

RETURN TO WORK SERVICES

SCHEDULE 7

FEES AND SUNDRY ITEMS

1.00 GENERAL

- 1.01 This Schedule applies to all Assessment and Program Schedules, except Schedule 5.
- 1.02 To be eligible for all fees, incentives, and billings, the Contractor must be in full compliance with this Agreement, and with all applicable CRG requirements.
- 1.03 Cancellations are limited to Services which are cancelled by a party other than the Contractor within twenty-four (24) hours of the Service being delivered. To be eligible for a cancellation fee the Contractor must have confirmed the Service with the Worker and must have obtained all required approvals from the CO, or HCC, as applicable.
- 1.04 No-shows are limited to Services which are scheduled and able to proceed as confirmed but fail to proceed solely as a result of the Worker failing to attend the Service. To be eligible for a no-show fee the Contractor must have confirmed the Service with the Worker and must have obtained all required approvals from the CO, or HCC, as applicable.

2.00 INVOICES

- 2.01 All billings must be submitted on the prescribed invoices. Invoices include the following:

Name	Form
Brain Injury Assessment Services	C1127
Brain Injury Program	C1128
Complex Program	C746
CPI Program	C1381
Hybrid Program	C1013
Post-COVID Program	C1428
Provider Site Based Program	C744
RTW Assessment Services	C740
TPI Program	C1014
Work Site Based Program	C745

3.00 INVOICE CORRECTIONS

- 3.01 All corrections must be submitted on the prescribed correction invoice. Correction invoices include the following:

Name	Form
BI RTW Services	C1129
RTW Services	C1150

4.00 ASSESSMENT SERVICE FEES

4.01 The following Assessment Service prices apply for all Services, except BI:

Service	Type	Code	Fee (\$)
MSE	Flat	WAC01	400.00
SME	Flat	SHLD01	470.00
BME	Flat	BAC01A	400.00
ME Medical Coordination incl Addendum Report	Flat	WMED01	180.25
Shoulder Medical Coordination incl Addendum Report	Flat	SMED01	180.25
BFCE	Flat	WAC03	608.00
CFCE	Flat	WAC04	875.00
FIT CFCE (Virtual)	Flat	WAC05	647.00
RTWPM	Flat	WSV	675.00
Virtual RTWPM	Flat	RTWP	292.00
RTWPM Follow-up	Per 15 mins	WSV50	36.50
Virtual RTWPM Follow-up	Per 15 mins	RTWP50	36.50
RTWPM – Entitlement	Per 15 mins	WSV30	36.50
RTWPM – Microprocessor Knee Report	Per 15 mins	PRF02	37.75
RTWPD	Flat	WSD01	146.00
RTWPD – Not all requirements met	Flat	ASNCS	As approved
Psychological Screen – For TPI	Flat	TPI01	712.00
Psychological Screen – For CPI	Flat	CPI01	712.00
PSA	Flat	PSA01	875.00
Virtual PSA	Flat	PSA02	647.00

Service	Code	Cancel (\$)	Code	No-show (\$)
MSE	WAC01C	360.00	WAC01NS	400.00
SME	SHLD01C	423.00	SHLD01N	470.00
BME	BAC01C	360.00	BAC01N	400.00
BFCE	WAC03C	547.00	WAC03NS	608.00
CFCE – Assessment day 1	WAC04C	787.50	WAC04NS	875.00
CFCE – Assessment day 1 attended; Assessment day 2	WAC04C2	831.25	WAC04N2	875.00
Virtual CFCE (Virtual)	WAC05C	582.30	WAC05NS	647.00
RTWPM	WSVC	608.00	WSVNS	675.00
Virtual RTWPM	RTWPC	263.00	RTWPN	292.00
RTWPM Follow-up	WSV50C	132.00	WSV50N	146.00
Virtual RTWPM Follow-up	RTWP50C	132.00	RTWP50N	146.00
RTWPM – Entitlement	WSV30C	132.00	WSV30N	146.00

