SCHEDULE B
FEES

FEE CODE	SERVICE DESCRIPTION	BUSINESS RULES	DATES OF SERVICE:			
		BUSINESS RULES APPLICABLE TO ALL FEE CODES LISTED: • **Services Must Be Provided By A Qualified Clinician**	**October 1, 2023 to September 30, 2024**	**October 1, 2024 to September 30, 2025**	**October 1, 2026 to September 30, 2026**	**October 1, 2026 to September 30, 2027**
1100209	Consultation	• Flat fee for in-person services. • Includes initial and any follow-up visits scheduled within six weeks of Intake Assessment. • Not payable until Discharge Report is received. • Discharge Report must be received within three Business Days following discharge. • An Injured Worker may be transferred to Treatment following any Consultation visit with WorkSafeBC Officer approval. If the WorkSafeBC Officer approves Treatment Services, the initial visit for Consultation will become day one of the Treatment Services Block. • Flat fee for Consultation shall not be billed if the Injured Worker is transferred or referred to Treatment Services. • A new referral is not required if the Injured Worker is transferred to Treatment Services. • Only one of the Consultation, Treatment Services Block, or Partial Treatment Services Block Fee is billable per claim.	$370.00	$384.80	$394.00	Price increase by Consumer Price Index up to a maximum of 4%
1100211	Treatment Services Block	• Flat fee paid when Injured Worker participates in a minimum of five treatment days during a period of no longer than eight weeks starting from the Intake Assessment. • Fee is inclusive of Assessment, Progress, Extension and/or Discharge Reports, all treatments and all communications. • Services must be in-person. • In the case of no Extensions, a Discharge Report must be received within three Business Days of discharge.	$1,125.00	$1,170.00	$1,198.00	Price increase by Consumer Price Index up to a maximum of 4%

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		BUSINESS RULES APPLICABLE TO ALL FEE CODES LISTED: • **Services Must Be Provided By A Qualified Clinician**	**October 1, 2023 to September 30, 2024**	**October 1, 2024 to September 30, 2025**	**October 1, 2026 to September 30, 2026**	**October 1, 2026 to September 30, 2027**
		• Not payable until Extension Report or Discharge Report is received. • Only one of the Consultation, Treatment Services Block, or Partial Treatment Services Block Fee is billable per claim.				
1100210	Partial Treatment Services Block	• Flat fee paid when Injured Worker participates in four treatment days or less during a period of no longer than eight weeks starting from the Intake Assessment. • Fee is inclusive of Assessment, Progress, Extension and/or Discharge reports, all treatments and all communications. • Services must be in-person. • In the case of no Extensions, a Discharge Report must be received within three Business Days following discharge. • Only one of the Consultation, Treatment Services Block, or Partial Treatment Services Block Fee is billable per claim.	$370.00	$384.80	$394.00	Price increase by Consumer Price Index up to a maximum of 4%
1204480	Extension Block	• Flat fee paid when Injured Worker participates in a minimum of three treatment days during a period of no longer than four weeks starting from the first visit of the Extension block. • Fee is inclusive of the Extension Report, or Discharge Report, all treatments and all communications. • Services must be in-person. • Extension Report must be received at least five business days before the end of the Extension block, unless the Injured Worker is discharged. In that case, a Discharge Report is required within three Business Days following discharge.	$570.00	$592.80	$607.00	Price increase by Consumer Price Index up to a maximum of 4%

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		BUSINESS RULES APPLICABLE TO ALL FEE CODES LISTED: • **Services Must Be Provided By A Qualified Clinician**	**October 1, 2023 to September 30, 2024**	**October 1, 2024 to September 30, 2025**	**October 1, 2025 to September 30, 2026**	**October 1, 2026 to September 30, 2027**
		• Not payable until Extension Report or Discharge Report is received. • Only one of the Extension Block, or Partial Extension Block, Fee is billable per approved Extension Block.				
1204483	Partial Extension Block	• Flat fee paid when Injured Worker participates in two treatment days or less during a period of no longer than four weeks starting from the first visit of the Extension block. • Fee is inclusive of the Extension Report or Discharge Report, all treatments and all communications. • Services must be in-person. • Extension Report must be received at least five business days before the end of the Extension block, unless the Injured Worker is discharged. In that case, a Discharge Report is required within three Business Days following discharge. Not payable until Extension Report or Discharge Report is received. • Only one of the Extension Block, or Partial Extension Block, Fee is billable per approved Extension Block.	$250.00	$260.00	$267.00	Price increase by Consumer Price Index up to a maximum of 4%
1204482	RTW Coordination	• Flat fee paid after discharge from Return to Work Planning and Coordination and/or the Hand Therapy Program. • Includes development and submission of a formal Hand Therapy GRTW plan, all revisions to the original plan, and all communications. • Not payable until completion of the RTW Plan.	$450.00	$450.00	$450.00	As per centralized Fee Schedule

