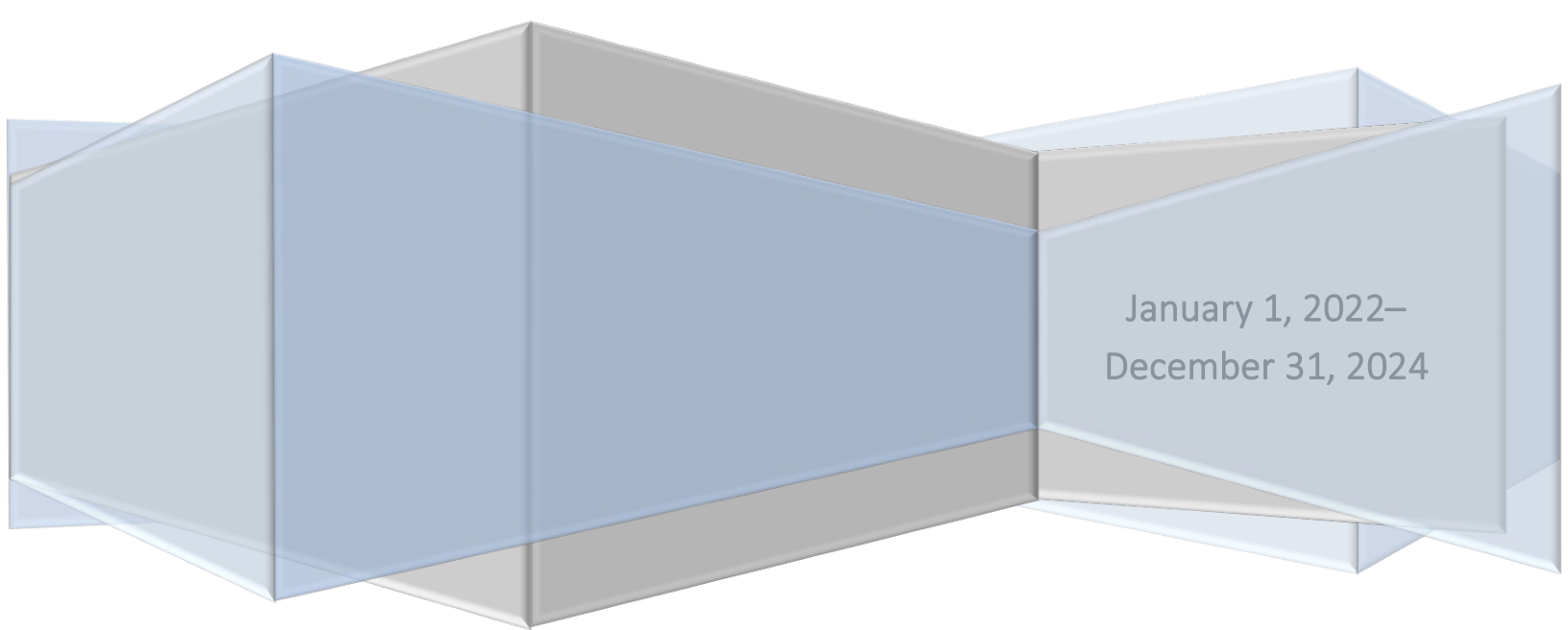


# WCB Physiotherapy Contract Reference Guide

Reference Material to Assist in Understanding Your  
Contract



January 1, 2022–  
December 31, 2024

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# What is WCB?

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## What is WCB?

### **Independent organization**

WCB - Alberta was created by the government of Alberta to administer the *Workers' Compensation Act* for the province's workers and employers.

We are bound by legislation and policies. Policies are developed in consultation with stakeholders and are approved by our Board of Directors. Internal procedures put policies into practice to ensure smooth operation of the system.

### **No-fault insurance**

The workers' compensation system provides no-fault insurance for work injuries. This protects both employers and workers from the uncertainty, cost, and delays of legal action.

### **Collective liability**

The compensation system is fully funded by Alberta employer premiums and injured workers receive benefits and services from these funds. Alberta employers share the costs of the system. This includes the cost of health care, wage replacement, administration, and more. Public funds or taxpayer dollars do not contribute any funding to the system.

### **Security of payment**

We must be ready to meet its current and future financial obligations to injured workers. It is essential injured workers receive the benefits they are entitled to today and beyond. This means we must maintain full funding to cover not just today's costs for claims but also any future costs for those claims. A claim is never closed. This means a worker may receive support for their lifetime, if needed.

### **Code of Rights and Conduct – What does this mean?**

We want to make sure we are doing everything we can to provide injured workers and their employers with service that is respectful, fair, and timely. To learn more, visit our [Code of Rights and Conduct](#) located on our website.

**Workplace injuries hurt lives at work and at home. We're here to help workers through it, every step of the way.**

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# The PT provider's role

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To have the best possible experience and recovery, we ask workers to involve their treatment providers by talking to them about the duties they can do safely at work to remain active during recovery. If the worker is unsure, their claim owner (CO) can help clarify this with their employer.

