Workers' Compensation Board
Alberta

2011-2014 CHIROPRACTIC CONTRACT

QUESTIONS & ANSWERS TO ASSIST YOU IN UNDERSTANDING YOUR CONTRACT

REV APR 2012

CHIROPRACTIC PROVIDER EXPECTATIONS

CHIROPRACTIC OBJECTIVES

The overall goal of Chiropractic treatment is to assist Workers in reaching the functional levels needed for safe, timely and sustainable return to work.

SERVICE PRINCIPLES

The Contractor shall:

a) use best efforts to ensure Worker's safety;
b) only provide care, if in the professional opinion of the Chiropractor, it is likely to benefit the Worker;
c) provide flexible individualized Services to meet the specific needs of the Worker, the Employer and the WCB Claim Owner;
d) ensure that all Services are completed in a timely and effective fashion as outlined in the Agreement; and
e) provide clear and timely communication (verbal and written) to the Worker and the WCB.

CONTRACTOR RESPONSIBILITIES

The Contractor shall provide the following services:

1. Initial Chiropractic Assessment to identify:

    a) a specific diagnosis and chiropractic treatment plan;
    b) any objective clinical impairments that restrict the Worker's ability to perform usual work tasks;
    c) the Worker's readiness to safely perform usual work tasks;
    d) the presence of psychosocial or work-related barriers for return to work; and
    e) any other factors, both compensable and non-compensable, that may impede or delay the Worker's return to work.

    The selection of appropriate assessment and diagnostic tests shall be based on the nature of injury, the Worker's needs, and the professional judgment of the Chiropractor.

2. Active Chiropractic Treatment that:

    a) is consistent with best-evidence care;
    b) promotes early reactivation and return to normal activity; and
    c) promotes safe and timely return to work.

    The selection and timing of specific interventions shall be based on the nature of injury, the Worker's needs, and the professional judgment of the Chiropractor.

Worker Education and Self-Management that:

a) includes education and reassurance regarding their injury and recovery;
b) encourages the Worker to learn to manage and take responsibility for their own recovery; and
c) includes strategies to reduce the risk of future injury.

3. Return To Work Planning that:

a) discusses, with the Worker, return to work as a goal of chiropractic treatment;
b) determines any work restrictions based on objective clinical impairment;
c) determines a specific return to work date (modified or full); and
d) communicates the return to work plan (verbal or written) with the Worker, the Claim Owner, and where possible, the Employer.

ADMISSION

What are my responsibilities as a contractor when I see a new WCB patient?

- Ask your client if the injury is work-related.

- If work-related, ask the Worker if a **Worker's Report of Accident** has been submitted to the WCB. If one has not been submitted, provide the Worker with a form and make best effort to have the Worker complete it.

- Ask if the Worker is currently receiving treatment for the same injury elsewhere (e.g., physical therapy clinic, chiropractor). If already receiving treatment, have the Worker contact their WCB Claim Owner for authorization for your chiropractic treatment prior to providing your service.

- Make the Worker aware of his/her responsibility for payment in the event chiropractic treatment is not authorized. You may wish to consider having the Worker sign an agreement to ensure payment is secured if treatment is not authorized.

AUTHORIZATION FOR SERVICE

In what form will the authorization be given?

Once the Claim Owner determines that the Worker is entitled to chiropractic treatment, the Claim Owner will address a letter to you providing authorization for service as well as the treatment period dates.

If verbal authorization is provided, ensure the following information is recorded in the Worker's file:

- date and time authorization was given.
- name and telephone number of the Claim Owner providing the authorization.
- nature of services authorized.

Ideally, verbal authorization should be followed up with an authorization letter to avoid possible misunderstandings.

Why is authorization sometimes delayed?

Although Claim Owners make their best efforts to provide authorization in a timely manner, the following factors can cause a delay in the process:

- Not all reports have been received, e.g., Employer Report, Worker's Report of Accident, Physician's Report.
- Certain cases (e.g. re-opens, RSIs) require more information/investigation and may take longer to process.

How can I find out if a claim is entitled and therapy is authorized?

Call the WCB Contact Centre providing the Worker's name and claim number, if available:

Edmonton:
Tel: 780-498-3999
Toll-free in Alberta: 1-866-922-9221
Toll-free fax: 1-800-661-1993 (in Alberta)

Calgary:
Tel: 403-517-6000
Toll-free in Alberta: 1-866-922-9221
Toll-free fax: 1-800-661-1993 (in Alberta)

Will WCB pay for an assessment and one treatment?

The WCB will pay for an assessment and one treatment while waiting for an entitlement decision regardless of whether the claim is ultimately accepted or denied. The initial treatment can be on the same day as the assessment.

