

FAQ's about Physician/Clinic Billing

How do I bill when WCB-Alberta has asked me to provide a report?

See Supplementary Report Fees document.

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

Fax your inquiry to the Medical Aid department at 780-498-7852. We will get back to you within 7 days.

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

Fax your inquiry to the Medical Aid department at 780-498-7852. We will get back to you 7 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, which means the user does not have to type the information again. Search for the name of the injured worker and choose the Physician Progress Report form.

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

The C942 (Substance Abuse Checklist) should be provided to WCB-Alberta along with a C151 Progress Report. Physicians receive a report fee for providing both the progress report and the checklist.

The C914 (Medical 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. Physicians should provide health service codes on the C914 and will be paid a report fee upon submission.

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

WCB-Alberta strives for accurate payments. Clerks are instructed to not make any assumptions on health service codes or modifiers. If there are any questions as to what is being billed, the invoice is returned to the provider 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 submitted. How do I make changes to a submitted invoice?

For changes use the C570 Medical Services Reassessment form accessible in electronic reporting under the "New Report from Existing" tab. 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, and specify in the comments that this code was missed.

How do I know if WCB-Alberta 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, and 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 and search that week to see if that report was paid, or if there was an overpayment recovery.

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

AHS and WCB-Alberta have a sharing agreement, which allows AHS to go through invoices to determine whether they should reimburse the physician, or whether WCB-Alberta is responsible for payment.

If you have received an AHS reversal, forward your reporting and invoicing to WCB-Alberta as you would for any other invoice you would submit. (For a report fee to be paid, including those that are long-standing, WCB-Alberta does require a report to be filed). If you have a copy of the statement of reversal, send it to WCB-Alberta along with the invoice.

If there is no statement of reversal, WCB-Alberta will need to verify with AHS that this is, in fact, a reversal. You will receive payment once that information is verified.

Who do I call if I have any problems/issues with this process?

If you have questions/issues with electronic billing, or technical issues, and are using WCB-Alberta's online services, or if you are unsure as to what information is needed to complete the reports, please call our e-business support team @ 780 498 7688 or 1-866-922-9221. Team members may also be contacted by e-mail at ebusiness.support@wcb.ab.ca. If you have technical issues and are submitting through a batch submitter (e.g. Wolf Medical, Med Access) contact your submitter.

Did you know...The AMA offers training on how to bill WCB-Alberta?

Contact the AMA for more information

Did you know...we have a direct deposit option available?

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

Questions?

1. Questions about invoice payments, fax your inquiry to Medical Aid at 780-498-7852.
2. General billing questions, or are looking for WCB-Alberta 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-Alberta contract, please call Health Care Services at 780-498-3219.

