

SCHEDULE "A"

EXPECTATIONS AND RESPONSIBILITIES

1.0 SERVICE EXPECTATIONS

The overall goal of chiropractic treatment is to assist Workers in reaching the functional levels needed for safe, timely, and sustainable Return to Work.

2.0 SERVICE PRINCIPLES

2.1 The Contractor will:

- a) Use best efforts to ensure the Worker's safety;
- b) Only provide care, if in the professional opinion of the Contractor, it is likely to benefit the Worker;
- c) Provide flexible individualized Services to meet the specific needs of the Worker, the employer and the CO;
- 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.

3.0 CONTRACTOR RESPONSIBILITIES

3.1 The Contractor will provide the following Services:

- a) **Initial Chiropractic Assessment** to identify:
 - i. A specific diagnosis and chiropractic treatment plan;
 - ii. Any objective clinical impairments that restrict the Worker's ability to perform usual work tasks;
 - iii. The Worker's readiness to safely perform usual work tasks;
 - iv. The presence of psychosocial or work-related barriers for Return to Work; and
 - v. Any other factors, both compensable and non-compensable, that may impede or delay the Worker's Return to Work.
- b) **Active Chiropractic Treatment** that:
 - i. Is consistent with best-evidence care;
 - ii. Promotes early reactivation and return to normal activity; and
 - iii. Promotes safe and timely Return to Work.

c) **Worker Education and Self-Management** that:

- i. Includes education and reassurance regarding the Worker's injury and recovery;
- ii. Encourages the Worker to learn to manage and take responsibility for their own recovery; and
- iii. Includes strategies to reduce the risk of future injury.

d) **Return To Work Planning** that:

- i. Discusses, with the Worker, Return to Work as a goal of chiropractic treatment;
- ii. Determines any work restrictions based on objective clinical impairment;
- iii. Determines a specific Return to Work date (modified or full); and
- iv. Communicates the Return to Work plan (verbal or written) with the Worker, the CO, and where possible, the employer.

3.2 The selection of appropriate assessment, diagnostic tests, and timing of specific interventions will be based on the nature of injury, the Worker's needs, and the professional judgment of the Contractor.

SCHEDULE “B”

ADMISSION, AUTHORIZATION, AND SERVICE CRITERIA

1.0 ADMISSION CRITERIA

1.1 The Contractor will complete the following steps before providing any Services:

- a) Make all reasonable enquiries to determine if the injury for which treatment is sought is work-related;
- b) Make all reasonable enquiries to determine if the Worker has completed a Worker Report of Injury or Occupational Disease (C060) and has submitted it to the WCB. In the event the Worker has not completed a C060, the Contractor will provide the Worker with a form and use all reasonable efforts to have the Worker complete the form, or direct the Worker to the WCB website to report the injury: <https://www.wcb.ab.ca/claims/report-an-injury/for-workers.html>;
- c) Make all reasonable enquiries to determine if treatment is being provided elsewhere for the same compensable injury (e.g. chiropractic, physiotherapy, or a multi-disciplinary program). In circumstances where the Worker is receiving treatment at another facility, the Contractor will inform the Worker to contact their CO and wait for approval before providing further Services; and
- d) Discuss the Worker’s responsibility for payment in the event that the Worker is not entitled to chiropractic treatment under the Act. The Contractor will be responsible for determining if a written agreement with the Worker is necessary to secure payment should the WCB deny responsibility for any assessment or treatment provided.

2.0 AUTHORIZATION FOR SERVICE

2.1 The Contractor will complete the following steps before providing any Services:

- a) The WCB is solely responsible for the payment of all assessments and treatments, which it determines are or were necessary as a result of a compensable injury. That responsibility may not be ascertained until after Services are provided due to delays in reporting claims to the WCB, adjudicating claims and the appeal process. The WCB will make reasonable efforts to provide timely authorization or denial of treatment;
- b) The WCB will not be responsible for the payment of any Service until the CO determines that the Worker is entitled to the Service as a benefit under the Act;

- c) Authorization from the CO may be written or verbal. In the case of verbal authorization the Contractor will record on the Worker's File the date and time the authorization was given, the name and telephone number of the CO giving it, and the nature of the Services authorized;
- d) The Contractor may request payment from the Worker until initial entitlement is determined. Once the WCB determines that it is responsible for any service provided, the Contractor will reimburse the Worker or any other third party who paid the Contractor on the Worker's behalf all sums paid in respect of those Services forthwith and only bill and accept payment from the WCB for those Services;
- e) Unless the WCB provides express advance consent, the WCB will only pay for treatment as outlined in the Agreement for up to six (6) weeks. Requests for additional treatments will be considered on a case-by-case basis; and
- f) The WCB will not fund the following items unless expressly requested by it:
 - i. Preparation of medical legal reports;
 - ii. Treatment beyond Return to Work without restrictions and where no further treatment is clinically necessary to maintain the Return to Work status, with the exception of supportive care in accordance with this Agreement (for example, activities of daily living, sports, hobbies, and lifestyle activities); and
 - iii. Time involved managing an individual's treatment plan beyond that recognized in this Agreement.

