

## SCHEDULE B

### FEE SCHEDULE - COMMUNITY BRAIN INJURY SERVICES

FEE CODE	DESCRIPTION	BUSINESS RULES	August 1, 2010 to July 31, 2011	August 1, 2011 to July 31, 2014
1102341	<b>REFERRAL FEE</b>	<ul style="list-style-type: none"> <li>• Maximum once per claim per payee per admission to CBIS.</li> <li>Includes all communication required and is not billable on the same Service date as the Telephone Consultation Fee.</li> </ul>	\$50.00 Flat fee	\$50.00 Flat fee
1102345	<b>CBIS-OT VISIT</b>	<ul style="list-style-type: none"> <li>• Must be performed by an Occupational Therapist.</li> <li>• Maximum four (4) hours per visit, no minimum.</li> <li>• Board Officer approval required for extensions to CBIS Plan beyond twelve (12) months.</li> <li>• Billable for direct care time only.</li> <li>• Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc).</li> </ul>	\$92.70 Per hour	\$94.50 Per hour
1102342	<b>CBIS-OT SERVICES – INDIRECT CARE</b>	<ul style="list-style-type: none"> <li>• Billable for time spent providing Services for Injured Workers with Brain Injuries participating in CBIS Services that does not involve direct contact with the Injured Worker (i.e. preparing for treatment sessions).</li> <li>• Maximum one (1) hour, no minimum. Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc).</li> </ul>	\$92.70 Per hour	\$94.50 Per hour
1102344	<b>OT VISIT – INJURED WORKER NOT AVAILABLE</b>	<ul style="list-style-type: none"> <li>• Billable for scheduled Visit time where Injured Worker is unavailable.</li> <li>• Maximum one (1) hour per visit, no minimum.</li> <li>• Not billable for late or cancelled visits.</li> <li>• Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc).</li> </ul>	\$92.70 Per hour	\$94.50 Per hour
1102351	<b>SUPPORT WORKER VISIT</b>	<ul style="list-style-type: none"> <li>• Maximum eight (8) hours per visit, no minimum.</li> <li>• May be billed on same day as an OT Visit</li> <li>• Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc).</li> </ul>	\$47.70 Per hour	\$48.65 Per hour
1102350	<b>SUPPORT WORKER VISIT – INJURED WORKER NOT AVAILABLE</b>	<ul style="list-style-type: none"> <li>• Billable for scheduled Visit time where Injured Worker is not available.</li> <li>• Maximum one (1) hour per visit, no minimum.</li> <li>• Not billable for late or cancelled appointments.</li> <li>• Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc).</li> </ul>	\$47.70 Per hour	\$48.65 Per hour
1105933	<b>REPORT</b>	<ul style="list-style-type: none"> <li>• Initial Assessment, Progress and Discharge Report.</li> <li>• Maximum two (2) hours.</li> </ul>	\$92.70 Per hour	\$94.50 Per hour

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1102352	<b>OT TELEPHONE CONSULTATION</b>	<ul style="list-style-type: none"> <li>• Telephone consultation is billable for communication time or a detailed message regarding Services, discharge planning, and/or related Service matters only and must be documented in clinical notes.</li> <li>• Calls to Injured Workers and/or to the Injured Worker’s family/guardian as part of the Service plan</li> <li>• Calls to Support Workers to discuss CBIS plans and Injured Worker status</li> <li>• Calls to Health Care providers named in the CBIS plan</li> <li>• Billable in quarter hour fractional units (i.e. 0.25, 0.50, 0.75, and 1.0).</li> <li>• Only for accumulated time of fifteen (15) minutes or longer.</li> </ul> <p><b>Not billable for:</b> Telephone consultation that is not billable includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Calls contractually required in this Agreement; <b>AND</b></li> <li>• Calls regarding complaints or other contractual issues that arise from the Service delivery.</li> <li>• Routine calls, scheduling calls, billing inquiries, administrative and/or payment issues.</li> <li>• Any communications covered in the Referral Fee.</li> <li>• A return call from the Board Officer after the Contractor has invoiced for leaving a detailed message for the same Service date.</li> </ul>	\$92.70 Per hour	\$94.50 Per hour
1102343	<b>OT TRAVEL TIME</b>	<ul style="list-style-type: none"> <li>• Fees for travel are inclusive of time and distance.</li> <li>• Travel time is defined as time spent traveling to and finding the Injured Worker’s location. Travel time is separate from the time spent performing the Service, therefore, the Contractor cannot invoice for travel time and any other Service fee for the same time.</li> <li>• Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc).</li> </ul>	\$92.70 Per hour	\$94.50 Per hour

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FEE CODE	DESCRIPTION	BUSINESS RULES	August 1, 2010 to July 31, 2011	August 1, 2011 to July 31, 2014
1102349	<b>SUPPORT WORKER TRAVEL TIME</b>	<ul style="list-style-type: none"> <li>• Fees for travel are inclusive of time and distance.</li> <li>• Travel time is defined as time spent traveling to and finding the Injured Worker's location. Travel time is separate from the time spent performing the Service, therefore, the Contractor cannot invoice for travel time and any other Service fee for the same time.</li> <li>• Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc).</li> </ul>	\$47.70 Per hour	\$48.65 Per hour
1102348	<b>PRE-AUTHORIZED EXPENSES</b>	<ul style="list-style-type: none"> <li>• Billable with pre-authorization from Board Officer and receipt of a Pre-Authorized Travel and Expense Form (83D36).</li> </ul>	As invoiced	As invoiced
1102346	<b>PHOTOCOPIES (1st FIVE PAGES)</b>	<ul style="list-style-type: none"> <li>• Payable only when requested by WorkSafeBC for copies of clinical records.</li> <li>• Not payable when requested by Health Care Services for quality assurance purposes.</li> <li>• Paid following receipt of first five (5) pages.</li> </ul>	\$24.60 flat fee	\$24.60 flat fee
1102347	<b>PHOTOCOPIES (ADDITIONAL PAGES)</b>	<ul style="list-style-type: none"> <li>• Payable only when requested by WorkSafeBC for copies of clinical records.</li> <li>• Not payable when requested by Health Care Services for quality assurance purposes.</li> <li>• Paid following receipt of pages six (6) and above.</li> </ul>	\$1.15 Per page	\$1.15 Per page