

**FEE SCHEDULE – HEAD INJURY ASSESSMENT AND TREATMENT SERVICES**

<b>FEE CODE</b>	<b>SERVICE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
<b>1. NEUROPSYCHOLOGICAL ASSESSMENT</b>			
<b>CONCUSSION SCREENING CLINIC</b>			
<b>1100000</b>	<b>1.1 Intake/Education Session</b>	<ul style="list-style-type: none"> <li>Can not be billed if referred to Cognitive Screen;</li> <li>Inclusive of all Reports.</li> </ul>	<b>\$350.00 Flat Fee</b>
	<b>1.1.1 Timely Report Fee</b>	<ul style="list-style-type: none"> <li>Discharge Report must be received within five (5) business days following Assessment;</li> <li>No Discharge Report required if referred to Cognitive Screen.</li> </ul>	<b>\$150.00 Flat Fee</b>
<b>1100001</b>	<b>1.2 Cognitive Screen</b>	<ul style="list-style-type: none"> <li>Fee is inclusive of Intake/Education Session and Cognitive Screen;</li> <li>Intake/Education Session must have been done within thirty (30) business days of Screen;</li> <li>Inclusive of all Reports.</li> </ul>	<b>\$700.00 Flat Fee</b>
	<b>1.2.1 Timely Report Fee</b>	<ul style="list-style-type: none"> <li>Discharge Report for Intake/Education Session and Cognitive Screen must be received within five (5) business days following Cognitive Screen.</li> </ul>	<b>\$150.00 Flat Fee</b>
<b>COMPREHENSIVE NEUROPSYCHOLOGICAL ASSESSMENT</b>			
<b>1100002</b>	<b>1.3 Comprehensive Neuropsychological Assessment</b>	<ul style="list-style-type: none"> <li>Fee includes all expenses associated with the clinical service, including feedback and preparation of report;</li> <li>Fee includes any subsequent clarification required and document preparation time to sufficiently answer all of the original referral questions.</li> </ul>	<b>\$2,300.00 Flat Fee</b>
	<b>1.3.1 Timely Report Fee</b>	<ul style="list-style-type: none"> <li>Report received within fifteen (15) business days after the assessment.</li> </ul>	<b>\$150.00 Flat Fee</b>
<b>1100003</b>	<b>1.4 Comprehensive Neuropsychological Assessment Follow-up</b>	<ul style="list-style-type: none"> <li>Fee includes all expenses associated with the clinical service, including feedback and preparation of report;</li> <li>Must be performed by the original Neuropsychologist;</li> <li>Fee includes any subsequent clarification required and document preparation time to sufficiently answer all of the original referral questions.</li> </ul>	<b>\$250.00 Flat Fee</b>
<b>2. INTERDISCIPLINARY ASSESSMENT</b>			
<b>1100006</b>	<b>2.1 Interdisciplinary Diagnostic Assessment</b>	<ul style="list-style-type: none"> <li>Inclusive of Medical Examination, Neuropsychological Assessment, Neuro-Occupational Therapy Assessment, education and all Communication and Reports.</li> </ul>	<b>\$4900.00</b>
	<b>2.1.1 Timely Report Fee</b>	<ul style="list-style-type: none"> <li>Discharge Report must be received within ten (10) business days.</li> </ul>	<b>\$150.00</b>
<b>3. SINGLE DISCIPLINARY SERVICES</b>			
<b>1100009</b>	<b>3.1 Medical Examination</b>	<ul style="list-style-type: none"> <li>Inclusive of all activities and Reports.</li> </ul>	<b>\$800.00</b>
	<b>3.1.1 Timely Report Fee</b>	<ul style="list-style-type: none"> <li>Discharge Report must be received within five (5) business days.</li> </ul>	<b>\$150.00</b>
<b>1100010</b>	<b>3.2 Medical Re-Examination</b>	<ul style="list-style-type: none"> <li>Must be requested by WorkSafeBC;</li> <li>May not be billed in addition to HIAS, ITHI 1 and ITHI 2.</li> </ul>	<b>\$75.00</b>
	<b>3.2.1 Timely Report Fee</b>	<ul style="list-style-type: none"> <li>Follow up assessment report received within five (5) business days following examination.</li> </ul>	<b>\$25.00</b>
<b>1100011</b>	<b>3.3 Functional</b>	<ul style="list-style-type: none"> <li>Inclusive of all activities and Reports.</li> </ul>	<b>\$450.00</b>

