

FAQ's about physician/clinic billing

How do I bill WCB when I've been asked to provide a report?

See the Supplementary Report Fees document.

How do I find out if an invoice I submitted is paid?

Please fax your inquiry to our Medical Aid department at 780-498-7852. We will get back to you within seven days.

I didn't receive the amount that was on my invoice. Who do I talk to?

Please fax your inquiry to our Medical Aid department at 780-498-7852. We will get back to you within seven days.

How do I create a progress report?

A Physician First Report (C050) should only be used for an injured worker's initial visit. For any follow up visits a Progress Report (C151) should be used.

You can access the Progress Report in electronic reporting under the "New Report from Existing" tab. When using this tab, the demographic information is populated by the system. Search for the name of the injured worker and choose the Physician Progress Report form.

How do I bill for the Medication Management Program (C914/C942)?

- **The C942 (Substance Abuse Checklist) should be provided along with a C151 Progress Report.** You receive a report fee for providing both the progress report and the checklist.
- **The C914 (Medication Management Report) should be submitted in place of the C151 Progress Report.** There is no need to send in a progress report, as the C914 was created to replace the progress report in this instance.

Please provide the health service codes on the C914 and a report fee is paid upon submission.

Why do I keep receiving faxes about my Health Service Codes (HSC) or modifiers?

We strive for accurate payments and try not to make any assumptions on health service codes or modifiers. If there are any questions about billing, the invoice is returned so corrections can be made. Errors may cause delays in payment.

Some of the most common mistakes with HSC and modifiers are:

- **Missing letters or numbers** (e.g., if you are billing the CMGP modifier with three calls, it must be billed as a CMGP03).
- **Time-based modifiers** should only be billed on one health service code on the invoice.
- **Be certain the use of the letter "O" or the number zero is appropriate.** For instance, if it is for BCP, use zero (BCP01).

I've discovered an error/forgot to add an HSC on the invoice I already submitted. How do I make changes?

- You can use the C570 Medical Services Reassessment form accessible in electronic reporting under the "New Report from Existing" tab.
- Please indicate what was initially submitted in the "was" section, and then point out what changes should be made in the "should be" section. Also, there is a comments section, which is helpful in explaining the change that needs to be made.
- If another HSC needs to be added to an invoice, the C570 Medical Services Reassessment form should be used. Put "N/A" in the "was" section and the HSC in the "should be" section. Specify in the comments that this code was missed.

How do I know if WCB reduced a payment and used another payment to recover that money?

Use the "Payment Remittance" tab in electronic reporting. Once the report format (use formatted HTML) is selected along with the week to be looked at, the report shows invoices that were paid during the week they were submitted.

The bottom section will show if any overpayments were recovered during that same timeframe.

Tip: To find the specific week to view in electronic reporting, check the date the report was submitted. You can then search that week to see if that report was paid or if there was an overpayment recovery.

What if Alberta Health (AH) reverses a payment and tells me that it is now the responsibility of WCB?

AH and WCB have a sharing agreement. This allows AH to go through invoices to determine whether they should reimburse the physician or whether we're responsible for payment.

- If you have received an AH reversal, forward your reporting and invoicing to us like you would for any other invoice you would submit. (For a report fee to be paid, including those that are long-standing, we do require a report to be filed).
- If you have a copy of the statement of reversal, please send it along with the invoice. If there is no statement of reversal, we will need to verify with AH that this is, in fact, a reversal. You will receive payment once that information is verified.

Administrative fee for recoveries, effective April 1, 2020

Administrative costs may be incurred when payment reversal occurs for billing(s) paid to a physician previous to the current calendar year and the physician must bill AH to recoup the payment. To offset these costs, the physician may bill an administrative fee (RAF01). The fee is payable once per reversal episode.

Who do I call if I have any problems/issues?

If you have questions/issues with electronic billing or technical issues, please call our ebusiness support team at 780-498-7688 or 1-866-922-9221. You can also email us at ebusiness.support@wcb.ab.ca.

If you have technical issues and are submitting through a batch submitter (e.g. Wolf Medical, Med Access, etc.), please contact your submitter.

Did you know...

- **The AMA offers training on how to bill WCB?**

Contact the AMA for more information.

- **We have a direct deposit option available?**

See our [direct deposit fact sheet](#).

Questions?

1. **Questions about invoice payments**, please fax your inquiry to Medical Aid at 780-498-7852.
2. **General billing questions or are looking for a WCB claim number**, please call our Contact Centre at 780-498-3999 or 1-866-922-9221.
3. **If you have questions about the AMA/WCB contract**, please call our Health Care Strategy team at 780-498-3219.

