



**Purchasing Services**

**Mailing address:** PO Box 5350 Stn Terminal, Vancouver BC V6B 5L5

**Location address:** 6951 Westminster Hwy, Richmond, BC V7C 1C6

Phone 604.276.3344 | 1.844.276.3344 | Fax 604.276.3260 | [purchase@worksafebc.com](mailto:purchase@worksafebc.com)  
[worksafebc.com](http://worksafebc.com)

May 15, 2015

Contractor Name

Attn:

Address

Address

Dear Sir/Madam:

**RE: AMENDMENT TO CONTRACT #37376  
PHYSIOTHERAPY SERVICES**

The Workers' Compensation Board (WorkSafeBC) entered into an Agreement with you for "*Physiotherapy Services*".

Pursuant to clause 27.1 Variation of Agreement and by the effective date of the signature of both parties, WorkSafeBC and the Contractor are amending the Agreement as follows:

1. **Extend** the Term of the Agreement as per Clause TERM OF AGREEMENT 2.2 Extension:

From: May 31, 2015

To: **May 31, 2016**

2. **Adjust** the Fee Schedule as per Clause TERM OF AGREEMENT 2.3 Fee Adjustment as follows:

a) **Revise** Fee Code 19291 Assessment Block including Initial Report for Standard Treatment:

From: \$215.00

To: **\$218.00**

b) **Revise** Fee Code 19297 Assessment Block including Initial Report for Post-Surgical Treatment:

From: \$185.00

To: **\$188.00**

3. **Reference Schedule A, 7.0 STANDARD TREATMENT SERVICES:**

a) **Clause 7.2.6 is amended to:**

7.2.6 If after the Assessment Block, a Worker elects to switch Contractor/Physical Therapists **(and is switching to a new clinic location, not between Physical Therapists in the same clinic/company):**

- The first Contractor/Physical Therapist should submit the Initial Report and invoice for the Assessment Block and Initial Report.
- The first Contractor/Physical Therapist does NOT need to submit a Discharge Report.
- After their assessment, the second Contractor/Physical Therapist should submit a Requested Report (19303) and invoice for both a Requested Report (19303) and one Daily Rate (19296) to account for their assessment, and then start then Worker in the Standard Treatment Block.
- If the second Contractor/Physical Therapist believes a full Assessment Block is warranted, they should contact Health Care Services to discuss.

**b) Clause 7.3.2 is amended to:**

7.3.2 The Standard Treatment Block starts on the first visit that occurs after the Initial Report has been submitted. **When calculating the weeks of treatment you would count seven (7) days on the calendar when day one (1) is the first day of treatment (i.e. Friday to Thursday, not Friday to Friday).**

**c) Clause 7.3.6 is amended to:**

7.3.6 If during the Treatment Block, a Worker elects to switch Contractor/Physical Therapists **(this only applies if the Worker is switching between clinic locations, not between Physical Therapists in the same clinic/company):**

- The first Contractor/Physical Therapist should submit a Discharge Report and invoice for the Treatment Block as per 7.3.5.
- After doing their assessment, the second Contractor/Physical Therapist can submit a Requested Report and invoice for both a Requested Report (19303) and one Daily Rate (19296) to account for their assessment, and then start the Worker in the Standard Treatment Block.
- If the second Contractor/Physical Therapist believes a full Assessment Block is warranted, they should contact Health Care Services to discuss.
- If a Worker started a Treatment Block with the first Contractor/Physical Therapist and then switches to the second Contractor/Physical Therapist part way through the Block, the end date of the Treatment Block, will remain as per the previously approved unless otherwise notified by the Board Officer.

**d) Clause 7.5.3 is amended to:**

7.5.3 The Physical Therapist must contact the Board Officer by **telephone** to discuss this recommendation. If the Physical Therapist is unable to speak with the Board Officer directly, a **brief** voice-mail message **stating the rationale for the extension** is sufficient.

