
Physiotherapy Contract Reference Guide

January 1, 2025-December 31, 2027

Workers' Compensation
Board – Alberta

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About Workers' Compensation Board - Alberta

The Workers' Compensation Board (WCB) is a neutral, independent, not-for-profit organization who administers the *Workers' Compensation Act* for Alberta's workers and employers.

Funded by employers, we provide disability and liability coverage for work-related injury and illness. This means we compensate workers for lost income and coordinate the health care and other services they need due to a work-related injury.

Helping injured workers recover and safely return to work is at the core of what we do. A big part in making this happen is through our partnerships with health care providers like you—physiotherapists, chiropractors, physicians, surgeons, and other specialists.

What is the PT provider's role?

To have the best possible experience and recovery, we ask workers to involve their treatment providers by talking to them about the work 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. We focus on providing every appropriate resource to help injured workers recover and return to work. Their success is important.

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

Support a timely return to work

The longer a worker is off the job, the more job loss becomes a possibility we want to avoid. Evidence tells us 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, anxiety or disengagement.

Return to work positively correlates with quality of life, increases independence and confidence.

Identify barriers

Recognize when a worker is struggling to make progress. Let us know any barriers to a recovery and a return-to-work plan, 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 and make a fitness recommendation based on pre-accident job demands.

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.

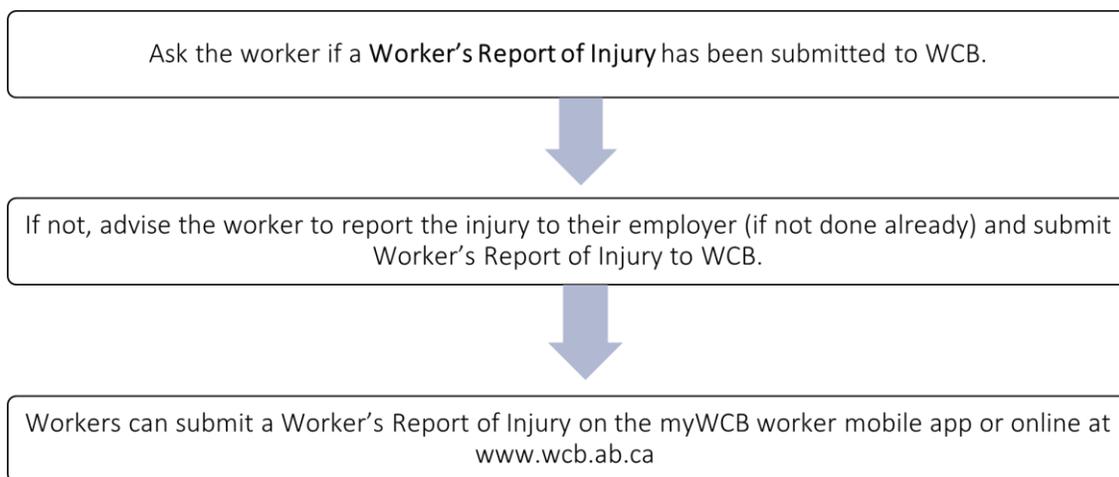
PT's duty to report work-related injury

All health care providers in Alberta must provide injury and treatment reporting to WCB, if an injury or condition is believed to be work-related in accordance with legislation. We use this information to make decisions on a worker's entitlement to WCB benefits and services.

You can review information about your [positive duty to report](#) to WCB within two (2) business days of the patient visit as described by the College of Physiotherapists of Alberta (CPTA). Contracted providers report electronically via an online account called [myWCB](#).

We recommend referring your patient to WCB's customer contact centre for any information they need about WCB, initiating a claim or the benefits available (1-866-922-9221).

When an injury is reported to you as work related:



- 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.
- If the above process has been followed, regardless of the entitlement decision, 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.
- Once the CO has determined the worker is entitled to PT treatment, the provider will be notified of authorization through the [electronic injury reporting platform](#).
 - If you proceed with treatment without waiting for WCB authorization, you may wish to consider having the worker sign an agreement to ensure responsibility for payment is secured, in the event treatment is not authorized by WCB.
 - If you proceed with treatment but request the worker pay for their treatment privately while waiting for WCB authorization, if the treatment is authorized by WCB, costs must be reimbursed to the worker or original payer. You then invoice WCB for authorized dates of services at the WCB contract rates.

