

**SCHEDULE B**  
**Fee Codes and Rates**

**ADDITIONAL 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 60 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 60 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.
4. In this Schedule B, "**CPI**" means the consumer price index, which is defined to be the annual percent change in the consumer price index (all items; not seasonally adjusted) for the immediately preceding 12 month period for Canada, as published by Statistics Canada.
5. The fees indicated as having an increase by CPI in the table above will increase annually commencing on the first anniversary of the Term by a percentage determined by WorkSafeBC that is no less than the Canada-wide CPI up to a maximum of 4%.

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	DOS within April 1, 2026 to March 31, 2027	DOS within April 1, 2027 to March 31, 2028
19100	<b>Physiotherapy Initial Assessment</b>	<ul style="list-style-type: none"> <li>• Fee includes all Services required to complete and submit the Physiotherapy Treatment Initial Report.</li> <li>• 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.</li> <li>• Fee is payable only when DOS is within 60 days of the date of injury except with WorkSafeBC Officer approval.</li> <li>• Invoice DOS must be the date of the Initial Visit in the Physiotherapy Treatment Initial Report.</li> <li>• Not eligible to be invoiced with the Post-Surgical Physiotherapy Initial Assessment, the Physiotherapy Treatment Plan Report, Discharge Report, Requested Report, Physiotherapy Treatment Visit or Complex Fee.</li> </ul>	<b>\$196.00</b>	Increase by CPI
19101	<b>Post-Surgical Physiotherapy Initial Assessment</b>	<ul style="list-style-type: none"> <li>• Fee includes all Services required to complete and submit the Post-Surgical Initial Report.</li> <li>• 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.</li> <li>• Fee is payable only when DOS is within 60 days of the date of surgery.</li> <li>• Invoice DOS must be the date of the Initial Visit in the Post-Surgical Initial Report.</li> <li>• Not eligible to be invoiced with the Physiotherapy Initial Assessment, the</li> </ul>	<b>\$196.00</b>	Increase by CPI

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	DOS within April 1, 2026 to March 31, 2027	DOS within April 1, 2027 to March 31, 2028
		Physiotherapy Treatment Plan Report, Discharge Report, Requested Report, Physiotherapy Treatment Visit or Complex Fee.		
19102	<b>Physiotherapy Treatment Visit</b>	<ul style="list-style-type: none"> <li>• Invoiced when an Injured Worker receives in clinic treatment for a visit in the Physiotherapy Treatment Period or an Extension.</li> <li>• DOS on invoice must match Injured Worker visit date.</li> <li>• Not eligible to be invoiced with Physiotherapy Initial Assessment, Post-Surgical Physiotherapy Initial Assessment or Complex Fee.</li> <li>• Not billable concurrently (same day) with Stand-alone PTSW or KIN session</li> </ul>	<b>\$95.00</b>	Increase by CPI
19103	<b>Physiotherapy Treatment Plan Report</b>	<ul style="list-style-type: none"> <li>• Fee includes all Services required to complete and submit the Physiotherapy Treatment Plan Report.</li> <li>• Eligible to be invoiced when the Physiotherapy Treatment Plan Report is received by WorkSafeBC.</li> <li>• DOS on the invoice must match the DOS (date of report) on the Physiotherapy Treatment Plan Report.</li> <li>• Not eligible to be invoiced with Physiotherapy Initial Assessment, the Post-Surgical Physiotherapy Initial Assessment, or the Requested Report.</li> </ul>	<b>\$57.00</b>	TBD
19303	<b>Requested Report</b>	<ul style="list-style-type: none"> <li>• Fee includes all Services required to complete and submit the Requested Report and is eligible to be invoiced when the</li> </ul>	<b>\$57.00</b>	TBD

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	DOS within April 1, 2026 to March 31, 2027	DOS within April 1, 2027 to March 31, 2028
		<p>Requested Report is received by WorkSafeBC.</p> <ul style="list-style-type: none"> <li>DOS for Requested Report is date the Requested Report is requested.</li> <li>DOS on the invoice must match DOS on the Requested Report.</li> <li>Not eligible to be invoiced with Physiotherapy Initial Assessment, or the Post-Surgical Physiotherapy Initial Assessment, Physiotherapy Treatment Plan Report, or Discharge Report.</li> </ul>		
19105	<b>Discharge Report</b>	<ul style="list-style-type: none"> <li>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.</li> <li>DOS on the invoice must match the DOS (last Injured Worker visit) on the Discharge Report.</li> <li>Not eligible to be invoiced at the same time as the Physiotherapy Initial Assessment, Post-Surgical Physiotherapy Initial Assessment, or Requested Report</li> </ul>	<b>\$45.00</b>	TBD
19204	<b>Consultation for Return to Work and Other Related Issues (Telephone and/or email)</b>	<ul style="list-style-type: none"> <li>Fee may be invoiced for communication with a health care provider, WorkSafeBC 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"> <li>the telephone communication is for the purpose of discussing treatment, return</li> </ul> </li> </ul>	<b>\$33.25</b> <b>per 15 min. increment</b>	TBD

