



**Health Care Services**  
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## MESSAGE THERAPY SERVICES

Description of Fee Item	Fee Item Code	WorkSafeBC Business Rules	Jan 01, 2011 to Dec 31, 2011	January 01, 2012 – December 31, 2012		January 01, 2013 – December 31, 2013		January 01, 2014 – December 31, 2014		January 01, 2015 – December 31, 2015	
				Higher Fee Rate	Lower Fee Rate	Higher Fee Rate	Lower Fee Rate	Higher Fee Rate	Lower Fee Rate	Higher Fee Rate	Lower Fee Rate
<b>Initial Visit with Massage Treatment Report</b>	19150	<ul style="list-style-type: none"> <li>Limit ONE (1) per payee per claim.</li> <li>Billable if the Massage Treatment Report is received.</li> <li>Report must be received by WorkSafeBC within three (3) business days from the date of the initial visit. For invoicing purposes the date of assessment is considered zero (0).</li> <li>Deduction of \$10.00 will be applied if treatment report is not received within three (3) days of the initial visit.</li> <li>Deduction of \$27.00 will be applied if treatment report is not received within ten (10) days of the initial visit.</li> </ul>	\$62.00 (inclusive of \$27.00 report fee)	\$62.00 (inclusive of \$27.00 report fee)	\$55.43 (inclusive of \$27.00 report fee)	\$63.00 (inclusive of \$27.00 report fee)	\$56.00 (inclusive of \$27.00 report fee)	\$64.00 (inclusive of \$27.00 report fee)	\$56.88 (inclusive of \$27.00 report fee)	\$65.00 (inclusive of \$27.00 report fee)	\$57.50 (inclusive of \$27.00 report fee)
<b>Subsequent Treatment</b>	19151	<ul style="list-style-type: none"> <li>Limit ONE (1) per payee per day per accepted claim.</li> <li>Service date must be later than that of Initial Visit.</li> <li>No concurrent treatments are allowed unless approved by a Board Officer.</li> </ul>	\$30.00	\$30.00	\$25.44	\$31.00	\$26.82	\$32.00	\$27.22	\$33.00	\$28.00

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<b>Extenuating Circumstances Treatment</b>	19192	<ul style="list-style-type: none"> <li>ONE (1) Service-Unit equals FIFTEEN (15) minutes of treatment.</li> <li>Must receive prior approval from the Board Officer</li> <li>Maximum of EIGHT (8) Service-Units (six (6) treatment service units plus two (2) travel).</li> <li>Billable from Initial Visit instead of fee item codes 19150 or 19151.</li> <li>Billable if the Massage Treatment Report Form is received before the Initial Visit and before the end of the six (6) month period.</li> </ul>	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00
<b>Out of Clinic Treatment</b>	19155	<ul style="list-style-type: none"> <li>Limit ONE (1) per day per payee per accepted claim.</li> <li>Service date must be later than that of the Initial Visit.</li> <li>MAXIMUM of four (4) service units per visit (two (2) treatment service units plus two (2) service units for travel).</li> </ul>	\$15.84	\$15.84	\$15.84	\$15.84	\$15.84
<b>Massage Treatment Report Requested by WorkSafeBC</b>	19190	<ul style="list-style-type: none"> <li>For regular Treatment Beyond five (5) weeks or Extenuating Circumstances treatment beyond six (6) months, or as requested by WorkSafeBC;</li> <li>If requested by WorkSafeBC, report must be received by WorkSafeBC within ten (10) business days from the date of the request. For invoicing purposes the date of request is considered day ZERO (0).</li> <li>\$10.00 deduction if the report is received by WorkSafeBC eleven (11) business days from the date of the request.</li> </ul>	\$27.00 per Report	\$27.00 per Report	\$27.00 per Report	\$27.00 per Report	\$27.00 per Report
<b>Telephone Consultation with Board Officer</b>	19158	<ul style="list-style-type: none"> <li>Initiated by Board Officer and/or RMT.</li> <li>Billable for conversation time only for discussions regarding treatment related issues, return to work and must be documented in clinical notes.</li> <li>Billable for consultations up to FIFTEEN (15) minutes per Service-Unit.</li> <li>Limit ONE (1) per payee per accepted claim per day.</li> <li>Not billable for discussion of administrative or performance issues.</li> </ul>	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
<b>Producing copies (first 5 pages)</b>	19156	<ul style="list-style-type: none"> <li>Requested by WorkSafeBC.</li> </ul>	\$22.36	\$22.36	\$22.36	\$22.36	\$22.36
<b>Producing copies (every page over 5 pages)</b>	19157	<ul style="list-style-type: none"> <li>Requested by WorkSafeBC.</li> </ul>	\$1.15 per page	\$1.15 per page	\$1.15 per page	\$1.15 per page	\$1.15 per page
<b>Non-Electronic Invoicing Fee</b>	NA	<ul style="list-style-type: none"> <li>Processing fee for each invoice sent by paper and fax transmission.</li> </ul>	\$4.50 penalty (invoice)	\$4.50 penalty (invoice)	\$4.50 penalty (invoice)	\$4.50 penalty (invoice)	\$4.50 penalty (invoice)
<b>Harmonized Sales Tax (HST)</b>	<b>19330</b>	<ul style="list-style-type: none"> <li>Where applicable, show HST separately for each line item (not as a lump sum) on an invoice;</li> <li>Include the RMT's GST/HST registration number.</li> </ul>					