



Doctors of BC/WorkSafeBC Agreement Fee Schedule

(Agreement rates effective April 1, 2015 - March 31, 2019)

Updated September 2015

Fee Code	FEE ITEM	Effective Apr 1, 2015 (\$)	Effective Jul 23, 2015 (\$)	Effective Apr 1, 2016 (\$)	Effective Apr 1, 2017 (\$)	Effective Apr 1, 2018 (\$)
FIRST REPORT OF INJURY (FORM 8)						
19937	WorkSafeBC Teleplan E-Form 8 Received Within 3 Days	50.96	51.96	52.61	53.40	54.20
	WorkSafeBC Teleplan E-Form Received Within 4-6 Days	35.97	36.67	37.13	37.69	38.25
19900	WorkSafeBC First Report Of Injury (Form 8) Received Within 3 Days - Fax	34.30	34.30	34.73	35.25	35.78
	WorkSafeBC First Report Of Injury (Form 8) Received Within 4-6 Days - Fax	22.87	22.87	23.15	23.50	23.85
19927	WorkSafeBC First Report Of Injury (Form 8) Requested, Received within 10 Days	57.18	57.18	57.89	58.76	59.64
PROGRESS REPORT (FORM 11)						
19940	WorkSafeBC Teleplan E-Form 11 Received Within 3 Days	41.87	42.37	42.90	43.55	44.20
	WorkSafeBC Teleplan E-Form 11 Received Within 4-6 Days	19.01	19.24	19.48	19.77	20.07
19902	WorkSafeBC Progress Report (Form 11) Received Within 3 Days - Fax	30.86	30.86	31.25	31.72	32.20
	WorkSafeBC Progress Report (Form 11) Received Within 4-6 Days - Fax	15.42	15.42	15.62	15.85	16.09
CLINICAL RECORDS						
19904	WorkSafeBC Request for a copy of an Existing Report- Up To 20 Pages, Received Within 3 Days	42.41	42.41	42.94	43.58	44.23
19906	WorkSafeBC Additional Charge Per Page For Over 20 Pages (continuation of 19904)	1.27	1.27	1.29	1.31	1.33
19905	WorkSafeBC Request for a copy of consultation, operative, or other existing report, first 5 pages or less - Mail	26.50	26.50	26.83	27.23	27.64
19953	WorkSafeBC Requested Copy of an Existing Report or Chart Note (Isolating Information)	127.24	127.24	128.83	130.76	132.72
EMERGENCY VISITS AND TRAY SERVICE						
00129	WorkSafeBC Emergency Call Out	71.24	71.24	72.13	73.21	74.31
19922	WorkSafeBC Tray Service - Actual Costs	actual cost	actual cost	actual cost	actual cost	actual cost
RETURN TO WORK PLANNING						
19942	WorkSafeBC Job Site Meeting	312.79	312.79	316.70	321.45	326.27
19950	WorkSafeBC Return To Work Consultation	275.68	300.24	303.99	308.55	313.18
19976	WorkSafeBC Return To Work Planning Request	15.91	25.00	25.31	25.69	26.08
19931	WorkSafeBC Post Operative Consult + Form 11 Received Within 5 Days	79.52	79.52	80.51	81.72	82.95
COMPREHENSIVE ASSESSMENTS						
19909	WorkSafeBC Standardized Assessment Form Received Within 15 Days	79.52	79.52	80.51	81.72	82.94
19910	WorkSafeBC Standardized Assessment Form Received After 15 Days	74.22	74.22	75.15	76.28	77.42
19929	WorkSafeBC Excessively Prolonged Or Complex Case-Report	137.83	170.59	172.72	175.31	177.94
19907	WorkSafeBC Factual Written Summary or a Reasoned Medical Opinion	270.38	270.38	273.76	277.87	282.04
19932	WorkSafeBC Medical-Legal Report - Factual Summary	907.61	907.61	918.96	932.74	946.73
19933	WorkSafeBC Medical-Legal Opinion - Expert Opinion	1516.22	1516.22	1535.17	1558.20	1581.57
COMMUNICATION						
19919	WorkSafeBC Office Consultation With WorkSafeBC Officer (up to 15 mins)	59.38	59.38	60.12	61.02	61.94
19930	WorkSafeBC Pre-Arranged Telephone Consult (in 15-min increments up to 45 mins daily maximum; i.e. 3 units)	53.01	53.01	53.67	54.48	55.30
19508	Telephone Consultation between a WorkSafeBC Medical Advisor and a Community Physician within 24 hours Of being initiated by The Medical Advisor	75.29	75.29	76.23	77.37	78.53
COMPLEX SPINAL CORD INJURY						
19509	Complex Spinal Cord Injury Initial Visit or Yearly Assessment. Includes a Complete Physical Exam, Updated Care Plan documented on a Form 8/11. Paid annually to Noted Regular Physician. Form 8/11 will be paid in addition	155.92	155.92	157.87	160.24	162.64
19510	Complex Spinal Cord Injury Office Visit, Cannot bill in addition to a Yearly Assessment Fee (19509) for one visit. Form 8/11 may be reimbursed if condition changes	103.95	103.95	105.25	106.83	108.43
19511	Complex Spinal Cord Injury Home Visit. The Physician must also complete and bill for a Form 8/11. This Fee cannot Be billed with office visit (19510)	207.90	207.90	210.50	213.66	216.86
EXPEDITED COMPREHENSIVE CONSULTATION						
19911	WorkSafeBC Initial Expedited Comprehensive Consultation	350.64	350.64	355.02	360.35	365.76
19912	WorkSafeBC Repeat Expedited Comprehensive Consultation after 19911	170.37	170.37	172.50	175.09	177.72
19934	WorkSafeBC Initial Expedited Consult - Anaesthesiologist	350.64	350.64	355.02	360.35	365.76
19935	WorkSafeBC Repeat Consult - Anaesthesiologist	170.37	170.37	172.50	175.09	177.72
19936	Cancellation Fee - Fee To Be Billed If An Expedited Consultation Is Cancelled By Patient - Less than 24 hours notice	53.01	53.01	53.67	54.48	55.30
19945	Initial Expedited Comprehensive Consultation from a Physician With Areas of Expertise. Only referred by WorkSafeBC.	280.24	280.24	283.74	288.00	292.32
19946	Repeat Expedited Comprehensive Consultation from a Physician With Areas of Expertise.	136.29	136.29	137.99	140.06	142.16
NON EXPEDITED CONSULTATION						
19908	WorkSafeBC Non-Expedited Specialist Consultation Report	28.62	28.62	28.98	29.41	29.85
EXPEDITED SURGICAL ASSIST						
19545	Expedited Surgical Assist - Level 1 (Surgery Time Up To 1.5 Hours)	235.97	235.97	238.92	242.50	246.14
19546	Expedited Surgical Assist - Level 2 (Surgery Time 1.51 To 2.0 Hours)	340.96	340.96	345.22	350.40	355.66
19547	Expedited Surgical Assist - Level 3 (Surgery Time 2.01 To 2.5 Hours)	467.77	467.77	473.62	480.72	487.93



