

WCB Physiotherapy Contract Reference Guide

Reference Material to Assist in Understanding
Your Contract



2019 - 2020

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Responsibilities of the Physiotherapist at Time of Assessment

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- Ask if the injury occurred at work. If reported to you as work-related:
 - Ask the worker if a Worker's Report of Injury has been submitted to WCB.
 - If not, advise the worker to report the injury to his/her employer (if not done already) and submit Worker's Report of Injury to WCB.
 - Workers can submit a Worker's Report of Injury online at www.wcb.ab.ca.
- Under the Workers' Compensation Act (WCA), the physiotherapist is obligated to report to WCB if aware that a work-related injury has occurred. The reporting must be submitted within two business days of the assessment. It is unlawful to bill another payment source or the worker when treatment is accepted by WCB as work related.
- If a patient reports that he/she has been injured at work but does not wish to report to WCB, you must inform the worker that you will be sending a report to WCB as required by law. Knowingly failing to report work-related injuries could result in termination of your contract.
- Make the worker aware of his/her responsibility for payment in the event treatment is not authorized by WCB. You may wish to consider having the worker sign an agreement to ensure payment is secured if treatment is not authorized by WCB.
- Confirm whether the worker is receiving concurrent treatment for the injury elsewhere (e.g. at another PT or chiropractic clinic). Concurrent treatment is not typically authorized and you should advise the worker to contact the WCB claim owner and wait for approval from WCB before booking the further treatment.
- If the above process has been followed, WCB will pay for the first visit; including the Assessment Fee, one Treatment Fee (when provided on the same date as the assessment) and the PT First Report Fee. **WCB will pay for the first visit regardless of the entitlement decision** (i.e. whether the claim and/or treatment is accepted or denied by WCB).
- You can call WCB's Customer Contact Centre to find out if a claim entitlement decision has been made and if the physiotherapy is authorized. The toll-free number in Alberta is 1-866-922-9221, the local number in Edmonton is 780-498-3999 and in Calgary the number is 403-517-6000.
- Once the PT First Report is submitted and the WCB claim owner has determined that the worker is entitled to PT treatment, the claim owner will send an authorization letter to the PT clinic with the approved timeframe.

Responsibilities of the Physiotherapist at Time of Assessment

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- Authorization may be delayed in the following instances:
 - The worker or employer reports of injury have not been received by WCB.
 - The request for treatment relates to a previously resolved work injury (request for claim re-open).
 - For repetitive strain injuries (where there is not a clear mechanism or date of injury).
 - When the worker falls under the Government Employees Compensation Act; further documentation is needed from Labour Canada that may take additional time for WCB to receive.

- Only one PT First Report Fee will be supported per episode of treatment. A six week period of physiotherapy with a maximum number of 21 treatment visits will usually be approved for any worker with a soft tissue injury. The authorization timeframe starts from the date of initial assessment.

- If the worker wishes to pay for his treatment privately without waiting for WCB authorization, you may proceed with treatment. All costs must be reimbursed to the worker for all treatment fees if the claim is accepted and treatment authorized by WCB. You must then invoice WCB for authorized dates of services at the WCB contract rates.

- If the worker has two accepted WCB claims, separate authorization for treatment should be provided by the claim owner. Thus separate physiotherapy reporting (PT First and PT Status/Discharge Report) should be submitted under each claim.

- The appropriate timeframe for PT treatment should be requested in accordance with surgeon provided or WCB post-surgical and post-fracture protocols (see section herein on Post- Surgical and Post-Fracture Protocols). If no specific PT protocol is listed, the default authorization is for six consecutive weeks of physiotherapy treatment up to a maximum of 21 treatment visits. The first treatment may occur on the same date as the assessment.

- Treatment appointments should be scheduled outside the worker's working hours if possible. Extra visits shall not be added beyond the authorized timeframe to make up for cancellations or any other absences.