- 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. They do not need to share identifying information and 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 invoice WCB for all medical services 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 this service is not payable or supported by WCB.
- Call our customer contact centre to find out the status of a claim entitlement decision or physiotherapy authorization. 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.

Initial Authorization

The provider will be notified of authorization through the [electronic injury reporting platform](#) (myWCB).

There is a 2-Phased approach to treatment authorizations.

➤ Phase 1 - Initial:

Standard Authorization (ie. soft tissue injuries, concussion)

- Up to **8** visits over **4** weeks (\$70/visit, service code 07.38AC).

Fracture / Surgery Injuries

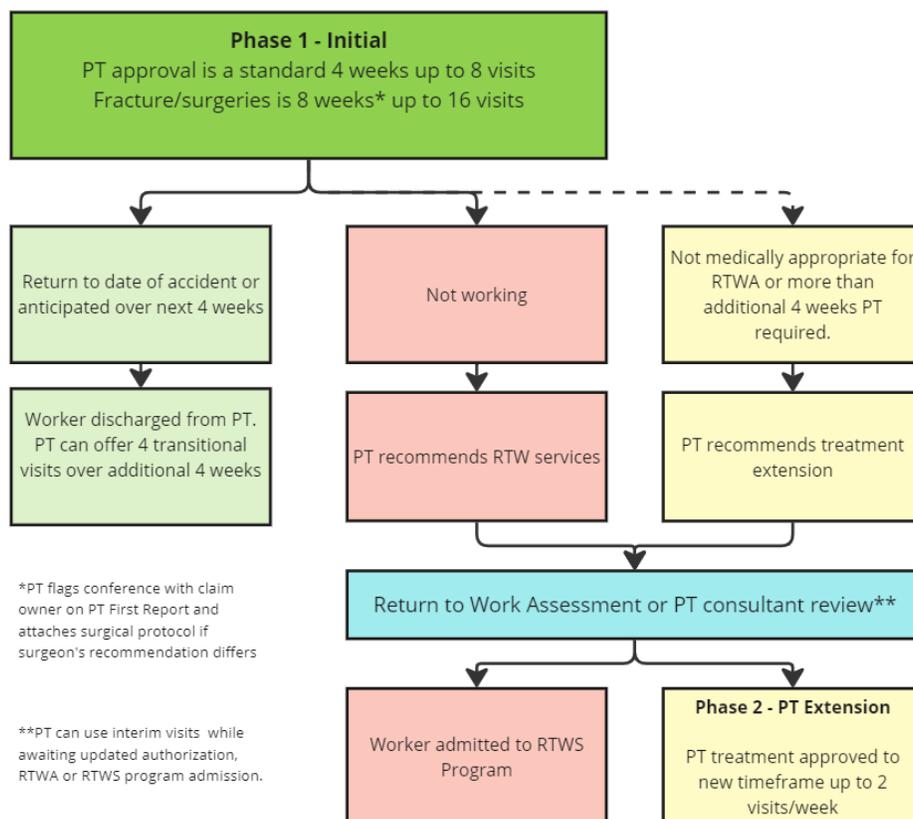
- Up to **16** visits over **8** weeks* (\$70/visit, service code 07.38AC).

*PT will contact WCB to update the timeframe if surgeon's protocol differs. **Any treatment authorized beyond eight (8) weeks is paid at the phase 2 rate** (\$50/visit, service code 07.38AB)

All 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.

By end of initial authorization (phase 1), 3 options:

- 1) **If the worker has returned to date of accident work or is anticipated to return over the next four weeks:** Discharge the worker and use Transitional Visits up to four (4) visits up to four (4) weeks.
- 2) **If a worker is NOT working** let us know and flag RTW Assessment. Additional services to support worker recovery will be coordinated by WCB.
- 3) **If a worker requires more PT treatment to support RTW and they are not medically appropriate for a return-to-work assessment:** Recommend a PT extension.



- **Transitional visits** are intended to support RTW or transition to self-management plan.
 - Four (4) transitional visits are allowed within four (4) consecutive weeks following the last authorized treatment after the discharge.
 - Authorization is not required for these visits.
 - In your discharge report, indicate in the comments section you plan on using the Transitional Visits.
 - These visits must be billed as Transitional visits: (\$50/visit, service code 07.38AF or 07.38FV for virtual visits).

➤ **Return to Work Assessment**

The longer someone is off work, the harder it is to return to work. This may also be correlated with a decline in quality of life. If there are barriers to RTW, flag RTW Assessment on your progress report.

