

2023 – 2024 WorkSafeBC Health Authority Fee Schedule

Description	Fee Code	IPA Service Code	Effective Date April 1, 2023	Processing Rules
Burn/Soft Tissue Injury	19701	51	\$361	
Cast Clinic	19747	51	\$361	For Cast applications, changes, removal only
Chemotherapy	19787	n/a	\$361 plus actual cost of drugs	
Chronic Wound care-clinic visit	19892	51	\$361	
Compression Garments	19749	n/a	\$0 to \$315	Actual cost (if > \$315 must be pre-authorized and billed manually)
CT	19795	54	\$710	May bill if the worker is not a registered inpatient on the date of service
Day Care Surgery - Low	99000	68	\$1,198	
Day Care Surgery - Medium	99001	69	\$4,222	
Day Care Surgery - High	99002	70	\$15,321	
Dressing Changes- Outpatient	19745	51	\$361	
Emergency Visit	19921	51	\$361	
Extended Care Facility Daily Rate	19960	n/a	\$371	Billable by non-hospital extended care facility
Hemodialysis	19786	53	\$573	
High-cost diagnostic imaging procedures	19798	51	\$361	Nuclear medicine, Fluoroscopy, Ultrasound, Interventional/angiography studies, excludes MRI, MRA, CT, and PET-CT Scan
Home IV/Wound Care Services - Initial Visit	19890	n/a	\$47 per 30 minute increment	Billed in 30-minute increments Billed only once per injured worker. Includes: <ul style="list-style-type: none"> • Case review and consultation with relevant stakeholders • Care plan development • Treatment • Initial assessment report • Travel time and expenses
Home IV/Wound Care Services – Subsequent Visit	19891	n/a	\$47 per 30 minute increment	Billed in 30-minute increments. Includes: <ul style="list-style-type: none"> • Treatment • Ordering supplies • Consultation with relevant stakeholders, as required • Progress and discharge reports • Travel time and expenses

Hyperbaric Oxygen Therapy	19792	69	\$4,222	
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	51	\$361	If 1st IV Therapy Visit includes Emergency, use Emergency Visit fee item
IV Therapy - 2nd Visit ¹	19955	51	\$361	1st, 2nd, & 3rd IV Therapy visits can be billed on the same day.
IV Therapy - 3rd Visit ¹	19956	51	\$361	1st, 2nd, & 3rd IV Therapy visits can be billed on the same day.
Medical Imaging - 2nd Opinion	19742	n/a	\$210	Requires physician referral & WorkSafeBC authorization
MRA (Magnetic Resonance Angiogram)	19794	61	\$676	May bill if the worker is not a registered inpatient on date of service
MRI	19793	61	\$676	May bill if the worker is not a registered inpatient on date of service
Nerve/Epidural Block ²	19743	51	\$361	With or without image guidance, regardless of where in the facility the procedures are performed.
Outpatient Services	19947	n/a	\$85	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.

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). An outpatient activity can be billed on the same day of inpatient admission or discharge from the same hospital, provided that the worker is not a registered inpatient at the time of service.

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.

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.

Orthotics/Custom Braces/Casts ³	19788	n/a	\$0 to \$525	Actual cost (if > \$525 must be pre-authorized and billed manually)
Outpatient laboratory and general radiography including referred in laboratory specimens and x-ray.	19790	55	\$160	Referred in laboratory specimens refer to specimens brought/sent in for lab test without worker admission
PET-CT Scan	19537	67	\$1,613	May bill if the worker is not a registered inpatient on date of service
Preferred Accommodation	19741	n/a	\$190	May only bill following WorkSafeBC Officer approval
Prosthetics ³	19789	n/a	\$0 to \$2,300	Actual cost (if > \$1,575 must be pre-authorized and billed manually)
Radiotherapy Services	19791	62	\$639	
Take-Away Items from Hospital ³	19744	n/a	\$0 to \$250	Supplies billable at cost
WorkSafeBC Occupational Therapy (Hospital) – Daily Rate	19796	n/a	\$83	
WorkSafeBC Physiotherapy (Hospital) – Daily Rate	19305	n/a	\$83	Daily Rate is all-inclusive of physiotherapy service, reports, telephone calls and supplies for each given day

³ Same Day Service billing rules do not apply.