Reporting

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Information on filling out the electronic report can be found at <https://www.wcb.ab.ca/claims/report-an-injury/for-health-care-providers.html>

Available reporting and timelines:

- A PT First Report should be submitted within two business days of the assessment date.
- **A PT Progress Report should be submitted within two business days of the end of the third week for 6 week timeframes; or at the end of every fourth week for surgical or fracture timeframes of eight weeks or longer.**
- A PT Discharge Report should be submitted within in two business days from the discharge date.
- A Finalized Treatment Report provides a method to formally discharge and close the episode of treatment. This report is to be used when a course of treatment is either complete, if ongoing PT treatment is no longer supported by WCB or if the worker fails to return to treatment and no further clinical information is available to report in a PT Discharge report.
- A PT Invoice or Additional Treatment Invoice should accompany relevant reports.

PT report details:

Injury Details:

- Each submitted PT report should contain current updated information utilizing consistent means of measurement on all reports.
- Specific objective measures and relevant functional information shall be included and updated on all reports. Please indicate specific body parts rather than vague descriptions such as “arm” or “leg”.
- Range of motion (ROM) - both active and passive ROM should be documented if there is a significant difference; documentation of ROM of the contralateral side is helpful.
- Strength – strength testing by manual muscle testing should be noted on all reports for all injured sites.

Reporting

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- Objective Findings and Other Findings including Functional Status – please include information regarding
 - gait,
 - use of walking aids or brace/ prostheses/ orthotics,
 - swelling, scarring, atrophy, trophic changes, circulatory concerns,
 - girth measurements,
 - contractures, extensor lags,
 - ligamentous or special tests.
- If clinical measures have not improved since the last report, please include functional improvements noted with treatment or improvements with activities of daily living.
- Please include specific functional information such as lifting/carrying capacity, grip strength or weights/TheraBand™ level the worker can safely use.

Treatment Plan Details:

- Describe the reported symptoms, document objective findings and outline the interventions being provided.
- Consultations/Referrals/Investigations – You may request contact with a WCB case manager or a PT consultant if you have questions or concerns regarding the injured worker.

Functional abilities:

- Clearly document the worker's functional abilities in each applicable section and update appropriately on each PT Progress Report. This information is used by WCB claim owners to identify worker's abilities for return-to-work planning.

Other Restrictions or Additional Comments:

- This area should include relevant and important details that were not captured in the listed functional abilities, including any safety concerns.

Estimated Return to Work date:

- This should always be completed if the worker is not back at pre-accident level work. This should be based on your clinical observations of the worker and is an estimate.

If treatment beyond the initial authorization is indicated:

- Outline your recommendation for further treatment. Include the expected additional length of treatment and the rationale and support that additional treatment is appropriate.
- Explain how your client is making objective clinical and/or functional progress toward their recovery.
- Explain how more treatment will help recovery within the extension period.
- In the case of soft-tissue and other injuries where the pre-approved treatment protocol is six weeks, a progress report is still required after the initial three weeks of treatment and every three weeks thereafter until discharge.
- For specific injury types with longer pre-approved treatment protocols as outlined in the WCB Physiotherapy Agreement, such as fractures and post-surgical cases, a progress report is required after the initial four weeks of treatment and every four weeks thereafter until discharge.

Dates of attendance:

- Every PT Progress Report must be accompanied by an invoice. This will automatically populate the treatment calendar.
- Absences should be noted
 - There is a code for cancellations and a code for no-shows.
 - If more than three visits are no showed or cancelled without rebooking, please notify the WCB Customer Contact Centre or the Claim Owner directly.
- Workers qualify for a longer treatment period if their injury is covered under the Appendix "A" Fracture and Surgical Protocols (Appendix A in contract). Please request the appropriate duration for physiotherapy in accordance with these protocols or the surgeon's protocols on the PT First Report. If there is no specific protocol listed in Appendix "A" of the current Physiotherapy Contract the WCB claim owner will provide authorization for six consecutive weeks of treatment. This information should be included in the additional comments at the end of the PT First Report.
- Please contact the WCB claim owner directly if the proper protocol timeframe for physiotherapy is not approved in cases where a longer protocol exists.

Post-Surgical and Post-Fracture Protocols

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Pre - Surgical Treatment:

- Typically WCB does not support pre-surgical treatment once there is a plan for surgical intervention. Requests for pre-surgical treatment will be considered if the following circumstances are met:
 - A definite surgical date has been set.
 - The pre-surgical treatment is deemed necessary by the WCB PT Consultant to ensure a more successful surgical outcome and shorten the post-operative recovery (example, to regain full shoulder range of motion prior to rotator cuff surgery).
 - The pre-surgical treatment is deemed necessary to maintain the worker at work while waiting for surgery.