➤ **Phase 2 – Extension of Treatment**

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. Treatment extensions are only approved when there is evidence of RTW progress in the care plan, the ongoing reasons for treatment are directly related to the compensable issue or work injury or referral for another service or program is not medically appropriate.

Pre-approval is required for any extension of treatment beyond Phase 1. Treatments are approved to new timeframe up to two (2) visits per week (\$50/visit, service code 07.38AB).

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 and expectation of material RTW progress.

What to Expect after Communicating Further Treatment or RTW Assessment is Indicated

- PT can continue while waiting for PT consultant's review on extension request or a return-to-work assessment/program to be booked. Please use 'Interim Visits' up to four (4) visits over four (4) weeks. (\$50/visit, service code 07.38AG)
- You can expect an email notification to the email address associated with the PT First Report with an update to the treatment approval. Treatment authorizations can be viewed on [myWCB](#).
- If an updated authorization or communication is not received within ten (10) business days of your request, contact the customer contact centre to speak with CO.
- You will be responsible for submitting reporting at appropriate intervals.

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

Reporting

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.

Standard Authorization:

Assessment	2 Weeks	4 Weeks	Phase 2 (after 4 weeks)
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>second week</u> of treatment	Within 2 business days of the end of the fourth week of treatment (Comprehensive Progress Report required to request extension of treatment)	<u>Every three weeks</u> until discharge

Fracture/Surgery injuries:

Assessment	4 Weeks	8 Weeks	Phase 2 (after 8 weeks)
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 (4th) week</u> of treatment	Within 2 business days of the <u>end of eighth (8th) week of treatment</u> . (Comprehensive Progress Report required to request extension of treatment)	<u>Every three weeks</u> until discharge

- If no further treatment occurs after the completion of a PT Abbreviated Progress Report, submit a PT Comprehensive 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. Effective January 1, 2025, extension request cannot be made via submitting the PT Abbreviated Progress Report.
- The PT First Report, PT Comprehensive/Discharge Report is used to communicate details 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.

- 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 by using the code for cancellations and no-shows.
 - If a worker no-shows or late cancels (<24hrs notice), please notify WCB as soon as possible via your reporting or through the WCB Customer Contact Centre so the CO can address attendance barriers with the injured worker. No shows and late cancellations can delay treatment and prolong a worker's injury.
 - No-show or cancellation (Less than 24 hours' notice) is billable up to one (1) time at \$70/visit during the initial authorization, only.
 - In order to bill a no-show/late cancel, clinics must follow a comprehensive attendance management plan, including but not limited to:
 - Only scheduling treatment that is clinically necessary to support the return to work outcome

- Email/text/phone call reminders of upcoming appointments.

Multiple injuries:

- 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.
- Only one PT First Report Fee is supported per episode of treatment under the same claim. A second assessment within a short period of time may be reviewed for payment of a second assessment fee. If there is a staggered start to treatment to different parts of body, all subsequent reporting should continue on one stream of progress reporting.
- 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.

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, one:one 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.
- Prior to delivering specialized physiotherapy services, the PT should contact the CO to confirm they agree with this approach to care.
- PT Consultants are available to discuss if criteria for specialized services are met. 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.**
- A short bout of specialized PT treatments along with standard PT may be appropriate to aid a worker's progress with rehabilitation (e.g. 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.

Specialized Physiotherapy Services Summary

Specialized PT Service	Vestibular	Hydrotherapy (Pool)	Intra-Pelvic Floor	In Home	Hand Assessment and Treatment
Service Codes	07.38SA (Assessment) 07.38SB (Treatment)	07.38SC	07.38SD	07.38SE	07.38SG (Assessment) 07.38SH (Treatment)
Number of visits before PT Consultant approval needed	1 Assessment + 5 Treatments	5 Treatments	5 Treatments	10 Treatments	1 Assessment + 10 Treatments
Criteria for all	Case Management Initial Approval, Extension Requires PT Consultant (PTC) Approval				
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 (i.e. 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 to one pool therapy that allows for full body exercise (not hydrotherapy tank)</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 (e.g. cauda equina involvement, pelvic fracture)</p> <p>PT meets the CPTA 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>Specialized hand therapy 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>Treatment involves custom splinting, wound care or management of complex hand injuries.</p>

- If the PT travels outside their clinic city to provide in-home PT services, professional travel time is payable (07.38PF - \$14.38/15min) and mileage at the WCB travel allowance can be billed. Contact HCS for the current rate.
- If the PT travels within city limits, professional travel time only is payable. (07.38PF - \$14.38/15min)

Extended Duration for Same Day Treatments

Extended duration visits (\$100.00/visit, service code 07.38AE).

