

## WorkSafeBC-BCMA FEE SCHEDULE QUICK REFERENCE GUIDE FOR SPECIALISTS' GENERAL SERVICES

FEE CODE	FEE ITEM	Apr 01/07	Apr 01/08	Apr 01/09
<b>FIRST REPORT OF INJURY (FORM 8)</b>				
19937	TELEPLAN E-FORM 8 received within 3 days	\$42.84	\$43.70	\$44.57
19938	TELEPLAN E-FORM 8 received within 4-6 days	\$31.20	\$31.20	\$31.20
19939	TELEPLAN E-FORM 8 received within 10 days of request	\$50.00	\$50.00	\$50.00
19900	FAX FORM 8 received within 3 days	\$31.24	\$31.24	\$30.00
19901	FAX FORM 8 received within 4-6 days	\$20.00	\$20.00	\$20.00
19927	FORM 8 REQUESTED	\$50.00	\$50.00	\$50.00
<b>PROGRESS REPORT (FORM 11)</b>				
19940	TELEPLAN E-FORM 11 received within 3 days	\$38.00	\$38.00	\$38.00
19941	TELEPLAN E-FORM 11 received within 4-6 days	\$17.00	\$17.00	\$17.00
19902	FAX FORM 11 received within 3 days	\$29.12	\$29.12	\$28.00
19903	FAX FORM 11 received within 4-6 days	\$14.00	\$14.00	\$14.00
19952	ACCOUNTS REJECTED but found to be WorkSafeBC responsibility – bill by fax transmission	\$20.00	\$20.00	\$20.00
<b>CLINICAL RECORDS</b>				
19904	WORKSAFEBC REQUEST FOR A COPY OF AN EXISTING REPORT up to 20 pages, received within 3 days	\$40.00	\$40.00	\$40.00
19905	WORKSAFEBC REQUEST FOR A COPY OF AN EXISTING REPORT first 5 pages or less sent by mail	\$25.00	\$25.00	\$25.00
19953	WORKSAFEBC 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
19906	ADDITIONAL CHARGE PER PAGE for over 20 pages	\$1.20	\$1.20	\$1.20
<b>EMERGENCY VISITS AND TRAY SERVICE</b>				
00129	WORKSAFEBC EMERGENCY CALL OUT	\$67.19	\$67.19	\$67.19
19922	TRAY SERVICE materials used in conjunction with sterile tray fees. Bill the actual cost of materials.	actual cost	actual cost	actual cost
<b>RETURN TO WORK PLANNING</b>				
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

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19931	<b>POST OPERATIVE CONSULTATION</b> paid in addition to Form 11 or a consultation report fee. To assess a worker's potential to return to work on a graduated or full time basis; or to refer the worker to the appropriate treatment program; or to recommend a treatment plan with an estimate of recovery and return to work. Must occur within the forty-two (42) day post-operative period. Only reports received within five (5) business days of service will be paid.	\$75.00	\$75.00	\$75.00
<b>COMPREHENSIVE ASSESSMENTS</b>				
19907	<b>FACTUAL WRITTEN SUMMARY OR REASONED MEDICAL OPINION</b> Upon request by WorkSafeBC 19904 may not be billed in addition.	\$255.00	\$255.00	\$255.00
19932	<b>MEDICAL-LEGAL REPORT</b> 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
19933	<b>MEDICAL-LEGAL OPINION</b> 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
<b>COMMUNICATION</b>				
19919	<b>OFFICE CONSULTATION</b> with Board Officer	\$56.00	\$56.00	\$56.00
19930	<b>PRE-ARRANGED TELEPHONE CONSULT</b> with Board Officer (eg 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
19508	<b>TELEPHONE CONSULTATION</b> between a WorkSafeBC Medical Advisor and a community Physician within 24 hours of being initiated by the Medical Advisor.	\$68.00	\$71.00	\$71.00

