



WCB FEE SCHEDULE – ALBERTA PHYSICIANS

Effective November 1, 2018

Fee for Service			
Service fees based on Alberta Health’s Schedule of Medical Benefits			
Reporting Fees			
General Practitioner Report Fees	WCB Fee		WCB Health Services Code
First report (C050)	Same-day	\$74.39	Select “create a new report” or “create a follow-up report” within Electronic Injury Reporting
	On-time	\$67.80	
	Late	\$50.85	
Progress report (C151)	Same-day	\$45.19	
	On-time	\$41.19	
	Late	\$30.89	
Specialist Report Fees NOTE: All Specialists’ invoices must be submitted using Form C568 within Electronic Injury Reporting.	WCB Fee		WCB Health Services Code
Consultation report	Same-day	\$90.91	RF01E
	On-time	\$82.86	
	Late	\$62.15	
Follow-up report	Same-day	\$45.19	RF03E
	On-time	\$41.19	
	Late	\$30.89	
Supplementary Report Fees	WCB Fee		WCB Health Services Code
NOTE: Use CALL fields to enter the number of pages (e.g. a 10-page chart would be billed as RF04, CALLS 10).	\$39.21 Photocopies: 49¢/page		RF04
Summary of medical information without opinion			
General practitioner (first 30 minutes)	\$141.12		RF05
General practitioner (additional 15-minute increments)	\$54.90		
Specialist (first 30 minutes)	\$172.51		RF05
Specialist (additional 15-minute increments)	\$54.90		
Summary of medical information with opinion			
General practitioner (first 30 minutes)	\$164.65		RF06
General practitioner (additional 15-minute increments)	\$54.90		
Specialist (first 30 minutes)	\$211.68		RF06
Specialist (additional 15-minute increments)	\$54.90		
Copies of specified documents or reports from a chart are requested by the WCB and are part of a summary of medical information (RF05/RF06).	49¢/page		RF08

DEFINITIONS

- **Business day:** Monday through Friday from 12:00 a.m. to 11:59 p.m. Mountain Time (MT) each day (excluding New Year's Day, Alberta Family Day, Good Friday, Victoria Monday, Canada Day, Labour Day, Thanksgiving Day, Christmas Day, August 1st Civic Holiday and Boxing Day).
- **Examination date:** day 0.
- **Received by WCB:** the date the information is received (and automatically timestamped) by WCB. Please note that this is not the date the physician completes the report or submits it to a vendor.
- **Same-day report submission:** the report is received by WCB on the same date as the completed examination, which includes up to 10:00 a.m. Mountain Time (MT) the following Business day;
- **On-time report submission:** the time when WCB receives a report. This does not refer to the time when submitted by a general practitioner or specialist.
 - **GP first report:** the report is received within three (3) business days from the date of the completed examination up until 10:00 a.m. Mountain Time (MT) on the fourth (4th) business day following the completed examination.
 - **GP progress report:** the report is received within four (4) business days from the date of the completed examination up until 10:00 a.m. Mountain Time (MT) on the fifth (5th) business day following the completed examination.
- **Specialist consultation report and specialist follow-up report:** the report is received within four (4) business days from the date of the completed examination up until 10:00 a.m. Mountain Time (MT) on the fifth (5th) business day following the completed examination.
- **Late report submission:** the report is received by WCB any time after the designated on-time report submissions.

Expedited Consultation	WCB Fee	WCB Health Services Code
Report received within 15 working days from referral	\$352.84	RF02
Report received within 16 – 25 working days from referral	\$117.63	RF09
Expedited Surgery	WCB Fee	WCB Health Services Code
Surgery completed within 15 working days from date of consult		
• Surgeon	\$450.65	ES01
• Anaesthetist	\$300.44	ES02
• Surgical assistant	\$150.22	ES03
Surgery completed within 16 – 25 working days from date of consult		
• Surgeon	\$150.22	ES04
• Anaesthetist	\$100.13	ES05
• Surgical assistant	\$50.09	ES06

EXPEDITED SERVICES

There are two time frames for expedited services:

- a) Within 15 working days (full expedited services fee apply).
- b) Between 16 – 25 working days (pro-rated expedited services

fee apply). Services will only be considered expedited when:

- a) For initial consultations, the report is received by the WCB within the above number of working days following receipt of the referral letter.
- b) For surgeries, the surgery is completed within the above number of working days following the day the decision is made to proceed with the surgery.

If a delay is imminent or anticipated due to outstanding investigations regarding the same worker, the specialist will advise the WCB contract manager and the WCB contract manager may, at their discretion, extend the period or periods referred to above. If the specialist fails to complete expedited consultation or expedited surgery and provide WCB with a report within the time frames stated above, an expedited services fees will not be payable. The periods of time to complete expedited services will not be extended due to office closures or specialist unavailability.

