Standard Treatment Extension Request Report	<ul style="list-style-type: none"> • Invoiced when three or fewer visits are provided in the Extension Block following the Standard Treatment Extension Request Report. • Fee includes all Services required to complete and submit the Standard Treatment Extension Request Report. • Eligible to be invoiced when the Standard Treatment Extension Request Report is approved by WorkSafeBC. • DOS on the invoice must match the DOS (date of report) on the Standard Treatment Extension Request Report. • Cannot be invoiced in conjunction with fee code 19294, 19300 or 19309. 	\$52.00
19297	Post-Surgical Assessment Block	<ul style="list-style-type: none"> • Fee includes all Services required to complete and submit the Initial Report and Post-Surgical Addendum Report (if required). • Eligible to be invoiced when all Services included in the Post-Surgical Treatment Assessment block have been performed and the Initial Report received by WorkSafeBC. • A \$30 timely completion bonus will be added to the fee where an Initial Report meeting the requirements in Schedule A is received within seven days of the Initial Visit. • Fee is payable only if the DOS is within 60 days of the date of surgery. • Invoice DOS must be the date of the Initial Visit in the Initial Report 	\$195.00 (including timely completion bonus) or \$165.00 (no timely completion bonus)

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19319	Post-Surgical Treatment Secondary Assessment Report	<ul style="list-style-type: none"> • Fee includes all Services required to complete the Post-Surgical Treatment Secondary Assessment and the Post-Surgical Secondary Assessment Report. • Eligible to be invoiced when the Post-Surgical Treatment Secondary Assessment Report is received by WorkSafeBC. • Invoice DOS must match the Initial Visit date on the Post-Surgical Treatment Secondary Assessment Report. 	\$125.00
19298	Post-Surgical Treatment Block	<ul style="list-style-type: none"> • Fee includes all Services in the Post-Surgical Treatment Block. • Eligible to be invoiced when requirements of Schedule A have been met and a Discharge Report or Extension Request Report, as applicable, is received by WorkSafeBC. • Cannot be invoiced if fewer than six Injured Worker visits in the Post-Surgical Treatment Block. • DOS on the invoice must match DOS on the Discharge Report or Extension Request Report, as applicable. 	\$920.00
19300	First Post-Surgical Extension Block	<ul style="list-style-type: none"> • Fee includes all Services to complete the first Post-Surgical Treatment Extension Block, including the Extension Request Report initiating the first Post-Surgical Treatment Extension Block. • Eligible to be invoiced only when all Services included in the first Post-Surgical Treatment Extension Block have been performed and the Discharge Report or an Extension Request Report for a subsequent Post-Surgical Treatment Extension Block has been received by WorkSafeBC within the timelines set out in Schedule A. • Cannot be invoiced if fewer than four Injured Worker visits in the first Post-Surgical Treatment Extension Block. • Only one Post-Surgical Treatment Extension Block can be invoiced per Extension Request Report submitted. • Only one fee code 19300 can be invoiced per claim. Any subsequent approved Post-Surgical Treatment Extension Blocks must be invoiced using fee code 19309. • DOS on the invoice must match DOS in the Discharge Report or Extension Request Report for a subsequent Post-Surgical Treatment Extension Block, as applicable. 	\$498.00

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19309	Subsequent Post-Surgical Extension Block	<ul style="list-style-type: none"> • Fee includes all Services to complete a Post-Surgical Treatment Extension Block (other than the first Post-Surgical Extension Block), including the Extension Request Report initiating the Subsequent Post-Surgical Treatment Extension Block. • Eligible to be invoiced only when all Services included in the subsequent Post-Surgical Treatment Extension Block have been performed and the Discharge Report or an Extension Request Report for a subsequent Post-Surgical Treatment Extension Block has been received by WorkSafeBC within the timelines set out in Schedule A. • Cannot be invoiced if fewer than four Injured Worker visits in the subsequent Post-Surgical Treatment Extension Block. • Only one subsequent Post-Surgical Treatment Extension Block can be invoiced per Extension Request Report submitted. • DOS on the invoice must match DOS in the Discharge Report or Extension Request Report for a subsequent Post-Surgical Treatment Extension Block, as applicable. 	\$320.00
19301	Daily Rate for Post-Surgical Treatment Block / First Post-Surgical Treatment Extension Block / Subsequent Post-Surgical Treatment Block	<ul style="list-style-type: none"> • Invoiced when an Injured Worker receives five or fewer visits in a Post-Surgical Treatment Block <u>or</u> three or fewer visits in a the first Post-Surgical Treatment Extension Block or a subsequent Post-Surgical Treatment Extension Block. • Cannot be invoiced at the same time as a: <ul style="list-style-type: none"> • Standard Treatment Assessment Block, Standard Treatment Secondary Assessment Report, Standard Treatment Block or Standard Treatment Extension Block (first or any subsequent) • Post-Surgical Treatment Assessment Block, Post-Surgical Treatment Secondary Assessment Report, Post-Surgical Treatment Block or Post-Surgical Treatment Extension Block (first or any subsequent). • DOS on invoice must match Injured Worker visit date. 	\$70.00/visit
19299	Post-Surgical Treatment Extension Request Report	<ul style="list-style-type: none"> • Invoiced when five or fewer visits are provided in the Extension Block following the Post-Surgical Treatment Extension Request Report. • Fee includes all Services required to complete and submit the Post-Surgical Treatment Extension Request Report. • Eligible to be invoiced when the Post-Surgical Treatment Extension Request Report is approved by WorkSafeBC. 	\$52.00