2.2 Provided that Admission Criteria are followed and if not already provided by the Worker the Contractor submits the C060 with the Assessment Report, the WCB will:

- a) Pay for an Assessment and one treatment for potential WCB claims awaiting entitlement regardless of the final determination regarding entitlement; and
- b) Will not be responsible for any other Service to the Worker until the CO determines that the Worker is entitled to Services under the Act and has provided verbal or written authorization to the Contractor.

3.0 SERVICE CRITERIA

3.1 Treatment Schedules

Provided the Admission Criteria are followed the WCB only authorizes the following:

- a) One initial assessment and a maximum of twenty-one (21) treatments over a period no greater than six (6) consecutive calendar weeks. If indicated, the Contractor may provide the first treatment on the date of assessment;
 - b) The frequency of visits during this period will be individualized to meet the needs of the Worker; and
 - c) Only one treatment per day may be provided.
- 3.2 While the WCB will not normally authorize treatment beyond that indicated above, special circumstances may be brought to the WCB's attention. Further treatment for which the WCB is responsible will not be provided without the advance approval of the WCB Chiropractic Consultant.

3.3 Discharge Criteria

The Contractor will cease the provision of Services to a Worker when one or more of the following occurs:

- a) The Worker is fit to Return to Work and no further treatment is clinically necessary to maintain the Return to Work status;
- b) The Worker has plateaued and is not making progress;
- c) The Worker requires specialist medical investigation;
- d) The Worker requires referral for a Return to Work Assessment;
- e) The Worker voluntarily withdraws or is removed from the program by the CO;
- f) The Worker has been non-compliant; or
- g) The Worker has engaged in inappropriate and/or illegal behaviour putting themselves or others at risk.

3.4 Supportive Care

- a) Supportive chiropractic treatment may be necessary for Workers who, despite rehabilitative exercises and other lifestyle modifications, are unable to sustain therapeutic gains after the conclusion of a standard course of chiropractic treatment.
- b) Supportive care will normally be considered for the purpose of ensuring sustainability of the Return to Work outcome.
- c) 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.
- d) Authorization for supportive care may be written or verbal. In the case of verbal authorization the Contractor will record, on the Worker's file, the date and time the authorization was given, the name and telephone number of the CO giving it and the nature of Services authorized.
- e) Supportive care will only be considered when all of the following conditions apply:
 - i. Treatment will allow the Worker to stay at work and is necessary to ensure the Worker's condition does not deteriorate;
 - ii. Objective findings suggest the Worker's condition has plateaued;
 - iii. Treatment is specific to the healing injury or the specific body areas most affected by the compensable injury; and
 - iv. The Worker is working at the time treatment is being provided and proof of employment has been obtained.

3.5 Extension Request

- a) Extension of chiropractic treatment will be considered for Workers who are making objective improvement with care and will likely achieve a successful Return to Work outcome with additional treatments.
- b) The Progress/Discharge Report provides the Contractor 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 (5th) and sixth (6th) week of treatment. The WCB

Chiropractic Consultant will review the documentation to determine the frequency and duration of a treatment extension.

- c) Authorization for an extension request may be written or verbal. In the case of verbal authorization the Contractor will record, on the Worker's file, the date and time the authorization was given, the name and telephone number of the CO giving it and the nature of Services authorized.
- d) Requests will normally not be granted if the Worker:
 - i. Has returned to pre-accident job duties;
 - ii. Initially sustained a no time loss injury that regressed to a time loss injury;
 - iii. Demonstrates no objective signs of improvement with chiropractic treatment;
 - iv. Sustained soft tissue injuries and either did not Return to Work or has no definite Return to Work date in place;
 - v. Has a conflicting diagnosis or requires an RTW Assessment; or
 - vi. Has a history of poor attendance or non-compliance.
- e) No shows or cancellations
 - i. The Contractor will inform the Worker of the WCB's attendance requirements during the initial visit; and
 - ii. The Contractor will advise the CO immediately in the event that the Worker:
 - a. Fails to attend, whether cancelled in advance or not, a maximum of three (3) appointments during the authorized treatment period; or
 - b. Fails to attend an appointment and fails to call back to reschedule within forty-eight (48) hours.
- f) The WCB does not pay for cancellations or for workers failing to attend an appointment. The Contractor will not bill the Worker directly for cancellations or for failing to attend an appointment.
- g) Extra treatments beyond the authorized treatment period will not be added to make up for cancellations or no shows.