## When a worker attends physiotherapy, what is the PT provider's role?

### Support a timely return-to-work

- Provide appropriate return-to-work or normal activity recommendations.
- The longer a worker is off the job, the more job loss becomes a possibility we want to avoid.

### Identify barriers

- Recognize when a worker is struggling to make progress. Let us know so appropriate services can be coordinated. We can support workers by facilitating good conversations with their employer to ease anxiety, arrange for counselling, and more.

### Focus on function

- Maximize the worker's physical, functional, and work capabilities.

### Provide active rehabilitation

- Evidence informed active rehabilitation approach is encouraged.

### Teach self-management

- Provide the worker with strategies to self-manage their pain with a goal of return to work.

### Collaborate

- We are here to work with you and the worker along the way. We want to ensure the treatment plan and return-to-work process supports your recommendations and is meaningful for the worker and their employer.

## Why is an early return to work so important?

Studies show the longer someone is off work, the less likely they are to ever return.

As time progresses, workers may be at risk of developing mental health challenges like depression or anxiety, disengagement, and job loss.

### Return to work:

- Positively correlates with quality of life, increases independence and confidence.
- Helps the worker remain connected with their employer while they recover.

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# The PT provider's role

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- Improves employability by reducing long gaps in their employment history.
- May help reduce fear, anxiety, and return to their regular life.
- Helps you focus on job specific functional tolerances. Rehab is working!

We focus on providing every appropriate resource to help injured workers recover and return to work. Their success is important.

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# WCB legislation and information that impacts you at the time of assessment

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All medical treatment providers are required by legislation to provide reporting to WCB. This helps us assess benefits and services for each client.

- Physiotherapists who treat an injured worker, including in hospitals, must forward a report within two (2) business days of the assessment.
- Reporting about the injury and treatment is crucial to the management of the claim and required for accurate decision-making.

**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 their employer (if not done already) and submit Worker's Report of Injury to WCB.
- Workers can submit a Worker's Report of Injury on the myWCB worker mobile app or online at [www.wcb.ab.ca](http://www.wcb.ab.ca).

**Release of information to any third party other than WCB is governed by the physiotherapist's obligations under the common law, the physiotherapist's professional regulations, and applicable privacy legislation.**

- We recommend a clinic consent form includes a statement acknowledging that the worker's personal and medical information will be shared with WCB throughout the treatment process.
- WCB wants to ensure workers understand the claims process. If they don't want information about a work injury shared with us, please encourage them to call us as soon as possible. This will give them the opportunity to learn how they may be impacted if treatment is not reported.
  - More information found [here](#).
- Health care providers in Alberta have a responsibility to provide us with invoices for all medical services provided for a work-related injury. No part of the cost of any approved medical service should be billed to the worker or employer.
- Workers or employers cannot be balance-billed for services or items related to their compensable injury.
- This means workers or employers can only pay privately for services or items related to their compensable injury if we have indicated that this service is not payable or supported by WCB.

# WCB legislation and information that impacts you at the time of assessment

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- In the event treatment is not authorized by WCB, you may wish to consider having the worker sign an agreement to ensure responsibility for payment is secured.
- 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 their CO and wait for approval before booking the further treatment.
- If the above process has been followed, we will pay for the first visit; including the assessment fee, one acute treatment fee (when provided on the same date of service as the assessment) and the PT First Report Fee. **We will pay for the first visit regardless of the entitlement decision** (e.g. whether the claim and/or treatment is accepted or denied by WCB).
- Once the PT First Report is submitted and the CO has determined the worker is entitled to PT treatment, the provider will be notified of authorization through the electronic injury reporting platform.
- You can call our 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.
- 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 is supported per episode of treatment. A second assessment within a short period of time may be reviewed for payment of a second assessment fee.
- The authorization timeframe starts from the date of initial assessment.
- If the worker wishes to pay for their treatment privately without waiting for WCB authorization, you may proceed with treatment, but costs must be reimbursed to the worker for all treatment fees if the claim is accepted and treatment authorized by WCB. You 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 under each claim. Therefore, separate physiotherapy reporting (PT First and PT Progress/Discharge Report) should be submitted under each claim.

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# WCB legislation and information that impacts you at the time of assessment

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- The appropriate timeframe for PT treatment should be requested in accordance with surgeon provided or WCB post-surgical and post-fracture protocols (see section on Post- Surgical and Post-Fracture Protocols). The first regular treatment (not extended duration or specialized 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 should not be added beyond the authorized timeframe to make up for cancellations or any other absences.