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19548	Expedited Surgical Assist - Level 4 (Surgery Time 2.51 To 3.0 Hours)	571.73	571.73	578.88	587.56	596.37
19549	Expedited Surgical Assist - Level 5 (Surgery Time 3.01 To 3.5 Hours)	680.87	680.87	689.38	699.72	710.22
19551	Expedited Surgical Assist - Level 6 (Surgery Time 3.51 To 5.99 Hours)	1003.12	1003.12	1,015.66	1,030.89	1,046.35
19552	Expedited Surgical Assist - Level 7 (Surgery Time 6.00 Hours Plus)	1538.46	1538.46	1,557.69	1,581.06	1,604.78
19410	Expedited Surgical Assist, Out of Office Surcharge, Operative Evening (18:00 to 23:00 hours) - applied to Expedited Assist Level	32.77%	32.77%	32.77%	32.77%	32.77%
19411	Expedited Surgical Assist, Out of Office Surcharge, Operative Night (23:00 to 08:00) - applied to Expedited Assist Level	52.54%	52.54%	52.54%	52.54%	52.54%
19412	Expedited Surgical Assist, Out of Office Surcharge, Operative Sat/Sun/Holidays - applied to Expedited Assist Level	32.77%	32.77%	32.77%	32.77%	32.77%
EXPEDITED SPINE SURGERY						
19516*	Expedited Sessional Extensive Spine Surgery	3907.49	3907.49	3956.33	4015.67	4075.91
19517*	Expedited Sessional Extensive Spine Surgical Assist	1523.91	1523.91	1,542.96	1,566.10	1,589.59
19518*	Expedited Sessional Extensive Spine Anaesthesiology	2376.30	2376.30	2,406.00	2,442.09	2,478.72
EXPEDITED ANESTHESIOLOGY						
19507	Expedited Anaesthesiology, Time Based (15 Min) Blocks of time	77.48 per unit	77.48 per unit	78.45 per unit	79.62 per unit	80.82 per unit
19519*	Expedited Sessional Anaesthesiology Blocks - Personal Services Agreement	1629.94	1629.94	1650.31	1675.06	1700.19
19405	Expedited Anaesthesiology, Out of Office Surcharge, Operative Evening (18:00 to 23:00 hours) -- applied to 19507	32.77%	32.77%	32.77%	32.77%	32.77%
19406	Expedited Anaesthesiology, Out of Office Surcharge, Operative Night (23:00 to 08:00 hours) -- applied to 19507	52.54%	52.54%	52.54%	52.54%	52.54%
19407	Expedited Anaesthesiology, Out of Office Surcharge, Operative Sat/Sun/Holidays -- applied to 19507	32.77%	32.77%	32.77%	32.77%	32.77%
VISITING SPECIALISTS CLINIC						
1150464	Expedited Initial Consultation Service Fees / Sessional Rate (VSC Only)	2128.90	2128.90	2155.51	2187.84	2220.66
1150465	Expedited Follow-up Consultation Service Fees / Sessional Rate (VSC Only)	2128.90	2128.90	2155.51	2187.84	2220.66
INJECTION						
19556	Image-guided diagnostic and therapeutic injection.	NA	230.54**	233.42	236.92	240.47
19557	Use of physician's own imaging equipment for image-guided diagnostic and therapeutic injection	NA	135.00**	136.69	138.74	140.82
MEDICAL ADVISORS						
N/A	Fee Schedule For Medical Advisor Sessions	538.01	538.01	544.74	552.91	561.20
N/A	Fee Schedule For Medical Advisor Sessions Specialist	676.20	676.20	684.65	694.92	705.34
MISCELLANEOUS						
19952	Accounts Initially Rejected but Found to be WorkSafeBC responsibility - Bill by fax	21.21	21.21	21.48	21.80	22.13

Legend:

 New Fee Codes

*Sessional fees: bill on paper, fax to WorkSafeBC

** This fee is effective August 23, 2015 (i.e. 30 days after date of ratification)