Anaesthetist Fee for Orthopaedic Procedures (When surgery performed by a contracted orthopaedic surgeon)			
WCB Code	Equivalent AH Code	Description	WCB Fee
OP01	93.83C	Posterior shoulder instability repair NOTE: May not be claimed in association with 93.83D or 95.65B	\$547.33
	93.83D	Bankart repair or capsular shift for anterior instability	
OP02	95.91C	Subacromial decompression including bursectomy NOTE: May not be billed in association with 95.65B	\$216.52
OP08A	93.09D	Instrumentation of dorsolumbar and cervical spine with or without fusion — posterior, 2 vertebrae	\$866.07
OP08B	93.09F	Instrumentation of dorsolumbar and cervical spine with or without fusion — posterior, 3 vertebrae	\$985.21
OP08C	93.05D	Instrumentation of spine following decompression	\$729.79
OP08D	93.05E	Instrumentation of spine following excision of spinal or paraspinal tumor	\$1371.27
OP08E	93.09G	Instrumentation of dorsolumbar and cervical spine with or without fusion — posterior, 4 vertebrae	\$1131.16
OP09	92.32B	Arthroscopy knee including meniscectomy	\$328.40
OP10	16.09P	Anterolateral or posterolateral decompression of spine — not simple discectomy or laminectomy	\$1096.27
OP11	93.45A	Anterior cruciate ligament reconstruction with bone — patellar tendon graft	\$693.30
OP17	93.41A	Total knee arthroplasty including hemiarthroplasty	\$875.16
	93.59A	Total hip arthroplasty	
OP18	93.83H	Rotator cuff repair including tendon transfer	\$364.88
OP 22	93.11A	Ankle fusion	\$419.93
OP23	93.12A	Single hindfoot joint fusion or syndesmosis fusion	\$402.46
OP24	93.12B	Double hindfoot joint fusion	\$489.93
OP26	93.49A	Reconstruction ligament(s) ankle — early repair, less than 14 days	\$314.97
OP27	93.49B	Reconstruction ligament(s) ankle — late repair, more than 14 days	\$437.86
OP28	89.22B	Wedge osteotomy ulna	\$291.91
OP29	93.25	Arthrodesis — carporadial fusion	\$401.39
OP30	93.28	Interpalangeal fusion — arthrodesis or tenodesis	\$218.94

WCB VISITING SPECIALIST CLINIC (VSC) PHYSICIAN FEE SCHEDULE

Visiting Specialist Clinic	Surgical	Fee
First consult — non-back	VS01	\$525.77
Follow-up consult — non-back	VS02	\$175.76
First consult — back	VS03	\$600.86
Follow-up consult — back	VS04	\$300.44
First consult — non-back No-show/cancellation with less than 72-hour notice	VS01N	\$525.77
Follow-up consult — non-back No-show/cancellation with less than 72-hour notice	VS02N	\$175.76
First consult — back No-show/cancellation with less than 72-hour notice	VS03N	\$600.86
Follow-up consult — back No-show/cancellation with less than 72-hour notice	VS04N	\$300.44

VSC Surgery	WCB Fee	WCB Health Services Code
Surgery completed within 15 working days from date of consult		
• Surgeon	\$450.65	ES01
• Anaesthetist	\$300.44	ES02
• Surgical assistant	\$150.22	ES03
Surgery completed within 16 – 25 working days from date of consult		
• Surgeon	\$150.22	ES04
• Anaesthetist	\$100.13	ES05
Surgical assistant	\$50.09	ES06
No-shows/cancellations with less than 72-hour notice (NOTE: Payable only if surgery was the result of a VSC referral)		
Surgery was to be completed within 15 working days from date of consult		
Surgeon	\$450.65	ES01N
Anaesthetist	\$300.44	ES02N
Surgical assistant	\$150.22	ES03N
Surgery was to be completed within 16 - 25 working days from date of consult		
Surgeon	\$150.22	ES04N
Anaesthetist	\$100.13	ES05N
Surgical assistant	\$50.09	ES06N

Frequent Procedure Codes — Specialist

(Billable only when procedure performed by a non-VSC participating surgeon when surgery transferred to WCB contracted surgical centre)

WCB Code	Equivalent AH Code	Description	WCB Fee
FP001	94.91A	Freeing of adhesions of muscle, tendon, fascia and bursa of hand — tenolysis	\$527.31
FP002	17.39B	Other peripheral nerve or ganglion decompression or freeing of adhesions — major nerve exploration	\$627.04
FP004	17.39A	Other peripheral nerve or ganglion decompression or freeing of adhesions — release of nerve from scar tissue	\$790.97
FP005	92.8 D	Arthroscopy (wrist, elbow, ankle, shoulder) — therapeutic intervention including debridement/drilling, etc.	\$975.71
FP006	90.6 F	Removal of hardware (excluding external fixator devices) — first 30 minutes	\$365.89
FP007	91.33A	Open reduction of fracture with internal fixation, phalanges of hand — phalanx(s)	\$671.12
FP008	90.6 E	Removal of hardware under local anesthetic	\$162.62
FP009	93.87K	Wrist ligament reconstruction (including scapholunate or lunotriquetral ligament)	\$1178.99
FP010	91.32A	Open reduction of fracture with internal fixation (carpals and metacarpals) — metacarpal	\$647.17

Frequent Procedure Codes — Anaesthetist

(Billable only when procedure performed by a non-VSC participating surgeon when surgery transferred to a WCB contracted surgical centre)

WCB Code	Equivalent AH Code	Description	WCB Fee
FP001	94.91A	Freeing of adhesions of muscle, tendon, fascia and bursa of hand —tenolysis	\$204.48
FP002	17.39B	Other peripheral nerve or ganglion decompression or freeing of adhesions — major nerve exploration	\$306.71
FP004	17.39A	Other peripheral nerve or ganglion decompression or freeing of adhesions — release of nerve from scar tissue	\$374.88
FP005	92.8 D	Arthroscopy (wrist, elbow, ankle, shoulder) — therapeutic intervention including debridement/drilling, etc.	\$340.79
FP006	90.6 F	Removal of hardware (excluding external fixator devices) — first 30 minutes	\$204.48
FP007	91.33A	Open reduction of fracture with internal fixation, phalanges of hand — phalanx(s)	\$204.48
FP008	90.6 E	Removal of hardware under local anesthetic	N/A
FP009	93.87K	Wrist ligament reconstruction (including scapholunate or lunotriquetral ligament)	\$443.06
FP010	91.32A	Open reduction of fracture with internal fixation (carpals and metacarpals) — metacarpal	\$204.48