

WCB FEE SCHEDULE – ALBERTA PHYSICIANS

FEE FOR SERVICE
Service fees shall be based on the Alberta Health & Wellness Schedule of Medical Benefits.

REPORTING FEES		
NOTE: As of April 1, 2010, reports must be sent electronically		
General Practitioner Report Fees	WCB Fee	WCB Health Service Code
First Report – C050	\$56.65	Please select either first report or New Report from existing within the opening page of e-reporting.
Progress Report – C151	\$34.42	
Specialist Report Fees	WCB Fee	WCB Health Service Code
NOTE: All Specialists' invoices must be submitted using C568 in electronic reporting.		
Consultation Report	\$69.24	RF01E
Follow-up Report	\$34.42	RF03E
Supplementary Report Fees	WCB Fee	WCB Health Service Code
Photocopy of chart. Cost per page .42¢. NOTE: Use CALL fields to enter the number of pages (e.g., a 10 page chart would be billed as RF04, CALLS 10 for a total payment of \$38.62).	\$34.42 .42¢/page	RF04
Summary of medical information, WITHOUT OPINION		
<ul style="list-style-type: none"> • General Practitioner, first 30 minutes 	\$123.91	RF05
<ul style="list-style-type: none"> → Additional 15 minute increments 	\$48.20	
<ul style="list-style-type: none"> • Specialist, first 30 minutes 	\$151.45	RF05
<ul style="list-style-type: none"> → Additional 15 minute increments 	\$48.20	
Summary of medical information, WITH OPINION		
<ul style="list-style-type: none"> • General Practitioner, first 30 minutes 	\$144.57	RF06
<ul style="list-style-type: none"> → Additional 15 minute increments 	\$48.20	
<ul style="list-style-type: none"> • Specialist, first 30 minutes 	\$185.86	RF06
<ul style="list-style-type: none"> → Additional 15 minute increments 	\$48.20	
Copies of specified documents or reports from a chart are requested by the WCB, and are part of a summary of medical information (RF05/RF06).	.42¢/page	RF08

EXPEDITED SERVICES
There are two time frames for expedited services:
a) Within 15 working days (Full expedited fee apply).
b) Between 16 to 25 working days (Pro-rated expedited fee apply).
Services will only be considered expedited when:
a) For initial consultations, the report is received by the WCB within the above number of working days following receipt of the referral letter.
b) For surgeries, where the surgery is completed within the above number of working days following the day the decision is made to proceed with the surgery.
If a delay is imminent or anticipated due to outstanding investigations regarding the same Worker, the Specialist shall advise the WCB Contract Manager forthwith and the WCB Contract Manager may, in its discretion, extend the period or periods referred to above. If the Specialist fails to complete Expedited Comprehensive Consultation or Expedited Surgery and provide WCB with a report within the time frames stated above, expedited fees shall not be payable. The periods of time to complete expedited services shall not be extended as a result of office closures or Specialist unavailability. SEE CODES & FEES ON FOLLOWING PAGE

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Expedited Consultation	WCB Fee	WCB Health Service Code
Report received within 15 working days from referral.	\$309.79	RF02
Report received within 16 - 25 working days from referral.	\$103.28	RF09
Expedited Surgery	WCB Fee	WCB Health Service Code
Surgery completed within 15 working days from date of consult.		
<ul style="list-style-type: none"> • Surgeon 	\$413.04	ES01
<ul style="list-style-type: none"> • Anaesthetist 	\$275.37	ES02
<ul style="list-style-type: none"> • Surgical Assistant 	\$137.68	ES03
Surgery completed within 16 - 25 working days from date of consult.		
<ul style="list-style-type: none"> • Surgeon 	\$137.68	ES04
<ul style="list-style-type: none"> • Anaesthetist 	\$91.78	ES05
<ul style="list-style-type: none"> • Surgical Assistant 	\$45.90	ES06

ANAESTHETIST FEE FOR ORTHOPAEDIC PROCEDURES (WHEN SURGERY PERFORMED BY A CONTRACTED ORTHOPAEDIC SURGEON)			
WCB Code	Equivalent AH&W Code	Description	WCB Fee
OP01	93.83C	Posterior shoulder instability repair. NOTE: May not be claimed in association with 93.83D or 95.65B	\$386.12
	93.83D	Bankart repair or capsular shift for anterior instability	
OP02	95.91C	Subacromial decompression, including bursectomy NOTE: May not be billed in association with 95.65B.	\$289.60
OP08	93.05D	Instrumentation of spine following decompression	\$838.60
	93.05E	Instrumentation of spine following excision of spinal or paraspinal tumor	
	93.09D	Instrumentation with or without fusion, posterior, 2 vertebrae	
	93.09F	Instrumentation with or without fusion, posterior, 3 vertebrae	
	93.09G	Instrumentation with or without fusion, posterior, 4 vertebrae	
OP09	92.32B	Arthroscopy knee, including meniscectomy	\$168.92
OP10	16.09P	Posterior, lateral or anterior decompression of spinal canal	\$561.08
OP11	93.45A	Anterior cruciate ligament reconstruction	\$386.12
OP13	93.87A	Arthroplasty, lower radio-ulnar joint	\$229.25
OP17	93.41A	Total knee arthroplasty, including hemiarthroplasty	\$654.99
	93.59A	Total hip arthroplasty	
OP18	93.83H	Rotator cuff repair including tendon transfer	\$512.29
OP21	93.09H	Instrumentation of dorsolumbar and cervical spine with or without fusion, posterior, 5 vertebrae	\$1502.70
OP22	93.11A	Ankle Fusion	\$939.20
OP23	93.12A	Single Hindfoot Joint Fusion	\$563.51
OP24	93.12B	Double Hindfoot Joint Fusion	\$751.35
OP25	93.12C	Triple Hindfoot Joint Fusion	\$939.20
OP26	93.49A	Ankle Ligament Reconstruction < 14 days	\$341.52
OP27	93.49B	Ankle Ligament Reconstruction > 14 days	\$512.29