Once PT treatment is authorized, without **additional approval**, up to seven (7) visits can be provided when:

- The worker has two or more distinct and separate compensable injuries in two distinct body regions (refer to Appendix C 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 (PTC) 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.**

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 may 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 CPTA'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 CPTA'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 CPTA collaborative practice standard.

- 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.
- A case conference fee can be billed for discussions with another treating healthcare provider at a different facility.

Sundry Items

- 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 \$250. 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 \$23.
- Invoicing for home TENS units, biofreeze/gels/liniments/creams, or in clinic supplies like needles and masks are not supported.
- Custom bracing and orthotics are not supported from PT clinics. There is a separate WCB prosthetics and orthotics contract.
- WCB physiotherapy consultant approval is required for unlisted sundry items greater than \$23, exceeding the maximum count of listed items, or when the total amount of sundry items issued over \$250.

Procedure to Obtain PT Consultant Approval

- 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 (3) 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 \$23 other than the sundry items on the contract list or those approved by the WCB PT Consultant.

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.

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 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 will review.

Acupuncture and IMS/Dry Needling/Shockwave Therapy

When acupuncture, IMS/dry needling or shockwave therapy is provided as a PT modality no additional fees will be paid by WCB.

No extra fees should be charged to the worker for Acupuncture or IMS/dry needling or shockwave therapy.

If you are interested in becoming a 'stand-alone' acupuncture provider, information is located on the [WCB website](#).

Requesting billing exceptions:

- PT Consultant approval is required for:
 - Extension of billing for extended duration treatment visits
 - Extension of billing for specialized PT treatments
 - Billing extended duration treatment visits or specialized PT that do not meet contract criteria
 - Second assessments while worker is in active treatment
 - Unlisted sundry item requests

- 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.
 - Extension of billing for extended duration treatment visits

- All other exceptional billing circumstances not otherwise outlined in the contract should be directed to the [Healthcare consultant](#) of WCB Physiotherapy Services.

Physiotherapy FAQ's

What if a worker is missing appointments? Please record all cancellations, no shows or absences on the reporting form or contact WCB Customer Contact Centre. Additional treatments cannot be added to make up for the missed appointments. No-show or cancellation (Less than 24 hours' notice) is billable up to one (1) time at (\$70/visit 07.38CN) during phase 1 (the initial authorization), only.

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 you may wish to contact a WCB PT Consultant (PTC) 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 and/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 CPTA.

What if the worker presents with multiple injuries? You may be eligible to bill for extended duration treatments. Please review the criteria for extended duration billing outlined in the contract (Schedule C and Appendix C).

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 C). Subsequent progress/discharge reports should include all body sites on one report.

When a new surgery or post-immobilization situation is not applicable, please speak with a PT Consultant before invoicing a PT Assessment to ensure it is payable. When treatment is for the same condition, a new surgery has not occurred, or the worker has been away for less than three weeks - a duplicate PT assessment fee (07.38 AA) is not applicable. If electronic reporting needs to be reopened with a PT First report because the worker was prematurely discharged, in the cases specified above, a PT assessment should not be invoiced.

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 (PTC) to discuss the best way to manage and to minimize delays with payments.

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 B, 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.

Can I treat the worker when they are out of province?

Please refer to regulatory guidelines from the CPTA and the local college. There may be jurisdictional and licensing considerations.

When to Contact the WCB claim owner (CO)

- **Further assessment is recommended**
 - a Medical Status Examination (MSE), Functional Capacity Evaluation (FCE), diagnostics, consults, other assessments (e.g. GAIT Assessment).
- **Additional information is required:**
 - copies of medical reports or investigations
 - questions about what injuries or body regions you are authorized to treat.
- **Workplace concerns:**
 - There is a regression in work status (ie. worker has been taken off work, job loss).
 - Suitability of modified work.
- **Treatment concerns:**
 - Attendance or compliance issue (e.g. the worker refuses to comply with recommended exercises in-clinic or at home).
 - 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).
 - A second injury occurs during a course of treatment.
 - Non-compensable issue delaying recovery

How to contact the WCB (CO)

- **Request contact with a WCB Claim owner on PT reporting** – expect a call back within 2 business days.
- **Contact the WCB Contact Centre** at: 1-866-922-9221 (toll free) (Mon – Fri, 8:00 am to 4:30 pm). Include:
 - the worker's name and claim number
 - request a note to be placed on the claim file: provide your name/clinic, the issue you are calling about, your recommendations and the best time to call back (if a callback is needed).

