



ACUPUNCTURE REPORTING AND INVOICING GUIDE

General

The instructions contained herein form part of the Acupuncture Contract for the term of April 1, 2019 to December 31, 2020.

WCB Reporting Requirements

Section 1 (1)(v) of the WC Act defines “physician” as a person licensed or authorized under the Health Professions Act to practice any of the healing arts in Alberta, which includes physiotherapists, chiropractors, and acupuncturists.

Section 34 (1) of the WC Act sets out that any physician; including physiotherapists, chiropractors, and acupuncturists, who attends an injured worker must forward a report to WCB within two days of first attending the worker.

The requirement to report to WCB applies to all physiotherapists, chiropractors, and acupuncturists treating a worker, including those working in a hospital and those not formally contracted with WCB.

Informed Consent

Section 20 of the *Personal Information Protection Act* (PIPA) allows for disclosure without consent where the disclosure is required or authorized pursuant to a statute or enactment.

The WC Act is a statute that permits WCB to mandate and compel reporting, and it is the applicable legislation related to disclosure of information for workers. **This means reporting to WCB is required by law without the consent of a worker and a worker cannot direct the treatment provider to not disclose required information to WCB.**

Accessing WCB Reports

WCB report forms are available on the WCB website under the Resources tab:

- www.wcb.ab.ca/resources/for-health-care-and-service-providers/forms-and-guides/

Submitting WCB Reports and Invoice

Fax (preferred): Fax (780) 427-5863
Faxed forms will be accepted provided they meet reporting requirements, are legible, and of adequate quality. **If faxed, it is not necessary to mail the original.**

Use **black ink only** to ensure a quality image is used for electronic scanning by WCB.

Mail: Workers' Compensation Board
PO Box 2415
Edmonton, Alberta T5J 2S5

Fees

Fee for Service Codes	April 1, 2019 to December 31, 2020
Acupuncture Assessment/First Treatment (ACU01)	\$46.93
Acupuncture Treatment (ACU02)	\$37.80
Acupuncture First Report (ACURF01)	\$23.19
Acupuncture Progress Report (ACURF02)	\$23.19
Acupuncture Discharge Report (ACURF03)	\$23.19

Inquires/Questions

Inquiry Type	Department	Telephone
Payment of fees	<ul style="list-style-type: none"> • Medical Aid • Customer Services 	(780) 498-3999
General inquires and to confirm the worker's claim number*	WCB Contact Center	(780) 498-3999 (Edmonton) (403) 517-6000 (Calgary) 1-866-922-9221 (Toll free in Alberta) 1-800-661-9608 (Toll free in Canada)
Clinical consultation with WCB	Physical Therapy Consultant	(780) 498-3899
<ul style="list-style-type: none"> • Non-claim specific inquiries • General contract inquires • Change in clinic status (location change, location/contact information change, change in ownerships, etc.) 	Health Care Strategy	(780) 498-3219

****To ensure faster service when sending information to WCB, indicate the claim number on all documentation.***

Acupuncture First Report (M-007) Completion Guide

Demographics/General

- Provide patient and employer identification.
- Include WCB claim number to ensure prompt handling by WCB.
- Include acupuncturist's name/billing number and clinic address.

Referring Physician

- Provide name of referring physician and date of referral.

Diagnosis

- Provide a provisional diagnosis if a clear diagnosis cannot be given.
- Provide the date of your initial examination.

Subjective Complaints

- Describe the nature and sites of symptoms.
- Include pain, numbness, tingling, etc.
- Document local, regional or radicular symptoms.
- On a scale of 1 (low) to 10 (high), indicate the patient's reported level of pain at examination.

Objective Findings

- Indicate whether acute or chronic.
- Note range of motion, flexibility, strength, swelling, neurological deficit, and other relevant findings.
- Note positive and negative objective findings.
- This section is critically important for determining safe work tolerance.

Has the worker returned to work?

- Please indicate "yes" or "no".
- If yes, indicate the date the worker returned to work on a full or part-time basis and whether or not it was modified or alternate work.

Can the worker return to pre-accident employment?

- This assists with determining the worker's capabilities and support needs.

Do you wish a case manager to call?

- Check yes if you would like to provide additional/sensitive information or to discuss treatment.

Acupuncture Progress/Discharge Report (M-007A) Completion Guide

Demographics/General

- Submit to WCB at the end of the seventh treatment, or after five treatments if you anticipate an extension will be required.
- Check **“Progress”** if submitting a request for an extension of treatment.
- Check **“Discharge”** for a report completed at the end of treatment.