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# Treatment authorizations

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If the claim is accepted for coverage, initial authorization is dependent on the type of injury:

## Soft tissue/non-protocol injuries

- **Phase 1 treatment:** You have discretion to provide up to 12 visits in the first four weeks (\$47/visit service code 07.38AC).
- **Phase 2 treatment:** The goal is to achieve a RTW outcome. If the worker may benefit from additional physiotherapy to achieve this goal, you have discretion to extend treatment for an additional four visits in the next two weeks to total of six weeks (\$41.72/visit, service code 07.38AB). Or you may request a referral for assessment and treatment at an interdisciplinary return-to-work centre.

## Protocol fracture/surgery injuries

- Up to the number of weeks and visits for the specific protocol (\$41.72/visit, service code 07.38AB).

## Multiple body parts

- If there are multiple injured parts of body under the same claim, include all areas you are recommending treatment for in your PT First Report.
- Electronic authorization is for all body areas recommended for treatment in the PT First Report under the same claim. The time allotted for the visits is up to your discretion given the unique circumstances.

# Reporting

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Information on filling out the electronic reports can be found [here](#).

Reporting is used to make benefit entitlement decisions, support workers as they return to work and ensure appropriate services are in place. COs also use this information to keep employers informed of how their employee is progressing and for negotiating modified work opportunities. Reporting is your primary method of communicating worker status, barriers, treatment planning and goals to WCB. Reporting that is timely, detailed, and accurate ensures optimal care planning.

## Soft tissue or non-protocol fracture/surgery injuries:

| Assessment              | 2 Weeks  | 4 Weeks  | 6 Weeks   | Beyond 6 Weeks   |
|-------------------------|--|--|---|--|
| PT First Report (C-533) | PT Abbreviated Progress Report (C-534)                                   | PT Abbreviated Progress or Discharge Report (C-534)                      | PT Comprehensive Progress or Discharge Report (C-534)                   | PT Comprehensive Progress or Discharge Report (C-534)  |
| Within 2 business days  | Within 2 business days of the end of the <u>second week</u> of treatment | Within 2 business days of the end of the <u>fourth week</u> of treatment | Within 2 business days of the end of the <u>sixth week</u> of treatment | Within 2 business days of the end of the <u>ninth week</u> of treatment and <u>every three weeks</u> until discharge |

## Protocol fracture or surgery injuries:

| Assessment              | Progress Reporting   | End of initial authorization for specific fracture surgery protocol | Beyond initial authorization  |
|-------------------------|--|---|---|
| PT First Report (C-533) | PT Abbreviated Progress Report (C-534)   | PT comprehensive Progress or Discharge Report (C-534)               | PT comprehensive Progress or Discharge Report (C-534)                                     |
| Within 2 business days  | Within 2 business days of the end of the <u>fourth week</u> of treatment and every fourth week interval thereafter | Within 2 business days of the <u>end of initial authorization</u>   | Within 2 business days of the end of every <u>third week</u> of treatment until discharge |

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# Reporting

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- If no further treatment occurs after the completion of a PT Abbreviated Progress Report, submit a PT Discharge Report.
- If no further treatment occurs after the completion of the last PT Comprehensive Progress Report, that report will serve as the PT Discharge Report. A Finalized Treatment Report provides a method to formally discharge and close the episode of treatment.
- A PT Invoice or Additional Treatment Invoice should accompany relevant reports and is optional on the PT Abbreviated Progress Report.

## PT report details – general tips:

- The PT Abbreviated Progress Report is an efficient way to communicate whether the treatment plan is on track, identify any barriers, communicate discharge expectations as well as provide return-to-work abilities.
- The PT First Report, PT Comprehensive/Discharge Report is used to communicate detail on the accident, injury as well as provide more insight into the clinical presentation and specific treatment plan.
- Each submitted report should contain current updated information utilizing consistent means of measurement.
- All injuries or parts of body being treated under one claim should be submitted on one stream of reporting and invoicing.
- Specific objective measures and relevant functional information should be included and updated on 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.
- Objective Findings and Other Findings including Functional Status – please include information regarding
  - swelling, scarring, atrophy, trophic changes, circulatory concerns,
  - girth measurements,
  - contractures, extensor lags,
  - ligamentous or special tests.

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# Reporting

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- 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.
- Include outcome measures and provide updates consistently throughout the episode of care. Outcome measures can be an additional way to monitor progress or response to treatment over time.
- Clearly document the worker's functional abilities **and update in each report**. This information is used by COs and employers to identify a worker's abilities for return-to-work planning.
- The estimated return-to-work date should always be completed if the worker is not back at pre-accident level work. This is the date that you anticipate the worker will be able to perform modified or their pre-accident level of work. This may be a different date that you expect the patient to be discharged from community PT. This should be based on your clinical observations of the worker and is an estimate.
- If the severity of the worker's clinical presentation will impact their ability to perform their date of accident job duties, indicate that permanent work restrictions are anticipated. If you are anticipating permanent work restrictions, please contact the CO to discuss further.

