

Home Physiotherapy Treatment Services Fee Schedule

Home Physiotherapy Treatment may be provided where an injured worker is unable to safely travel to a physiotherapy clinic or where the WorkSafeBC Officer approves treatment in an injured worker's residence due to the nature and severity of the injury. These conditions may include but are not limited to injured workers with traumatic injuries recently discharged from the hospital.

The goal of the Home Physiotherapy is to improve function to a level that allows the injured worker to safely travel to a physiotherapy clinic. The physiotherapist should ensure that there is a transition plan for the injured worker to discontinue home physiotherapy and begin in clinic physiotherapy as soon as they achieve the appropriate functional level.

All home visits, including treatments for neurological conditions in the home, shall be billed under the "Home Physiotherapy" fee item codes.

- Approval to provide Home Physiotherapy must be obtained from the Claim Owner prior to providing an Initial Home Assessment (Initial Home PT Visit).
- Following the Initial Home PT Visit, the Physical Therapist must submit a "Home Physiotherapy Report" (Form 83D348) within seven (7) calendar days of the Initial Visit. This report shall include, but not be limited to:
 - The injured worker's current clinical status
 - The estimated number of visits
 - The frequency of visits
 - An outline of the treatment goals
 - The expected duration of treatment and discharge date
 - The expected treatment outcome.

The WorkSafeBC Officer may accept, modify, or reject the treatment plan at any time during the treatment process.

If it is unlikely that the expected outcome will be achieved by the end of the initial treatment plan, the Physical Therapist shall contact the WorkSafeBC Officer (claim owner), at least seven (7) calendar days prior to the treatment end date, to discuss the proposed recommendation, and if requested, submit a Home Physiotherapy Report (Form 83D348)

If an extension has been granted and the outcome of the extended treatment plan will not be achieved, the Physical Therapist shall repeat the above process.

**** Please note, Home Physiotherapy Services are only permitted to be invoiced with WorkSafeBC Officer (claim owner) pre-approval, and under the conditions outlined in this fee schedule. Additionally, Home Physiotherapy cannot be provided concurrently with other Physiotherapy Services, such as standard Physiotherapy Services, Concussion and Vestibular Physiotherapy Services, or Neurological Physiotherapy.**

Any exceptional billing considerations must be approved by Health Care Programs:
physiotherapy@worksafebc.com

Home Physiotherapy Services	Fee Item Code	WorkSafeBC Business Rules	November 2024-October 2025
Initial Home PT Visit	19182	<ul style="list-style-type: none"> • Limit of ONE (1) Initial Home PT Visit per payee per accepted claim. • ONE (1) Service-Unit equals FIFTEEN (15) minutes of assessment/treatment time. • Maximum of EIGHT (8) Service - Units per visit. • Will only be paid on accepted claims. • Must be an in-person visit. 	\$32.75 per Service-Unit (15 minutes)
Subsequent Home PT Visit	19163	<ul style="list-style-type: none"> • Limit of ONE (1) Subsequent Home PT Visit per payee per accepted claim per day. • Service date must be later than that of the Initial Visit. • ONE (1) Service-Unit equals FIFTEEN (15) minutes of treatment time. • Maximum of EIGHT (8) Service-Units per visit. • Must be an in-person visit. 	\$32.75 per Service-Unit (15 minutes)
Home PT Report	19173	<ul style="list-style-type: none"> • The Initial Home PT Report must be received within SEVEN (7) calendar days of the Initial Home Visit. • The Date of Service (DOS) of the Initial Home PT Report is the date of the Initial Home PT Visit; this DOS must be completed on the Initial Home PT Report and match the DOS billed. • Any subsequent Home PT Reports are only payable if requested by the Claim Owner and must be received within 7 days of the subsequent Home PT visit it pertains to. • The DOS of any subsequent Home PT Report requested by the claim owner is the date the report was submitted; this DOS must be completed on the Home PT Report and match the DOS billed. 	\$60.00
Travel for Home PT Visit	19198	<ul style="list-style-type: none"> • One (1) Service Unit equals FIFTEEN (15) minutes of travel. • Maximum of EIGHT (8) Service-Units per day. • Travel more than EIGHT (8) Service-Units per day must be pre-approved. 	\$32.75 per Service-Unit (15 minutes)
Photocopies (first 20 pages)	19171	<ul style="list-style-type: none"> • Fee may be invoiced for the first 20 pages of WorkSafeBC requested copy of chart notes, provided that the copies are received within two Business Days of request and are legible. • DOS on the invoice must be the date the chart notes are requested. 	\$42.00

		<ul style="list-style-type: none"> • The Contractor must ensure chart notes use the minimum number of pages and a font size reasonable for the content. • Submissions with excessive sections of blank space may have the total number of payable pages reduced by WorkSafeBC in its sole discretion. 	
Photocopies (every page over 5 pages)	19172	<ul style="list-style-type: none"> • Fee may be invoiced for each page after the first 20 pages of WorkSafeBC requested copy of chart notes, provided that the copies are received within two Business Days of request and are legible. • DOS is the date the chart notes are requested. • The Contractor must ensure chart notes use the minimum number of pages and a font size reasonable for the content. • Submissions with excessive sections of blank space may have the total number of payable pages reduced by WorkSafeBC in its sole discretion. 	\$1.26 per page

Telephone Consultation for Return to Work and Other Related Issues	19177	<ul style="list-style-type: none"> • For telephone communication with a Health Care Provider or a WorkSafeBC Officer. • Limited to discussion of treatment, discharge planning, return to work and/or other related issues. • Telephone consultations are billable for conversation time or a detailed message regarding RTW and/or other related treatment matters only and must be documented in clinical notes. • Telephone consultations are billable for conversation time only. • Billable for consultations up to FIFTEEN (15) minutes per increment. • Fee cannot be invoiced for telephone calls for routine, invoicing/payment, administrative, contract or performance issues. 	\$30.50 per 15-minute increment
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