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		BUSINESS RULES APPLICABLE TO ALL FEE CODES LISTED: • **Services Must Be Provided By A Qualified Clinician**	**October 1, 2023 to September 30, 2024**	**October 1, 2024 to September 30, 2025**	**October 1, 2025 to September 30, 2026**	**October 1, 2026 to September 30, 2027**
		• Payable upon receipt of the Hand Therapy Discharge Report. • Only payable once per claim • Job Site Visits and Subsequent Job Site Visits may be billed separately. • May be invoiced concurrently with Treatment Services Block, Partial Treatment Services Block, Extension Block or Partial Extension Block.				
1204481	”Pending claim” Report Fee	• Only billable once per claim when: (a) a Certified Hand Therapist has seen an Injured Worker for their initial visit while the claim status is pending; and i. the claim is subsequently disallowed or suspended; or ii. 60 days have passed since the date of service and the claim is still in pending status. • Only payable for Injured Workers whose claim was in pending status on the first visit. • Services must be in-person. • Only payable upon submission of the Discharge Report. • Not payable if the claim is accepted within 60 days of the initial visit. • Date of service is the date of the initial visit.	$220.00	$220.00	$220.00	$220.00

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		BUSINESS RULES APPLICABLE TO ALL FEE CODES LISTED: • **Services Must Be Provided By A Qualified Clinician**	**October 1, 2023 to September 30, 2024**	**October 1, 2024 to September 30, 2025**	**October 1, 2025 to September 30, 2026**	**October 1, 2026 to September 30, 2027**
1100214	Job Site Visit (JSV)	• Flat fee payable for all Services to conduct an initial Job Site Visit and complete and submit a Job Site Visit Report. • Services must be in-person. • Eligible to be invoiced when the Job Site Visit Report is received by WorkSafeBC. • Timely completion bonus of $55.00 will be added to the fee where the Job Site Visit Report, meeting the requirements of Schedule A, is received within the timeline set out in section 59 of Schedule A. • May be invoiced concurrently with Treatment Services Block, Partial Treatment Services Block, Extension Block or Partial Extension Block.	$350.00 including timely completion bonus ($295.00 without timely completion bonus)	$350.00 including timely completion bonus ($295.00 without timely completion bonus)	$350.00 including timely completion bonus ($295.00 without timely completion bonus)	As per the Centralized Fee Schedule
1100215	Subsequent JSV	• Flat fee payable for all Services to conduct a subsequent Job Site Visit and complete and submit a Subsequent Job Site Visit Report. • Services must be in-person. • Eligible to be invoiced when the Subsequent Job Site Visit Report is received by WorkSafeBC. • Timely completion bonus of $55.00 will be added to the fee where the Subsequent Job Site Visit Report, meeting the requirements of Schedule A, is received within the timeline set out in section 59 of Schedule A. • May be invoiced concurrently with Treatment Services Block, Partial Treatment Services Block, Extension Block or Partial Extension Block.	$265.00 including timely completion bonus ($210.00 without timely completion bonus)	$265.00 including timely completion bonus ($210.00 without timely completion bonus)	$265.00 including timely completion bonus ($210.00 without timely completion bonus)	As per Centralized Fee Schedule
Travel and Other Expenses						

