

WorkSafeBC Podiatry Services Fee Schedule

The WorkSafeBC Podiatry Services Fee Schedule ("Fee Schedule") includes the services of podiatrists who are registered members in good standing of the College of Podiatric Surgeons of British Columbia, and licensed under the Health Professions Act, when rendered in the Province of British Columbia to WorkSafeBC-insured injured workers.

PODIATRY SERVICES

1. Podiatry services (except surgical #2 and foot orthotics #3 below) may be provided without prior approval from WorkSafeBC provided the following conditions are met:
 - The injured worker has an accepted claim
 - The Podiatrist is required to confirm the status of the Injured Worker's claim, injury area of body, diagnosis, and date of injury before providing services. Status can be checked online [here](#).
 - Services provided are for the area of injury accepted on the claim.

Note: WorkSafeBC will not pay for services on pending or disallowed claims.
2. Surgical podiatry services must be pre-approved by the WorkSafeBC Board Officer (e.g. Case Manager). Contact the Board Officer by telephone or written request (e.g. fax).
3. Foot orthotics must be pre-authorized by WorkSafeBC Board Officer. Details on obtaining pre-authorization can be found at <https://www.worksafebc.com/en/health-care-providers/provider-types/orthotics>.
4. Podiatry reports may be submitted to WorkSafeBC electronically using My Provider Services or by fax at 604.233.9777 or toll-free 1.888.922.8807.

INVOICING

5. The podiatrist shall invoice WorkSafeBC only for services provided under this Fee Schedule, and will not invoice the Medical Services Plan (MSP) nor the WorkSafeBC injured worker for any fee in addition to the fees set out in this Fee Schedule.

All podiatry services may be invoiced to WorkSafeBC online using My Provider Services or by fax at 604.233.9777 or toll-free 1.888.922.8807 using 'Generic Invoice - Medical and Health Care (form 83D128)' found at [Generic Invoice - Medical and Health Care \(form 83D128\) | WorkSafeBC](#)

6. All services must be invoiced to WorkSafeBC within 90 days from the date of service.

Please visit the Podiatry webpage at WorkSafeBC.com for more details regarding invoicing and how to access the online invoicing portal My Provider Services.

SURGICAL FEES AND PROCEDURES

7. The surgical fee for orthopaedic procedures (fractures and dislocations) includes the post-operative follow-up period normally considered to be 90 days for such procedures. The fee for other surgical procedures includes the post-operative follow-up care, including the removal of sutures and care of the operative wound. This period is normally considered to be 42 days.
8. Fees for surgical procedures include anaesthesia.
9. If surgical services other than those specified are provided, or where because of serious complications or coincidental conditions and additional services are required and the podiatrist wishes to invoice additional fee amounts from the Fee Schedule, the podiatrist must describe the unusual circumstances that warranted the alternative or extra service and detail all services given provided with the podiatrist's suggested fee when submitting the podiatrist invoice to WorkSafeBC. Such claims will be subject to individual review by the WorkSafeBC Health Care Programs Department. Fax to 604.231.8424.

¹ "Board Officer" means a WorkSafeBC Client Service Representative, Entitlement Officer, Return to Work Specialist Nurse, Recovery and Return to Work Specialist, Case Manager, Medical Advisor, Vocational Rehabilitation Consultant or other as designated by WorkSafeBC.

Podiatry Fee Schedule

Fee Code	Service Description	Business Rules	Fee effective January 1, 2023	Fee effective January 1, 2024
1220608	Podiatry Visit	<p>May invoiced only if an adequate clinical record² has been created and maintained for the service being invoiced.</p> <p>May be invoiced in conjunction with fee code 1220609 or 1220610, plus 1221121 or 1221122, as appropriate.</p>	\$60.00	\$61.50
1220609	Initial podiatry visit report	<p>Report must be received by WorkSafeBC within three business days following the visit with an injured worker.</p> <p>Report template is found here: https://www.worksafebc.com/en/resources/health-care-providers/forms/generic-report-medical-and-health-care-form-83d51</p> <p>May be invoiced in conjunction with fee code 1220608.</p>	\$40.00	\$48.00
1220610	Subsequent podiatry visit report	<p>Report must be received by WorkSafeBC within three business days following each visit with an injured worker, only if the injured worker's condition has changed.</p> <p>Report template is found here: https://www.worksafebc.com/en/resources/health-care-providers/forms/generic-report-medical-and-health-care-form-83d51</p> <p>May be invoiced in conjunction with fee code 1220608.</p>	\$37.00	\$37.93
1220611	Complex Visit/ Consultation in Hospital, Office, Institution or Injured Worker's Home.	<p>In-depth evaluation of a podiatric problem seen on referral of a physician requiring a comprehensive history, review of x-rays and laboratory results, gait analysis study (where required), and a written report to the referring physician and WorkSafeBC. Fee includes report.</p> <p>May be invoiced in place of 'Podiatry Visit' fee code 1220608 above, but not in addition to.</p>	\$175.00	\$179.38