Service	Code	Cancel (\$)	Code	No-show (\$)
Psychological Screen – For TPI	TPI01C	640.80	TPI01NS	712.00
Psychological Screen – For CPI	CPI01C	640.80	CPI01NS	712.00
PSA	PSA01C	787.50	PSA01NS	875.00
Virtual PSA	PSA02C	582.30	PSA02NS	647.00

4.02 The following Assessment Service prices apply to BI Services only:

Service	Type	Code	Fee (\$)
BI ME	Flat	BIA05	700.00
BI ME Medical Coordination including Addendum Report	Flat	BWMED01	180.25
CSA	Flat	BIA14	830.00
CSA Follow-up	Flat	BIA15	415.00
BI BFCE – Group 1	Flat	BIA10	608.00
BI BFCE – Group 2	Flat	BIA20	632.00
BI CFCE – Group 1	Flat	BIA11	875.00
Virtual BI CFCE – Group 1	Flat	BIA13	647.00
BI CFCE – Group 2	Flat	BIA21	910.00
Virtual BI CFCE – Group 2	Flat	BIA22	647.00
BI RTWPM – Group 1	Flat	BWSV	675.00
Virtual BI RTWPM – Group 1	Flat	BRTWP1	292.00
BI RTWPM – Group 2	Flat	BWSV2	701.50
Virtual BI RTWPM – Group 2	Flat	BRTWP2	306.00
BI RTWPD – Group 1	Flat	BWSD01	146.00
BI RTWPD – Group 2	Flat	BWSD21	153.00
RTWPD – Not all requirements met	Flat	ASNCS	As approved
TBI Intake Interview – Psychologist	Flat	BIA01	680.00
TBI Intake Interview – Neuropsychologist	Flat	BIA02	760.00
NPS	Flat	BIA03	760.00
NPA	Flat	BIA04	2,660.00
BI – Psychologist fee for COP	Flat	BIA06	42.50
BI – Neuropsychologist fee for COP	Flat	BIA07	47.25
BI – Speech-Language Pathologist	Per 15 min	BIA08	31.25
PSA	Flat	PSA01	875.00
Virtual PSA	Flat	PSA02	647.00

Service	Code	Cancel (\$)	Code	No-show (\$)
BI ME	BIA05C	630.00	BIA05N	700.00
CSA	BIA14C	747.00	BIA14N	830.00
CSA Follow-up	BIA15C	373.50	BIA15N	415.00
BI BFCE (Group 1 or 2)	BIA10C	547.00	BIA10N	608.00
BI CFCE (Group 1 or 2)	BIA11C	787.50	BIA11N	875.00
Virtual BI CFCE – Group 1	BIA13C	582.30	BIA13N	647.00

Service	Code	Cancel (\$)	Code	No-show (\$)
Virtual BI CFCE – Group 2	BIA22C	582.30	BIA22N	647.00
BI RTWPM	BWSVC	608.00	BWSVN	675.00
Virtual BI RTWPM – Group 1	BRTWP1C	263.00	BRTWP1N	292.00
Virtual BI RTWPM – Group 2	BRTWP2C	275.00	BRTWP2N	306.00
TBI Intake Interview – Psychologist	BIA01C	612.00	BIA01N	680.00
TBI Intake Interview – Neuropsychologist	BIA02C	684.00	BIA02N	760.00
NPS	BIA03C	684.00	BIA03N	760.00
NPA	BIA04C	2,394.00	BIA04N	2,660.00
PSA	PSA01C	787.50	PSA01NS	875.00
Virtual PSA	PSA02C	582.30	PSA02NS	647.00

4.03 The following Assessment Services are available to the Worker receiving BI Services.

Service	Type	Code	Fee (\$)
Single Service Assessment	Per 15 min	SAS01	27.50
Vestibular Physiotherapy Assessment (incl. BPPV)	Per 15 min	SAS03	37.75

4.04 The following Assessment Service prices apply to TPI Services only:

Service	Type	Code	Fee (\$)
TPI Intake Service (<i>maximum of 3 hours</i>)	Hourly	TPI10	178.00

4.05 The following Assessment Service prices apply to CPI Services only:

Service	Type	Code	Fee (\$)
CPI Intake Service (<i>maximum of 3 hours</i>)	Hourly	CPI10	178.00

