Non-Contracted PT (NCPT) Information Package

January 1, 2025-December 31, 2027

Workers' Compensation Board – Alberta





Attention: Physiotherapy providers not contracted with WCB Alberta Information on treating injured Alberta workers

Admission Process

Ask the worker if a Worker's Report of Injury has been submitted to WCB.



If not, advise the worker to report the injury to their employer (if not done already) and submit Worker's Report of Injury to WCB.



Workers can submit a Worker's Report of Injury on the myWCB worker mobile app or online at www.wcb.ab.ca

- An injury form is available on WCB Alberta's website at https://www.wcb.ab.ca/claims/report-an-injury/for-workers.html.
- If you are a physiotherapy provider in Alberta and do not have a contract with WCB Alberta, our rates for services are attached below. If your fees differ from these, please email hcs.physiotherapy@wcb.ab.ca to discuss provision of services.
- Ensure the worker knows that if physiotherapy treatment is not authorized, they are responsible for payment.
- Authorization for treatment can be verbal or written. In the case of verbal approval, please record the date, time and nature of services authorized including, the name and telephone number of the approver. Written confirmation will follow.
- To check authorization status, call the WCB Contact Centre at 1-866-922-9221, providing the worker's name and WCB claim number, if available.



Authorization

- Standard authorization: Treatment periods consist of a maximum of eight (8) visits within four (4) consecutive weeks.
- Surgical/fracture injuries: Treatment periods consist of a maximum of sixteen (16) visits over eight (8) consecutive calendar weeks.
 - o In the event the surgeon's protocol differs from the timeframe, the Physiotherapist may provide treatment after the initial eight (8) weeks in accordance with the surgeon's protocol.
 - o Submit a copy of the surgeon's protocol, including the worker's name and claim number to WCB via fax 1-800-661-1993.

Discharge criteria

- If the worker has returned to work whether in a modified or pre-accident capacity, the PT can discharge the worker and may provide up to four (4) follow-up transitional visits immediately following discharge over a consecutive four (4) week period.
- If it is believed treatment will not be successful in returning the worker to pre-accident job demands:
 - o Notify the claim owner and physician (if applicable) as soon as possible.
 - o Initiate a referral to a Return-to-work Assessment Centre by calling the claim owner.
 - o Provide other authorized providers with relevant treatment information.

Extension of treatment requests

- If the worker is not fit to work, and the return-to-work assessment is deemed not appropriate, the physiotherapist can request an extension of treatment. All requests for extension should be submitted on a Comprehensive Progress Report and faxed directly to the WCB PT consultant at 780 498 3226.
- While awaiting the return-to-work assessment or awaiting decision from WCB whether treatment extension is approved, the treatment can continue as an interim visit up to maximum one (1) time per calendar week up to maximum of four (4) consecutive calendar weeks.
- If you do not receive an updated authorization within **ten (10) business days** of a request, please contact the WCB contact centre at 1-866-922-9221.

Report Submission

- PT First Report: Submit within two (2) business days of the date of the assessment.
- PT Abbreviated Progress Report
 - o Standard Authorization: Submit within two (2) business days of the end of the <u>second</u> week of treatment.



o Fracture/Surgery Injuries: Submit within two (2) business days of the end of the <u>fourth</u> week of treatment.

• PT Comprehensive Progress Report

- o Standard Authorization: Submit within two (2) business days of the end of the <u>fourth week</u> of treatment.
- o Fracture/Surgery Injuries: Submit within two (2) business days of the end of the <u>eighth</u> week of treatment
- o PT Comprehensive Progress Report is required to request an extension.
- Phase 2 treatment after the initial authorization: PT Comprehensive Progress Report is required every three weeks until discharge.
- PT Discharge Report: Once treatment ends.

Note: Reports must contain specific objective information (for example: ROM, strength measures if testing clinically indicated, pain on VAS, gait/gait aids used, sit/stand/walk tolerances, functional ability: ADL, manual handling abilities).

Please indicate fitness for work in each report – this is your professional opinion with respect to the worker's potential for modified or alternate work, even if modified work is not available, or whether or not worker is job-attached. These reports cannot be completed by other disciplines other than physiotherapy. For additional information on completing reports, go to: https://www.wcb.ab.ca/resources/for-health-care-and-service-providers/forms-and-guides.