3.6 Referrals to Medical Specialists (including CT scans and MRIs)

- a) The Contractor agrees that it will, on an ongoing basis, make all reasonable inquiries to identify whether an investigation by a medical specialist is required for the compensable injury.

- b) The Contractor will immediately inform the CO of any conditions that may require such investigation. The CO, subject to approval from an internal review process, may expedite the referral. As well, referrals may be made directly by the Contractor to a medical specialist by contacting a WCB authorized medical specialist directly.
- c) Referrals for CT or MRI scans must be made by calling the CO who, subject to approval from an internal review process, may expedite the referral.
- d) If the medical condition requires an interim suspension of chiropractic treatment, Services will be discontinued and the Worker discharged. If the medical condition does not interfere with the Worker's care, then treatment may continue concurrently.

3.7 RTW Assessment Referrals:

- a) RTW Assessments are available for Workers who for various reasons, including psychological, are having difficulty returning to work or are not recovering as expected.
- b) The Contractor may request a RTW Assessment referral by contacting WCB at any time if the Contractor:
 - i. Determines the Worker is not making the expected progress with chiropractic treatment;
 - ii. Believes the Worker will not be fit to work at the end of chiropractic treatment;
 - iii. Has identified significant psychosocial, psychological or vocational issues that are a barrier for Return to Work; or
 - iv. Has identified the need to clarify the diagnosis or further medical investigations are required.
- c) If the RTW Assessment determines that the most appropriate intervention is to redirect the Worker back to chiropractic treatment, where appropriate, the Worker will be directed back to the original Contractor for a specified number of treatments.

3.8 Staffing

- a) Where appropriate, the Contractor may assign certain interventions under this Agreement to support staff such as exercise therapists, kinesiologists, chiropractic assistants or office administration staff in accordance with the Standards of Practice for Chiropractors and any position statements or guidelines issued by the licensing authority.

- b) When delegating interventions, the Contractor will ensure that:
 - i. The interventions are under direct supervision of a chiropractor (direct supervision requires the chiropractor to be physically present at the location where the Services to the Worker are being provided and available at all times);
 - ii. The Worker is seen on each visit by the chiropractor;
 - iii. Progression or changes in the program are approved by the chiropractor; and
 - iv. All reporting to the WCB is completed by the chiropractor.
- c) The Contractor will not bill any additional amount for the use of support personnel over and above the contracted service rate.

3.9 Professional Standards

- a) The Contractor will ensure that chiropractors comply with:
 - i. All relevant legislation governing the practice of chiropractic; and,
 - ii. The Code of Ethics and Rules of Conduct of the Canadian Chiropractic Association.
- b) All current and relevant guidelines for clinical practice for chiropractors in Canada will be taken into account by the Contractor in determining the most appropriate treatment program for the injured Worker.
- c) Where the WCB has concerns regarding a Worker's treatment, the WCB will have the right to attend upon the Contractor's premises and examine the premises, without prior notice during normal business hours.

3.10 Virtual Services

The Contractor may provide virtual Services in accordance with the Alberta College and Association of Chiropractors (ACAC) guidelines and within the treatment schedule outlined in section 3.1.

SCHEDULE "C"**REPORTING****1.0 REPORTING**

- 1.1 The Contractor must submit reports and invoices utilizing the WCB's web based electronic injury reporting system. Should the Contractor be unable to comply with the WCB's electronic reporting requirements, the WCB may terminate this agreement forthwith for cause.
- 1.2 Contractors in geographic locations where high-speed internet access is not available will be exempt from this requirement upon providing notification to the WCB. Applications for online reporting can be obtained through the WCB's website Online Services Section at www.wcb.ab.ca or by calling the e-Business support team at 780-498-7688 (in Edmonton), 1-866-922-9221 (in Alberta).
- 1.3 All chiropractic reports will be completed on the following WCB approved forms:
 - a) Chiropractic First Report (C-056).
 - b) Chiropractic Progress/Discharge Report (C-352).
 - c) Chiropractor Finalize Treatment Report (C-704).
- 1.4 The Chiropractic First Report will be submitted to the WCB within two (2) Business Days of the completion of the initial assessment.
- 1.5 The Chiropractic Progress Report will be submitted at the end of the third week of treatment. More frequent reports will not be funded unless specifically requested in advance by the CO.
- 1.6 The Chiropractic Discharge Report will be submitted within two (2) Business Days of discharge from treatment.
- 1.7 The Chiropractic Finalize Treatment Report is provided as a method for discharging the Worker without having to fill out a complete Discharge Report. The Finalize Treatment Report should only be used in cases where the Worker needs to be discharged, but the chiropractor has no new information to report regarding the Worker's progress or status

SCHEDULE "D"

REVERSAL OF A WCB CLAIM DECISION

1.0 SUBSEQUENT ACCEPTANCE

1.1 In the event that the WCB or an appeal decision determines that any chiropractic treatment already provided to an individual is the responsibility of the WCB, the WCB will reimburse the payer once written confirmation of the fees charged to the payer is obtained from the treating Contractor.

