

FEE SCHEDULE – COMMUNITY OCCUPATIONAL THERAPY SERVICES

FEE CODE	FEE DESCRIPTION	BUSINESS RULES	EFFECTIVE July 1, 2008	EFFECTIVE July 1, 2009	EFFECTIVE July 1, 2010	EFFECTIVE July 1, 2011
19728	REFERRAL FEE	<ul style="list-style-type: none"> • Maximum once per claim per payee per admission to OT Services. • Includes all communication required and is not billable on the same Service date as the Telephone Consultation Fee. • Not billable for File Review referrals. 	\$50.00 Flat fee	\$50.00 Flat fee	\$50.00 Flat fee	\$50.00 Flat fee
19730	INITIAL ASSESSMENT	<ul style="list-style-type: none"> • WorkSafeBC referral must be on Injured Worker’s file for payment. • Payable only upon receipt of Initial Assessment Report (83D24) by WorkSafeBC. • Only paid once per claim per payee per admission to OT Services. • Only paid for time of direct care. • Maximum three (3) hours per Initial Assessment. • Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc). 	\$88.00 Per hour	\$90.00 Per hour	\$92.70 Per hour	\$94.50 Per hour
19731	INITIAL ASSESSMENT REPORT AND PLAN	<ul style="list-style-type: none"> • Maximum once per claim per payee per admission to OT Services. • Payable upon receipt of Initial Assessment Report and Plan (83D24). • Timely report fee automatically paid based on receipt of Initial Assessment Report by WorkSafeBC within seven (7) calendar days of Initial Assessment date. 	\$150.00 Flat fee Timely report fee \$50.00	\$155.00 Flat fee Timely report fee \$60.00	\$160.00 Flat fee Timely report fee \$65.00	\$165.00 Flat fee Timely report fee \$70.00
19732	PROGRESS REPORT AND PLAN	<ul style="list-style-type: none"> • A Progress Report (83D43) including an updated OT plan is required after the initial six (6) week plan <u>only</u> if further Service is being requested. • To be received by WorkSafeBC within seven (7) calendar days of a request by the Board Officer or the relevant OT Visit. • Payable upon receipt of Progress Report and Plan (83D43) by WorkSafeBC. • Multiple Progress Reports are payable per claim. 	\$88.00 Flat fee	\$90.00 Flat fee	\$92.70 Flat fee	\$94.50 Flat fee
19733	DISCHARGE	<ul style="list-style-type: none"> • Payable following receipt of Discharge Report 	\$88.00	\$90.00	\$92.70	\$94.50

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	REPORT	(83D44). <ul style="list-style-type: none"> Report must be received within seven (7) calendar days of discharge date. Not payable for File Review or Time Sensitive Assessments or when Workers are “Assess Only”. Discharge date is equal to day zero (0) for the purpose of calculating the Discharge Report due date. 	Flat fee	Flat fee	Flat fee	Flat fee
19734	OT VISIT – ASSISTIVE TECHNOLOGY	<ul style="list-style-type: none"> Must be performed by an Occupational Therapist. An OT Visit and an Support Worker Visit may only be billed on the same day for supervisory purposes if indicated in an OT plan which has been approved by the Board Officer. May be billed on the same date as an OT Visit – Treatment. Maximum two (2) hours per visit, no minimum. Billable for direct care time only. Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc). 	\$88.00 Per hour	\$90.00 Per hour	\$92.70 Per hour	\$94.50 Per hour
19590	OT VISIT – TREATMENT	<ul style="list-style-type: none"> Must be performed by an Occupational Therapist. An OT Visit and an Support Worker Visit may only be billed on the same day for supervisory purposes if indicated in an OT plan which has been approved by the Board Officer. May be billed on the same date as an OT Visit – Assistive Technology. Maximum two (2) hours per visit, no minimum. Billable for direct care time only. Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc). 	\$88.00 Per hour	\$90.00 Per hour	\$92.70 Per hour	\$94.50 Per hour
19591	OT VISIT – MAINTENANCE	<ul style="list-style-type: none"> Must be performed by an Occupational Therapist. Maximum two (2) hours per visit, no minimum. Board Officer approval required for extensions to Maintenance Plans beyond twelve (12) months. Billable for direct care time only. 	\$88.00 Per hour	\$90.00 Per hour	\$92.70 Per hour	\$94.50 Per hour

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		<ul style="list-style-type: none"> Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc). 				
19592	OT SERVICES – INDIRECT CARE	<ul style="list-style-type: none"> Billable for time spent providing Services for Injured Workers with Brain Injuries participating in OT Treatment Services that does not involve direct contact with the Injured Worker (i.e. preparing for treatment sessions). May be billed only for Treatment Services and for Injured Workers with Brain Injuries. Maximum one (1) hour, no minimum, per three (3) OT Visit – Treatment. Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc). 	\$88.00 Per hour	\$90.00 Per hour	\$92.70 Per hour	\$94.50 Per hour
19593	OT VISIT – WORKER NOT AVAILABLE	<ul style="list-style-type: none"> Billable for scheduled Visit time where Injured Worker is unavailable. Maximum one (1) hour per visit, no minimum. Not billable for late or cancelled visits. Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc). 	\$88.00 Per hour	\$90.00 Per hour	\$92.70 Per hour	\$94.50 Per hour
19735	SUPPORT WORKER VISIT	<ul style="list-style-type: none"> Maximum three (3) hours per visit, no minimum. May be billed on same day as an OT Visit – Treatment or an OT Visit – Assistive Technology. Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc). 	\$45.90 Per hour	\$46.80 Per hour	\$47.70 Per hour	\$48.65 Per hour
19594	SUPPORT WORKER VISIT – WORKER NOT AVAILABLE	<ul style="list-style-type: none"> Billable for scheduled Visit time where Injured Worker is not available. Maximum one (1) hour per visit, no minimum. Not billable for late or cancelled appointments. Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc). 	\$45.90 Per hour	\$46.80 Per hour	\$47.70 Per hour	\$48.65 Per hour
19736	OT FILE REVIEW	<ul style="list-style-type: none"> Payable only upon receipt of File Review Report (83D25). Timely Report fee paid automatically if Report received within twenty-one (21) calendar days of 	\$309.00 Flat fee Timely report	\$318.00 Flat fee Timely report	\$328.00 Flat fee Timely report	\$338.00 Flat fee Timely report

