

**PHYSICAL THERAPY CONTRACT - SCHEDULE "G"**  
**PAYMENT AND SCHEDULE OF FEES**  
February 1, 2011 - January 31, 2013.

**G1) FEES**

The WCB shall pay to the Contractor the following service rates during the Term:

Assessment Fee	\$64.31
Treatment Visit	\$38.00
Transitional Return to work Visit	\$38.00
Assessment, Status, and Discharge Reports	\$20.90 each
Chart copies requested by the WCB	\$20.90 for the first page plus \$0.30 per page thereafter
Summary of chart information, requiring the extraction of relevant information, but not an opinion	\$90.00 for the first thirty (30) minutes plus \$35.00 for each fifteen minute increment
Summary of chart information, requiring the extraction of relevant information, and including an opinion	\$110.00 for the first thirty (30) minutes plus \$45.00 for each fifteen minute increment

- 1.1) Services not contemplated by this Agreement must be authorized by the WCB Physical Therapy Contract Manager. If so authorized, all reporting, payment, and evaluation requirements of this Agreement shall apply.
- 1.2) The WCB will not fund the following items unless expressly requested by it. The Contractor must retain or seek alternative funding from sources other than the WCB for the following:
  - i) Preparation of Medical Legal Reports.
  - ii) Treatment beyond return to work without restrictions, with the exception of the follow-up transitional return to work Treatments in accordance with this Agreement. For example, activities of daily living, sports, hobbies, and lifestyle activities.
  - iii) Time involved in managing an individual's care plan beyond that provided for in this Agreement

- 1.3) The WCB may deny payment of an invoice where the Contractor:
  - i) Has failed to obtain proper approval of Services as required herein;
  - ii) Has not billed the WCB for Services within one year of the Service being provided.
  - iii) Has failed to submit a report as and when required under this Agreement.
- 1.4) The Contractor shall not bill the Worker or any other third party for additional fees above and beyond what has been invoiced to the WCB for Services or any other work where the WCB has determined the same is compensable under the WCA unless otherwise permitted pursuant to this Agreement.
- 1.5) Provided that the terms of this Agreement are fully complied with, and a complete invoice is submitted for the Services provided to Workers, the WCB shall pay the Contractor the invoiced amount within thirty (30) days of receipt of such invoice.
- 1.6) In the event that the WCB, or a review or appeal body with jurisdiction subsequently revokes authorization for treatment, the WCB shall only be obligated to pay for those treatments performed prior to the Contractor receiving written notice of the revocation. The payment of any prior assessments or treatments provided shall be governed by Appendix C.
- 1.7) The WCB shall not pay for concurrent treatments for other health care services such as massage therapy and acupuncture without the approval of the WCB Case Worker. In the event that the Contractor feels the Worker requires other types of health care services, the Contractor shall communicate the necessity for a referral to the WCB Case Worker. The WCB Case Worker, subject to an internal WCB review process, will make a decision and make any necessary referral arrangements.
- 1.8) Invoices for treatments shall only be forwarded to the WCB with the associated status and discharge reports.
- 1.9) The WCB shall make payment only in the Contractor's name.
- 1.10) The Contractor may prescribe sundry items on the list below, where appropriate, without authorization from the WCB Physical Therapy Consultant for up to a total of \$200.00 per Treatment Episode. Where the cumulative cost of sundry items exceeds \$200.00 per Treatment Episode or a sundry item is not on the below list, the

Contractor must obtain the approval of the WCB Physical Therapy Consultant. Sundry item requests shall be faxed to the WCB Physical Therapy Consultant line at 780-498-3226.

**Sundry Item List**

<b>Home Exercise Equipment</b>	<b>WCB Fees</b>
Physiotherapy Ball 55cm SDS	\$42.12
Physiotherapy Ball 65cm SDS	\$49.34
Physiotherapy Ball 75cm SDS	\$60.53
Physiotherapy Ball 85cm	\$67.35
Slo Mo Balls	\$ 9.20
Myofascial Balls	\$24.86
T-band per metre (all)	\$ 2.90
Putty ( 2 oz)	\$ 8.33
6" foam roller full	\$31.90
6" foam roller half	\$18.54
Lumbar roll	\$25.20
Cervical roll	\$24.50
McKenzie night rolls 24-24"	\$43.71
Wobble board 20"	\$82.09
Classic Wobble Board	\$40.25
Foundation Dyn Air Ball Cushion	\$48.76
Foundation Fit Chair	\$59.62
Pulleys	\$29.46
PW01 – Power-web Beige, least	\$33.97
PW02 – Power-web Yellow, slight	\$33.97
PW03 – Power-web Red, moderate	\$33.97
PW04 – Power-web Green, significant	\$33.97
PW05 – Power-web Blue, super	\$33.97
PW01 – Power-web Black, ultimate	\$33.97
Flex Bar Red	\$18.99
Flex Bar Green	\$22.12
Flex Bar Blue	\$26.00
<b>Braces and Supports</b>	<b>WCB Fees</b>
Ankle brace	\$42.79
Wrist brace	\$30.47
Wrist/thumb brace	\$45.72
Tennis elbow splint	\$27.16
Sacroiliac belt	\$48.58
Knee brace non-hinged (non-custom)	\$50.55
Back support brace	\$51.57
Aircast Airport Ankle Brace, all sizes	\$86.19
Cervical collar	\$13.73

Mediflow pillow	\$65.40
Chair support (lumbar/thoracic)	\$90.35
<b>Home Management Supplies</b>	<b>WCB Fees</b>
Reusable cold/hot pack – small	\$ 4.36
Reusable cold/hot pack – regular	\$ 6.41
Tensor bandages	\$ 4.29
Trainer grade tape 1½ x 15 yds	\$ 3.08
Coban 2” x 5 yds	\$ 4.00
Underwrap tape (prowrap)	\$ 2.22
Leukotape 1½ x 15 yds (brown)	\$13.33
Ultra light athletic (stretch) 2” x 5 yds	\$ 6.26
Mefix adhesive cloth	\$ 7.26
SC01 – Shepherds Hook	\$30.29

The Contractor shall not provide or bill for any sundry item other than the sundry items listed above or approved by the WCB Physical Therapy Consultant. The WCB will not be responsible for payment of any sundry item which is not listed above or approved as required herein.

In the event that the Contractor has determined that any other item, including an orthotic or other appliance, is of clinical value to the Worker, the Contractor shall communicate the recommendation to the Case Worker and request a referral to a WCB-authorized Prosthetics and/or Orthotics provider. WCB will not be responsible for payment of any unauthorized customized braces or orthotics. Approval will only be accepted by a WCB Physical Therapy Consultant.