

SCHEDULE B

FEES

TERMS AND CONDITIONS

1. The Contractor shall be entitled to invoice for and receive payment for Services provided in accordance with this Agreement if at the time Services are commenced:
 - (a) the Injured Worker's claim has been accepted; or
 - (b) the Injured Worker's claim has been initiated and is pending but no decision was made during the Physiotherapy Initial Assessment or the Post-Surgical Physiotherapy Initial Assessment and the Injured Worker's claim is subsequently disallowed or suspended, but only with respect to the Physiotherapy Initial Assessment or Post-Surgical Physiotherapy Initial Assessment and for no other Services.
2. If the Contractor provides Services to an Injured Worker before the Injured Worker has an accepted claim or before the Injured Worker has initiated a claim, the Injured Worker is responsible to pay the Contractor for the Services. If the Injured Worker's claim is subsequently accepted by WorkSafeBC:
 - (a) within 90 days of the Injured Worker's Initial Visit for the purposes of assessment, the Contractor shall refund all amounts paid for Services, whether directly to the Injured Worker for those amounts paid by the Injured Worker and/or to the Injured Worker's third party insurance provider where the Contractor directly invoiced and was paid by such third party insurance provider, and then invoice WorkSafeBC for all applicable amounts under Schedule B for the Services that have been performed in accordance with this Agreement; or
 - (b) more than 90 days of the Injured Worker's Initial Visit for the purposes of assessment, WorkSafeBC shall reimburse the Injured Worker directly for amounts paid by the Injured Worker for Services.
3. If any reports are incomplete or otherwise do not meet the requirements set out in Schedule A, the Contractor shall properly complete the report and resubmit it to WorkSafeBC without any additional payment. The Contractor shall not be entitled to receive any payment until the report has been completed properly and received by WorkSafeBC.

FEE CODES AND RULES

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	Amount Effective June 1, 2025
19100	Physiotherapy Initial Assessment	<ul style="list-style-type: none"> • Fee includes all Services required to complete and submit the Physiotherapy Treatment Initial Report. • Eligible to be invoiced only when all Services included in the Physiotherapy Initial Assessment have been performed and the Physiotherapy Treatment Initial Report is received by WorkSafeBC. • Fee is payable only when DOS is within 60 days of the date of injury except with Board Officer approval. • Invoice DOS must be the date of the Initial Visit in the Physiotherapy Treatment Initial Report. • Not eligible to be invoiced with the Post-Surgical Physiotherapy Initial Assessment, the Extension Request Report, Interrupt Report, Discharge Report, Requested Report, or Treatment Visit. 	\$191.75
19101	Post-Surgical Physiotherapy Initial Assessment	<ul style="list-style-type: none"> • Fee includes all Services required to complete and submit the Post-Surgical Initial Report. • Eligible to be invoiced only when all Services included in the Post-Surgical Physiotherapy Initial Assessment have been performed and the Post-Surgical Initial Report is received by WorkSafeBC. • Fee is payable only when DOS is within 60 days of the date of surgery. • Invoice DOS must be the date of the Initial Visit in the Post-Surgical Initial Report. • Not eligible to be invoiced with the Physiotherapy Initial Assessment, the Extension Request Report, Interrupt Report, Discharge Report, Requested Report, or Treatment Visit. 	\$191.75
19102	Treatment Visit	<ul style="list-style-type: none"> • Invoiced when an Injured Worker receives in clinic treatment for a visit in the Physiotherapy Treatment Period or an Extension. • DOS on invoice must match Injured Worker visit date. • Not eligible to be invoiced with Physiotherapy Initial Assessment or Post-Surgical Physiotherapy Initial Assessment. 	\$86.20
19103	Extension Request Report	<ul style="list-style-type: none"> • Fee includes all Services required to complete and submit the Extension Request Report. • Eligible to be invoiced when the Extension Request Report is received by WorkSafeBC. 	\$57.00

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		<ul style="list-style-type: none"> DOS on the invoice must match the DOS (date of report) on the Extension Request Report. Not eligible to be invoiced with Physiotherapy Initial Assessment, the Post-Surgical Physiotherapy Initial Assessment, or the Requested Report. 	
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. Not eligible to be invoiced with Physiotherapy Initial Assessment, or the Post-Surgical Physiotherapy Initial Assessment, Extension Request Report, Interrupt Report, or Discharge Report. 	\$57.00
19104	Interrupt Report	<ul style="list-style-type: none"> Fee includes all Services required to complete and submit the Interrupt Report. Eligible to be invoiced when approved by the Board Officer and the Interrupt Report is received by WorkSafeBC. DOS on the invoice must match the DOS (last Injured Worker visit) on the Interrupt Report. Cannot be invoiced at the same time as the Initial Assessment, the Post-Surgical Physiotherapy Initial Assessment, Requested Report, or the Discharge Report. 	\$45.00
19105	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. DOS on the invoice must match the DOS (last Injured Worker visit) on the Discharge Report. Cannot be invoiced at the same time as the Physiotherapy Initial Assessment, Post-Surgical Physiotherapy Initial Assessment, Requested Report, or the Interrupt Report. 	\$45.00
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 Physiotherapy Initial Assessment or Post-Surgical Physiotherapy Initial Assessment 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 	\$30.50 per 15 min. increment

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		<ul style="list-style-type: none"> • actual contact is made or a detailed message is left. • 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. • The Contractor must ensure chart notes use the minimum number of pages and a font size reasonable for the content. • Submissions with excessive sections of blank space may have the total number of payable pages reduced by WorkSafeBC in its sole discretion. 	\$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. • The Contractor must ensure chart notes use the minimum number of pages and a font size reasonable for the content. • Submissions with excessive sections of blank space may have the total number of payable pages reduced by WorkSafeBC in its sole discretion. 	\$1.26 per page
19193	Hydrotherapy – Physical Therapist	<ul style="list-style-type: none"> • Use this fee code when Hydrotherapy Services are provided by a Physical Therapist. • A maximum participant to Physical Therapist ratio of 4:1 is permitted. • 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 physiotherapy Treatment Visits where Hydrotherapy and in clinic treatment occur on the same date of service. • Only one of fee code 19193 and 19313 may be invoiced for a visit. 	\$64.00 / visit
19313	Hydrotherapy - PTSW	<ul style="list-style-type: none"> • Use this fee code when Hydrotherapy Services are provided by a PTSW under the supervision of a Physical Therapist. • A maximum participant to PTSW ratio of 4:1 is permitted. • 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. 	\$47.50 / visit

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	Amount Effective June 1, 2025
		<ul style="list-style-type: none"> • Fee code may be invoiced with physiotherapy Treatment Visits where Hydrotherapy and in clinic treatment occur on the same date of service. • Only one of fee code 19193 and 19313 may be invoiced for a visit. 	

FOR REFERENCE