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FEE CODE	SERVICE DESCRIPTION	BUSINESS RULES	DATES OF SERVICE:			
		BUSINESS RULES APPLICABLE TO ALL FEE CODES LISTED: • **Services Must Be Provided By A Qualified Clinician**	**October 1, 2023 to September 30, 2024**	**October 1, 2024 to September 30, 2025**	**October 1, 2025 to September 30, 2026**	**October 1, 2026 to September 30, 2027**
1277443	Pre-Authorized Travel – PT/OT	• Eligible to be invoiced for PT/OT time spent traveling from the Facility to the Injured Worker's workplace and back for the purposes of conducting a Job Site Visit. Travel time excludes time spent at the workplace for the Job Site Visit. • Billable in ¼ hour increments up to a maximum of two hours per day except with WorkSafeBC's prior approval. Travel that exceeds two hours without prior approval due to unforeseen delays will be considered on a case-by-case basis. • Fee is inclusive of all related travel expenses, including parking, gas and mileage. • Travel mileage is not billable.	$120.00/hour or portion thereof to nearest quarter hour	$131.00/hour or portion thereof to nearest quarter hour	$141.00/hour or portion thereof to nearest quarter hour	As per the Centralized Fee Schedule
1100217	Pre-Authorized Travel - Kin	• Eligible to be invoiced for Kinesiologists time spent traveling from the Facility to the Injured Worker's workplace and back for the purposes of conducting a Job Site Visit. Travel time excludes time spent at the workplace for the Job Site Visit. • Billable in ¼ hour increments up to a maximum of two hours per day except with WorkSafeBC's prior approval. Travel that exceeds two hours without prior approval due to unforeseen delays will be considered on a case-by-case basis. • Fee is inclusive of all related travel expenses, including parking, gas and mileage. • Travel mileage is not billable.	$60.00/hour or portion thereof to nearest quarter hour	$65.50/hour or portion thereof to nearest quarter hour	$70.50/hour or portion thereof to nearest quarter hour	As per the Centralized Fee Schedule
1119233	Pre-Authorized Incidental Expenses	• Must be pre-authorized by WorkSafeBC Officer.	As pre-authorized	As pre-authorized	As pre-authorized	As pre-authorized

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		• Original receipts supporting the expenses must be made available if requested by WorkSafeBC for auditing purposes.				
1277444	Bilateral Fee	• May be invoiced in addition to the Treatment Block for Injured Workers who present with bilateral injuries, for which specialized Hand Therapy Services are clinically indicated to address both extremities. The Contractor must mark the bilateral injuries box on the Intake Report to identify bilateral treatment, prior to invoicing for the set "bilateral fee". • Only payable once per claim. • Payable at the end of the Treatment Block. • Only payable once the Discharge Report or Extension Report have been received. • Does not require pre-approval.	$150.00	$150.00	$155.00	$155.00
Wound Care Supplies						
Wound Care Supplies Fee		• May be invoiced for wound care when the Injured Worker's injury is such that it requires specialized supplies that are over and above the typical supplies required under wound care in the Hand Therapy Services Agreement and as set out in the Reference Manual. • Must submit the Wound Care Supply Fee Authorization Request form (83D98). • Requires pre-approval from Health Care Programs, only billable once approved by Health Care Programs. • Only one fee, either level 1 or level 2 as determined and approved by Health Care Programs, is payable per claim, and the fee may only be billed one time per claim.				

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1277445	Tier 1 Wound Care Supplies Fee	• Rules outlined above at Wound Care Supplies Fee	$40.00	$40.00	$41.00	$41.00
1277446	Tier 2 Wound Care Supplies Fee	• Rules outlined above at Wound Care Supplies Fee	$80.00	$80.00	$82.00	$82.00
Custom Splinting						
1277447	Fabricated Splint Supply Fee	• Billable for the additional supplies that may be used for a splint, fabricated in clinic, that crosses the wrist or elbow. • May not be invoiced before the splint is provided to the Injured Worker. • Not billable in conjunction with the Customized Splint fee. • Not billable for prefabricated or off-the shelf-splints. • Does not require pre-approval. • Must document details of splint on the program report.	$25.00	$26.00	$27.00	$27.00
1277448	Customized splint fee	• Billable for the cost of a leather working splint or ring splints. • Must be pre-approved by the WorkSafeBC Officer. • Not billable in conjunction with the Splinting Supply fee. • Must submit the Brace, Splint and Supplies Authorization Request form (83D584). • May not be invoiced before the splint is provided to the Injured Worker.	As pre-authorized	As pre-authorized	As pre-authorized	As pre-authorized
Durable Medical Supplies Fee codes for braces and supports						

