

SCHEDULE B – FEE SCHEDULE

FEE CODE	SERVICE DESCRIPTION	BUSINESS RULES	DATE OF SERVICE:		
		BUSINESS RULES APPLICABLE TO ALL FEE CODES LISTED: • SERVICES MUST BE PROVIDED BY A QUALIFIED PRACTITIONER	AUG 1, 2022- JUL 31, 2024	AUG 1, 2024 - JUL 31, 2026	Aug 1, 2026 – July 31, 2027
Fitting Fees					
19680	Fitting Fee (See below for the Fitting Fee for Rechargeable Hearing Aids)	<ul style="list-style-type: none"> Flat Fee for Hearing Aid Fitting Services under the Hearing Aid Price Cap including follow-up appointments and care for one year. <ul style="list-style-type: none"> This includes: distribution of education pamphlet and explanation of its contents to the Injured Worker; audiogram, Hearing Aid selection and fitting; real ear measurements; provision of Accessories and instructions to the Injured Worker concerning operation, care and maintenance of devices; verification and any adjustment of Hearing Aid, or ear-mold, if required; on site repairs, counseling and follow up appointments. May be invoiced with Ear Impression fee code 19691 and Ear Mold fee code 19699, as applicable. Cerumen Removal fee code 1264385 may be invoiced once per ear in conjunction with this fee code, as applicable. Must provide the Manufacturer with the Fitting Date to adjust the warranty periods. Cannot be invoiced if the Injured Worker has entered into a Cost Share Arrangement 19695/1246209 or fit with a Combination Device 19631/1246210. For BiCROS fittings, may only invoice for one Hearing Aid Fitting Fee in addition to BiCROS Dispensing fee code 19685. May be invoiced when hearing loss claim is accepted for one ear and requires a CROS system. Forms 83D73, 83D72 and 69D9 must be submitted to WorkSafeBC within seven Business Days of the Hearing Aid fitting. If Hearing Aid(s) have been exchanged during the 60 day trial period see Reference Manual for process to update Fitting date. Cover sheet (Form 83D110) with the Manufacturer’s invoice must be submitted and stamped “copy not for processing” with the invoice. 	\$560.00 Flat fee Per Hearing Aid	\$600.00 Flat fee Per Hearing Aid	\$620.00 Flat fee Per Hearing Aid
1246208	Fitting Fee for Rechargeable Hearing Aid(s)	<ul style="list-style-type: none"> Same business rules as per Fitting Fee fee code 19680. For replacement of rechargeable batteries and charging units refer to the business rules as per Charging Unit fee code 1220353 and Rechargeable Batteries fee code 1264386. 	\$560.00 Flat fee Per Hearing Aid	\$600.00 Flat fee Per Hearing Aid	\$620.00 Flat fee Per Hearing Aid

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19681	First Time Fitting Fee	<ul style="list-style-type: none"> May be invoiced for Injured Workers with a newly accepted claim who have never worn a Hearing Aid(s) before. May be invoiced in addition to Fitting Fee 19680/1246208, Cost Share Arrangement 19695/1246209 or Combination Device 19631/1246210. 	\$45.00 Flat Fee Per Injured Worker	\$46.00 Flat Fee Per Injured Worker	\$48.00 Flat Fee Per Injured Worker
19625	First Time Fitting 6-months Follow up Fee	<ul style="list-style-type: none"> May be invoiced only where First Time Fitting Fee Code 19681 was eligible to be invoiced for an Injured Worker with a newly accepted claim who has never worn Hearing Aid(s) before. 	\$40.00 Flat Fee Per Injured Worker	\$42.00 Flat Fee Per Injured Worker	\$43.00 Flat Fee Per Injured Worker
Ear Molds					
19691	Ear mold impression	<ul style="list-style-type: none"> Maximum one impression per ear, per year. May be invoiced when an ear mold is required for a custom Hearing Aid or for a BTE Hearing Aid. May be invoiced in conjunction with Fitting Fee 19680/1246208, Cost Share Arrangement 19695/1246209, or Combination Device 19631/1246210. 	\$41.00 Per Ear	\$42.00 Per Ear	43.00 Per Ear
19699	Ear mold	<ul style="list-style-type: none"> May be invoiced in conjunction with Fitting Fee 19680/1246208, Cost Share Arrangement 19695/1246209, or Combination Device 19631/1246210, as applicable. Manufacturer’s invoice cost of ear mold, including shipping and handling costs is invoicable. Cover sheet (Form 83D110) with Manufacturer’s invoice must be submitted and stamped “copy not for processing” with the invoice. 	Manufacturer Invoice cost	Manufacturer Invoice cost	Manufacturer Invoice cost