## Dates of attendance:

- Every PT Comprehensive Progress Report must be accompanied by an invoice. This will automatically populate the treatment calendar.
- Invoicing on PT Abbreviated Progress Report is optional, if not used the treatment calendar will not be populated.
- Absences should be noted on the calendar by using the code for cancellations and no-shows.
  - If more than three visits are cancelled or are a no-show without rebooking, please notify the WCB Customer Contact Centre or the CO directly.

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# Post-surgical and post-fracture protocols

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## Post-surgical and Post-fracture Protocols:

- Workers qualify for a longer treatment period if their injury is covered under the Appendix “B” Fracture and Surgical Protocols (Appendix B in contract). Please request the appropriate duration for physiotherapy in accordance with these protocols or the surgeon’s protocols on the PT First Report. This information should be included in the treatment plan section or additional comments at the end of the PT First Report.
- If there is no specific protocol listed in Appendix “B” of the current Physiotherapy Contract the WCB CO will provide authorization for four consecutive weeks of treatment.
- Please contact WCB if the proper protocol timeframe for physiotherapy has not been approved.

# Specialized PT and extended duration treatments

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## Specialized Physiotherapy Services:

- Specialized physiotherapy requires specialized training, equipment, and one-on-one time. In the WCB PT contract it is defined to include; vestibular assessment and therapy, intra-pelvic therapy, pool therapy, hand therapy (by CHT only) and in-home physical therapy.
- Each of the services have specific criteria unique billing codes as well as a maximum number of sessions.

| Specialized PT Service                                | Vestibular  | Hydrotherapy (Pool)   | Intra-Pelvic Pelvic Floor  | In Home   | Hand Assessment and Treatment   |
|---|---|---|--|---|---|
| Service Codes   | 07.38SA (Assessment)<br>07.38SB (Treatment)   | 07.38SC   | 07.38SD  | 07.38SE   | 07.38SG (Assessment)<br>07.38SH (Treatment)   |
| Number of visits before PT Consultant approval needed | One Assessment + 5 Treatments   | 5 Treatments  | 5 Treatments   | 10 Treatments   | One Assessment + 5 Treatments   |
| Criteria for all                                      | <b>Case Management Initial Approval, Extension Requires PT Consultant Approval</b>  |   |  |   |   |
| Additional Criteria                                   | <p>Vestibular assessment/treatment will be performed by a Physiotherapist with advanced training in vestibular rehabilitation and completed with the use/aid of video goggles</p> <p>Clinically reasonable the compensable injury may result in dizziness or have an impact on the vestibular system (ie. whiplash injury/cervicogenic causes, concussion)</p> <p>Ruled out other medical causes (cardiovascular, medication, etc.) and referred for medical physician</p> <p>Dizziness is presenting as a barrier to recovery or RTW plan progress</p> | <p>Directed by a surgeon or medical specialist</p> <p>One on one pool therapy</p> <p>Supervised by a physiotherapist directly</p> <p>Multiple workers served or delivered by a non-Physiotherapist under the direction of the Physiotherapist–invoice Physiotherapy treatment rate.</p> | <p>It is clinically reasonable the work injury has resulted in pelvic floor dysfunction (eg. cauda equina involvement, pelvic fracture)</p> <p>PT meets the PACA Standards of Practice for Pelvic Floor PT</p> | <p>The worker is unable to attend therapy in the clinic due to the severity of their work injuries.</p> | <p>Directed by a surgeon</p> <p>Assessment and treatment is directly performed by a physiotherapist with designation as a Certified Hand Therapist (CHT), or as approved by HCS</p> <p>The CO has requested and/or specifically authorized specialized hand assessment and therapy treatment.</p> |

- If questions about whether specific criteria for a specialized service are met or whether the specialized PT treatment plan can be delegated to an assistant or aid, contact a PT Consultant to discuss
- PT Consultant approval is only required if you are requesting an extension beyond the number of preauthorized sessions, or if the specialized therapy is not outlined in the contract. COs cannot approve extensions of these services.

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# Specialized PT and extended duration treatments

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- A short bout of specialized PT treatments along with standard PT may be appropriate to aid a worker's progress with rehabilitation (eg. vestibular treatment for dizziness from a concussion, but regular PT to manage other musculoskeletal injuries such as a neck sprain). These treatments could take place at the same clinic, on the same day, or with an alternate provider. If you are uncertain whether it is appropriate, please contact a PT Consultant to discuss further.
  
- Specialized Physiotherapy Services Reporting
  - Specialized physiotherapy services should be reported and invoiced on electronic reporting, utilizing the appropriate codes (Schedule F).
  - Additional information can be included as an attachment to the electronic report.
  - For vestibular assessment, if your facility is already providing an authorized episode of treatment and the CO approves the vestibular assessment, a second PT First Report can be submitted with the results of the assessment.
  - Subsequent progress reporting should include all areas that are being treated on one stream of reporting, even if care is being provided by different therapists in the facility.

