

SCHEDULE B: FEE SCHEDULE FOR WORKSAFEBC UNIQUE FEES AND FORM FEES

This fee schedule includes fees for:

- Form fees
- WorkSafeBC Unique Fees
- Form fees Future Requirements

Form Fees

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ⁹	Comments
19937	Form 8 - Report of First Injury, received by WorkSafeBC within three (3) business days of date of service and transmitted electronically.	\$38.00	\$42.00	\$42.00	\$42.00	\$42.84	\$43.70	\$44.57	\$49.03	Bill in addition to office visit
19938	Form 8 - Report of First Injury, received by WorkSafeBC between four (4) to six (6) business days of date of service and submitted electronically.	\$30.00	\$30.00	\$30.00	\$30.00	\$31.20	\$31.20	\$31.20	\$34.32	Bill in addition to office visit. Submission received after six (6) business days will not be paid.
19900	Form 8 - Report of First Injury, received by WorkSafeBC within three (3) business days of date of service and submitted via fax transmission.	\$30.00	\$31.24	\$31.24	\$31.24	\$31.24	\$31.24	\$30.00	\$33.00	Billed in addition to office visit. Declined back to \$30.00 April 1/09
19901	Form 8 - Report of First Injury, received by WorkSafeBC between four (4) to six (6) business days of date of service and submitted via fax transmission.	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$22.00	Bill in addition to office visit. Submission received after six (6) business days will not be paid.
19927	First Report of Injury (Form 8) that is requested by WorkSafeBC after the Injured Worker is seen where the form is not initially required (See Form 8 Rules), received within ten (10) business days of the faxed or telephone request. Submissions received after ten (10) business days of request will not be paid. Fee Code 19904 may not be billed in addition as this fee includes copying of any existing reports or chart notes from an Injured Worker's file.	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$55.00	

⁹ Per the BCMA Memorandum of Agreement ratified April 2011

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁰	Comments
19940	Form 11 - Progress Report Physical Examination, received within three (3) business days of date of service by WorkSafeBC and transmitted electronically.	\$32.00	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$40.28	Bill in addition to office visit
19941	Form 11 - Progress Report Physical Examination, received between four (4) to six (6) business days of date of service by WorkSafeBC and submitted electronically.	\$16.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$18.02	Bill in addition to office visit. Submission received after six (6) business days will not be paid.
19902	Form 11 - Progress Report Physical Examination, received within three (3) business days of date of service by WorkSafeBC and submitted via fax transmission.	\$28.00	\$29.12	\$29.12	\$29.12	\$29.12	\$29.12	\$28.00	\$29.68	Billed in addition to office visit. Declined back to \$28.00 April 1/09
19903	Form 11 - Progress Report Physical Examination, received between four (4) to six (6) business days of date of service by WorkSafeBC and submitted via fax transmission.	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.84	Bill in addition to office visit. Submission received after six (6) business days will not be paid.

¹⁰ Per the BCMA Memorandum of Agreement ratified April 2011

WorkSafeBC Unique Fees

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹¹
19904	WorkSafeBC request for copy of a consultation, operative, chart notes or other existing report – first twenty, received within three (3) business days of request. Not to be paid in addition to other Fee Codes except 19906.	\$22.36	\$22.36	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.80
19905	WorkSafeBC requested copy of consultation, operative, or other existing report – first five (5) pages or less sent by mail.	\$21.36	\$21.36	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.50
19919	Office Consultation with a WorkSafeBC Officer or designate (up to fifteen (15) minutes)	\$56.00	\$56.00	\$56.00	\$56.00	\$56.00	\$56.00	\$56.00	\$57.12
19906	Continuation of 19904 – over twenty (20) pages additional per page.	\$1.15	\$1.15	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.22
19907	A factual written summary or reasoned medical opinion upon written request from WorkSafeBC (19904 may not be billed in addition). If extractions included over five (5) pages – may bill 19906.	\$255.00	\$255.00	\$255.00	\$255.00	\$255.00	\$255.00	\$255.00	\$260.10
19930	Telephone consultation with WorkSafeBC Claims Adjudicator/Case Manager or designate up to fifteen (15) minutes (not to be billed for routine inquiries)	\$46.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$51.00
19939	Requested Physician's first report (E-Form 8) billed by Physician – received within ten (10) business days of request.	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$51.00
00129	Emergency call-out when a Physician (General Practice or Specialist) has to immediately leave his or her home or office (outside of hospital) to attend an Injured Worker. This fee is billed over and above medical service fees.	\$63.05	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$68.53
19921	Emergency visit to Hospital (General Practice or Specialist).	\$110.00	\$110.00	x	x	x	x	x	X
19942	WorkSafeBC Job-site meeting	\$295.00	\$295.00	\$295.00	\$295.00	\$295.00	\$295.00	\$295.00	\$300.90
19922	Materials used in conjunction with sterile tray fees. Bill the actual cost of materials.	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost
19908	Non-expedited specialist consultation report, initial or repeat, received from specialist within seven (7) business days following date of service or Board request (Not to be used for operative report nor in addition to 19902, 19903).	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.54
19480 ¹²	Expedited MRI / CT Scan / Ultrasound requisition using WorkSafeBC requisition form faxed to WorkSafeBC.	X	X	X	X	X	X	X	Effective May 5/11 \$12.00