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Cost Share Arrangement					
19695	Cost Share Arrangement (See below for the Cost Share Arrangement for Rechargeable Hearing Aids)	<ul style="list-style-type: none"> • May be invoiced when an Injured Worker chooses to purchase a Hearing Aid that is not on the Price Grid and agrees to enter into a Cost Share Arrangement. • Flat Fee for Hearing Aid Fitting Services and the cost of the Hearing Aid under the Hearing Aid Price Cap. • Fitting Services includes follow-up appointments and care for one year. <ul style="list-style-type: none"> ○ This includes: distribution of education pamphlet and explanation of its contents to the Injured Worker; audiogram, Hearing Aid selection and fitting; real ear measurements, provision of Accessories and instructions to the Injured Worker concerning operation, care and maintenance of devices; verification and any adjustment of Hearing Aid, or ear-mold, if required; on site repairs, counseling and follow up appointments. • May be invoiced with Ear Impression fee code 19691 and Ear Mold fee 19699, as applicable. • Cerumen Removal fee code 1264385 may be invoiced once per ear in conjunction with this fee code, as applicable. • Must provide the Manufacturer with the Fitting Date to adjust the warranty periods. • Cannot invoice the Fitting Fee Code 19680/1246209 and Combination Device 19631/1246210 in addition to this fee code. • For BiCROS fittings, may only invoice for one Hearing Aid Fitting fee in addition to BiCROS Dispensing fee code 19685. • May be invoiced when hearing loss claim is accepted for one ear and requires a CROS system. • May be invoiced with First Time Fitting fee code 19681. • Forms 83D73, 83D72 and 69D9 must be submitted to WorkSafeBC within seven Business Days of the Hearing Aid fitting. • If Hearing Aids have been exchanged during the 60 day trial period see Reference Manual for process to update Fitting date. • Cover sheet (Form 83D110) with Manufacturer's invoice must be submitted and stamped "copy not for processing" with the invoice. 	\$1,260.00 Flat Fee per Hearing Aid	\$1,300.00 Flat Fee per Hearing Aid	\$1,320.00 Flat Fee per Hearing Aid
1246209	Cost Share Arrangement for Rechargeable Hearing Aid(s)	<ul style="list-style-type: none"> • Same business rules as per Cost Share Arrangement fee code 19695. • For replacement charging units and rechargeable batteries refer to the business rules as per Charging Unit fee code 1220353 and Rechargeable Batteries fee code 1264386. 	\$1,260.00 Flat Fee per Hearing Aid	\$1,300.00 Flat Fee per Hearing Aid	\$1,320.00 Flat Fee per Hearing Aid

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Returned Hearing Aids & Re-Fitting of Lost Hearing Aid(s) Fees					
19682	Hearing Aid Return	<ul style="list-style-type: none"> May be invoiced if a Hearing Aid(s) is returned within 90 days after the Fitting and no other Hearing Aid(s) is fit on the Injured Worker. If a new Hearing Aid(s) is ordered from the Manufacturer within 90 days of the Hearing Aid Return Fee Code being invoiced, the Contractor must credit this Fee Code to WorkSafeBC on Provider Credit Memo Form (83D59) or contact WorkSafeBC Payment Services. Hearing Aid Return form (83D425) must be submitted to WorkSafeBC within five Business Days of the Hearing Aid(s) being returned to the clinic. Hearing Aid(s) must be returned to the Manufacturer within five Business days of the Hearing Aids being returned to the clinic. Must submit a credit memo to WorkSafeBC on Provider Credit Memo Form 83D59 to credit the Fitting Fee code 19680/1246208, Cost Share Arrangement 19695/1246209, Combination Device 19631/1246210, or CROS/BiCROS Dispensing Fee Code 19685, if previously invoiced, before invoicing this fee code. 	\$110.00 Flat fee Per Hearing Aid	\$113.00 Flat fee Per Hearing Aid	\$117.00 Flat fee Per Hearing Aid
19626	Re-fitting fee for Lost Hearing Aid(s)	<ul style="list-style-type: none"> Must be pre-approved by a Board Officer. Must submit Form 51W18 with Injured Worker letter and wait for authorization from WorkSafeBC before ordering and fitting the replacement Hearing Aid(s) or invoicing this fee code. Flat fee for services to refit the Hearing Aid(s) lost within the applicable lost and damaged warranty period. May be invoiced if multiple Hearing Aids are lost within the applicable lost and damaged warranty period. Includes services as per Fitting fee code 19680/1246208, Cost Share Arrangement 19695/1246209, Combination Device 19631/1246210 and follow up for the remainder of the one year Fitting Fee period. Real Ear Measurements for New Fitting Form (83D72) and updated Serial Number Record Form (69D9) must be submitted with the invoice within seven Business Days from the fitting of the approved lost replacement Hearing Aid(s). 	\$112.00 Flat fee Per Hearing aid	\$116.00 Flat fee Per Hearing aid	\$119.00 Flat fee Per Hearing aid