2.0 SUBSEQUENT DENIAL

2.1 In the event that the WCB subsequently denies authorization for treatment, the WCB will only pay for those treatments performed prior to the Contractor receiving notice of denial from the WCB.

SCHEDULE "E"**FEES FOR SERVICE****1.0 FEES**

Fees chargeable by the Contractor for chiropractic Services are as follows:

Service	Rate
Initial Assessment	\$46.93
Treatment Visit	\$36.23
Supportive Care	\$36.23
Report Fees (First Report, Progress Report and Discharge Report)*	\$26.52
Chart Copies (at the request of the WCB)	\$26.52 plus \$.47 per page
Summary of chiropractic information, requiring the extraction of chart information, but not an opinion	\$93.15 for the first thirty (30) minutes plus \$36.23 for each additional fifteen (15) minute increment
Summary of chiropractic information, requiring the extraction of chart information, and including an opinion	\$113.85 for the first thirty (30) minutes plus \$36.23 for each additional fifteen (15) minute increment

*The billing date for reports is the Date of Examination (the assessment date) in the First Report and the date that the report is completed for the Progress Report and Discharge Report.

2.0 CHIROPRACTIC X-RAYS

Fee chargeable for chiropractic X-Rays are as follows:

Area	Basic Views	With Obliques	Additional Views
Spinal	\$54.14 (2 views)	\$65.60	\$11.02
Extremities	\$54.14 (2 views)		\$11.02

The WCB will not fund payment for full spinal x-rays.

3.0 SUBMISSION OF A CHIROPRACTIC INVOICE (C-552)

3.1 The Contractor will submit two invoices:

- a) The first invoice will be submitted along with the Chiropractic Progress Report.
 - b) The second invoice will be submitted along with the Chiropractic Discharge Report.
- 3.2 The WCB may deny payment of any invoice where the Contractor has not:
- a) Obtained approval of Services as required herein;
 - b) Billed the WCB for Services within 6 months of the date the Service was provided; or
 - c) Submitted a report as and when required under this Agreement.
- 3.3 Where the WCB denies payment under clause 2.0 above, the Contractor will not bill or otherwise pursue the Worker for any payment.
- 3.4 No late payment charges will be payable on any outstanding balances.

4.0 CHIROPRACTIC SUNDRY ITEMS

- 4.1 The Contractor may supply the Worker with sundry items needed for the treatment of the compensable injury.
- 4.2 Sundry items included in Table 1 may be supplied without CO authorization provided they are clinically indicated. If the total aggregate amount exceeds \$100.00 for any Worker during the treatment episode, CO approval must be obtained before any additional items are provided to the Worker.

Table 1 – Pre-approved Sundry Items

Item	Fee	Item	Fee
Lumbar pads	\$13.20	Cold packs	\$5.05
Lumbar support belts	\$60.00	Theraputty (2 oz)	\$8.40
Lumbar rolls	\$27.60	Theraband (1 metre)	\$4.03
Trochanteric belts	\$25.18	Tubigrip (1 metre)	\$6.60
Cervical pillow	\$43.20	Surgical tubing (1 metre)	\$3.60
Cervical rolls	\$27.60	Tensors (roll)	\$6.60
Cervical traction set	\$33.00	Athletic tape (roll)	\$3.74
Hot packs	\$5.05	Exercise balls	\$60.00

- 4.3 The provision of any other items, including those items listed in Table 2; require advance approval from the CO.

Table 2: Sundry Items requiring CO Approval

Item	Fee
Wobble board	\$118.18
Chair supports (lumbar/thoracic)	\$86.26
Roller balls	\$103.20

5.0 ORTHOTICS

- 5.1 In the event that the Contractor has determined that orthotics or other appliances are of clinical value to the Worker, the Contractor will communicate the recommendation to the CO and request that the CO make a referral to a WCB authorized prosthetics and/or orthotics provider. WCB will not be responsible for payment of any customized braces or orthotics supplied by or through the Contractor.

6.0 PAYMENT

- 6.1 The Contractor will bill the cost of the sundry item(s) on the final invoice. The WCB will only pay the sundry item fees outlined in Table 1 or otherwise approved in advance pursuant to clause 4.3 above.