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<b>EXPEDITED CONSULTATION</b>				
19911	Initial expedited comprehensive consultation by specialists in <b>Internal Medicine Neurology, Neurosurgery, Orthopedics, Physical Medicine, General Surgery, and Plastic Surgery</b> *	\$317.87	\$324.23	\$330.71
19912	Repeat consultation within two (2) to four (4) months of 19911. **	\$156.00	\$160.68	\$160.68
19913	Initial expedited comprehensive consultation by specialists in <b>Psychiatry</b> . *	\$317.87	\$324.23	\$330.71
19914	Repeat consultation within two (2) to four (4) months of 19913. **	\$156.00	\$160.68	\$160.68
19915	Initial expedited comprehensive consultation by specialists in <b>Urology, Otolaryngology, and Ophthalmology</b> . *	\$317.87	\$324.23	\$330.71
19916	Repeat consultation within two (2) to four (4) months of 19915. **	\$156.00	\$160.68	\$160.68
19917	Initial expedited comprehensive consultation by specialists in <b>Dermatology</b> . *	\$317.87	\$324.23	\$330.71
19918	Repeat consultation within two (2) to four (4) months of 19917. **	\$156.00	\$160.68	\$160.68
19934	Initial expedited comprehensive consultation by an <b>Anesthesiologist</b> for diagnostic opinion and/or therapeutic management. Includes a written report. If followed by a diagnostic or therapeutic nerve block, the consultation may be billed in addition to the nerve block fees on the first occasion. *	\$317.87	\$324.23	\$330.71
19935	Repeat consultation within two (2) to four (4) months of 19934. **	\$156.00	\$160.68	\$160.68
19936	Cancellation Fee – if an expedited consultation is cancelled by patient – less than 24 hours notice	\$50.00	\$50.00	\$50.00

\* Initial expedited comprehensive consultation must be received within fifteen (15) business days of referral by attending Physician or Board Officer.

\*\* Repeat consultation more than four (4) months after initial expedited consultation to be billed at normal MSP/ WorkSafeBC repeat consultation rate.

<b>NON EXPEDITED CONSULTATION</b>				
19908	Non-expedited specialist consultation report, initial or repeat. (Not to be used for operative report nor in addition to 19902, 19903).	\$27.00	\$27.00	\$27.00

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<b>EXPEDITED SURGERY</b>				
<b>19500</b>	Level 1 (Surgery Time <= 1.5 hours)	\$552.00	\$570.00	\$570.00
<b>19501</b>	Level 2 (Surgery Time 1.51 to 2.0 hours)	\$800.00	\$824.00	\$824.00
<b>19502</b>	Level 3 (Surgery Time 2.01 to 2.5 hours)	\$1010.00	\$1050.00	\$1050.00
<b>19503</b>	Level 4 (Surgery Time 2.52 to 3.0 hours)	\$1224.00	\$1284.00	\$1284.00
<b>19504</b>	Level 5 (Surgery Time 3.01 to 3.5 hours)	\$1449.00	\$1526.00	\$1526.00
<b>19505</b>	Level 6 (Surgery Time 3.51 to 5.99 hours)	\$2150.00	\$2250.00	\$2250.00
<b>19506</b>	Level 7 (Surgery Time >=6.00 hours)	\$3300.00	\$3450.00	\$3450.00
<b>19516</b>	Expedited sessional extensive spine surgery	\$3446.00	\$3546.00	\$3546.00
<b>19512</b>	Expedited surgical procedure surcharge, operative evening (18:00 - 23:00 hours)	32.77%		
<b>19513</b>	Expedited surgical procedure surcharge, operative night (23:00 – 08:00 hours)	52.54%		
<b>19514</b>	Expedited surgical procedure surcharge, operative Sat/Sun/Holidays	32.77%		
<b>EXPEDITED ANESTHESIOLOGY</b>				
<b>19507</b>	Expedited Anesthesiology Time Base (15 min) blocks	\$68.25	\$70.25	\$70.25
<b>19519</b>	Expedited sessional Anesthesiology blocks – Personal Services Agreement only	\$1436.00	\$1478.00	\$1478.00