4.06 The following Assessment Service prices apply to PCR Services only:

Service	Type	Code	Fee (\$)
PCR Triage	Flat	TRG01	420.00

Service	Code	Cancel (\$)	Code	No-show (\$)
PCR Triage	TRG01C	378.00	TRG01N	420.00

5.00 SINGLE SERVICES

5.01 The following single Service fees are payable within Assessment and all Programs as indicated below, if extra Services are required:

Service	Type	Code	PSB, WSB, Hybrid, PCR	Complex	BI, TPI, CPI
Single Service occupational therapy	Hourly	ROT01	151.00	151.00	158.00
Single Service physiotherapy	Hourly	RPH01	151.00	151.00	151.00
Single Service kinesiology	Hourly	RKN01	140.00	140.00	140.00
Single Service MSW	Hourly	RMSW01	144.00		
Single Service psychology	Hourly	RPSY01	170.00	178.00	178.00
Single Service physician	Hourly	RGP01	265.00	265.00	265.00
Orientation	Flat	RNT01	35.00	35.00	35.00
Extra Reporting time	Hourly	RRT01	146.00	146.00	146.00
Extra RTWPM Services	Hourly	RPM01	146.00	146.00	146.00
Custom Program	Hourly	RCP01	As approved	As approved	As approved

5.02 The following single Service fees are payable within PSB, and complex Programs, if extra Services are required (PTC approval is required):

Service	Type	Code	Fee (\$)
Vestibular Physiotherapy Assessment (incl. BPPV)	Per 15 min	SAS03	37.75
Vestibular Physiotherapy Treatment (incl. BPPV)	Per 15 min	RVT01	37.75

5.03 The following single Service fees are payable within PCR Programs, if extra Services are required:

Service	Type	Code	Fee (\$)
Psychological Group	Hourly	CVDGRP	44.50
Vestibular Physiotherapy Assessment (incl. BPPV)	Hourly	SAS03	151.00
Vestibular Physiotherapy Treatment (incl. BPPV)	Hourly	RVT01	151.00

5.04 The following fees are payable within all Programs except PCR, as approved by the CO:

Service	Type	Code	Fee (\$)
Documentary PSAs	Hourly	RDPSA01	146.00
Ergonomic Assessments	Hourly	RERG01	146.00
Driving Assessments	Hourly	RDA01	146.00
Specialized Assessments	Hourly	RSA01	146.00

6.00 PROGRAM FEES

6.01 The following Program prices apply to all Programs (except PCR):

Service	Type	Code	Fee (\$)
Collaborative Care Call	15 mins	RCC01	37.75

7.00 PSB, WSB, AND HYBRID PROGRAM FEES

7.01 The following Program prices apply to PSB Programs:

Days from Admission Date to Discharge Date	Code	Fee (\$)
3 or fewer	RTW58	Hourly billing
4 to 7	PSB02	1,050.00
8 to 13	PSB03	1,980.00
14 to 19	PSB04	2,417.00
20 or more	PSB05	3,018.00

7.02 The following Program prices apply to WSB Programs:

Service Interventions from Admission Date to Discharge Date	Code	Fee (\$)
2 or fewer	RTWNCS	As approved
3 or more	WRKST01	870.00

7.03 The following Program prices apply to hybrid Programs:

Days from Admission Date to Discharge Date	Code	Fee (\$)
3 or fewer	RTW58	Hourly billing
4 or more	HYB01	2,250.00

7.04 The following fees apply to PSB, WSB, and hybrid Programs only:

Service	Type	Code	Fee (\$)
RTW Follow-up Counselling	Per 15 min	RTW57	42.50

Service	Code	Cancel (\$)	Code	No-show (\$)
Day 1 of Program only	FPDC	146.00	FPDNS	146.00
RTW Follow-up Counselling	RTW57C	153.00	RTW57N	170.00

8.00 COMPLEX PROGRAM FEES

8.01 The following Program prices apply to complex Programs only:

Days from Admission Date to Discharge Date	Type	Code	Fee (\$)
2 or fewer	Flat	CMPLX01	1,093.00
3 to 10	Flat	CMPLX02	3,823.00
10 or more	Flat	CMPLX03	8,191.00
RTW Follow-up Counselling	Per 15 min	RTW57	44.50