- The following pre-surgical treatment request process should be followed:
 - Submit a PT First Report electronically as usual.
 - Also submit a faxed request to the WCB PT Consultant fax line (780-498-3226) for pre-surgical treatment approval.
 - The WCB PT Consultant will make reasonable efforts to make and communicate a written decision within three business days of receiving the request.

Physiotherapy Treatment Issues

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- **What if a worker is missing appointments?** Please record all cancellations, no shows or absences on the reporting form. If a worker misses three appointments or fails to book appointments, please phone the WCB Customer Contact Centre and ask for a note to be placed on the worker's file with the concern of non-attendance or non-compliance. WCB will not fund cancellations or no-shows. Additional treatments cannot be added to make up for the missed appointments.
- **What if a worker is not responding to PT treatment or if further medical investigation is indicated?** If a worker is not responding to treatment as expected you may wish to contact a WCB PT Consultant or ask the claim owner to arrange a return-to-work assessment or medical examination. If barriers to return to work are identified, you can discuss these directly with a claim owner.
- **Can I assign certain interventions to other clinical staff?** You may assign tasks to support staff such as exercise therapists, physiotherapy assistants, or kinesiologists in accordance with the Practice Standards for Physical Therapy and any position statements or guidelines issued by the licensing authority (PACA).
- **What if the worker presents with multiple injuries?** You may request approval for exceptional billing by sending a written fax to the PT Consultant fax line (780-498-3226) with rationale for the request. See section on "Exceptional Billing" for further information.
- **What if the worker is participating in an episode of PT and is medically cleared to commence treatment on a separate injury?** Both injuries are under the same claim number. For example, a worker is receiving PT treatment for a lumbar sprain and has concurrent wrist fracture which is immobilized in a cast. Once the cast is removed the worker is advised to commence physiotherapy for his wrist.

For post-operative or post fracture injuries, please complete a second assessment and submit a PT First Report. If additional treatment time is anticipated to be needed to address the multiple body sites, please send a fax to the WCB PT Consultant requesting review for exceptional billing. Subsequent status/discharge reports should include all body sites on one report.

If the injury is soft tissue in nature (for example low back pain following a knee injury), submit a PT Progress Report with clinical findings pertaining to the low back injury which is now requiring PT treatment. You can send a fax to the WCB PT Consultant fax line requesting exceptional billing or payment for a second assessment considering the need

Physiotherapy Treatment Issues

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for treatment to the additional injured site. A decision on double billing and payment for a second assessment will be reviewed by a PT Consultant.

Situations where there are multiple injuries under the same claim number with staggered initiation of physiotherapy treatment can be complex. Please do not hesitate to call a WCB PT Consultant to discuss the best way to manage and to minimize delays with payments.

Treatment Beyond Initial Authorization

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WCB understands each patient has unique treatment needs – some patients require more treatment, some require less. WCB supports the treatment recommendations you make to help injured Albertans (your patients) recover from their workplace injury.

Once you submit your initial assessment and treatment recommendations, we will pre-approve the treatment window most appropriate for a successful treatment intervention.

In cases where more treatment is needed to ensure recovery and return to work, please let WCB know your plan.

This means, you no longer need to request an extension. You may continue to treat your patient when it is appropriate to do so to achieve a positive outcome for him or her.

Our client's recovery is our priority. Research shows that for an injured worker, if recovery is not happening at six weeks, he or she may be grappling with other barriers in addition to their physical injury and we want to help. If physiotherapy treatment is not successful in helping him or her improve health and function and successfully return to work, we may offer additional support through referral to a Return to Work Assessment Centre where a medical examination will help us determine fitness for work and/or additional treatment options.

Ongoing PT treatment may be indicated when:

- The worker is making objective clinical and/or functional improvement with treatment toward their return – to – work goals and approved treatment goals.
- Ongoing treatment is expected to result in a successful return – to – work outcome within the extension period; and
- Further physiotherapy is indicated because a RTW Assessment is not appropriate or treatment is under the direction of a treating surgeon.

