



Workers'  
Compensation  
Board

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*Alberta*

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## **ACUPUNCTURE REPORTING GUIDE**

**Acupuncture First Report (M-007)**

**Acupuncture Progress/Discharge Report (M-007A)**

**and**

**Acupuncture Invoice (M-007B)**

## GENERAL INSTRUCTIONS

### REPORT FEES / FORM COMPLETION

Mail or fax to meet WCB requirements of forwarding report within 48 hours or 2 business days of the visit.

### REPORT FEE

**DO NOT INVOICE FOR THE REPORT FEE.** It will be paid automatically when the report is received, provided it is complete and legible.

The WCB will pay \$20.90 for the following reports:

Acupuncture First Report (M-007)  
Acupuncture Progress/Discharge Report (M-007A)

Type or Print	Legibility is important as all forms are electronically scanned.
Black Ink	Use <b>black ink only</b> to ensure a quality image is used for scanning into electronic files.
Computer-Generated Forms	If using a computer-generated form, please ensure your forms are revised to the new format.

### FORM DISTRIBUTION

Distribution:	Send to WCB within 2 business days of initial visit.
Mail to:	Workers' Compensation Board PO Box 2415 Edmonton, Alberta T5J 2S5
Fax (780) 427-5863	Faxed forms will be accepted as original provided they meet reporting requirements, are legible, and of adequate quality. <b>If faxed, it is not necessary to submit the original.</b>  <b>Do not fax your extension request to (780) 427-5863.</b>
Fax (780) 498-3226	Fax to this number when submitting a request for treatment extension.

## ORDERING FORMS

Forms **M-007 / M-007A / M-007B**

**WCB Forms Requisition** is available on the WCB website at [www.wcb.ab.ca](http://www.wcb.ab.ca) under the Publications & Forms tab and can be submitted electronically. If completing the Forms Requisition manually, please fax completed form to (780) 498-7882.

**The acupuncture forms are also available on the WCB website under the Health Care Providers tab.**

## QUESTIONS / CONTACTS

*(Please do not contact Case Managers or Medical Department staff regarding payment of fees.)*

Payment of fees	Medical Aid, Claimant Services	(780) 498-4278
Worker's claim number*	Claims Information Representative	(780) 498-3800
To discuss clinical aspects of a case	Physical Therapy Consultant	(780) 498-3899
To discuss the acupuncture service guidelines and/or advise of changes in your status (e.g. change of location, new business phone number, etc.)	Health Care Services	1-888-498-9902 ext. 3219 (780) 498-3219

**\* Note:** *To ensure faster service when sending information to the Workers' Compensation Board, indicate claim number on all documentation.*

## REPORTING RESPONSIBILITIES

The Acupuncture Reports must be forwarded to the WCB within 48 hours or 2 business days of the examination.

1. **Acupuncture First Report.** Must be submitted to the WCB the first time an acupuncturist attends a patient for work-related injury or illness when:
  - No time is lost from work but additional or ongoing treatment is required.
  - Time lost from work will extend beyond the day of accident.
  - Permanent disability is involved or anticipated.
  - Modified work beyond the date of accident is required.
2. **Acupuncture Progress/Discharge Report.** Must be submitted to the WCB when:
  - The worker has completed treatment.
  - The worker is physically capable of returning to work, or within 48 hours of actually returning to work.

3. An additional Progress/Discharge Report must be submitted when five (5) treatments have been completed and it is your professional opinion that the worker will require an extension of treatment.
- Submit the request for extension via a Progress/Discharge report immediately following the fifth (5<sup>th</sup>) treatment session.

**WORK DEFINITIONS**

**Modified**

- A change in or adaptation of the date of accident work, based on the worker’s capabilities
- May be temporary or permanent.

**Alternate**

- A different job with duties within the worker’s capabilities.

**WORK CAPABILITIES**

Reference: The Canadian Classification and Dictionary of Occupations

**Sedentary**

- Lifting 10 lbs maximum.
- Occasional lifting and/or carrying.
- Primarily sitting, with occasional walking/standing.

**Medium**

- Lifting 50 lbs maximum.
- Frequent lifting and/or carrying up to 20 lbs.
- May involve sitting with pushing and pulling or arm and/or leg controls.

**Light**

- Lifting 20 lbs maximum.
- Frequent lifting and/or carrying up to 10 lbs.
- May require walking/standing to a significant degree.
- May involve sitting with pushing and pulling of arm and/or leg controls

**Heavy**

- Lifting 100 lbs maximum.
- Frequent lifting and/or carrying up to 50 lbs.

**Very Heavy**

- Occasional lifting in excess of 100 lbs.
- Frequent lifting and/or carrying in excess of 50 lbs.

## **COMPLETION GUIDE**

### **Acupuncture First Report (M-007)**

- Submit to WCB within 48 hours of commencing treatment.
- Provides patient and employer identification.
- \*\* **To ensure prompt handling, please include WCB claim number.**
- \*\* **Provide legible and complete information.**

#### **1. Referring Physician**

- Provide name of referring physician and date of referral.

