

**AGREEMENT BETWEEN THE
WORKERS' COMPENSATION BOARD (WORKSAFEBC)
AND THE
BRITISH COLUMBIA MEDICAL ASSOCIATION (BCMA)**

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The following comprises the Terms under which the Physicians of B.C. will provide services to the Workers' Compensation Board ("WorkSafeBC").

1.0 TERM

- 1.1 The term of the Agreement shall be for a period of six (6) years commencing April 1st, 2006 and expiring March 31st, 2012.
- 1.2 There will be a compensation re-opener to cover the periods April 1, 2010 to March 31, 2012. Re-opener negotiations will commence in February 2010, or at another date mutually agreed to by the parties (the "Re-opener").
- 1.3 None of the terms of this Agreement will be retroactive unless expressly stated.
- 1.4 Only fees appearing in the BCMA Guide to Fees and this Agreement as agreed upon and documented in writing by both the BCMA and WorkSafeBC are billable by physicians. All exceptions are to be directed to the BCMA-WorkSafeBC Liaison Committee.¹
- 1.5 Due to operational and systems change requirements, unless specifically stated otherwise any changes in business rules for the submission of reports and invoices will become effective thirty (30) days after written notice is provided by WorkSafeBC to the BCMA (the "Date of Implementation").
- 1.6 For the purpose of any provision which has an effective date recorded as "the date of signing of this Agreement" this date will be deemed to be seven (7) days after the signing of the Agreement by WorkSafeBC unless otherwise stated.

2.0 DEFINITIONS

"**Board Officer**" means a WorkSafeBC Case Manager (Claims Adjudicator), Entitlement Officer, Vocational Rehabilitation Consultant, or others as designated.

"**BCMA**" means the British Columbia Medical Association.

"**Consult**" including "**Consultation**" means meaningfully seeking advice and exchange of views prior to the making of a decision or the finalization of a policy initiative, as the context may require.

"**Expedited Services**" means those services established by WorkSafeBC which are provided in the most time limited and specific manner. This includes investigations, consultations, surgery and anaesthesia and all associated reporting requirements.

¹ Per the BCMA Memorandum of Agreement ratified April 2011

“Form Reporting and Transmission Enhancement” means establishing a modified Form 8 for notification, a modified Form 11 for Change in Medical Condition or Return to Work planning and introduction of a Medical Assessment form (Form B) providing a thorough history and examination of the area of injury as requested by WorkSafeBC. This initiative will require collaborative planning between WorkSafeBC and the BCMA to develop and initiate.

"Injured Worker" means the individual as defined in the *Workers' Compensation Act*, who is entitled to compensation under this Act and who receives services from a Physician.

"Party" means either WorkSafeBC or the BCMA and "Parties" means both of them.

“Physician(s)” means a medical practitioner who is and remains a member of the College of Physicians and Surgeons of British Columbia, whose services require him/her to have a medical degree.

"Services" refers to the clinical consultations, treatments, surgeries, anaesthesia and reporting provided by Physicians pursuant to this Agreement.

"Sessional Services" means contractual arrangements with Physicians for the provision of services per 3.5 hour increments. Rates will vary according to qualifications required for the service as outlined in this Agreement.

“WorkSafeBC Unique Fee-for-Service Items” means those services referred to in this Agreement between the BCMA and WorkSafeBC that refer to WorkSafeBC services only.

3.0 NATURE OF AGREEMENT

- 3.1 This Agreement is for the provision of medical services including MSP and WorkSafeBC unique fee-for-services, expedited Physician services and medical advisor sessional services as provided by Physicians to or on behalf of WorkSafeBC Injured Workers.
- 3.2 The BCMA and WorkSafeBC negotiations for Salaried Physicians are contracted under a separate agreement.
- 3.3 The Physician provides services pursuant to the *Workers' Compensation Act*, RSBC 1996, c.492, (the “Act”) and Regulations and amendments made thereto.
- 3.4 WorkSafeBC is not responsible for any statutory deductions or remittances for the Physician unless expressly stated.

4.0 RELATIONSHIP

- 4.1 WorkSafeBC recognizes the BCMA as the exclusive representative of its members.

- 4.1.1 WorkSafeBC will not enter into separate Agreements with individual Physicians and/or groups of Physicians that have the effect of amending any of the provisions of this Agreement in its application to those Physicians, without the express consent of the BCMA.
 - 4.1.2 WorkSafeBC reserves the right to initiate project(s) for fee-for-service for staff Physicians at its discretion. WorkSafeBC will notify the BCMA of any project(s) prior to initiation and the Liaison Committee will receive updates during the project(s). Physician participation in the project will be voluntary. Following successful completion of the project(s), WorkSafeBC and the BCMA will negotiate rates for Physicians prior to implementation.
 - 4.1.3 The BCMA will take all reasonable steps to ensure the support of this Agreement by its members.
- 4.2 WorkSafeBC agrees to Consult with the BCMA before implementing changes which will materially affect the working relationship between WorkSafeBC and Physicians who perform services for WorkSafeBC on a fee-for-service and/or sessional basis, including changes to information technology. Where appropriate and prior to implementation, this Consultation will result in negotiation by the Negotiation Committee of new rates/fees for Physicians related to the changes.
 - 4.2.1 WorkSafeBC agrees that it will not adopt and/or implement any new forms or reports, or significantly modify existing forms or reports that will be, or are, required to be completed by Physicians, before it has fully consulted, as per Article 4.2, with the affected Physicians through the BCMA. Such consultation will allow for comment and input into the design of the forms or reports and their implementation.
- 4.3 The BCMA agrees that it will consult with WorkSafeBC before implementing changes that will materially affect the delivery of WorkSafeBC related health care service or the rehabilitation of the Injured Worker.
- 4.4 WorkSafeBC will make available to the BCMA, free of charge, reports that are regularly generated by WorkSafeBC for internal management purposes, subject to the *Freedom of Information and Protection of Privacy Act*. Other reports may be generated and shared with the BCMA on a fee-for-service basis in response to specific requests made by the BCMA.
- 4.5 WorkSafeBC will make every effort to reduce:
 - 4.5.1 Unnecessary phone calls or faxes to fee-for-service Physicians from, or on behalf of, a Board officer;

- 4.5.2 Conflicts between fee-for-service Physicians and WorkSafeBC Physicians regarding treatment options; and
- 4.5.3 Conflicts between fee-for-service Physicians and Injured Workers regarding rehabilitation and return to work.

4.6 Liaison Committee

- 4.6.1 WorkSafeBC and the BCMA will participate in a WorkSafeBC/BCMA Liaison Committee (“Liaison Committee”).
- 4.6.2 Membership on the Liaison Committee shall consist of three or four members representing the BCMA and three or four members representing WorkSafeBC. By Agreement, the membership on the Liaison Committee may be expanded but in no case will the representation of the two parties be unequal. Each party will assume the costs of their own member's participation.
- 4.6.3 One representative of the BCMA shall be a senior staff member and one representative of WorkSafeBC shall be WorkSafeBC's Chief Medical Officer.
- 4.6.4 The Liaison Committee shall have two chairs, one selected from the BCMA's representatives and one selected from WorkSafeBC's representatives. The chairing of meetings will be rotated between the chairs and will parallel the rotating of the meeting site between the BCMA and the WorkSafeBC offices. Support for the meetings will be similarly apportioned.
- 4.6.5 The Liaison Committee will determine its own procedures.
- 4.6.6 The Liaison Committee will meet four times per year, the dates to be at the Committee's discretion. Extraordinary meetings may be called by either chair, or at the request of either the BCMA or WorkSafeBC.
- 4.6.7 The Liaison Committee's terms of reference and strategic plan will be reviewed and revised annually.
- 4.6.8 Minutes of all Committee meetings will be kept. These minutes will be recorded by staff, and will be distributed no later than fourteen (14) days from the conclusion of the meeting to Committee members. Minutes will be governed under the appropriate privacy legislation, including the Freedom of Information and Protection of Privacy Act.
- 4.6.9 The Liaison Committee will review matters affecting the relationship between WorkSafeBC and the BCMA, whether of its own volition or in response to referral from either party, or both, and will make recommendations to the

parties on those matters. The Liaison Committee will attempt to resolve any disagreements between WorkSafeBC and the BCMA which are referred to it by joint agreement of the parties and will act as the principal forum for the Consultations.

- 4.6.10 The Liaison Committee's specific objectives include:
- Improved disability management for Injured Workers.
 - Physician education.
 - Consultation and input to WorkSafeBC policies relevant to clinical practice, including forms development and reporting requirements.
 - Dispute resolution with respect to the practice or billing process on referrals from the BCMA or WorkSafeBC.
- 4.6.11 The Liaison Committee may from time to time establish an ad-hoc information sub-group to explore, develop, prototype and implement technological solutions that are seen to be mutually beneficial to WorkSafeBC and the BCMA.
- 4.6.12 Where technological opportunities are identified which would benefit WorkSafeBC, but impose costs on the members of the BCMA, WorkSafeBC will not implement such opportunities without first reaching an agreement with the BCMA on responsibility for those costs. These costs are restricted to those which are necessary to implement WorkSafeBC technological opportunity. In the absence of such an Agreement, WorkSafeBC may proceed to implement such opportunities if it reimburses the Physicians for these costs.
- 4.6.13 The Liaison Committee may from time to time establish an ad-hoc multidisciplinary clinical practice sub-group providing the BCMA with an opportunity to consider and evaluate Physician service delivery patterns and analyze outcomes related to disability management and general applicability.
- 4.6.14 The Liaison Committee will prepare a report to the parties at least once annually. That report will identify the issues that have been reviewed by the Liaison Committee as well as any recommendations which the Liaison Committee wishes to make arising from any of those issues.
- 4.6.15 The Professional Relations Department of the BCMA will periodically report to the Liaison Committee on the nature of individual billing disputes and, particularly, any policy issues that may arise as a result of those disputes.

- 4.6.16 The respective chair of each party shall submit an annual report no later than ninety (90) days after the Committee's designated year-end. This report shall be forwarded to the Board of Directors of the BCMA and to the President of WorkSafeBC.
- 4.6.17 Further to the provisions of this Article 4 and prior to March 31, 2010, the Liaison Committee, or a sub-committee(s) made up of an equal number of BCMA and WorkSafeBC representatives, will be responsible for developing measures to advance the provision of comprehensive care and evidence based best practice through the development of:
- i) appropriate clinical pathways for at least five (5) typical WorkSafeBC injuries or illnesses; and
 - ii) appropriate clinical care pathways for the management of complex patients.