¹¹ Per the BCMA Memorandum of Agreement ratified April 2011

¹² Per the BCMA Memorandum of Agreement ratified April 2011

X Fee Code- unavailable for billing Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹³
19929	EXCESSIVELY PROLONGED OR COMPLEX CASES Excessively prolonged or complex cases – At the request of WorkSafeBC, a Physician will review the file(s), examine the Injured Worker, and develop a report on an Injured Worker whose recovery is prolonged or complicated. The parties agree that, unless it is not practical, such cases should be referred to the WorkSafeBC medical rehabilitation program for appropriate review, assessment and case planning. In situations where WorkSafeBC requires information about a worker who is not under active treatment but who continues to have an injury claim, WorkSafeBC may request a Physician, who had treated the worker, to review the file(s) and develop a report describing the details of the injury, diagnosis, and treatment. Report must be received within twenty (20) business days of service. Submissions received after twenty (20) business days will not be paid.	\$130.00	\$130.00	\$130.00	\$130.00	\$130.00	\$130.00	\$130.00	\$132.60
19931	POST OPERATIVE CONSULTATION In recognition of WorkSafeBC's need to have surgeons involved in disability management, WorkSafeBC agrees to pay a post operative visit and a Form 11 or a consultation report fee for a total value of \$75 to assess a worker's potential to return to work on a graduated or full time basis; or to refer the worker to the appropriate treatment program in the WorkSafeBC continuum of care; or if neither are appropriate, to recommend a treatment plan with an estimate of recovery and return to work. This WorkSafeBC unique service would occur within the forty-two (42) day post-operative period, usually at four (4) weeks post surgery. Report must be received within five (5) business days of service. Submissions received after five (5) business days will not be paid.	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$76.50

¹³ Per the BCMA Memorandum of Agreement ratified April 2011

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁴
19950	RETURN TO WORK CONSULTATION Purpose is to facilitate a safe, early return to work. Can be initiated by WorkSafeBC Officer or delegate, WorkSafeBC Physician, employer or by treating Physician. Must include consultation by Physician with employer and WorkSafeBC Officer, and follow up to discuss RTW with worker. Consultation and RTW plan must be documented and submitted on Form 11. One further consultation cycle may be billed if initial attempt at RTW is unsuccessful. Fee all-inclusive. <i>As of MAY 5, 2011, may bill for Form 11 in addition to 19950.¹⁵</i>	\$260.00	\$260.00	\$260.00	\$260.00	\$260.00	\$260.00	\$260.00	\$265.20
19951	Unreported claim where a Physician is informed by the patient that the injury is a WorkSafeBC responsibility but the employer and worker fail to report the injury to the WorkSafeBC (as per Article 8). The physician may re-file the claim, complete with the following information: the injured worker's address and phone, the name of the injured worker's employer.	\$20.00	\$20.00	x	x	x	x	x	x
19952	Accounts initially rejected but found to be WCB responsibility. Bill directly to WorkSafeBC by fax transmission.	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.40
19953	WorkSafeBC Request For Existing Report or Chart Notes - ISOLATING SPECIFIC INFORMATION. When WorkSafeBC requests a copy of an existing report or chart notes and where complying with that request requires the Physician to review the chart or report for the purpose of severing identified personal information not relevant to the claim prior to submission of photocopied material, or identifying previous injury or illness relevant to the current claim, or area of injury in question from prior records and separating that information from other clinical information prior to submission to WorkSafeBC, the Physician may bill Fee Code 19953. Fee Codes 19904, 19905 or 19906 may not be billed in addition to this Fee Code. Must be received within ten (10) business days of request of service and includes all courier charges.	\$115.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$122.40

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X Fee Code- unavailable for billing