Service	Code	Cancel (\$)	Code	No-show (\$)
Day 1 of Program only	FPDC	356.00	FPDNS	392.00
RTW Follow-up Counselling	RTW57C	160.20	RTW57N	178.00

9.00 TPI PROGRAM FEES

9.01 The following Program prices apply to TPI level 1 and 2 Programs only:

Service	Type	Code	Fee (\$)
Psychology	Per 15 min	TPI02	44.50
Exercise Therapy Assessment	Flat	TPI15	140.00
Exercise Therapy Group	Hourly	TPI16	35.00
Psychological Group	Hourly	TPI17	44.50
Exposure therapy incidentals	Flat	TPI18	Per receipt

Service	Code	Cancel (\$)	Code	No-show (\$)
Psychology	TPI02C	160.20	TPI02NS	178.00

9.02 The following Program prices apply to TPI level 2 Programs or associated Services only, as delivered by an occupational therapist, an MSW, or a psychiatric nurse:

Service	Type	Code	Fee (\$)
Occupational therapy provided in level 2 Services	Per 15 min	TPI03	39.50
Occupational therapy follow-up	Per 15 min	TPI03A	39.50

Service	Code	Cancel (\$)	Code	No-show (\$)
Occupational therapy	TPI03C	142.00	TPI03NS	158.00
Occupational therapy follow-up	TPI03AC	142.00	TPI03AN	158.00

9.03 The following Program prices apply to TPI level 3 Programs only:

Days from Admission Date to Discharge Date	Type	Code	Fee (\$)
2 or fewer	Flat	TPI04	1,093.00
3 or more	Flat, bi-weekly	TPI14	3,460.00
TPI RTW Follow-up Counselling	Per 15 min	TPI13	44.50

Service	Code	Cancel (\$)	Code	No-show (\$)
Day 1 of Program only	FPDC	356.00	FPDNS	392.00
TPI RTW Follow-up Counselling	TPI13C	160.20	TPI13NS	178.00

9.04 A Program of two (2) or fewer Program days cannot be billed in addition to the bi-weekly rate for a single TPI Program admission.

10.00 CPI PROGRAM FEES

10.01 The following Program prices apply to CPI standard and CPI complex Programs:

Service	Type	Code	Fee (\$)
Exercise Therapy Assessment	Flat	CPI15	140.00

Service	Type	Code	Fee (\$)
Exercise Therapy Group	Hourly	CPI16	35.00
Psychological Group	Hourly	CPI17	44.50
Exposure therapy incidentals	Flat	CPI18	Per receipt

10.02 The following Program prices apply to CPI standard Programs or associated Services only, as delivered by an occupational therapist, an MSW, or a psychiatric nurse:

Service	Type	Code	Fee (\$)
Psychology	Per 15 min	CPI02	44.50
Occupational therapy provided in standard program	Per 15 min	CPI03	39.50
Occupational therapy follow-up	Per 15 min	CPI03A	39.50

Service	Code	Cancel (\$)	Code	No-show (\$)
Psychology	CPI02C	160.20	CPI02NS	178.00
Occupational therapy	CPI03C	142.00	CPI03NS	158.00
Occupational therapy follow-up	CPI03AC	142.00	CPI03AN	158.00

10.03 The following Program prices apply to CPI complex Programs:

Days from Admission Date to Discharge Date	Type	Code	Fee (\$)
2 or fewer	Flat	CPI04	1,093.00
3 or more	Flat, bi-weekly	CPI14	3,460.00
CPI RTW follow-up counselling	Per 15 min	CPI13	44.50

Service	Code	Cancel (\$)	Code	No-show (\$)
Day 1 of Program only	FPDC	356.00	FPDNS	392.00
CPI RTW follow-up counselling	CPI13C	160.20	CPI13NS	178.00

10.04 A Program of two (2) or fewer Program days cannot be billed in addition to the bi-weekly rate for a single CPI Program admission

11.00 BI PROGRAM FEES

11.01 The following Program prices apply to BI Programs only. The daily rate is only available when the Worker is not able to meet the minimum Program attendance and is payable instead of the weekly rate.