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# Specialized PT and extended duration treatments

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## Extended Duration for Same Day Treatments (“Double Billing”)

**Extended duration visits (\$83.44/visit, service code 07.38AE)** With no additional approval, up to seven visits can be provided when:

- The worker has two or more distinct and separate compensable injuries in two distinct body regions (refer to Appendix D in the contract); and,
- The worker has a significant clinical and functional impairment from performing date of accident job duties due to the compensable injuries.
- The assessment report has the part(s) of body you are recommending for treatment. When WCB authorizes treatment, it is for the part(s) of body included in the initial report.

If additional treatments are recommended following the provision of the seven sessions, this must be approved by a WCB PT Consultant prior to delivering more sessions.

There may be scenarios that do not meet the criteria outlined in the contract; these exceptional billing circumstances need to be reviewed and approved by a PT Consultant prior to providing the service.

The body regions must be confirmed as accepted for treatment by the CO. As such the first treatment billed on the same day as the assessment is not eligible for the extended duration fee.

## Procedure for Requesting Exceptional Billing

- PT Consultant approval is required for:
  - Exceptional billing circumstances not otherwise outlined in the contract
  - Extension of treatments for double billing beyond the initial authorization
  - Extension of Specialized PT treatments beyond the initial authorization
- Requests can be sent to PT Consultant’s by either:
  - On a PT First Report (C533) or a PT Comprehensive Progress Report (C534), select “Case Conference with a WCB PT Consultant” under the “WCB Services Requested” report field, or,
  - Submit a faxed request to the WCB PT Consultant fax line at 780-498-3226. The fax should contain the worker’s name, claim number, reason and rationale for the request and PT contact information. If submitting a fax, please ensure that the most recent report is not an Abbreviated Progress Report.



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# Concurrent treatment

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## Concurrent PT

There may be circumstances when concurrent treatment with [another physiotherapist](#) at another facility is appropriate. For example:

- The worker is participating in an episode of physiotherapy, and you think provision of a specialized service would assist in the rehabilitation plan, but your facility does not offer this service.
  - Contact the CO to discuss your recommendation
  - The CO will refer the client to another facility that has the capability to provide the specialized service.
  - If you plan to continue to provide care while the worker is participating in the specialized services, collaborate with the other physiotherapist as per PACA's standards for collaborative practice. A case conference fee can be billed for discussions with another treating physiotherapist at a different facility.
  
- The worker is a rotation worker, and they will be in alternating geographic sites for an extended timeframe.
  - Discuss options with the client (participation in a home program while away, virtual visits if they are working in Alberta).
  - If in clinic treatment for the worker while they are away is recommended, contact the CO to discuss.
  - The CO can review and refer to another facility if indicated.
  - If you plan to continue to provide care, collaborate with the other physiotherapist as per PACA's standard for collaborative practice. A case conference fee can be billed for discussions with another treating physiotherapist at a different facility.

There may be circumstances when concurrent treatment with [another health care provider](#) (chiropractor or acupuncturist) is recommended. WCB Alberta does not routinely authorize concurrent episodes of treatment with different health care providers. The worker can discuss with their CO which health care provider they would like to choose for their treatment.

If concurrent care with a chiropractor or acupuncturist is recommended, this must be reviewed and pre-authorized by a PT Consultant before booking the initial visit. The Physiotherapist and other practitioners must be able to coordinate a care plan and follow the PACA collaborative practice standard.

- Submit a faxed request to the WCB PT Consultant fax line at 780-498-3226. The fax should contain the workers name, claim number, reason and rationale for the request and PT contact information.
- A case conference fee can be billed for discussions with another treating healthcare provider at a different facility.

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# Treatment beyond initial authorization

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We understand each patient has unique treatment needs – some patients require more treatment, some require less.

We want to make sure the worker is getting the right services at the right time. When deciding whether to continue treatment beyond four weeks, please consider:

- Will this extension help the worker increase their hours or duties at work in the near future?

If not, discuss treatment planning with the CO or a PT consultant. A return-to-work assessment may be a very good option to ensure the worker is in the right treatment.

In cases where more treatment is needed to ensure recovery and return to work, please let us know your plan in a PT Comprehensive Progress Report. Your recommendations will be reviewed by a CO and/or a PT consultant.

You may continue to treat your patient while these reviews are taking place.

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 or would the worker benefit from other services (psychology, interdisciplinary rehabilitation)?

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# 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, or significant change in outcome measures 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.

## How to Communicate Further Treatment is Indicated - What needs to be in the PT Comprehensive 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 physiotherapy 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.

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# Treatment beyond initial authorization

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- If an extension is recommended; however, the report was submitted without responding “yes” to the above question, call the WCB customer contact centre to notify the CO.