A Physician who is not employed by WorkSafeBC will be compensated at appropriate sessional rates in Schedule C, clause 2.2, when at the request of WorkSafeBC, the Physician participates in the development, promotion and educational process of new clinical pathways. Compensation rates and any provisions surrounding the implementation of clinical care pathways will be determined as part of the re-opener negotiations in 2009.

5.0 INDIVIDUAL FEE DISPUTES

- 5.1 The parties will attempt to resolve individual billing or payment disputes prior to these disputes being referred to the Liaison Committee. All individual billing disputes which are not resolved directly between the Physician and WorkSafeBC will be referred to the Professional Relations Department of the BCMA which, working with WorkSafeBC's Health Care Services, will attempt a resolution of the dispute. If the Professional Relations Department of the BCMA and WorkSafeBC's Health Care Services are unable to resolve such disputes they may be referred to the Liaison Committee for discussion and resolution. Where the Liaison Committee does not reach resolution, the dispute may be referred by either party to expedited arbitration through written submissions to an arbitrator. The single arbitrator will be agreed to by the parties or, failing agreement, appointed by the Chief Justice of the Supreme Court of B.C., and will resolve the disputes under this provision. The costs of such dispute resolution shall be shared equally by the parties.

6.0 DISPUTE RESOLUTION MECHANISM

- 6.1 At the written request of either party, any dispute arising over the interpretation, application or alleged breach of any clause(s) of this Agreement shall be immediately addressed by the signatories to this Agreement.

- 6.2 Any dispute regarding the application, interpretation or alleged breach of this Agreement will be referred to a committee comprised of an equal number of representatives from the BCMA and WorkSafeBC, which shall have the power to render binding decisions on the basis of a majority. WorkSafeBC's representatives will include at least one Executive Director or Vice President. This committee shall have the authority to expand this Agreement where necessary.
- 6.3 Any dispute regarding the interpretation, application, or alleged breach of this Agreement which is not resolved pursuant to Article 6.2, will be resolved pursuant to the *Commercial Arbitration Act*.
- 6.4 Should the parties be unable to agree on the selection of an Arbitrator within seven (7) days after notice is served by either party seeking the appointment of an Arbitrator, the Supreme Court of British Columbia will be asked to appoint the Arbitrator under the provisions of Section 17 of the *Commercial Arbitration Act*.
- 6.5 WorkSafeBC and the BCMA will each bear their own costs and share equally the fees and expenses of the Arbitrator.

7.0 FEE SCHEDULES

- 7.1 WorkSafeBC shall pay for all Physician services provided to workers entitled to benefits under the *Act* in accordance with:
- 7.1.1 The B.C. Medical Services Plan Fee Schedule as negotiated between the BCMA and the Medical Services Commission, plus a premium of eight-percent (8%) which includes the following:
- One-percent (1%) premium increase implemented January 1st, 1998 for universal form and report submission and continued as funding directed towards full electronic submission implementation.
 - In recognition of disability management education WorkSafeBC pays an incentive calculated at one-percent (1%) of the MSP fee (effective April 1st, 2000) and two-percent (2%) of the MSP fee (effective April 1st, 2001) on all MSP fee items that are the responsibility of WorkSafeBC.
 - For universal implementation of Teleplan participation WorkSafeBC increased the premium on fees for services from four-percent (4%) to five-percent (5%). The one-percent (1%) increase applied to only those Physicians participating in Teleplan.
 - Those Physicians who do not submit through MSP Teleplan will receive a reduced premium as per current levels.

- As a result of the compensation re-opener negotiations held in 2010, the premium paid by WorkSafeBC for electronically submitted forms and reports increases from eight percent (8%) to ten percent (10%), effective October 1, 2010. The premium paid for non-electronically submitted forms and reports decreases from six percent (6%) to three percent (3%), effective October 1, 2010.²

7.1.2 Fees for services unique to WorkSafeBC, as negotiated with the BCMA and as described in Schedules A and B.

7.1.3 Sessional services for Medical Advisors and Expedited Surgery as described in Schedule C.

7.2 If the Medical Services Commission prorates medical fees it will not affect this fee schedule.

7.3 Where initial treatment is provided on a non-WorkSafeBC basis and WorkSafeBC subsequently determines that compensation coverage applies, the time requirements for Form 8's (19927 and 19939) and for information or chart notes (19904, 19905, 19906 and 19953) begin from the date that a request is faxed or telephoned by a Board Officer.

7.4 WorkSafeBC will pay the full cost of the office visit, and when applicable, a form fee if the injury is work related and the injury is the primary reason for the office visit. Payments for all other injuries and complaints fall outside the jurisdiction of WorkSafeBC by virtue of the Act.

7.5 All fees will be effective April 01, 2006 unless otherwise stated.

7.6 As a result of the compensation re-opener negotiations held in 2010, the fee schedules throughout this agreement have been updated to reflect changes.³

8.0 ELECTRONIC CONNECTIVITY

WorkSafeBC, in accordance with its Strategic Plan, continues to pursue electronic commerce and communication initiatives with workers, employers and providers of goods and services. The obligations with respect to electronic connectivity will change accordingly during the term of this Agreement with the introduction of this initiative (defined as the Forms Reporting & Transmission Initiative). This will involve the introduction of new software and IT modification and will likely change the content of current Forms 8 and 11 and expand reporting to include a third comprehensive report which will be requested by WorkSafeBC. This additional report will focus on providing a medical assessment including a thorough history and examination. To provide clarity, the service obligations for current and future activities are described in this article.

² Per the BCMA Memorandum of Agreement ratified April 2011

³ Per the BCMA Memorandum of Agreement ratified April 2011

8.1 Electronic Service Requirements

- 8.1.1 WorkSafeBC currently prefers electronic connectivity, however, current rules do permit submission by fax transmission for the submission of Forms 8 and 11. Forms submitted after seven (7) days or more of service are rejected for payment.
- 8.1.2 Those forms and reports submitted electronically will be submitted through MSP Teleplan, unless otherwise specified or agreed to by WorkSafeBC.
- 8.1.3 The parties agree that MSP Teleplan is the only acceptable manner of billing WorkSafeBC for services.
- 8.1.4 Teleplan administration and transaction fees currently charged to WorkSafeBC are paid by WorkSafeBC.
- 8.1.5 WorkSafeBC may exempt certain Physicians from the requirement under Clause 8.1.2 where compliance in the opinion of WorkSafeBC is not possible. Following ratification of this Agreement certain exemptions will be reviewed.
- 8.1.6 Only one (1) Form 8 will be paid on a claim with payment being made to the first received. Any subsequent Form 8 will be paid at a Form 11 rate.
- 8.1.7 Any submitted Forms 8 and 11 that are missing mandatory field(s) or are illegible will be rejected without any cost to WorkSafeBC.
- 8.1.8 Fees will be reimbursed based on electronic or fax transmission and timeliness of receipt from date of service as described in Schedule B.
- 8.1.9 Invoices must be submitted electronically through MSP/Teleplan, unless otherwise specified in this Agreement.
- 8.1.10 Forms or invoices for Forms 8 and 11 received by mail service will not be reimbursed.

8.2 Future Anticipated Requirements

- 8.2.1 Upon completion of WorkSafeBC's current IT initiative and the development and the acceptance of a standardized software program, the program will be implemented on a mutually agreed upon date with a new reporting structure consisting of three (3) forms. The forms include:

- Form 8, modified to limit the information required to those fields that are necessary to initiate a claim, and will be provided for all Injured Workers who indicate that the injury and/or disease is work related;
- Form 11, modified to provide the information that supports a change in condition, and or as an accompaniment to Fee Code 19950; and
- Form B (a new form) – a medical assessment providing a comprehensive history and examination of the area of injury as requested by WorkSafeBC.

8.2.2 The modified Forms 8, 11 and B, will include mandatory data fields and content as agreed upon by the BCMA and WorkSafeBC.

8.2.3 WorkSafeBC will only reimburse for Forms 8, 11 and B submitted electronically or via fax transmission. Forms or invoices submitted by mail services will not be reimbursed.

8.2.4 Invoices must be submitted electronically through MSP/Teleplan.

8.2.5 Fees will be reimbursed based on electronic or fax transmission and timeliness of receipt from date of service as described in an amended Schedule B, Future Requirements.

9.0 PHYSICIANS ROLE IN FACILITATING A RETURN TO WORK

- 9.1 The BCMA will encourage Physicians to assist Injured Workers in receiving the benefits they are entitled to under the *Act*.
- 9.2 Physicians will provide care to Injured Workers under this Agreement and will support the principles of disability management with employers and Injured Workers to optimize recovery and facilitate a safe early return to work.
- 9.3 Physicians will provide appropriate support and encouragement to Injured Workers in order to facilitate their participation in appropriate rehabilitation programs, provided by employers or by WorkSafeBC, directed at early recovery and return to work.
- 9.4 Physicians will encourage workers, with assistance of the workers' employers, to recognize the evidence based principle that early return to their work or a modified version of their work (Therapeutic Return to Work) offers the most effective route to recovery from many injuries, in particular soft tissue injuries.
- 9.5 Physicians will endeavor to communicate effectively through established reporting mechanisms, and contact with WorkSafeBC staff and rehabilitation providers, to facilitate exchange of claim related information

which is directed at achieving early return to work and providing necessary benefits to Injured Workers.

9.6 Physicians will, if making recommendations for job modification, take into account any detailed fitness assessment and job evaluation information made available to them and recognize that, in order of effectiveness:

- 1) return to original work with original employer,
- 2) return to modified work with original employer,
- 3) return to similar work with another employer,
- 4) return to modified work within the same industry,

are all options which should be beneficially explored before formal retraining to a new occupation is considered.

9.7 In most cases it is advisable for Physicians to limit recommendations they make with respect to suitability to return to other than the original employment, to factual statements about any physical limitations present or recommended restrictions of specific activities which may be necessary pending full recovery.