#### **2. Diagnosis**

- Provide a provisional diagnosis, if a clear diagnosis cannot be given.
- Provide the date of your initial examination.

#### **3. Subjective Complaints**

- Describe nature and sites of symptoms.
- Include pain, numbness, tingling, etc.
- Document local, regional or radicular symptoms.
- On a scale of 1 (low) to 10 (high), indicate the patient's level of pain at the time of the initial examination.

#### **4. Objective Findings**

- Please check whether acute or chronic.
- Include range of motion, flexibility, strength, swelling, neurological deficit, and other relevant findings.
- Report positive and negative objective findings.
- This section is critically important for determining functional status.

#### **5. Has the worker returned to work?**

- Please indicate "yes" or "no".
- If yes, indicate the date the worker returned to work on a full or part-time basis and whether or not it was modified or alternate work.

#### **6. Can the worker return to pre-accident employment?**

- This assists with determining the worker's capabilities and vocational needs.

#### **7. Do you wish a case manager to call?**

- Check "yes" if you would like to provide additional or sensitive information or to discuss any aspects of treatment or the claim.

\*\* **Your name, address, phone number and signature are required for billing purposes.**

**NOTE: Include your WCB billing number on all reports and the invoice to ensure prompt payment.**

## **COMPLETION GUIDE**

### **Acupuncture Progress/Discharge Report (M-007A)**

- Submit to WCB at the end of the seventh treatment, or after **five** treatments if you anticipate an extension will be required.
- Provides patient and employer identification.
- \*\* **To ensure prompt handling, please include WCB claim number.**
- \*\* **Provide legible and complete information.**

#### **1. Acupuncture Progress/Discharge Report**

- Indicate if the report is for worker progress or discharge
- Check discharge for a report completed at the end of treatment.
- Check progress if submitting a request or an extension of treatment.

#### **2. Subjective Complaints**

- Describe changes in symptoms since commencement of treatment.
- Include complications.
- Indicate date of examination.
- Indicate on the pain scale the level of pain the worker was experiencing at the time of examination. Also indicate the length of time the patient is pain free after treatments.

#### **3. Objective Findings**

- Include range of motion, flexibility, strength, swelling, neurological deficit, and other relevant findings.
- Report positive and negative objective findings.
- This section is critically important for determining functional status.

#### **4. Positive Effects as Reported by Patient**

- Indicate the positive effects of the acupuncture treatments as described by the patient.

#### **5. Complications**

- Document other medical conditions or circumstances.
- Include psychological and/or behavioral aspects that may delay recovery.

#### **6. Has the worker returned to work?**

- Please indicate “yes” or “no”.
- If yes, indicate the date the worker returned to work, and whether it is part-time to a modified or alternate job or full time.
- If yes, also indicate if the worker returned to part-time or full-time work and if the return to work involves modified or alternate work.

#### **7. Can the worker return to pre-accident employment?**

- This assists with determining the worker’s capabilities and vocational needs.

**8. Do you wish a case manager to call?**

- Check yes if you would like to provide additional or sensitive information or to discuss any aspects of treatment or the claim.

**9. Total number of treatments:**

- Please indicate the number of treatments the patient has received to date.
- Indicate the dates of the treatments.

**10. Request for further treatment?**

- Please indicate by checking “yes” or “no”.
- If yes, indicate the number of further treatments the worker will require.

WCB policy allows a maximum of seven (7) acupuncture treatments (not including the assessment session). Exceptions to this policy must be reviewed by a WCB medical advisor and approved by the Case Manager. If, after five treatments, it is your professional opinion that the worker will require an extension of treatment, fax a completed Progress Report to (780) 498-3226.

The number of treatments required must be indicated and the report must include detailed subjective complaints and objective findings.

**\*\* Your name, address, phone number and signature are required for billing purposes.**

**NOTE: Include your WCB billing number on all reports and the invoice to ensure prompt payment.**

## COMPLETION GUIDE

### Acupuncture Invoice (M-007B)

- Submit to WCB at the end of the seventh treatment (not including the assessment ) with the Progress/Discharge Report or at the conclusion of treatment if an extension was authorized.
- \*\* **To ensure prompt handling, please include WCB claim number.**
- \*\* **Provide legible and complete information.**

1. The invoice is designed to allow you to bill for all the visits or treatments.
2. **Only one** invoice is required.
3. You are **NOT** required to bill for the report fee. It will be paid automatically.
4. **Enter** only the date of service and the fee. The acupuncturist in **NOT** required to complete the columns which ask for the Health Service Code or Diagnostic Codes.
5. Skill Code and Contract ID **DO NOT** apply to acupuncturists at this time.

Fees paid are as follows:

Assessment and first treatment	\$45.34
Follow-up treatments	\$36.52 (to a maximum of 7 treatments)
Report fee	\$20.90 (for each report submitted)

- \*\* **Your name, address, phone number and signature are required for billing purposes.**

**NOTE: Include your WCB billing number on all reports and the invoice to ensure prompt payment.**