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Maintenance & Service Fees					
19687	In-house Service	<ul style="list-style-type: none"> Cannot be invoiced within one year of the Fitting Fee 19680/1246208, Cost Share Arrangement 19695/1246209, or Combination Device 19631/1246210. Flat fee for in-house services (e.g. clean and check) for all maintenance, adjustments and repairs of a Hearing Aid by a Practitioner. May be invoiced up to a maximum of four times per Hearing Aid per year. Contractor may request Board Officer approval for an exception to invoice additional in-house services beyond maximum allowed when Injured Worker has initiated the service and the service is clinically indicated. Cannot be invoiced with Evaluation/Adjustments related to a Manufacturer Repair fee code 19688 unless the in-house service is for an ear mold and the Manufacturer repair is for a Behind the Ear (“BTE”) for the same ear. Invoice must include serial numbers of the Hearing Aid(s) serviced. 	\$40.00 Flat Fee Per Hearing Aid	\$41.00 Flat Fee Per Hearing Aid	\$42.00 Flat Fee Per Hearing Aid
19692	Hearing Re-evaluation	<ul style="list-style-type: none"> May be invoiced a maximum of two times during life of a Hearing Aid where the Injured Worker initiates a complaint regarding a change in their hearing and requires a hearing evaluation. Cannot be invoiced within one year of the Fitting Fee 19680/1246208, Cost Share Arrangement 19695/1246209, or Combination Device 19631/1246210. Cannot be invoiced if re-evaluation results in a new Hearing Aid fitting within 60 Business Days of hearing re-evaluation. Cannot be invoiced if Transfer fee code 19628 applies. Audiogram using Form 83D73 must be submitted with the invoice within seven Business Days from the Date of Service. 	\$66.00 Per Injured Worker	\$68.00 Per Injured Worker	\$70.00 Per Injured Worker
1264385	Cerumen Removal	<ul style="list-style-type: none"> Must have advanced competency in cerumen management through “CSHBC” to perform this Service and invoice this fee code. Flat fee may only be invoiced once per ear per Injured Worker at the time when the Fitting Fee 19680/1246208, Cost Share Arrangement 19695/1246209, and Combination Device 19631/1246210 is invoiced. 	\$18.00 per ear per Injured Worker	\$18.50 per ear per Injured Worker	\$19.00 per ear per Injured Worker

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19698	Manufacturer Repair	<ul style="list-style-type: none"> May be invoiced at the Manufacturer’s invoice cost associated with a Hearing Aid repair. May be invoiced if the applicable service warranty or subsequent six month repair warranty period, has expired. May be invoiced in conjunction with Evaluation/Adjustments related to a Manufacturer Repair fee code 19688 for a Hearing Aid. An updated Serial Number Record Form (69D9) must be submitted if the Hearing Aid repair resulted in a serial number change. Cover sheet (Form 83D110) with Manufacturer’s invoice must be submitted and stamped “copy not for processing” with the invoice. Priority shipping must be pre-approved by a Board Officer. 	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping
19688	Evaluation/ Adjustments related to a Manufacturer Repair	<ul style="list-style-type: none"> Flat fee includes evaluation and adjustments of the Hearing Aid(s) before and after they are sent to the Manufacturer for repair, as applicable. Cannot be invoiced within one year of the Fitting Fee 19680/1246208, Cost Share Arrangement 19695/1246209, or Combination Device 19631/1246210. May be invoiced only once per Hearing Aid every six months when a Hearing Aid is sent for repair to the Manufacturer. Cannot be invoiced with In-House Service fee code 19687 except if the In-House Service is for an ear mold and the Manufacturer repair is for a Behind The Ear (BTE) Hearing Aid for the same ear. May be invoiced in conjunction with the Manufacturer Repair fee code 19698. 	\$61.00 Flat Fee Per Hearing Aid	\$63.00 Flat Fee Per Hearing Aid	\$65.00 Flat Fee Per Hearing Aid