When to contact a WCB PT Consultant

- **Clinical management discussion**
 - PT Consultants can be helpful with problem solving to ensure most appropriate clinical services are being offered to injured workers (ie. RTW assessment vs. PT extension).
- **Questions about a communication from a PT Consultant**
 - PT Consultant direct phone numbers appear on the faxes/emails.
 - 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.
- **You have a question about WCB-PT process.**
 - How to request an MRI/consult
 - How to recommend RTW assessment
 - Sundry items, exceptional billing or second assessment on a claim, please send a faxed request to the PT Consultant fax line.

How to contact a PT Consultant

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

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, shockwave therapy, electrodes or massage therapy will not be funded.

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 the claim is no longer accepted.

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. In the event the WCB subsequently determines any physiotherapy treatment already provided to an individual is the responsibility of the WCB, the clinic will submit written confirmation of the fees charged to the original payer, the WCB will reimburse the clinic according to the confirmation of the fees charged and the clinic will refund the original payer.

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.

Service	WCB Health Services Code	WCB Fee	Maximum units
Assessment	07.38AA	\$80.00	
Standard Treatment – Phase 1 (Weeks 0-4 or 0-8 for fracture/surgery injuries)	07.38AC	\$70.00	8 sessions (standard) 16 sessions (fracture/surgery)
Standard Treatment – Phase 2	07.38AB	\$50.00	
Extended Duration Treatment Fee	07.38AE	\$100.00	7 sessions
Specialized Physiotherapy			
Vestibular Assessment	07.38SA	\$150.00	1 session
Vestibular Therapy	07.38SB	\$120.00	5 sessions
Hydrotherapy	07.38SC	\$120.00	5 sessions
Intra-Pelvic Floor Therapy	07.38SD	\$120.00	5 sessions
Hand Assessment	07.38SG	\$120.00	1 session
Hand Therapy	07.38SH	\$120.00	10 sessions
In-home Physiotherapy	07.38SE	\$120.00	10 sessions
Transitional Return to Work Visit	07.38AF	\$50.00	4 sessions
Interim Visit	07.38AG	\$50.00	4 sessions
Assessment Report	RPT01	\$40.00	
Progress, Discharge Report	RPT02	\$40.00	
Case Conference Fee (calls to WCB staff)	07.38CC	\$27.50	5 units
Case Conference Fee (calls to external to WCB stakeholders)	07.38CE	\$27.50	5 units
Cancellation < 24 hrs / No show (initial authorization only)	07.38CN	\$70.00	1 unit
Chart copies requested by WCB	RF04	\$26.52 plus \$0.47 per page	
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 >\$23.00	
Non-contracted Service	NCS	HCC Approval Required	
Professional Travel for in-home PT service	07.38PF	\$14.38 per 15 mins interval	12 units (3 hours)
Mileage (outside of city limits only)		Paid at the WCB rate	

Telehealth/Virtual Care Services	WCB Health Services Code	WCB Fee	Maximum units
Assessment (virtual care)	07.38AV	\$80.00	
Initial Treatment (Weeks 0-4 or 0-8 for fracture/surgery injuries)	07.38CV	\$70.00	8 sessions (standard) 16 sessions (fracture/surgery)
Treatment (Standard)	07.38BV	\$50.00	
Transitional Return to Work Visit (virtual care)	07.38FV	\$50.00	4 sessions
Interim Visit	07.38GV	\$50.00	4 sessions