**e) Clause 7.5.6 is amended to:**

7.5.6 The Extension Block includes up to four (4) weeks of treatment although a Board Officer may approve less in accordance with the "Act". **When calculating the weeks of treatment you would count seven (7) days on the calendar when day one (1) is the first day of treatment (i.e. Friday to Thursday, not Friday to Friday).**

**f) Clause 7.5.10 is amended to:**

7.5.10 If during the Extension Block, a Worker elects to switch Contractor/Physical Therapists **(this only applies if the Worker is switching between clinic locations, not between Physical Therapists in the same clinic/company):**

- The first Contractor/Physical Therapist should submit a Discharge Report and invoice for the Extension Block as per 7.5.9.
- After their assessment, the second Contractor/Physical Therapist can submit a Requested Report and invoice for both a Requested Report (19303) and one Daily Rate (19296) to account for their assessment, and then start the Worker in the Extension Block.
- If the second Contractor/Physical Therapist believes a full Assessment Block is warranted, they should contact Health Care Services to discuss.
- If a Worker started an Extension Block with the first Contractor/Physical Therapist and then switches to the second Contractor/Physical Therapist

**Purchasing Services**

**Mailing address:** PO Box 5350 Stn Terminal, Vancouver BC V6B 5L5

**Location address:** 6951 Westminster Hwy, Richmond, BC V7C 1C6

Phone 604.276.3344 | 1.844.276.3344 | Fax 604.276.3260 | [purchase@worksafebc.com](mailto:purchase@worksafebc.com)

[worksafebc.com](http://worksafebc.com)

part way through the Block, the end date of the Extension Block, will remain as per the previously approved Extension request (as submitted by the first Contractor/Physical Therapist) unless otherwise notified by the Board Officer.

**g) Clause 7.6.1 is amended to:**

7.6.1 If it is anticipated that an Injured Worker **will** not be returning to work at the end of the First Extension Block, and further physiotherapy treatment is clinically warranted in order to return the Injured Worker to full duties and hours, the Physical Therapist may request a Subsequent Extension Block.

**h) Clause 7.6.8 is amended to:**

7.6.8 If during the Extension Block, a Worker elects to switch Contractor/Physical Therapists **(this only applies if the Worker is switching between clinic locations, not between Physical Therapists in the same clinic/company):**

- The first Contractor/Physical Therapist should submit a Discharge Report and invoice for the Extension Block as per 7.5.9.
- After their assessment, the second Contractor/Physical Therapist can submit a Requested Report and invoice for both a Requested Report (19303) and one Daily Rate (19296) to account for their assessment, and then start the Worker in the Extension Block.
- If the second Contractor/Physical Therapist believes a full Assessment Block is warranted, they should contact Health Care Services to discuss.
- If a Worker started an Extension Block with the first Contractor/Physical Therapist and then switches to the second Contractor/Physical Therapist part way through the Block, the end date of the Extension Block, will remain as per the previously approved Extension request (as submitted by the first Contractor/Physical Therapist) unless otherwise notified by the Board Officer.

**4. Reference Schedule A, 8.0 POST-SURGICAL TREATMENT SERVICES:**

**a) Clause 8.1 is amended to:**

8.1 Post-Surgical Treatment Services are **ONLY** for those Injured Workers who have recently undergone surgery (does not include injections). The Initial Visit must occur within sixty (60) calendar days from the Worker's date of the surgery in order for the Worker to qualify for Post-Surgical Treatment Services. However, if the Worker's **Initial Visit** is greater than sixty (60) calendar days from the date of the surgery, the Contractor must contact the Worker's Board Officer to determine whether the Worker is entitled to physiotherapy services following their surgery.

**b) Clause 8.4.5 is amended to:**

8.4.5 If after the Assessment Block, a Worker elects to switch Contractor/Physical Therapists **(this only applies if the Worker is switching between clinic locations, not between Physical Therapists in the same clinic/company):**

- The first Contractor/Physical Therapist should submit the Initial Report and invoice for the Assessment Block and Initial Report.
- The first Contractor/Physical Therapist does NOT need to submit a Discharge Report.