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	DOS within April 1, 2026 to March 31, 2027	DOS within April 1, 2027 to March 31, 2028
		<ul style="list-style-type: none"> <li>to work, discharge planning and/or other related issues;</li> <li>the discussion is documented in clinical records; and</li> <li>actual contact is made or a detailed message is left.</li> <li>Fee cannot be invoiced for telephone calls for routine, invoicing/payment, administrative, or contract issues.</li> <li>Not billable concurrently with Clinical Administrative Fee.</li> </ul>		
19171	<b>Photocopies (Flat Fee)</b>	<ul style="list-style-type: none"> <li>Flat fee may be invoiced for WorkSafeBC requested copy of chart notes, provided that the copies are received within two Business Days of request and are legible.</li> <li>DOS on the invoice must be the date the chart notes are requested.</li> <li>The Contractor must ensure chart notes are readable in that they use the a font size reasonable for the content.</li> </ul>	<b>\$42.00</b>	TBD
19193	<b>Hydrotherapy – Physical Therapist</b>	<ul style="list-style-type: none"> <li>Use this fee code when Hydrotherapy Services are provided by a Physical Therapist.</li> <li>A maximum participant to Physical Therapist ratio of 4:1 is permitted.</li> <li>Fee includes all Hydrotherapy Services, the cost of pool admission and all other costs associated with the Hydrotherapy Services.</li> <li>Fee eligible for invoicing to a limit of one visit per accepted claim per day, provided Services delivered in compliance with this Agreement.</li> <li>Fee code may be invoiced with Physiotherapy Treatment Visits where</li> </ul>	<b>\$67.00/ visit</b>	Increase by CPI

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	DOS within April 1, 2026 to March 31, 2027	DOS within April 1, 2027 to March 31, 2028
		<p>Hydrotherapy and in clinic treatment occur on the same date of service.</p> <ul style="list-style-type: none"> <li>Only one of fee code 19193 and 19313 may be invoiced for a visit.</li> </ul>		
19313	<b>Hydrotherapy - PTSW</b>	<ul style="list-style-type: none"> <li>Use this fee code when Hydrotherapy Services are provided by a PTSW under the supervision of a Physical Therapist.</li> <li>A maximum participant to PTSW ratio of 4:1 is permitted.</li> <li>Fee includes all Hydrotherapy Services, the cost of pool admission and all other costs associated with the Hydrotherapy Services.</li> <li>Fee eligible for invoicing to a limit of one visit per accepted claim per day, provided Services delivered in compliance with this Agreement.</li> <li>Fee code may be invoiced with Physiotherapy Treatment Visits where Hydrotherapy and in clinic treatment occur on the same date of service.</li> <li>Only one of fee code 19193 and 19313 may be invoiced for a visit.</li> </ul>	<b>\$48.00 / visit</b>	TBD
19106	<b>Clinical Administrative Fee</b>	<ul style="list-style-type: none"> <li>Billable where: <ul style="list-style-type: none"> <li>(A) it is the 2<sup>nd</sup> absence of an Injured Worker at a scheduled appointment without reasonable advance notice to the Contractor by Injured Worker; <u>AND</u></li> <li>(B) the Contractor using commercially reasonable efforts cannot fill the appointment time;</li> </ul> <p>THEN, (C) the Contractor must utilize that allotted appointment time to conduct one or more of the following clinical activities:</p> </li> </ul>	<b>\$95.00</b>	Increase by CPI

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	DOS within April 1, 2026 to March 31, 2027	DOS within April 1, 2027 to March 31, 2028
		<ul style="list-style-type: none"> <li>○ (i) revise clinical exercise and functional activity program;</li> <li>○ (ii) contact a WorkSafeBC Officer or Injured Worker's employer to confirm RTW status or critical job demands as clinically required;</li> <li>○ (iii) any other administrative duties to further the treatment and recovery of the Injured Worker.</li> <li>● Maximum 1 per claim.</li> <li>● May not be billed on same day as report or billings for communication with other parties.</li> </ul>		
19107	<b>Stand-alone KIN Session</b>	<ul style="list-style-type: none"> <li>● Minimum 45 minute session (min. 30 minute 1:1 time with KIN)</li> <li>● 1:1 sessions, no group sessions</li> <li>● Not billable concurrently (same day) with Physiotherapy Treatment Visit.</li> </ul>	<b>\$70.00</b>	TBD
19108	<b>Stand-alone PTSW Session</b>	<ul style="list-style-type: none"> <li>● Minimum 45 minute session (min. 30 minute 1:1 time with PTSW)</li> <li>● 1:1 sessions, no group sessions</li> <li>● Not billable concurrently (same day) with Physiotherapy Treatment Visit.</li> </ul>	<b>\$65.00</b>	TBD
19109	<b>Complex Fee</b>	<ul style="list-style-type: none"> <li>● Billable if the Injured Worker meets one or more of the following criteria: (A) has two or more compensable injuries that <b>require</b> treatment; (B) the clinical nature of the compensable injury is such that it requires additional treatment time to engage with or provide treatment to an Injured Worker (i.e. specific pathology requires increased time for hands on treatment, or mental health condition is impeding a worker's ability to</li> </ul>	<b>\$115.00</b>	TBD

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	DOS within April 1, 2026 to March 31, 2027	DOS within April 1, 2027 to March 31, 2028
		<p>engage in treatment); (C) Injured Worker has past medical history that results in a clinical need for treatments of longer duration (i.e. Injured Worker is in wheelchair or has other ability challenges that impact movement and that require additional PT time)</p> <ul style="list-style-type: none"> <li>• The purpose of this Complex Fee is to address <b>exceptional</b> circumstances where the Injured Worker requires a more intense level of physiotherapy intervention than a regular Physiotherapy Treatment Visit.</li> <li>• If eligible, maximum 4 sessions per claim.</li> <li>• Not billable concurrently with Physiotherapy Treatment Visit.</li> <li>• Session can not be provided by a KIN or PTSW.</li> </ul>		

For Reference Only