

## PHYSIOTHERAPY SERVICES FEE SCHEDULE

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	Amount For DOS December 1, 2018 to May 31, 2020
19291	<b>Standard Treatment Assessment Block</b>	<ul style="list-style-type: none"> <li>• Fee includes all Services required to complete and submit the Initial Report.</li> <li>• 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.</li> <li>• 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.</li> <li>• Fee is payable only when DOS is within 60 days of the date of injury.</li> <li>• Invoice DOS must be the date of the Initial Visit in the Initial Report.</li> </ul>	<b>\$225.00 (including timely completion bonus) or \$195.00 (no timely completion bonus)</b>
19319	<b>Standard Treatment Secondary Assessment Report</b>	<ul style="list-style-type: none"> <li>• Fee includes all Services required to complete the Standard Treatment Secondary Assessment and Standard Treatment Secondary Assessment Report.</li> <li>• Eligible to be invoiced when the Standard Treatment Secondary Assessment Report received by WorkSafeBC.</li> <li>• DOS on the invoice must match the Initial Visit date in the Standard Treatment Secondary Assessment Report.</li> </ul>	<b>\$125.00</b>
19292	<b>Standard Treatment Block</b>	<ul style="list-style-type: none"> <li>• Fee includes all Services in the Standard Treatment Block.</li> <li>• 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.</li> <li>• Cannot be invoiced where fewer than four Injured Worker visits in the Standard Treatment Block.</li> <li>• DOS on the invoice must match DOS on the Discharge Report or Extension Request Report, as applicable.</li> </ul>	<b>\$560.00</b>
19294	<b>Standard Treatment Extension Block</b>	<ul style="list-style-type: none"> <li>• Fee includes all Services to complete a Standard Treatment Extension Block, including the Extension Request Report initiating the Standard Treatment Extension Block.</li> <li>• 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.</li> <li>• Cannot be invoiced if fewer than four Injured Worker visits in the Standard Treatment Extension Block.</li> <li>• Only one Standard Treatment Extension Block can be invoiced per Extension Request Report submitted.</li> <li>• DOS on the invoice must match DOS on the Discharge Report or Extension Request Report for a subsequent Standard Treatment Extension Block, as applicable.</li> </ul>	<b>\$320.00</b>

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Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	Amount For DOS December 1, 2018 to May 31, 2020
19296	<b>Daily Visit for Standard Treatment Block / Standard Treatment Extension Block</b>	<ul style="list-style-type: none"> <li>• Invoiced when an Injured Worker receives three or fewer visits in either a Standard Treatment Block or Standard Treatment Extension Block.</li> <li>• Cannot be invoiced at the same time as:               <ul style="list-style-type: none"> <li>• Standard Treatment Assessment Block, Standard Treatment Secondary Assessment Report, Standard Treatment Block or Standard Treatment Extension Block (first or any subsequent).</li> <li>• 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).</li> </ul> </li> <li>• DOS on invoice must match Injured Worker visit date.</li> </ul>	<b>\$70.00 / visit</b>
19293	<b>Standard Treatment Extension Request Report</b>	<ul style="list-style-type: none"> <li>• Invoiced when three or fewer visits are provided in the Extension Block following the Standard Treatment Extension Request Report.</li> <li>• Fee includes all Services required to complete and submit the Standard Treatment Extension Request Report.</li> <li>• Eligible to be invoiced when the Standard Treatment Extension Request Report is approved by WorkSafeBC.</li> <li>• DOS on the invoice must match the DOS (date of report) on the Standard Treatment Extension Request Report.</li> <li>• Cannot be invoiced in conjunction with fee code 19294, 19300 or 19309.</li> </ul>	<b>\$52.00</b>
19297	<b>Post-Surgical Assessment Block</b>	<ul style="list-style-type: none"> <li>• Fee includes all Services required to complete and submit the Initial Report and Post-Surgical Addendum Report (if required).</li> <li>• 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.</li> <li>• 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.</li> <li>• Fee is payable only if the DOS is within 60 days of the date of surgery.</li> <li>• Invoice DOS must be the date of the Initial Visit in the Initial Report.</li> </ul>	<b>\$195.00 (including timely completion bonus) or \$165.00 (no timely completion bonus)</b>
19319	<b>Post-Surgical Treatment Secondary Assessment Report</b>	<ul style="list-style-type: none"> <li>• Fee includes all Services required to complete the Post-Surgical Treatment Secondary Assessment and the Post-Surgical Secondary Assessment Report.</li> <li>• Eligible to be invoiced when the Post-Surgical Treatment Secondary Assessment Report is received by WorkSafeBC.</li> <li>• Invoice DOS must match the Initial Visit date on the Post-Surgical Treatment Secondary Assessment Report.</li> </ul>	<b>\$125.00</b>