- After their assessment, the second Contractor/Physical Therapist should submit a Requested Report (19303) and invoice for both a Requested Report (19303) and one Daily Rate (19301) to account for their assessment, and then may start the Worker in the Post-Surgical Treatment Block.
- If the second Contractor/Physical Therapist believes a full Assessment Block is warranted, they should contact Health Care Services to discuss.

c) **Clause 8.5.1 is amended to:**

8.5.1 The Post-Surgical Treatment Block includes up to eight (8) weeks of treatment although a Board Officer may approve less in accordance with the *Workers Compensation Act* ("the Act"). **When calculating the weeks of treatment you would count seven (7) days on the calendar when day one (1) is the first day of treatment (i.e. Friday to Thursday, not Friday to Friday).**

d) **Clause 8.5.8 is amended to:**

8.5.8 If during the Treatment Block a Worker elects to switch Contractor/Physical Therapist **(this only applies if the Worker is switching between clinic locations, not between Physical Therapists in the same clinic/company):**

- The first Contractor/Physical Therapist should submit a Discharge Report and invoice for the Treatment Block as per 8.5.7.
- After their assessment, the second Contractor/Physical Therapist can submit a Requested Report and invoice for both a Requested Report (19303) and one Daily Rate (19301) to account for their assessment, and then start the Worker in the Post-Surgical Treatment Block.
- If the second Contractor/Physical Therapist believes a full Assessment Block is warranted, they should contact Health Care Services to discuss.
- If a Worker started a Treatment Block with the first Contractor/Physical Therapist and then switches to the second Contractor/Physical Therapist part way through the Block, the end date of the Treatment Block, will remain as per the previously approved unless otherwise notified by the Board Officer.

e) **Clause 8.7.6 is amended to:**

8.7.6 The First Extension Block includes up to four (4) weeks of treatment although a Board Officer may approve less in accordance with the "Act". **When calculating the weeks of treatment you would count seven (7) days on the calendar when day one (1) is the first day of treatment (i.e. Friday to Thursday, not Friday to Friday).**

f) **Clause 8.7.10 is amended to:**

8.7.10 If during the Extension Block a Worker elects to switch Contractor/Physical Therapist **(this only applies if the Worker is switching between clinic locations, not between Physical Therapists in the same clinic/company):**

- The first Contractor/Physical Therapist should submit a Discharge Report and invoice for the Extension Block as per 8.7.9.
- The second Contractor/Physical Therapist can submit a Requested Report and invoice for both a Requested Report (19303) and one Daily Rate (19301) to account for their assessment, and then start the Worker in the Extension Block.



#### Purchasing Services

**Mailing address:** PO Box 5350 Stn Terminal, Vancouver BC V6B 5L5

**Location address:** 6951 Westminster Hwy, Richmond, BC V7C 1C6

Phone 604.276.3344 | 1.844.276.3344 | Fax 604.276.3260 | [purchase@worksafebc.com](mailto:purchase@worksafebc.com)

[worksafebc.com](http://worksafebc.com)

- If the second Contractor/Physical Therapist believes a full Assessment Block is warranted, they should contact Health Care Services to discuss.
- If a Worker started an Extension Block with the first Contractor/Physical Therapist and then switches to the second Contractor/Physical Therapist part way through the Block, the end date of the Extension Block, will remain as per the previously approved Extension request (as submitted by the first Contractor/Physical Therapist) unless otherwise notified by the Board Officer.

g) **Clause 8.8.10 is amended to:**

8.8.10 If, during the Extension Block, a Worker elects to switch Contractor/Physical Therapist **(this only applies if the Worker is switching between clinic locations, not between Physical Therapists in the same clinic/company):**