Fee Code	Service Description	Business Rules	Fee effective January 1, 2023	Fee effective January 1, 2024
		<p>If surgery is the recommended treatment and is being performed in hospital, bill under 'In-hospital surgical consultation' fee code 1220615.</p> <p>If surgery is the recommended treatment and is being performed outside of hospital, bill under 'Surgical consultation' fee code 1220612.</p>		
1220612	Surgical consultation	<p>Surgical consultation to include review of x-rays, blood work, etc., consultation with injured worker, and written report to injured worker's referring physician and WorkSafeBC.</p> <p>No additional report fee may be invoiced.</p>	\$86.00	\$88.15
1220613	Non-referred pre-operative assessment	<p>May be invoiced only when a non-referred case proceeds to podiatric surgery.</p> <p>Referred cases invoice under 'Surgical consultation' fee code 1220612. Cases not proceeding to surgery, invoice under 'Podiatry visit' fee code 1220608</p>	\$48.50	\$49.71
1220614	Post-podiatric surgery visit	<p>May be invoiced only under the following circumstances:</p> <ul style="list-style-type: none"> (a) When unexpected complications arise following the 42-day post-operative period; or (b) When post-operative care is provided by a different podiatrist within 42-day post-operative period in a different community (more than 50km from where the surgical procedure was performed); and (c) Only when the surgical procedure is authorized by WorkSafeBC (d) Invoice must be substantiated by a note record indicating how the criteria in notes a) and b) were met. 	\$33.16	\$34.00

Surgical and Other Procedures

When two similar procedures are done at the same time, the charge for the second procedure is paid at 50 percent of the **lesser** scheduled fee; when done separately at staged intervals, the full fee should be charged for each procedure.

In-hospital Special Surgical and Other Procedures

Fee Code	Service Description	Business Rules	Fee (as of January 1, 2023)	Fee (as of January 1, 2024)
1220615	In-hospital surgical consultation	In-hospital surgical consultation to include review of x-rays, blood work, etc., consultation with injured worker, and written report to injured worker's referring physician and WorkSafeBC. No additional report fee may be invoiced.	\$170.78	\$175.05
1220616	In-hospital incision and drainage	In-hospital incision and drainage superficial abscess (operation only).	\$46.56	\$47.72
1220617	In-hospital non-referred pre-operative assessment	In-hospital non-referred pre-operative assessment. Billable only when non-referred case proceeds to podiatric surgery. Referred cases bill under ' In-hospital surgical consultation ' fee code 1220615. Cases not proceeding to surgery, bill under ' Podiatry visit ' fee code 1220608	\$112.20	\$115.00

Repair of Deformities of Joints of Lesser Toes

Fee Code	Service Description	Business Rules	Fee (as of January 1, 2023)	Fee (as of January 1, 2024)
1220618	Soft tissue repair only	Soft tissue repair only	\$102.27	\$104.83
1220619	Arthroplasty (metatarso-phalangeal)	Arthroplasty (metatarso-phalangeal)	\$145.32	\$148.95
1220620	Arthrodesis - interphalangeal with fixation	Arthrodesis - interphalangeal with fixation	\$218.63	\$224.10

Hallux Valgus

Fee Code	Service Description	Business Rules	Fee (as of January 1, 2023)	Fee (as of January 1, 2024)
1220621	Simple repair	Simple repair	\$259.51	\$266.00
1220622	Osteotomy and fixation	Osteotomy and fixation	\$291.30	\$298.58
1220623	Excision of neuroma	Excision of neuroma	\$148.56	\$152.28
1220624	Excision – surgical or plantar keratosis	Excision – surgical or plantar keratosis	\$102.27	\$104.83

1220625	Sesmoidectomy and accessory bones	Sesmoidectomy and accessory bones	\$110.29	\$113.05
1220864	Exostosis of tarsal bones	Exostosis of tarsal bones	\$72.79	\$74.61

Other Procedures

Fee Code	Service Description	Business Rules	Fee (as of January 1, 2023)	Fee (as of January 1, 2024)
1220865	Dislocations - toes	Dislocations - toes	\$43.87	\$44.97
1220866	Dislocations - M.P. joints	Dislocations - M.P. joints	\$43.87	\$44.97
1220867	Fractures - toes	Fractures - toes	\$58.32	\$59.77
1220868	Fractures - metatarsal	Fractures - metatarsal	\$87.33	\$89.51
1220869	Excision granuloma	Excision granuloma	\$72.79	\$74.61
1220870	Clavus (helomata) surgical, includes redressing	Clavus (helomata) surgical, includes redressing	\$115.58	\$118.47
1220871	Nails - permanent partial plate and matrix	Nails - permanent partial plate and matrix (includes redressing)	\$115.58	\$118.47
1220872	Nails - complete nail and matrix removal	Nails - complete nail and matrix removal (includes redressing)	\$145.32	\$148.95