Sundry Item list

Contract Term: January 1, 2025 – December 31, 2027

Home Exercise Equipment	Service Code	WCB Fees	Max Quantity
Airex Brand Balance Pad	BP01	\$126.50	1
Classic Wobble Board	WB02	\$57.50	1
Flex Bar Yellow	FB04	\$22.94	1
Flex Bar Red	FB01	\$27.20	1
Flex Bar Green	FB02	\$33.18	1
Flex Bar Blue	FB03	\$37.89	1
Foam roller full (6")	FR01	\$42.49	1
Foam roller half (6")	FR02	\$29.84	1
Hand Digitisers (all resistances)	HD01	\$31.05	1
Myofascial balls	MB01	\$36.00	1
Pedal Exerciser	PE01	\$102.29	1
Exercise Ball 55cm SDS	EB55	\$41.33	1
Exercise Ball 65 cm SDS	EB65	\$45.37	1
Exercise Ball 75 cm SDS	EB75	\$56.29	1
Exercise Ball 85 cm	EB85	\$67.23	1
Power-web Beige, least	PW01	\$45.94	1
Power-web Black, ultimate	PW06	\$45.94	1
Power-web Blue, super	PW05	\$45.94	1
Power-web Green	PW04	\$45.94	1
Power-web Red, moderate	PW03	\$45.94	1
Power-web Yellow, slight	PW02	\$45.94	1
ProStretch	PR01	\$56.35	1
Pulleys	PU01	\$28.75	1
Putty (2oz)	TP01	\$7.99	3
Slo-Mo Balls	BL01	\$17.19	1
Theraband (1 meter)	TB01	\$4.43	6
Wobble Board 20"	WB01	\$166.75	1
Tubigrip (1 meter)	TG01	\$6.60	6

Braces and Supports	Service Code	WCB Fees	Max Quantity
Ankle Brace	BA01	\$73.54	1
Bolster (10")	LB02	\$138.00	1
Cervical Rolls	CR01	\$37.89	1
Chair support (lumbar/thoracic)	CS01	\$101.20	1
Knee Brace - non-hinged, non-custom	BK01	\$68.99	1
Knee Brace - hinged, non-custom	BK02	\$114.94	1
Lumbar roll	LR01	\$37.89	1
Lumbar Pad	LP01	\$13.20	1

McKenzie night rolls 24-34"	NR01	\$57.44	1
Posture Medic	PS01	\$44.79	1
Wrist Brace	BW01	\$45.94	1
Wrist/Thumb Brace	BT01	\$58.59	1
Trochanteric Supports	TR01	\$25.18	1
Tennis Elbow splint	TE01	\$51.75	1
CHT Custom Fabricated Splint (up to 8 units/date of service)	FS01	\$25.00/unit	8

Home Management Supplies	Service Code	WCB Fees	Max Quantity
Cervical Pillow	CP01	\$43.20	1
Coban 2" x 5 yds	CB01	\$6.10	6
Home Neck Traction Unit	HN01	\$41.39	1
Kinesio Tape Roll (2" x 16.4 ft or 5cm x 5 m)	KT01	\$23.29	6
Leukotape 1 ½"x 15 yds	LT01	\$14.78	2
MediBeads hot pack	MB02	\$34.44	2
Mediflow Pillow	MP01	\$69.35	1
Mefix adhesive cloth	MA01	\$8.49	6
Reusable hot/cold pack – large	CH02	\$11.92	2
Reusable hot/cold pack – small	CH01	\$5.05	2
Shepherd's Crook	SC01	\$57.44	1
Tensor bandages (one roll)	TS01	\$5.75	6
Tiger Tail	TT01	\$53.99	1
Trainer grade Tape 1 ½"x 15yds (Athletic Tape (1 Roll))	AT01	\$6.89	6
Ultra light athletic (stretch) 2"x 5 yds	UA01	\$6.13	6
Underwrap (prowrap)	UT01	\$3.22	6

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 Health Care Consultant	Jennifer Oldford	780-498-3302
Physiotherapy Contract Performance Specialist	Ashley Salzl	780-401-7181
Physiotherapy Contract Performance Specialist	Jennifer Byun	780-498-4447
Physiotherapy Contract Business Assistant	Meghan Hicks	780-498-4687
Physiotherapy Contract	General Inquiries	hcs.physiotherapy@wcb.ab.ca
Physiotherapy Consultants Telephone Directory	General Inquiries	780-498-3899
Physiotherapy Consultants Fax Line	Extension requests, Sundry Items, Exceptional Billing requests	780-498-3226
E-Business Support	Inquiries regarding E- Reporting	ebusiness.support@wcb.ab.ca Direct: 780-498-7688
Payment/Billing Inquiries	Inquiries regarding Invoices/Payments	medical.aid@wcb.ab.ca WCB Customer Contact Centre – Ask to be directed to Medical Aid