What if the Worker already paid for some of the services before authorization was received?

Once the WCB accepts responsibility for any service provided to the Worker related to the injury being treated, it will be solely accountable for payment of all services. You will be asked to reimburse the Worker, or any third party (e.g. Alberta Health Care or private insurance) who made payments on behalf of the Worker, all monies that was paid to you. The WCB will pay you for the authorized services provided using the fee schedule in Schedule E of the contract.

The Worker or any third party cannot be billed for additional monies over and above what the WCB has accepted responsibility for.

What if the Chiropractor and the Worker want to continue treatment beyond that approved by the WCB?

No additional treatments may be provided while the Worker's claim is still active.

Once the WCB has stated that responsibility for ongoing treatment has ended and the claim is closed, the Chiropractor must now enter into a separate payment agreement for the additional treatment. The Chiropractor has a professional obligation to discuss

payment before providing these treatments. The Worker must understand that the costs of these treatments are to be paid personally, and that the WCB will not be responsible for reimbursement to either the Worker or the provider. The Worker must also understand that the WCB does not allow the Worker to pay privately for any additional treatment not authorized by the WCB while their claim is still active. The WCB requires that Workers with an active claim to comply fully with all treatment recommendations made to the WCB. Failure to do so could impact their claim.

Any dispute regarding payment for any additional treatment after the claim is closed must be resolved privately between the Chiropractor and the Worker. You may wish to consider having the Worker sign an additional payment agreement to ensure payment is secured for any treatments beyond those approved by the WCB.

SERVICE CRITERIA

Once authorization has been received, what is the maximum number of weeks allowed to provide treatment and how many treatments can I provide?

The standard authorization period is up to six (6) consecutive calendar weeks. Services will consist of one initial assessment and up to a maximum of twenty-two (22) treatments. The first treatment can be provided on the date of assessment. Only one treatment per day can be provided.

Once the Worker is determined to be fit to return to work, he or she can be discharged prior to completing the authorized number of treatments.

What should I do if, during the course of treatment, it is determined that the Worker requires additional chiropractic treatment beyond the authorized period?

The Progress/Discharge Report provides the chiropractor with the ability to submit an online request for an extension of treatment. Such requests are made in conjunction with a second Progress/Discharge Report, submitted between the fifth and sixth week of treatment. The WCB Chiropractic Consultant will review the documentation to determine the frequency and duration of a treatment extension.

Authorization for an extension request may be written or verbal. In the case of verbal authorization the Contractor shall record, on the Worker's file, the date and time the authorization was given, the name and telephone number of the Claim Owner giving it and the nature of Services authorized.

Do I need authorization to provide supportive care?

Requests for supportive care must be submitted on the Chiropractic Progress/Discharge Report (C-352). Requests must include a start and end date and indicate the frequency of treatment. In general, no more than one or two treatments per month will be authorized. Best efforts must be made to help the Worker self-manage their condition and reduce their reliance on supportive chiropractic care. The WCB Chiropractic Consultant will review the documentation to determine the frequency and duration of supportive care.

How do I deal with Workers with poor attendance?

It is important to go over the attendance policy with the Worker during the initial visit. If the Worker exhibits poor attendance, e.g. cancels a total of 3 appointments or does not show up for appointments without an explanation within 24 hours, you must automatically suspend treatment and immediately notify the Claim Owner.

If a worker cancels or no-shows and a replacement treatment visit is warranted, it can take place, as long as it is within the authorized time frame and within the maximum number of visits. Extra visits beyond the authorized time frame or the maximum number of visits are not allowed.

The Chiropractic Finalize Treatment Report is provided as a method for discharging the patient without having to fill out a complete Discharge Report. The Finalize Treatment Report should only be used in cases where the patient needs to be discharged, but the chiropractor has no new information to report regarding the patient's progress or status.

The WCB will not fund cancellations or no shows.

If a medical condition is identified during the course of treatment that may require the attention of a specialist, who should be notified?

If such a condition is identified, immediately contact the Claim Owner who may, subject to approval from an internal review process, expedite the referral. You can also make a referral by directly contacting a WCB authorized specialist. Referrals for CTs and MRIs must be made by contacting the Claim Owner.

If the medical condition interferes with chiropractic treatment, the program will be discontinued and the Worker discharged; otherwise, treatment can be provided concurrently.

If a Worker is not responding to treatment as expected, what other avenues are available?

You can contact the Claim Owner and request a Return to Work Assessment if the Worker is not progressing as expected or if you have identified other barriers for return to work. If the assessment determines that chiropractic treatment is still the most appropriate intervention, the Worker may be directed back to you.

Can I delegate certain interventions to other clinical staff?