Questions to ask when making decisions about whether further Physiotherapy may achieve a positive outcome:

- Ask the client – do they think they will return to work or progress in their RTW plan over the next 3 weeks (or within a reasonable timeframe)?
- Is there a plan for RTW in place, and is it progressing as expected?
- If RTW progress is not applicable, is there functional progress demonstrated? Is the worker's clinical progress satisfactory?
- Are you able to adequately address the barriers to meet treatment and RTW goals?

Treatment Beyond Initial Authorization

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Specific Examples when ongoing treatment may be indicated:

- Post-operative treatment
- Post-fracture treatment
- Partial, non-surgical rotator cuff tears
- Low back pain with radicular symptoms, non-surgical, with or without neurological deficits
- Severe sprains requiring either casting, air cast, or bracing
- Neurological injuries (e.g. brain injury, SCI, peripheral nerve injury)
- Amputations
- Motor vehicle accident injuries
- CRPS and other exceptional injuries

Examples when ongoing PT treatment may not be appropriate:

- The worker has returned to pre-accident job duties.
- The worker initially sustained a no-time loss injury that regressed to a time-loss injury.
- The worker has demonstrated no measurable objective signs of improvement with treatment.
- The worker sustained soft tissue injuries and either has not returned to work or has no definite return-to-work date in place.
- There are minimal to no clinical objective findings but the worker subjectively has pain complaints.
- The worker has conflicting diagnoses.
- The worker has a history of poor attendance or non-compliance.
- The worker requires a referral for a RTW assessment.

NOTE: Ongoing treatment should not be provided merely because a worker 'missed' treatments due to illness or holidays; treatment is based on clinical or functional need.

Treatment Beyond Initial Authorization

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How to Communicate Further Treatment is Indicated:

What needs to be in the progress report

- Outline of your recommendation for further treatment. Include the expected additional length of treatment and the rationale and support that additional treatment is appropriate.
- Explain how your patient is making objective clinical and/or functional progress toward their recovery.
- Explain how more treatment will help recovery within the extension period.
- Respond “yes” to the question “Is this a notification of treatment extension beyond the currently authorized timeframes?” when submitting a progress report at the end of the currently approved treatment timeframe.

What to Expect after Communicating Further Treatment is Indicated:

An updated authorization letter will not be sent

- PT providers will be responsible for ensuring that progress remains on track with the revised treatment plan.
- PT providers will be responsible for ensuring they are submitting reporting at appropriate intervals.
- Claim owners will communicate changes to the care plan to the worker and the employer via the Care Plan letter.

Ongoing Treatment when Further Medical Management or Assessments are pending:

- If the worker is awaiting consults/surgery or is being referred to a WCB Assessment centre for assessment/program, ongoing treatment may not be appropriate as WCB is still directing the medical management of the worker’s injuries.

Ongoing Treatment when WCB responsibility has ended:

- If WCB has determined it is no longer responsible for further treatment, ongoing services may be provided on such terms as is agreeable between the PT clinic and the worker. The worker must be made aware that WCB will not pay for further services or reimburse the worker for further services.

Transitional Return to Work (TRTW) Visits

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- Transitional return to work visits are meant to assist a worker with return to full hours and/or duties or to support sustainability in a worker who has recently returned to full duties/hours.
- These visits are not appropriate:
 - for pre-surgery treatment
 - for a worker who has continued with pre-accident duties and hours since the date of accident
- Two transitional RTW visits are allowed within three consecutive weeks following the last authorized treatment.
- Authorization is not required for these visits as long as the Physiotherapy Discharge Report indicates your recommendation for the two visits and the worker is increasing their work hours and/or duties.
- The Physiotherapy Discharge Report must be submitted prior to doing these two visits.
- In your discharge report, indicate in the comments section that you plan on using the Transitional RTW visits.
- These visits must be invoiced on a PT Additional Treatment Invoice (C019); the visit should not appear on a PT Progress report or Discharge report.
- These visits must be billed as Transitional visits: 07.38AF.

Exceptional Billing

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Exceptional Billing May Include:

- I. Additional same day treatments of multiple compensable injuries (“double billing”)
- II. Treatment frequency that exceeds the contracted guidelines (soft tissue or surgical/fracture protocols).