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Accessories					
1266944	Hearing Aid Accessories less than \$200.00	<ul style="list-style-type: none"> Pre-approval is not required and may be invoiced as clinically appropriate. Cannot be invoiced for free Hearing Aid Accessories provided under the Hearing Aid Price Cap (or any free Accessories provided to the clinic). <ul style="list-style-type: none"> Examples of Hearing Aid Accessories less than \$200.00 may include but are not limited to: standard receivers, dry aid kits, ear gene, ear itch cream, wax guard or wax removal kits, cleaning tools, ear mold cleansing tablets, telephone ear pads, safety loop, stick and stays, oto-ferm, comply soft wraps, sanitation cleaner, BTE protection covers, CFA tubes, ear-mold blowers and items (e.g. tubes/domes) for open-fitting. Rechargeable Hearing Aid charging unit or rechargeable batteries cannot be invoiced using this fee code. Cover sheet (Form 83D110) with Manufacturer’s invoice must be submitted and stamped “copy not for processing” with the invoice. 	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping
19562	Hearing Aid Accessories greater than \$200.00	<ul style="list-style-type: none"> Must be pre-approved by a Board Officer. Written request must be submitted with clinical rationale, benefits to the Injured Worker, itemized cost of the Hearing Aid Accessory (including assistive listening devices) and copy of Manufacturer’s quote for the Hearing Aid Accessory. Cannot submit a request for replacement of a Hearing Aid Accessory if the Hearing Aid Accessory is provided to the Injured Worker for free and the applicable warranty has not expired. Cannot be invoiced for free Hearing Aid Accessories (including assistive listening devices) provided under the Hearing Aid Price Cap (or any free Accessories provided to the clinic). Must be invoiced at Manufacturer’s invoice cost only. Injured Worker’s confirmation of receipt of the Hearing Aid Accessory must be maintained in the Injured Worker’s clinical file. Cover sheet (Form 83D110) with Manufacturer’s invoice must be submitted and stamped “copy not for processing” with the invoice. 	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping

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19686	Assistive Listening Device set up fee	<ul style="list-style-type: none"> Must be pre-approved by a Board Officer for assistive listening devices greater than \$200.00. Cannot be invoiced in the first year of the Fitting Fee 19680/1246208, Cost Share Arrangement 19695/1246209, or Combination Device 19631/1246210. May be invoiced only when an assistive listening device requires a separate appointment for an assessment, counseling and training in the use of the device. Cannot be invoiced if Injured Worker receives a replacement assistive listening device of the same device. Can only be invoiced once per assistive listening device. 	\$60.00 Per Injured Worker	\$62.00 Per Injured Worker	\$64.00 Per Injured Worker
1266688	Optional Upgrade for Advanced Microphone Systems	<ul style="list-style-type: none"> Must be pre-approved by a Board Officer. Where a standard remote microphone does not meet the Injured Worker's needs a written request must be submitted that includes Practitioner letter, Injured Worker letter, itemized cost of the device(s) and Manufacturer's quote as set out in the Reference Manual. If approved, WorkSafeBC will pay up to a maximum of \$500.00 toward the Manufacturer's cost of the device and the Contractor shall seek reimbursement from the Injured Worker for the remaining Manufacturer's cost of the device. Cover sheet (Form 83D110) with shipping receipt must be submitted and stamped "copy not for processing" with the invoice. 	Up to a maximum of \$500.00	Up to a maximum of \$500.00	Up to a maximum of \$500.00

Hearing Aid Supplies					
19694	Batteries	<ul style="list-style-type: none"> May be invoiced for batteries up to a maximum fee per cell and as clinically appropriate. At the end of the Trial Period, the Contractor must supply the Injured Worker with a minimum of 6 months and a maximum of one year' worth of batteries. Batteries supplied must be the maximum strength battery available for the Hearing Aid fitted. Injured Worker's confirmation of receipt of the batteries must be maintained in the Injured Worker's clinical file. 	Up to \$1.15 Per Cell	Up to \$1.15 Per Cell	Up to \$1.15 Per Cell
1220353	Replacement Charging Unit for	<ul style="list-style-type: none"> May be invoiced for any out of warranty replacement charging unit. WorkSafeBC will not pay for premium charging units. 	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping

