

Physician online reporting—Frequently Asked Questions

1. What is the difference between a warning and an error message?

Warning messages

We use the same billing codes as Alberta Health (AH), along with some unique codes. Occasionally, AH adds codes and/or functionality that are not incorporated into our electronic system.

When you try to submit a service code or modifier that our electronic system does not recognize, you will get a warning message. Reports and invoices can still be submitted when there is a warning message. We will manually process the report, and your payment will be paid accurately as per the invoice.

An example of this is the CMPG modifiers. Our system does not recognize CMPG01 to 06 as valid modifiers, so a warning message will always be generated. It is important that you submit the invoice with the correct modifier even though a warning has been generated. The invoice will be paid correctly through our payment system.

Error messages

Error messages are usually generated when key pieces of data are missing or are in the wrong format. These errors must be corrected in order for you to submit the report successfully.

Please note: *There is an easy way to distinguish an error message from a warning message—all warning message numbers begin with a number 5.*

2. What do I enter if I do not know the employer's address?

The more accurate the information you provide, the greater the likelihood that we will correctly identify the employer from your report. If you do not know the exact address, please get as close as you can.

For instance, if you know the employer is in the west end of Edmonton but do not know the street address, enter 'west end' on the address line.

Please do not put the same address for the worker and the employer unless the worker is self-employed, in which case it's valid.

3. What should I do if I experience problems while completing and/or submitting an online form?

Please call our eBusiness support team at 780-498-7688 or 1-866-922-9221. You can also email ebusiness.support@wcb.ab.ca.

Please have the name of the doctor, nature of the problem, form type, date and time and a screenshot if possible. If the issue happens after hours, please send all of the details to the email address above. The issue will be investigated the next business day.

4. Why does the system sometimes take a long time to save data?

In most cases the length of time it takes to save data is related to the type of Internet service being used and/or the performance of the computer/server. If you think there's a problem, please contact our eBusiness support team.

5. Why are there no errors generated until the report has been submitted?

The first level of errors occurs as the report is being completed. These errors include such things as date formats. The second level of errors is more complex, and they will be generated when the report is submitted.

These errors are field specific and are displayed at the top of the screen. If the errors are not displayed, call our eBusiness support team and the problem will be investigated.

6. Why are so many fields mandatory?

These fields represent data that is critical for claims management. If you feel that certain fields should be considered optional, please contact our Health Care Strategy team at 780-498-3219.

7. What can I do if the text field is too small?

Please let us know if specific fields are too small. You can fax additional information with the claim number and worker demographics to our Customer Records Unit at 780-427-5863.

8. Why does the Skill Code not pre-populate when I log into the system?

The Skill Code and Specialty Code are not related in our database. The Specialty Code is what you provide when you register for a billing number. The Skill Code is payment-related. We're currently looking at ways to link the two codes to enable the pre-population of the online form.

9. Which Part of Body codes require an associated Side of Body?

Side of Body is only required if you have selected one of the following *Part of Body* codes:

- Ankle
- Arm
- Ear
- Elbow
- Eye
- Finger
- Foot
- Hand
- Hip and thigh
- Knee
- Leg
- Shoulder
- Trunk
- Wrist

10. Under what circumstances is the Type of Facility required?

Type of Facility is required only if you are not the first treating physician. If you answer *Yes* to the question *Is this the first physician treatment for this injury?*, you are not required to select the *Type of Facility* field. Please leave it at "Please Choose".

PLEASE NOTE: *The Facility Type is on the invoice portion of the report and is always required.*

11. Where can I find AH information on diagnostic codes, health service codes and modifiers?

Documents related to the Schedule of Medical Benefits (SOMB), including the procedure, price, modifier and diagnostic code lists are updated on a regular basis. To view the current version of the SOMB, please visit: <https://www.alberta.ca/fees-health-professionals.aspx>

12. How can I correct the Date of Service, Health Service Code or Modifier on a previously submitted report?

These types of corrections can be submitted by selecting the *New Report* from *Existing* tab and creating a *Medical Service Reassessment Report*.

13. I use a software vendor to submit batch reports and I am encountering problems. Who should I contact?

Please contact your software vendor directly. Each vendor software application is owned and supported by the vendor.

14. Why can't I view and print my reports?

Please ensure you have Adobe Reader 6.0 or higher on your computer and that you do not have Pop-up Blockers enabled for WCB's website.

15. Is it possible to pre-populate all of the worker demographic information on the first report?

Due to potential *Freedom of Information and Protection of Privacy* issues, this information cannot be pre-populated on the first report. It is essential that we process the information provided on the first report to identify and attach the correct worker to the claim. All subsequent reports will have the claim number and worker demographics pre-populated.