- The first Contractor/Physical Therapist should submit a Discharge Report and invoice for the Extension Block as per 8.8.9.
- After the assessment, the second Contractor/Physical Therapist can submit a Requested Report and invoice for both a Requested Report (19303) and one Daily Rate (19296) to account for their assessment, and then start the Worker in the Extension Block.
- If the second Contractor/Physical Therapist believes a full Assessment Block is warranted, they should contact Health Care Services to discuss.
- If a Worker started an Extension Block with the first Contractor/Physical Therapist and then switches to the second Contractor/Physical Therapist part way through the Block, the end date of the Extension Block, will remain as per the previously approved Extension request (as submitted by the first Contractor/Physical Therapist) unless otherwise notified by the Board Officer.

h) **Clause 8.8.11 is amended to:**

8.8.11 If it is anticipated that an Injured Worker **will** not be returning to work at the end of the Second Extension Block, and further physiotherapy treatment is clinically warranted in order to return the Injured Worker to full duties and hours, the Physical Therapist may request a Subsequent Extension Block, as per 8.8.2 through 8.8.4 above.

5. **Delete:**

- a) Under Schedule A, **Section 11.0 SUPPLIES**; and
- b) Under Schedule B, **Fee Code 19304 Take Home Supplies**.

Please find attached the revised Schedule B Fee Schedule – Physiotherapy Services which reflect the relevant changes which are effective June 1, 2015.



**Purchasing Services**

**Mailing address:** PO Box 5350 Stn Terminal, Vancouver BC V6B 5L5

**Location address:** 6951 Westminster Hwy, Richmond, BC V7C 1C6

Phone 604.276.3344 | 1.844.276.3344 | Fax 604.276.3260 | [purchase@worksafebc.com](mailto:purchase@worksafebc.com)  
[worksafebc.com](http://worksafebc.com)

All other terms and conditions of the Agreement remain the same. Please indicate your agreement with the amendment by signing and returning one (1) copy of this letter by **May 31, 2015** to WorkSafeBC Purchasing Services.

For any questions or concerns, please contact Matilda Groom, Procurement Analyst at (604) 214-6707 or by email at [matilda.groom@worksafebc.com](mailto:matilda.groom@worksafebc.com).

Yours truly,

Carol Murray  
Director – Finance & Health Care Operations

---

Authorized Signatory

---

Date

CC: Gabi Jacobson, Program Manager – Health Care Services  
Linda Calvert, Quality Assurance Supervisor – Health Care Services

**SCHEDULE B****FEE SCHEDULE – STANDARD PHYSIOTHERAPY TREATMENT**

SERVICE DESCRIPTION	FEE ITEM CODE	WORKSAFEBC BUSINESS RULES	FEE FOR DATE OF SERVICE (DOS):	
			JUNE 1, 2014 to MAY 31, 2015	JUNE 1, 2015 to MAY 31, 2016
<b>Assessment Block including Initial Report for Standard Treatment</b>	19291	<ul style="list-style-type: none"> <li>Fee includes all visits required to complete the Initial Report. The Initial Report must be submitted within seven (7) calendar days of the initial visit.</li> <li>A penalty of \$30.00 will be applied if the Initial Report is not submitted within seven (7) calendar days of the Initial Visit.</li> <li>Payable if a claim is allowed, disallowed or suspended; only for Workers whose claim was in pending status on the first day of the Assessment.</li> <li>Will only be paid once the Initial Report is received.</li> <li>Date of Service (DOS) is the date of the initial visit which must be completed on the report and match the Date of Service billed.</li> </ul>	<b>\$215.00</b>	<b>\$218.00</b>
<b>Standard Treatment Block</b>	19292	<ul style="list-style-type: none"> <li><u>Up to</u> six (6) weeks of PT treatment; inclusive of all visits and treatments offered.</li> <li>If the Injured Worker receives three (3) or less visits within the Standard Treatment Block, only the daily rate may be invoiced.</li> <li>Fee includes telephone consultation with the employer to confirm job demands and explore RTW opportunities.</li> <li>Fee is inclusive of all visits and treatments.</li> <li>Will only be paid once an Extension Request Report or Discharge Report is received.</li> <li>This Service should be billed using the Date of Service (DOS) on whichever report follows the Treatment Block (either an Extension Request Report or Discharge Report).</li> <li>Date of Service (DOS) must be completed on the respective report and match the Date of Service billed.</li> </ul>	<b>\$525.00</b>	<b>\$525.00</b>
<b>Extension Request Report for Standard Treatment</b>	19293	<ul style="list-style-type: none"> <li>An Extension Request Report must be submitted to the Board Officer a minimum of seven (7) calendar days prior to the end of the Treatment Block to request an Extension block.</li> <li>Should only request an extension of four (4) weeks maximum per report.</li> <li>Will only be paid once the Extension Request Report has been received.</li> <li>Date of Service (DOS) is the date the report is submitted which must be completed on the report and match the Date of Service billed.</li> </ul>	<b>\$50.00</b>	<b>\$50.00</b>