Fee Code	Service Description	Business Rules	Fee (as of January 1, 2023)	Fee (as of January 1, 2024)
1220873	Nails - permanent partial matrixectomy	Nails - permanent partial matrixectomy of both borders of the same digit (includes redressing)	\$154.65	\$158.52
1220874	Ulcer debridement	Ulcer debridement	\$62.73	\$64.30
1220875	Verruca - Surgical excision	Verruca - Surgical excision	\$115.58	\$118.47
1220876	Removal of foreign body	Removal of foreign body under local anaesthesia	\$35.16	\$36.04
1220877	Biopsy, skin	Biopsy, skin (appropriate office visit additional)	\$14.20	\$14.55
1220878	Primary repair of soft-tissue wound	Primary repair of soft-tissue wound	\$43.87	\$44.97
1220879	Incision and drainage superficial abscess	Incision and drainage superficial abscess (operation only)	\$47.51	\$48.70
1220880	Removal of foreign body	Removal of foreign body requiring open exploration	\$102.27	\$104.83
1220881	Osteotomy	Cutting a transection of bone with realignment	\$247.18	\$253.36
1220882	Remodeling - metatarsal head	Remodeling - metatarsal head	\$218.63	\$224.10
1220883	Remodeling - phalangeal head	Remodeling - phalangeal head	\$158.29	\$162.24

Fee Code	Service Description	Business Rules	Fee (as of January 1, 2023)	Fee (as of January 1, 2024)
1220884	Primary fixation (internal)	Billable in addition to ' Remodeling - metatarsal head ' - fee code 220882 and ' Remodeling - phalangeal head ' fee code 1220883	\$58.32	\$59.77
1220885	Excision, removal of soft-tissue tumor	Excision, removal of medium-sized benign soft-tissue tumor where general anaesthetic or regional block is necessary	\$128.22	\$131.42
1220886	Tenodesis	Tenodesis	\$102.27	\$104.83
1220887	Tendon lengthening	Tendon lengthening	\$102.27	\$104.83
1220888	Miscellaneous procedure fee item	Surgical procedures not listed elsewhere in this fee schedule. Provide detail of the procedure with a suggested fee when submitting the podiatrist invoice to WorkSafeBC. Such claims will be subject to review by the WorkSafeBC Health Care Programs Department. Fax to 604.231.8424.	Up to maximum of \$600.00	Up to maximum of \$600.00
1220890	Surgical assistant fee	Applicable to the total fee payable under the multiple surgery rule for the following procedures: <ul style="list-style-type: none"> • Osteotomy • Remodeling - metatarsal head • Remodeling - phalangeal head • Excision, removal of soft-tissue tumor • Hallux Valgus <ul style="list-style-type: none"> ○ Simple repair ○ Osteotomy and fixation ○ Excision of neuroma ○ Exostosis of tarsal bones 	Payable at 30 percent of surgical fee	Payable at 30 percent of surgical fee
1220891	Surgical Tray fee	Actual cost of supplies. No mark-up is permitted. Retain receipts for audit purposes.	Actual cost of supplies	Actual cost of supplies

Other Services

Fee Code	Service Description	Business Rules	Fee (as of January 1, 2023)	Fee (as of January 1, 2024)
1220889	Telephone consultation	Consultation with a WorkSafeBC officer, or community health professional; e.g. GP physician, surgeon, physiotherapist.	\$58.04 per 15 mins; up to 45 mins	\$59.50 per 15 mins; up to 45 mins
1221380	WorkSafeBC Request for copy of Existing Reports	WorkSafeBC Request for copy of consultation, operative, or other existing reports - Received Within 3 Days	\$47.84	\$49.03
1221376	WorkSafeBC Request for copy of Existing Chart Notes (requires isolating information)	WorkSafeBC requests a copy of chart notes and where complying with that request requires the Podiatrist to review the chart or report prior to the submission of the copy.	\$143.54	\$147.12

² Adequate clinical record means a record of a podiatrist, prepared in accordance with this fee schedule, that contains sufficient information to allow another health care practitioner, who is unfamiliar with both the injured worker and the attending podiatrist, to determine from that record, together with the injured worker's clinical records from previous encounters, information about the service provided to the injured worker including:

- (a) The date, time and location of the service;
- (b) The identity of the injured worker, including valid WorkSafeBC claim number, and the attending podiatrist;
- (c) If the service resulted from a referral, the identity of the referring practitioner and the instructions and requests of the referring practitioner;
- (d) The presenting complaints, symptoms and signs, including their history;
- (e) The pertinent previous history including family history;
- (f) The positive and negative results of a systematic inquiry relevant to the injured worker's problems;
- (g) The identification of the extent of the physical examination and all relevant findings from that examination;
- (h) The results of any investigations carried out during the encounter;

- (i) The differential diagnosis, if appropriate;
- (j) The provisional diagnosis;
- (k) The summation of the injured worker's problems and the plan for their management