

SCHEDULE B - FEES

| Fee Code | Description | Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items | Amount |
|-----------------|--------------------------------------|--|-----------------|
| 1100086 | Referral Fee | <ul style="list-style-type: none"> • Flat fee. Fee includes all Services relating to scheduling an Evaluation and completion of Part B of the Intake Questionnaire. • Eligible to be invoiced once per referral upon completion of Part B of the Intake Questionnaire, including where the Injured Worker is determined by the PFI Physician to be ineligible for an Evaluation. • The Contractor shall not invoice the Referral Fee if: <ul style="list-style-type: none"> ○ WorkSafeBC cancels the referral before the Contractor undertakes the Scheduling Call; or ○ the Injured Worker attends the PFI Appointment but cannot proceed with the Evaluation as a result of the Contractor's failure to gather required information set out in Part B of the Intake Questionnaire. | \$200.00 |
| 1100085 | Physician Review Fee | <ul style="list-style-type: none"> • Flat fee. Fee includes all Services relating to the PFI Physician's review of the Referral Materials and completed Part B of the Intake Questionnaire. • Eligible to be invoiced once per referral upon completion of the PFI Physician's review of the Referral Materials and Part B of the Intake Questionnaire. • The Contractor shall not invoice the Physician Review Fee if WorkSafeBC cancels the referral before the PFI Physician reviews the Referral Materials. | \$120.00 |
| 1102592 | Simple Complexity Examination | <ul style="list-style-type: none"> • Flat fee. Fee includes all Services relating to the Evaluation of an Injured Worker with any of the following injury characteristics: <ul style="list-style-type: none"> ○ one large joint (e.g. shoulder, elbow, wrist, hip, knee, great toe, thumb, ankle); or ○ no more than two fingers. | \$450.00 |

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| | | <ul style="list-style-type: none"> • Fee code cannot be invoiced in the same referral with fee codes 1102593, 1102594 or 1102595. | |
| 1102593 | Intermediate Complexity Examination | <ul style="list-style-type: none"> • Flat fee. Fee includes all Services relating to the Evaluation of an Injured Worker with any of the following injury characteristics: <ul style="list-style-type: none"> ○ two large joints; ○ two fingers and thumb; ○ three or four fingers; ○ single region of spinal column (cervical, thoracic or lumbar); or ○ more than one region of the spinal column, limited to the thoracic and lumbar spines. • Fee code cannot be invoiced with fee codes 1102592, 1102594 or 1102595 in same referral. | \$500.00 |
| 1102594 | Complex Examination | <ul style="list-style-type: none"> • Flat fee. Fee includes all Services relating to the Evaluation of an Injured Worker with any of the following injury characteristics: <ul style="list-style-type: none"> ○ three large joints; ○ entire hand (may include wrist); or ○ more than one region of the spinal column, one of which is the cervical region. • Fee code cannot be invoiced in same referral with fee codes 1102592, 1102593 or 1102595. | \$650.00 |
| 1102595 | Very Complex Examination | <ul style="list-style-type: none"> • Flat fee. Fee includes all Services relating to the Evaluation of an Injured Worker with four or more large joint sites. • Contractor shall seek pre-approval from Health Care Services prior to commencing the Evaluation of an Injured Worker requiring evaluation activities to four or more large joint sites. • Fee code cannot be invoiced in same referral with fee codes 1102592, 1102593 or 1102594. | \$800.00 |

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| 1100091 | Non-ROM Test | <ul style="list-style-type: none">• Flat fee. Fee includes all Services relating to the delivery of Non-ROM tests in the course of the Evaluation as directed by the PFI Physician.• Flat fee is inclusive of all Non-ROM tests performed by the Non-ROM Test Evaluator.• Contractor shall only invoice for Non-ROM tests if such tests are requested by the PFI Physician and actually performed by the Non-ROM Test Evaluator. | \$85.00 |