9.8 The return to work consultation (Fee Code 19950) is described in Schedule A, Article 5.0.

10.0 DISABILITY MANAGEMENT EDUCATION

10.1 WorkSafeBC will develop an educational program for Physicians in disability management and will ensure that it is made available to Physicians individually or in group presentations throughout British Columbia. The BCMA will strongly encourage its members to participate in this training for a maximum of one hour per year. WorkSafeBC will evaluate the effectiveness of, and participation in, this program.

11.0 OVERDUE ACCOUNTS

11.1 Interest will be paid on outstanding accounts after forty-five (45) calendar days from the date the invoice was transmitted to WorkSafeBC and will only be paid on accounts submitted electronically through the MSP Teleplan Network.

11.2 The interest rate will be prime plus three-percent (3%) on outstanding accounts. Prime to be adjusted quarterly at the rate specified by the Medical Services Commission's banker.

11.3 The interest on outstanding accounts will be retroactive to the date of the transmission of the invoice to WorkSafeBC and compounding will occur monthly. The payment of interest will be made at the time the account is processed.

- 11.4 Except for those exceptions noted in Clause 8.1.5, interest will only be paid on accounts submitted through MSP Teleplan.

12.0 RURAL RETENTION PROGRAM PREMIUM

- 12.1 WorkSafeBC will pay the Rural Retention Program Premium equivalent to that paid by Medical Services Plan to Physicians resident in qualifying communities. Locum Physicians should submit accounts by billing the residing Physician's payment number. Where this is not practical, the locum Physician may receive the Rural Retention Program Premium by billing his/her own payment number if prior notification is given to WorkSafeBC.

13.0 COMMUNICATIONS TO PHYSICIANS

- 13.1 The BCMA will provide and distribute copies of this Agreement to the BCMA membership and with the assistance of WorkSafeBC will undertake the education related to this Agreement.
- 13.2 WorkSafeBC will create and maintain a summary of its policies and procedures that will be of assistance to Physicians providing fee-for-service services to WorkSafeBC and will provide a copy to all such Physicians.
- 13.3 When new policies and procedures are adopted, and at least semi-annually, WorkSafeBC will publish and distribute information on new or changed policies and procedures to all Physicians.

14.0 OCCUPATIONAL HEALTH EDUCATION

- 14.1 WorkSafeBC undertakes to liaise with the BCMA regarding occupational health care issues.
- 14.2 Rehabilitation initiatives will be discussed with the BCMA during development, providing the BCMA with an opportunity to contribute its expertise.
- 14.3 Advances in occupational medicine and changes to WCB policies and procedures with respect to occupational diseases will be communicated to the BCMA in a timely manner.
- 14.4 WorkSafeBC will raise the profile of occupational medicine and ensure that it is represented in Continuing Medical Education within the Province.

15.0 CHANGES IN LEGISLATION

In the event that provincial or federal legislation is proclaimed which renders any part of this Agreement invalid or unenforceable, the balance of this Agreement will be deemed to be severed and shall remain in full force and effect. The parties will

negotiate new provisions which, to the extent legally possible, will carry out the original intent of those provisions which are invalid or unenforceable. Should the parties be unable to agree, then the difference will be settled in accordance with the *Commercial Arbitration Act of British Columbia*.

16.0 GENERAL

16.1 This Agreement will be governed by the laws of British Columbia.

16.2 Schedules A, B, C and D attached to this Agreement have the same force as if set out in the body of this Agreement.

17.0 FUTURE NEGOTIATIONS

The parties will meet prior to November 30th, 2011 to begin the discussion of a new or renewed Agreement.

If the parties have not concluded a new or renewed Agreement by the expiration date of this Agreement, it will continue in full force and effect after that expiration date until it is replaced by a new or amended Agreement.

During this continuation period, either party may end this Agreement by giving the other ninety days notice of its wish to do so in which case it will expire at the end of the notice period.

Signed this ____ day of _____, 2006.

For

WORKSAFEBBC

For the

BRITISH COLUMBIA
MEDICAL ASSOCIATION

Dave Anderson, President & CEO

Dr. Margaret MacDiarmid, President
British Columbia Medical Association

Sheila Garner, Manager Corporate & Health
Care Purchasing

SCHEDULE A: WORKSAFEBC UNIQUE FEES AND FORM FEES

DESCRIPTION OF SERVICES EFFECTIVE APRIL 1st, 2006

1.0 INTRODUCTION

Almost all workers in BC are covered under the *Workers' Compensation Act*. WorkSafeBC provides coverage for the treatment of injuries and diseases that it has accepted as work caused. As such, medical services provided to Injured Workers covered and accepted under the Act are not insured by the Medical Services Plan.

Working with Physicians and employers in the community, WorkSafeBC's goal is to facilitate a safe, timely, and durable return to work for Injured Workers. Prolonged absences from the workplace often result in de-conditioning, a reduced likelihood of recovery, increased pressure on family and personal relationships and a loss of self-esteem, as well as costly uses of health care and social services.

The issue of causation is important to WorkSafeBC as the Act refers to personal injury, disease or death "arising out of and in the course of employment".

To be considered work-related, there must be a fifty-percent (50%) or greater probability that a condition arose out of work. It is not sufficient that it is "possible" that the condition arose out of work.

The BCMA recognizes the Physicians' role in rehabilitating Injured Workers and assisting WorkSafeBC in returning them to work. To this end, where reasonable, the Physician will advise workers that a safe and timely return to work may hasten their recovery. The concept of "hurt vs. harm" is important in occupational medicine.

It is not possible to provide a specific diagnosis in every case. It may, however, be possible to exclude serious or progressive conditions that may be worsened by work.

2.0 DOCUMENTATION REQUIRED TO INITIATE AND MANAGE A CLAIM

A Board Officer determines entitlement and acceptance of a claim. Entitlement decisions are reliant upon the prompt receipt of information in supporting documentation from:

2.1 Employer/Worker Information

Separate forms are completed by the employer and worker.

Form 6 - Workers' Application for Compensation

Form 6 is completed and signed by the Injured Worker. If this report has not been sent to WorkSafeBC the claim may be suspended and may not be paid. WorkSafeBC provides Physicians with a supply of these forms upon request.

Form 7 - Employer Report

2.2 Physician Information

Form 8 – Physician Report (treating Physician) – first report of injury

Form 11 – Progress Report

Form B – WCB Requested Return to Work Assessment Report (new form to be introduced in future)

3.0 MEDICAL TREATMENT - FORMS, REPORTS AND SERVICES

Current service and submission requirements for Forms 8 and 11 are described at Article 8

3.1 Form 8 - First Report of Injury

- 3.1.1 The Physician of first contact or attending Physician must complete a Form 8 for Injured Workers who indicate that the injury and/or disease is work related. **The report must be completed when the worker loses time from work** (other than the day of injury) or if the claim is for a hernia, back problem, shoulder, knee strain, or sprain or occupational disease.
- 3.1.2 The parties agree that if WorkSafeBC requests a First Report of Injury (Form 8), when a Form 8 was not initially required, and/or a copy of other medical records after a patient is seen, WorkSafeBC will pay Fee Code 19927. The time limit for the submission of this form and/or medical records is seven (7) business days from the date the request is faxed or telephoned by WorkSafeBC.
- 3.1.3 WorkSafeBC will reimburse the Physician for a Form 8 and an office visit for the first visit.
- 3.1.4 Only one Form 8 shall be paid on a claim, with status paid to the first received not date of service. Any subsequent Form 8 will be paid at a Form 11 rate.
- 3.1.5 Form 8 shall not be billed by a specialist submitting an expedited consultation.
- 3.1.6 There will be no payment for forms received after the time limits described in this Agreement in Schedule B.
- 3.1.7 Fees and reporting timeframes become effective as indicated in Schedule B.

3.2 Form 11 - Progress Report

- 3.2.1 Follow-up examination visits shall be conducted by the attending Physician as medically necessary, as a result of worker requirement or at the request of a Board Officer.
- 3.2.2 Form 11 will only be supplied for a change of medical condition or as an accompaniment to Fee Codes 19509, 19510, 19511 and 19950. A Form 11 where there is no change in the worker's medical condition, treatment plan, or return to work status is not payable unless an interval of at least four (4) weeks has passed since the Physician last billed a Form 11.
- 3.2.3 Follow-up examination visits will be paid regardless of whether a Form 11 has been submitted.

- 3.2.4 There will be no payment for forms received after the time limits described in this Agreement as indicated in Schedule B.
- 3.3 Future Requirements (Implementation date to be announced.)
 - 3.3.1 Upon development of the necessary software and IT modifications by WorkSafeBC, a program will be implemented on a mutually agreed upon date incorporating a new structure for forms and associated fees. Forms 8 and 11 are being modified and a third form, Form B, is being introduced.
 - 3.3.2 Form 8 (modified) - The Physician of first contact or attending Physician must complete a Form 8 for all Injured Workers who indicate that the injury and/or disease is work related. This form will provide sufficient information required to initiate the claim.
 - 3.3.3 Only one (1) Form 8 shall be paid on a claim with payment being made to the first received. Any subsequent Form 8 will be paid at a Form 11 rate, respectively.
 - 3.3.4 Form 8 will not be billed by a specialist submitting an expedited consultation.
 - 3.3.5 Form 11 will only be supplied for a change of medical condition or as an accompaniment to Fee Codes 19509, 19510, 19511 and 19950. A Form 11 where there is no change in the worker's medical condition, treatment plan or return to work status is not payable unless an interval of at least four (4) weeks has passed since the Physician last billed a Form 11.
 - 3.3.6 Form B, the Medical Assessment Form, will only be provided upon request of WorkSafeBC.
 - 3.3.7 The fee structure for reimbursing Forms 8, 11 and B is based on timeliness and according to the method of transmission as described in an amended Schedule B, Future Requirements.

4.0 EXPEDITED COMPREHENSIVE CONSULTATION

- 4.1 All specialists who provide expedited comprehensive consultations to WorkSafeBC will be reimbursed at a rate equivalent to Fee Code 19911. Each specialty must bill under the appropriate Fee Code for Fee Codes 19913, 19915, 19917 and 19934.
 - 4.1.1 The Liaison Committee will review existing Fee Codes for specialty groupings to ensure Fee Codes accurately represent the individual services and add additional Fee Codes as necessary.
- 4.2 For repeat consultations, Fee Codes 19912, 19914, 19916, 19918 and 19935 shall be billed.
- 4.3 The consultative report shall be comprehensive and fees for services as described in 4.1 and 4.2 shall apply only to specialist consultations received by WorkSafeBC within fifteen (15) business days of consultation.
- 4.4 For expedited consultative services, only specialists providing services within WCB designated Visiting Specialist Clinic (the "VSC") site(s) are able to bill sessionally; all others must bill fee-for-service for expedited consultation services.