## What to Expect after Communicating Further Treatment is Indicated

- You should receive an updated treatment plan authorization on the electronic injury reporting platform.
- If an updated authorization is not received within 10 business days, contact the customer contact centre.
- You will be responsible for ensuring progress remains on track with the revised treatment plan.
- You will be responsible for submitting reporting at appropriate intervals.
- COs 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 return-to-work assessment centre for assessment/program, ongoing treatment may not be appropriate. Contact the CO to discuss a care plan for the worker’s specific situation. If, following a RTW assessment a worker is admitted to a RTW program, please discharge the worker from physiotherapy treatment.

## Ongoing Treatment when WCB responsibility has ended:

A primary role of WCB physiotherapy is to support return to work. If treatment goals shift from sustainable RTW to non-work-related activities (e.g., hobbies or sport), discharge from WCB physiotherapy is appropriate.

If the worker wishes treatment to continue in these circumstances, please discuss other funding options (e.g., private pay, extended health benefits, etc.).

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# Transitional return-to-work (TRTW) visits

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- Transitional visits are intended to support RTW or transition to self-management plan.
- Two transitional visits are allowed within three consecutive weeks following the last authorized treatment.
- Authorization is not required for these visits provided the PT Discharge Report indicates your recommendation for the two visits and the worker has recently increased their work hours and/or duties.
- The PT 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 billed as Transitional visits: 07.38AF (or 07.38FV for virtual visits).

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# Sundry Items

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- There are a variety of home exercise and home management supplies that can be provided to injured workers with no additional approval.
- The cumulative sundry item limit is \$200. There are also maximum counts for some items on the list.
- The non-contracted physiotherapy sundry (NCPTS) code allows provision of miscellaneous sundry items up to \$20.
- Invoicing for home TENS units, biofreeze/gels/liniments/creams, or in clinic supplies like needles is not supported
- Custom bracing and orthotics are not supported from PT clinics. There is a separate WCB prosthetics and orthotics contract.
- Items used to support clinician treatment such as acupuncture needles are at the expense of the clinic and cannot be claimed as sundry items.
- WCB physiotherapy consultant approval is required for:
  - Sundry items not on the list, or would put the total amount of sundry items issued over \$200

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

- Submit a Sundry Item Request form (HC948).
- 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 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.

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# Additional services, supplies and orthotics

Contract Term: January 1, 2022 – December 31, 2024

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

- TENS home units
- Prolotherapy
- Standalone 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 and reported to WCB as a physiotherapy treatment. No additional fees will be paid.

## Clinic Supplies

Clinic supplies are not billable. This includes (but is not limited to) analgesic creams or sprays, acupuncture needles, electrodes, and masks.

## 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 COs can refer workers to for any orthotic devices required. Please document any recommendations for the need for orthotics on your reporting and the CO or PT consultant will review.

## Acupuncture and IMS/Dry Needling

When acupuncture or IMS/dry needling 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.

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

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# Physiotherapy treatment issues (FAQs)

Contract Term: January 1, 2022 – December 31, 2024

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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 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 CO 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 CO or note them on your reporting.

**What if I can see that a worker is struggling with other issues?** Please let us know! We want to encourage early identification of other barriers that might be impacting a worker's ability to progress and return to work. We can offer other services in conjunction with the physiotherapy treatment such as counselling, a return-to-work planning meeting, ergonomic assessments, etc. You can include your suggestions on your reporting, or you can contact the CO directly to discuss your concerns.

**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 be eligible to bill for extended duration treatments (double billing). Please review the criteria for extended duration billing outlined in the contract (Schedule C and Appendix D).

**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, follow the guidelines for extended duration treatments (Appendix D). Subsequent progress/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 Comprehensive 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 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 call a WCB PT Consultant to discuss the best way to manage and to minimize delays with payments.



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# Physiotherapy treatment issues (FAQs)

Contract Term: January 1, 2022 – December 31, 2024

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**What if the worker needs specialized physiotherapy treatment? Can the worker attend standard community treatment and specialized treatment at the same time?** If the worker meets the criteria outlined in Appendix C, the physiotherapist may proceed with specialized treatment. This treatment may or may not be in conjunction with standard physiotherapy treatments and may or may not be at the same clinic.

The goal of the specialized PT is to provide early, efficient access to services on a short-term basis in order to aid in the worker's recovery and assist him/her with progressing in regular PT treatments. Concurrent treatment may proceed if the CO has authorized both treatments.

Refer to Schedule C for further details.

**What if there is an incident with a worker while in physiotherapy treatment?** WCB expects its providers commit to providing a safe and healthy environment for injured workers. If the worker is involved in an incident during their physiotherapy treatment, a verbal report should be provided to the CO and healthcare consultant within 24 hours. A written copy of the follow up investigation should be delivered to the CO and healthcare consultant within 72 hours of the incident.

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# Communication with the WCB claim owner (CO)

Contract Term: January 1, 2022 – December 31, 2024

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## How to Communicate with the WCB claim owner (Adjudicator or Case Manager)

- Contact the WCB Contact Centre at: 1-866-922-9221 (toll free) (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 CO; the best time to call back (if a callback is needed).
- The WCB Contact Centre will put a note containing your information on file which will create a prompt for the CO to review.

