

Amendment Agreement made effective January 20, 2017

BETWEEN:

BRITISH COLUMBIA MEDICAL ASSOCIATION

115 – 1665 West Broadway
Vancouver, BC V6J 5A4

("Doctors of BC")

AND:

WORKERS' COMPENSATION BOARD

6951 Westminster Highway
Richmond, BC V7C 1C6

("WorkSafeBC")

WHEREAS:

- A. Doctors of BC and WorkSafeBC entered into a Physician Services Agreement made effective April 1, 2014 (the "2014 Agreement");
- B. Schedule A of the 2014 Agreement recognizes the physicians' role in facilitating return to work, including optimizing recovery and a safe early return to work through care and appropriate support of, and encouragement to, injured workers;
- C. Schedule C of the 2014 Agreement includes provisions with respect to expedited surgical service requirements and fees, including the requirement in section 3.3.3 that expedited surgery be performed within 20 business days from the date of the last consultation in order to be eligible for billing at the expedited procedural rate set out in the 2014 Agreement;
- D. The parties have experienced practical challenges in the implementation of the 20 business day timeline for expedited surgery, and previously agreed under a MSP System Change Agreement made effective May 18, 2016 to implement the MSP system changes necessary to change to the 40 business day timeline and to jointly contribute to the associated costs of those changes in anticipation of this Amendment Agreement being entered into;
- E. The parties now wish to set forth their agreement to amend the 2014 Agreement to provide for a 40 business day timeline for expedited surgery to be eligible for the expedited procedural rate; to address payment for injury outcomes and return to work facilitation after emergency surgery; and to update eligible emergency surgery out of office surcharges, all with effect from November 1, 2015.

In consideration of the mutual agreements set out herein and other good and valuable consideration, the parties agree as follows:

- 1. The parties agree that section 3.3.2 of Schedule C of the 2014 Agreement is deleted and the following substituted therefor:
 - 3.3.2 All expedited surgical procedures, with the exception of extensive spinal surgery, and qualifying out of office emergency surgery shall be billed and compensated in accordance with Schedule D Section 2.0.

3.3.2.1 NEW MODEL FOR EXPEDITED SURGICAL PROCEDURES

The Parties agree to transition to a new model for expedited surgical procedures as referenced in Appendix B – Memorandum of Agreement. The current model shall remain in effect from April 1, 2014, until an implementation date for the new model has been identified. This implementation date may be adjusted by mutual agreement of the Parties.

- The new model shall incorporate applicable fee schedule increases. Effective thirty (30) days from the date of the system changes required, the applicable MSP surgical procedure fees shall receive a one hundred and ninety-four percent (194%) increase;
- The one hundred and ninety-four percent (194%) premium shall be automatically applied to payments only for surgeries that meet the expedited surgical timelines.
- With this new model Physicians may bill for multiple procedures that are consistent with the current practice of MSP billing for surgical procedure fee codes in the public system;
- The Parties agree that fee codes 19500 through 19506 shall be deleted upon implementation of the new expedited surgical model.

2. The parties agree that effective for the period on or after November 1, 2015, section 3.3.3 of Schedule C of the 2014 Agreement is deleted and the following substituted therefor:

3.3.3 All surgical procedures that are performed on WorkSafeBC clients will be billable at the expedited procedural rates set out in Schedule D provided that:

- The prescribed Authorization for Surgery Form (Form 83D6 – Authorization Request for Surgery) is submitted within five (5) business days following WorkSafeBC's receipt of the comprehensive consultation report recommending expedited surgery.
- Expedited surgery is performed within forty (40) business days from the date of the last consultation. Where it is not possible to schedule a surgery within the forty (40) business days, the surgeon may seek approval from Health Care Services to extend the time frame in order to ensure that the surgery will be performed on an expedited basis and will be billable as such, if approved.
- In the case of emergency (trauma) surgery performed, the prescribed Authorization for Surgery Form (Form 83D6 – Authorization Request for Surgery) is submitted within five (5) business days following the emergency (trauma) surgery to the Claims Officer for entitlement approval, along with the comprehensive consultation report. Upon entitlement approval and receipt of the comprehensive consultation report, the expedited surgery fee will be paid in recognition of the role of the emergency (trauma) surgery in injury outcome and of the episode of care following the surgery, including the physician's role in facilitating return to work as set out in Schedule A.

3. The parties agree that section 3.4.2 of Schedule C of the 2014 Agreement is deleted and the following substituted therefor:

3.4.2 All expedited anesthesiology procedural services, with the exception of Extensive Spine Surgery and expedited chronic pain management services nerve blocks provided by anaesthesiologists under a personal services agreement shall be billed through Teleplan using a billing model consisting of up to three fee codes per surgery performed:

- a) The appropriate MSP anesthesiology surgical fee code;
- b) A time based fee code as described in Fee Schedule D, Article 3.0;
- c) Where applicable, the fee code for the Out of Office Surcharge as described in Fee Schedule D, Article 3.0.