**SCHEDULE B****FEE SCHEDULE – STANDARD PHYSIOTHERAPY TREATMENT**

SERVICE DESCRIPTION	FEE ITEM CODE	WORKSAFEBC BUSINESS RULES	FEE FOR DATE OF SERVICE (DOS):	
			JUNE 1, 2014 to MAY 31, 2015	JUNE 1, 2015 to MAY 31, 2016
<b>Standard Extension Block</b>	19294	<ul style="list-style-type: none"> <li>Up to four (4) weeks of PT treatment; inclusive of all visits and treatments offered.</li> <li>If the Injured Worker receives three (3) or less visits within an Extension Block, only the daily rate may be invoiced.</li> <li>A maximum of one (1) Standard Extension Block can be billed per one (1) Extension Request Report submitted.</li> <li>Fee is inclusive of all visits and treatments.</li> <li>Will only be paid once a Discharge Report or Extension Request Report is submitted, following the Extension Block.</li> <li>This Service should be billed using the Date of Service (DOS) on whichever report follows the Extension Block (either an Extension Request Report or Discharge Report).</li> <li>Date of Service (DOS) must be completed on the respective report and must match the Date of Service billed.</li> </ul>	<b>\$250.00</b>	<b>\$250.00</b>
<b>Complex Exception Fee</b>	19295	<ul style="list-style-type: none"> <li>To be billed in addition to the Standard Treatment Extension Block, under extenuating circumstances, for those Injured Workers deemed as "complex" by WorkSafeBC.</li> <li>Must be pre-approved by Health Care Services prior to invoicing.</li> <li>Cannot be billed in addition to the Post-Surgical Treatment Extension Block(s).</li> </ul>	<b>\$175.00</b>	<b>\$175.00</b>
<b>Daily Rate for Standard Treatment</b>	19296	<ul style="list-style-type: none"> <li>Can <b>only</b> be billed when a Worker receives three (3) or less visits in either a Treatment Block or an Extension Block.</li> <li>Cannot be billed at the same time as either a/an Assessment Block, Treatment Block or an Extension Block.</li> </ul>	<b>\$60.00/ visit</b>	<b>\$60.00/ visit</b>



