

WorkSafeBC-BCMA FEE SCHEDULE QUICK REFERENCE GUIDE FOR GENERAL PRACTITIONERS

FEE CODE	FEE ITEM	Apr 01/07	Apr 01/08	Apr 01/09	Rates as of Oct 01/10	Rates as of May 08/11
FIRST REPORT OF INJURY (FORM 8)						
19937	TELEPLAN E-FORM 8 received within 3 days	\$42.84	\$43.70	\$44.57	\$49.03	\$49.03
19938	TELEPLAN E-FORM 8 received within 4-6 days	\$31.20	\$31.20	\$31.20	\$34.32	\$34.32
19939	TELEPLAN E-FORM 8 received within 10 days of request	\$50.00	\$50.00	\$50.00	\$51.00	\$51.00
19900	FAX FORM 8 received within 3 days	\$31.24	\$31.24	\$30.00	\$33.00	\$33.00
19901	FAX FORM 8 received within 4-6 days	\$20.00	\$20.00	\$20.00	\$22.00	\$22.00
19927	FORM 8 REQUESTED	\$50.00	\$50.00	\$50.00	\$55.00	\$55.00
PROGRESS REPORT (FORM 11)						
19940	TELEPLAN E-FORM 11 received within 3 days	\$38.00	\$38.00	\$38.00	\$40.28	\$40.28
19941	TELEPLAN E-FORM 11 received within 4-6 days	\$17.00	\$17.00	\$17.00	\$18.02	\$18.02
19902	FAX FORM 11 received within 3 days	\$29.12	\$29.12	\$28.00	\$29.68	\$29.68
19903	FAX FORM 11 received within 4-6 days	\$14.00	\$14.00	\$14.00	\$14.84	\$14.84
19952	ACCOUNTS REJECTED but found to be WorkSafeBC responsibility – bill by fax transmission	\$20.00	\$20.00	\$20.00	\$20.40	\$20.40
CLINICAL RECORDS						
19904	WCB REQUEST FOR A COPY OF AN EXISTING REPORT up to 20 pages, received within 3 days	\$40.00	\$40.00	\$40.00	\$40.80	\$40.80
19905	WCB REQUEST FOR A COPY OF AN EXISTING REPORT first 5 pages or less sent by mail	\$25.00	\$25.00	\$25.00	\$25.50	\$25.50
19953	WCB REQUEST COPY OF AN EXISTING REPORT OR CHART NOTE isolate relevant information, sever irrelevant information 19904, 19905 or 19906 may not be billed in addition Must be received within 10 days of request of service and includes all courier charges	\$120.00	\$120.00	\$120.00	\$122.40	\$122.40
19906	ADDITIONAL CHARGE PER PAGE for over 20 pages	\$1.20	\$1.20	\$1.20	\$1.22	\$1.22
EMERGENCY VISITS AND TRAY SERVICE						
00129	WCB EMERGENCY CALL OUT	\$67.19	\$67.19	\$67.19	\$68.53	\$68.53
19922	TRAY SERVICE materials used in conjunction with sterile tray fees. Bill the actual cost of materials.	actual cost	actual cost	actual cost	actual cost	actual cost
RETURN TO WORK PLANNING						
19942	JOB SITE MEETING When a physician has been requested by the WorkSafeBC case manager to attend a meeting at the worker's job site. This is a flat fee and no other expenses will be paid in addition to this fee. The rate is based on a time commitment of 3.5 hours and includes travel time.	\$295.00	\$295.00	\$295.00	\$300.90	\$300.90
19950	RETURN TO WORK CONSULTATION bundled fee item Can be initiated by Board officer or delegate, Board physician, employer or treating physician, Can occur as early as the first office visit, Must include consultation by physician with employer & Board officer AND follow up with worker, Consultation and RTW plans must be documented and submitted on Form 11.	\$260.00	\$260.00	\$260.00	\$265.20	\$265.20
19976	RETURN TO WORK REQUEST Initiated by a Board officer or a designated rehabilitation provider to a physician to endorse a return to work planning request form.	\$15.00	\$15.00	\$15.00	\$15.30	\$15.30

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COMPREHENSIVE ASSESSMENTS						
19909	STANDARDIZED ASSESSMENT FORM Upon request by WorkSafeBC, received within 15 days	\$75.00	\$75.00	\$75.00	\$76.50	\$76.50
19910	STANDARDIZED ASSESSMENT FORM Upon request by WorkSafeBC, received after 15 days	\$70.00	\$70.00	\$70.00	\$71.40	\$71.40
19929	EXCESSIVELY PROLONGED OR COMPLEX CASE Received within 20 business days of service. At WorkSafeBC request, a physician will review the file, examine the injured worker, and develop a report on an Injured Worker whose recovery is prolonged or complicated.	\$130.00	\$130.00	\$130.00	\$132.60	\$132.60
19907	FACTUAL WRITTEN SUMMARY OR REASONED MEDICAL OPINION Upon request by WorkSafeBC 19904 may not be billed in addition.	\$255.00	\$255.00	\$255.00	\$260.10	\$260.10
19932	MEDICAL-LEGAL REPORT Include history and physical, diagnosis, summary of interventions & outcome. This is a factual summary of all clinical information. Requires prior approval by Senior Board Officer.	\$815.00	\$839.00	\$856.00	\$873.12	\$873.12
19933	MEDICAL-LEGAL OPINION Expert opinion. Includes information contained in the medical-legal report, but will also include opinion in field of expertise with respect to prognosis - long term consequence, possible complications in the further development of condition. Requires prior approval by Senior Board Officer.	\$1,361.00	\$1,402.00	\$1,430.00	\$1458.60	\$1458.60
COMMUNICATION						
19919	OFFICE CONSULTATION with Board Officer	\$56.00	\$56.00	\$56.00	\$57.12	\$57.12
19930	PRE-ARRANGED TELEPHONE CONSULT with Board Officer (e.g. Case Manager or Nurse Advisor) to discuss case management – up to 15 min. Cannot be billed for routine enquiries.	\$50.00	\$50.00	\$50.00	\$51.00	\$51.00
19508	TELEPHONE CONSULTATION between a WorkSafeBC Medical Advisor and a community Physician within 24 hours of being initiated by the Medical Advisor. Bill electronically through Teleplan effective February 01, 2007.	\$68.00	\$71.00	\$71.00	\$72.42	\$72.42
19480	Expedited MRI / CT / Ultrasound requisition – must be faxed on WorkSafeBC Form 83D68.	X	X	X	X	\$12.00
COMPLEX SPINAL CORD INJURY						
19509	COMPLEX SPINAL CORD INJURY INITIAL VISIT OR YEARLY ASSESSMENT. Includes a complete physical exam, updated care plan documented on a Form 8/11. Paid annually to noted regular physician. Form 8/11 will be paid in addition.	\$135.00	\$135.00	\$135.00	\$150.00	\$150.00
19510	COMPLEX SPINAL CORD INJURY OFFICE VISIT. Can be billed for all other office visits occurring during the year, cannot bill in addition to a yearly assessment fee (19509) for one visit. Form 8/11 will be reimbursed.	\$75.00	\$75.00	\$75.00	\$100.00	\$100.00
19511	COMPLEX SPINAL CORD INJURY HOME VISIT. The physician must also complete and bill for a Form 8/11. This fee cannot be billed with office visit (19510)	\$155.00	\$155.00	\$155.00	\$200.00	\$200.00