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		<ul style="list-style-type: none"> DOS on the invoice must match the DOS (date of report) on the Post-Surgical Treatment Extension Request Report. Cannot be invoiced in conjunction with fee code 19294, 19300 or 19309. 	
Other Fee Codes			
19295	Complex Exception Fee	<ul style="list-style-type: none"> Eligible to be invoiced in addition to a Standard Treatment Extension Block or subsequent Post-Surgical Extension Block <u>only</u> and only where expressly approved by Health Care Services prior to invoicing. Cannot be invoiced with a Standard Treatment Assessment Block, a Standard Treatment Secondary Assessment Report, a Standard Treatment Block, a Post-Surgical Treatment Assessment Block, a Post-Surgical Treatment Block, a Post-Surgical Treatment Secondary Assessment Report or the first Post-Surgical Treatment Extension Block. 	\$178.00
19302	Discharge Report	<ul style="list-style-type: none"> Fee includes all Services required to complete and submit the Discharge Report and is eligible to be invoiced when the Discharge Report is received by WorkSafeBC. A \$5 timely completion bonus will be added to the fee if Discharge Report meeting requirements of Schedule A is received within 14 days of the last visit. DOS on the invoice must match the DOS (last Injured Worker visit) on the Discharge Report. 	\$40.00 (including timely completion bonus) or \$35.00 (no timely completion bonus)
19303	Requested Report	<ul style="list-style-type: none"> Fee includes all Services required to complete and submit the Requested Report and is eligible to be invoiced when the Requested Report is received by WorkSafeBC. DOS for Requested Report is date the Requested Report is requested. DOS on the invoice must match DOS on the Requested Report. 	\$52.00
19204	Telephone Consultation for Return to Work and Other Related Issues	<ul style="list-style-type: none"> Fee may be invoiced for telephone communication with a health care provider, Board Officer, or with an employer if the telephone conversation with the employer occurs outside of a Standard Treatment Assessment Block or Post-Surgical Assessment Block where: <ul style="list-style-type: none"> the telephone communication is for the purpose of discussing treatment, return to work, discharge planning and/or other related issues; the discussion is documented in clinical records; and actual contact is made or a detailed message is left. 	\$27.50 per 15 min. increment

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		<ul style="list-style-type: none"> Fee cannot be invoiced for telephone calls for routine, invoicing/payment, administrative, contract or performance issues. 	
19171	Photocopies (first 20 pages)	<ul style="list-style-type: none"> Fee may be invoiced for the first 20 pages of WorkSafeBC requested copy of chart notes, provided that the copies are received within two Business Days of request and are legible. DOS on the invoice must be the date the chart notes are requested. 	\$42.00
19172	Photocopies (every page over 20 pages)	<ul style="list-style-type: none"> Fee may be invoiced for each page after the first 20 pages of WorkSafeBC requested copy of chart notes, provided that the copies are received within two Business Days of request and are legible. DOS is the date the chart notes are requested. 	\$1.26 per page
19193	Hydrotherapy – Physical Therapist	<ul style="list-style-type: none"> Use this fee code when Services provided by a Physical Therapist. Fee includes all Hydrotherapy Services, the cost of pool admission and all other costs associated with the Hydrotherapy Services. Fee eligible for invoicing to a limit of one visit per accepted claim per day, provided Services delivered in compliance with this Agreement. Fee code may be invoiced with Fee Codes 19292, 19294, 19296, 19298, 19300 or 19309 as applicable. Only one of Fee code 19193 and 19313 may be invoiced for a visit. 	\$60.00 / visit
19313	Hydrotherapy - PTSW	<ul style="list-style-type: none"> Use this fee code when Services provided by a PTSW under the supervision of a Physical Therapist Fee includes all Hydrotherapy Services, the cost of pool admission and all other costs associated with the Hydrotherapy Services. Fee eligible for invoicing to a limit of one visit per accepted claim per day, provided Services delivered in compliance with this Agreement. Fee code may be invoiced with Fee Codes 19292, 19294, 19296, 19298, 19300 or 19309 as applicable. Only one of Fee code 19193 and 19313 may be invoiced for a visit. 	\$45.00 / visit