You may delegate to support staff such as Exercise Therapists, Kinesiologists, Soft Tissue Therapists, and Chiropractic Assistants provided such interventions are under your direct supervision. You, as the Chiropractor, must continue to see the Worker during each visit, and complete all reporting to the WCB.

REPORTING REQUIREMENTS

Is electronic injury reporting (eReporting) mandatory under this agreement?

Yes, as a WCB authorized provider, you are required under the contract to submit all reports by electronic injury reporting or eReporting.

What if I have trouble with eReporting?

Contact our eBusiness Support Team at 780-498-7688 or toll free at 1-866-922-9221.

When do I have to file my reports?

- *Chiropractic First Report* – to be submitted within 2 business days of the initial assessment.
- *Chiropractic Progress Report* – to be submitted at the end of the third week of treatment. (Additional reports will not be funded unless specifically requested by Claim Owner.)
- *Chiropractic Discharge Report* – to be submitted within 2 business days of discharge from treatment.

CHIROPRACTIC SERVICE CODES AND RATES

Listed below are the service codes used in e-Reporting for the service indicated.

Service	Service Code	Rate
Initial Assessment	B522	$43.64
Treatment Visit	B523	$34.00
Supportive Care	B523	$34.00
Chiropractic X-Rays		
Extremities	B525	$52.31
Spinal	B526	$52.31
Spinal with Obliques	B527	$63.38

EVALUATION

How will my performance as a contractor be measured?

Your performance will be based on a combination of the Chiropractic Reports submitted by eReporting and on data extracted from the WCB payments database. You will receive provider performance reports that highlight your outcomes.

SUBMISSION OF A CHIROPRACTIC INVOICE

How often do I submit an invoice?

You will need to submit only two invoices:

- First invoice is submitted **with the** Chiropractic Progress Report.
- Second invoice is submitted **with the** Chiropractic Discharge Report.

In order for invoices to be processed in a timely manner, you will need to do the following:

- Ensure that authorization was obtained for services being invoiced.
- Ensure the Chiropractic First Report has been submitted.

** Please note that any sundry items must be itemized and should be included on the second invoice submitted with the Chiropractic Discharge Report.

CHIROPRACTIC SUNDRY ITEMS

Do I need authorization if I am providing the Worker with a sundry item that is not pre-approved, or if the total amount of sundry items being provided exceeds the allowable $100.00?

Yes, you will need to contact the Claim Owner and obtain authorization prior to supplying these to the Worker.

Do I bill separately for sundry items?

Sundry items can be billed on the last invoice.

Can I supply the Worker with orthotics?

No, chiropractors are not authorized to provide WCB claimants with orthotics, footwear, or custom-fit braces. **The WCB will not pay for orthotics provided by a chiropractic provider**.

In the event that the Chiropractor has determined that orthotics or other appliances are of clinical value to the Worker, the Chiropractor shall communicate the recommendation to the Claim Owner and request that the Claim Owner make a referral to a WCB-authorized Prosthetics and/or Orthotics provider.

REVERSAL OF A WCB CLAIMS DECISION

If I am treating an individual whose WCB claim was initially denied and then accepted, how is the billing handled?

The WCB is solely responsible for the payment of all assessments and treatments which it determines were necessary as a result of a compensable injury. That responsibility may not be determined until after Services are provided due to delays in reporting claims to the WCB, adjudicating claims and the appeal process.

In the event that the WCB or an appeal decision determines that Chiropractic Services provided to an individual were the WCB's responsibility, the WCB will reimburse the payer once written confirmation from the Contractor of the fees charged to the payer is obtained.

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

The WCB will only pay for treatments you provided prior to receiving notice that the claim has now been denied**.**

CONTACTS

Contact the Claim Owner
Contact the WCB's Claims Contact Centre at: 1-866-922-9221. Identify which claim you are contacting them about and ask for a note to be placed on the Worker's file with the following information:

your name and clinic
the issue you are calling about
your recommendations and/or course of action
the urgency of a response back
a request for the Claim Owner to call back, and
the best time to call back when you are available

Do not call, fax, or e-mail the Claim Owner directly as there is no back-up to ensure messages will be responded to if the Claim Owner is away, on vacation, etc.

Fees or payment inquiries
Medical Aid @ 780-498-4229
(Please do not contact Claim Owners or Medical Services staff)

Claims inquiries or treatment authorization
Claims Contact Centre
780-498-3999 (Edmonton)
403-517-6000 (Calgary)
866-922-9221 (toll-free within Alberta)
800-661-9608 (toll-free outside Alberta)

Electronic injury reporting inquiries
eBusiness Support Team @ 780-498-7688

To discuss clinical aspects of a claim
WCB Chiropractic Consultant @ 780-498-4130

Questions about the contract
Health Care Services @ 780-498-3219