

SCHEDULE C
FEE SCHEDULE
Effective November 28, 2018 through June 30, 2019

CONSULTATION REPORT FEES	WCB Fee		WCB Health Services Code
Consultation report	Same-day	\$90.91	RF01E
	On-time	\$82.86	
	Late	\$62.15	
Follow-up report	Same-day	\$45.19	RF03E
	On-time	\$41.19	
	Late	\$30.89	

SUPPLEMENTARY REPORT FEES	WCB Fee	WCB Health Services Code
Photocopy of chart First Page Pages Thereafter	\$39.21 0.49c/page	RF04
Summary of medical information, WITHOUT OPINION , first 30 minutes	\$172.51	RF05
Additional 15 minute increments	\$54.90	
Summary of medical information, WITH OPINION , first 30 minutes	\$211.68	RF06
Additional 15 minute increments	\$54.90	
Copies of specified documents or reports from a chart are requested by WCB, and are part of a summary of medical information (RF05/RF06)	0.49c/page	RF08

EXPEDITED CONSULTATION	WCB Fee	WCB Health Services Code
Report received within 15 Business Days from referral	\$352.84	RF02
Report received within 16 – 25 Business Days from referral	\$117.63	RF09

EXPEDITED SURGERY	WCB Fee	WCB Health Services Code
Surgeon (within 15 Business Days of Consult when consent from the patient is obtained)	\$563.31	ES01
Surgery no show/cancellation – VSC referrals only - Notification of cancellation with 3 Business Days or less from date of consult	50% of associated procedure fee or \$500 whichever is higher	ES01N
VSC Cases Only – delays due to Worker personal reasons	\$563.31	ES
VSC Cases Only – delays due to Worker safety concerns	\$563.31	ES
VSC Cases Only – delays due to surgery bookings beyond the surgical capacity scheduled at the facility	\$563.31	ES

Surgeon (16-25 Business Days following consult when consent from the patient is obtained)	\$187.77	ES04
Surgery no show/cancellation – VSC referrals only - Notification of cancellation with 3 Business Days or less from date of consult	50% of associated procedure fee or \$500 whichever is higher	ES04N

CONSULTS IN A VSC FACILITY	WCB Fee	WCB Health Services Code
Non back – first consult	\$600.86	VS01
Non back – follow-up consult	\$175.76	VS02
Back – first consult	\$600.86	VS03
Back – follow-up consult	\$300.44	VS04
Non back – first consult no show/cancellation with 3 Business Days or less from the date of consult	\$600.86	VS01N
Non back – follow-up consult no show/cancellation with 3 Business Days or less from the date of consult	\$175.76	VS02N
Back – first consult no show/cancellation with 3 Business Days or less from the date of consult	\$600.86	VS03N
Back – follow-up Consult no show/cancellation with 3 Business Days or less from the date of consult	\$300.44	VS04N
Additional time may be billed for VSC consults as follows:		
<ul style="list-style-type: none"> • First consult greater than 30 minutes • Follow-up consult greater than 15 minutes 		
Non Back – first consult extra time per 15 min interval	\$300.44	VS01E
Non Back – follow-up consult extra time per 15 min interval	\$175.76	VS02E
Back – first consult extra time per 15 min interval	\$300.44	VS03E
Back – follow-up consult extra time per 15 min interval	\$300.44	VS04E

CONSULTS IN COMMUNITY OFFICE	WCB Fee	WCB Health Services Code
Initial consult	As per AH SOMB	03.08A
Initial consult no show/ cancellation • Notification of cancellation with 3 Business Days or less from date of consult	Fee will match AH 03.08A fee	COM01N
Follow-up consult	As per AH SOMB	03.03A
Follow up consult no show/ cancellation • Notification of cancellation with 3 Business Days or less from date of consult	Fee will match AH 03.03A fee	COM02N

NON-CONTRACTED SERVICE	WCB Health Services Code
Requires prior Health Care Consultant approval	OPNC

OP Codes			
WCB Code	Equivalent AH Code	Description	WCB Fee
OP01	93.83C	Posterior shoulder instability repair NOTE: May not be claimed in association with 93.83D or 95.65B	\$1,300.96
	93.83D	Bankart repair or capsular shift for anterior instability	
OP02	95.91C	Subacromial decompression, including bursectomy. NOTE: May not be billed in association with 95.65B	\$609.82
OP08A	93.09D	Instrumentation with or without fusion, posterior 2 vertebrae	\$1,892.88
OP08B	93.09F	Instrumentation of dorsolumbar and cervical spine with or without fusion, posterior, 3 vertebrae	\$2,219.74
OP08C	93.05D	Instrumentation following spinal decompression	\$2,175.69
OP08D	93.05E	Instrumentation of spine following excision of spinal or paraspinal tumor	\$2,503.48
OP08E	93.09G	Instrumentation of dorsolumbar and cervical spine with or without fusion, posterior, 4 vertebrae	\$2,657.12
OP09	92.32B	Arthroscopy knee, including meniscectomy	\$650.48
OP10	16.09P	Anterolateral or posterolateral decompression of spine, not simple discectomy or laminectomy	\$2,057.13
OP11	93.45A	Anterior cruciate ligament reconstruction with bone - patellar tendon graft	\$1,626.19
OP17	93.41A	Total knee arthroplasty, including hemiarthroplasty	\$1,951.42
	93.59A	Total hip arthroplasty	
OP18	93.83H	Rotator cuff repair including tendon transfer NOTE: May not be claimed with 95.65B except where tendon transfers are performed through a different incision and do not involve rotator cuff muscles.	\$975.71
OP22	93.11A	Ankle Fusion	\$1,788.80
OP23	93.12A	Single Hindfoot Joint Fusion or syndesmosis fusion	\$1,073.28
OP24	93.12B	Double hind foot joint fusion	\$1,498.89
OP26	93.49A	Reconstruction ligament(s) ankle, early repair less than 14 days	\$681.31
OP27	93.49B	Reconstruction ligament(s) ankle, late repair, more than 14 days	\$975.71
OP28	89.22B	Wedge Osteotomy Ulna	\$975.71
OP29	93.25	Arthrodesis – Carporadial fusion	\$1,626.19

OP30	93.28	Interphalangeal fusion – arthrodesis or tenodesis	\$754.17
OP31	90.6F	Removal of hardware, excluding external fixator devices	\$365.89
OP32	98.11C	Debridement of wound or infected tissue (over 64 square cms)	\$767.01