## When to Contact the WCB claim owner

- You have questions about what injuries or body regions you are authorized to treat.
- 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 (e.g. 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 B of the PT Contract has not been authorized by the CO.
- An authorization decision for the initial timeframe has not been provided.
- 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 CO to ensure they understand your treatment plan.

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# Contacting a physiotherapy consultant

Contract Term: January 1, 2022 – December 31, 2024

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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 CO.
- The appropriate post-surgical or fracture protocol timeframe has not been approved, even after contacting the WCB CO.
- You have a question about WCB processes – how to request an MRI/consult or if you 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.

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# Payment information

Contract Term: January 1, 2022 – December 31, 2024

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## Payments

- Provided proper treatment authorization and invoicing has been submitted, you should receive payment within 30 days. WCB will 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)
- 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 six (6) months of the service being provided
  - Has failed to submit reporting as required under the PT Contract
- The contractor will 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 CO 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.

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# Payment information

Contract Term: January 1, 2022 – December 31, 2024

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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](mailto:medical.aid@wcb.ab.ca) or by fax (780) 498-7852.

# Fees

Contract Term: January 1, 2022 – December 31, 2024

## April 1, 2022 – December 31, 2024

| Service  | WCB Health Services Code | WCB Fee  |
|--|--------------------------|--|
| Assessment   | 07.38AA                  | \$ 70.61   |
| Initial Treatment (Weeks 0-4 for injuries not listed in Appendix B)                                      | 07.38AC                  | \$ 47.00   |
| Treatment  | 07.38AB                  | \$ 41.72   |
| Extended Duration Treatment Fee  | 07.38AE                  | \$ 83.44   |
| Specialized Physiotherapy  |                          |  |
| Vestibular Assessment  | 07.38SA                  | \$ 150.00  |
| Vestibular Therapy   | 07.38SB                  | \$ 113.00  |
| Hydrotherapy   | 07.38SC                  | \$ 113.00  |
| Intra-pelvic floor Therapy   | 07.38SD                  | \$ 113.00  |
| Hand Assessment  | 07.38SG                  | \$ 113.00  |
| Hand Therapy   | 07.38SH                  | \$ 113.00  |
| In-home Physiotherapy  | 07.38SE                  | \$ 113.00  |
| Transitional Return to Work Visit  | 07.38AF                  | \$ 41.72   |
| Assessment Report  | RPT01                    | \$ 26.52   |
| Progress, Discharge Report   | RPT02                    | \$ 26.52   |
| Case Conference Fee (calls to WCB staff)   | 07.38CC                  | \$ 27.50   |
| Case Conference Fee (calls to external to WCB stakeholders)  | 07.38CE                  | \$ 27.50   |
| Chart copies requested by WCB  | RF04                     | \$26.52 for first page + \$0.47 per page thereafter                                  |
| Summary of chart information, requiring the extraction of relevant information, but not an opinion       | RF05                     | \$93.15 for the first thirty (30) minutes plus \$36.23 for each 15-minute increment  |
| Summary of chart information, requiring the extraction of relevant information, and including an opinion | RF06                     | \$113.85 for the first thirty (30) minutes plus \$36.23 for each 15-minute increment |
| Non-contracted Sundry Item   | NCPTS                    | PT Consultant Approval required if >\$20.00  |
| Non-contracted Service   | NCS                      | HCC Approval Required  |

# Fees

Contract Term: January 1, 2022 – December 31, 2024

| Telehealth/Virtual Care Services                                    | WCB Health Services Code | WCB Fee  |
|---|--------------------------|----------|
| Assessment (virtual care)   | 07.38AV                  | \$ 70.61 |
| Initial Treatment (Weeks 0-4 for injuries not listed in Appendix B) | 07.38CV                  | \$ 47.00 |
| Treatment (virtual care)  | 07.38BV                  | \$ 41.72 |
| Transitional Return to Work Visit (virtual care)                    | 07.38FV                  | \$ 41.72 |

