

PHYSIOTHERAPY REVISED SCHEDULE B FEE SCHEDULE

Standard Treatment – Stream 1	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Initial Visit with PT Initial Notification Form received <u>within</u> three (3) business days	19178	Limit ONE (1) Initial Notification Form per payee per claim. Will be reimbursed only for accepted claims. Billable if 'Initial Notification Form' received within THREE (3) business days of Initial Visit. Form Required.	\$61.25
Initial Visit with PT Initial Notification Form received <u>after</u> three (3) business days	19179	Limit ONE (1) Initial Notification Form per payee per claim. Will be reimbursed only for accepted claims. Billable if 'Initial Notification Form' received after THREE (3) business days of Initial Visit. Form Required.	\$55.25
Standard Treatment - <i>Subsequent Visit</i>	19202	Limit ONE (1) Subsequent Visit per payee per day per accepted claim. Service date must be later than that of Initial Visit. No concurrent treatments are allowed unless approved by a Board Officer.	\$38.52
Standard Treatment Report	19185	Limit ONE (1) Report per payee per accepted claim. Received at least five (5) business days prior to the treatment end date if the Worker is not expected to return to pre-injury hours and duties.	\$37.62
Late Standard Treatment Report	19186	Limit ONE (1) Report per payee per accepted claim. Received less than five (5) business days prior to the treatment end date if the Worker is not expected to return to pre-injury hours and duties.	\$32.42
Exceptions to Standard Treatment – Stream 2	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Exceptions to Standard Treatment - <i>Initial Visit</i>	19181	Limit ONE (1) Initial Visit per payee per accepted claim. Will be reimbursed only for accepted claims.	\$50.25
Exceptions to Standard Treatment - <i>Subsequent Visit</i>	19184	Limit ONE (1) Subsequent Visit per payee per day per accepted claim. Service date must be later than that of Initial Visit. No concurrent treatments are allowed unless approved by a Board Officer.	\$38.52

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Exceptions to Standard Treatment – Stream 2	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Exceptions to Standard Treatment Physiotherapy Report	19203	Limit ONE (1) Report per payee per accepted claim. Must be received within THREE (3) business days of Initial 'Exceptions to Standard Treatment' Visit. Report required.	\$37.62
Exceptions to Standard Treatment Late Physiotherapy Report	19187	Limit ONE (1) Report per payee per accepted claim. Billable if report received later than THREE (3) business days of Initial 'Exceptions to Standard Treatment' Visit. Report required.	\$32.42
Home Visits – Stream 3	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Home Visit – <i>Initial Visit</i>	19182	Limit of ONE (1) Initial Home Visit per payee per accepted claim. Will be reimbursed only for accepted claims. ONE (1) Service-Unit equals FIFTEEN (15) minutes of treatment. Maximum of EIGHT (8) Service - Units per visit.	\$27.15 per Service-Unit
Home Visit – <i>Subsequent Visit</i>	19163	Limit of ONE (1) Subsequent Home Visit per payee per accepted claim per day. Service date must be later than that of the Initial Home Visit. ONE (1) Service-Unit equals FIFTEEN (15) minutes of treatment. Maximum of EIGHT (8) Service - Units per visit.	\$27.15 per Service-Unit
Home Visits – Stream 3	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Physiotherapy Report for Home Visit	19173	Limit ONE (1) Home Visit Report per payee per accepted claim. Report must be received within THREE (3) business days of the Initial Home Visit. Limit of ONE (1) item per payee per claim. Report required.	\$37.62

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Home Visits – Stream 3	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Late Physiotherapy Report for Home Visit	19189	Limit ONE (1) Home Visit Report per payee per accepted claim. Limit ONE (1) item per payee per claim. Billable if report received after THREE (3) business days of the Initial Home Visit. Report required.	\$32.42
Travel for Home Visit	19198	ONE (1) Service-Unit equals up to SIXTY (60) kms of travel. ONE (1) Service-Unit does not require pre-approval. More than ONE (1) Service-Unit must be pre-approved.	\$27.15 per Service-Unit
CNS Disorder Treatments – Stream 4	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Central Nervous System (CNS) Disorders Visit – <i>Initial Visit</i>	19183	Limit of ONE (1) CNS Disorders Initial Visit per payee per accepted claim. Will be reimbursed only for accepted claims. ONE (1) Service-Unit equals FIFTEEN (15) minutes of treatment. Maximum of EIGHT (8) Service-Units per visit.	\$27.15 per Service-Unit
Central Nervous System (CNS) Disorders Visit – <i>Subsequent Visit</i>	19165	Limit of ONE (1) CNS Disorders Subsequent Visit per payee per accepted claim per day. ONE (1) Service-Unit equals FIFTEEN (15) minutes of treatment. Maximum of EIGHT (8) Service-Units per visit.	\$27.15per Service-Unit
Physiotherapy Report for CNS Disorders	19175	Limit ONE (1) CNS Disorders Visit Report per payee per accepted claim. Report date must be received within THREE (3) business days of the Initial CNS Disorders Visit. Report required.	\$37.62