- 4.5 Only one expedited comprehensive consultation per specialist, initial or repeat, may be invoiced on each claim, unless the Injured Worker has not been seen for at least six months and referred again by a primary care Physician. A request by the attending Physician is necessary for initial consultations.
- 4.6 Expedited consultations requiring diagnostic investigations will be expedited using WorkSafeBC services as required.
- 4.7 Trauma and Emergency cases will be reimbursed at the expedited rate provided the comprehensive consultation report is received at WorkSafeBC within fifteen (15) business days of the initial consultation.
- 4.8 The Fees include the physical examination and report (19900-19903 and 19908 may not be billed in addition).
- 4.9 Standards for reporting for an expedited comprehensive consultation shall contain the following core information:
- Purpose of examination;
 - Nature of injury;
 - Present complaints;
 - Objective findings;
 - Diagnosis or differential diagnosis;
It is not possible to provide a specific diagnosis in every case. It may, however, be possible to exclude serious or progressive conditions that may be worsened by work.
 - Information regarding causation including risk factors other than work; and
 - Recommendations regarding work restrictions as related to the work injury/disease.
- 4.10 The report must be received by WorkSafeBC within fifteen (15) business days of the initial referral by the attending Physician or Board Officer. A report received at WorkSafeBC after fifteen (15) business days will be paid under MSP Fee Code 19908.
- 4.11 If the report is found to be deficient in one of the core areas of information, WorkSafeBC shall return the report to the specialist promptly (within five business days of receipt) identifying the area(s) of deficiency. The specialist shall supply the deficient information within five (5) business days of WorkSafeBC's request or accept a reduced payment (Fee Code 19908).
- 4.12 WorkSafeBC reserves the right to discontinue payment for elective comprehensive consultation reports that do not meet WorkSafeBC requirements and standards and when the specialist has been informed of this in writing.

5.0 RETURN TO WORK CONSULTATION (FEE CODE 19950)

- 5.1 A return to work consultation, to facilitate a safe, early return to work, may be billed under Fee Code 19950 with a value of \$260.00 (As of MAY 5, 2011, increases to \$265.20 plus billable Form 11 in addition).⁴ The services compensated for by this Fee Code are for the express purpose of facilitating an early return to work through identification of suitable modified, gradual or transitional return to work opportunities in conjunction with the employer, taking into account the functional limitations of the Injured Worker, the nature of the Injured Worker's regular work and available alternatives in his/her workplace.
- 5.2 The consultation can be initiated by a Board Officer or delegate, Board Physician, employer or treating Physician. The steps included in the return to work plan are as follows:
- 5.2.1 Contact between WorkSafeBC Officer (may include Nurse Advisor, Vocational Rehabilitation Consultant, Medical Advisor or Claims Officer) by treating Physician to initiate process and to obtain the employer's contact information.
 - 5.2.2 Discussion between treating Physician and employer or employer representative including discussion of the return to work plan.
 - 5.2.3 Follow up with the Injured Worker to discuss return to work plan.
 - 5.2.4 A WorkSafeBC Nurse Advisor may coordinate, facilitate and document a return to work consultation between the physician, a WorkSafeBC representative and the employer.⁵
- 5.3 Consultation and return to work plan must be documented and submitted on a Form 11.
- 5.4 In the event of an unsuccessful return to a modified, gradual or transitional return to work after this consultation, one further consultation cycle may be approved by a WorkSafeBC Officer. This further consultation will be invoiced as Fee Code 19950.
- 5.5 This Fee Code includes visit and phone calls related to the direct evaluation and reporting in order to complete the return to work plan. A Form 11 is billable in addition to fee code 19950.⁶

6.0 DISALLOWED/ SUSPENDED CASES

- 6.1 Where a claim for medical treatment is disallowed or suspended by WorkSafeBC, WorkSafeBC shall notify all attending/consulting Physicians in writing or electronically within three (3) days of such decision.
- 6.2 WorkSafeBC will pay for all accepted reports in respect of disallowed or suspended claims submitted by Physicians, up until the time the Physician is informed that the claim has been disallowed or suspended.
- 6.3 To avoid a possible suspension of a claim, Physicians' offices will be supplied with Forms 6 on request.

⁴ Per the BCMA Memorandum of Agreement ratified April 2011

⁵ Per the BCMA Memorandum of Agreement ratified April 2011

⁶ Per the BCMA Memorandum of Agreement ratified April 2011

- 6.4 Interest will be paid in accordance with Article 11 on outstanding accounts pertaining to disallowed or suspended claims up to the time that the Physician is notified.

7.0 PRESCRIPTION MEDICATIONS

- 7.1 The cost of necessary medications pertinent to the work related injury or disease is covered by WorkSafeBC.
- 7.2 Coverage for habituating medications including those containing narcotics is time limited. WorkSafeBC policy limits such coverage to eight (8) weeks. Qualification for a specific Injured Worker beyond eight (8) weeks can be obtained from the local WorkSafeBC office.

8.0 DELETED FEE CODES

- 19920 – Completion of a Medical Review Panel, Enabling Certificate (Medical Review Panel no longer exists),
- 19921 – Emergency Visit to Hospital (fee code can only be billed by Hospitals)
- 19951 – Unreported claims fee (invoice 19927 requested Physicians first report when requested by Board Officer)

9.0 RETURN TO WORK PLANNING REQUEST (FEE CODE 19976)

- 9.1 A \$15 (As of October 1, 2010, increases to \$15.30)⁷ fee to cover the request initiated by a WorkSafeBC Officer or designated rehabilitation provider to a Physician to endorse a one (1) page return to work planning request form will be paid. Further details will be determined through the BCMA Liaison Committee.

10.0 ACCOUNTS INITIALLY REJECTED BUT FOUND TO BE A WORKSAFEBC RESPONSIBILITY (FEE CODE 19952)

- 10.1 Fee Code 19952 (\$20) (As of October 1, 2010, increases to \$20.40)⁸ will be billable as an additional charge, upon resubmission, for an account submitted and initially rejected for payment by WorkSafeBC for one of the following reasons:
- 10.1.1 WorkSafeBC entitlement decision was delayed beyond twenty-two (22) days from date of injury for reasons unrelated to the Physician services provided;
 - 10.1.2 Due to data entry errors in the original submission that were determined to be the responsibility of WorkSafeBC;
 - 10.1.3 Due to incorrect application of payment rules by WorkSafeBC;
 - 10.1.4 Any other reasons that are the fault of WorkSafeBC; or,
 - 10.1.5 When WorkSafeBC has failed to provide notice in writing (including fax transmission) within seventy-two (72) hours of a decision to close, disallow or suspend a claim. Note: WorkSafeBC cannot be responsible for notification to

⁷ Per the BCMA Memorandum of Agreement ratified April 2011

⁸ Per the BCMA Memorandum of Agreement ratified April 2011

consultants for services under this provision when documentation provided to WorkSafeBC does not identify the specialist.

- 10.2 It is the responsibility of the Physician to identify this claim and the reasons for it. Once such a claim has been filed WorkSafeBC will manually adjudicate it and, if necessary, it will be referred to the fee payment dispute resolution procedures of the Agreement for final resolution.
- 10.3 WorkSafeBC will individually review accounts submitted under this provision, determine the reason category, and audit usage as appropriate. It will also provide an annual report to the Liaison Committee on the usage of this Fee Code.

SCHEDULE B: FEE SCHEDULE FOR WORKSAFEBC UNIQUE FEES AND FORM FEES

This fee schedule includes fees for:

- Form fees
- WorkSafeBC Unique Fees
- Form fees Future Requirements

Form Fees

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ⁹	Comments
19937	Form 8 - Report of First Injury, received by WorkSafeBC within three (3) business days of date of service and transmitted electronically.	\$38.00	\$42.00	\$42.00	\$42.00	\$42.84	\$43.70	\$44.57	\$49.03	Bill in addition to office visit
19938	Form 8 - Report of First Injury, received by WorkSafeBC between four (4) to six (6) business days of date of service and submitted electronically.	\$30.00	\$30.00	\$30.00	\$30.00	\$31.20	\$31.20	\$31.20	\$34.32	Bill in addition to office visit. Submission received after six (6) business days will not be paid.
19900	Form 8 - Report of First Injury, received by WorkSafeBC within three (3) business days of date of service and submitted via fax transmission.	\$30.00	\$31.24	\$31.24	\$31.24	\$31.24	\$31.24	\$30.00	\$33.00	Billed in addition to office visit. Declined back to \$30.00 April 1/09
19901	Form 8 - Report of First Injury, received by WorkSafeBC between four (4) to six (6) business days of date of service and submitted via fax transmission.	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$22.00	Bill in addition to office visit. Submission received after six (6) business days will not be paid.
19927	First Report of Injury (Form 8) that is requested by WorkSafeBC after the Injured Worker is seen where the form is not initially required (See Form 8 Rules), received within ten (10) business days of the faxed or telephone request. Submissions received after ten (10) business days of request will not be paid. Fee Code 19904 may not be billed in addition as this fee includes copying of any existing reports or chart notes from an Injured Worker's file.	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$55.00	

⁹ Per the BCMA Memorandum of Agreement ratified April 2011

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁰	Comments
19940	Form 11 - Progress Report Physical Examination, received within three (3) business days of date of service by WorkSafeBC and transmitted electronically.	\$32.00	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$40.28	Bill in addition to office visit
19941	Form 11 - Progress Report Physical Examination, received between four (4) to six (6) business days of date of service by WorkSafeBC and submitted electronically.	\$16.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$18.02	Bill in addition to office visit. Submission received after six (6) business days will not be paid.
19902	Form 11 - Progress Report Physical Examination, received within three (3) business days of date of service by WorkSafeBC and submitted via fax transmission.	\$28.00	\$29.12	\$29.12	\$29.12	\$29.12	\$29.12	\$28.00	\$29.68	Billed in addition to office visit. Declined back to \$28.00 April 1/09
19903	Form 11 - Progress Report Physical Examination, received between four (4) to six (6) business days of date of service by WorkSafeBC and submitted via fax transmission.	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.84	Bill in addition to office visit. Submission received after six (6) business days will not be paid.