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Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	Amount For DOS December 1, 2018 to May 31, 2020
19298	<b>Post-Surgical Treatment Block</b>	<ul style="list-style-type: none"> <li>• Fee includes all Services in the Post-Surgical Treatment Block.</li> <li>• 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.</li> <li>• Cannot be invoiced if fewer than six Injured Worker visits in the Post-Surgical Treatment Block.</li> <li>• DOS on the invoice must match DOS on the Discharge Report or Extension Request Report, as applicable.</li> </ul>	<b>\$920.00</b>
19300	<b>First Post-Surgical Extension Block</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Cannot be invoiced if fewer than four Injured Worker visits in the first Post-Surgical Treatment Extension Block.</li> <li>• Only one Post-Surgical Treatment Extension Block can be invoiced per Extension Request Report submitted.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<b>\$498.00</b>
19309	<b>Subsequent Post-Surgical Extension Block</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Cannot be invoiced if fewer than four Injured Worker visits in the subsequent Post-Surgical Treatment Extension Block.</li> </ul>	<b>\$320.00</b>

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		<ul style="list-style-type: none"> <li>Only one subsequent Post-Surgical Treatment Extension Block can be invoiced per Extension Request Report submitted.</li> <li>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.</li> </ul>	
19301	<b>Daily Rate for Post-Surgical Treatment Block / First Post-Surgical Treatment Extension Block / Subsequent Post-Surgical Treatment Block</b>	<ul style="list-style-type: none"> <li>Invoiced when an Injured Worker receives five or fewer visits in a Post-Surgical Treatment Block <u>or</u> three or fewer visits in the first Post-Surgical Treatment Extension Block or a subsequent Post-Surgical Treatment Extension Block.</li> <li>Cannot be invoiced at the same time as a:                             <ul style="list-style-type: none"> <li>Standard Treatment Assessment Block, Standard Treatment Secondary Assessment Report, Standard Treatment Block or Standard Treatment Extension Block (first or any subsequent)</li> <li>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).</li> </ul> </li> <li>DOS on invoice must match Injured Worker visit date.</li> </ul>	<b>\$70.00 / visit</b>
19299	<b>Post-Surgical Treatment Extension Request Report</b>	<ul style="list-style-type: none"> <li>Invoiced when three or fewer visits are provided in the Extension Block following the Post-Surgical Treatment Extension Request Report.</li> <li>Fee includes all Services required to complete and submit the Post-Surgical Treatment Extension Request Report.</li> <li>Eligible to be invoiced when the Post-Surgical Treatment Extension Request Report is approved by WorkSafeBC.</li> <li>DOS on the invoice must match the DOS (date of report) on the Post-Surgical Treatment Extension Request Report.</li> <li>Cannot be invoiced in conjunction with fee code 19294, 19300 or 19309.</li> </ul>	<b>\$52.00</b>
19295	<b>Complex Exception Fee</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	<b>\$178.00</b>