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1100404	Durable Medical Supplies – Orthopaedic Supplies	• Billable for the off-the-shelf prefabricated orthotics/supports and compression stockings as clinically indicated. o This includes off-the-shelf braces. • Must be pre-approved by the WorkSafeBC Officer. • Payable for the amount approved on the Brace, Splint and Supplies Authorization Request form (83D584) request. • Not billable for customized splints.	As pre-authorized	As pre-authorized	As pre-authorized	As pre-authorized
1100429	Durable Medical Supplies – Pressure Garment	• Billable for custom made pressure garments as clinically indicated. o This includes Jobst Garments. • Must be pre-approved by the WorkSafeBC Officer. • Payable for the amount approved on the Brace, Splint and Supplies Authorization Request form (83D584) request.	As pre-authorized	As pre-authorized	As pre-authorized	As pre-authorized

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ADDITIONAL TERMS AND CONDITIONS RELATED TO FEES AND INVOICING

1. In the Agreement, Schedule B and Schedule E:

   (a) "**Centralized Fee Schedule**" means the fee schedule for Services, as established and reviewed by WorkSafeBC, and communicated to the Contractor in the form of "Network Bulletins" or other written notice;

   (b) "**Consumer Price Index**" means the annual percent change in the Consumer Price Index (all items; not seasonally adjusted) for the immediately preceding 12 months period for Canada, as published by Statistics Canada;

2. The Contractor shall not invoice for, and WorkSafeBC shall not be liable for, any additional fees or other compensation where the Contractor provides Services on non-Business Days or otherwise outside of regular business hours.

3. Subject to receipt of an invoice that complies with this Agreement, WorkSafeBC will reimburse the Contractor only for expenses that are expressly authorized herein, actually incurred and without markup as set out in this Schedule B.

4. The Contractor shall not invoice for, and WorkSafeBC shall not be liable for, nor shall the Contractor invoice the Injured Worker for:

   (a) the cost of providing copies of clinical or chart notes to WorkSafeBC, the Primary Care Practitioner, or any other stakeholder;

   (b) the cost of any supplies or equipment that the Contractor may use or provide to the Injured Worker in the course of delivering the Services (including without limitation hydrotherapy, electrical modalities, manual therapy, and any non-durable medical supplies; i.e. theraband, athletic tape, medical or sterile trays); and

   (c) the cost of missed or cancelled appointments.

Equipment

5. Notwithstanding section 4(b) of Schedule B, the Contractor may invoice the following supplies with preapproval from the WorkSafeBC Officer:

   (a) Leather working splint;

   (b) Ring Splints;

   (c) Jobst garment; and

   (d) prefabricated braces as clinically indicated.

6. For standard bracing, the Contractor must:

(a) complete the Brace, Splint and Supplies Authorization Request form (83D584), including a quote for the brace, to request approval from the WorkSafeBC Officer; and

(b) request and receive approval from the WorkSafeBC Officer to invoice for a standard brace.

Travel Expenses

7. The Contractor will minimize pre-authorized travel time and expenses, including by arranging appointments with multiple Injured Workers located in the same region where possible in order to maximize efficiency and minimize cost. The Contractor will allocate such travel time and expenses equally among Injured Workers if travelling to multiple Injured Workers in a given region.

8. The Contractor may not invoice WorkSafeBC for:

(a) travel mileage;

(b) travel time or any other costs related to delays as a result of weather or any other unforeseen circumstances; and

(c) costs of meals or any other incidental travel costs except as explicitly permitted in this Agreement.

9. Notwithstanding section 9(c) of this Schedule B, if the Contractor incurs additional travel expenses, it may request reimbursement from the WorkSafeBC Officer. Approval for such expenses will only be made in exceptional circumstances and in accordance with the following guidelines:

Airfare	Economy class
Accommodations	Maximum of $180.00 CDN per night in Greater Vancouver, Kelowna, Nanaimo, and Victoria and $160.00 CDN per night in all other cities, excluding taxes
Meals	May be invoiced when required to be away from the Contractor's home location for more than eight (8) hours total, and traveling more than 150 kilometers from the Contractor's starting location. Breakfast: $16.00; Lunch: $18.00;

	Dinner $30.00
Vehicle Rentals	Compact/economy-size car, or as deemed reasonable under the circumstances / weather
Ferry	Reimbursable at cost with receipts
Incidental Expenses	As approved by the WorkSafeBC Officer. Reimbursable at cost with receipts