4. The parties agree that section 3.5.3 of Schedule C of the 2014 Agreement is deleted and the following substituted therefor:

3.5.3 Surgical Assists are to be billed electronically through Teleplan and at the rates outlined in Schedule D Article 4.0. 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 and where applicable, the fee code for the Out of Office Surcharge as described in Fee Schedule D, Article 4.0:

- Level 1 Surgical Assist (surgery time up to 1.5 hours)
- Level 2 Surgical Assist (surgery time 1.51 to 2.0 hours)
- Level 3 Surgical Assist (surgery time 2.01 to 2.5 hours)
- Level 4 Surgical Assist (surgery time 2.51 to 3.0 hours)
- Level 5 Surgical Assist (surgery time 3.01 to 3.5 hours)
- Level 6 Surgical Assist (surgery time 3.51 to 5.99 hours)
- Level 7 Surgical Assist (surgery time 6.00 hours plus)

5. The parties agree to delete Schedule D Section 2.0 attached to the 2014 Agreement and replace it with the Schedule D Section 2.0 attached hereto.

6. Except as provided in this Amendment Agreement, all terms used in this Amendment Agreement that are not otherwise defined shall have the respective meanings ascribed in the 2014 Agreement.

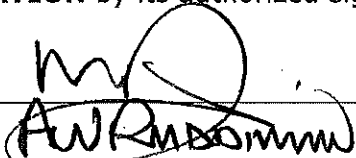
7. If any provision of this Amendment Agreement is for any reason held to be unenforceable or invalid, that provision shall be considered separate and severable from this Amendment Agreement, and the other provisions of this Amendment Agreement shall remain in force and effect and continue to be binding upon the Parties as though the unenforceable or invalid provision had never been included in this Amendment Agreement.

8. This Amendment Agreement constitutes the entire Agreement between WorkSafeBC and the Doctors of BC with respect to its subject matter and supersedes all previous communications, representations, understandings, and agreements whether verbal or written between the parties with respect to the subject matter of this Amendment Agreement.

9. The parties agree that nothing in this Amendment Agreement amends or modifies the 2014 Agreement, including the Schedules thereto, which remains in full force and effect except as otherwise expressly stated herein.

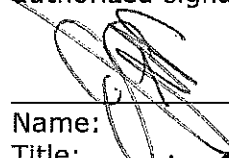
Signed for and on behalf of
BRITISH COLUMBIA MEDICAL ASSOCIATION by its authorized signatory:

Name:
Title:


PRESIDENT

Signed for and on behalf of
WORKERS' COMPENSATION BOARD by its authorized signatory:

Name:
Title:


**Jason Cherkas, Senior Manager
Purchasing Services**

**SCHEDULE D
FEE SCHEDULE FOR SESSIONAL AND EXPEDITED SERVICES**

Fee Code	Description	Effective Apr 1, 2014	Effective Apr 1, 2015	Effective Apr 1, 2016	Effective Apr 1, 2017	Effective Apr 1, 2018	Comments
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2.0 EXPEDITED SURGICAL PROCEDURAL RATES AND EMERGENCY SURGERY OUT OF OFFICE SURCHARGES.

MSP Fee Code	Description	Effective Apr 1, 2014	Effective Apr 1, 2015	Effective Apr 1, 2016	Effective Apr 1, 2017	Effective Apr 1, 2018	Comments
	From April 1, 2014 to October 31, 2015: For expedited procedural surgery, excluding extensive spinal surgery, invoice one (1) MSP fee code applicable to procedure, plus applicable block billing time-based fee code below.						
19500	Expedited Surgical Procedure- Level 1 (surgery time up to 1.5 hours)	\$597.97	\$603.95	N/A	N/A	N/A	Bill through Teleplan
19501	Expedited Surgical Procedure- Level 2 (surgery time 1.51 to 2.0 hours)	\$864.54	\$873.19	N/A	N/A	N/A	Bill through Teleplan
19502	Expedited Surgical Procedure- Level 3 (surgery time 2.01 to 2.5 hours)	\$1,188.74	\$1200.63	N/A	N/A	N/A	Bill through Teleplan
19503	Expedited Surgical Procedure- Level 4 (surgery time 2.51 to 3.0 hours)	\$1,453.24	\$1467.77	N/A	N/A	N/A	Bill through Teleplan
19504	Expedited Surgical Procedure- Level 5 (surgery time 3.01 to 3.5 hours)	\$1,727.01	\$1744.28	N/A	N/A	N/A	Bill through Teleplan
19505	Expedited Surgical Procedure- Level 6 (surgery time 3.51 to 5.99 hours)	\$2,547.29	\$2572.76	N/A	N/A	N/A	Bill through Teleplan
19506	Expedited Surgical Procedure- Level 7 (surgery time 6.00 hours plus)	\$3,905.85	\$3944.91	N/A	N/A	N/A	Bill through Teleplan
19512	Expedited Surgery, Out of Office Surcharge, Operative Evening (6 to 11 pm), effective April 1, 2014 to October 31, 2015	32.77%	32.77%	N/A	N/A	N/A	Bill this percentage applied to applicable Level fee code billed.
19513	Expedited Surgery, Out of Office Surcharge, Operative Night (11 pm to 8 am), effective April 1, 2014 to October 31, 2015	52.54%	52.54%	N/A	N/A	N/A	Bill this percentage applied to applicable Level fee code billed.