Time on Program – Group 1	Type	Code	Fee (\$)
Single Days	Daily	BIP11	470.00
Over 4 Weeks	Weekly	BIP08	2,585.00
Up to 8 Weeks	Weekly	BIP09	2,045.00
Greater than 8 Weeks	Weekly	BIP10	1,997.00

Time on Program – Group 2	Type	Code	Fee (\$)
Single Days	Daily	BIP31	489.00
Over 6 Weeks	Weekly	BIP28	2,690.00
Up to 12 Weeks	Weekly	BIP29	2,127.00
Greater than 12 Weeks	Weekly	BIP32	2,078.00

Service – Group 1 and 2	Type	Code	Fee (\$)
Clinical Worksite Follow-up	Per 15 min	BWSV3	36.50
BI Follow-up Counselling	Per 15 min	BIA12	44.50

Service	Code	Cancel (\$)	Code	No-show (\$)
Group 1 – Day 1 of Program only	BIP08C	470.00	BIP08N	470.00
Group 2 – Day 1 of Program only	BIP28C	489.00	BIP28N	489.00
BI – Follow-up Counselling	BIA12C	160.20	BIA12N	178.00

11.02 The following single Service fee is payable within the BI Program only if the Service was not already completed during the Assessment phase:

Service	Type	Code	Fee (\$)
Vestibular Physiotherapy Assessment (incl. BPPV)	Per 15 min	SAS03	37.75

12.00 PCR PROGRAM FEES

12.01 The following Program prices apply to PCR Programs only.

Time on Program	Type	Code	Fee (\$)
Per Week of Service	Weekly	PCRP01	1,305.00

13.00 NON-CONTRACTED SERVICES

13.01 Non-contracted Services are defined as Services provided that are not within this Agreement.

13.02 The following Service codes are available for billing submissions:

Description	Code
Assessment non-contracted Services	ASNCS
RTW program non-contracted Services	RTWNCS
BI non-contracted Services	NCSR

14.00 PROGRAM INCENTIVES

14.01 The following incentives are payable for PSB Programs only:

Days from Admission Date to Discharge Date	Code	TD Fee (\$)	Code	RB Fee (\$)
Group 1				
3 or fewer	Not eligible	Not eligible	Not eligible	Not eligible
4 to 7	RTW40A	525.00	RTW40B	680.00
8 to 13	RTW41A	856.00	RTW41B	2,020.00
14 to 19	RTW42A	765.00	RTW42B	1,600.00
20 or more	RTW43A	505.00	RTW43B	700.00
Group 2				
3 or fewer	Not eligible	Not eligible	Not eligible	Not eligible
4 to 7	Not eligible	Not eligible	RTW44B	680.00
8 to 13	Not eligible	Not eligible	RTW45B	2,020.00
14 to 19	Not eligible	Not eligible	RTW46B	1,600.00
20 or more	Not eligible	Not eligible	RTW47B	700.00

14.02 The following incentives are payable for WSB Programs only:

Service Interventions from Admission Date to Discharge Date	Code	Fee (\$)
3 or more	RTW05	1,200.00

14.03 The following incentives are payable for hybrid Programs only:

Days from Admission Date to Discharge Date	Code	TD Fee (\$)	Code	RB Fee (\$)
Group 1				
3 or fewer	Not eligible	Not eligible	Not eligible	Not eligible
4 or more	RTW48A	550.00	RTW48B	821.00
Group 2				
3 or fewer	Not eligible	Not eligible	Not eligible	Not eligible
4 or more	Not eligible	Not eligible	RTW49B	821.00

14.04 The following incentives are payable for complex Programs only:

Days from Admission Date to Discharge Date	Code	TD Fee (\$)	Code	RB Fee (\$)
Group 1				
2 or fewer	Not eligible	Not eligible	Not eligible	Not eligible
3 to 9	Not eligible	Not eligible	Not eligible	Not eligible
10 or more	RTW50A	1,600.00	RTW50B	2,360.00
Group 2				
2 or fewer	Not eligible	Not eligible	Not eligible	Not eligible
3 to 9	Not eligible	Not eligible	Not eligible	Not eligible
10 or more	Not eligible	Not eligible	RTW51B	2,360.00