¹⁰ Per the BCMA Memorandum of Agreement ratified April 2011

WorkSafeBC Unique Fees

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹¹
19904	WorkSafeBC request for copy of a consultation, operative, chart notes or other existing report – first twenty, received within three (3) business days of request. Not to be paid in addition to other Fee Codes except 19906.	\$22.36	\$22.36	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.80
19905	WorkSafeBC requested copy of consultation, operative, or other existing report – first five (5) pages or less sent by mail.	\$21.36	\$21.36	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.50
19919	Office Consultation with a WorkSafeBC Officer or designate (up to fifteen (15) minutes)	\$56.00	\$56.00	\$56.00	\$56.00	\$56.00	\$56.00	\$56.00	\$57.12
19906	Continuation of 19904 – over twenty (20) pages additional per page.	\$1.15	\$1.15	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.22
19907	A factual written summary or reasoned medical opinion upon written request from WorkSafeBC (19904 may not be billed in addition). If extractions included over five (5) pages – may bill 19906.	\$255.00	\$255.00	\$255.00	\$255.00	\$255.00	\$255.00	\$255.00	\$260.10
19930	Telephone consultation with WorkSafeBC Claims Adjudicator/Case Manager or designate up to fifteen (15) minutes (not to be billed for routine inquiries)	\$46.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$51.00
19939	Requested Physician's first report (E-Form 8) billed by Physician – received within ten (10) business days of request.	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$51.00
00129	Emergency call-out when a Physician (General Practice or Specialist) has to immediately leave his or her home or office (outside of hospital) to attend an Injured Worker. This fee is billed over and above medical service fees.	\$63.05	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$68.53
19921	Emergency visit to Hospital (General Practice or Specialist).	\$110.00	\$110.00	x	x	x	x	x	X
19942	WorkSafeBC Job-site meeting	\$295.00	\$295.00	\$295.00	\$295.00	\$295.00	\$295.00	\$295.00	\$300.90
19922	Materials used in conjunction with sterile tray fees. Bill the actual cost of materials.	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost
19908	Non-expedited specialist consultation report, initial or repeat, received from specialist within seven (7) business days following date of service or Board request (Not to be used for operative report nor in addition to 19902, 19903).	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.54
19480 ¹²	Expedited MRI / CT Scan / Ultrasound requisition using WorkSafeBC requisition form faxed to WorkSafeBC.	X	X	X	X	X	X	X	Effective May 5/11 \$12.00

¹¹ Per the BCMA Memorandum of Agreement ratified April 2011

¹² Per the BCMA Memorandum of Agreement ratified April 2011

X Fee Code- unavailable for billing Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹³
19929	EXCESSIVELY PROLONGED OR COMPLEX CASES Excessively prolonged or complex cases – At the request of WorkSafeBC, a Physician will review the file(s), examine the Injured Worker, and develop a report on an Injured Worker whose recovery is prolonged or complicated. The parties agree that, unless it is not practical, such cases should be referred to the WorkSafeBC medical rehabilitation program for appropriate review, assessment and case planning. In situations where WorkSafeBC requires information about a worker who is not under active treatment but who continues to have an injury claim, WorkSafeBC may request a Physician, who had treated the worker, to review the file(s) and develop a report describing the details of the injury, diagnosis, and treatment. Report must be received within twenty (20) business days of service. Submissions received after twenty (20) business days will not be paid.	\$130.00	\$130.00	\$130.00	\$130.00	\$130.00	\$130.00	\$130.00	\$132.60
19931	POST OPERATIVE CONSULTATION In recognition of WorkSafeBC's need to have surgeons involved in disability management, WorkSafeBC agrees to pay a post operative visit and a Form 11 or a consultation report fee for a total value of \$75 to assess a worker's potential to return to work on a graduated or full time basis; or to refer the worker to the appropriate treatment program in the WorkSafeBC continuum of care; or if neither are appropriate, to recommend a treatment plan with an estimate of recovery and return to work. This WorkSafeBC unique service would occur within the forty-two (42) day post-operative period, usually at four (4) weeks post surgery. Report must be received within five (5) business days of service. Submissions received after five (5) business days will not be paid.	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$76.50

¹³ Per the BCMA Memorandum of Agreement ratified April 2011

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁴
19950	RETURN TO WORK CONSULTATION Purpose is to facilitate a safe, early return to work. Can be initiated by WorkSafeBC Officer or delegate, WorkSafeBC Physician, employer or by treating Physician. Must include consultation by Physician with employer and WorkSafeBC Officer, and follow up to discuss RTW with worker. Consultation and RTW plan must be documented and submitted on Form 11. One further consultation cycle may be billed if initial attempt at RTW is unsuccessful. Fee all-inclusive. As of MAY 5, 2011, may bill for Form 11 in addition to 19950.¹⁵	\$260.00	\$260.00	\$260.00	\$260.00	\$260.00	\$260.00	\$260.00	\$265.20
19951	Unreported claim where a Physician is informed by the patient that the injury is a WorkSafeBC responsibility but the employer and worker fail to report the injury to the WorkSafeBC (as per Article 8). The physician may re-file the claim, complete with the following information: the injured worker's address and phone, the name of the injured worker's employer.	\$20.00	\$20.00	x	x	x	x	x	x
19952	Accounts initially rejected but found to be WCB responsibility. Bill directly to WorkSafeBC by fax transmission.	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.40
19953	WorkSafeBC Request For Existing Report or Chart Notes - ISOLATING SPECIFIC INFORMATION. When WorkSafeBC requests a copy of an existing report or chart notes and where complying with that request requires the Physician to review the chart or report for the purpose of severing identified personal information not relevant to the claim prior to submission of photocopied material, or identifying previous injury or illness relevant to the current claim, or area of injury in question from prior records and separating that information from other clinical information prior to submission to WorkSafeBC, the Physician may bill Fee Code 19953. Fee Codes 19904, 19905 or 19906 may not be billed in addition to this Fee Code. Must be received within ten (10) business days of request of service and includes all courier charges.	\$115.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$122.40

¹⁴ Per the BCMA Memorandum of Agreement ratified April 2011

¹⁵ Per the BCMA Memorandum of Agreement ratified April 2011

X Fee Code- unavailable for billing

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁶
19976	Return to Work planning request. A request initiated by a WorkSafeBC Officer or designated rehabilitation provider to a Physician to endorse a one (1) page Return to Work planning request form.	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.30
19508	Telephone consultation between a WorkSafeBC Medical Advisor and a community Physician which takes place within 24 hours of being initiated by the Medical Advisor	x	x	\$68.00	\$68.00	\$68.00	\$71.00	\$71.00	\$72.42
19509	Complex Spinal Cord Injury initial visit or yearly assessment. Visit to include a complete physical exam and updated care plan documented and presented on a form 8/11. Only payable once per patient per year, by noted regular physician. Form 8/11 will be paid in addition.	x	x	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00	\$150.00
19510	Complex Spinal Cord Injury office visit, can not bill in addition to a yearly assessment fee (19509) for one visit. Form 8/11 may be reimbursed if changes in condition	x	x	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$100.00
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)	x	x	\$155.00	\$155.00	\$155.00	\$155.00	\$155.00	\$200.00

X Fee Code- unavailable for billing

¹⁶ Per the BCMA Memorandum of Agreement ratified April 2011

STANDARDIZED ASSESSMENT FEE

Includes physical examination and completion of form. It is to be completed by Physician only when requested by WorkSafeBC.

Form 11 should not be submitted with this form or subsequent to the completion of the standardized form by the Physician.

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁷
19909	Standardized Assessment Form received within fifteen (15) business days of request by WorkSafeBC	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$76.50
19910	Standardized Assessment Form received after fifteen (15) business days of request by WorkSafeBC	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$71.40

MEDICAL-LEGAL MATTERS

The requirements for receiving fees 19932 and 19933 are as follows:

1. Medical Legal Report is applicable to all medical Physicians.
2. Medical-Legal Opinion is applicable only to specialists with relevant qualifications, or other Physicians with recognized expert knowledge.
3. These fees require prior approval by the Review Board or Appeal Division, or Senior Medical Advisor or Director of the Board or Client Service Manager.
4. These fees include examination, review of records, and other processes leading to completion of the written Opinion/Report.

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁸
19932	Medical-Legal Report: a report which will recite symptoms, history and records and give diagnosis, treatment, results and present condition. This is a factual summary of all the information about when the Injured Worker will be able to return to work and might mention whether there will be a permanent disability.	\$765.00	\$815.00	\$815.00	\$815.00	\$815.00	\$839.00	\$856.00	\$873.12
19933	Medical-Legal Opinion: an opinion will usually include the information contained in the Medical-Legal Report and will differ from it primarily in the field of expert opinion. This may be an opinion as to the course of events when these cannot be known for sure. It can include an opinion as to long-term consequences and possible complications in the further development of the condition. All the known facts will probably be mentioned, but in addition there will be the extensive exercise of expert knowledge and judgment with respect to those facts with a detailed prognosis.	\$1,275.00	\$1,361.00	\$1,361.00	\$1,361.00	\$1,361.00	\$1,402.00	\$1,430.00	\$1,458.60

The requirements for receiving fees 19911 - 19918 are as outlined in Article 4 in Schedule A.