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	<b>Screening Assessment</b>		
<b>3. SINGLE DISCIPLINARY SERVICES cont'd</b>			
	<b>3.3.1 Timely Report Fee</b>	<ul style="list-style-type: none"> <li>Discharge Report must be received within five (5) business days.</li> </ul>	<b>\$150.00</b>
<b>1100004</b>	<b>3.4 Neuro-Occupational Therapy Assessment</b>	<ul style="list-style-type: none"> <li>Two (2) days with the option of a third (3<sup>rd</sup>) day;</li> <li>Inclusive of all Reports;</li> <li>Where a third (3<sup>rd</sup>) day is used for assessment purposes, bill an additional \$300.00.</li> </ul>	<b>\$1,400.00</b>
	<b>3.4.1 Timely Report</b>	<ul style="list-style-type: none"> <li>Discharge Report must be received within ten (10) business days.</li> </ul>	<b>\$150.00</b>
<b>1100019</b>	<b>3.5 Psychological Services</b>	<ul style="list-style-type: none"> <li>Fee includes all expenses associated with the therapy session (in office, in vivo or emergency), collateral interview, testing material, psychometrist fees;</li> <li>Fee includes any telephone consultation under 0.25 hours, (15 minutes) for clarification purposes with WorkSafeBC;</li> <li>Fee includes any subsequent clarification required and document preparation time;</li> <li>Travel expenses are reimbursed only with prior approval and in accordance with Schedule B1;</li> <li>Up to a maximum of twelve (12) daily sessions may be billed per Injured Worker;</li> <li>May not be invoiced concurrently with HIAS or ITHI 1 or 2;</li> <li>The sum of stand-alone PT, OT, Psychology, Vestibular Rehab and SLP services billed per day cannot exceed \$240.00 per day.</li> </ul>	<p><b>\$147.08/hr</b> (effective till 7/31/08)</p> <p><b>\$150.76/hr</b> (effective 8/1/08)</p> <p><b>Billable in 15 min. increments for Psychologist</b></p> <p><b>or</b></p> <p><b>\$99.81/hr</b> (effective till 7/31/08)</p> <p><b>\$102.31/hr</b> (effective 8/1/08)</p> <p><b>Billable in 15 min. increments for Clinical Counselor</b></p>
<b>1100020</b>	<b>3.6 Speech and Language Pathologist</b>	<ul style="list-style-type: none"> <li>Must be requested and approved by WorkSafeBC;</li> <li>Inclusive of all activities and reports;</li> <li>May not be invoiced concurrently with HIAS or ITHI;</li> <li>For stand-alone Speech and Language Pathology services, the discharge report may be billed to a maximum of one (1) hour;</li> <li>The sum of stand-alone PT, OT, Psychology, Vestibular Rehab and SLP services billed per day cannot exceed \$240.00 per day.</li> </ul>	<p><b>\$35.00 for one (1) unit.</b></p> <p>One (1) unit = 15 minutes.</p> <p>Maximum of 8 units billable per worker per day.</p> <p>Includes all travel time, distance and costs.</p>
<b>1100021</b>	<b>3.7 Physical Therapy Services</b>	<ul style="list-style-type: none"> <li>Must be requested and approved by WorkSafeBC;</li> <li>Inclusive of all activities and Reports;</li> <li>May not be invoiced concurrently with HIAS or ITHI 1 or 2;</li> <li>For stand-alone Physical Therapy services, the</li> </ul>	<p><b>\$85.00/hr</b></p> <p><b>Billable in 15 min. increments</b></p>