14.05 The following incentives are payable for TPI level 3 Programs only:

Days from Admission Date to Discharge Date	Code	TD Fee (\$)
TPI level 3 program – 10 or more	RTW27	3,276.00
Transitional Work	RTW30	240.00

14.06 The following incentives are payable for CPI complex Programs only:

Days from Admission Date to Discharge Date	Code	TD Fee (\$)
CPI complex program – 10 or more	RTW34	3,276.00
Transitional Work	RTW35	240.00

15.00 OTHER INCENTIVES

15.01 Incentives are payable as follows, subject to the Contractor meeting all applicable criteria as specified in the CRGs:

Dominant Criteria	Code	Fee (\$)
Worker admitted to first Assessment within two (2) Days of confirmed referral date	RA01	90.00
Discharge report sent to the CO within two (2) Days of discharge date	ED01	90.00
Transitional work commencing while the Worker on Program – PSB	RTW25	240.00
Transitional work commencing while the Worker on Program – hybrid	RTW28	240.00
Transitional work commencing while the Worker on Program – complex	RTW29	240.00
Neuropsychologist Assessment cycle time – BI	BIA09	300.00
Successful RTW following RTWPM when not previously working	RTW24	435.00
Treating Physician Contact Memo Incentive	PCM01	10.00

15.02 A container incentive of \$180.00 is payable when the Contractor provides all required Services as follows, where the measure is in Days from the referral date to the date the last required report is sent:

Applicable Service Parameters						
	Code	Single Service	Combined Services	Medical Coordination	Travel >100km	Days
1A	RTW52A	Yes	No	No	No	5
1B	RTW52B	Yes	No	No	Yes	6
1C	RTW56A	Shoulders only	No	No	No	7
1D	RTW56B	Shoulders only	No	No	Yes	8
2A	RTW53A	No	Yes	No	No	9
2B	RTW53B	No	Yes	No	Yes	10
3A	RTW54A	Yes	Yes	Yes	No	13
3B	RTW54B	Yes	Yes	Yes	Yes	14
4A	RTW55A	RTWPM only	No	No	No	8
4B	RTW55B	RTWPM only	No	No	Yes	9

15.03 All containers are exclusive of RTWPM except for containers 4A and 4B.

15.04 Travel greater than 100 kilometres refers to situations wherein the Worker lives greater than 100 kilometers from the Contractor's Premises.

16.00 SUNDRY ITEMS

16.01 RTW Services sundry items are defined as a variety of treatment equipment, or tools provided to a Worker to assist with the progression of fitness to work or a home exercise program after receiving an Assessment, or while on Program.

16.02 The Contractor will make a reasonable effort to determine what sundry items the Worker has already been provided, to avoid duplication.

16.03 The following sundry items are available to the Worker receiving rehabilitation Services, including rehabilitation Assessments:

Description	Max Calls	Code	Fee (\$)
Ankle Brace	1	BA01R	65.49
Achilles Tendon Support	1	BA02R	79.46
Treat Your Own Back (book)	1	BK03R	13.26
Treat Your Own Neck (book)	1	BK04R	12.16
Low Back Support	1	BS01R	66.60
High Back Support	1	BS02R	75.00
Support Seat	1	BS03R	86.26
Wrist/thumb brace	1	BT01R	48.83
Wrist brace	1	BW01R	34.45
CD (Letting Go of Stress)	1	CD02R	14.11
Reusable Hot/Cold Pack	2	CH03R	5.05
Caldera hot/cold back & ribs	1	CH04R	36.43
Caldera hot/cold underseal large (shoulder)	1	CH05R	37.18
Hot/cold shoulder pack	1	CH06R	21.00
Cane	1	CN01R	40.01
Cervical Roll	1	CR01R	27.93
Pillows - D-core	1	DP01R	34.74
Hand Exerciser Ball	1	EB02R	12.93
Physiotherapy Ball 45 cm	1	EB45R	18.68
Physiotherapy Ball 55 cm	1	EB55R	41.33
Physiotherapy Ball 65 cm	1	EB65R	45.37
EZ Reacher 30"	1	EZ01R	24.95
Flex Bar Red	1	FB01R	27.20
Flex Bar Green	1	FB02R	33.18
Flex Bar Blue	1	FB03R	37.89
6" Foam Roller (Half)	1	FR03R	19.27
6" x 36" Foam Roller	1	FR04R	29.27