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Fee Code	Description	Effective Apr 1, 2014	Effective Apr 1, 2015	Effective Apr 1, 2016	Effective Apr 1, 2017	Effective Apr 1, 2018	Comments
19514	Expedited Surgery, Out of Office Surcharge, Operative Sat/Sun/Holidays), effective April 1, 2014 to October 31, 2015	32.77%	32.77%	N/A	N/A	N/A	Bill this percentage applied to applicable Level fee code billed.
MSP Fee Code	Effective November 1, 2015: For expedited procedural surgery excluding extensive spinal surgery, invoice MSP fee codes applicable to the procedure. If the surgery meets the requirements for expedited surgery procedural rates as set out in Schedule C section 3.3.3, HIBC will apply a 194% increase to the paid MSP surgery procedure fees.						Bill through Teleplan
19320	Out of Office Surcharge, Operative Evening (commencing on or after 6 pm up to 11 pm), effective on and after November 1, 2015 Applicable to emergency surgery or to elective surgery that is rescheduled due to intervening emergency surgery in an Operative Evening	N/A	The greater of \$65 or 17.50% of the paid MSP surgery procedure fees	The greater of \$65 or 17.50% of the paid MSP surgery procedure fees	The greater of \$65 or 17.50% of the paid MSP surgery procedure fees	The greater of \$65 or 17.50% of the paid MSP surgery procedure fees	Bill through Teleplan
19321	Out of Office Surcharge, Operative Night (commencing on or after 11 pm to 8 am), effective on and after November 1, 2015 Applicable to emergency surgery or to elective surgery that is rescheduled due to intervening emergency surgery in an Operative Night	N/A	The greater of \$105 or 28.00% of the paid MSP surgery procedure fees	The greater of \$105 or 28.00% of the paid MSP surgery procedure fees	The greater of \$105 or 28.00% of the paid MSP surgery procedure fees	The greater of \$105 or 28.00% of the paid MSP surgery procedure fees	Bill through Teleplan
19322	Out of Office Surcharge, Operative Sat/Sun/Holidays (8 am to 11 pm), effective on and after November 1, 2015 Applicable to emergency surgery or to elective surgery that is rescheduled due to intervening emergency surgery on Operative Sat/Sun/Holidays	N/A	The greater of \$65 or 17.50% of the paid MSP surgery procedure fees	The greater of \$65 or 17.50% of the paid MSP surgery procedure fees	The greater of \$65 or 17.50% of the paid MSP surgery procedure fees	The greater of \$65 or 17.50% of the paid MSP surgery procedure fees	Bill through Teleplan

**SCHEDULE D
FEE SCHEDULE FOR SESSIONAL AND EXPEDITED SERVICES**

Fee Code	Description	Effective Apr 1, 2014	Effective Apr 1, 2015	Effective Apr 1, 2016	Effective Apr 1, 2017	Effective Apr 1, 2018	Comments
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Other Fee Codes							
19516	Expedited Extensive Spine Surgery - Sessional fee (no MSP fee code applicable)	\$3,868.80	\$3907.49	\$3956.33	\$4015.67	\$4075.91	Bill by fax to WorkSafeBC

ADDITIONAL PROVISIONS

- Fee Codes 19500, 19501, 19502, 19503, 19504, 19505, 19506, 19512, 19513, and 19514 are replaced effective November 1, 2015 by MSP Fee Codes eligible for the 194% increase to the paid MSP surgery procedure fees and Fee Codes 19320, 19321 and 19322 with the implementation of the MOA in Appendix B.
- On and after November 1, 2015, invoice MSP fee codes applicable to the surgical procedure, and where applicable, Fee Code 19320, 19321 or 19322 for an out of office surcharge. If an out of office surcharge is claimed under Fee Codes 19320, 19321 or 19322, the invoice must include the time that the surgery commenced in order to be paid. For qualifying out of office surgeries commencing during the operative evening and continuing into the operative night (both as defined in the table above), invoice for the period in which the major portion of the surgical time is spent (operative evening or operative night).
- Fee Codes 19320, 19321 and 19322 are applicable only to emergency or elective surgery that is:
 - rescheduled to an out of office time period due to intervening emergency surgery or is scheduled in an out of office time period at the request of the injured worker; and
 - at least 45 minutes of surgery time or requires general, spinal or epidural anesthesia.
- Where applicable, Fee Codes 19320, 19321 or 19322 may be billed even if the surgery does not meet the requirements for expedited surgery procedural rates as set out in Schedule C section 3.3.3.
- Where a surgery meets the requirements for an out of office surcharge and for expedited surgery procedural rates in accordance with Schedule C section 3.3.3, Fee Codes 19320, 19321 or 19322, as applicable, are eligible for a 194% increase.
- "Emergency surgery" when used in this Schedule D section 2.0 means emergency surgery that is defined, deemed or adjudicated under MSP to be emergency surgery.
- Where applicable, Fee Codes 19320, 19321 or 19322 are billable in addition to MSP out of office surcharge fee codes 01210, 01211, and 01212.