Subjective Complaints

- Describe the nature and sites of symptoms.
- Include pain, numbness, tingling, etc.
- Document local, regional or radicular symptoms.
- On a scale of 1 (low) to 10 (high), indicate the patient’s reported level of pain at examination.

Objective Findings

- Indicate whether acute or chronic.
- Note range of motion, flexibility, strength, swelling, neurological deficit, and other relevant findings.
- Note positive and negative objective findings.
- This section is critically important for determining functional status.

Positive Effects as Reported by Patient

- Indicate the positive effects of the acupuncture treatments as described by the patient.

Complications

- Document other medical conditions or circumstances.
- Include psychological and/or behavioral aspects that may delay recovery.

Has the worker returned to work?

- Please indicate “yes” or “no”.
- If yes, indicate the date the worker returned to work on a full or part-time basis and whether or not it was modified or alternate work.

Can the worker return to pre-accident employment?

- This assists with determining the worker’s capabilities and support needs.

Do you wish a case manager to call?

- Check yes if you would like to provide additional/sensitive information or to discuss treatment.

Total number of treatments:

- Please indicate the number of treatments the patient has received to date.
- Indicate the dates of the treatments.

Request for further treatment?

- Please indicate by checking “yes” or “no”.
- If yes, indicate the number of further treatments the worker will require.
- Treatment extensions must be pre-approved by a WCB physical therapy consultant by faxing the completed Acupuncture Progress Report to (780) 498-3226 after 5 visits.

Acupuncture Invoice (M-007B) Completion Guide

Demographics/General

- Provide patient and employer identification.
- Include WCB claim number to ensure prompt payment.
- Include acupuncturists name/billing number and clinic address.
- Submit to WCB at the end of the seventh treatment (not including the assessment) with the Progress/Discharge Report or at the conclusion of treatment if an extension was authorized.

Date of Service

- Indicate the date of service (year/month/day) for each service (assessment and treatment).
- Submit only one invoice for multiple dates of service.

Service Code

- Note one date of service for each type of service (assessment or treatment).
- Not the WCB Health Service Code:
 - ACU01 - Acupuncture Assessment/First Treatment
 - ACU02 - Acupuncture Treatment.

DO NOT BILL FOR THE REPORT FEES. The report fee is paid automatically when a complete and legible report is submitted.

Work Definitions

<p>Modified</p> <ul style="list-style-type: none"> • A change in or adaptation of the date of accident work, based on the worker’s capabilities • May be temporary or permanent 	<p>Alternate</p> <ul style="list-style-type: none"> • A different job with duties within the worker’s capabilities
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Work Capabilities

Reference: National Occupational Classification Career Handbook (NOC-CH)

<p>Limited</p> <p>Work activities involve handling loads up to 5 kg. Examples:</p> <ul style="list-style-type: none"> • examining and analyzing financial information • selling insurance to clients • conducting economic and technical feasibility studies • administering and marking written tests <p>Light</p> <p>Work activities involve handling loads of 5 kg but less than 10 kg. Examples:</p> <ul style="list-style-type: none"> • repairing soles, heels and other parts of footwear • filing materials in drawers, cabinets and storage boxes • preparing and cooking meals • repairing paintings and artifacts 	<p>Medium</p> <p>Work activities involve handling loads between 10 kg and 20 kg. Examples:</p> <ul style="list-style-type: none"> • setting up and operating finishing machines or finishing furniture by hand • measuring, cutting and applying wallpaper to walls • adjusting, replacing or repairing mechanical or electrical components using hand tools and equipment • operating film cameras to record live events <p>Heavy</p> <p>Work activities involve handling loads more than 20 kg. Examples:</p> <ul style="list-style-type: none"> • operating and maintaining deck equipment and performing other deck duties aboard ships • shoveling cement into cement mixers and assisting in the maintenance and repair of roads • measuring, cutting and fitting drywall sheets for installation on walls and ceilings • operating power saws to thin and space trees in reforestation areas
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When reporting capabilities, also consider and document the frequency at which a task can be performed. For example, if a worker is capable of lifting at a light level overhead, but should limit the frequency over the course of a work day, make note of that restriction as well.

Frequency capabilities should be reported as follows:

Never - 0% of the day

Rarely - 1-5% or not daily

Occasional - 6-33% of the day

Frequent - 34-66% of the day

Constant - 67-100% of the day