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	Rechargeable Hearing Aid(s)	<ul style="list-style-type: none"> ○ Exception – If a premium charging unit was a free Accessory within the Hearing Aid Price Cap, WorkSafeBC may pay for a replacement. • WorkSafeBC will not pay for a second charging unit when an Injured Worker has a functioning charging unit. • May be invoiced up to a maximum of two times in the life of the Hearing Aid(s). • Do not use the Hearing Aid Accessory fee codes 1220353 and 19562 to invoice for the replacement charging unit. • Cover sheet (Form 83D110) with Manufacturer’s invoice must be submitted and stamped “copy not for processing” with the invoice. 			
1264386	Replacement Batteries for Rechargeable Hearing Aid(s)	<ul style="list-style-type: none"> • May be invoiced for replacement of out of warranty rechargeable batteries. • May be invoiced up to a maximum of two times in the life of the Hearing Aid(s). • Cover sheet (Form 83D110) with Manufacturer’s invoice must be submitted and stamped “copy not for processing” with the invoice. 	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping

Other Devices and Dispensing Fees					
19631	Combination Device Fitting Fee (See below for the Combination Device Fitting Fee for Rechargeable Hearing Aids)	<ul style="list-style-type: none"> • Must be pre-approved by a Board Officer for Injured Workers with an accepted tinnitus claim. • Flat Fee for Hearing Aid Fitting Services under the Hearing Aid Price Cap including follow-up appointments and care for one year. <ul style="list-style-type: none"> • This includes: distribution of education pamphlet and explanation of its contents to the Injured Worker; audiogram, Hearing Aid selection and fitting (including programming of multiple memory aids); real ear measurements and instructions to the Injured Worker concerning operation, care and maintenance of device; verification and any adjustment of Hearing Aid or ear-mold if required; on site repairs, counseling and fitting adjustments. • May be invoiced with Ear Impression fee code 19691 and Ear Mold fee 19699, as applicable. • Cerumen Removal fee code 1264385 may be invoiced once per ear in conjunction with this fee code, as applicable. 	\$680.00 Flat Fee Per Hearing Aid	\$700.00 Flat Fee Per Hearing Aid	\$720.00 Flat Fee Per Hearing Aid

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		<ul style="list-style-type: none"> Cannot invoice the Fitting Fee Code 19680/1246209 Cost Share Arrangement 19695/1246209 in addition to this fee code. For BiCROS fittings, may only invoice for one Hearing Aid fitting fee in addition to BiCROS Dispensing fee code 19685. May be invoiced when hearing loss claim is accepted for one ear and requires a CROS system. Must provide the Manufacturer with Fitting Date to adjust the warranty periods. May be invoiced with First Time Fitting fee code 19681. Forms 83D73, 83D72 and 69D9 must be submitted to WorkSafeBC within 7 Business Days of Hearing Aid Fitting. If Hearing Aids have been exchanged during the 60 day trial period see Reference Manual for process to update Fitting date. Cover sheet (Form 83D110) with the Manufacturer’s invoice must be submitted and stamped “copy not for processing” with invoice. 			
1246210	Combination Device Fitting Fee for Rechargeable Hearing Aid (s)	<ul style="list-style-type: none"> Same business rules as per Combination Device Fitting fee code 19631. For replacement rechargeable batteries and charging units refer to the business rules as per Charging Unit fee code 1220353 and Rechargeable Batteries fee code 1264386. 	\$680.00 Flat Fee Per Hearing Aid	\$700.00 Flat Fee Per Hearing Aid	\$720.00 Flat Fee Per Hearing Aid
19685	BiCROS Dispensing Fee	<ul style="list-style-type: none"> Can only be invoiced for Injured Workers with a hearing loss claim that is accepted for both ears. May be invoiced in addition to Fitting Fee 19680/1246208, Cost Share Arrangement 19695/1246209, Combination Device 19631/1246210 and First Time Fitting fee Code 19681 for the other ear, where applicable. Forms 83D73, 83D72 and 69D9 must be submitted to WorkSafeBC within seven Business Days of Hearing Aid Fitting. If hearing loss claim is accepted for one ear and requires a CROS system, may only invoice the Fitting Fee Code 19680/1246209, Cost Share Arrangement 19695/1246209. 	\$138.00 Flat Fee Per Injured Worker	\$142.00 Flat Fee Per Injured Worker	\$146.00 Flat Fee Per Injured Worker