# “Appendix B” – WCB Fracture & Surgical Protocols

Contract Term: January 1, 2022 – December 31, 2024

## WCB Surgical Protocol – Maximum Visits and Weeks

| Part of Body   | Maximum Visits | Maximum weeks |
|--|----------------|---------------|
| <b>Shoulders</b>   |                |               |
| Arthroscopic Debridement                                 | 24             | 8             |
| Arthroscopic Rotator Cuff Repair                         | 36             | 12            |
| Open/Mini-Open Rotator Cuff Repair                       | 48             | 16            |
| Acromioplasties/Bursectomies/Subacromial Decompression   | 24             | 8             |
| Shoulder Instability Repair/Labral Repair/SLAP Repair    | 36             | 12            |
| Manipulation under anesthesia*                           | 24             | 6             |
| Total shoulder replacement                               | 36             | 12            |
| <b>Hips</b>  |                |               |
| Total Hip Replacement                                    | 24             | 8             |
| <b>Knees</b>   |                |               |
| ACL Reconstruction                                       | 48             | 16            |
| Quads/Patellar Tendon Repair                             | 36             | 12            |
| Ligament Repairs (E.G. MCL,LCL)                          | 18             | 6             |
| Total Knee Replacements                                  | 24             | 8             |
| Manipulation under anesthesia*                           | 24             | 6             |
| <b>Ankles</b>  |                |               |
| Achilles Tendon Repair or any Tendon Repair of the Ankle | 24             | 8             |
| Ligament repairs (E.G. Tibio-fibular and lateral)        | 24             | 8             |



# “Appendix B” – WCB Fracture & Surgical Protocols

Contract Term: January 1, 2022 – December 31, 2024

| <b>Hand Injuries</b>                        |     |    |
|---|-----|----|
| Flexor Tendon Repairs (Thumb)               | 24  | 8  |
| Flexor Tendon Repairs (Digits 2 – 5)        | 36  | 12 |
| Extensor Tendon Repairs (Thumb)             | 24  | 8  |
| Extensor Tendon Repairs (Digits 2-5)        | 30  | 10 |
| Tendon Transfers                            | 24  | 8  |
| Tenolysis                                   | 26* | 6  |
| Pip Arthroplasties                          | 24  | 8  |
| Carpal Tunnel Release                       | 18  | 6  |
| <b>Backs/Neck</b>                           |     |    |
| Discectomies                                | 24  | 8  |
| Laminectomies                               | 24  | 8  |
| Laminotomies                                | 24  | 8  |
| Fusion                                      | 24  | 8  |
| <b>Elbows</b>                               |     |    |
| Tennis Elbow Releases                       | 24  | 8  |
| Distal Bicep Repair                         | 36  | 12 |
| Elbow Release with ECRB Transfer            | 36  | 12 |
| Ulnar Nerve Decompression and Transposition | 24  | 8  |

\*May be daily treatment for the first three (3) weeks, then frequency will be 3x/week unless other is approved by PT Consultant.

Appropriate strengthening and conditioning should be incorporated into the visits to ensure the Worker will be fit for suitable employment (within restrictions) on completion.

# “Appendix B” – WCB Fracture & Surgical Protocols

Contract Term: January 1, 2022 – December 31, 2024

## WCB FRACTURE PROTOCOL – Maximum Visits and Weeks

| Part of Body                               | Maximum Visits | Maximum Weeks |
|--|----------------|---------------|
| <b>Spinal and Pelvic</b>                   |                |               |
| Compression Fractures – Vertebral Body     | 24             | 8             |
| Unstable Pelvic Fractures – Requiring ORIF | 30             | 10            |
| Acetabular Fracture                        | 24             | 8             |
| <b>Upper Extremity</b>                     |                |               |
| Humerus                                    | 24             | 8             |
| Olecranon process                          | 24             | 8             |
| Radius and/or ulna requiring ORIF          | 24             | 8             |
| Scaphoid                                   | 24             | 8             |
| Scapular                                   | 24             | 8             |
| <b>Lower Extremity</b>                     |                |               |
| Femur                                      | 24             | 8             |
| Tibial                                     | 24             | 8             |
| Patella – requiring ORIF                   | 30             | 10            |
| Ankle – required ORIF                      | 24             | 8             |
| Talus                                      | 24             | 8             |
| Calcaneus (undisplaced)                    | 24             | 8             |
| Calcaneus (displaced or ORIF)              | 36             | 12            |

Appropriate strengthening and conditioning should be incorporated into the visits to ensure the Worker will be fit for suitable employment (within restrictions) on completion.

Fracture protocols will begin after the Worker has been given medical clearance to start mobilizing the fracture area. Approval for treatment to mobilize the joints above and below the fracture, while the fracture is immobilized, must be obtained in advance from the PT Consultant.

**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*

|  |   |   |
|--|---|---|
| <b>Physiotherapy Contract</b>                        | General contract and process inquiries  | <a href="mailto:hcs.physiotherapy@wcb.ab.ca">hcs.physiotherapy@wcb.ab.ca</a>  |
| <b>Physiotherapy Consultants Telephone Directory</b> | For clinical questions  | <b>780-498-3899</b>   |
| <b>Physiotherapy Consultants Fax Line</b>            | Questions about treatment plans (Including extension request, sundry items, or exceptional billing) | <b>780-498-3226</b>   |
| <b>E-Business Support</b>                            | Inquiries regarding E-Reporting   | WCB Contact Centre (above)<br>Direct: 780-498-7688                            |
| <b>Payment/Billing Inquiries</b>                     | Inquiries regarding Invoices/Payments   | WCB Contact Centre (above)<br><i>Ask to be directed to <u>Medical Aid</u></i> |