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		<p>discharge report may be billed to a maximum of one (1) hour;</p> <ul style="list-style-type: none"> <li>• Travel time and expenses must be pre-approved by WorkSafeBC;</li> <li>• Travel time and expenses may be invoiced in accordance with Schedule B;</li> <li>• Up to a max of six (6) hours may be billed for a home assessment;</li> <li>• Up to a maximum of 2.5 hours may be billed per daily session for home, clinic or community treatment, excluding Facilitated Work Services;</li> <li>• Up to a maximum of twelve (12) daily sessions may be billed per Injured Worker;</li> <li>• The sum of stand-alone PT, OT, Psychology, Vestibular Rehab and SLP services billed per day cannot exceed <b>\$240.00 per day.</b></li> </ul>	
1100012	<b>3.8 Occupational Therapy Services</b>	<ul style="list-style-type: none"> <li>• Must be requested and approved by WorkSafeBC;</li> <li>• Hourly rate is inclusive of all activities and Reports;</li> <li>• May not be invoiced concurrently with HIAS or ITIH;</li> <li>• For stand-alone Physical Therapy services, the discharge report may be billed to a maximum of one (1) hour;</li> <li>• Travel time and expenses must be pre-approved by WorkSafeBC;</li> <li>• Travel time and expenses may be invoiced in accordance with Schedule B1;</li> <li>• Up to a max of six (6) hours may be billed for a home assessment;</li> <li>• Up to a maximum of 2.5 hours may be billed per daily session for home, clinic or community treatment, excluding Facilitated Work Services;</li> <li>• Up to a maximum of twelve (12) daily sessions may be billed per Injured Worker;</li> <li>• The sum of stand-alone PT, OT, Psychology, Vestibular Rehab and SLP services billed per day cannot exceed <b>\$240.00 per day.</b></li> </ul>	<b>\$85.00/hr Billable in 15 min. increments</b>
1100022	<b>3.9 Vestibular Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>• Must be requested and approved by WorkSafeBC;</li> <li>• Inclusive of all activities and Reports;</li> <li>• Services and reports may not be invoiced concurrently with HIAS or ITIH 1 or 2;</li> <li>• For stand-alone Vestibular rehabilitation services, reports may be billed to a maximum of one (1) hour for each assessment and discharge report;</li> <li>• Up to a maximum of twelve (12) daily sessions may be billed per Injured Worker;</li> <li>• The sum of stand-alone PT, OT, Psychology, Vestibular Rehab and SLP services billed per day cannot exceed <b>\$240.00 per day.</b></li> </ul>	<b>\$85.00/hr Billable in 15 min. increments</b>

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<b>4. FACILITATED WORK SERVICES</b>			
1100014	4.1 Job Site Visit Fee	<ul style="list-style-type: none"> <li>Payable only following receipt of JSV Report;</li> </ul>	<b>\$210.00 Flat Fee</b>
	4.1.1 Timely Report Fee	<ul style="list-style-type: none"> <li>Report must be received within five (5) business days of JSV. JSV date is day zero (0).</li> </ul>	<b>\$55.00 Flat Fee</b>
1100015	4.2 GRTW Planning	<ul style="list-style-type: none"> <li>Payable only following receipt of Plan;</li> <li>May be billed with ITHI 1 and 2.</li> </ul>	<b>\$200.00 Flat Fee</b>
	4.2.1 Timely GRTW Plan Fee	<ul style="list-style-type: none"> <li>GRTW Plan received within ten (10) business days of referral.</li> </ul>	<b>\$150.00 Flat Fee</b>
1100016	4.3 GRTW Implementation and Monitoring	<ul style="list-style-type: none"> <li>Six (6) week block. Payable only following receipt of GRTW Implementation and Monitoring Report;</li> <li>May be billed with ITHI 1 and 2.</li> </ul>	<b>\$315.00 Flat Fee</b>
1100017	4.4 GRTW Monitoring Subsequent Block	<ul style="list-style-type: none"> <li>Maximum one (1) billable;</li> <li>Includes all Reporting;</li> <li>May be billed with ITHI 1 and 2.</li> </ul>	<b>\$250.00 Flat Fee</b>
	4.5 Discharge Report Fee	<ul style="list-style-type: none"> <li>Report must be received within five (5) business days of discharge.</li> </ul>	<b>\$160.00 Flat Fee</b>
<b>5. HEAD INJURY ASSESSMENT AND TREATMENT SERVICES</b>			
1100023	5.1 Head Injury Assessment Services	<ul style="list-style-type: none"> <li>Inclusive of all activities and Reports;</li> <li>Must not exceed ten (10) business days;</li> <li>Full day rate.</li> </ul>	<b>\$400.00 Per Day</b>
	5.1.1 Timely Report Fee	<ul style="list-style-type: none"> <li>Discharge Report must be received within five (5) business days of discharge.</li> </ul>	<b>\$150.00</b>
1100005	5.2 Interdisciplinary Treatment for Head Injury 1 (ITHI 1) – Partial Fee	<ul style="list-style-type: none"> <li>Inclusive of all activities and Reports;</li> <li>Only applies if Worker attends ITHI 1 for ten (10) business days or less.</li> </ul>	<b>\$220.00 Per Day</b>
1100013	5.3 Interdisciplinary Treatment for Head Injury 1 (ITHI 1) – Flat Fee	<ul style="list-style-type: none"> <li>To a maximum of thirty (30) business days.</li> </ul>	<b>\$4,495.00 Flat Fee</b>
	5.3.1 Timely Report Fee	<ul style="list-style-type: none"> <li>Discharge Report received within ten (10) days following discharge from treatment program.</li> </ul>	<b>\$150.00</b>
1100024	5.4 Interdisciplinary Treatment for Head Injury 2 (ITHI 2) – Full Day	<ul style="list-style-type: none"> <li>Inclusive of all activities and Reports;</li> <li>Length of stay of combined full day and half day (where half day is counted as full day) ITHI 2 is to a maximum of fifty (50) business days;</li> <li>Full day rate.</li> </ul>	<b>\$425.00 Full Day</b>
1100025	5.5 Interdisciplinary Treatment for Head Injury 2 (ITHI 2) – Half Day	<ul style="list-style-type: none"> <li>Inclusive of all activities and Reports;</li> <li>Length of stay of combined full day and half day ITHI 2 is to a maximum of fifty (50) business days;</li> <li>Two (2) half (½) days do not equal one (1) full business day For the purpose of calculating length of stay, half day is counted as a full participation day;</li> <li>Half day rate.</li> </ul>	<b>\$212.50 Half Day</b>
	5.5.1 Timely Report Fee	<ul style="list-style-type: none"> <li>Discharge Report received within ten (10) days following discharge from treatment program.</li> </ul>	<b>\$150.00</b>