¹⁷ Per the BCMA Memorandum of Agreement ratified April 2011

¹⁸ Per the BCMA Memorandum of Agreement ratified April 2011

Fee Code	Description	Current Rate	Rate Effective Apr 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ¹⁹
19911	Initial expedited comprehensive consultation from specialists in Internal Medicine Neurology, Neurosurgery, Orthopedics, Physical Medicine, General Surgery, and Plastic Surgery received within fifteen (15) business days of referral by attending Physician or Board Officer.	\$303.00	\$303.00	\$311.64*	\$311.64*	\$317.87*	\$324.23*	\$330.71*	\$337.32
19912	Repeat consultation within two (2) to four (4) months of 19911. Repeat consultation more than four (4) months after 19911 to be billed at normal MSP/ WorkSafeBC repeat consultation rate.	\$151.50	\$151.50	\$156.00	\$156.00	\$156.00	\$160.68	\$160.68	\$163.89
19913	Initial expedited comprehensive consultation from specialists in Psychiatry.	\$303.00	\$303.00	\$311.64*	\$311.64*	\$317.87*	\$324.23*	\$330.71*	\$337.32
19914	Repeat consultation within two (2) to four (4) months of 19913. Repeat consultation more than four (4) months after 19913 to be billed at normal MSP/ WorkSafeBC repeat consultation rate.	\$151.50	\$151.50	\$156.00	\$156.00	\$156.00	\$160.68	\$160.68	\$163.89
19915	Initial expedited comprehensive consultation from specialists in Urology, Otolaryngology, and Ophthalmology.	\$303.00	\$303.00	\$311.64*	\$311.64*	\$317.87*	\$324.23*	\$330.71*	\$337.32
19916	Repeat consultation within two (2) to four (4) months of 19915. Repeat consultation more than four (4) months after 19915 to be billed at normal MSP/ WorkSafeBC repeat consultation rate.	\$151.50	\$151.50	\$156.00	\$156.00	\$156.00	\$160.68	\$160.68	\$163.89
19917	Initial expedited comprehensive consultation from specialists in Dermatology.	\$303.00	\$303.00	\$311.64*	\$311.64*	\$317.87*	\$324.23*	\$330.71*	\$337.32
19918	Repeat consultation within two (2) to four (4) months of 19917. Repeat consultation more than four (4) months after 19917 to be billed at normal MSP/ WorkSafeBC repeat consultation rate.	\$151.50	\$151.50	\$156.00	\$156.00	\$156.00	\$160.68	\$160.68	\$163.89
19934	Initial expedited comprehensive consultation from an Anesthesiologist for diagnostic opinion and/or therapeutic management. To include a physical examination and a written report. If followed by a diagnostic or therapeutic nerve block, the consultation may be charged in addition to the nerve block fees on the first occasion.	\$303.00	\$303.00	\$311.64*	\$311.64*	\$317.87*	\$324.23*	\$330.71*	\$337.32
19935	Repeat consultation within two (2) to four (4) months of 19934. Repeat consultation more than four (4) months after 19934 to be billed at normal MSP/ WorkSafeBC repeat consultation rate.	\$151.50	\$151.50	\$156.00	\$156.00	\$156.00	\$160.68	\$160.68	\$163.89

* Rate increases applicable only if billed electronically through MSP Teleplan

¹⁹ Per the BCMA Memorandum of Agreement ratified April 2011

Form fees - Future Requirements (effective date to be announced) To Be Re-Considered Prior to Implementation

Fee Code	Description	Rate	Comments
19937	Form 8 - Report of First Injury, received by WCB within three (3) business days of date of service and transmitted electronically.	\$22.00	<ul style="list-style-type: none"> Billed in addition to office visit
19938	Form 8 - Report of First Injury, received by WCB between four (4) to ten (10) business days of date of service and submitted electronically.	\$11.00	<ul style="list-style-type: none"> Billed in addition to office visit Submission received after ten (10) business days will not be paid.
19900	Form 8 - Report of First Injury, received by WCB within three (3) business days of date of service and submitted via fax transmission.	\$18.00	<ul style="list-style-type: none"> Billed in addition to office visit
19901	Form 8 - Report of First Injury, received by WCB between four (4) to ten (10) business days of date of service and submitted via fax transmission.	\$9.00	<ul style="list-style-type: none"> Billed in addition to office visit Submission received after ten (10) business days will not be paid.
19940	Form 11 - Progress Report Physical Examination, received within three (3) business days of date of service by WCB and transmitted electronically.	\$32.00	<ul style="list-style-type: none"> Billed in addition to office visit
19941	Form 11 - Progress Report Physical Examination, received between four (4) to ten (10) business days of date of service by WCB and submitted electronically.	\$16.00	<ul style="list-style-type: none"> Billed in addition to office visit Submission received after ten (10) business days will not be paid.
19902	Form 11 - Progress Report Physical Examination, received within three (3) business days of date of service by WCB and submitted via fax transmission.	\$28.00	<ul style="list-style-type: none"> Billed in addition to office visit
19903	Form 11 - Progress Report Physical Examination, received between four (4) to ten (10) business days of date of service by WCB and submitted via fax transmission.	\$11.00	<ul style="list-style-type: none"> Billed in addition to office visit Submission received after ten (10) business days will not be paid.

Fee Code	Description	Rate	Comments
TBA	Form B – Medical Assessment, received by WCB within fifteen (15) business days of date of service and transmitted electronically.	\$96.00	
TBA	Form B – Medical Assessment, form received by WCB between sixteen (16) through twenty (20) business days of date of service and submitted electronically.	\$32.00	<ul style="list-style-type: none"> Submission received after twenty (20) business days will not be paid.
TBA	Form B – Medical Assessment, form received by WCB within fifteen (15) business days of date of service and transmitted by fax transmission.	\$65.00	
TBA	Form B – Medical Assessment, form received by WCB between sixteen (16) through twenty (20) business days of date of service and transmitted by fax transmission.	\$29.00	<ul style="list-style-type: none"> Submission received after twenty (20) business days will not be paid.

**SCHEDULE C:
SERVICES PROVIDED TO THE WORKSAFEBC
ON A SESSIONAL AND EXPEDITED BASIS**

1.0 SESSIONAL SERVICES

- 1.1 WorkSafeBC will seek appropriate solutions to address specific service needs under which WorkSafeBC will enter into agreements with individual Physicians to provide services to WorkSafeBC on a sessional basis.
- 1.2 WorkSafeBC has the sole responsibility to determine the programs, location, number and type of service arrangements according to caseload needs and to varying regional conditions affecting care.
- 1.3 The programs in number and scope shall be sufficient to meet the needs as determined by WorkSafeBC and notwithstanding Article 1.8, Schedule C, Sessional Services agreed upon during negotiations for this Agreement with respect to Physicians, may include only non fee-for-service funding arrangements and individual contracts for services.
- 1.4 The specific terms and conditions for the provision of the services shall be described in the individual contract(s) between WorkSafeBC and the individual Physician or group of Physicians who are providing the service(s). Any Sessional Agreements entered into shall equal or exceed fee-for-service payment levels for comparable services delivered in similar settings.
- 1.5 WorkSafeBC reserves the right to initiate project(s) for fee-for-service for staff Physicians at its discretion. WorkSafeBC will notify the BCMA of any project(s) prior to initiation and the Liaison Committee will receive updates during the project(s). Physician participation in the project will be voluntary. Following successful completion of the project(s) WorkSafeBC and the BCMA will negotiate rates for Physicians prior to implementation.
- 1.6 Individual service contracts, while similar in detail, do not constitute identification of a group of Physicians.
- 1.7 The format, language, and content of individual agreements will be consistent with standard WorkSafeBC contracts.
- 1.8 Individual Contracts must contain the following:
 - An acknowledgment that the individual contract is subject to the terms and conditions contained in this Agreement;
 - The parties to the contract;
 - The term of the contract;
 - The services to be provided (by whom, where and when);

- Terms of payment including what, if any, expenses are payable;
- A statement that the Physician is an independent contractor and not an employee of WorkSafeBC;
- A provision that the contract may not be assigned or subcontracted;
- A requirement that the Physician will maintain adequate professional liability insurance;
- A provision requiring WorkSafeBC, when it is defending against an action involving the contracted Physician, to take into consideration, and to take appropriate steps, to avoid any adverse impact on the professional status or reputation of the Physician(s) involved by its decision with respect to settlement;
- A termination clause which provides that WorkSafeBC may terminate the contract for cause without notice;
- A termination/non renewal clause which provides that either party may terminate or not renew the contract upon reasonable notice;
- A statement indicating the individual/office from whom the Physician will take direction in the provision of the services;
- An indication of the address of each party to which any notice required under the contract may be sent, and when notice will be deemed to have been received;
- A dispute resolution mechanism;
- Language incorporating WorkSafeBC's policies with respect to confidentiality, conflict of interest and harassment;
- A commitment to perform the services in compliance with the health and safety regulations in the workplace;
- A provision requiring the Physician to provide the services in compliance with all applicable laws and regulations, including FIPPA;
- A provision requiring the Physician to register and be in good standing with the Assessment Department of WorkSafeBC if required; and
- A provision requiring the Physician to maintain records concerning the services provided under the contract and fees invoiced to WorkSafeBC.

1.9 Sessional arrangements are for the provision of three point five (3.5) hour increments of service. Continuous periods of service which exceed three point five (3.5) hours duration will be paid by prorating the relevant sessional rate according to the documented service duration. With prior approval of WorkSafeBC, and subject to individual facility contracts for expedited services which may not reflect a full session, a portion of a session may be paid or accumulated for payment to an individual practitioner.

2.0 MEDICAL ADVISORS

- 2.1 For those Physicians providing services as WorkSafeBC Medical Advisors sessions are individually contracted as determined by WorkSafeBC for a variety of services delivered in the claims management process.
- 2.2 WorkSafeBC will exercise its sole discretion in identification of the number and nature of Medical Advisor assignments.

Fee Schedule for Medical Advisor Sessions (effective April 1st, 2006).

Current Rate as of April 1, 2006

Medical Advisor: \$460.00 per session (3.5 hours)

Specialist: \$577.50 per session (3.5 hours)

Effective April 1, 2008:

Medical Advisor: \$469.00 per session (3.5 hours)

Specialist: \$589.00 per session (3.5 hours)

Effective April 1, 2009:

Medical Advisor: \$483.00 per session (3.5 hours)

Specialist: \$607.00 per session (3.5 hours)

Effective January 1, 2011:²⁰

Medical Advisor: \$512.00 per session (3.5 hours)

Specialist: \$643.50 per session (3.5 hours)

WorkSafeBC will determine the rate available for individual agreements with due consideration as to individual qualifications and the nature of the assignment of Medical Advisor services.

3.0 EXPEDITED SERVICES

3.1 Scope of Services

3.1.1 There are circumstances under which WorkSafeBC will enter into Sessional Agreements with individual Physicians that may include but not be limited to surgical, anaesthetic, diagnostic and medical services.

3.1.2 For those Physicians providing consultation and procedures to Injured Workers on an expedited basis (i.e. "visiting specialists")

²⁰ Per the BCMA Memorandum of Agreement ratified April 2011

rates may, with the prior approval of WorkSafeBC, be “blended” in response to a combination of procedural and consulting services within one (1) sessional period.