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁶
19976	Return to Work planning request. A request initiated by a WorkSafeBC Officer or designated rehabilitation provider to a Physician to endorse a one (1) page Return to Work planning request form.	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.30
19508	Telephone consultation between a WorkSafeBC Medical Advisor and a community Physician which takes place within 24 hours of being initiated by the Medical Advisor	x	x	\$68.00	\$68.00	\$68.00	\$71.00	\$71.00	\$72.42
19509	Complex Spinal Cord Injury initial visit or yearly assessment. Visit to include a complete physical exam and updated care plan documented and presented on a form 8/11. Only payable once per patient per year, by noted regular physician. Form 8/11 will be paid in addition.	x	x	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00	\$150.00
19510	Complex Spinal Cord Injury office visit, can not bill in addition to a yearly assessment fee (19509) for one visit. Form 8/11 may be reimbursed if changes in condition	x	x	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$100.00
19511	Complex Spinal Cord injury home visit. The physician must also complete and bill for a Form 8/11. This fee cannot be billed with office visit (19510)	x	x	\$155.00	\$155.00	\$155.00	\$155.00	\$155.00	\$200.00

X Fee Code- unavailable for billing

¹⁶ Per the BCMA Memorandum of Agreement ratified April 2011

STANDARDIZED ASSESSMENT FEE

Includes physical examination and completion of form. It is to be completed by Physician only when requested by WorkSafeBC.

Form 11 should not be submitted with this form or subsequent to the completion of the standardized form by the Physician.

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁷
19909	Standardized Assessment Form received within fifteen (15) business days of request by WorkSafeBC	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$76.50
19910	Standardized Assessment Form received after fifteen (15) business days of request by WorkSafeBC	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$71.40

MEDICAL-LEGAL MATTERS

The requirements for receiving fees 19932 and 19933 are as follows:

1. Medical Legal Report is applicable to all medical Physicians.
2. Medical-Legal Opinion is applicable only to specialists with relevant qualifications, or other Physicians with recognized expert knowledge.
3. These fees require prior approval by the Review Board or Appeal Division, or Senior Medical Advisor or Director of the Board or Client Service Manager.
4. These fees include examination, review of records, and other processes leading to completion of the written Opinion/Report.

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁸
19932	Medical-Legal Report: a report which will recite symptoms, history and records and give diagnosis, treatment, results and present condition. This is a factual summary of all the information about when the Injured Worker will be able to return to work and might mention whether there will be a permanent disability.	\$765.00	\$815.00	\$815.00	\$815.00	\$815.00	\$839.00	\$856.00	\$873.12
19933	Medical-Legal Opinion: an opinion will usually include the information contained in the Medical-Legal Report and will differ from it primarily in the field of expert opinion. This may be an opinion as to the course of events when these cannot be known for sure. It can include an opinion as to long-term consequences and possible complications in the further development of the condition. All the known facts will probably be mentioned, but in addition there will be the extensive exercise of expert knowledge and judgment with respect to those facts with a detailed prognosis.	\$1,275.00	\$1,361.00	\$1,361.00	\$1361.00	\$1,361.00	\$1,402.00	\$1,430.00	\$1,458.60

The requirements for receiving fees 19911 - 19918 are as outlined in Article 4 in Schedule A.