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<b>6. COMMUNITY INTEGRATION CARE PLAN</b>			
1100007	<b>6.1 Community Integration</b>	<ul style="list-style-type: none"> <li>Includes integrated care plan created by Interdisciplinary team;</li> <li>Care Plan must be transferred to community clinician within five (5) business days following discharge from treatment or assessment program.</li> </ul>	<b>\$300.00</b>
<b>7. REFERRAL FEE</b>			
1100008	<b>7.1 Referral Fee</b>	<ul style="list-style-type: none"> <li>A referral fee for reviewing medical records prior to the appointment, may be billed once for each Medical Exam or Re-Exam, Comprehensive Neuropsychological Assessment, Neuro-Occupational (3 day) Assessment or Interdisciplinary Diagnostic Assessment referral;</li> <li>A referral fee can not be billed for Concussion Screening Clinic, Neuropsychological Assessment Follow up, Medical Exam Follow-up, Functional Screening Assessment, Facilitated Work Services, Speech and Language Pathology Services, Psychology Services, Physical Therapy Services, Occupational Therapy Services, Vestibular Rehabilitation Services or Community Integration Care Plan;</li> <li>The referral fee may only be billed when all rescheduling attempts have been completed and the Injured Worker has not attended or completed Assessment;</li> <li>No referral fee may be billed if the appointment is cancelled two (2) business days or more prior to the appointment day.</li> </ul>	<b>\$50.00</b>
1100026	<b>1.1 Pre-Authorized Travel Time</b>	<ul style="list-style-type: none"> <li>Reimbursement for travel time over and above one (1) hour is reimbursed at the hourly rate as stated here;</li> <li>All travel time must be pre-authorized by WorkSafeBC;</li> <li>WorkSafeBC is not responsible for travel time or any other costs related to delays as a result of weather or any other unforeseen circumstances.</li> </ul>	<b>\$50.00/hr</b>
1100027	<b>1.2 Pre-Authorized Travel Expenses</b>	<ul style="list-style-type: none"> <li>Travel expenses are reimbursed only with prior WorkSafeBC approval;</li> <li>Must be initiated by Board Officer;</li> <li>Reimbursement is based on receipts submitted that are limited to WorkSafeBC guidelines;</li> <li>Accommodations are limited to a maximum of \$115.00 per night per person;</li> <li>Meals are per diem or limited to a maximum of \$46.50 per day or portion applicable to meal cost of breakfast @ \$10.50; lunch @ \$12.50; and dinner @ \$23.50;</li> <li>Air fare tickets are limited to economy class;</li> <li>Economy/Compact Size car for individual travelers and Intermediate/mid-size for two (2) or more travelers and service-related mileage will be paid upon submission of</li> </ul>	

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		original invoice; <ul style="list-style-type: none"><li>• Mileage will be reimbursed at \$0.46 per km;</li><li>• WorkSafeBC is not responsible for travel time or any other costs related to delays as a result of weather or any other unforeseen circumstances.</li></ul>	