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CNS Disorder Treatments – Stream 4	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Late Physiotherapy Report for CNS Disorders	19197	Limit ONE (1) CNS Disorders Visit Report per payee per accepted claim. Billable if report received after THREE (3) business days of the Initial CNS Disorder Visit. Report required.	\$32.42
Hydrotherapy	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Hydrotherapy Session- <i>Small Group</i>	19199	Up to three (3) patients maximum. ONE (1) Service-Unit equals FIFTEEN (15) minutes of treatment. Limit FOUR (4) Service-Units per payee per accepted claim per day. Hydrotherapy cannot be invoiced with any other treatment service. One (1) Hydrotherapy Session equals one (1) Subsequent Visit and is counted toward the maximum Subsequent Visit count. Service date must be later than that of Initial Visit. No concurrent treatments are allowed unless approved by a Board Officer. Includes the cost of pool admission and all other associated costs. Service Unit of fifteen (15) minutes. Not billable for Home Visits.	\$27.15 per Service-Unit
Hydrotherapy Session- <i>Large Group</i>	19201	Between four (4) and fifteen (15) patients. Limit ONE (1) Hydrotherapy Session per payee per accepted claim per day. Hydrotherapy cannot be invoiced with any other treatment service. One (1) Hydrotherapy Session equals one (1) Subsequent Visit and is counted toward the maximum Subsequent Visit count. Service date must be later than that of Initial Visit. No concurrent treatments are allowed unless approved by a Board Officer. Includes the cost of pool admission and all other associated costs. Not billable for Home Visits.	\$35.91 per Session

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Other Reports	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Requested Report	19167	Requested by a Board Officer. Must be received by WorkSafeBC within THREE (3) business days from the date of request. For invoicing purposes the date of request is considered day ZERO (0).	\$37.62
Late Requested Report	19188	Requested by a Board Officer. Billable if the report is received by WorkSafeBC later than THREE (3) business days from the date of request.	\$32.42
Medical Review Report	19200	Requested by a Board Officer Comprehensive report, which includes but is not limited to the Injured Worker's history including: symptoms, treatment, results and present condition. The report may be requested to answer a specific question. Must be received by WorkSafeBC within THREE (3) business days from the date of request. For invoicing purposes the date of request is considered day ZERO (0).	\$374.54
Other Fee Codes	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Telephone Consultation with Board Officer	19177	Initiated by a Board Officer. To discuss treatment services, return to work and discharge planning only. Or: Telephone consultation that is initiated by the Physical Therapist and is contractually required to contact a Board Officer. Telephone consultations are billable for conversation time or a detailed message regarding RTW and other related treatment matters only and must be documented in clinical notes; Billable for consultations up to FIFTEEN (15) minutes per increment. Not billable for routine/billing/administrative issues.	\$27.59 per 15 min. increment

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Other Fee Codes	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Telephone Consultation for Return to Work and Other Related Issues	19204	<p>For telephone communication with a Health Care Provider Limited to 'Return to Work Support Services' and 'Occupational Therapy Services'. To discuss return to work and/or other related issues.</p> <p>Telephone consultations are billable for conversation time or a detailed message regarding RTW and other related treatment matters only and must be documented in clinical notes;</p> <p>Telephone consultations are billable for conversation time only;</p> <p>Billable for consultations up to FIFTEEN (15) minutes per increment.</p> <p>Not billable for routine/billing/administrative issues.</p>	\$27.59 per 15 min. increment
Photocopies (first 5 pages)	19171	Requested by WorkSafeBC.	\$27.15
Photocopies (every page over 5 pages)	19172	Requested by WorkSafeBC.	\$1.27 per page
Non-Electronic Invoicing Fee	N/A	Processing fees charged for each fee line item invoiced by paper and fax transmission.	\$4.50

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Other Fee Codes	Fee Item Code	WorkSafeBC Business Rules	January 1, 2010 to December 31, 2010
Pending Claim Report Fee ¹	19205	Limit ONE item per payee per claim. Claim decision date must be later than Initial Visit date. Will be reimbursed for claims which are pending on the date of the Initial Visit and are subsequently <u>not</u> accepted. PT Initial Notification Form or Physiotherapy Report must be received. ² <u>Note:</u> <ul style="list-style-type: none"> • This fee code is used to re-submit an invoice if the Initial Visit fee has been rejected and the claim was pending at the time of the Initial Visit. • This fee code may also be used if invoices have not been submitted and the pending claim has been disallowed, suspended or rejected. • Do not use this fee code for pending claims where the decision is under review by the Board Officer. 	\$59.41

² Amended September 14, 2006 to include additional statement