

SCHEDULE B - FEE SCHEDULE

Fee Item Code	Description	Business Rules	Fee Effective August 1, 2004
19150	Initial Treatment	<ul style="list-style-type: none"> • Only billed once per Injured Worker 	\$26.82
19151	Subsequent Treatment		\$24.00
19159	Discharge – Reassessment – Return to Work Fee	<ul style="list-style-type: none"> • Only billed once per Injured Worker 	\$25.87
19190	Written Report requested by WorkSafeBC	<ul style="list-style-type: none"> • Only billed if requested by WorkSafeBC 	\$27.00
19191	Home-Institutional Visit – Travel Fee	<ul style="list-style-type: none"> • Travel only billed once per destination • Includes one (1) unit of treatment, two (2) units for travel 	To a maximum of \$47.52
19192	Subsequent Visit(s) – Extenuating Circumstances	<ul style="list-style-type: none"> • Service units of fifteen (15) minutes • Maximum of NINE (9) services units [Eight (8) treatment service units plus one (1) travel for a round trip of up to 60 km]. • Limited to one (1) per Injured Worker Visit per day. 	\$18.00 per Service Unit
19155	Home-Institutional Visit Fee	<ul style="list-style-type: none"> • Billable for each additional Injured Worker seen at same location 	\$15.84
19156	WorkSafeBC requested existing Case History and Chart Notes	<ul style="list-style-type: none"> • First five (5) pages 	\$22.36
19157	WorkSafeBC requested Chart Notes over five (5) pages	<ul style="list-style-type: none"> • Additional per page 	\$1.15
19158	Telephone Consultation with WorkSafeBC Case Manager or designate	<ul style="list-style-type: none"> • Not to be billed for routine/billing inquiries • Up to fifteen (15) minutes 	\$25.00
	Non-Electronic Invoice Fee	<ul style="list-style-type: none"> • Charged for each fee line item invoiced by paper and fax transmission • This becomes effective twelve (12) months after the start of this Agreement 	\$4.50