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		referral date. <ul style="list-style-type: none"> No Injured Worker contact. An Initial Assessment is not performed. 	fee \$50	fee \$60	fee \$65	fee \$70
19737	TIME SENSITIVE ASSESSMENT	<ul style="list-style-type: none"> Flat fee is inclusive of all communication, OT Assessment, Follow-up Visit if required, submission of Initial Assessment Report and Plan (83D24) and Referral Confirmation form (83D27). Services must only be provided by an OT. Verbal referral must be identified as ‘Time Sensitive’ by the Board Officer in order to invoice for the Time Sensitive Assessment fee. Incentive payable when all Services are completed, including receipt of the Initial Assessment Report and Plan and Referral Confirmation Form are submitted within six (6) calendar days of the verbal referral date. Verbal referral date is equal to day zero (0) for the purpose of calculating the Initial Assessment Report and Plan due date. 	\$350.00 Flat fee \$265 incentive automatically paid when all Services completed within six (6) calendar days of Time Sensitive Referral.	\$365.00 Flat fee \$265 incentive automatically paid when all Services completed within six (6) calendar days of Time Sensitive Referral.	\$375.00 Flat fee \$265 incentive automatically paid when all Services completed within six (6) calendar days of Time Sensitive Referral.	\$385.00 Flat fee \$265 incentive automatically paid when all Services completed within six (6) calendar days of Time Sensitive Referral.
19729	TELEPHONE CONSULTATION	<ul style="list-style-type: none"> 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. <p>Includes:</p> <ul style="list-style-type: none"> ▪ Calls to/from a Board Officer; AND ▪ Calls with a Health Care Provider; AND ▪ Calls contractually required in this Agreement; AND ▪ Calls to Injured Workers and/or to the Injured Worker’s family/guardian as part of the Service plan; AND ▪ Calls to WorkSafeBC approved equipment vendors to discuss specific Worker needs. 	\$88.00 Per hour	\$90.00 Per hour	\$92.70 Per hour	\$94.50 Per hour

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19729	TELEPHONE CONSULTATION	<p>Not billable for:</p> <ul style="list-style-type: none"> • Routine calls, scheduling calls, billing inquiries, administrative and/or payment issues. • Any communications covered in the Referral Fee. • A return call from the Board Officer after the Contractor has invoiced for leaving a detailed message for the same Service date. • Calls to equipment vendors for: <ul style="list-style-type: none"> ▪ General product research ▪ Checking on the status of equipment. • Billable in quarter hour fractional units (i.e. 0.25, 0.50, 0.75, and 1.0). • Only for accumulated time of fifteen (15) minutes or longer. 				
19738	OT TRAVEL TIME	<ul style="list-style-type: none"> • Fees for travel are inclusive of time and distance. • Travel time is defined as time spent traveling to and finding the 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. • Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc). 	\$88.00 Per hour	\$90.00 Per hour	\$92.70 Per hour	\$94.50 Per hour
19595	SUPPORT WORKER TRAVEL TIME	<ul style="list-style-type: none"> • Fees for travel are inclusive of time and distance. • Travel time is defined as time spent traveling to and finding the 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. • Billable in quarter hour fractional units (e.g. 0.25, 0.50, 0.75, 1.0 and 2.5 etc). 	\$45.90 Per hour	\$46.80 Per hour	\$47.70 Per hour	\$48.65 Per hour
19596	PRE-AUTHORIZED EXPENSES	<ul style="list-style-type: none"> • Billable with pre-authorization from Board Officer and receipt of a Pre-Authorized Travel and Expense 	As invoiced	As invoiced	As invoiced	As invoiced

SCHEDULE B**FEE SCHEDULE – COMMUNITY OCCUPATIONAL THERAPY SERVICES**

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		Form (83D36).				
19739	PHOTOCOPIES (1st FIVE PAGES)	<ul style="list-style-type: none"> • Payable only when requested by WorkSafeBC for copies of clinical records. • Not payable when requested by Health Care Services for quality assurance purposes. • Paid following receipt of first five (5) pages. 	\$24.60 flat fee	\$24.60 flat fee	\$24.60 flat fee	\$24.60 flat fee
19740	PHOTOCOPIES (ADDITIONAL PAGES)	<ul style="list-style-type: none"> • Payable only when requested by WorkSafeBC for copies of clinical records. • Not payable when requested by Health Care Services for quality assurance purposes. • Paid following receipt of pages six (6) and above. 	\$1.15 Per page	\$1.15 Per page	\$1.15 Per page	\$1.15 Per page