Exceptional billing can only be approved by a WCB PT Consultant. Exceptional billing must be approved in advance.

Double Billing

- *Double billing may be considered if the following circumstances are met:*
 - 1) The worker has two or more distinct and separate compensable injuries of separate limbs or body parts
 - 2) The worker has significant clinical and functional impairment from performing date of accident job duties due to the compensable injury; and
 - 3) The worker’s injuries require same-day treatment with extended treatment time per visits that cannot be accommodated in a regular daily treatment session.
- A PT authorization letter from the claim owner indicating more than one body part (i.e. neck/shoulder) does not constitute approval for double billing.
- Approval of double billing does not depend on the number of compensable injuries but on the severity of the injuries.
- Double billing is not typically approved for soft tissue injuries where an active treatment approach and/or treatment on alternate days combined with an appropriate home exercise program will suffice.

Increased Treatment Frequency

Approval of an increased treatment frequency (e.g. more than 21 visits for the initial six week timeframe or more than the maximum number of visits noted in the WCB Surgical or Fracture Guidelines) will be considered on a case-by-case basis.

Exceptional Billing

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Procedure for Requesting Exceptional Billing

- All exceptional billing requests must be noted on the PT First Report or on the PT Progress/Discharge Report and submitted as usual. These reports must include clinical objective findings for all compensable injuries.
- In addition, a fax cover sheet should be faxed to the WCB PT Consultant at 780-498-3226. This fax should contain the worker's name, claim number, the type of request (double billing or increased treatment frequency) and a rationale for exceptional billing (i.e. why multiple body parts cannot be treated on alternate days).
- A PT Progress Report noting the need for exceptional billing should not be submitted as a priority extension request (instead submit as a fax request); if an extension is needed as well, submit the status report as a priority extension request and note the rationale for ongoing exceptional billing in the section "Any other relevant comments or observations".

Procedure for Invoicing for Double Billing

1. Obtain written approval from WCB PT Consultant for double billing.
2. Submit the invoice containing double billing to WCB electronically. The system will automatically reject the second treatments as 'duplicates'.
3. To correct this and to ensure timely payment of double billing, once the invoice has been submitted, please fax or email **WCB Medical Aid** to advise that double billing has been approved by a WCB PT Consultant, noting the date of our decision (the date appearing on our fax).

Medical Aid fax number: (780) 498-7852

Medical Aid email: medical.aid@wcb.ab.ca

Sundry Items

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Claim owners cannot approve sundry items.

Sundry items on the pre-authorized PT Contract Sundry Item list may be provided without authorization from WCB, up to a maximum of \$200 per episode of treatment.

If the cumulative cost of sundry items exceeds \$200, approval must be obtained, in advance, from a WCB PT Consultant (see below for procedure).

Additionally, low cost sundry items not on the pre-approved list can be provided where appropriate up to a total of \$20 per treatment episode without approval by a WCB PT Consultant or claim owner. In these cases, the contractor will bill the actual direct cost of the item plus 15% of the direct cost and shall retain the original receipt on file which shall be submitted upon request. The Contractor shall include a description of the item when invoicing using the C109 PT additional treatment paper invoice. If the sundry item is not on the PT Contract Sundry item list and is greater than \$20, approval must be obtained, in advance, from a WCB PT Consultant.

Procedure to Obtain Approval for Sundry Items Exceeding the \$200 Limit or for Sundry Items Not on the List which are greater than \$20:

- On a fax cover sheet, note the claimant's name and claim number (or the PHN if claim number is unknown).
- Note the name of the item requested and the cost.
- Provide a rationale for the provision of this particular item or if the item being requested is a different type/model of an item that is on the Sundry item list, please explain why the item on the Sundry item list is not suitable.
- Fax this cover sheet to the WCB PT Consultant fax line (780-498-3226).
- A response should be received via fax within three business days after the request is received.

Note: Claimants may not be balance billed for the cost of any items which exceed the PT Contract Sundry item list cost.

WCB will not pay for any sundry item greater than \$20 other than the sundry items on the contract list or those approved by the WCB PT Consultant.

