

2019/20 WorkSafeBC Health Authority Fee Schedule

Description	Fee Code	IPA Service Code	Effective Date April 1, 2019	Processing Rules
Burn/Soft Tissue Injury	19701	01	\$359	
Cast Clinic	19747	01	\$359	For Cast applications, changes, removal only. Not to be billed with Same Day Services ¹
Chronic Wound care-clinic visit	19892	01	\$359	
Compression Garments	19749	n/a	\$0 to \$300	Actual cost (if > \$300.00 must be pre-authorized and billed manually)
CT	19795	04	\$786	May bill if the worker is not a registered inpatient on the date of service
Day Care Surgery	19957	02	\$1,385	
Dressing Changes- Outpatient	19745	01	\$359	
Emergency Visit	19921	01	\$359	
Hemodialysis	19786	03	\$496	
Hyperbaric Oxygen Therapy	19792	02	\$1,385	
ICU Ward Per Diem	19574	n/a	Varies according to hospital	Use appropriate rate as per Interprovincial Reciprocal Billing Rates
In Patient Per Diem	19961	n/a	Varies according to hospital	Use appropriate rate as per Interprovincial Reciprocal Billing Rates
IV Therapy - 1st Visit ¹	19954	01	\$359	If 1st IV Therapy Visit includes Emergency, use Emergency Visit fee item
IV Therapy - 2nd Visit ¹	19955	01	\$359	1st, 2nd, & 3rd IV Therapy visits can be billed on the same day.
IV Therapy - 3rd Visit ¹	19956	01	\$359	1st, 2nd, & 3rd IV Therapy visits can be billed on the same day.
Long Term Ward Rate	19960	n/a	\$426	
Medical Imaging - 2nd Opinion	19742	n/a	\$200	Requires physician referral & WorkSafeBC authorization
MRA (Magnetic Resonance Angiogram)	19794	11	\$749	May bill if the worker is not a registered inpatient on date of service

Same Day Services: When two or more outpatient activities are provided to the same worker on the same day at the same hospital, regardless of whether the worker was discharged and readmitted to the same hospital on the same day, **only one outpatient activity can be billed by the hospital** (i.e. the one activity with the highest rate), unless the worker was admitted to the same hospital on an inpatient basis on the same day the outpatient services were provided, in which case **only one outpatient activity can be billed by the hospital** (i.e. the one activity with the highest rate) **plus the inpatient rate for that day** (and only on the day of admission to an inpatient basis).

¹ IV Therapy – 1st, 2nd, and 3rd visits: Same Day Service billing rules do not apply within this group of IV Therapy fee codes only (including billing the ER visit fee in lieu of the 1st IV Therapy); restrictions on multiple outpatient billings for Same Day Services apply when invoiced in conjunction with any other outpatient fee codes.

MRI	19793	11	\$749	May bill if the worker is not a registered inpatient on date of service
Outpatient Services	19947	n/a	\$80	Covers any outpatient services not listed elsewhere in this fee schedule. This is not billable where a physician chooses to see a patient in a hospital in lieu of an office visit, as that is considered an arrangement between the doctor and the hospital.
High-cost diagnostic imaging procedures	19798	01	\$359	Nuclear medicine, Fluoroscopy, Ultrasound, Interventional/angiography studies, excludes MRI, MRA, CT
Nerve/Epidural Block ²	19743	01	\$359	With or without image guidance, regardless of where in the facility the procedures are performed.
Occupational Therapy	19796	n/a	\$18.50	
Orthotics/Custom Braces/Casts ³	19788	n/a	\$0 to \$500.00	Actual cost (if > \$500.00 must be pre-authorized and billed manually)
Outpatient laboratory and general radiography including referred in laboratory specimens and x-ray.	19790	05	\$180	Referred in laboratory specimens refer to specimens brought/sent in for lab test without worker admission
Preferred Accommodation	19741	n/a	\$180	May bill following WorkSafeBC Officer approval
Prosthetics ³	19789	n/a	\$0 to \$1500	Actual cost (if > \$1,500.00 must be pre-authorized and billed manually)
Radiotherapy Services	19791	12	\$435	
Take-Away Items from Hospital ³	19744	n/a	\$0 to \$200	Also known as supplies - based on actual cost
WorkSafeBC PT (Hospital) – Daily Rate	19305	n/a	\$60	Daily Rate is all-inclusive of physiotherapy service, reports, telephone calls and supplies for each given day
Chemotherapy	19787	n/a	\$359 plus actual cost of drugs	

² All Nerve/Epidural Block procedures are to be billed under this fee code at the prescribed rate, regardless of where in the facility the procedures are performed (e.g. OR room, Radiology Department), with or without image guidance (e.g. fluoroscopy, CT, ultrasound). It is not billable as Day Care Surgery.

³ Same Day Service billing rules do not apply.

Initial Home IV/Wound Care Assessment	19890	n/a	\$45 per 30 minute increment	<p>Billed in 30-minute increments Billed only once per injured worker. Includes:</p> <ul style="list-style-type: none"> • Case review and consultation with relevant stakeholders • Care plan development • Treatment • Initial assessment report • Travel time and expenses
Subsequent Home IV / Wound Care Services	19891	n/a	\$45 per 30 minute increment	<p>Billed in 30-minute increments. Includes:</p> <ul style="list-style-type: none"> • Treatment • Ordering supplies • Consultation with relevant stakeholders, as required • Progress and discharge reports • Travel time and expenses