

**HOSPITAL OUT-PATIENT
PHYSICAL THERAPY & OCCUPATIONAL THERAPY
WCB APPROVED SERVICES**

May 2004

I. ADMISSION CRITERIA:

The Hospital agrees to ensure that the following steps are completed prior to providing any services:

- a) Make all reasonable enquiries to determine if the injury for which treatment is sought is work related.
- b) Confirm that the Worker has completed a Worker's Report of Accident (C060). In the event that the Worker has not completed a Worker's Report of Accident the Hospital shall request the Worker complete the form and submit this along with the initial Assessment Report. No service shall be provided under WCB if the Worker refuses to complete the Workers Report of Accident.
- c) Make all reasonable enquiries to determine if treatment is being provided elsewhere for the same compensable injury (e.g. Chiropractic, Physical Therapy or a Multidisciplinary program). In circumstances where the worker is receiving treatment at another facility the Hospital shall inform the Worker to contact their Case Worker and wait for approval before service can be provided.

II. SCOPE OF SERVICES:

1. Complex Injuries:

- a) Hospitals are authorized to provide out-patient treatment for complex injuries where PT and OT treatments are required concurrently.
- b) Concurrent treatment requires that both PT and OT are provided on each visit.
- c) Hospitals are authorized to provide concurrent care for the following complex conditions:
 - i) Burns requiring debridement
 - ii) Head/vestibular injuries
 - iii) Spinal cord injury
 - iv) Amputations involving at least one major joint (excluding fingers)
 - v) Motor nerve paralysis of the upper limb
- d) In such cases, the WCB will **pre-authorize** one assessment and up to a maximum of eighteen (18) visits over six (6) consecutive calendar weeks. Extension of treatment beyond this time requires approval from a WCB Physical Therapy consultant.

2. Hand Injuries

- a) Hospitals are authorized to provide out-patient treatment for hand injuries only where PT and OT are required and can be provided concurrently.

- b) Concurrent treatment requires that both PT and OT are provided on each visit.
- c) The Hospital is authorized to provide concurrent treatment for the following hand injuries (hand injuries are defined as distal to the wrist joint):
 - i) Intra-articular hand fractures
 - ii) Multiple fractures requiring ORIF
 - iii) All post-surgical cases of the hand involving ligament and tendon.
 - iv) Volar plate disruption
 - v) Crush injuries (excluding distal phalynx)
- d) Approval for payment of treatment requires written or verbal approval from the WCB.

e) Post-surgical hand protocols:

- i) If available, treatment time frames shall follow the operating Surgeon’s post-operative rehabilitation protocol (to be faxed to the WCB along with the assessment report). Only an official typewritten protocol will be accepted.
- ii) Where no such protocol is available, treatment shall default to the time frames identified on the WCB post-surgical protocol list below.
- iii) All other injures not included on the WCB post-surgical protocol list or without a Surgeon’s protocol may be approved for one assessment and up to a maximum of eighteen (18) treatments over six (6) consecutive calendar weeks.

f) WCB Post Surgical Hand Protocols:

	Treatment Duration	Maximum visits
PIP Arthroplasties	8 weeks	24
Flexor tendon repairs – thumb	8 weeks	24
Flexor tendon repairs – digits 2-5	12 weeks	36
Extensor tendon repairs	8-10 weeks	24-30
Tendon Transfers	12 weeks	36
Tenolysis	6 weeks	18
Intra-articular fractures	8 weeks	24

g) Exclusion Criteria:

- i) Treatment of hand injuries not listed above must, where available, be referred to a WCB contracted private providers in the community. Examples of conditions where treatment at a Hospital will not be funded by the WCB are:

- Carpal Tunnel release
- Epicondyle release
- De Quervain's release
- Trigger finger release
- Ulnar nerve transposition/release
- Neurolysis median nerve

ii) Treatment of hand injuries not included above must be pre-authorized by the WCB Clinical Consultant at 780-498-3226 (fax) in order to receive funding. Rationale for providing services at a hospital site for conditions not listed, must include the reasons why successful treatment could not be obtained in the community.

3. Open Wound Debridement

- a) The WCB will **pre-authorize** single service PT or OT for open wound debridement.
- b) Open wound debridement is pre-authorized, as required, for up to a maximum of three (3) weeks. Continuation beyond three (3) weeks requires approval, by faxing a status report, to the WCB Clinical Consultant at 780-498-3226.