Refer to Sundry Item List in the Contract for further information

Special Services, Supplies and Orthotics

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The following treatments / medical services are not typically approved by WCB:

- TENS home units
- Prolotherapy
- Extracorporeal shockwave therapy
- Gym memberships, fitness club and pool passes
- Fitness equipment for home use
- Decompression/ VAX-D
- Massage therapy – Single service massage therapy is not supported by WCB however, massage can be provided as a treatment modality by a physiotherapist, or under the direction of a physiotherapist and thus billed to WCB as a physiotherapy treatment. No additional fees will be paid.

Orthotics and Custom Knee Braces

Physiotherapists are not authorized to provide orthotics or custom knee braces to the worker and will not be paid for any orthotics or custom knee braces sold to workers. There is a provider network of orthotists and prosthetists that the WCB claim owners can refer workers to for any orthotic devices required. Please document any recommendations for the need for orthotics on your reporting and the claim owner or PT consultant will review.

No extra fees should be charged to the worker for Acupuncture or IMS.

When acupuncture or IMS is provided as a PT modality no additional fees will be paid by WCB. If you are interested in becoming a 'stand-alone' acupuncture provider, please contact Health Care Services to obtain a separate acupuncture contract.

Concurrent treatment – pre-approval by a WCB PT Consultant is required for concurrent PT/chiropractic or concurrent PT/ acupuncture treatment.

Communication with the WCB Claim Owner

Contract Term - 2019 to 2020

How to Communicate with the WCB Claim Owner

- Contact the WCB's Claims Contact Centre at: 1-866-922-9221 (long distance) or in Edmonton 780-498-3999, Calgary 403-517-6000 (Mon – Fri, 8:00 am to 4:30 pm)
- Identify the claim number, the worker's name, and ask for a note to be placed on the claim file – containing your name/clinic, the issue you are calling about, your recommendations and/or course of action; the need for a callback from the claim owner; the best time to call back (if a callback is needed).
- The Claims Contact Centre will put a note containing your information on file which will create a prompt for the claim owner to review.
- Do not fax or email the claim owner directly – as there is no back-up to ensure messages will be responded to if the claim owner is away from the office.

When to Contact the WCB Claim Owner

- There is an attendance issue.
- There is a non-compliance issue (e.g. the worker refuses to comply with recommended exercises in-clinic or at home).
- The worker was at work and has now been taken off work.
- There are issues with the suitability of modified work.
- Further assessment is recommended – a Medical Status Examination (MSE), Functional Capacity Evaluation (FCE), diagnostics, consults, other assessments (i.e. GAIT Assessment).
- The worker has plateaued with treatment (don't wait to contact WCB until the end of the approved timeframe if the worker has plateaued after a few weeks).
- The correct post-operative protocol or fracture protocol as per Appendix "A" of the PT Contract has not been authorized by the claim owner.
- An authorization letter for the initial timeframe has not been received.
- The worker has a second injury during a course of treatment.
- There is a non-compensable issue that is delaying recovery.
- Treatment beyond the initial authorization is indicated. Please communicate your recommendation with the claim owner to ensure they understand your treatment plan.

Contacting a Physiotherapy Consultant

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How to contact a Physiotherapy Consultant

- PT Consultant fax line: 780-498-3226
- PT Consultant main phone line: 780-498-3899
- Request contact with a WCB PT Consultant on PT reporting – expect a call back within 3-5 business days.

When to contact a WCB Physiotherapy Consultant

- You would like to discuss a case during the course of treatment.
 - If the worker is not progressing as would be anticipated or there are barriers to rehabilitation or RTW. PT Consultants can be helpful with problem solving to ensure most appropriate clinical services are being offered to injured workers.
- You have received a fax from a PT Consultant and wish to discuss, please phone that PT Consultant directly (direct phone numbers appear on the faxes).
 - Please do not release the PT Consultant phone numbers to the worker. If the worker has questions regarding their claim, please advise them to contact their claim owner.
- The appropriate post-surgical or fracture protocol timeframe has not been approved, even after contacting the WCB claim owner.
- You have a question about WCB processes – how to request an MRI/consult, or wish to discuss ongoing PT treatment vs Return to Work Services referral or commence treatment on a second body site during a course of authorized treatment.
- If requesting sundry items, exceptional billing or requesting authorization to complete a second assessment on a claim, please send a faxed request to the PT Consultant fax line.