¹⁷ Per the BCMA Memorandum of Agreement ratified April 2011

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Fee Code	Description	Current Rate	Rate Effective Apr 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁹
19911	Initial expedited comprehensive consultation from specialists in Internal Medicine Neurology, Neurosurgery, Orthopedics, Physical Medicine, General Surgery, and Plastic Surgery received within fifteen (15) business days of referral by attending Physician or Board Officer.	\$303.00	\$303.00	\$311.64*	\$311.64*	\$317.87*	\$324.23*	\$330.71*	\$337.32
19912	Repeat consultation within two (2) to four (4) months of 19911. Repeat consultation more than four (4) months after 19911 to be billed at normal MSP/ WorkSafeBC repeat consultation rate.	\$151.50	\$151.50	\$156.00	\$156.00	\$156.00	\$160.68	\$160.68	\$163.89
19913	Initial expedited comprehensive consultation from specialists in Psychiatry.	\$303.00	\$303.00	\$311.64*	\$311.64*	\$317.87*	\$324.23*	\$330.71*	\$337.32
19914	Repeat consultation within two (2) to four (4) months of 19913. Repeat consultation more than four (4) months after 19913 to be billed at normal MSP/ WorkSafeBC repeat consultation rate.	\$151.50	\$151.50	\$156.00	\$156.00	\$156.00	\$160.68	\$160.68	\$163.89
19915	Initial expedited comprehensive consultation from specialists in Urology, Otolaryngology, and Ophthalmology.	\$303.00	\$303.00	\$311.64*	\$311.64*	\$317.87*	\$324.23*	\$330.71*	\$337.32
19916	Repeat consultation within two (2) to four (4) months of 19915. Repeat consultation more than four (4) months after 19915 to be billed at normal MSP/ WorkSafeBC repeat consultation rate.	\$151.50	\$151.50	\$156.00	\$156.00	\$156.00	\$160.68	\$160.68	\$163.89
19917	Initial expedited comprehensive consultation from specialists in Dermatology.	\$303.00	\$303.00	\$311.64*	\$311.64*	\$317.87*	\$324.23*	\$330.71*	\$337.32
19918	Repeat consultation within two (2) to four (4) months of 19917. Repeat consultation more than four (4) months after 19917 to be billed at normal MSP/ WorkSafeBC repeat consultation rate.	\$151.50	\$151.50	\$156.00	\$156.00	\$156.00	\$160.68	\$160.68	\$163.89
19934	Initial expedited comprehensive consultation from an Anesthesiologist for diagnostic opinion and/or therapeutic management. To include a physical examination and a written report. If followed by a diagnostic or therapeutic nerve block, the consultation may be charged in addition to the nerve block fees on the first occasion.	\$303.00	\$303.00	\$311.64*	\$311.64*	\$317.87*	\$324.23*	\$330.71*	\$337.32
19935	Repeat consultation within two (2) to four (4) months of 19934. Repeat consultation more than four (4) months after 19934 to be billed at normal MSP/ WorkSafeBC repeat consultation rate.	\$151.50	\$151.50	\$156.00	\$156.00	\$156.00	\$160.68	\$160.68	\$163.89

* Rate increases applicable only if billed electronically through MSP Teleplan

¹⁹ Per the BCMA Memorandum of Agreement ratified April 2011

Form fees - Future Requirements (effective date to be announced) To Be Re-Considered Prior to Implementation

Fee Code	Description	Rate	Comments
19937	Form 8 - Report of First Injury, received by WCB within three (3) business days of date of service and transmitted electronically.	\$22.00	<ul style="list-style-type: none"> Billed in addition to office visit
19938	Form 8 - Report of First Injury, received by WCB between four (4) to ten (10) business days of date of service and submitted electronically.	\$11.00	<ul style="list-style-type: none"> Billed in addition to office visit Submission received after ten (10) business days will not be paid.
19900	Form 8 - Report of First Injury, received by WCB within three (3) business days of date of service and submitted via fax transmission.	\$18.00	<ul style="list-style-type: none"> Billed in addition to office visit
19901	Form 8 - Report of First Injury, received by WCB between four (4) to ten (10) business days of date of service and submitted via fax transmission.	\$9.00	<ul style="list-style-type: none"> Billed in addition to office visit Submission received after ten (10) business days will not be paid.
19940	Form 11 - Progress Report Physical Examination, received within three (3) business days of date of service by WCB and transmitted electronically.	\$32.00	<ul style="list-style-type: none"> Billed in addition to office visit
19941	Form 11 - Progress Report Physical Examination, received between four (4) to ten (10) business days of date of service by WCB and submitted electronically.	\$16.00	<ul style="list-style-type: none"> Billed in addition to office visit Submission received after ten (10) business days will not be paid.
19902	Form 11 - Progress Report Physical Examination, received within three (3) business days of date of service by WCB and submitted via fax transmission.	\$28.00	<ul style="list-style-type: none"> Billed in addition to office visit
19903	Form 11 - Progress Report Physical Examination, received between four (4) to ten (10) business days of date of service by WCB and submitted via fax transmission.	\$11.00	<ul style="list-style-type: none"> Billed in addition to office visit Submission received after ten (10) business days will not be paid.

Fee Code	Description	Rate	Comments
TBA	Form B – Medical Assessment, received by WCB within fifteen (15) business days of date of service and transmitted electronically.	\$96.00	
TBA	Form B – Medical Assessment, form received by WCB between sixteen (16) through twenty (20) business days of date of service and submitted electronically.	\$32.00	<ul style="list-style-type: none"> Submission received after twenty (20) business days will not be paid.
TBA	Form B – Medical Assessment, form received by WCB within fifteen (15) business days of date of service and transmitted by fax transmission.	\$65.00	
TBA	Form B – Medical Assessment, form received by WCB between sixteen (16) through twenty (20) business days of date of service and transmitted by fax transmission.	\$29.00	<ul style="list-style-type: none"> Submission received after twenty (20) business days will not be paid.