4. Single Service Physical Therapy

- a) The WCB will not approve single service hospital based PT in a geographic location with an existing WCB authorized community PT provider. Workers must be referred to the authorized WCB provider. A list of providers can be found at: http://www.wcb.ab.ca/workers/app_pt.asp.
- b) The WCB may approve single service PT in geographic locations with no WCB authorized community PT provider. Approval for payment of treatment requires written or verbal approval from the WCB .
- c) In such cases, the WCB may approve one assessment and up to a maximum of eighteen (18) treatments over six (6) consecutive calendar weeks.

5. Single Service Occupational Therapy

- a) The WCB may approve single service out-patient OT in the following circumstances:
 - i) For splinting; and
 - ii) In geographic locations with no authorized community OT provider with a special in hand therapy/splinting

- b) The WCB will **pre-authorize** one initial splinting visit and up a maximum of four (4) follow-up visits over a maximum of six (6) consecutive calendar weeks.

III. EXTENSION REQUESTS

Extension of treatment beyond the initially authorized period must be obtained from the WCB Physical Therapy Consultant.

- a) All extension requests must be faxed to the Physical Therapy Consultant fax line at 780-498-3226.
- b) Extension requests must be made on a status report. Incomplete or illegible reports will be faxed back.
- c) Extension requests must be submitted no earlier than five (5) business days before the completion of the authorized treatment period.
- d) Requests will not be considered in the following circumstances:
 - i) Workers who have returned to full pre-accident work duties.
 - ii) Workers who have not improved, have conflicting medical opinions or require a referral for a RTW assessment centre.
 - iii) Workers with a history of poor attendance or non-compliance.

IV. REPORTING:

- a) All reports submitted to the WCB shall be:
 - i) legible;
 - ii) complete
- b) Incomplete or illegible reports will be returned.
- c) The reports required for outpatient PT and OT are:
 - i) Hospital Physical Therapy Assessment Report (C-823)
 - ii) Hospital Physical Therapy Status Report/Discharge Report (C-824/825)
 - iii) Hospital Occupational Therapy Assessment Report/Progress Report/Discharge Report (C-826/827/828)
 - iv) Hospital Hand Clinic Assessment Report (C-829)
 - v) Hospital Hand Clinic Progress Report/Discharge Report (C-830/831)

The forms may be downloaded in PDF format at:
http://www.wcb.ab.ca/publications/health_care_providers.asp.

- d) Hospital hand clinic reports shall only be used for workers with hand injuries.

- e) All other service shall be submitted on Hospital PT or OT report. Where concurrent services are provided separate reports are required from each discipline.
- f) **Assessment Reports:** The Hospital will make reasonable effort to submit an assessment reports within (2) two business days of initial assessment.
- g) **Progress Reports:** The Hospital will make reasonable efforts to submit the necessary status reports no later than the end of each (3) three week treatment period.
- h) **Discharge Reports:** The Hospital will make reasonable efforts to submit the discharge report within (2) business days of the completion of treatment.
- i) Reports shall be faxed to the WCB:
 - **Within Edmonton fax to: (780) 427-5863 or (780) 427-0399**
 - **Outside Edmonton fax to: 1-800-661-1993**

V. FEES

1. Fees for all Services will follow the most current Inter-Provincial Agreement rate for outpatient visits as directed by Alberta Health.
 - a) Cancellations or absences from treatment shall not be funded by the WCB.
 - b) Extra treatments shall not be added to the program to make up for absences.
 - c) Report fees are included in the outpatient visit rate.
 - d) Concurrent PT and OT will be billed as one visit only.
2. **Invoices:**

The Hospital agrees to make all reasonable attempts to indicate on the invoice the nature of service provided:

 - a) Concurrent OT and PT: complex injuries
 - b) Concurrent OT and PT: hand injuries
 - c) Single service OT or PT: wound debridement
 - d) Single service PT
 - e) Single service OT
3. **Payment:**
 - a) The WCB will make reasonable effort to pay accounts within 30 days from receipt of invoice.

- b) In the event that the WCB denies a claim the WCB shall not be obligated to pay for treatments provided at the Hospital.
- c) All fees shall be paid directly to the Hospital.
- d) The WCB may deny payment of any invoice where the provider has failed to obtain proper approval of services. Where WCB denies payment because the provider did not follow the required approval or reporting process, the provider shall not bill or otherwise pursue the worker for any payment.

WCB Contact Centre

How can a Hospital PT or OT get quick phone service?

The best time to call us....

1. Tuesday to Thursday (Monday is our busiest day and Tuesday after a long weekend is often very busy)
2. 8:00 to 9:00 or 1:30 to 2:30 are the best times in the day.

Note: Please have the claimant's claim number, PHN or SIN number available when