**SCHEDULE B****FEE SCHEDULE – POST-SURGICAL PHYSIOTHERAPY TREATMENT**

SERVICE DESCRIPTION	FEE ITEM CODE	WORKSAFEBC BUSINESS RULES	FEE FOR DATE OF SERVICE (DOS):	
			JUNE 1, 2014 to MAY 31, 2015	JUNE 1, 2015 to MAY 31, 2016
<b>Assessment Block including Initial Report for Post-Surgical Treatment</b>	19297	<ul style="list-style-type: none"> <li>Fee includes visits required to complete the Initial Report. The Initial Report must be submitted within seven (7) calendar days of the initial visit.</li> <li>A penalty of \$30.00 will be applied if the Initial Report is not submitted within seven (7) calendar days of the initial visit.</li> <li>Payable if claim is allowed, disallowed or suspended; only for Workers whose claim was in pending status on the first day of the Assessment.</li> <li>There will be no additional fee paid if the Post-Surgical Addendum Report is submitted during the Post-Surgical Treatment block.</li> <li>Will only be paid once the Initial Report is received.</li> <li>Date of Service (DOS) is the date of the initial visit which must be completed on the report and match the Date of Service billed.</li> </ul>	<b>\$185.00</b>	<b>\$188.00</b>
<b>Post-Surgical Treatment Block</b>	19298	<ul style="list-style-type: none"> <li><u>Up to</u> eight (8) weeks of PT treatment; inclusive of all visits and treatments offered.</li> <li>If the Injured Worker receives three (3) or less fewer visits within the Post-Surgical Treatment Block, only the daily rate may be invoiced.</li> <li>Fee includes telephone consultation with the employer to confirm job demands and explore RTW opportunities.</li> <li>Fee is inclusive of all visits and treatments.</li> <li>Will only be paid once an Extension Request Report or Discharge Report is received.</li> <li>This Service should be billed using the Date of Service (DOS) on whichever report follows the Treatment Block (either an Extension Request Report or Discharge Report).</li> <li>Date of Service must be completed on the respective report and match the Date of Service billed.</li> </ul>	<b>\$900.00</b>	<b>\$900.00</b>

**SCHEDULE B****FEE SCHEDULE – POST-SURGICAL PHYSIOTHERAPY TREATMENT**

SERVICE DESCRIPTION	FEE ITEM CODE	WORKSAFEBC BUSINESS RULES	FEE FOR DATE OF SERVICE (DOS):	
			JUNE 1, 2014 to MAY 31, 2015	JUNE 1, 2015 to MAY 31, 2016
<b>Extension Request Report for Post-Surgical Treatment</b>	19299	<ul style="list-style-type: none"> <li>An Extension Request Report must be submitted to the Board Officer at least a minimum of seven (7) calendar days prior to the end of the Post-Surgical Treatment Block or an Extension Block to request a Second Extension block.</li> <li>Should only request an extension of four (4) weeks maximum per report.</li> <li>Will only be paid once the Extension Request Report has been received.</li> <li>Date of Service (DOS) is the date the report is submitted which must be completed on the report and match the Date of Service billed.</li> </ul>	<b>\$50.00</b>	<b>\$50.00</b>
<b>Post-Surgical Extension Blocks</b>	19300	<ul style="list-style-type: none"> <li>Up to four (4) weeks of PT treatment; inclusive of all visits and treatments offered.</li> <li>If the Worker receives three (3) or less visits within the Extension Block, only the daily rate may be invoiced.</li> <li>A maximum of one (1) Standard Extension Block can be billed per one (1) Extension Request Report submitted.</li> <li>Fee is inclusive of all visits and treatments.</li> <li>Will only be paid once a Discharge Report or Extension Request Report is submitted, following the Extension Block.</li> <li>This Service should be billed using the Date of Service (DOS) on whichever report follows the Extension Block (either an Extension Request Report or Discharge Report).</li> <li>Date of Service (DOS) must be completed on the respective report and must match the Date of Service billed.</li> </ul>	<b>\$425.00</b>	<b>\$425.00</b>
<b>Daily Rate for Post-Surgical Treatment</b>	19301	<ul style="list-style-type: none"> <li>Can <b>only</b> be billed when a Worker receives three (3) or less visits in either a Treatment Block or an Extension Block.</li> <li>Cannot be billed at the same time as either a/an Assessment Block, Treatment Block or an Extension Block.</li> </ul>	<b>\$60.00/ visit</b>	<b>\$60.00/ visit</b>