Standard Authorization:

Assessment	2 Weeks	4 Weeks	Phase 2 (after 4 weeks)
PT First Report (C-533)	PT Abbreviated	PT Comprehensive	PT Comprehensive Progress or
	Progress Report (C-534)	Progress or Discharge	Discharge Report (C-534)
		Report (C-534)	
Within 2 business days	Within 2 business days	Within 2 business days	Every three weeks until
	of the end of the	of the end of the fourth	discharge
	second week of	week of treatment	
	treatment	(Comprehensive	
		Progress Report	
		required to request	
		extension of treatment)	

Fracture/Surgery injuries:

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Assessment	4 Weeks	8 Weeks	Phase 2 (after 8 weeks)
PT First Report (C-533)	PT Abbreviated	PT Comprehensive	PT comprehensive Progress or
	Progress Report (C-534)	Progress or Discharge	Discharge Report (C-534)
		Report (C-534)	
Within 2 business days	Within 2 business days	Within 2 business days	Every three weeks until
	of the end of the <u>fourth</u>	of the <u>end of</u> eighth	discharge
	(4 th) week of treatment	(8 th) week <u>of treatment.</u>	
		(Comprehensive	
		Progress Report	
		required to request	
		extension of treatment)	



Sundry items

• Some items may be provided but Physiotherapy Consultant approval is required. Please contact one of the Physiotherapy Consultants listed below for more information.

Invoices

• Please submit <u>invoices</u> for treatment along with the PT Progress/Discharge Reports. Please bill for reports as these are <u>not</u> automatically paid when entered into the system.

WCB Rates for PT Services

Service	WCB Health Services Code	WCB Fee	Maximum units
Assessment	07.38AA	\$80.00	
Standard Treatment – Phase 1 (Weeks 0-4 or 0-8 for fracture/surgery injuries)	07.38AC	\$70.00	8 sessions (standard) 16 sessions (fracture/surgery)
Standard Treatment – Phase 2	07.38AB	\$50.00	
Extended Duration Treatment Fee	07.38AE	\$100.00	7 sessions
Specialized Physiotherapy			
Vestibular Assessment	07.38SA	\$150.00	1 session
Vestibular Therapy	07.38SB	\$120.00	5 sessions
Hydrotherapy	07.38SC	\$120.00	5 sessions
Intra-Pelvic Floor Therapy	07.38SD	\$120.00	5 sessions
Hand Assessment	07.38SG	\$120.00	1 session
Hand Therapy	07.38SH	\$120.00	10 sessions
In-home Physiotherapy	07.38SE	\$120.00	10 sessions
Transitional Return to Work Visit	07.38AF	\$50.00	4 sessions
Interim Visit	07.38AG	\$50.00	4 sessions
Assessment Report	RPT01	\$40.00	
Progress, Discharge Report	RPT02	\$40.00	



Case Conference Fee (calls to WCB staff)	07.38CC	\$27.50	5 units
Case Conference Fee (calls to external to WCB stakeholders)	07.38CE	\$27.50	5 units
Cancellation < 24 hrs / No show (initial authorization only)	07.38CN	\$70.00	1 unit
Chart copies requested by WCB	RF04	\$26.52 plus \$0.47 per page	
Summary of chart information, requiring the extraction of relevant information, but not an opinion	RF05	\$93.15 for the first thirty (30) minutes plus \$36.23 for each 15-minute increment	
Summary of chart information, requiring the extraction of relevant information, and including an opinion	RF06	\$113.85 for the first thirty (30) minutes plus \$36.23 for each 15 minute increment	
Non-contracted Sundry Item	NCPTS	PT Consultant Approval required if >\$23.00	
Non-contracted Service	NCS	HCC Approval Required	
Professional Travel for in-home PT service	07.38PF	\$14.38 per 15 mins interval	12 units (3 hours)
Mileage (outside of city limits only)		Paid at the WCB rate	

Telehealth/Virtual Care Services	WCB Health Services Code	WCB Fee	Maximum units
Assessment (virtual care)	07.38AV	\$80.00	
Initial Treatment (Weeks 0-4 or 0-8 for fracture/surgery injuries)	07.38CV	\$70.00	8 sessions (standard) 16 sessions (fracture/surgery)
Treatment (Standard)	07.38BV	\$50.00	
Transitional Return to Work Visit (virtual care)	07.38FV	\$50.00	4 sessions
Interim Visit	07.38GV	\$50.00	4 sessions



Contacts

WCB Alberta Contact Centre

Toll Free in Alberta: 1-866-922-

9221

Calgary: 403-517-6000

Edmonton: 780-498-3999

WCB Alberta General Fax Number

Toll Free in Alberta: 1-800-661-1993

Edmonton: 780-427-5863

Physiotherapy General Inquiries hcs.physiotherapy@wcb.ab.ca Contract

Physiotherapy General Inquiries 780-498-3899

Extension requests,

Physiotherapy Sundry Items, 780-498-3226 Consultants **Exceptional Billing**

Fax Line requests

Consultants

medical.aid@wcb.ab.ca Payment/Billing Inquiries regarding WCB Customer Contact Centre

Inquiries Invoices/Payments Ask to be directed to **Medical Aid**