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Miscellaneous Fees					
19628	Transfer Fee	<ul style="list-style-type: none"> May be invoiced only if an Injured Worker transfers to the clinic from another service provider and requires assessment of the Hearing Aid(s) and a hearing evaluation, as clinically appropriate. Includes the review of the clinical documents received from previous clinic. Injured Worker must indicate to the Hearing Aid Provider that they will be transferring to the new clinic. Clinic must obtain Injured Worker’s informed consent before requesting clinical records from the previous clinic. Cannot be invoiced if an assessment/evaluation leads to a new Hearing Aid(s) fitting within 60 Business Days from the assessment/evaluation. Cannot be invoiced in conjunction with a Fitting Fee 19680/1246208, Cost Share Arrangement 19695/1246209, or Combination Device 19631/1246210. Cannot be invoiced in conjunction with In-house Service fee code 19687 or Re-Evaluation fee code 19692. 	\$108.00 Flat Fee Per Injured Worker	\$111.00 Flat Fee Per Injured Worker	\$115.00 Flat Fee Per Injured Worker
19644	Provider Travel/Out of Office Visits	<ul style="list-style-type: none"> Must be pre-approved by a Board Officer. Written request submitted to a Board Officer must include the travel duration, distance of travel from clinic to and from an Injured Worker’s residence and travel cost. May be invoiced only if the Injured Worker is unable to travel to the clinic. Cannot be requested if the Injured Worker moves and there is a WorkSafeBC contracted clinic closer to the Injured Worker’s new residence. If multiple Injured Workers are being seen at the same location during the same visit, travel time can only be invoiced for one Injured Worker. Cannot be requested if travel includes visits to non-WorkSafeBC clients during the same visit. May be invoiced in 15 minute increments for the travel time only. 	\$16.00 Per 15 minutes travel time	\$16.50 Per 15 minutes travel time	\$17.00 Per 15 minutes travel time
19689	Request for copy of existing Audiograms and/or Chart Notes	<ul style="list-style-type: none"> Flat fee includes all Services required to complete and submit the requested audiogram or chart notes. May be invoiced for existing audiograms or chart notes that are requested by Board Officer if received by WorkSafeBC within seven Business Days from the request. May be invoiced for requests on pending or accepted claims. Cannot be invoiced for required documentation for a Hearing Aid Fitting or any replacement requests. 	\$25.00 Flat Fee	\$25.00 Flat Fee	\$25.00 Flat Fee

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19634	Shipping items to the Worker	<ul style="list-style-type: none"> Applicable where the clinic is required to ship items directly to the Injured Worker. Priority shipping must be pre-approved by Board Officer. Must include description of item(s) shipped to the Injured Worker on the invoice. Cover sheet (Form 83D110) with shipping receipt must be submitted and stamped "copy not for processing" with the invoice. 	Shipping Invoice cost	Shipping Invoice cost	Shipping Invoice cost
19636	Ear Level Sound Generator	<ul style="list-style-type: none"> Must be pre-approved by Board Officer for an Injured Worker with an accepted tinnitus claim. Cover sheet (Form 83D110) with shipping receipt must be submitted and stamped "copy not for processing" with the invoice. 	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping
19639	Bed Side Sound Generator	<ul style="list-style-type: none"> Must be pre-approved by Board Officer for an Injured Worker with an accepted tinnitus claim. Cover sheet (Form 83D110) with shipping receipt must be submitted and stamped "copy not for processing" with the invoice. 	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping	Manufacturer Invoice cost including shipping
Requested Audiologist Diagnostic Assessment					
19696	Request for an Audiologist Diagnostic Assessment	<ul style="list-style-type: none"> Must be requested in writing by WorkSafeBC Board Officer for adjudication purposes. Must be completed by an Audiologist. Cannot be invoiced in conjunction with Hearing Re-evaluation fee code 19692. May be invoiced on pending or accepted claims. Audiologist Diagnostic Assessment Form (51D4) and External Hearing Evaluation Form 83D73 must be submitted within 5 Business Days from the Date of Service to receive the timely completion bonus. 	\$120.00 Per Assessment Timely completion bonus \$15.00	\$125.00 Per Assessment Timely completion bonus \$15.00	\$130.00 Per Assessment Timely completion bonus \$15.00