Description	Max Calls	Code	Fee (\$)
Hand Digitizers (all resistances)	1	HD01R	31.05
Resistive Exercisor V Hand Grips	1	HG01R	16.95
Ice O Grip	1	IG01R	8.93
Lumbar Support Bolster 8"	1	LB01R	60.06
Lumbar Support Bolster 10"	1	LB02R	62.92
Lumbar Support Bolster 12"	1	LB03R	67.92
Lumbar Roll (Supporting Roll)	1	LR01R	28.16
Leukotape	2	LT01R	14.78
Myofascial Balls	1	MB01R	39.10
Gel Medicine Ball (red), 2LB	1	MB02R	13.95
Moist Heat Pack - cervical, 24" long	1	MH01R	22.50
Moist Heat Pack - standard, 10" x 12"	1	MH02R	16.75
Moist Heat Pack - large, 10" x 18"	1	MH03R	29.10
Pillow	1	MP01R	50.34
Pulley	1	PU01R	27.46
Power Web	1	PW01R	44.79
Body Rolling Ball	2	RB01R	3.87
Soft vinyl ball	1	SF01R	2.50
OPTP Stretch Out Strap	1	SSO1R	19.79
T-Band Blue (per meter)	3	TB02R	6.42
T-Band Green (per meter)	3	TB04R	5.75
T-Band Gold (per meter)	3	TB05R	12.10
T-Band Red (per meter)	3	TB06R	5.14
T-Band Black (per meter)	3	TB07R	6.98
T-Band Silver (per meter)	3	TB08R	8.99
T-Band Yellow (per meter)	3	TB09R	4.98
Tennis Elbow Splint	1	TE01R	35.59
T Grip / D Grip	2	TG01R	5.00
Trigger Point Massager	1	TM01R	49.37
Putty Yellow (4 oz)	2	TP02R	6.95
Putty Red (4 oz)	2	TP03R	6.95
Putty Green (4 oz)	2	TP04R	6.95
Putty Blue (4 oz)	2	TP05R	6.95
Tensor bandages (one roll)	6	TS01R	5.75
Wobble Board 20"	1	WB01R	104.25
Wobble Board classic	1	WB02R	45.94
Wobble Board – Tri-Level Balance	1	WB03R	53.10

16.04 Sundry items which are not on the sundry list are referred to as "RTW Unlisted Sundry" and must be billed as follows:

Description	Code
RTW Unlisted Sundry	ULS01R

16.05 RTW Unlisted Sundry items do not require approval. WCB will monitor the use of these items with regular audits.

17.00 TRAVEL

17.01 The Contractor may invoice associated mileage, meal costs and professional travel time for travel outside of city limits of the Contractor’s Premises which is required as a result of Services provided. The applicable expense rates are those which WCB sets for its own employees. The rates are automatically updated periodically.

17.02 As of January 1, 2019, the expense rates are as follows:

Condition	Type	Code	Fee (\$)
Outside of city limits only	Mileage	EXP01	0.51/km
Outside of city limits only	Travel Time	EXP05	146.00/hr
Leave before 7:00 a.m. and arrive after 8:30 a.m.	Breakfast	EXP02	11.00
Leave before 11:30 a.m. and arrive after 1:00 p.m.	Lunch	EXP03	14.00
Leave before 5:30 p.m. and arrive after 7:00 p.m.	Dinner	EXP04	24.00
Reasonable expenses directly related to required travel excluding mileage, travel time and mileage, such as hotels, flights and parking fees.	Other Travel Expenses	EXP10	As incurred