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Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	Amount For DOS December 1, 2018 to May 31, 2020
19302	<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>• 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.</li> <li>• DOS on the invoice must match the DOS (last Injured Worker visit) on the Discharge Report.</li> </ul>	<b>\$40.00 (including timely completion bonus) or \$35.00 (no timely completion bonus)</b>
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 Requested Report is received by WorkSafeBC.</li> <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> </ul>	<b>\$52.00</b>
19204	<b>Telephone Consultation for Return to Work and Other Related Issues</b>	<ul style="list-style-type: none"> <li>• 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"> <li>• the telephone communication is for the purpose of discussing treatment, return 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> </ul> </li> <li>• Fee cannot be invoiced for telephone calls for routine, invoicing/payment, administrative, contract or performance issues.</li> </ul>	<b>\$27.50 per 15 min. increment</b>
19171	<b>Photocopies (first 20 pages)</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• DOS on the invoice must be the date the chart notes are requested.</li> </ul>	<b>\$42.00</b>
19172	<b>Photocopies (every page over 20 pages)</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• DOS is the date the chart notes are requested.</li> </ul>	<b>\$1.26 per page</b>
19193	<b>Hydrotherapy – Physical Therapist</b>	<ul style="list-style-type: none"> <li>• Use this fee code when Services provided by a Physical Therapist.</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> </ul>	<b>\$60.00 / visit</b>

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		<ul style="list-style-type: none"> <li>• Fee code may be invoiced with Fee Codes 19292, 19294, 19296, 19298, 19300 or 19309 as applicable.</li> <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 Services provided by a PTSW under the supervision of a Physical Therapist.</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 Fee Codes 19292, 19294, 19296, 19298, 19300 or 19309 as applicable.</li> <li>• Only one of Fee code 19193 and 19313 may be invoiced for a visit.</li> </ul>	<b>\$45.00 / visit</b>

### ADDITIONAL TERMS AND CONDITIONS

1. The Contractor shall be entitled to invoice for and receive payment for Services 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 made during the Standard Treatment Assessment Block or the Post-Surgical Treatment Assessment Block and the Injured Worker's claim is subsequently disallowed or suspended, but only with respect to the Standard Treatment Assessment Block, Post-Surgical Assessment Block 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 the Injured Worker all amounts paid by the Injured Worker for Services 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. In the case of a Discharge Report or Requested Report, the Contractor shall not be entitled to receive any payment until such report has been completed properly and received by WorkSafeBC.

4. Where the Contractor is treating an Injured Worker under a:
  - (a) Standard Treatment Extension Block (the first or any subsequent); or
  - (b) a subsequent Post-Surgical Treatment Extension Block after the first Post-Surgical Treatment Extension Block (but not the first Post-Surgical Treatment Extension Block),

the Contractor may request authority from Health Care Services to invoice for the complex exception fee (fee code 19295). The Contractor must make a separate request for each approved extension block. For greater certainty, the Contractor acknowledges and agrees that a complex exception fee (fee code 19295) cannot be requested or paid for the first Post-Surgical Treatment Extension Block.

5. The Contractor acknowledges and agrees that the purpose of the complex exception fee is to address exceptional circumstances where the Injured Worker requires a more intense level of physiotherapy intervention than a Standard Treatment Extension Block or a subsequent Post-Surgical Extension Block other than the first Post-Surgical Extension Block supports, and that WorkSafeBC has the right, in its sole discretion, to approve or to decline to approve any request.
6. In order to request approval to invoice for the complex exception fee, the Contractor must submit a "Physiotherapy Complex Exception Fee Request" in the form set out in the Reference Manual within 90 days of the start of the applicable Extension Block for which the complex exception fee is being requested that includes the following, supported by objective medical evidence and clinical findings:
  - (a) the Injured Worker's injury and any other pertinent medical information;
  - (b) the Injured Worker's current level of functioning as it pertains to ability to return to work; and
  - (c) the recommended physiotherapy treatment plan including both frequency of visits, and details on the treatment to be provided, providing clarification as to what deems the Injured Worker and the treatment "complex".
7. The Contractor acknowledges and agrees that any request for approval of the complex exception fee made more than 90 days from the start of the applicable Extension Block for which the complex exception fee is being requested will not be considered and is automatically declined.