Payment Information

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- Provided proper treatment authorization and invoicing has been submitted, you should receive payment within 30 days. WCB shall make payment only in the contractor's name, as outlined on your billing number.

- WCB will not fund the following unless requested:
 - Preparation of medical legal reports
 - Treatment specifically aimed at improving ability to participate in sports or other lifestyle activities (this is not the responsibility of WCB)
 - Time involved by the physiotherapist in managing an individual's care plan (i.e. phone calls are not funded)

- WCB may deny payment of an invoice where the contractor:
 - Has failed to obtain proper approval of services
 - Has not billed WCB for services within one year of the service being provided
 - Has failed to submit reporting as required under the PT Contract

- The contractor shall not bill the worker or any other third party for additional fees above and beyond what has been invoiced to WCB for services.
- Invoices for treatment should only be forwarded to WCB with the associated PT Assessment/First Report, PT Progress or Discharge reports.
- WCB will not pay for orthotics or custom knee braces provided by physiotherapists (direct worker to speak to claim owner for a list of authorized prosthetic/ orthotic providers).
- Extra fees for modalities such as acupuncture, IMS, iontophoresis, electrodes or massage therapy will not be funded.
- Reversal of a WCB claim decision:

What if WCB initially accepted a claim and then denied it?

WCB will pay for physiotherapy treatment provided prior to written notice to the clinic that the claim has now been denied.

What if a claim is accepted, but was initially not accepted?

WCB is solely responsible for the payment of assessments and treatments which it determines are necessary for the compensable injury. WCB will reimburse the original payer once written confirmation from the contractor of the fees charged to the payer is obtained. The physiotherapy clinic must thereafter direct any fees for approved treatment to WCB directly at the contracted fee for service.

Payment Information

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- What should you do if you have questions regarding payments?
 - 1) Check your online remittance for payment details.
 - 2) Call **WCB Contact Centre** (1-866-922-9221) to review details. If the Contact Centre is not able to assist, they will direct you to **Medical Aid**.
 - 3) Send amended invoices when requested to WCB Medical Aid by email at medical.aid@wcb.ab.ca or by fax (780) 498-7852.

Fees

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2019 – 2020

WCB shall pay to the contractor for the following service rates during the term, starting February 1, 2019:

Assessment Fee	\$70.61
Treatment Fee	\$41.72
Transitional Return to work Visit	\$41.72
Assessment, Status, and Discharge Reports	\$26.52 each
Chart copies requested by the WCB	\$26.52 for the first page plus \$0.47 per page thereafter
Summary of chart information, requiring the extraction of relevant information, but not an opinion	\$93.15 for the first thirty (30) minutes plus \$36.23 for each fifteen (15) minute increment
Summary of chart information, requiring the extraction of relevant information, and including an opinion	\$113.85 for the first thirty (30) minutes plus \$36.23 for each fifteen minute increment

WCB Contact Numbers – Physiotherapy Contract

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WCB Alberta Contact Centre

Toll Free in Alberta: 1 866 922 9221

Calgary: 403 517 6000

Edmonton: 780 498 3999

WCB Alberta General FAX Number

Toll Free in Alberta: 1 800 661 1993

Edmonton: 780 427 5863

Physiotherapy Contract Healthcare Consultant	Trevor Dill	780 498 3222
Physiotherapy Contract Business Assistant	Angela Musca	780 498 7585
Physiotherapy Consultant Service Manager	Max Rossi	780 498 3355
Physiotherapy Consultants Extension	General Enquiries	780 498 3899
Physiotherapy Consultants FAX Line	Extension requests, Sundry Items, Exceptional Billing requests	780 498 3226
Physiotherapy Consultant	Anita Irwin	780 498 4208
Physiotherapy Consultant	Ernest Lee	780 498 3949
Physiotherapy Consultant	Jennifer Oldford	780 498 3214
Physiotherapy Consultant	Dave Wong	780 498 3860
Physiotherapy Consultant	Jodie Young	780 401 7288
E-Business Support	Enquiries regarding E-Reporting	WCB Contact Centre (above) Direct: 780 498 7688
Payment/Billing Inquiries	Enquiries regarding Invoices/Payments	WCB Contact Centre (above) Ask to be directed to <u>Medical Aid</u>