**SCHEDULE B****FEE SCHEDULE – OTHER FEE CODES**

SERVICE DESCRIPTION	FEE ITEM CODE	WORKSAFEBC BUSINESS RULES	FEE FOR DATE OF SERVICE (DOS):	
			JUNE 1, 2014 to MAY 31, 2015	JUNE 1, 2015 to MAY 31, 2016
<b>Discharge Report</b>	19302	<ul style="list-style-type: none"> <li>Must be submitted upon completion of the either the Standard Treatment Block, the Post-Surgical Treatment Block or the final Extension Block, whichever comes last.</li> <li>Should not be submitted if the Worker only participated in the Assessment Block of treatment.</li> <li>To be submitted within seven (7) calendar days of the last physiotherapy visit.</li> <li>A penalty of \$10.00 will be applied if the Discharge Report is not submitted within seven (7) calendar days of the last visit.</li> <li>Can only be billed once the Discharge Report is received.</li> <li>Date of Service (DOS) is the date of the last visit which must be completed on the report and match the Date of Service billed.</li> </ul>	<b>\$50.00</b>	<b>\$50.00</b>
<b>Requested Report</b>	19303	<ul style="list-style-type: none"> <li>A penalty of \$10.00 will be applied if the Requested Report is not submitted within seven (7) calendar days from when the report is requested.</li> <li>Can only be billed once the Requested Report is received.</li> <li>Date of Service (DOS) is the date the report is requested which must be completed on the report and match the Date of Service billed.</li> </ul>	<b>\$50.00</b>	<b>\$50.00</b>
<b>Telephone Consultation for Return to Work and Other Related Issues</b>	19204	<ul style="list-style-type: none"> <li>For telephone communication with a Health Care Contractor/Physical Therapist or a Board Officer.</li> <li>For telephone communication with an employer which occurs outside of the Assessment Block.</li> <li>Limited to discuss treatment, return to work and/or other related issues.</li> <li>Telephone consultations are billable for conversation time or a detailed message regarding RTW and other related treatment matters only and must be documented in clinical notes.</li> <li>Billable for consultations up to FIFTEEN (15) minutes per increment.</li> <li>Not billable for routine/billing/administrative issues.</li> </ul>	<b>\$27.50 per 15 min. increment</b>	<b>\$27.50 per 15 min. increment</b>
<b>Photocopies (first 20 pages)</b>	19171	<ul style="list-style-type: none"> <li>WorkSafeBC requested copy of chart notes.</li> <li>First twenty (20) pages, received within two (2) business days of request.</li> <li>Must be legible.</li> <li>Date of Service (DOS) is the date the chart notes are requested.</li> </ul>	<b>\$42.00</b>	<b>\$42.00</b>

**SCHEDULE B****FEE SCHEDULE – OTHER FEE CODES**

SERVICE DESCRIPTION	FEE ITEM CODE	WORKSAFEBC BUSINESS RULES	FEE FOR DATE OF SERVICE (DOS):	
			JUNE 1, 2014 to MAY 31, 2015	JUNE 1, 2015 to MAY 31, 2016
<b>Photocopies (every page over 20 pages)</b>	19172	<ul style="list-style-type: none"> <li>• WorkSafeBC requested copy of chart notes.</li> <li>• Over twenty (20) pages, additional per page, received within two (2) business days of request.</li> <li>• Must be legible.</li> <li>• Date of Service (DOS) is the date the chart notes are requested.</li> </ul>	<b>\$1.26 per page</b>	<b>\$1.26 per page</b>
<b>Hydrotherapy</b>	19199	<ul style="list-style-type: none"> <li>• Up to five (5) Injured Workers per Physical Therapist or delegate.</li> <li>• One (1) Service-Unit equals fifteen (15) minutes of treatment.</li> <li>• Limit four (4) Service-Units per payee per accepted claim per day.</li> <li>• Up to twenty (20) Service-Units are allowed without Board Officer approval.</li> <li>• Fee includes the cost of pool admission and all other associated costs.</li> </ul>	<b>\$27.50 per Service Unit</b>	<b>\$27.50 per Service Unit</b>
<b>Hydrotherapy Report</b>	19167	<ul style="list-style-type: none"> <li>• If additional hydrotherapy beyond the initial twenty (20) service units is clinically warranted, the Physical Therapist must contact the Board Officer to discuss this request, and if approved, submit a Hydrotherapy Report (Form 268).</li> <li>• Date of Service (DOS) is the date the report is submitted.</li> </ul>	<b>\$50.00</b>	<b>\$50.00</b>