- 3.1.3 Expedited surgical fees will be available to all interested community Physicians/surgeons. Non-VSC individuals will not be required to enter into an agreement with WorkSafeBC. They will however need to identify themselves and participate in the business processes so they can be educated in program parameters/requirements around documentation, billings and payment.
- 3.1.4 No additional surgical/consult fees will be levied to any WorkSafeBC Injured Workers during this Agreement.
- 3.1.5 For expedited consultation services, only specialists providing services within WorkSafeBC designated VSC site(s) are able to bill sessionally; all others must bill fee-for-service for expedited consultation services.

3.2 Expedited Consultation Service Fees

3.2.1 The expedited consultation sessional rate shall be as follows;

April 1, 2006	\$1840 per session
Date of Ratification	\$1892 per session
April 1, 2007	\$1930 per session
April 1, 2008	\$1969 per session
April 1, 2009	\$2008 per session
October 1, 2010	\$2048 per session ²¹

3.2.2 Expedited consultation sessional payments shall be processed manually (via fax) in the current WorkSafeBC format.

3.3 Expedited Surgical Service Requirements and Fees

- 3.3.1 The expedited surgical procedural sessional rate is \$2227 for 3.5 hours.
- 3.3.2 As of February 1, 2007, all expedited surgical procedures, with the exception of extensive spinal surgery, shall be compensated on a block billing basis and billed through Teleplan using a billing model consisting of two fee codes per surgery performed:
 - a) The appropriate MSP surgical fee code; and

²¹ Per the BCMA Memorandum of Agreement ratified April 2011

- b) A time based fee code as described in Schedule B and listed by Fee Codes:
Level 1 (surgery time up to 1.5 hours)
Level 2 (surgery time 1.51 to 2.0 hours)
Level 3 (surgery time 2.01 to 2.5 hours)
Level 4 (surgery time 2.51 to 3.0 hours)
Level 5 (surgery time 3.01 to 3.5 hours)
Level 6 (surgery time 3.51 to 5.99 hours)
Level 7 (surgery time 6 hours plus)
- 3.3.3 The fees described at Article 3.3.3 represent an average increase of six per cent (6%) as of February 1, 2007 and a further average increase of two point nine per cent (2.9%) as of April 1, 2008.
- 3.3.4 All surgical procedures that are performed on WorkSafeBC clients will be billable at a rate that is equivalent to the expedited procedural rate provided that:
- The prescribed Authorization for Surgery Form is submitted within ten (10) business days following WorkSafeBC's receipt of the initial expedited comprehensive consultation report.
 - Expedited surgery for all elective procedures, except for shoulder and spine, is performed within forty (40) business days from the date of the initial expedited consultation.
 - Expedited shoulder and non-extensive spine surgery is performed within sixty (60) business days from the date of the last patient visit billed to WorkSafeBC.
- 3.3.6 Procedures performed outside the limitation period as specified in Article 3.3.5 will only be billed at the MSP surgical fee code rates, unless the VSC determines otherwise.
- 3.3.7 Any surgery delayed due to the lack of return of the claims Authorization for Surgery form by WorkSafeBC may be directed to the Richmond VSC for adjudication of the expedited fee.
- 3.3.8 Only the first three elective procedures per patient will be considered for expedited payment per each surgeon. This applies only to multiple surgeries performed on the same joint. Any subsequent surgical consideration for additional surgery requires a second opinion by a Richmond VSC Specialist and further surgery will require authorization from the VSC.
- 3.3.9 Expedited payment may be extended beyond the first three elective procedures for multiple non-emergent reconstructive procedures (both surgical and anesthesia services) when the following process occurs:
- A letter is submitted providing early identification of the complexity by outlining the patient details, volume and proposed procedures, and timeline to completion;

- A Surgical Authorization form is directed to the Claims Officer for entitlement approval; and
 - A letter is directed to the Richmond VSC for payment approval and system activation.
- 3.3.10 Referrals for surgery from Family Physicians and not WorkSafeBC, must first be approved by WorkSafeBC. In that case WorkSafeBC approval will initiate the start date for calculating the number of business days till surgery.
- 3.3.11 Expedited consultations requiring diagnostic investigations will be expedited using WorkSafeBC services as required.
- 3.3.12 The operative report must be received within twenty (20) business days of the date of surgery.
- 3.3.13 All appropriate out-of-office hour service and surcharges (as per MSP Guide to Fees) will apply to expedited sessional and block billing payments.
- 3.3.14 For surgery scheduled in public facilities the surgeon will not displace a booked non-WorkSafeBC patient in order to comply with the business day time limit constraint for expedited rates. Any surgeon found violating this principle would be excluded from this Agreement.
- 3.4 Anaesthesia Expedited Sessional Fees
- 3.4.1 The procedural anaesthesiology sessional rate is \$1355 for 3.5 hours and will be billed manually (via fax) in the current WorkSafeBC format.
- 3.4.2 As of February 1, 2007, all expedited anesthesiology procedural services, with the exception of nerve blocks and extensive spinal surgery, shall be billed through Teleplan using a billing model consisting of two fee codes per surgery performed:
- a) The appropriate MSP anesthesiology surgical fee code; and
 - b) A time based fee code as described in Schedule D.
- 3.4.3 The fees described at Article 3.4.2 represent an increase of six per cent (6%) as of February 1, 2007 and a further increase of two point nine per cent (2.9%) as of April 1, 2008.
- 3.4.4 WorkSafeBC shall pay expedited rates when an Anaesthesiologist provides anaesthetic for an Injured Worker undergoing expedited surgery and the surgical procedure meets the timeline requirements in 3.3.5. Otherwise, the anesthesiology services must be billed at the MSP anesthesiology code rates only, unless the VSC determines otherwise.

- 3.4.5 Anaesthesia consultations must be billed fee-for-service (Fee Code 19934). The consultative report shall be comprehensive.
 - 3.4.6 The anaesthetic time includes a pre-operative assessment, as well as the time from induction until the Anaesthesiologist is no longer in attendance and the Injured Worker can be safely discharged in the PAR. If the pre-operative and PAR times are significantly longer than fifteen (15) minutes, respectively, or a total of thirty (30) minutes then an explanatory note shall accompany the record of anaesthesia.
 - 3.4.7 The Anaesthesiologist will provide the Record of Anaesthesia by fax transmission.
 - 3.4.8 Notwithstanding the above, WorkSafeBC will pay only once for each surgical procedure except when the Injured Worker's care warrants the attendance of more than one Anaesthesiologist. The Anaesthesiologist must support the need with written statements to WorkSafeBC explaining why there was a medical requirement to have two (2) in attendance.
 - 3.4.9 The Anaesthesiologist's fee covers all services rendered by the Anaesthesiologist during the procedure.
 - 3.4.10 Except for life or limb threatening circumstances, an Anaesthesiologist may not bill for two (2) patients during the same time period. The Anaesthesiologist must support the need with a written statement to WorkSafeBC providing explanation as to the medical requirement for the circumstance.
 - 3.4.11 Anaesthesiologists operating under a personal services agreement with WorkSafeBC for the provision of Expedited Chronic Pain Management services, at the request of WorkSafeBC, shall be compensated at a rate which is at least equivalent to the Anesthesiology expedited procedural rate.
 - 3.4.12 Expedited chronic pain procedures shall be limited to three unless prior approval is obtained from the VSC.
- 3.5 Surgical Assists Sessional Fees
- 3.5.1 Surgical Assists are reimbursed on a basis **equivalent to** thirty-nine percent (39%) of the value of the surgical rate.
 - 3.5.2 The Surgical Assist rate is \$868 per session.
 - 3.5.3 As of February 1, 2007, the Surgical Assist rate shall increase to \$920 per session.

- 3.5.4 As of April 1, 2008, the Surgical Assist rate shall increase to \$947 per session.
- 3.5.4.1 As of October 1, 2010, the Surgical Assist rate shall increase to \$1,003.82 per session.²²
- 3.5.5 The Spine Surgical Assist rate is \$1268 per session.
- 3.5.6 As of February 1, 2007, the Spine Surgical Assist rate shall increase to \$1344 per session.
- 3.5.7 As of April 1, 2008, the Spine Surgical Assist rate shall increase to \$1383.
- 3.5.7.1 As of October 1, 2010, the Spine Surgical Assist rate shall increase to \$1466.²³
- 3.5.8 A list of procedures which WorkSafeBC approves for a Surgical Assist shall be maintained by the Liaison Committee and posted on the WorkSafeBC internet site. If a procedure is not listed, the Physician must contact the VSC for prior approval.
- 3.5.9 Surgical Assists billings, including spinal surgical assists, shall be processed manually (via fax) in the current WorkSafeBC format. (see note below; billings are to be made electronically through Teleplan as of MAY 5, 2011).²⁴
- ²⁵3.5.10 As of MAY 5, 2011, Surgical Assists are to be billed electronically through Teleplan. The Sessional fees (with the exception of Extensive Spinal surgery) will be replaced by a model consistent with the surgeons' billing model. The Surgical Assists will invoice the applicable MSP surgical assist (related to procedure) fee code plus the applicable time-based WorkSafeBC fee code for one of the following levels:
- | | |
|---|---------|
| Level 1 Surgical Assist (surgery time up to 1.5 hours) | \$227 |
| Level 2 Surgical Assist (surgery time 1.51 to 2.0 hours) | \$328 |
| Level 3 Surgical Assist (surgery time 2.01 to 2.5 hours) | \$450 |
| Level 4 Surgical Assist (surgery time 2.51 to 3.0 hours) | \$550 |
| Level 5 Surgical Assist (surgery time 3.01 to 3.5 hours) | \$655 |
| Level 6 Surgical Assist (surgery time 3.51 to 5.99 hours) | \$965 |
| Level 7 Surgical Assist (surgery time 6.00 hours plus) | \$1,480 |

3.6 Extensive Spinal Surgery Sessional Fees

- 3.6.1 Spinal Surgical services are reimbursed on a basis equivalent to forty-six percent (46%) **over** the value of the surgical rate.

²² Per the BCMA Memorandum of Agreement ratified April 2011

²³ Per the BCMA Memorandum of Agreement ratified April 2011

²⁴ Per the BCMA Memorandum of Agreement ratified April 2011

²⁵ Per the BCMA Memorandum of Agreement ratified April 2011

- 3.6.2 These fees are designated for surgeons performing difficult and extensive spinal procedures requiring stabilization or multilevel procedures or revision discectomy (one level index discectomy is not meant to be covered by these fees).
- 3.6.3 Pre-approval by WorkSafeBC is required.
- 3.6.4 The business day limitations at Article 3.3.5 are waived for these services.
- 3.6.5 The extensive spinal surgical sessional fee is \$3251 per session.
- 3.6.6 Effective February 1, 2007, the extensive spinal surgical sessional fee shall increase to \$3446.
- 3.6.7 Effective April 1, 2008, the extensive surgical sessional fee shall increase to \$3546.
 - 3.6.7.1 Effective October 1, 2010, the extensive surgical sessional fee shall increase to \$3759.²⁶
- 3.6.8 The extensive spinal anaesthesiology sessional fee is \$1978.
- 3.6.9 Effective February 1, 2007, the extensive spinal anaesthesiology fee shall increase to \$2096.
- 3.6.10 Effective April 1, 2008 the extensive spinal anaesthesiology fee shall increase to \$2157.
 - 3.6.10.1 Effective October 1, 2010 the extensive spinal anaesthesiology fee shall increase to \$2286.²⁷
- 3.6.8 Expedited extensive spinal surgery and anaesthesiology shall be processed manually (via fax) in the current WorkSafeBC format.

²⁶ Per the BCMA Memorandum of Agreement ratified April 2011

²⁷ Per the BCMA Memorandum of Agreement ratified April 2011

SCHEDULE D: FEE SCHEDULE FOR EXPEDITED SERVICES

1. Expedited sessional services in effect as of April 1st, 2006

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ²⁸	Comments ²⁹
19645	Expedited Consultation Service Fees / Sessional Rate (VSC ONLY)	\$1,840.00	\$1,840.00	\$1,892.00	\$1,892.00	\$1,930.00	\$1,969.00	\$2,008.00	\$2,048.00	Bill on paper
-	Comprehensive consultation (non-VSC Physicians)	-	-	-	-	-	-	-	-	See Schedule B for rates and fee codes
-	Expedited sessional procedural (surgery)	\$2,227.00	\$2,227.00	\$2,227.00	x	x	x	x	x	Effective Feb. 1/07 bill through Teleplan. See Schedule D, Part 2.
-	Expedited sessional anaesthetic (surgery)	\$1,355.00	\$1,355.00	\$1,355.00	x	x	x	x	X	Effective Feb. 1/07 bill through Teleplan. See Schedule D, Part 2.
19519	Expedited sessional anaesthesia (Expedited Block Procedures)	x	x	x	\$1436.00	\$1436.00	\$1478.00	\$1478.00	\$1,568	Bill on paper
19515	Expedited sessional surgical assist	\$868.00	\$868.00	\$868.00	\$920.00	\$920.00	\$947.00	\$947.00	\$1,003.82	Bill on paper (39% of expedited sessional procedural surgery)
19516	Expedited sessional extensive spine surgery	\$3,251.00	\$3,251.00	\$3,251.00	\$3,446.00	\$3,446.00	\$3,546.00	\$3,546.00	\$3,759.00	Bill on paper (146% of expedited sessional procedural surgery)
19517	Expedited sessional extensive spine surgical assist	\$1,268.00	\$1,268.00	\$1,268.00	\$1,344.00	\$1,344.00	\$1,383.00	\$1,383.00	\$1,466.00	Bill on paper (39% of expedited sessional procedural surgery)
19518	Expedited sessional extensive spine anaesthesiology	\$1,978.00	\$1,978.00	\$1,978.00	\$2,096.00	\$2,096.00	\$2,157.00	\$2,157.00	\$2,286	

²⁸ Per the BCMA Memorandum of Agreement ratified April 2011

²⁹ Per the BCMA Memorandum of Agreement ratified April 2011

2. Expedited surgical block time based on procedures in effect as of February 01, 2007

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10	Comments
MSP Fee Code	Expedited procedural surgery invoice at appropriate MSP fee code plus applicable block billing time-based fee code									Effective Feb. 1/07 bill through Teleplan
19500	Expedited Surgical Procedure-Level 1 (surgery time up to 1.5 hours)	x	x	x	\$552.00	\$552.00	\$570.00	\$570.00	\$581.00	Effective Feb. 1/07 bill through Teleplan
19501	Expedited Surgical Procedure-Level 2 (surgery time 1.51 to 2.0 hours)	x	x	x	\$800.00	\$800.00	\$824.00	\$824.00	\$840.00	Effective Feb. 1/07 bill through Teleplan
19502	Expedited Surgical Procedure-Level 3 (surgery time 2.01 to 2.5 hours)	x	x	x	\$1,010.00	\$1,010.00	\$1,050.00	\$1,050.00	\$1,155	Effective Feb. 1/07 bill through Teleplan
19503	Expedited Surgical Procedure-Level 4 (surgery time 2.51 to 3.0 hours)	x	x	x	\$1,224.00	\$1,224.00	\$1,284.00	\$1,284.00	\$1,412	Effective Feb. 1/07 bill through Teleplan
19504	Expedited Surgical Procedure-Level 5 (surgery time 3.01 to 3.5 hours)	x	x	x	\$1,449.00	\$1,449.00	\$1,526.00	\$1,526.00	\$1,678	Effective Feb. 1/07 bill through Teleplan
19505	Expedited Surgical Procedure-Level 6 (surgery time 3.51 to 5.99 hours)	x	x	x	\$2,150.00	\$2,150.00	\$2,250.00	\$2,250.00	\$2,475	Effective Feb. 1/07 bill through Teleplan
19506	Expedited Surgical Procedure-Level 7 (surgery time 6.00 hours plus)	x	x	x	\$3,300.00	\$3,300.00	\$3,450.00	\$3,450.00	\$3,795	Effective Feb. 1/07 bill through Teleplan
³⁰ 19512	Expedited Surgery, Out of Office Surcharge, Operative Evening (6 to 11 pm)	X	X	X	32.77%	32.77%	32.77%	32.77%	32.77%	Bill this percentage applied to applicable Level fee code billed.
³¹ 19513	Expedited Surgery, Out of Office Surcharge, Operative Night (11 pm to 8 am)	X	X	X	52.54%	52.54%	52.54%	52.54%	52.54%	Bill this percentage applied to applicable Level fee code billed.
³² 19514	Expedited Surgery, Out of Office Surcharge, Operative Sat/Sun/Holidays	X	X	X	32.77%	32.77%	32.77%	32.77%	32.77%	Bill this percentage applied to applicable Level fee code billed.

³⁰ Per the BCMA Memorandum of Agreement ratified April 2011

³¹ Per the BCMA Memorandum of Agreement ratified April 2011

³² Per the BCMA Memorandum of Agreement ratified April 2011

3. Expedited anaesthesia block time-based procedures in effect as of February 01, 2007

Fee Code	Description	Current Rate	Rate Effective April 01/06	Effective Date of Ratification (Dec 1/06)	Feb 01/07	Apr 01/07	Apr 01/08	Apr 01/09	Rate Effective October 01/10 ³³	Comments
MSP Fee Code	Expedited anaesthesia services invoice at appropriate MSP fee code plus applicable block billing time-based fee code									Effective Feb. 1/07 bill through Teleplan
19507	Expedited Anaesthesia Time Base (15 min) blocks	x	x	x	\$68.25	\$68.25	\$70.25	\$70.25	\$74.53	Effective Feb. 1/07 bill through Teleplan
³⁴ 19405	Expedited Anaesthesiology, Out of Office Surcharge, Operative Evening (6 to 11 pm) -- applied to 19507	x	x	x	x	x	x	x	32.77%	bill this percentage applied to amount billed for fee code 19507
³⁵ 19406	Expedited Anaesthesiology, Out of Office Surcharge, Operative Night (11 pm to 8 am) -- applied to 19507	x	x	x	x	x	x	x	52.54%	bill this percentage applied to amount billed for fee code 19507
³⁶ 19407	Expedited Anaesthesiology, Out of Office Surcharge, Operative Sat/Sun/Holidays -- applied to 19507	x	x	x	x	x	x	x	32.77%	bill this percentage applied to amount billed for fee code 19507

³³ Per the BCMA Memorandum of Agreement ratified April 2011

³⁴ Per the BCMA Memorandum of Agreement ratified April 2011

³⁵ Per the BCMA Memorandum of Agreement ratified April 2011

³⁶ Per the BCMA Memorandum of Agreement ratified April 2011

³⁷4. Expedited Surgical Assist block time based on surgical procedures effective May 5, 2011.

Fee Code	Description	Effective date May 5, 2011	Comments
MSP Fee Code	Invoice appropriate MSP surgical assist fee code related to surgical procedure, plus applicable block billing time-based fee code below.		Effective May 5/11 bill through Teleplan
19545	Expedited Surgical Assist - Level 1 (surgery time up to 1.5 hours)	\$227.00	Effective May 5/11 bill through Teleplan
19546	Expedited Surgical Assist - Level 2 (surgery time 1.51 to 2.0 hours)	\$328.00	Effective May 5/11 bill through Teleplan
19547	Expedited Surgical Assist - Level 3 (surgery time 2.01 to 2.5 hours)	\$450	Effective May 5/11 bill through Teleplan
19548	Expedited Surgical Assist - Level 4 (surgery time 2.51 to 3.0 hours)	\$550	Effective May 5/11 bill through Teleplan
19549	Expedited Surgical Assist - Level 5 (surgery time 3.01 to 3.5 hours)	\$655	Effective May 5/11 bill through Teleplan
19551	Expedited Surgical Assist - Level 6 (surgery time 3.51 to 5.99 hours)	\$965	Effective May 5/11 bill through Teleplan
19552	Expedited Surgical Assist - Level 7 (surgery time 6.00 hours plus)	\$1,480	Effective May 5/11 bill through Teleplan
19410	Expedited Surgical Assist, Out of Office Surcharge, Operative Evening (6 to 11 pm)	32.77%	Bill this percentage applied to applicable Level fee code billed.
19411	Expedited Surgical Assist, Out of Office Surcharge, Operative Night (11 pm to 8 am)	52.54%	Bill this percentage applied to applicable Level fee code billed.
19412	Expedited Surgical Assist, Out of Office Surcharge, Operative Sat/Sun/Holidays	32.77%	Bill this percentage applied to applicable Level fee code billed.

³⁷ Per the BCMA Memorandum of Agreement ratified April 2011